

2025

Community Health Needs Assessment

Methodist Celina Medical Center

Methodist McKinney Hospital



Table of Contents

Methodist Health System	4
Methodist Health System Mission	4
Mission.....	4
Vision	4
Values.....	4
Executive Summary: Methodist Celina Medical Center and Methodist McKinney Hospital	5
Process	6
Community Definition	7
Demographics	8
Demographics.....	8
Population	9
Social Determinants of Health	10
Poverty	10
Economy	11
Housing.....	12
Education.....	12
Disparities and Health Equity	13
Race, Ethnicity, Age and Gender Disparities: Secondary Data	13
Geographic Disparities	15
Health Equity Index	15
Food Insecurity Index.....	16
Mental Health Index	17
Secondary Data Findings	18
Data Scoring Tool.....	18
Data Scoring Results	18
Community Input Findings	19

Listening Sessions	19
Key Informant Interviews	19
Data Synthesis and Significant Needs	20
Prioritization	21
Prioritization Step 1.....	21
Prioritization Step 2.....	22
Prioritized Health Needs	23
Access to Healthcare / Health Literacy and Education	24
Chronic Disease.....	27
Food Insecurity.....	30
Older Adult Health	33
Other Conditions.....	36
Women’s Health	39
Next Steps.....	42

Methodist Health System

Methodist Health System first opened its doors in 1927 as a single, 100-bed facility called Dallas Methodist Hospital. It has since become one of the leading healthcare providers in North Texas, owning and operating multiple individually licensed hospitals that serve the residents across the state. Methodist Celina Medical Center and Methodist McKinney Hospital serve the community of Collin County. 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.

Methodist Health System Mission



Mission

To improve and save lives through compassionate, quality healthcare.



Vision

To be the trusted choice for health and wellness.

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

Executive Summary: Methodist Celina Medical Center and Methodist McKinney Hospital

Data Analysis Overview



Secondary Data

Numerical health indicators from HCI's 200+ community health database.



Listening Sessions

Conversations with community partners to understand health needs in the community.



Key Informant Interviews

Individual interviews with community partners to describe health needs of underresourced populations.

Community Health Assessment and Planning Cycle



Plan & Engage



Collect & Analyze Data



Synthesize Data & Prioritize



Mobilize Shared Action



Implement & Track

Prioritized Health Needs - Celina Medical Center



Access to Healthcare



Chronic Disease



Older Adult Health



Other Conditions



Women's Health

Prioritized Health Needs - McKinney Hospital



Chronic Disease
(including Other Conditions & Older Adult Health)



Food Insecurity



Health Literacy and Education

Process

Kick-Off & Planning (Aug-Sept 2024)

- Kick-off meeting
- Create outreach plan for listening sessions
- Finalize listening session and key informant interview guide
- Schedule listening sessions

Synthesis & Prioritization (March-May 2025)

- Complete primary, secondary data analysis
- Synthesize secondary data & community input
- Complete Hospital Prioritization Presentations
- Select health needs

Data Collection & Presentation (Oct 2024-Feb 2025)

- Present secondary data findings and disparities data
- Conduct listening sessions and key informant interviews

Reporting & Sharing Findings (June 2025)

- Finalize CHNA report
- Share for review



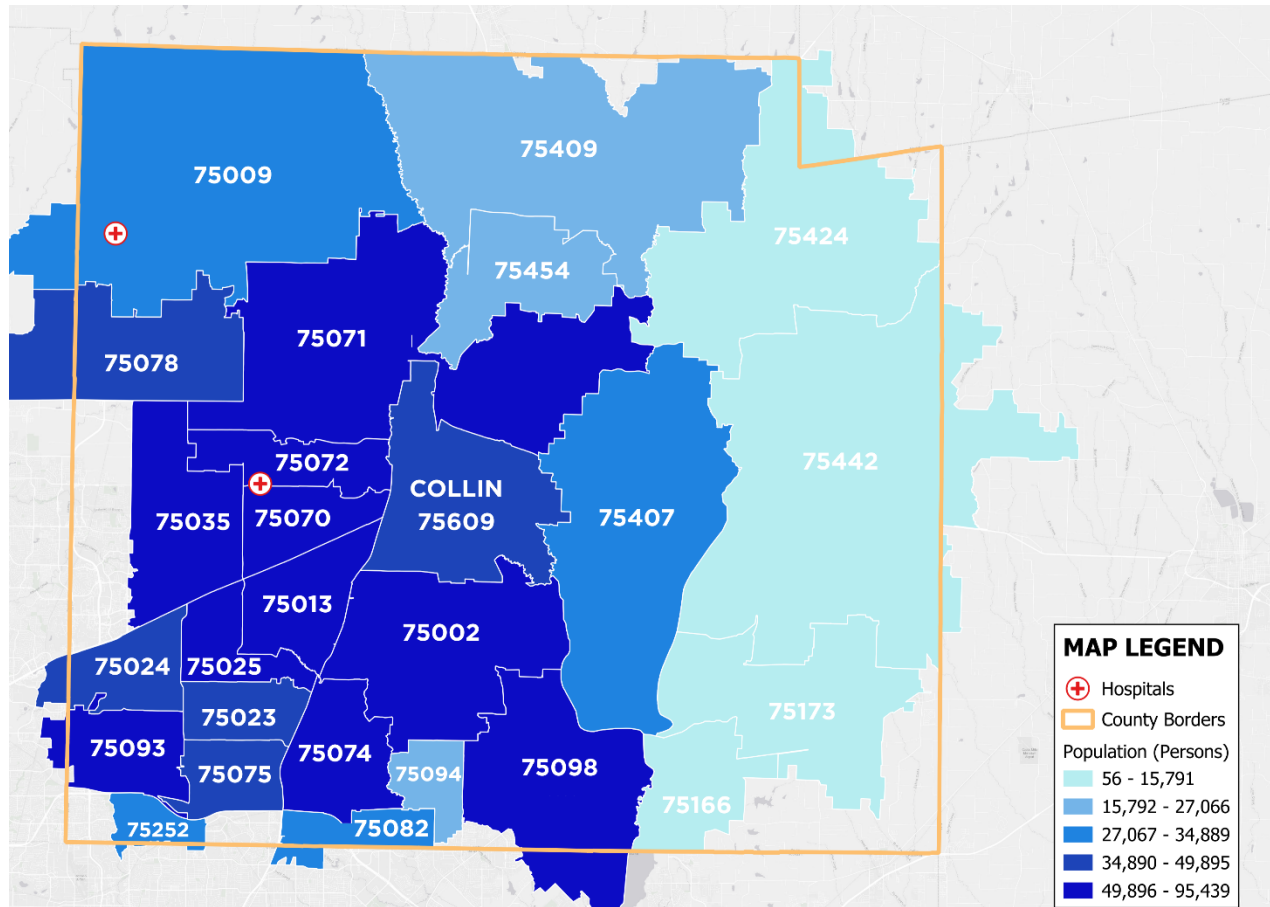
Methodist Health System commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2026-2028 Community Health Needs Assessment (CHNA) in accordance with the requirements of the Patient Protection and Affordable Care Act (PPACA). HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, and identifying appropriate intervention programs.¹

¹ To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-population-health>.

Community Definition

The community definition sets the limits for the assessment and the strategies for action. The community served by Methodist Celina Medical Center and Methodist McKinney Hospital is Collin County and is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. This includes the 26 ZIP codes in Collin County.

FIGURE 1. COLLIN COUNTY SERVICE AREA



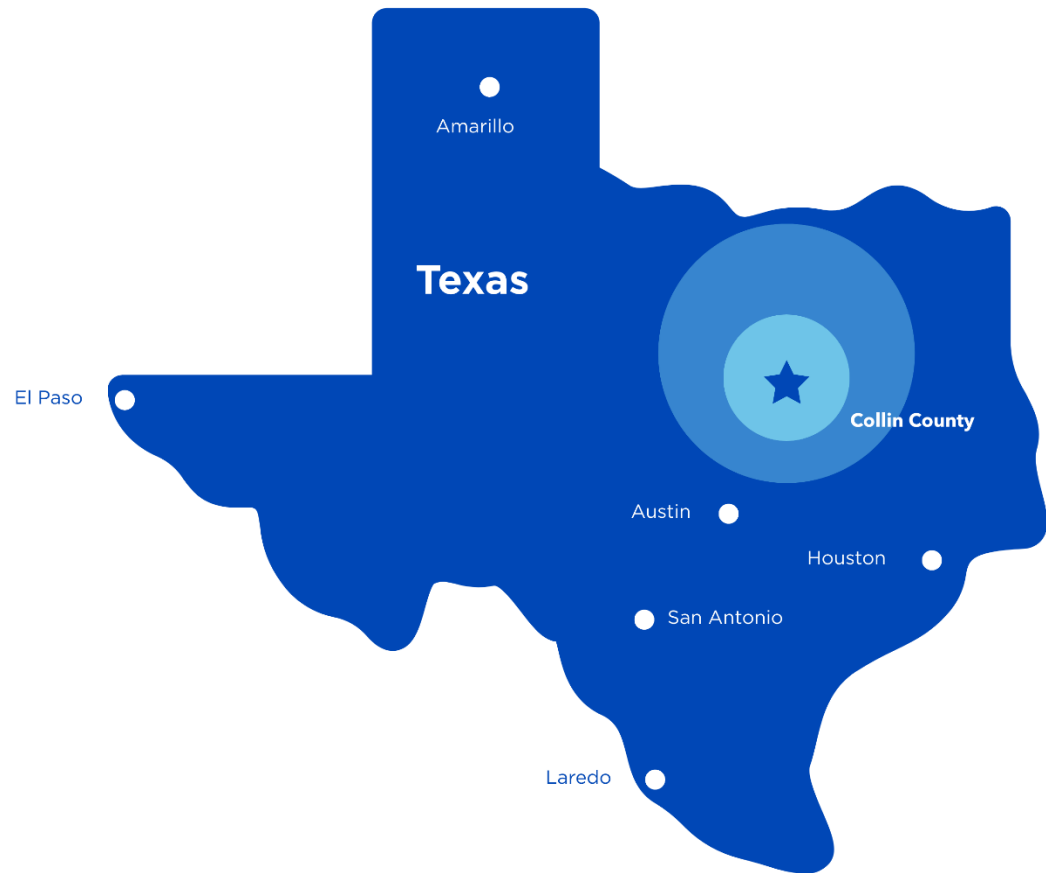
Demographics

A community's demographics influence overall health. Different groups based on race, ethnicity, age, and income levels have unique needs and may require different approaches to improve their health.² The next section gives an overview of Collin County's demographic profile.

Demographics

All demographic estimates are sourced from the U.S. Census Bureau's 2018-2022 American Community Survey (all ZIP code population estimates) and 2022 Population and Housing Unit Estimates (all county and state population estimates), unless otherwise indicated. Some data within this section are presented at the county level while other data are presented at the ZIP code level.

County level data can sometimes hide what could be going on at the ZIP code level in many communities. While indicators may not be concerning when examined at a higher level, ZIP code level analysis can reveal disparities.



² National Academies Press (US); 2002. 2, Understanding Population Health and Its Determinants. <https://www.ncbi.nlm.nih.gov/books/NBK221225/>

Population

The total population of Collin County is 1,203,661 persons. The largest ZIP code by population in Collin County is 75035 and the smallest ZIP code is 75424.

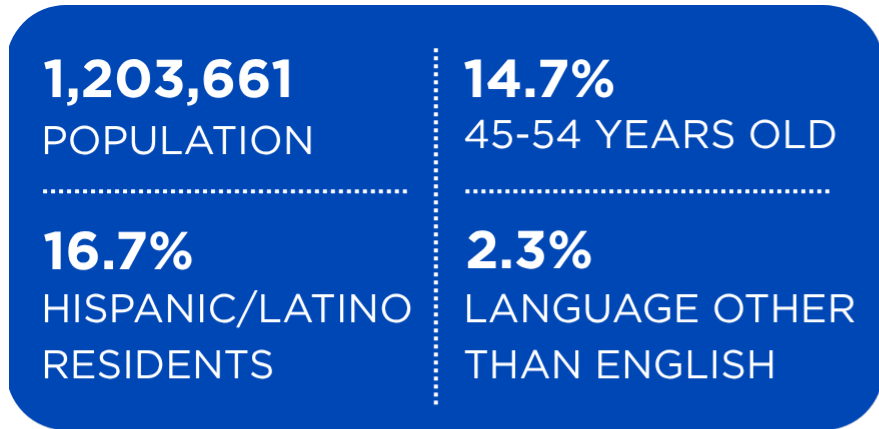


FIGURE 2. PERCENT POPULATION BY RACE: COUNTY

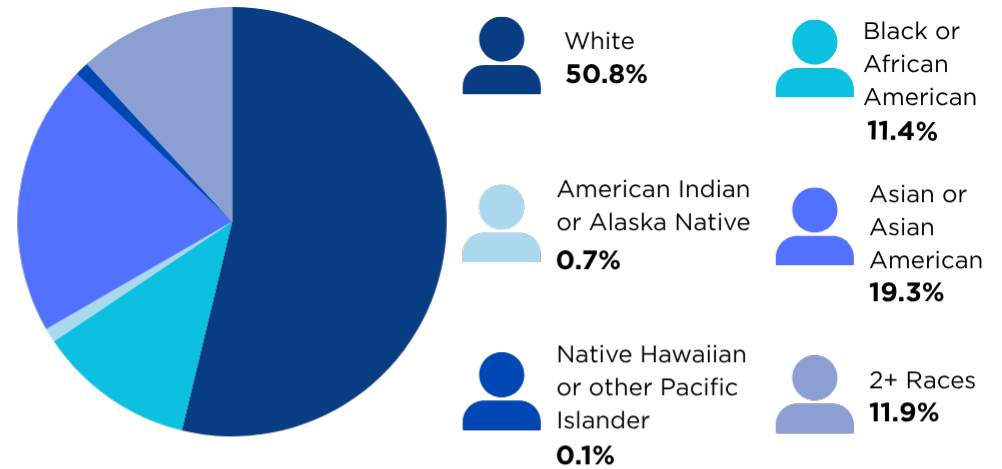
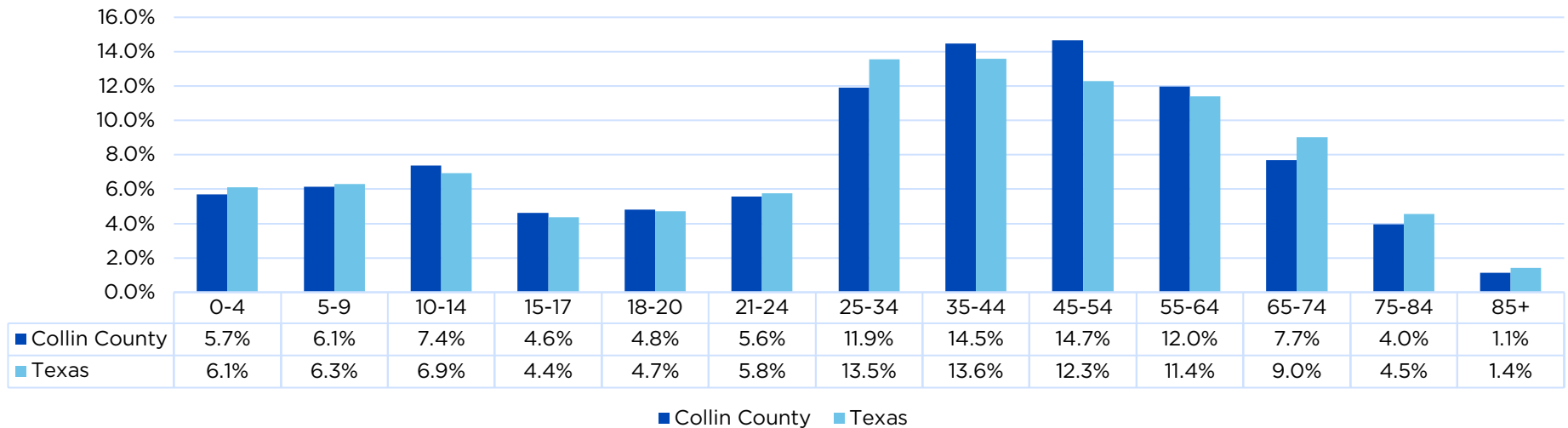


FIGURE 3. POPULATION BY AGE: COLLIN COUNTY



Social Determinants of Health

Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.³

Poverty

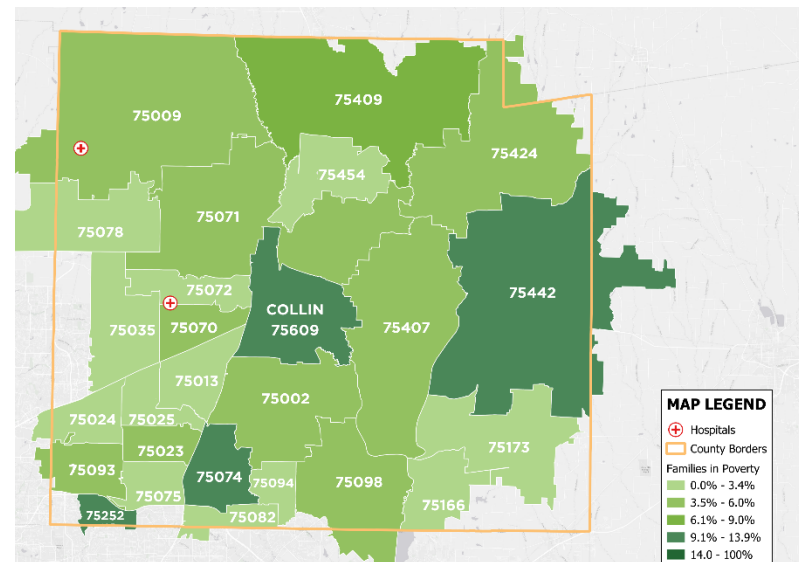
The U.S. Census Bureau sets federal poverty thresholds each year based on family size and the ages of family members. A high poverty rate can be both a cause and a result of poor economic conditions. It suggests that there aren't enough job opportunities in the area to support the local community. Poverty can lead to lower purchasing power, reduced tax revenues, and is often linked to lower-quality schools and struggling businesses.⁴

In Collin County, 4.5% of families live below the federal poverty level, which is lower than the rate in Texas (10.7%). However, as shown in Figure 4, Poverty levels vary by ZIP code within Collin County. The highest poverty rates are in ZIP codes 75069 (11.6% of families living below poverty), 75074 (10.4%), and 75442 (9.6%).

TABLE 1. FAMILIES LIVING BELOW POVERTY BY ZIP CODE

Highest Needs ZIP codes	Percent of Families Living Below Poverty
75069	11.6%
75074	10.4%
75442	9.6%

FIGURE 4. FAMILIES LIVING BELOW POVERTY BY ZIP CODE



³ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

⁴ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinantshealth/literature-summaries/employment>

Economy

4.5%
 FAMILIES LIVING
 BELOW POVERTY LEVEL

\$107,912
 MEDIAN HOUSEHOLD
 INCOME

FIGURE 5. POPULATION 16+: UNEMPLOYED

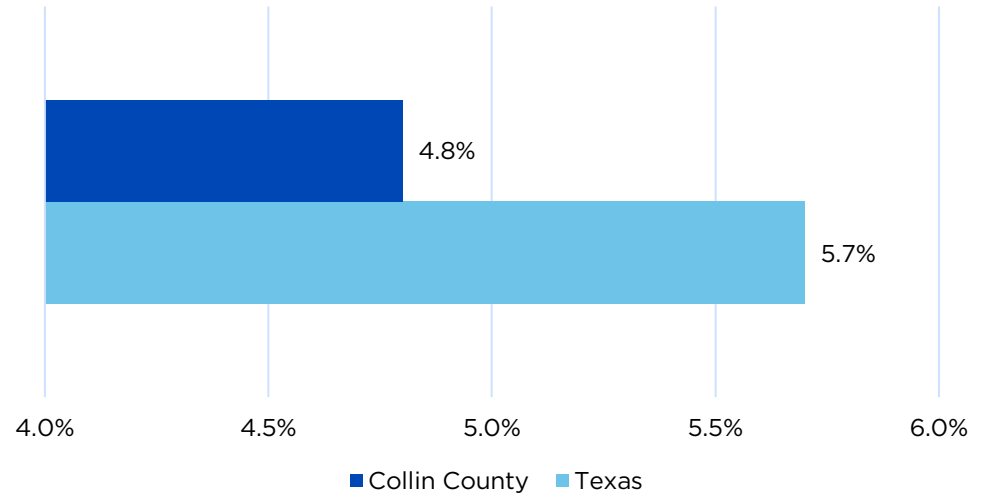
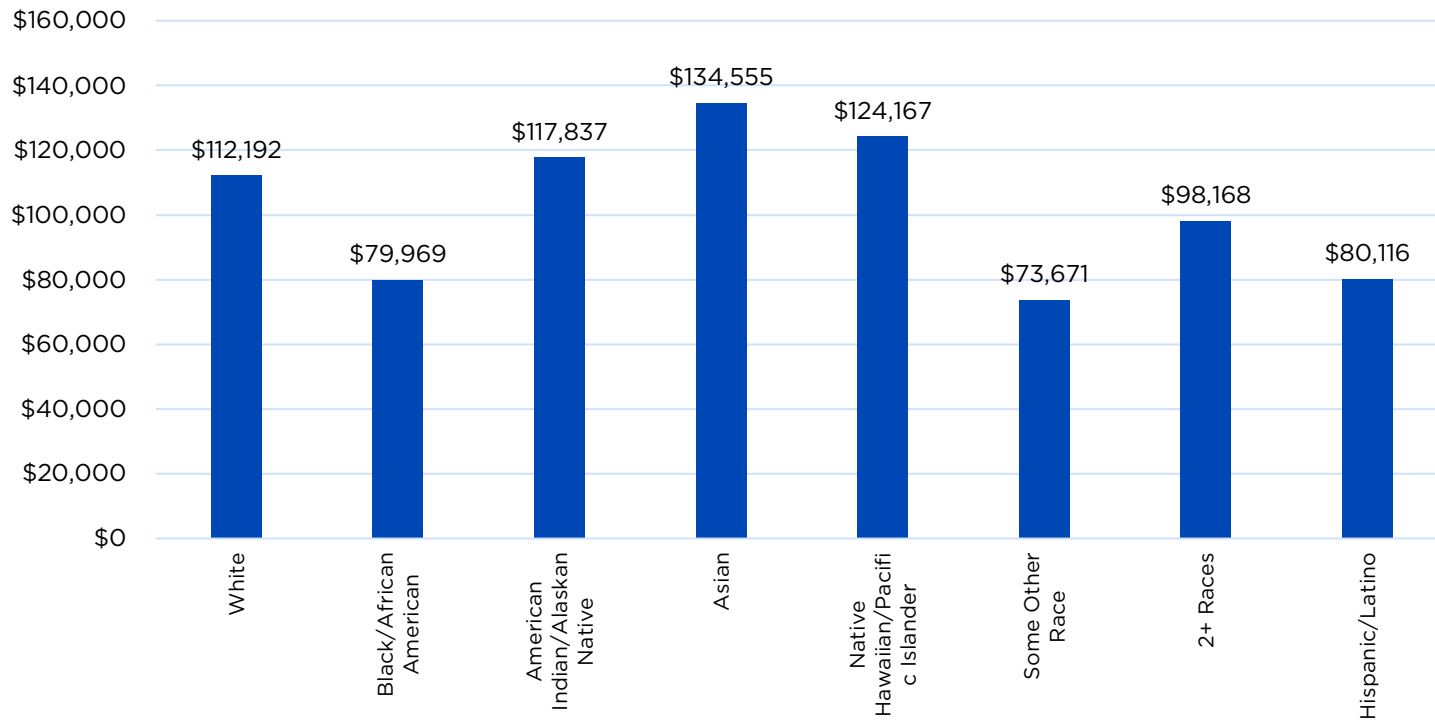


FIGURE 6. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY



Housing

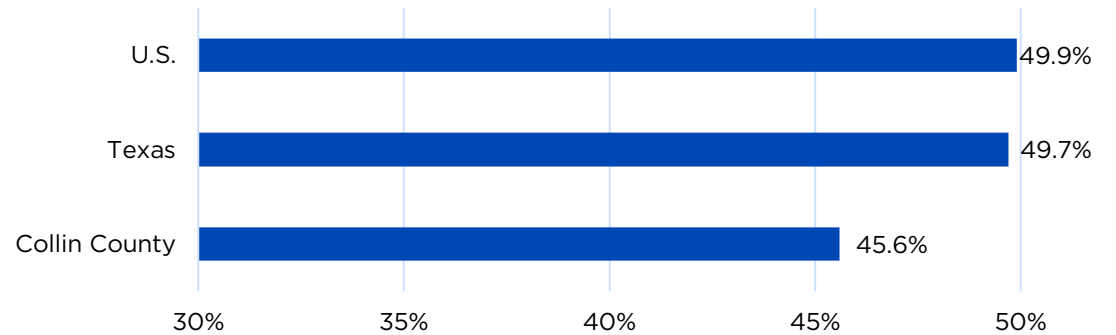
45.6%

RENTERS SPENDING 30% OR MORE OF INCOME ON RENT

14.4%

SEVERE HOUSING PROBLEMS

FIGURE 7. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT



Education

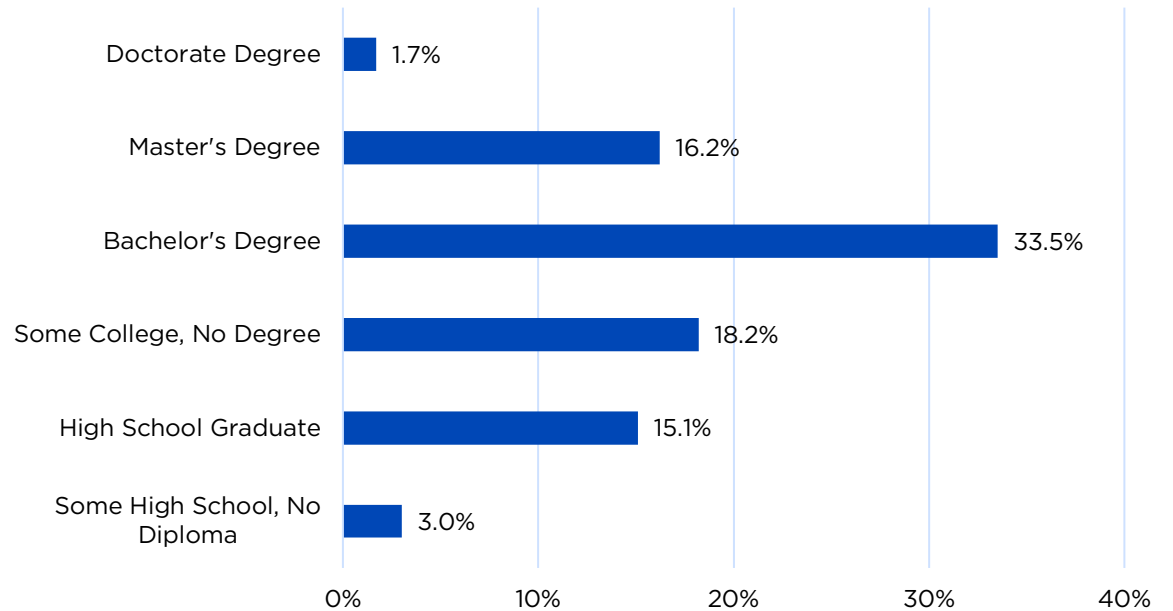
94.0%

HIGH SCHOOL DEGREE OR HIGHER

53.8%

BACHELOR'S DEGREE OR HIGHER

FIGURE 8. PEOPLE 25+ BY EDUCATIONAL ATTAINMENT IN COLLIN COUNTY



Disparities and Health Equity

Identifying disparities by population groups and geographic areas helps guide priorities and strategies for improving health. Understanding these disparities also reveals the root causes of poor health in a community and helps in efforts toward health equity. Health equity means ensuring fair distribution of health resources, outcomes, and opportunities across different communities.⁵ National trends show that systemic racism, poverty, and gender discrimination have led to worse health outcomes for groups such as Black/African American and Hispanic/Latino populations, Indigenous communities, those living below the federal poverty level, and LGBTQ+ individuals.⁶

Race, Ethnicity, Age and Gender Disparities: Secondary Data

In Collin County, community health disparities were analyzed using the Index of Disparity, which measures how far each subgroup (by race, ethnicity, or gender) is from the county's overall health outcomes. For more details on the Index of Disparity, see the Appendix. The tables below highlight indicators where there are statistically significant disparities in Collin County by race, ethnicity, or gender, based on this analysis.

TABLE 2. QUALITY OF LIFE INDICATORS WITH SIGNIFICANT RACE, ETHNICITY OR GENDER DISPARITIES

Quality of life Indicator	Group(s) Negatively Impacted
Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	Male
People 25+ with a Bachelor's Degree or Higher	Female; American Indian/Alaska Native; Black/African American; Two or More Races; Other
Persons with an Internet Subscription	Hispanic/Latino, Other

⁵ Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

⁶ Baciu A, Negussie Y, Geller A, et al (2017). Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); The State of Health Disparities in the United States. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK425844/>

TABLE 3. HEALTH INDICATORS WITH SIGNIFICANT RACE, ETHNICITY OR GENDER DISPARITIES

Health Indicator	Group(s) Negatively Impacted
Death Rate due to Drug Poisoning	White, non-Hispanic
Age-Adjusted Death Rate due to Breast Cancer	Black/African American
Age-Adjusted Death Rate due to Prostate Cancer	Male, Black/African American
All Cancer Incidence Rate	Male, American Indian/Alaska Native
Breast Cancer Incidence Rate	American Indian/Alaska Native
Colorectal Cancer Incidence Rate	Male, Black/African American
Life Expectancy	Black/African American, non-Hispanic; White, non-Hispanic

TABLE 4. ECONOMY INDICATORS WITH SIGNIFICANT RACE, ETHNICITY OR GENDER DISPARITIES

Economy Indicator	Group(s) Negatively Impacted
Median Household Income	Black/African American; Hispanic/Latino; White, non-Hispanic; Two or More Races; Other
Children Living Below Poverty Level	Black/African American; Hispanic/Latino; Other
Per Capita Income	American Indian/Alaska Native; Black/African American; Hispanic/Latino; Two or More Races; Other
Families Living Below Poverty Level	Black/African American; Hispanic/Latino; Other
People 65+ Living Below Poverty Level	Black/African American
People Living Below Poverty Level	Black/African American; Hispanic/Latino; Other
Young Children Living Below Poverty Level	Black/African American; Hispanic/Latino; Other

Geographic Disparities

This assessment not only identified health disparities by race, ethnicity, age, and gender, but also found differences in health and social outcomes across specific ZIP codes and municipalities. Geographic disparities were identified using three key indices: the Health Equity Index (HEI), Food Insecurity Index (FII), and Mental Health Index (MHI). These indices were developed by Conduent Healthy Communities Institute to highlight areas with high socioeconomic need, food insecurity, and mental health challenges.

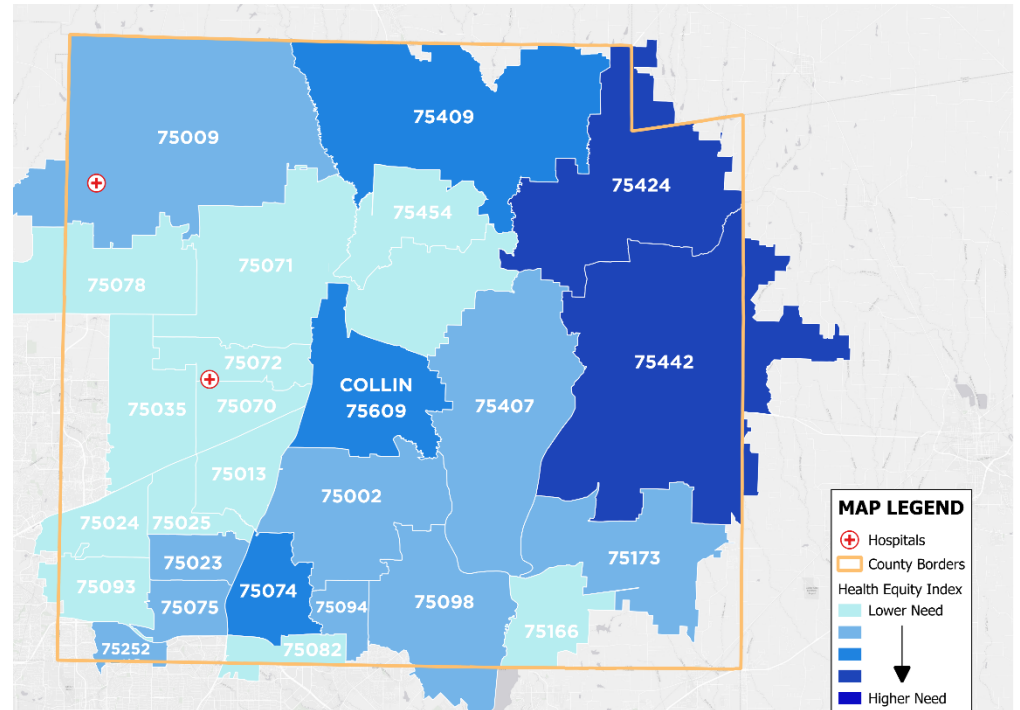
Health Equity Index

Conduent’s Health Equity Index (HEI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. ZIP codes are ranked based on their index value to identify relative levels of need. Amongst the population, the map displays ZIP codes that show the highest need.

TABLE 5. HEALTH EQUITY INDEX BY ZIP CODE

Highest Needs ZIP codes	Index Score 0 (lowest need) - 100 (highest need)
75424	68.6
75442	67.5
75409	42.4

FIGURE 9. COLLIN COUNTY HEALTH EQUITY INDEX



What high index values mean: Communities with the highest values are estimated to have the highest socioeconomic needs correlated with:

- preventable hospitalizations
- premature death
- self-reported poor health and well-being

Food Insecurity Index

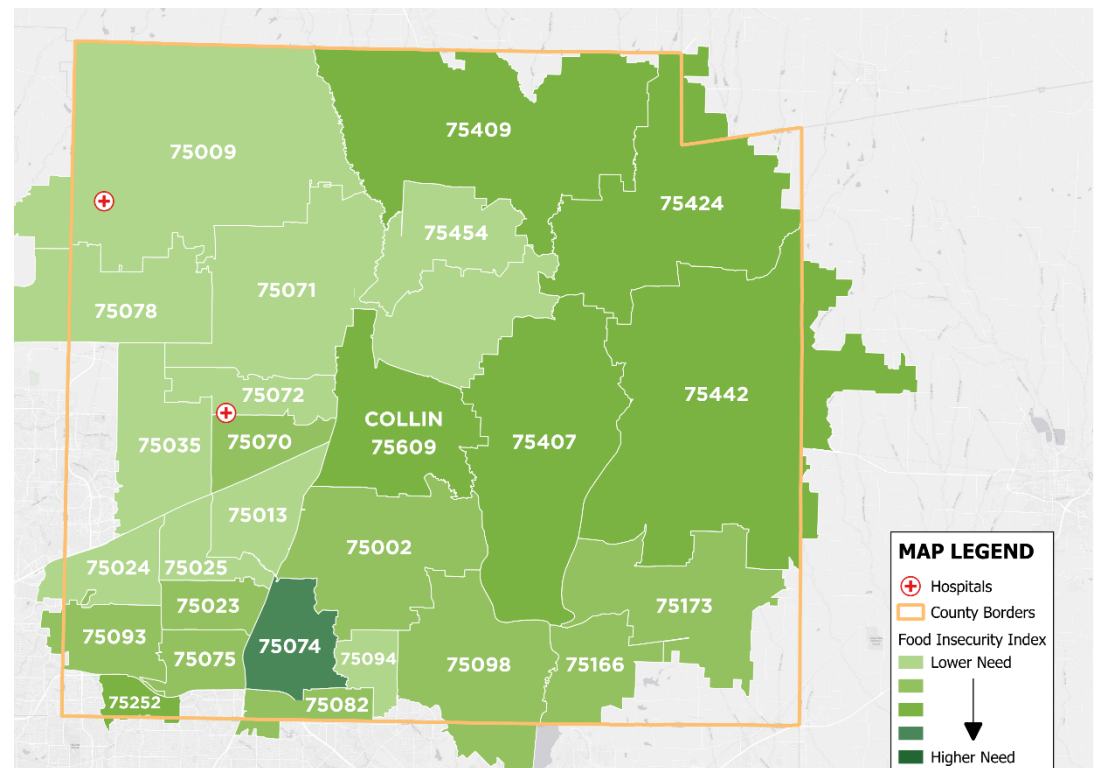
Conduent’s Food Insecurity Index measures economic and household hardship correlated with food access. All ZIP codes are given an index value from 0 (low need) to 100 (high need) based on its value compared to all ZIP codes in the U.S. ZIP codes are then ranked from 1 (low need) to 5 (high need) based on their index value compared to other ZIP codes within the local area.

What high index values mean: Communities with the highest index values are estimated to have the highest food insecurity correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

TABLE 6. FOOD INSECURITY INDEX BY ZIP CODE

Highest Needs ZIP codes	Index Score 0 (lowest need) - 100 (highest need)
75074	63.5
75442	58.5
75407	57.6

FIGURE 10. COLLIN COUNTY FOOD INSECURITY INDEX



Mental Health Index

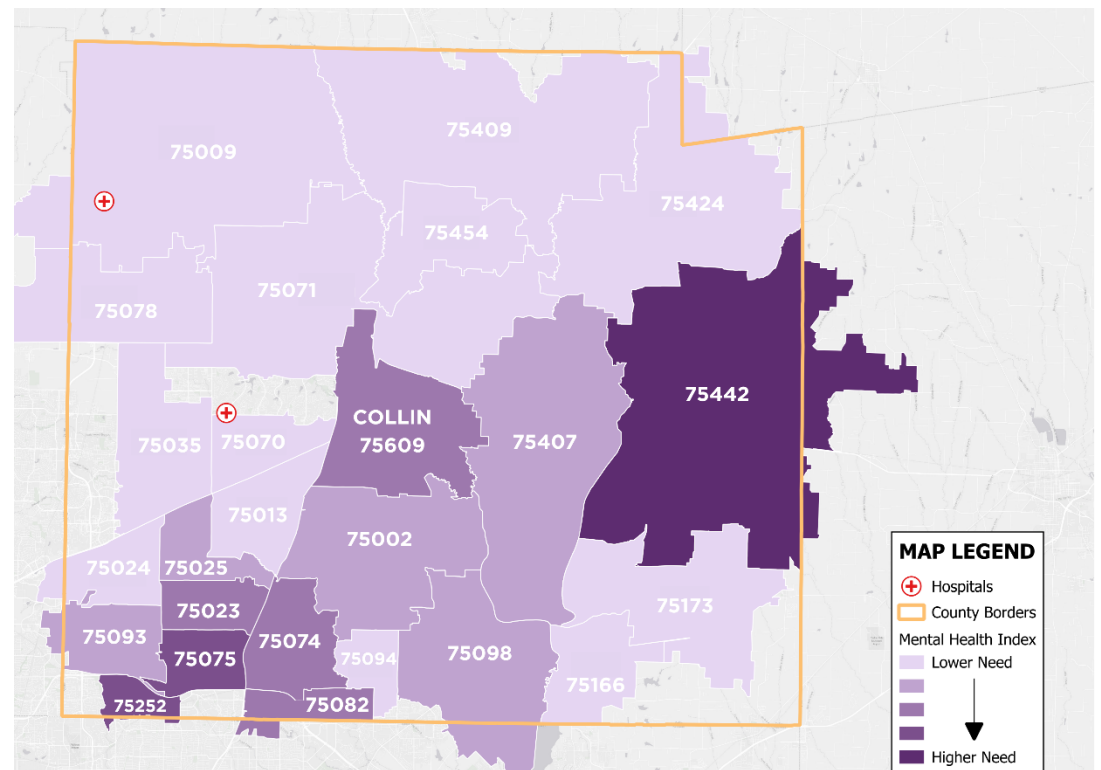
Conduent’s Mental Health Index measures social, economic, and health factors that are linked to people reporting poor mental health. ZIP codes are ranked based on their index value to show areas with the worst mental health outcomes. The map in Figure 11 shows that ZIP code 75442 has the poorest mental health outcome in Collin County, with an index value of 61, marked by the darkest purple on the map.

What high index values mean: Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

TABLE 7. MENTAL HEALTH INDEX BY ZIP CODE

Highest Needs ZIP codes	Index Score 0 (lowest need) – 100 (highest need)
75442	61.0
75252	59.6
75075	47.2

FIGURE 11. COLLIN COUNTY MENTAL HEALTH INDEX



Secondary Data Findings

This CHNA used Conduent HCI’s Data Scoring Tool to assess and rank secondary data. We leveraged the HCI database with over 200 indicators in both health and quality of life topic areas for the Secondary Data Analysis of the Methodist Celina Medical Center and Methodist McKinney Hospital Service Area. Each indicator’s value was compared to other communities, national targets, and past time periods.

Data Scoring Tool

HCI’s Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on the highest need. For each indicator, the Texas County’s value was compared to a distribution of state and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.



Scores range from 0 (Good) to 3 (Worse).

Review “Indicators of Concern” with scores of **1.10** or higher.

FIGURE 12. COLLIN COUNTY SECONDARY DATA FINDINGS

Health and Quality of Life Topics	Score
Other Conditions	1.53
Older Adults	1.49
Mental Health & Mental Disorders	1.40
Physical Activity	1.28
Alcohol & Drug Use	1.27
Environmental Health	1.23
Sexually Transmitted Infections	1.21
Health Care Access & Quality	1.20
Heart Disease & Stroke	1.17
Children’s Health	1.17
Community	1.10
Immunizations & Infectious Diseases	1.06
Economy	1.05
Oral Health	1.05
Women’s Health	1.04
Cancer	0.97
Respiratory Diseases	0.89
Education	0.85
Maternal, Fetal & Infant Health	0.81
Wellness & Lifestyle	0.70
Mortality Data	0.69

Data Scoring Results

Figure 12 shows the results for Collin County’s health and quality of life topics. Topics with a score of **1.10** or higher were flagged as significant health needs. In total, 11 topics scored at or above this threshold. Topic areas with fewer than three indicators were considered data gaps. For a full list of health and quality of life topics and a breakdown of national and state indicators included in the secondary data analysis, refer to the Appendix, which also details the data scoring method used.

Community Input Findings

Community input included Listening Sessions and Key Informant Interviews with a diverse group of community partners representing organizations working in the areas of emergency management, food insecurity, housing/homelessness, economic development, public health, etc.

Listening Sessions

Methodist Health System created a list of community partners working within Collin, Dallas, Ellis, and Tarrant County. Prior to conducting Listening Sessions, all identified community partners were asked to take a short online survey to better understand the populations they serve and their related health needs. Respondents were invited to attend the listening session for the county(s) their organization serves. Survey responses were presented during the 90-minute Listening Sessions that were held for each county, and a discussion followed that centered around the priorities, strengths, inequities, and resources in the communities served by respective organizations.

Key Informant Interviews

Key Informant Interviews were conducted with community leaders and partners to learn about current health needs or issues faced by people living in the county/counties they serve, leading factors that contribute to these health issues, groups or populations disparately affected by identified health issues, barriers or challenges preventing people from accessing healthcare or social services, and community strengths and resources. Findings across both the listening sessions and key informant interviews revealed three topics including:

FIGURE 13. COMMUNITY INPUT FINDINGS

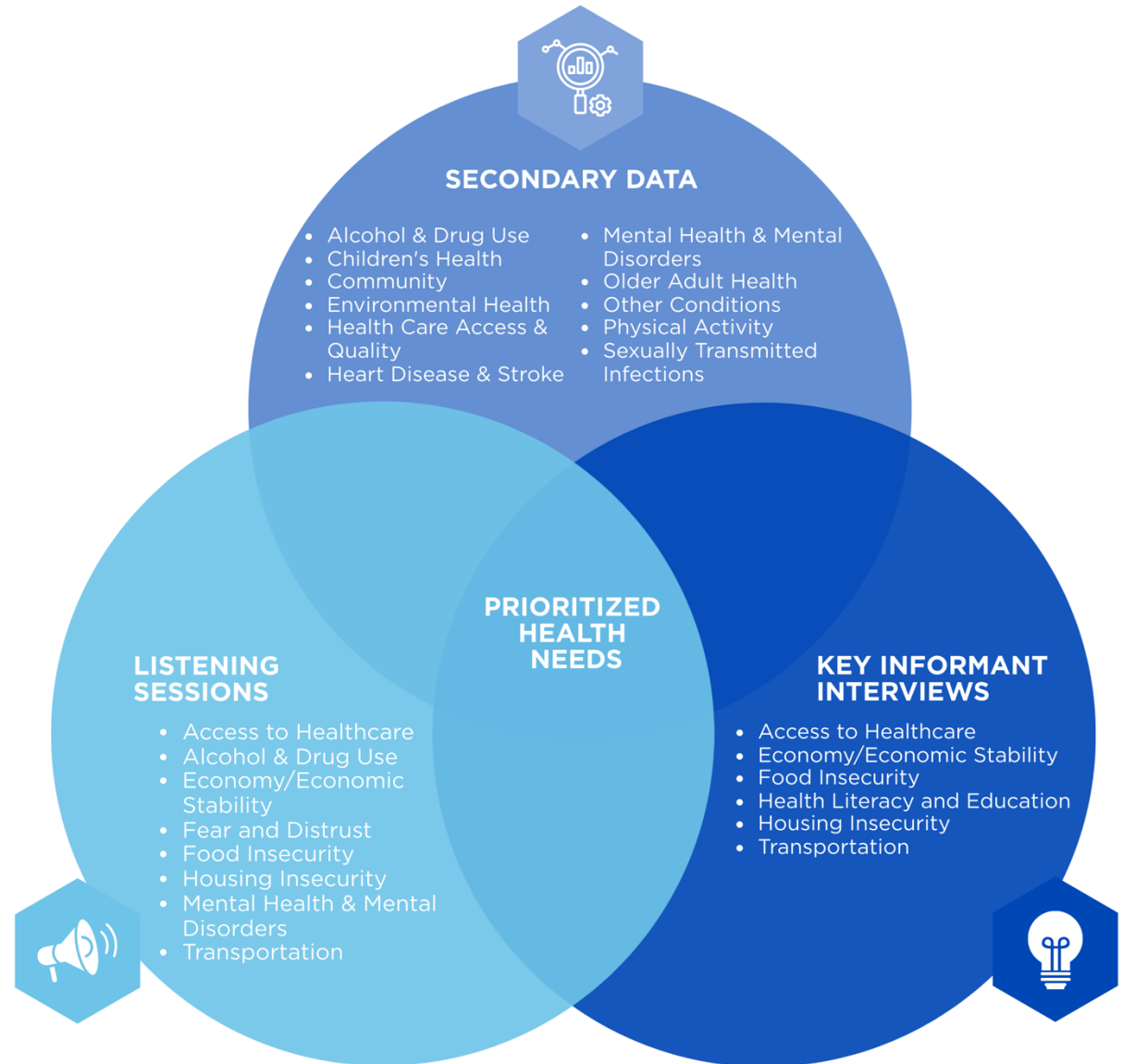


Data Synthesis and Significant Needs

The Data Synthesis section of the CHNA report combines various sources of both secondary data (quantitative data) and community input findings (qualitative data) to pinpoint and emphasize critical health challenges facing the community. This process involves a systematic examination of health indicators derived from secondary data sources, alongside insights obtained from community listening sessions and key informant interviews. By prioritizing statistical analysis with community insights, the data synthesis offers a thorough understanding of the health status within the community, effectively identifying the most urgent health needs.

Data synthesis visually represents health topics based on their scores from secondary data sources, with scores of 1.10 or higher, and top themes from listening sessions and key informant interviews. This integrated approach ensures that the assessment is firmly grounded in the community's reality, facilitating targeted and effective health improvement strategies.

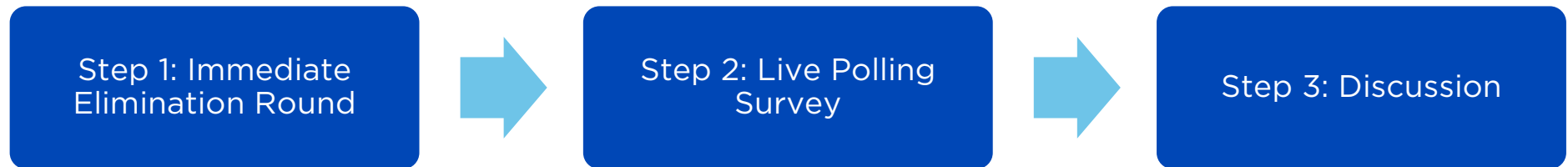
FIGURE 14. DATA SYNTHESIS & SIGNIFICANT NEEDS



Prioritization

To better target activities to address the most pressing health needs in the community, Methodist Celina Medical Center and Methodist McKinney Hospital convened members from their hospital leadership to participate in a presentation of data on significant health needs facilitated by HCI. Following each of these data presentations, participants were given access to an online link to complete Step 1 and Step 2 of the prioritization process, as shown in the figure below. The Appendix includes the detailed criteria and tools used for prioritization.

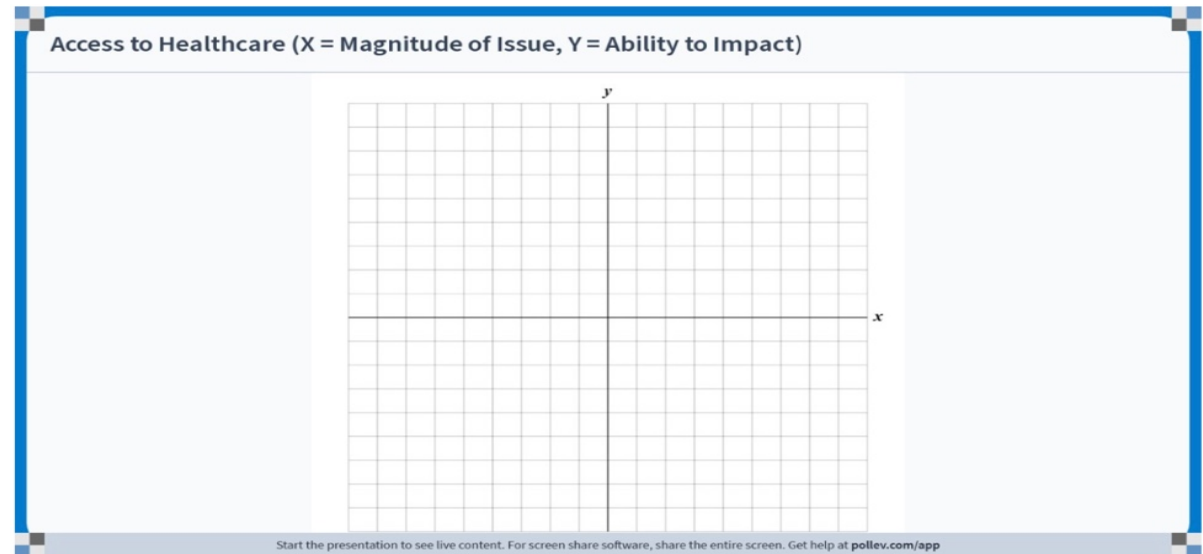
FIGURE 15. PRIORITIZATION PROCESS OVERVIEW



Prioritization Step 1

In Step 1, each significant health need was reviewed independently and participants determined which quadrant it belongs in based on a set of criteria. Health needs that fell in the lower left quadrant “Low ability to impact/Low magnitude of issue” were eliminated as shown in the figure to the right.

FIGURE 16. STEP 1 OF PRIORITIZATION PROCESS



Prioritization Step 2

In Step 2, participants for Methodist Celina Medical Center then ranked the top five significant health needs and participants for Methodist McKinney Hospital ranked the top three significant health needs based on the same set of criteria as shown in the figure to the right.

FIGURE 17. STEP 2 OF PRIORITIZATION PROCESS

The image shows a screenshot of a digital poll interface. At the top, a blue header bar contains the text: "Vote to prioritize the top 5 significant health needs according to the selected criteria (magnitude of issue and ability to impact)." Below this header is a list of ten health-related categories, each in a light blue rounded rectangular button. The categories are: "Access to Healthcare", "Children's Health", "Chronic Diseases (Hypertension & Heart Disease/Stroke, Diabetes, Obesity)", "Immunizations & Infectious Diseases", "Mental Health & Mental Disorders", "Older Adult Health", "Other Conditions", "Sexually Transmitted Infections", and "Women's Health". At the bottom right of the list is a "SEE MORE" button with a downward arrow. At the very bottom of the screen, there is a small grey footer bar with the text: "Start the presentation to see live content. For screen share software, share the entire screen. Get help at polllev.com/app".

Vote to prioritize the top 5 significant health needs according to the selected criteria (magnitude of issue and ability to impact).

- Access to Healthcare
- Children's Health
- Chronic Diseases (Hypertension & Heart Disease/Stroke, Diabetes, Obesity)
- Immunizations & Infectious Diseases
- Mental Health & Mental Disorders
- Older Adult Health
- Other Conditions
- Sexually Transmitted Infections
- Women's Health

SEE MORE

Start the presentation to see live content. For screen share software, share the entire screen. Get help at polllev.com/app

Prioritized Health Needs

Through a comprehensive data analysis and community input process, Methodist Health System identified the following health needs as the most pressing in Methodist Celina Medical Center and Methodist McKinney Hospital service area:

Methodist Celina Medical Center



**Access to
Healthcare**



**Chronic
Disease**



**Older Adult
Health**



**Other
Conditions**



**Women's
Health**

Methodist McKinney Hospital



**Chronic Disease (including Other
Conditions & Older Adult Health)**



**Food
Insecurity**



**Health Literacy
and Education**



Access to Healthcare / Health Literacy and Education

Overview

Health care access and quality includes key issues, such as access to healthcare, access to preventative care, health insurance coverage, and health literacy/education.⁷ Access to healthcare is a critical component to the health and well-being of community members in Collin County. Access to healthcare by itself is a predictor of health outcomes and is influenced by a variety of social determinants of health (SDOH) including⁸:

- Limited availability/access to providers
- Systemic biases and discrimination
- Lower health literacy levels

Personal health literacy is the degree to which *individuals* have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.⁸ Organizational health literacy is the degree to which *organizations* equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.⁹ For the purposes of this CHNA, Education is referring to both patient and provider education.

Secondary Data

Health Literacy and Education is a topic that falls under Health Care Access & Quality, which ranked as the 8th highest scoring health topic in Collin County in the secondary data scoring results. The follow page shows warning indicators within Collin County including comparisons to Texas and the U.S. Some of the most concerning indicators regard routine care, with only 70.1% of adults having visited a doctor for a routine checkup. Moreover, the non-physician primary care provider rate is significantly lower in Collin County (92.7 providers / 100,000 population) as compared to Texas (109.0 providers / 100,000 population) or the U.S. (131.4 providers / 100,000 population).

⁷ Centers for Disease Control and Prevention (March 27, 2023). CDC - Health Care Access and Quality. Retrieved from <https://www.cdc.gov/prepyourhealth/discussionguides/healthcare.htm>

⁸ <https://odphp.health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030>

ACCESS TO HEALTHCARE

2,524

Collin County:
Rate of preventable hospital stays per 100,000 Medicare enrollees*¹



92.7

Collin County:
Non-physician primary care providers per 100,000 population*³



2,980

Texas:
Rate of preventable hospital stays per 100,000 Medicare enrollees*¹



109.0

Texas:
Non-physician primary care providers per 100,000 population*³

2,677

United States:
Rate of preventable hospital stays per 100,000 Medicare enrollees*¹



131.4

United States:
Non-physician primary care providers per 100,000 population*³



70.1%

Percentage of adults that report having visited a doctor for a routine checkup within the past year*²

12.5%

Percentage of adults ages 18-64 that do not have any kind of health insurance coverage*²



All data points shown are for Collin County unless otherwise noted.

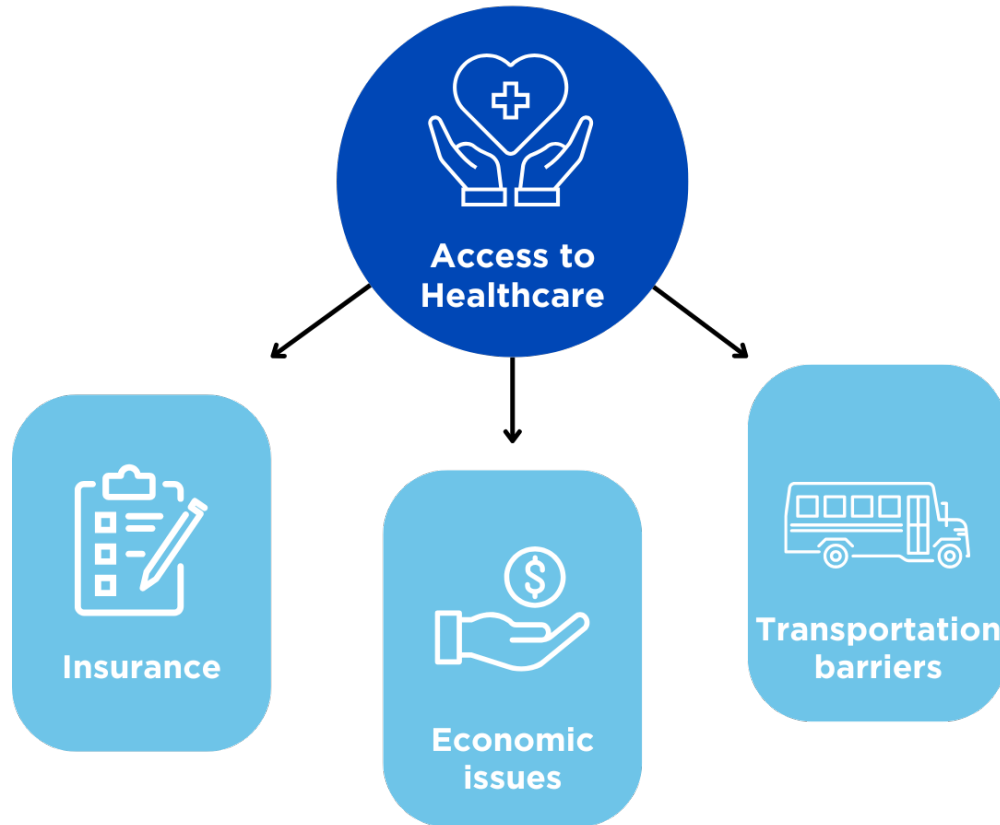
1 - Centers for Medicare & Medicaid Services, 2022

2 - CDC - PLACES, 2021

3 - County Health Rankings, 2023

Community Input

Access to Healthcare was a top concern in key informant interviews and listening sessions. This includes gaps in affordable sexually transmitted infection (STI) testing; transportation barriers; and insurance issues such as limited insurance coverage. The factors contributing to health needs in the community include cost of living and escalating costs of housing which often necessitates that community members choose between healthcare and meeting other basic needs. Community members also noted that the lack of access to primary care providers (PCPs) has worsened due to the Medicaid unwinding process following the end of the COVID-19 public health emergency. Specifically, it was noted that in Texas, the recertification of all Medicaid beneficiaries who received coverage during the pandemic led to many losing their health insurance. Mentioning, for example, some individuals lost access to medical equipment or long-term support services due to administrative errors; others never received recertification paperwork or were unaware of the process altogether.



“

Texas has the highest rate of congenital syphilis in the U.S. and that's a huge concern. So, we need to get accessible testing and treatment out to the public and we need to have increased care for moms that are pregnant and who may not go and get that test.

- Community member -

”



Chronic Disease

Overview

Like Access to Healthcare, Chronic Diseases are also affected by many different SDOH. SDOH impact health, well-being, and quality of life and contribute to wide health disparities and inequities.⁴ Examples of SDOH impacting chronic diseases include⁴:

- Exercise opportunities: Including safe sidewalks, parks, green spaces to promote physical activity.
- Air quality: Polluted air leads to increased asthma rates and even some cancers.

Secondary Data

Chronic Diseases is a health topic that includes hypertension & heart disease/stroke, diabetes, and obesity. The following page shows warning indicators within Collin County including comparisons to Texas and the U.S. Notably, hyperlipidemia and ischemic heart disease in Collin County are more common than in Texas or the U.S., specifically among Medicare recipients. For example, 73.0% of all Collin County Medicare recipients have been treated for hyperlipidemia as compared to 65.0% of both Texas Medicare recipients and U.S. Medicare recipients. Secondary data also indicate that nearly one quarter (24.3%) of adults aged 18 and older in Collin County are obese according to the Body Mass Index (BMI).

CHRONIC DISEASE

73.0%

Collin County:
Percentage of Medicare
beneficiaries treated for
hyperlipidemia *1



65.0%

Texas:
Percentage of Medicare
beneficiaries treated for
hyperlipidemia *1



67.0%

Percentage of Medicare
beneficiaries treated for
hypertension *1



74.0%

Percentage of adults aged
18+ with high blood
pressure who report taking
medications for high blood
pressure *2

24.0%

Collin County:
Percentage of Medicare
beneficiaries treated for
ischemic heart disease *1



22.0%

Texas:
Percentage of Medicare
beneficiaries treated for
ischemic heart disease *1

21.0%

United States:
Percentage of Medicare
beneficiaries treated for
ischemic heart disease *1



24.3%

Percentage of adults aged
18 and older are obese
according to the Body
Mass Index (BMI) *3



All data points shown are for Collin County unless otherwise noted.

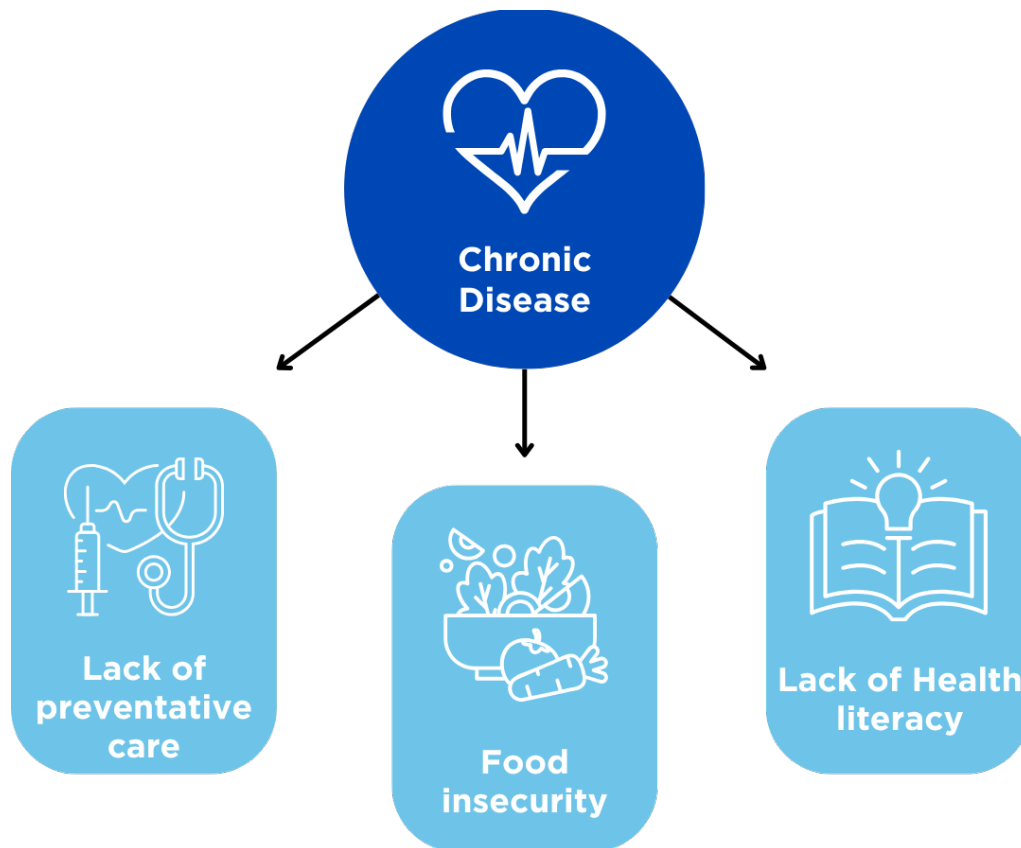
1 - Centers for Medicare & Medicaid Services, 2022

2 - CDC - PLACES, 2021

3 - Centers for Disease Control and Prevention, 2021

Community Input

While Chronic Disease were not top concerns in key informant interviews and listening sessions, many of the root causes of Chronic Diseases were discussed as top concerns in both key informant interviews and listening sessions. This includes discussions around Social Determinants of Health like the lack of access to preventative care, food insecurity due to minimal availability of healthy food options, and health literacy/education. Discussion was framed around a lack of health literacy and education about available resources which hinders individuals from accessing necessary services and understanding their health needs.



“

I think it's so intertwined—food access and health care. If they're making choices, like if the budget's tight, they don't have money to buy healthy food to help with preventative diseases or long-term chronic conditions. It's all tied together.

- Community member -

”



Food Insecurity

Overview

Food Insecurity is among the most pervasive health issues in Collin County. Adults who are food insecure may be at an increased risk for a variety of negative health outcomes and health disparities.⁹ It is important to recognize the intersection between the social and economic factors impacting people's ability to access healthy, affordable food. Adults who are food insecure may be at an increased risk for a variety of negative health outcomes and health disparities. These structural conditions people are exposed to may affect access to food. These factors or structural conditions include:

- Neighborhood conditions: people living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores.⁸
- Transportation: Residents are at risk for food insecurity in neighborhoods where transportation options are limited, the travel distance to stores is greater, and there are fewer supermarkets.⁸
- Structural Racism: Predominantly Black and Hispanic neighborhoods may have fewer full-service supermarkets than predominantly White and non-Hispanic neighborhoods.⁸

Secondary Data

Food insecurity is a health topic that includes warning indicators that fall under multiple secondary data health topics including Children's Health, Economy, and Environmental Health. The following page shows warning indicators within Collin County including comparisons to Texas and the U.S. as described below. Notably, Collin County has a lower percentage of population experiencing food insecurity (12.1%) as compared to Texas and the U.S. (16.4% and 13.5%, respectively). However, 14.7% of children live in households experiencing food insecurity within Collin County. Moreover, 59.0% of food insecure children are likely income ineligible for nutrition assistance in Collin County—well above the statewide percentage of 35.0%. This indicator measures the percentage of food insecure children in households with incomes above 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance.

⁹ <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity>

FOOD INSECURITY

12.1%

Collin County:
Percentage of population
that experienced food
insecurity *1



14.7%

Percentage of children in
households experiencing
food insecurity *1



16.4%

Texas:
Percentage of population
that experienced food
insecurity *1

59.0%

Collin County:
Percentage of food insecure
children likely not income-
eligible for Federal Nutrition
Assistance *1



13.5%

United States:
Percentage of population
that experienced food
insecurity *1



35.0%

Texas:
Percentage of food insecure
children likely not income-
eligible for Federal Nutrition
Assistance *1



8.4

Food environment index
score measuring food
access *2

22.9%

Percentage of students
eligible for the Free
Lunch Program *3



All data points shown are for Collin County unless otherwise noted.

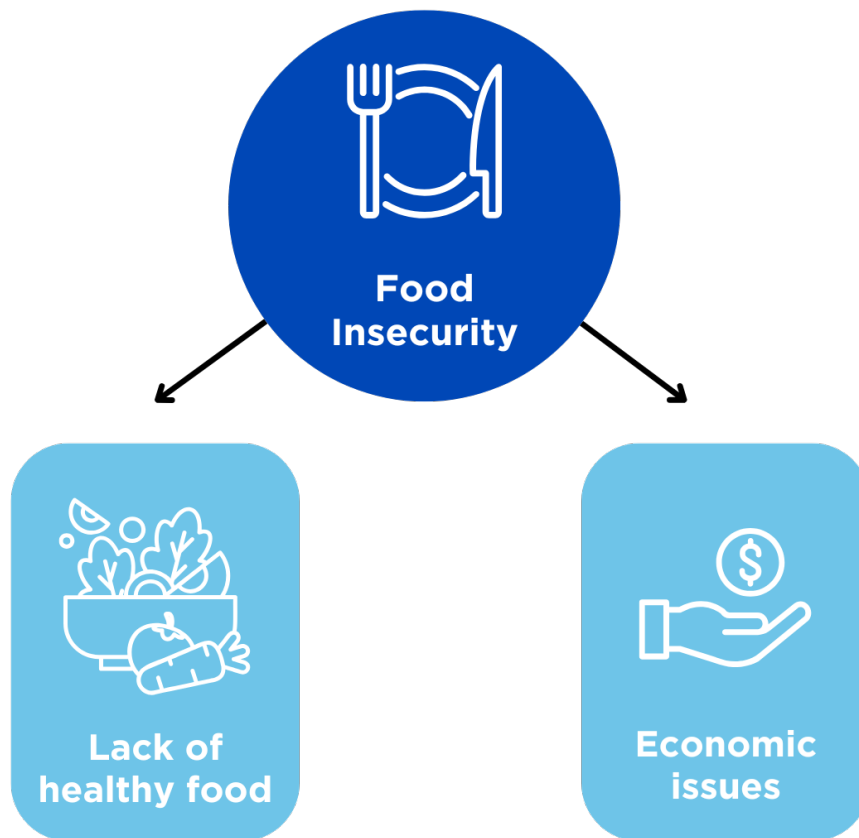
1 - Feeding America, 2022

2 - County Health Rankings, 2024 (The index ranges from 0 (worst) to 10 (best) and equally weights two measures)

3 - National Center for Education Statistics, 2022-2023

Community Input

Food Insecurity was a top concern in both key informant interviews and listening sessions. This includes discussion around the lack of access to healthy food options in many communities, as grocery stores offering healthy foods are scarce or non-existent in certain areas. This lack of access to healthy food was cited as a concern specifically amongst children within the McKinney Independent School District. Moreover, North Texas Food Bank is piloting a Food RX program in Collin County, working with clinics to provide neighbors who screen as food insecure access to healthy foods. This initiative is just one of the ways community organizations are working to address this pressing need.



“

Food Insecurity is an issue in Collin County. My husband is a teacher with McKinney ISD, and even he sees it with his students.

- Community member -

”



Older Adult Health

Overview

Older Adult Health is another top health concern in Collin County. There are unique challenges that impact older adults and aging populations including higher risk for chronic health problems. Managing chronic diseases and preventing falls are just some of these challenges this population faces.

Secondary Data

Older Adult Health is a health topic that includes a myriad of indicators largely affecting Medicare beneficiaries. The follow page shows warning indicators within Collin County including comparisons to Texas and the U.S. In Collin County, 8.0% of Medicare beneficiaries were treated for asthma, which is slightly higher than both Texas and the U.S. (7.0% and 7.0%, respectively). The prostate cancer incidence rate in Collin County is 109.9 (cases / 100,000 males) as compared to Texas (103.4 cases / 100,000 males) and the U.S. (110.5 cases / 100,000 males). Moreover, 12.0% of Medicare beneficiaries were treated for cancer.

Finally, 6.7% of people aged 65 years or older are living below the federal poverty level. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation.¹⁰ Seniors often live on a fixed income from pensions or other retirement plans and social security. If this income is insufficient in the face of increasing prescription costs and other costs of living, most seniors have no way to supplement their income.

¹⁰ <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty#cit6>

OLDER ADULT HEALTH

8.0%

Collin County:
Percentage of Medicare
beneficiaries treated
for asthma ^{*1}



7.0%

Texas:
Percentage of Medicare
beneficiaries treated
for asthma ^{*1}

7.0%

United States:
Percentage of Medicare
beneficiaries treated
for asthma ^{*1}



6.7%

Percentage of people
aged 65 years+ living
below the Federal
Poverty Level ^{*2}

109.9

Collin County:
Age-adjusted incidence
rate for prostate cancer
per 100,000 males ^{*3}



103.4

Texas:
Age-adjusted incidence
rate for prostate cancer
per 100,000 males ^{*3}

110.5

United States:
Age-adjusted incidence
rate for prostate cancer
per 100,000 males ^{*3}



12.0%

Percentage of Medicare
beneficiaries treated for
cancer ^{*1}



All data points shown are for Collin County unless otherwise noted.

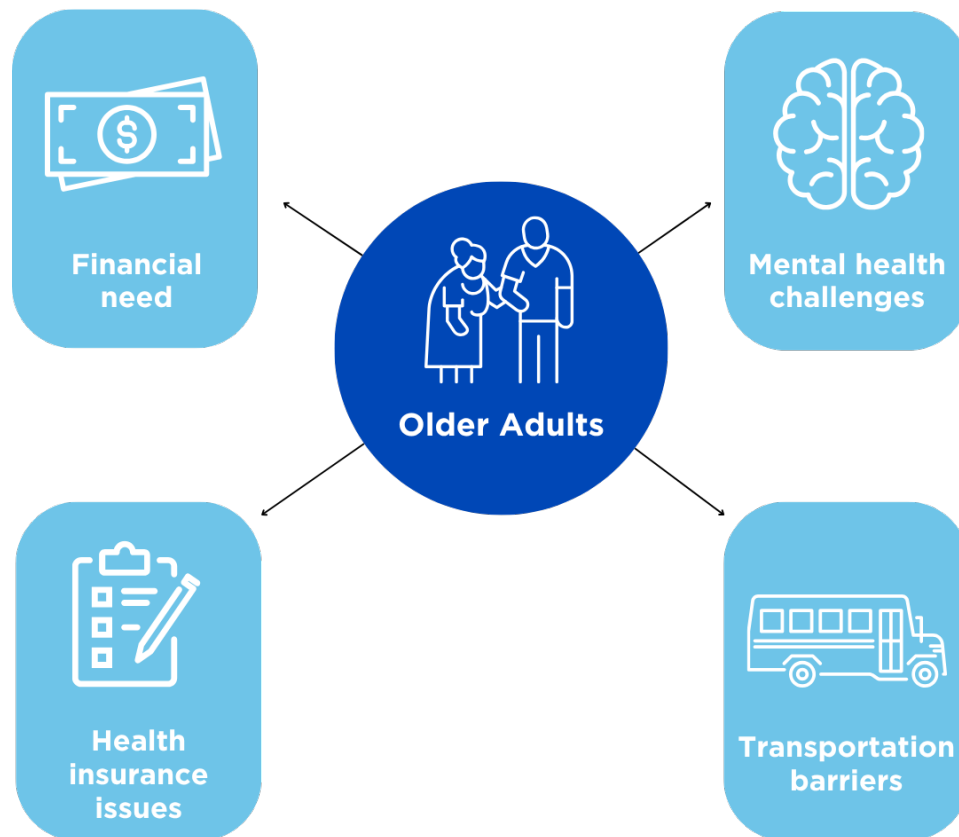
1 - Centers for Medicare & Medicaid Services, 2022

2 - American Community Survey 5-Year, 2018-2022

3 - National Cancer Institute, 2016-2020

Community Input

Older Adult Health was a concern in both key informant interviews and listening sessions. Concerns largely centered around financial need, mental health challenges, health insurance gaps/issues, and transportation barriers. Seniors and older adults were frequently cited as struggling to afford food and housing because many older adults are on a fixed income. This, coupled with increasing costs of living, has led to many seniors seeking assistance at food pantries and housing/rental assistance organizations. Mental health issues were discussed in the context of COVID-19 and the exacerbation of isolation concerns. Finally, insurance issues such as Medicare not covering everything and lack of transportation to get to the doctor were key issues mentioned.



“

What we're finding is that our older adult population, some may have Medicare, but it doesn't cover everything, so they're hitting a bump in the road because they're on a fixed income. It's causing them to need food so they're visiting our food pantry.

- Community member -

”



Other Conditions

Overview

Other Conditions is a health topic that includes a multitude of conditions including osteoporosis, kidney disease, rheumatoid arthritis or osteoarthritis, all of which are health concerns in Collin County. Across the community, these health topics remain a top issue that largely affects older adults, specifically, Medicare beneficiaries.

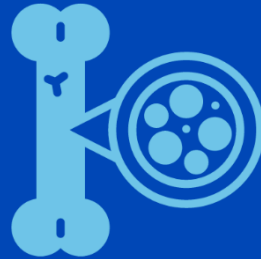
Secondary Data

Other Conditions ranked as the highest scoring health topic in Collin County in the secondary data scoring results. The following page shows warning indicators within Collin County including comparisons to Texas and the U.S. Some of the most concerning warning indicators for Collin County include the age-adjusted death rate (14.4 deaths / 100,000 population) due to nephritis, nephrotic syndrome, and nephrosis (kidney disease). This rate is slightly lower than the statewide value, but higher than the nationwide value (15.4 and 12.8 deaths / 100,000 population, respectively). Moreover, 37.0% of Medicare beneficiaries were treated for rheumatoid arthritis or osteoarthritis in Collin County.

OTHER CONDITIONS

13.0%

Collin County:
Percentage of Medicare
beneficiaries treated for
osteoporosis *1



14.4

Collin County:
Age-adjusted death rate
due to kidney disease
per 100,000 population *2



11.0%

Texas:
Percentage of Medicare
beneficiaries treated for
osteoporosis *1



15.4

Texas:
Age-adjusted death rate
due to kidney disease
per 100,000 population *2

11.0%

United States:
Percentage of Medicare
beneficiaries treated for
osteoporosis *1



12.8

United States:
Age-adjusted death rate
due to kidney disease
per 100,000 population *2



37.0%

Percentage of Medicare
beneficiaries treated for
rheumatoid arthritis or
osteoarthritis *1

20.1%

Percentage of adults
aged 18+ that have
arthritis *3

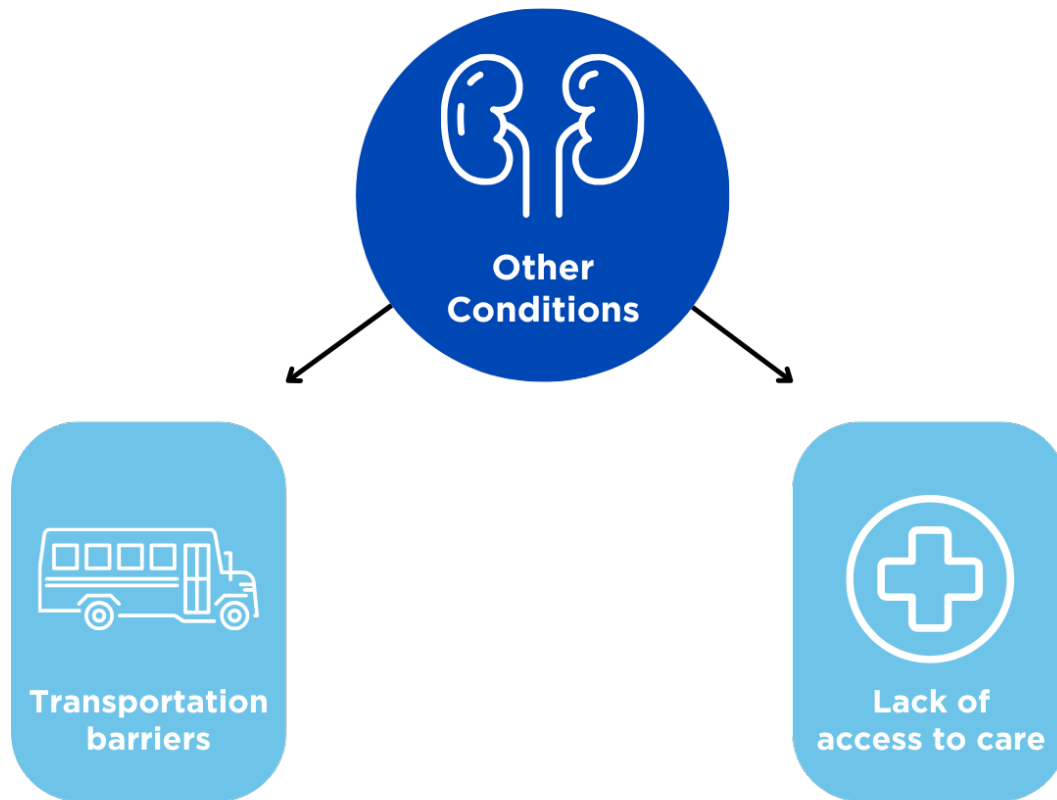


All data points shown are for Collin County unless otherwise noted.

- 1 - Centers for Medicare & Medicaid Services, 2022
- 2 - Centers for Disease Control and Prevention, 2018-2020
- 3 - CDC - PLACES, 2021

Community Input

Other Conditions was not a top concern in key informant interviews and listening sessions. However, there was discussion which centered mainly around older adults not being able to get to their dialysis appointments because they lack adequate transportation.



“

Another challenge is the lack of transportation, which impacts health and people's access to healthcare. We really don't have any public transportation here.

- Community member -

”



Women's Health

Overview

Women's Health are additional health concerns in Collin County. Across the community, this health topic remains a top issue that is affected by a variety of social and economic factors including access to both preventative and timely care.

Secondary Data

Women's Health is the 15th highest scoring health topic in Collin County in the secondary data scoring results. The following page shows warning indicators within Collin County including comparisons to Texas and the U.S. One of the most concerning warning indicators for Collin County is the breast cancer incidence rate (127.4 cases / 100,000 females), which is higher than both the statewide and nationwide values.

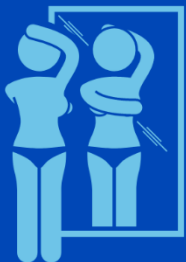
The age-adjusted death rate due to cervical cancer in Collin County, 1.3 deaths / 100,000 females, is lower than Texas and the United States, which perhaps speaks to the high percentage of women who have had a cervical cancer screening test, 81.5%. Cervical cancer that is detected early through a Pap test, is treatable can be cured.¹¹ Since the Pap test was introduced, women are both less likely to get cervical cancer and less likely to die from it.¹¹

¹¹ U.S. Preventive Services Task Force. (2018). Cervical cancer: screening. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>

WOMEN'S HEALTH

127.4

Collin County:
Age-adjusted incidence
rate for breast cancer per
100,000 females *1



1.3

Collin County:
Age-adjusted death rate
due to cervical cancer per
100,000 females *1



116.3

Texas:
Age-adjusted incidence
rate for breast cancer per
100,000 females *1



2.8

Texas:
Age-adjusted death rate
due to cervical cancer per
100,000 females *1

127.0

United States:
Age-adjusted incidence
rate for breast cancer per
100,000 females *1



2.2

United States:
Age-adjusted death rate
due to cervical cancer per
100,000 females *1

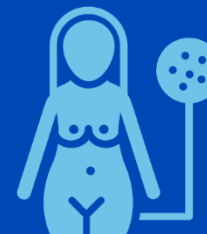


75.6%

Percentage of women aged
50-74 who have had a
mammogram in the past
two years *2

81.5%

Percentage of women aged
21-65 who have had a
cervical cancer screening
test *2



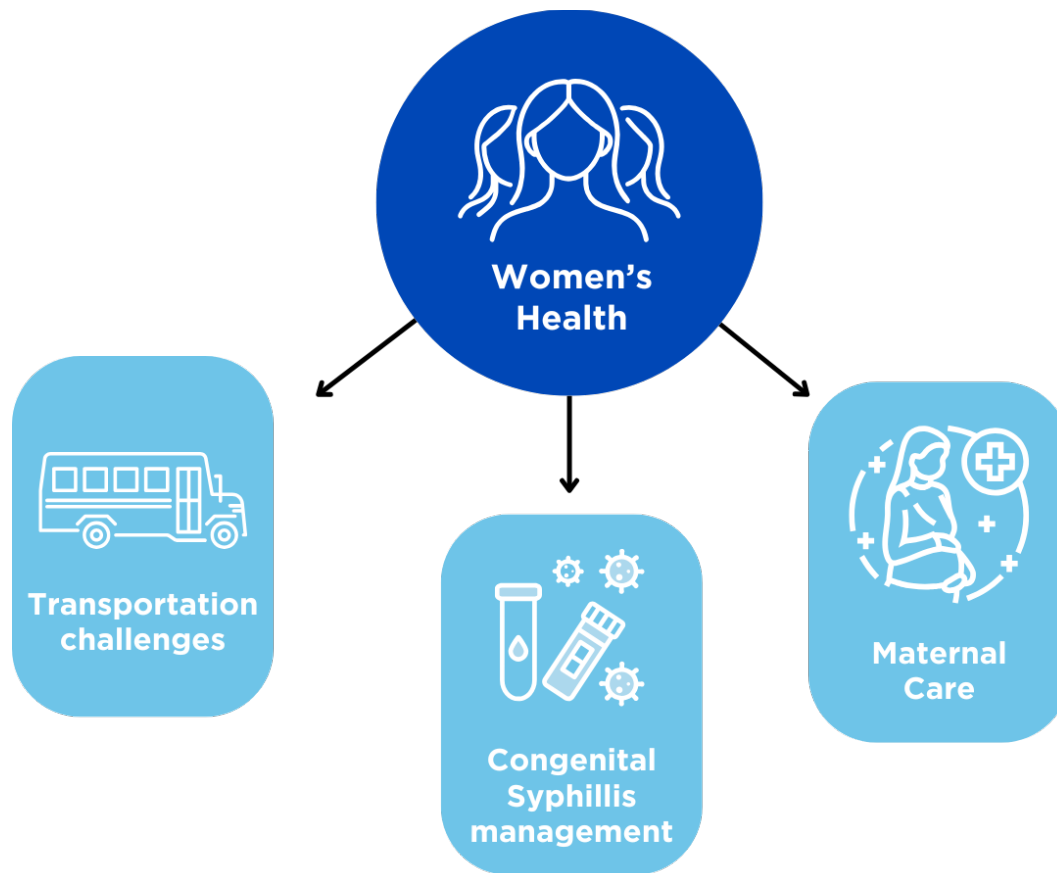
All data points shown are for Collin County unless otherwise noted.

1 - National Cancer Institute, 2016-2020

2 - CDC - PLACES, 2020

Community Input

While Women's Health was not a top concern in key informant interviews and listening sessions, it was discussed by some community members. Concerns surrounded transportation challenges prohibiting pregnant teens from getting to their doctor's appointments and gaps in accessing both testing and treatment for congenital syphilis in Collin County. Community members noted that there seems to be a gap in either this testing actually occurring or moms not going to their prenatal visits.



“

Texas has the highest rate of congenital syphilis in the U.S. and that's a huge concern. So, we need to get accessible testing and treatment out to the public and we need to have increased care for moms that are pregnant and who may not go and get that test.

- Community member -

”

Next Steps

The 2026-2028 Methodist Celina Medical Center and Methodist McKinney Hospital Community Health Needs Assessment utilized both a comprehensive set of secondary data indicators to measure the health and quality of life needs for Collin County, and community input from knowledgeable and diverse individuals representing the broad interests of the community. Methodist Celina Medical Center and Methodist McKinney Hospital were able to identify and prioritize five community health needs and three community health needs for their facility, respectively. It is our hope that this assessment will be a launchpad for continued community conversations about health equity and health improvement.

Looking ahead, Methodist Celina Medical Center and Methodist McKinney Hospital will develop a comprehensive Implementation Strategy in compliance with the Internal Revenue Service (IRS) regulations for non-profit hospitals. This plan will include specific activities, anticipated impact, facility resources and strategic partnerships with local organizations and stakeholders where appropriate to address the identified needs. The Implementation Strategy will prioritize practical initiatives aimed at enhancing preventive care efforts, and improving health literacy throughout the community. The progress of these initiatives will be monitored to ensure ongoing alignment with the hospital's mission to improve and save lives through compassionate quality healthcare.