2025 Community Health Needs Assessment

Methodist Richardson Medical Center

Methodist Hospital for Surgery

Methodist HEALTH SYSTEM

Table of Contents

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.[1] Methodist Richardson Medical Center and Methodist Hospital for Surgery serve the communities of Collin and Dallas Counties. 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

Innovation – courageous creativity and commitment to quality

Enthusiasm – celebration of individual and team accomplishment

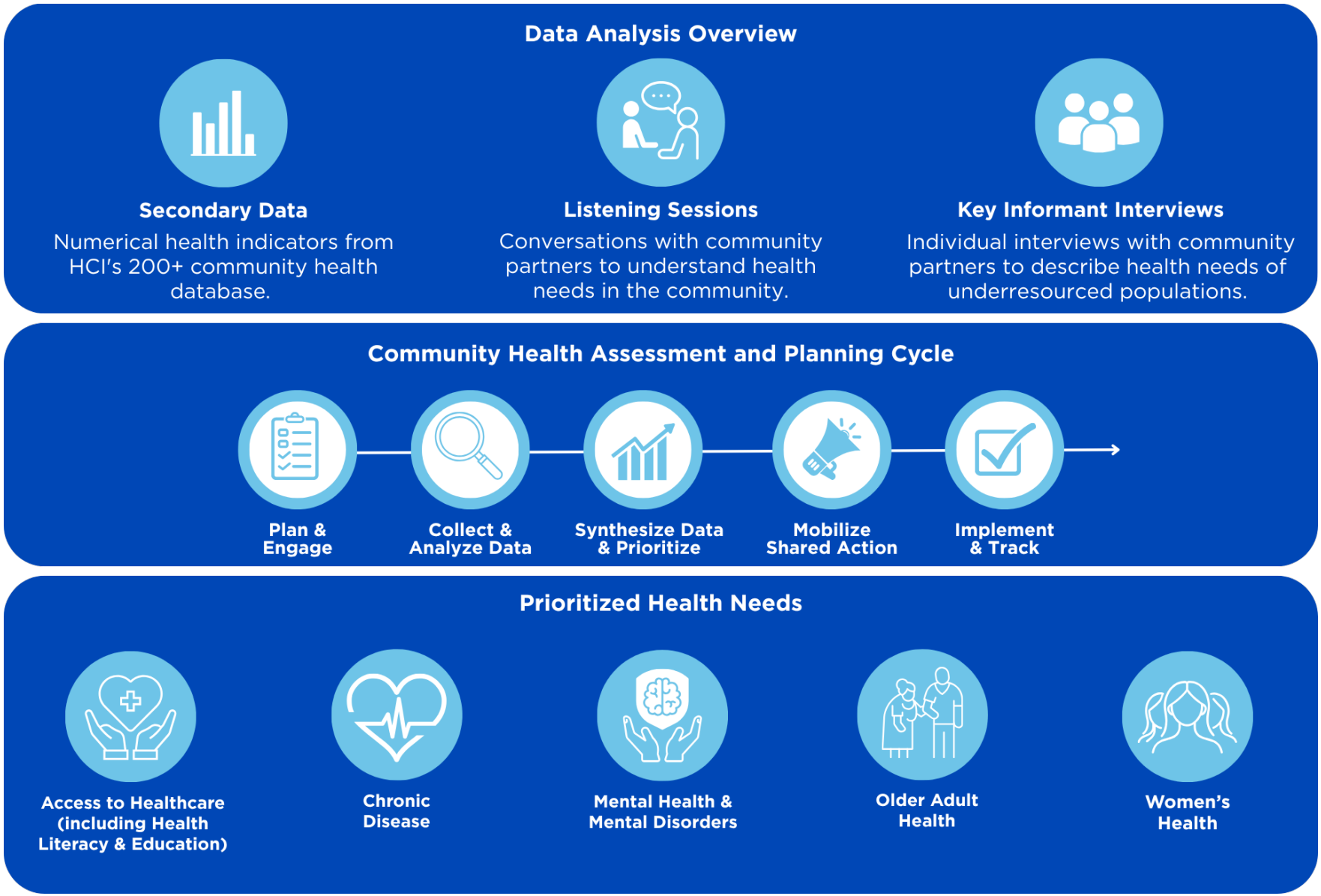
Hospitality – offering a welcoming and caring environment

Noble – unwavering honesty and integrity

Skillful – dedicated to learning and excellence

[1] To learn more about Methodist Health System, please visit https://www.methodisthealthsystem.org/about/history/

Executive Summary: Methodist Richardson Medical Center and Methodist Hospital for Surgery



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

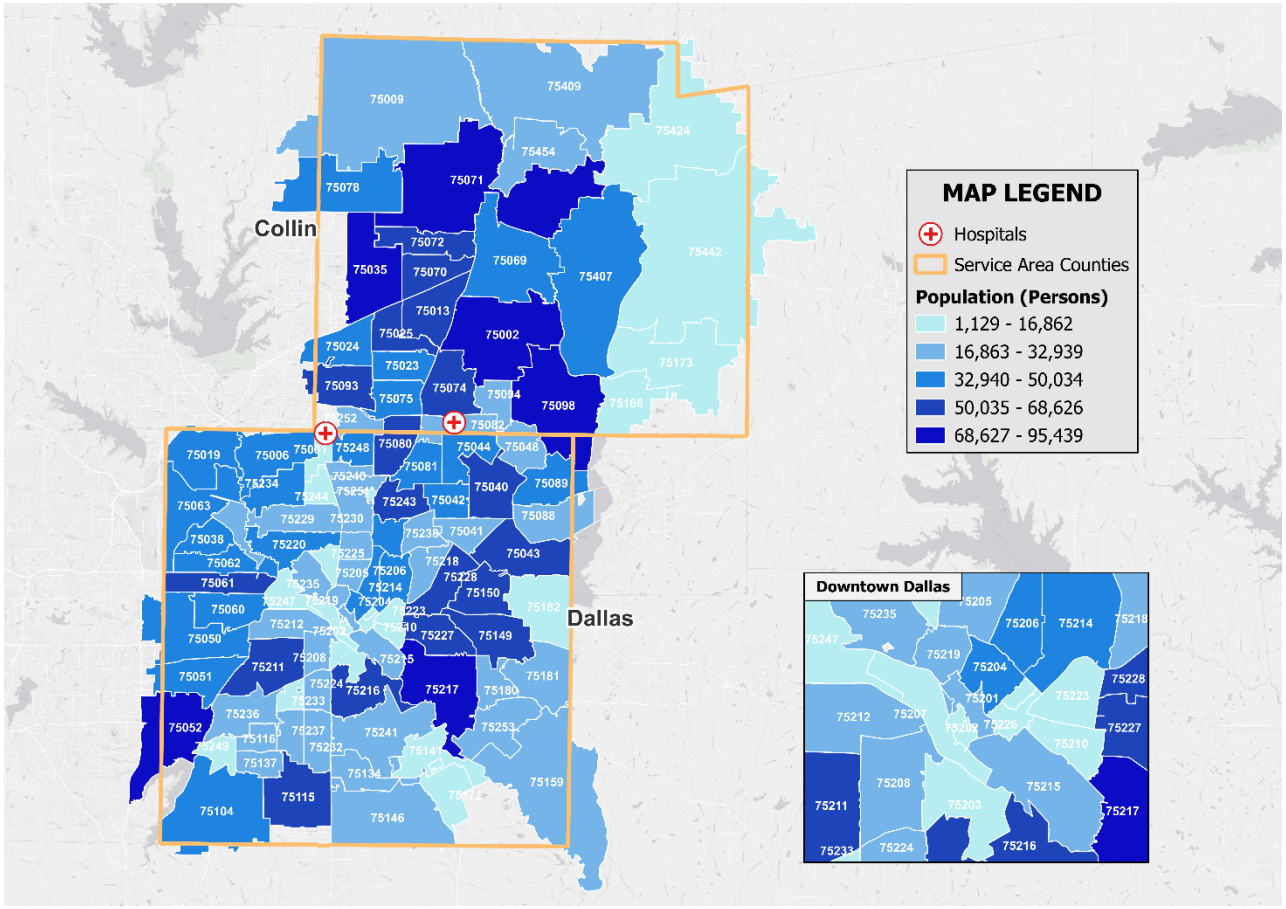
Methodist Health System commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2026-2028 Community Health Needs Assessment (CHNA) in accordance with the requirements of the Patient Protection and Affordable Care Act (PPACA). HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, and identifying appropriate intervention programs.[2]

[2] 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 Richardson Medical Center and Methodist Hospital for Surgery includes Collin and Dallas Counties and is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. This includes 108 ZIP codes in Collin and Dallas Counties.

FIGURE 1. DALLAS AND COLLIN COUNTIES SERVICE AREA



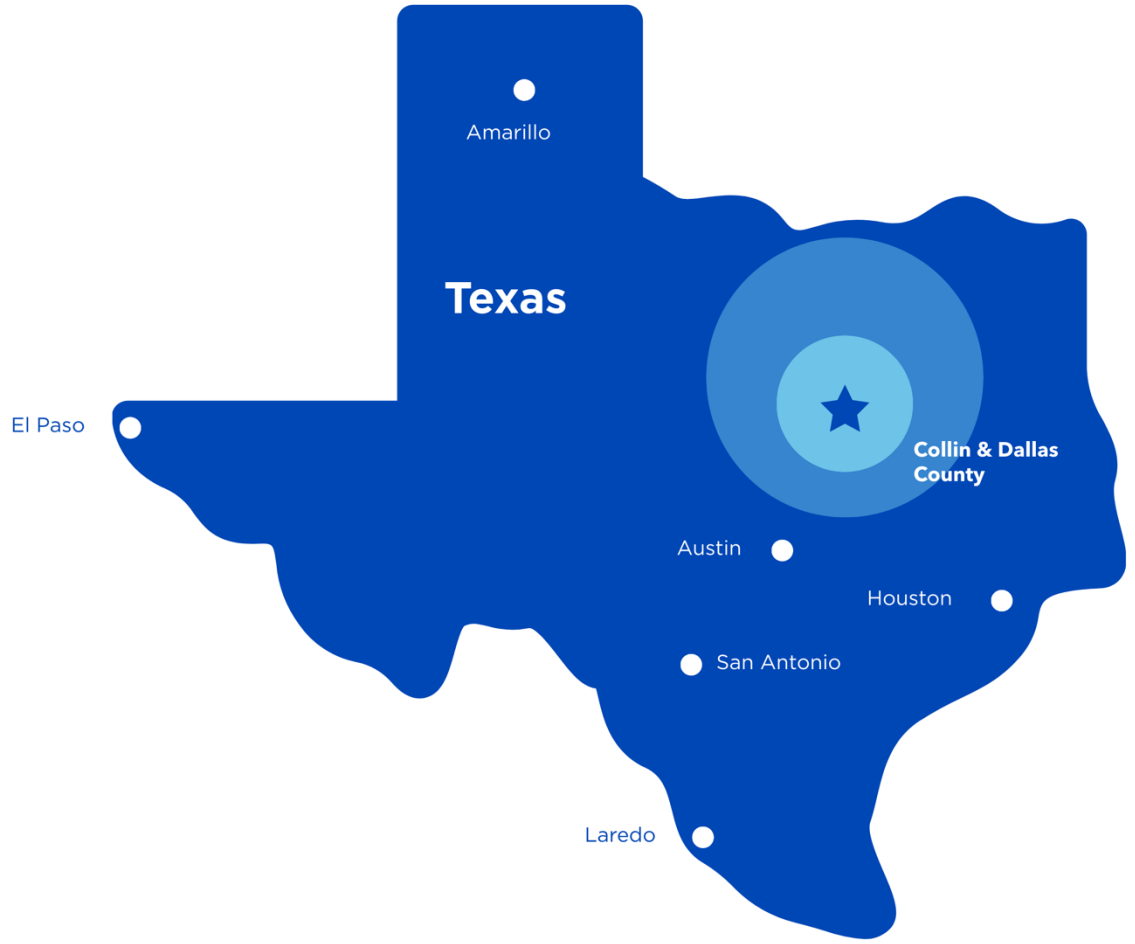
Demographics

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.[3] The next section gives an overview of Collin and Dallas Counties' demographic profile which will be referred to as the service area.

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.



[3] 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 the service area is 3,816,390 persons. The largest ZIP code by population is 75052 and the smallest ZIP code is 75247.

3,816,390
SERVICE AREA POPULATION

108 zip codes
DALLAS AND COLLIN COUNTIES

FIGURE 2. PERCENT POPULATION BY RACE: COUNTY

White
50.8% - Collin
33.5% - Dallas

Black or African American
11.4% - Collin
22.1% - Dallas

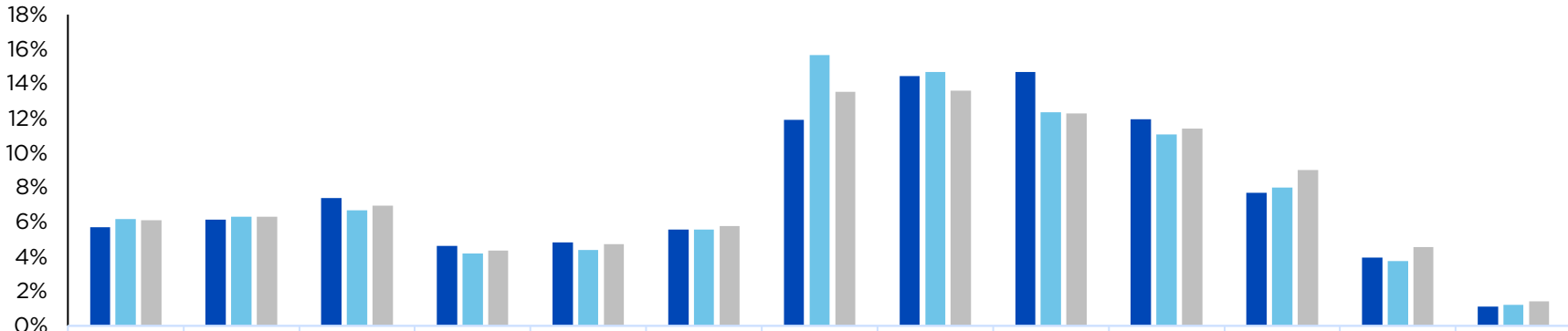
American Indian or Alaska Native
0.7% - Collin
1.2% - Dallas

Asian or Asian American
19.3% - Collin
7.2% - Dallas

Native Hawaiian or other Pacific Islander
0.1% - Collin
0.1% - Dallas

2+ Races
11.9% - Collin
16.9% - Dallas

FIGURE 3. POPULATION BY AGE: COLLIN AND DALLAS COUNTIES



	0-4	5-9	10-14	15-17	18-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Collin County	5.7%	6.1%	7.4%	4.6%	4.8%	5.6%	11.9%	14.5%	14.7%	12.0%	7.7%	4.0%	1.1%
Dallas County	6.2%	6.3%	6.7%	4.2%	4.4%	5.6%	15.7%	14.7%	12.4%	11.1%	8.0%	3.7%	1.2%
Texas	6.1%	6.3%	6.9%	4.4%	4.7%	5.8%	13.5%	13.6%	12.3%	11.4%	9.0%	4.54%	1.43%

Collin County Dallas County Texas

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.[4]

Poverty

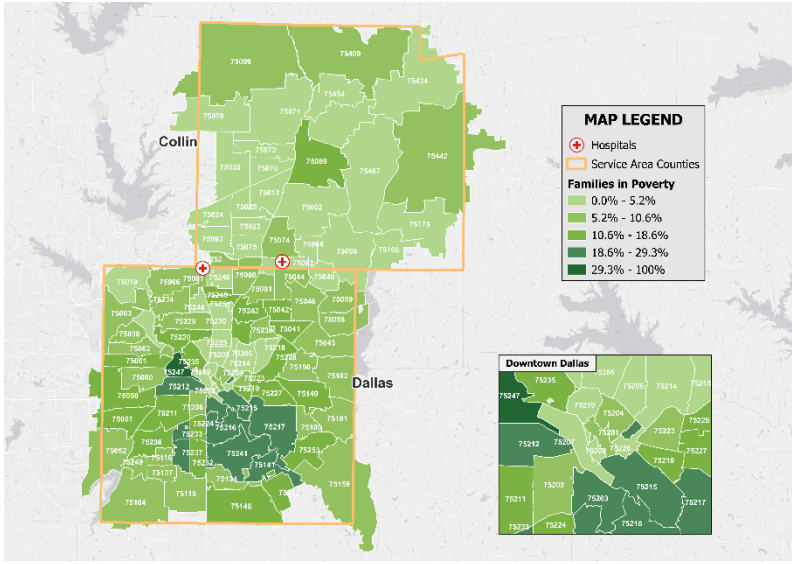
The U.S. Census Bureau sets federal poverty thresholds each year based on family size and the ages of family members. A high poverty rate can be both a cause and a result of poor economic conditions. It suggests that there aren't enough job opportunities in the area to support the local community. Poverty can lead to lower purchasing power, reduced tax revenues, and is often linked to lower-quality schools and struggling businesses.[5]

In Collin County, 4.5% of families live below the federal poverty level, which is significantly lower than the rate in Dallas (10.9%) and Texas (10.7%). However, as shown in Figure 4, Poverty levels vary by ZIP code within Collin and Dallas Counties. The highest poverty rates are in ZIP codes 75247 (100% of families living below poverty), 75237 (29.3%), and 75216 (27.0%).

TABLE 1. FAMILIES LIVING BELOW POVERTY BY ZIP CODE

Highest Needs ZIP codes	Percent of Families Living Below Poverty
75247	100%
75237	29.3%
75216	27%

FIGURE 4. FAMILIES LIVING BELOW POVERTY BY ZIP CODE



[4] 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

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

Economy

FAMILIES LIVING BELOW POVERTY LEVEL

10.9%	4.5%
DALLAS COUNTY	COLLIN COUNTY

FIGURE 5. POPULATION 16+: UNEMPLOYED

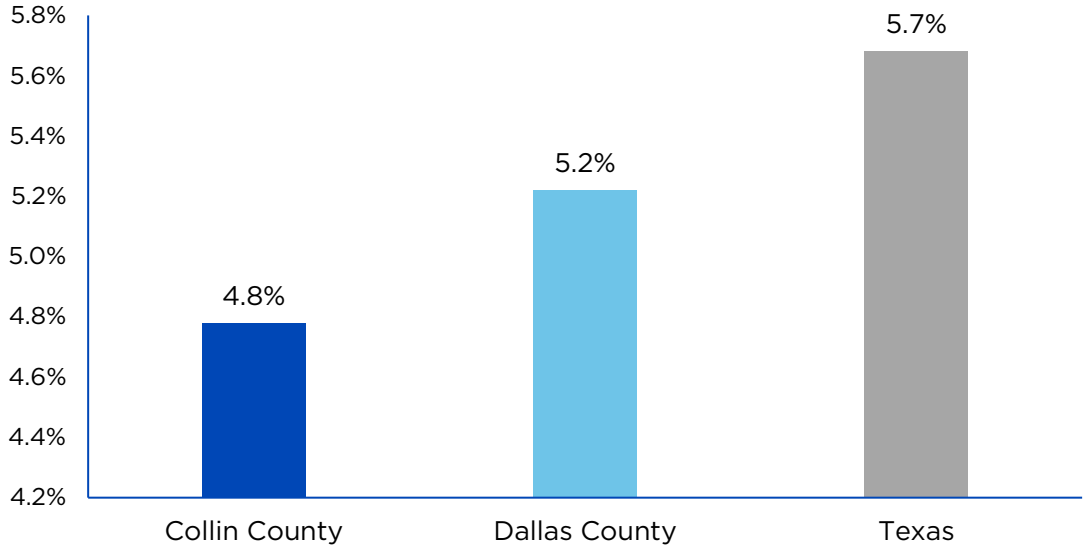
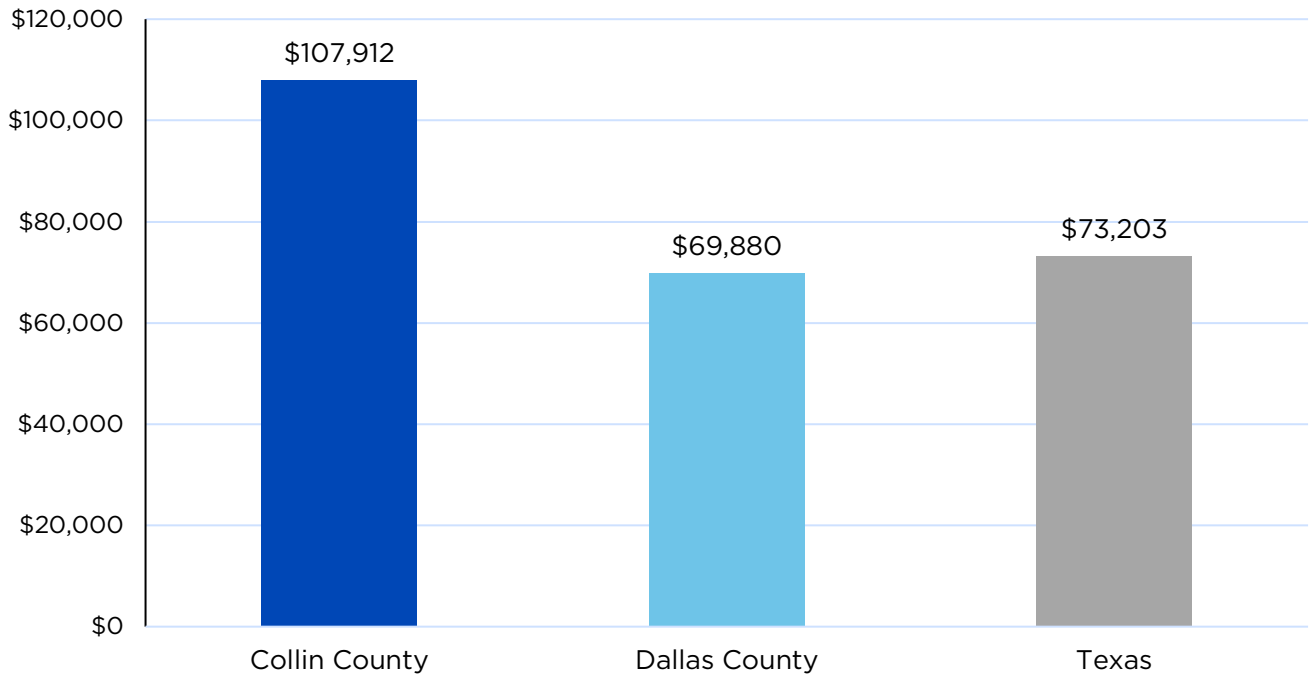


FIGURE 6. MEDIAN HOUSEHOLD INCOME

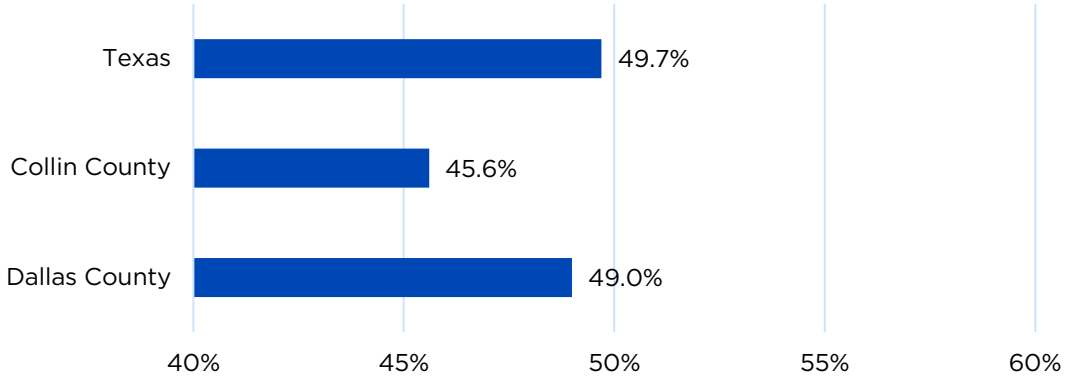


Housing

SEVERE HOUSING PROBLEMS

20.8%	14.4%
DALLAS COUNTY	COLLIN COUNTY

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

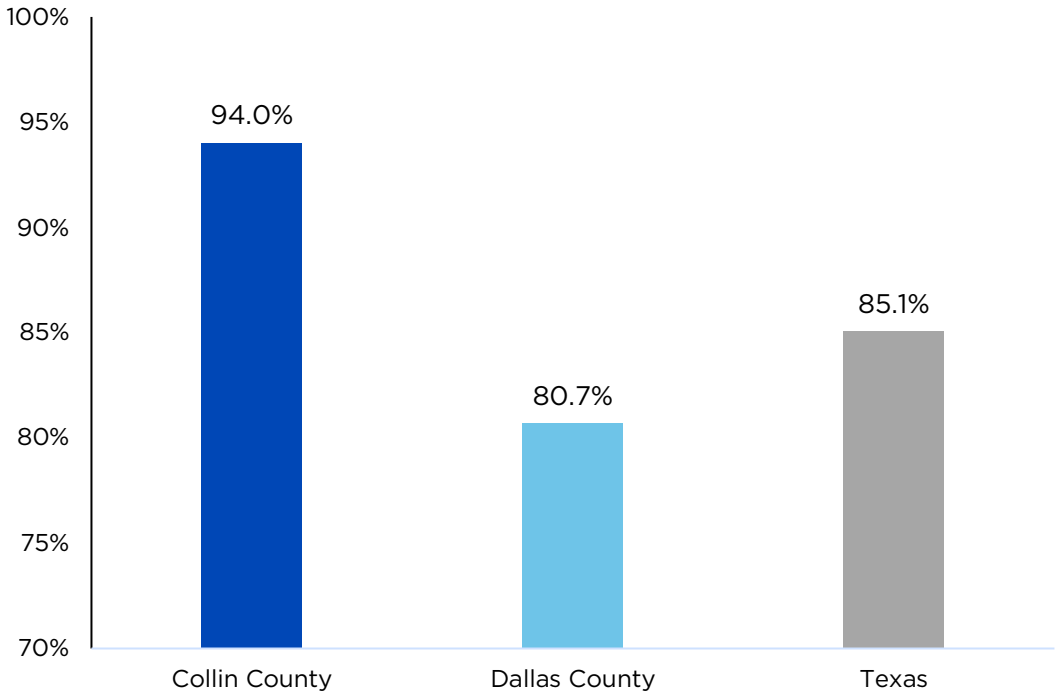


Education

POPULATION AGE 25+ WITH BACHELOR'S DEGREE OR HIGHER

33.5%	53.8%
DALLAS COUNTY	COLLIN COUNTY

FIGURE 8. POPULATION AGE 25+ WITH HIGH SCHOOL DIPLOMA OR HIGHER: METHODIST HEALTH SYSTEM



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.[6] 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.[7]

Race, Ethnicity, Age and Gender Disparities: Secondary Data

In Collin and Dallas Counties, 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 and Dallas Counties 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; Black/African American
People 25+ with a Bachelor's Degree or Higher	American Indian/Alaska Native; Black/African American; Two or More Races; Other
Persons with an Internet Subscription	Hispanic/Latino, Black/African American

[6] 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

[7] 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
Age-Adjusted Death Rate due to Cancer	Male, Black/African American; White
All Cancer Incidence Rate	Male, Black/African American; White
Age-Adjusted Death Rate due to Colorectal Cancer	Male, Black/African American
Colorectal Cancer Incidence Rate	Male, Black/African American
Age-Adjusted Death Rate due to Lung Cancer	Male, Black/African American; White
Lung and Bronchus Cancer Incidence Rate	Male, Black/African American; White
Age-Adjusted Death Rate due to Prostate Cancer	Black/African American

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

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

Geographic Disparities

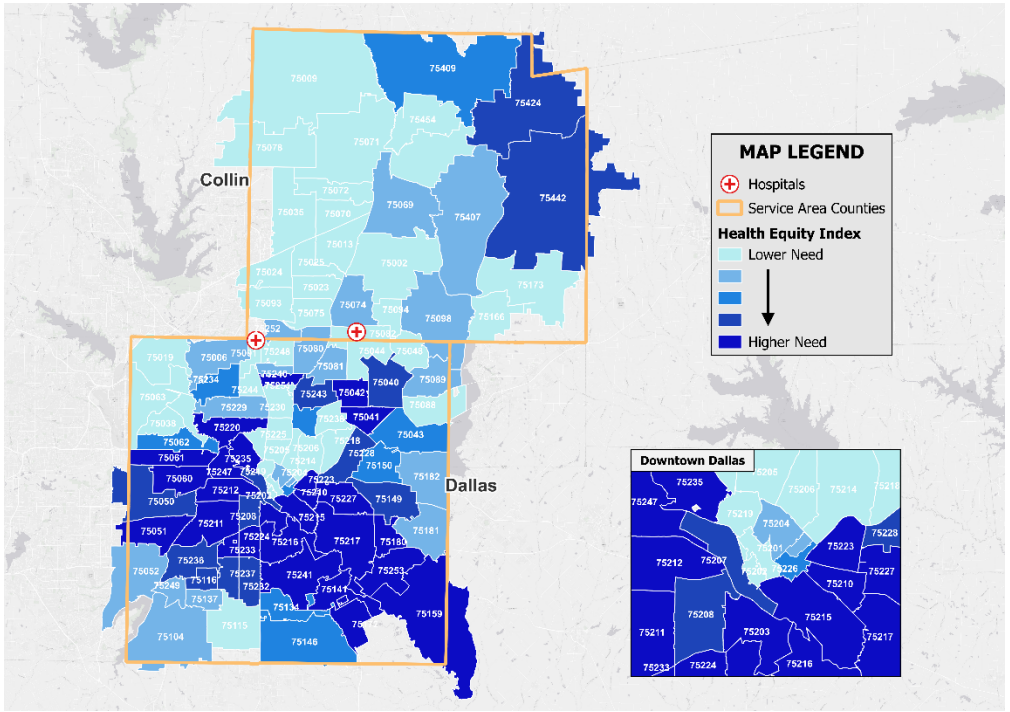
This assessment not only identified health disparities by race, ethnicity, age, and gender, but also found differences in health and social outcomes across specific ZIP codes and municipalities. Geographic disparities were identified using three key indices: the Health Equity Index (HEI), Food Insecurity 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

TABLE 5. HEALTH EQUITY INDEX BY ZIP CODE

Highest Needs ZIP codes	Index Score 0 (lowest need) – 100 (highest need)
75212	97.3
75141	96.2
75216	96.1

FIGURE 9. COLLIN AND DALLAS COUNTIES 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.

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

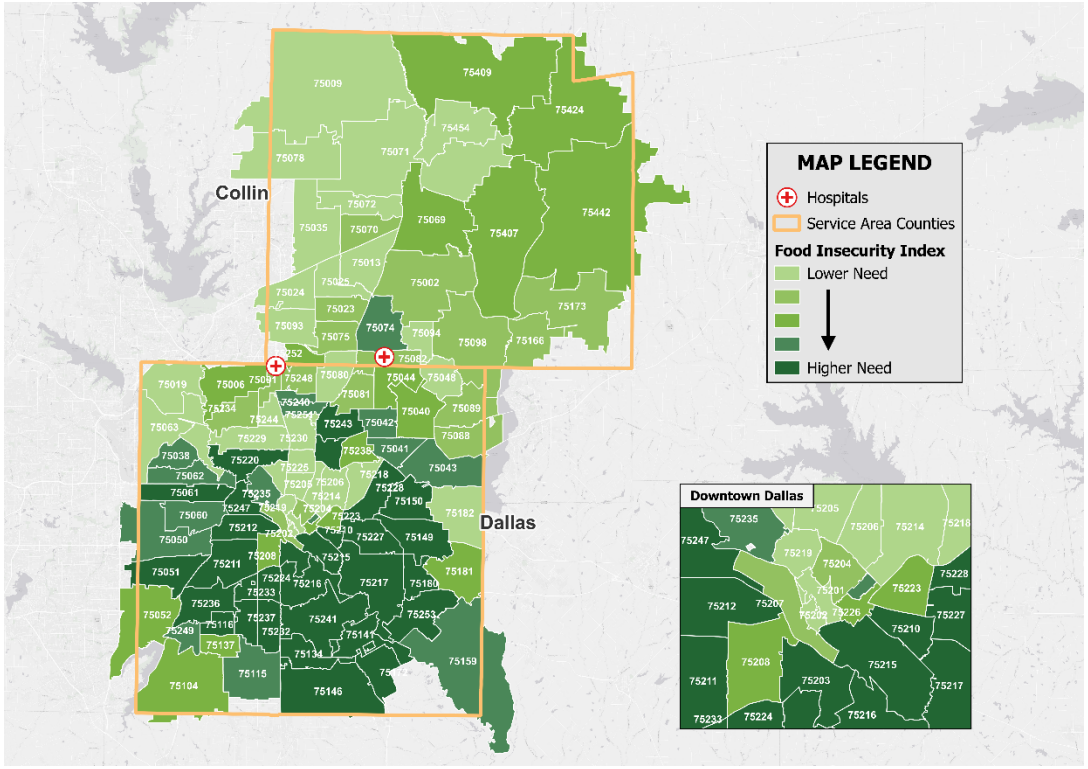
Conduent's Food Insecurity Index measures economic and household hardship correlated with food access. All ZIP codes are given an index value from 0 (low need) to 100 (high need) based on its value compared to all ZIP codes in the U.S. ZIP codes are then ranked from 1 (low need) to 5 (high need) based 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)
75237	99.3
75210	97.4
75141	96.9

FIGURE 10. FIGURE COLLIN AND DALLAS COUNTIES FOOD INSECURITY INDEX



Mental Health Index

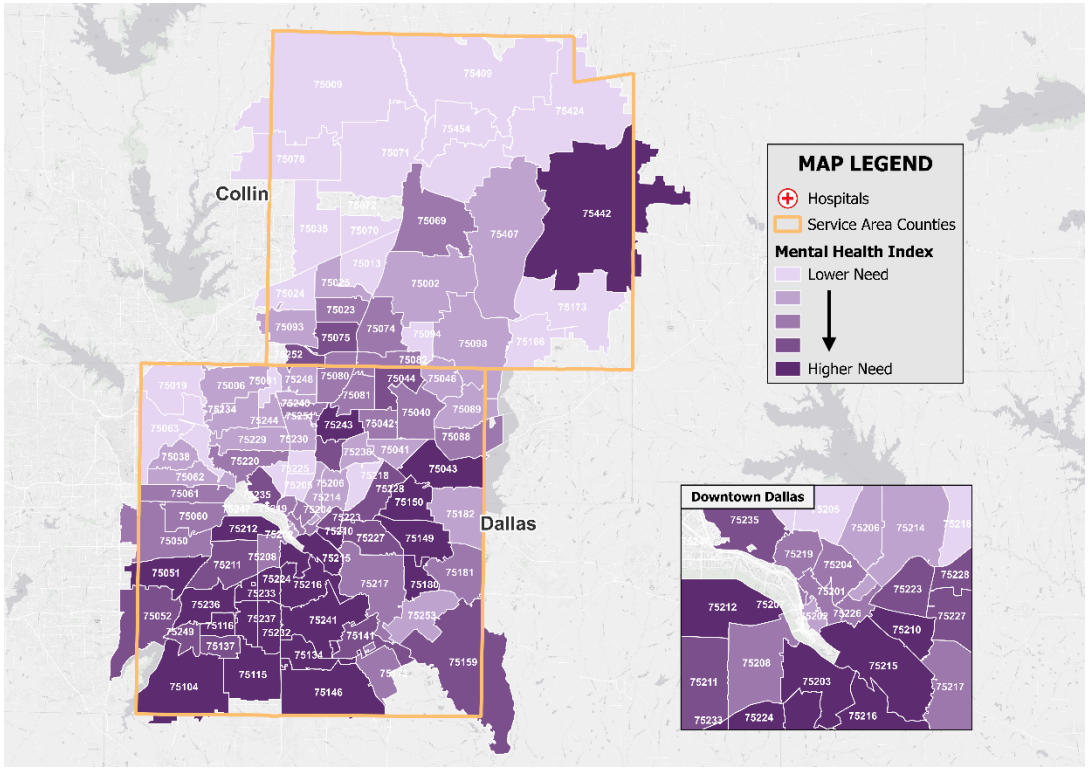
Conduent's Mental Health Index measures social, economic, and health factors that are linked to people reporting poor mental health. ZIP codes are ranked based on their index value to show areas with the worst mental health outcomes. The map in Figure 11 shows that ZIP codes 75216, 75241 and 75215 have the poorest mental health outcome in Collin and Dallas Counties, 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)
75216	97.7
75241	97.2
75215	97.0

FIGURE 11. COLLIN AND DALLAS COUNTIES 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 Richardson Medical Center and Methodist Hospital for Surgery Service Area. Each indicator's value was compared to other communities, national targets, and past time periods.

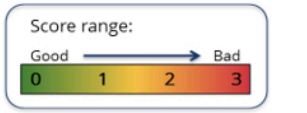
Data Scoring Tool

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.

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.

FIGURE 12. COLLIN COUNTY SECONDARY DATA FINDINGS



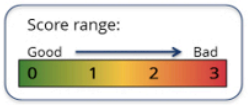
Scores range from 0 (Good) to 3 (Worse).

Review "Indicators of Concern" with scores of **1.10** or higher.

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

Figure 13 shows the results for Dallas County's health and quality of life topics. Topics with a score of **1.50** or higher were flagged as significant health needs. In total, 9 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.

FIGURE 13. DALLAS COUNTY SECONDARY DATA FINDINGS



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

Review "Indicators of Concern" with scores of **1.50** or higher.

Health and Quality of Life Topics	Score
Sexually Transmitted Infections	2.45
Children's Health	1.94
Immunizations & Infectious Diseases	1.91
Mental Health & Mental Disorders	1.74
Education	1.63
Economy	1.61
Other Conditions	1.58
Older Adults	1.58
Women's Health	1.50
Community	1.46
Alcohol & Drug Use	1.46
Wellness & Lifestyle	1.43
Maternal, Fetal & Infant Health	1.41
Physical Activity	1.37
Environmental Health	1.33
Cancer	1.33
Health Care Access & Quality	1.24
Mortality Data	1.21
Heart Disease & Stroke	1.15
Respiratory Diseases	1.12
Oral Health	1.05

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 six topics including:

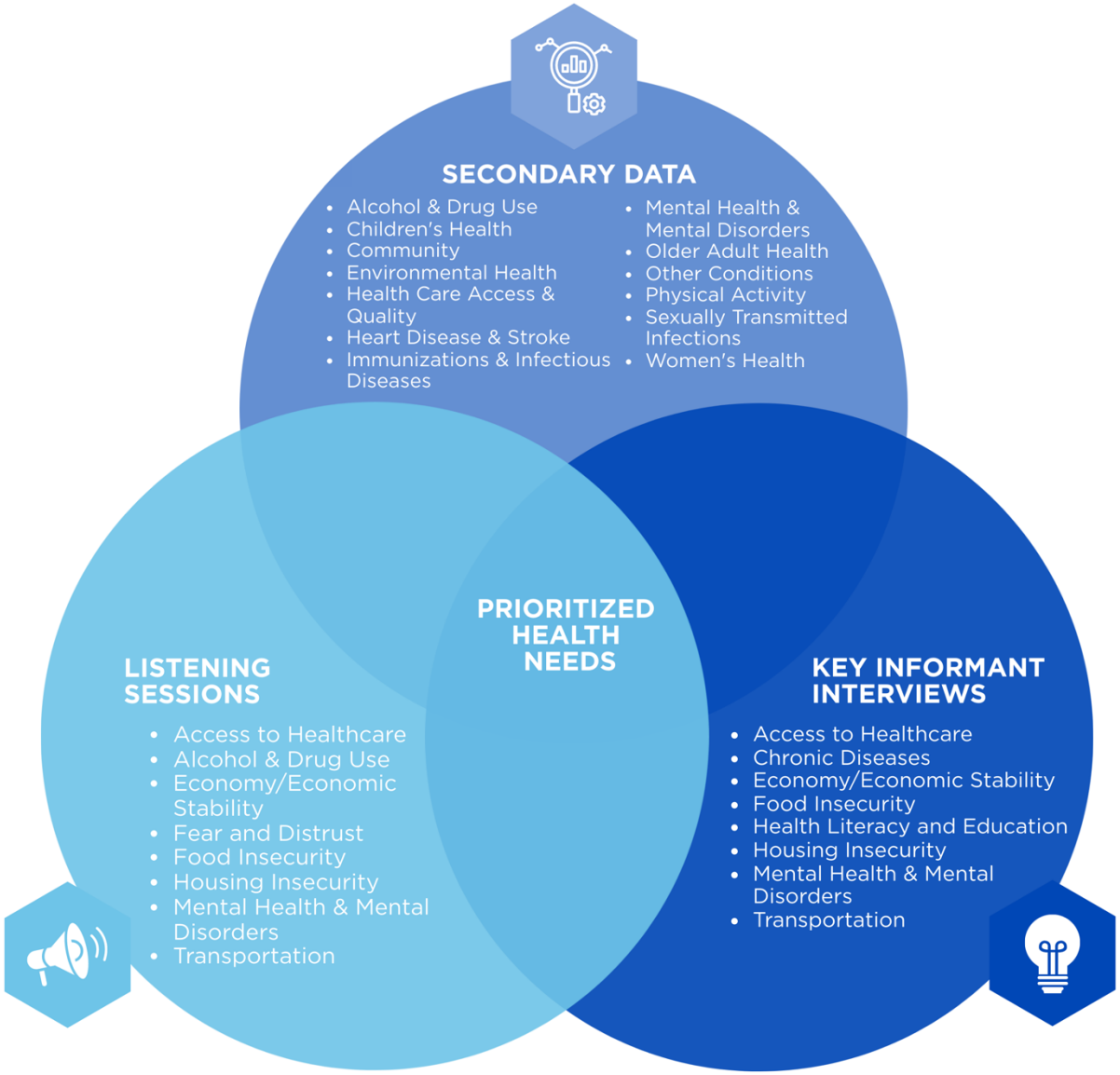
FIGURE 14. COMMUNITY INPUT FINDINGS

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 (Collin County) and 1.50 (Dallas County) 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 15. DATA SYNTHESIS & SIGNIFICANT NEEDS



Prioritization

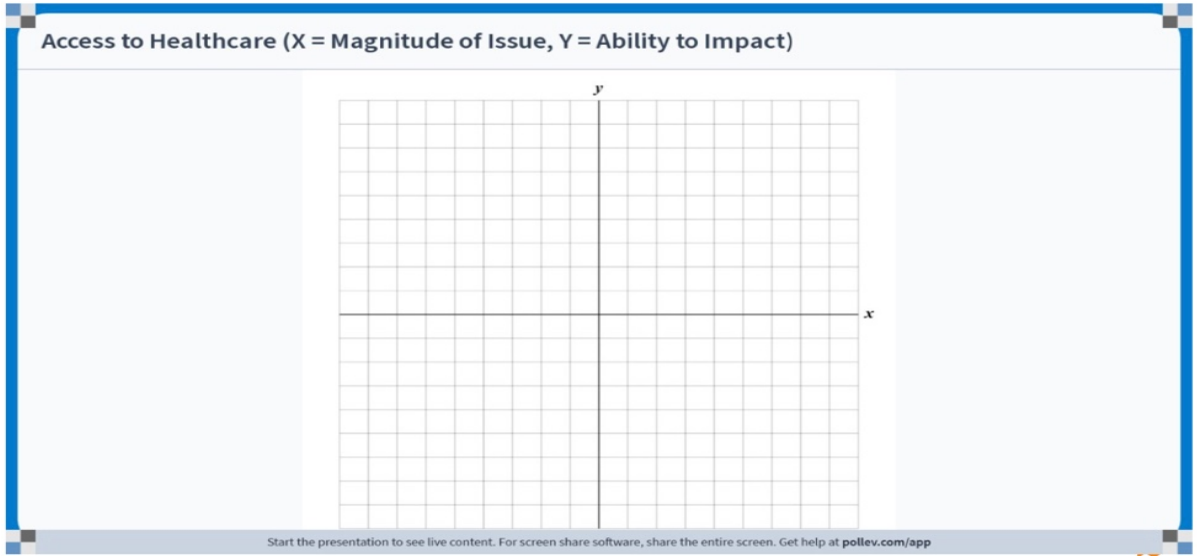
To better target activities to address the most pressing health needs in the community, Methodist Richardson Medical Center and Methodist Hospital for Surgery convened members from their hospital leadership to participate in a presentation of data on significant health needs facilitated by HCI. Following the data presentation, 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 16. 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.

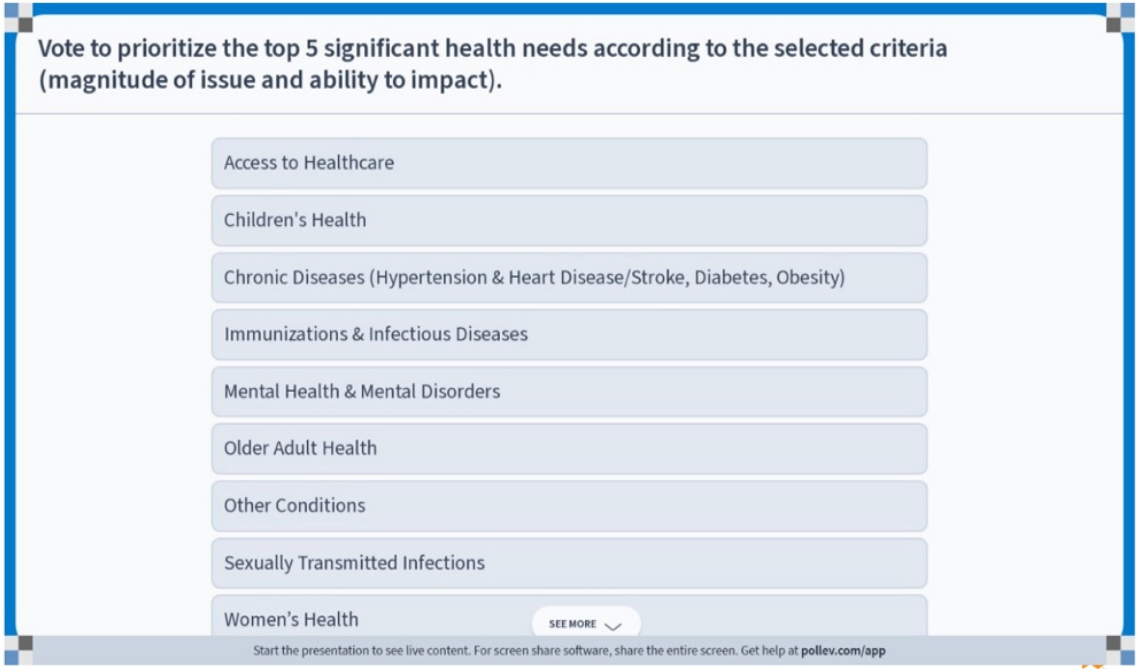
FIGURE 17. STEP 1 OF PRIORITIZATION PROCESS



Prioritization Step 2

In Step 2, participants then ranked the top five significant health needs based on the same set of criteria as shown in the figure to the right.

FIGURE 18. STEP 2 OF PRIORITIZATION PROCESS



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 Richardson Medical Center and Methodist Hospital for Surgery's service area:

Access to Healthcare (including Health Literacy & Education)

Chronic Disease

Mental Health & Mental Disorders

Older Adult Health

Women's Health

Access to Healthcare (including Health Literacy & 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.[8] Access to healthcare is a critical component to the health and well-being of community members in Collin and Dallas Counties. Access to healthcare by itself is a predictor of health outcomes and is influenced by a variety of social determinants of health (SDOH) including[8]:

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

Secondary Data

Health Care Access & Quality ranked as the 8th highest scoring health topic in Collin County and the 17th highest scoring health topic in Dallas County in secondary data scoring results. The follow page shows warning indicators within Collin and Dallas Counties including comparisons to Texas and the U.S. as shown below. Some of the most concerning indicators regard routine care, with only 63.5% of adults in Collin County having visited a dentist, and 70.6% of adults in Dallas County having visited a doctor for a routine checkup. Moreover, the primary care provider rate is significantly lower in Dallas County (72.1 providers / 100,000 population) as compared to Collin County (97.3 providers / 100,000 population), but higher than the statewide rate (60.3 providers / 100,000 population).

Secondary data also indicate that Collin and Dallas County residents may be less likely to engage in certain forms of preventative care contributing to burdens on healthcare systems. Collin and Dallas Counties have a higher percentage of adults ages 18-64 that do not have any kind of health insurance coverage (12.5% and 24.4%, respectively) than the nationwide percentage (10.8%).

[8] 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

ACCESS TO HEALTHCARE (INCLUDING HEALTH LITERACY & EDUCATION)

12.5%
Collin County:
Percentage of adults ages 18-64 that do not have any kind of health insurance coverage *1

24.4%
Dallas County:
Percentage of adults ages 18-64 that do not have any kind of health insurance coverage *1

10.8%
United States:
Percentage of adults ages 18-64 that do not have any kind of health insurance coverage *1

63.5%
Collin County:
Percentage of adults who have visited a dentist or dental clinic in the past year *2

97.3
Collin County:
Primary care providers per 100,000 population *3

72.1
Dallas County:
Primary care providers per 100,000 population *3

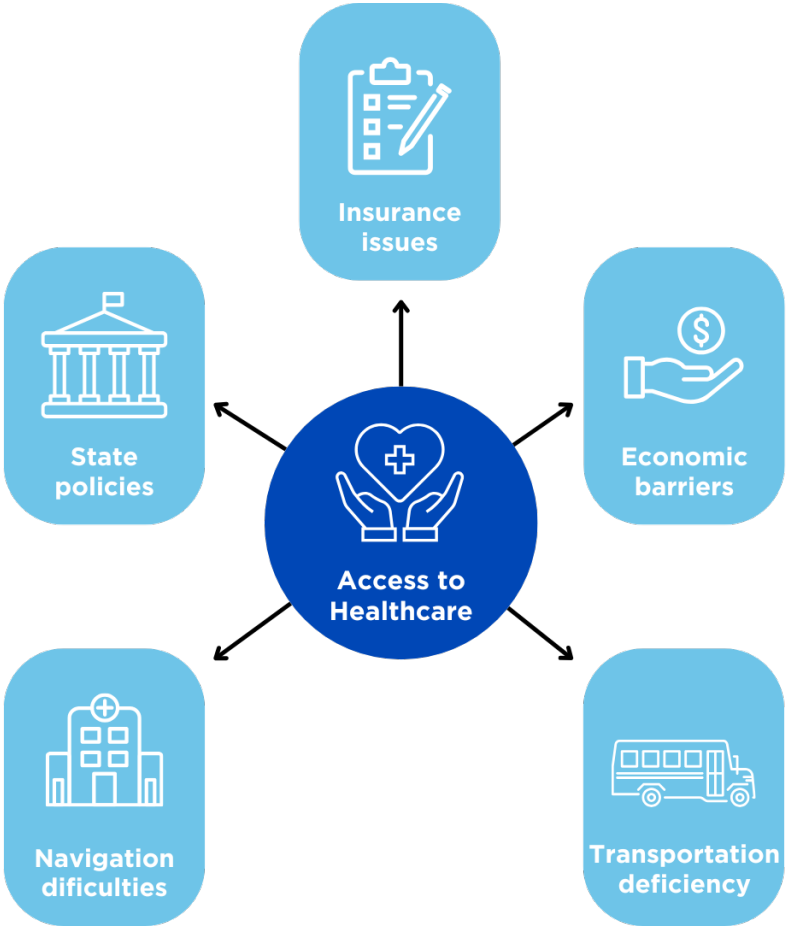
60.3
Texas:
Primary care providers per 100,000 population *3

70.6%
Dallas County:
Percentage of adults that report having visited a doctor for a routine checkup within the past year *1

1 - CDC - PLACES, 2021
2 - CDC - PLACES, 2020
3 - County Health Rankings, 2021

Community Input

Access to Healthcare was a top concern in both key informant interviews and listening sessions. Participants identified the high cost of health insurance, limited insurance coverage, transportation issues, economic barriers and state policies as significant obstacles to accessing healthcare. They emphasized the need for affordable, high-quality healthcare services, including mental health. There was also discussion on the lack of physicians who take Medicaid patients as well as low reimbursement rates for providers which then restricts providers from opening offices or clinics in low-income areas as this population typically has Medicaid. The lack of convenient and reliable transportation options is frequently mentioned as a reason for missed appointments and delayed care. Finally, many people struggle to pay for copays for doctors' visits or their medication forcing them to choose between paying rent/food or healthcare.



> The new requirement of having to ask for citizenship at the hospital level is going to have a chilling effect on access. It creates fear and confusion in immigrant communities and erodes patient trust in the healthcare system.
>
> - 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 include[4]:

- 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 and Dallas Counties. Notably, Dallas County has a significantly higher percentage of adults who are obese according to the Body Mass Index as compared to Collin County (32.9% and 24.3%, respectively). The death rate due to coronary heart disease is also higher in Dallas County (89.7 / 100,000 population) than in Collin County (65.6 / 100,000 population).

Secondary data also indicate that among adults with hypertension, there is a higher percentage of those who have taken medications for high blood pressure in Collin County (74.0%) compared to Dallas County (72.3%). Finally, Collin County has a higher food environment index score than Dallas County, 8.4 and 7.3, respectively. The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures.

CHRONIC DISEASE

74.0%

Collin County:
Percentage of adults who report taking medications for high blood pressure [*1]

72.3%

Dallas County:
Percentage of adults who report taking medications for high blood pressure [*1]

8.4

Collin County:
Food environment index score measuring food access [*2]

7.3

Dallas County:
Food environment index score measuring food access [*2]

24.3%

Collin County:
Percentage of adults who are obese according to the Body Mass Index (BMI) [*3]

32.9%

Dallas County:
Percentage of adults who are obese according to the Body Mass Index (BMI) [*3]

65.6

Collin County:
Age-adjusted death rate due to coronary heart disease per 100,000 population [*4]

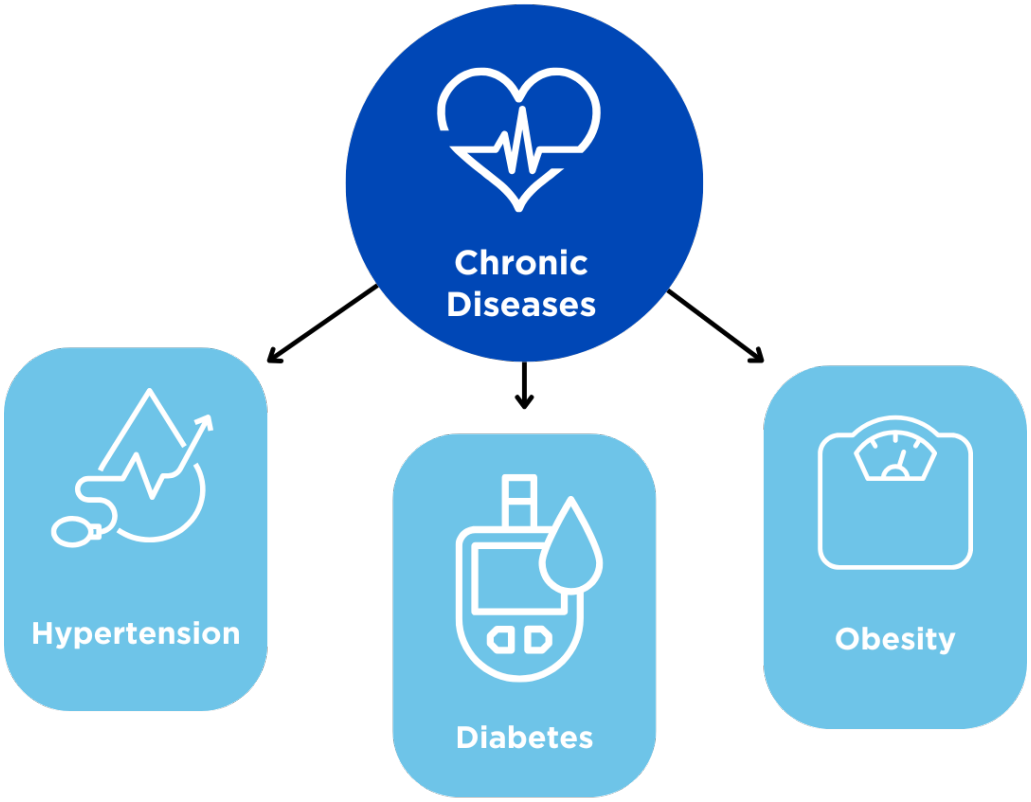
89.7

Dallas County:
Age-adjusted death rate due to coronary heart disease per 100,000 population [*4]

1 - CDC - PLACES, 2021
2 - County Health Rankings, 2024 (The index ranges from 0 (worst) to 10 (best) and equally weights two measures)
3 - Centers for Disease Control and Prevention, 2021
4 - Centers for Disease Control and Prevention, 2018-2020

Community Input

Chronic Disease was a top concern in both key informant interviews and listening sessions. Chronic diseases such as hypertension, diabetes, and obesity are prevalent, with a notable rise in pediatric obesity. The interplay between chronic conditions and other factors like diet, exercise, and stress was emphasized, as well as the need for better management and prevention strategies. Difficulty paying for medication to manage diabetes is also an issue.



> We see that social determinants are a really strong factor in the manifestation of most of these diseases.
>
> - Community member -

Mental Health & Mental Disorders

Overview

Mental Health is among the most pervasive health issues in Collin and Dallas Counties. It is important to recognize the intersection between mental health and the social and economic factors impacting people's ability to live fulfilling lives. These structural conditions people experience across their lives affect individual mental health outcomes and contribute to mental health disparities within and between populations.[9] These factors or structural conditions include:

- Income, Employment, Socioeconomic status
- Food access
- Housing
- Discrimination
- Childhood experiences
- Ability to access acceptable and affordable healthcare

Secondary Data

Mental Health & Mental Disorders ranked as the 3rd highest scoring health topic in Collin County, and 4th in Dallas County in the secondary data scoring results. The follow page shows warning indicators within Collin and Dallas Counties including comparisons to Texas and the U.S.

The mental health provider rate is significantly lower in Collin County (167.2 providers / 100,000 population) as compared to Dallas County (205.3 providers / 100,000 population) and the U.S. (313.9 providers / 100,000 population). Notably, both Collin and Dallas Counties have a higher mental health provider rate than the state overall (156.7 providers / 100,000 population). This lack of provider availability contributes to the minimal access to care people experiencing mental health illness have.

[9] Kirkbride JB, Anglin DM, Colman I, et al. The social determinants of mental health and disorder: evidence, prevention and recommendations. World Psychiatry. 2024;23(1):58-90. doi:10.1002/wps.21160

MENTAL HEALTH & MENTAL DISORDERS

19.0%
Collin County:
Percentage of Medicare beneficiaries treated for depression *1

18.0%
Dallas County:
Percentage of Medicare beneficiaries treated for depression *1

19.7%
Collin County:
Percentage of adults ever diagnosed with depression *2

21.2%
Dallas County:
Percentage of adults ever diagnosed with depression *2

167.2
Collin County:
Mental Health providers per 100,000 population *3

205.3
Dallas County:
Mental Health providers per 100,000 population *3

156.7
Texas:
Mental Health providers per 100,000 population *3

313.9
United States:
Mental Health providers per 100,000 population *3

1 - Centers for Medicare & Medicaid Services, 2022
2 - CDC - PLACES, 2021
3 - County Health Rankings, 2023

Community Input

Mental Health was also a top concern in both key informant interviews and listening sessions. This includes integration issues as mental care is often not prioritized and not integrated into physical healthcare; access issues where better recognition, early diagnosis, and connection to care is needed; stigma associated with seeking mental health treatment; root causes like stress, adverse childhood experiences, and systemic racism; and finally, the impact of COVID-19 which increased mental health issues within the community.

> It's a combination of different things like stigma, not having access to mental health providers that you know you feel comfortable with or that take your insurance.
>
> - Community member -

Older Adult Health

Overview

Older Adult Health is another top health concern in Collin and Dallas Counties. 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.

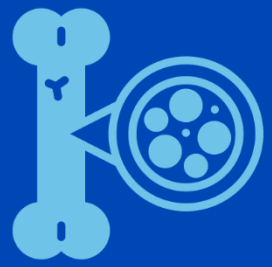
Secondary Data

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 and Dallas Counties. In Collin and Dallas Counties, 13.0% of Medicare beneficiaries were treated for osteoporosis. Moreover, Collin County has a higher prostate cancer incidence rate (109.9 cases / 100,000 males) than Dallas County (101.5 cases / 100,000 males). Similarly, Collin County also has a higher percentage of Medicare beneficiaries treated for hyperlipidemia (73.0%) as compared to Dallas County (67.0%).

OLDER ADULT HEALTH

13.0%

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



13.0%

Dallas County:
Percentage of Medicare beneficiaries treated for osteoporosis [*1]

109.9

Collin County:
Age-adjusted incidence rate for prostate cancer per 100,000 males [*2]

101.5

Dallas County:
Age-adjusted incidence rate for prostate cancer per 100,000 males [*2]

73.0%

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

67.0%

Dallas County:
Percentage of Medicare beneficiaries treated for hyperlipidemia [*1]

6.7%

Collin County:
Percentage of people aged 65 years+ living below the Federal Poverty Level [*3]

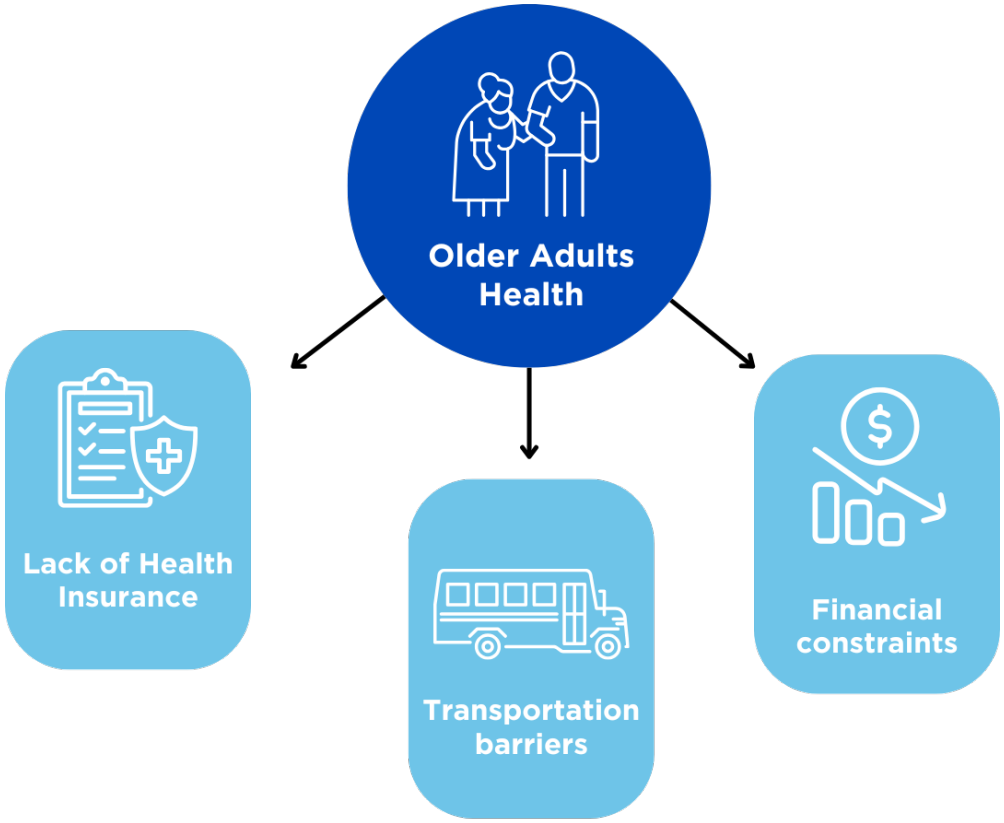
11.9%

Dallas County:
Percentage of people aged 65 years+ living below the Federal Poverty Level [*3]

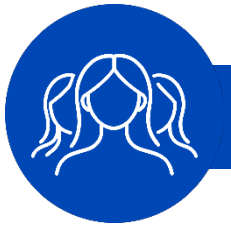
1 - Centers for Medicare & Medicaid Services, 2022
2 - National Cancer Institute, 2016-2020
3 - American Community Survey 5-Year, 2018-2022

Community Input

While Older Adult Health was not a top concern in both key informant interviews and listening sessions, they were frequently cited as a disproportionately affected population. Specifically, they are affected by health issues due to lack of health insurance, transportation barriers, and financial constraints.



> This particular community recently, probably within the last year and a half, had one of their main bus routes removed by DART, which is local transit, which decrease their way to get to destinations safely.
>
> - Community member -



Women's Health

Overview

Women's Health is also a health concern in Collin and Dallas Counties. 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 ranked as the 15th and 9th highest scoring health topic in Collin and Dallas Counties in the secondary data scoring results, respectively. The following page shows warning indicators within Collin and Dallas Counties. One of the most concerning warning indicators for Collin County is breast cancer incidence rate (127.4 cases / 100,000 females) which is higher than Dallas County (120.4 cases / 100,000 females). The age-adjusted death rate due to cervical cancer in Dallas County, 2.6 deaths / 100,000 females, is also of concern as it is double the Collin County rate of 1.3 deaths / 100,000 females. In both Collin and Dallas Counties, preventative measures such as mammograms and cervical cancer screening tests are relatively common: 75.6% and 71.0% of Collin and Dallas Counties women aged 50-74 have had a mammogram in the past two years, while 81.5% and 77.9% of women aged 21-65 have had a cervical cancer screening test in Collin and Dallas Counties, respectively.

WOMEN'S HEALTH

127.4

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

120.4

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

75.6%

Collin County:
Percentage of women aged 50-74 who have had a mammogram in the past two years [*2]

71.0%

Dallas County:
Percentage of women aged 50-74 who have had a mammogram in the past two years [*2]

1.3

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

2.6

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

81.5%

Collin County:
Percentage of women aged 21-65 who have had a cervical cancer screening test [*2]

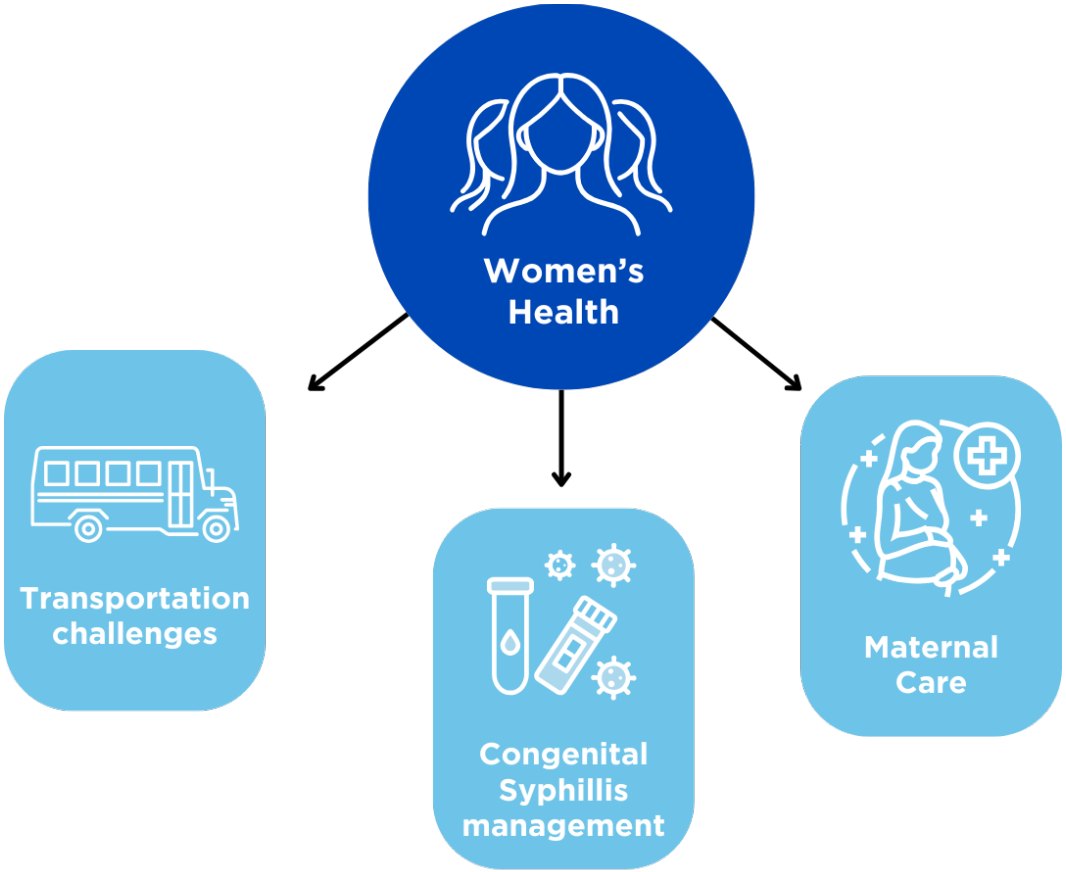
77.9%

Dallas County:
Percentage of women aged 21-65 who have had a cervical cancer screening test [*2]

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. There are also maternal care deserts as many birthing hospitals are closing as a result of low Medicaid reimbursement rates, and high rates of maternal mortality, especially in the Black and Brown community.



> I have this health issue that I'm expressing to the provider and the provider's not really taking it into consideration or looking into it, and it's causing those high incidents of maternal mortality, especially in the Black and Brown community.
>
> - Community member -

Next Steps

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

Looking ahead, Methodist Richardson Medical Center and Methodist Hospital for Surgery 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.