

# 2025

## Community Health Needs Assessment

Methodist Charlton Medical Center

Methodist Dallas Medical Center

Methodist Rehabilitation Hospital



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# 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 Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital serve the community of Dallas 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.<sup>1</sup>

## 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

<sup>1</sup> To learn more about Methodist Health System, please visit <https://www.methodisthealthsystem.org/about/history/>

# Executive Summary: Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation 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



Access to Healthcare



Chronic Disease



Mental Health & Mental Disorders



Older Adult Health



Women's Health

# 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



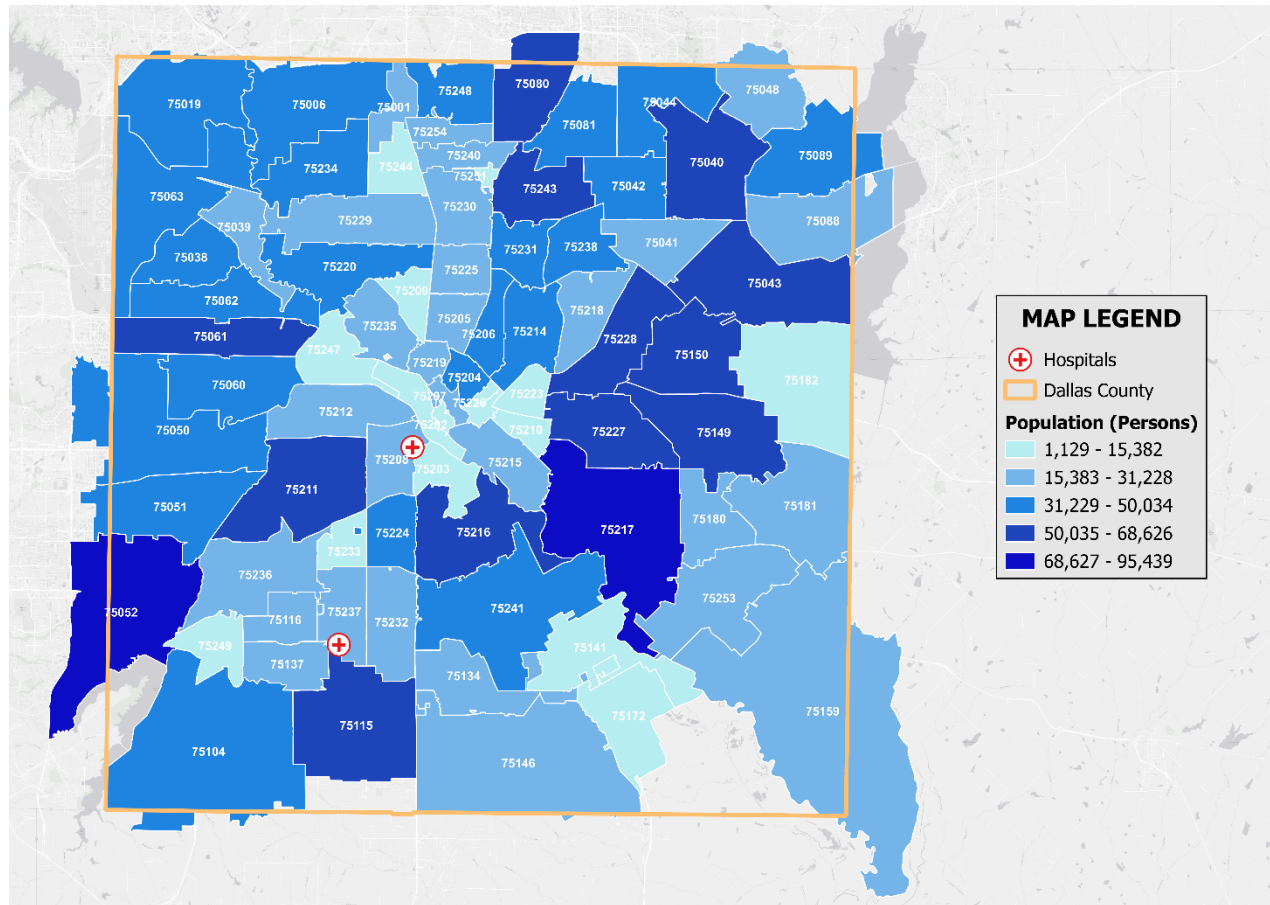
Methodist Health System commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2026-2028 Community Health Needs Assessment (CHNA) in accordance with the requirements of the Patient Protection and Affordable Care Act (PPACA). HCI works with clients across the nation to drive community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

<sup>2</sup> 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 Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital is Dallas County and is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. This includes the 82 ZIP codes in Dallas County.

FIGURE 1. DALLAS 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.<sup>3</sup> The next section gives an overview of Dallas 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.



<sup>3</sup> 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 Dallas County is 2,612,729 persons. The largest ZIP code by population in Dallas County is 75052 and the smallest ZIP code is 75247.

**2,612,729**  
POPULATION

---

**42.3%**  
HISPANIC/LATINO  
RESIDENTS

**15.7%**  
25-34 YEARS OLD

---

**2.0%**  
LANGUAGE OTHER  
THAN ENGLISH

FIGURE 2. PERCENT POPULATION BY RACE: COUNTY

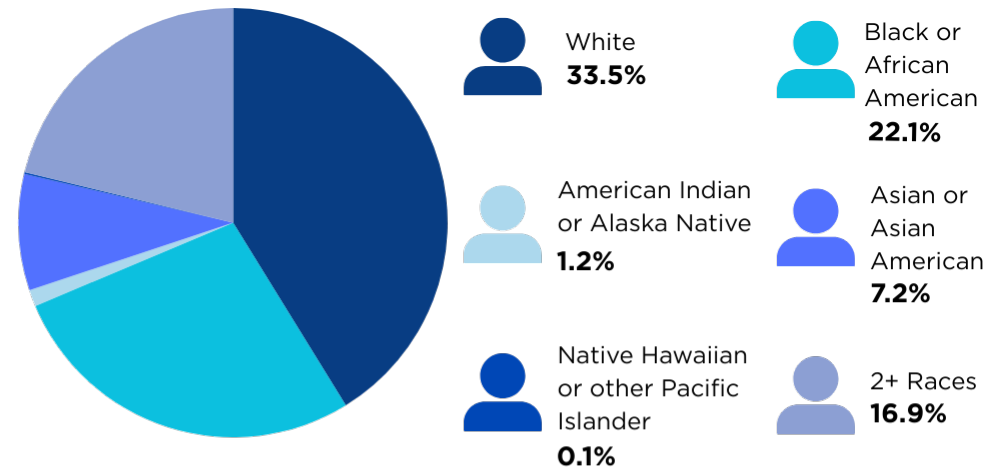
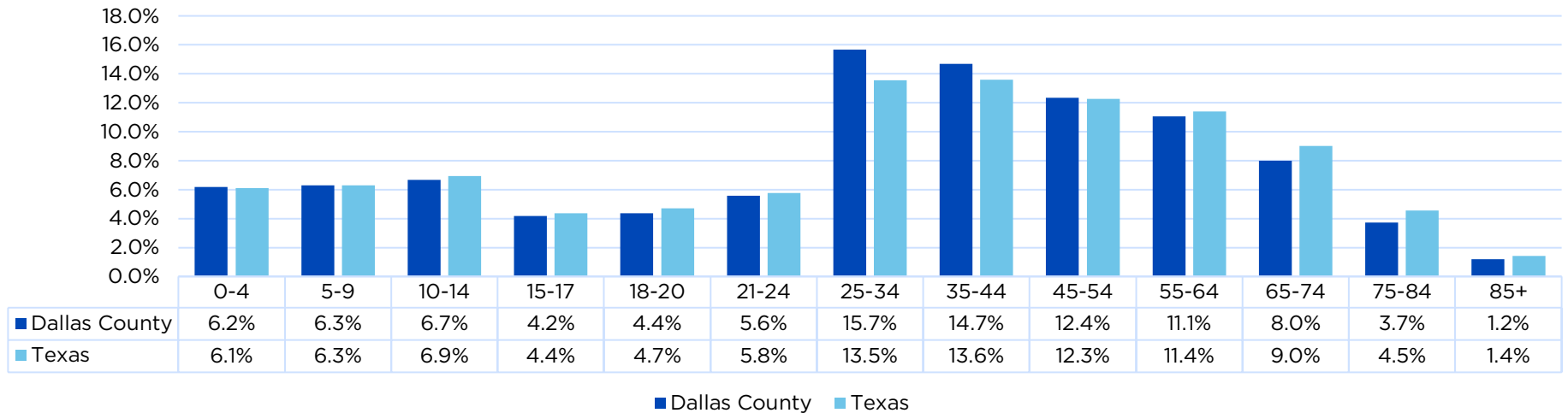


FIGURE 3. POPULATION BY AGE: DALLAS COUNTY



# 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.<sup>4</sup>

## Poverty

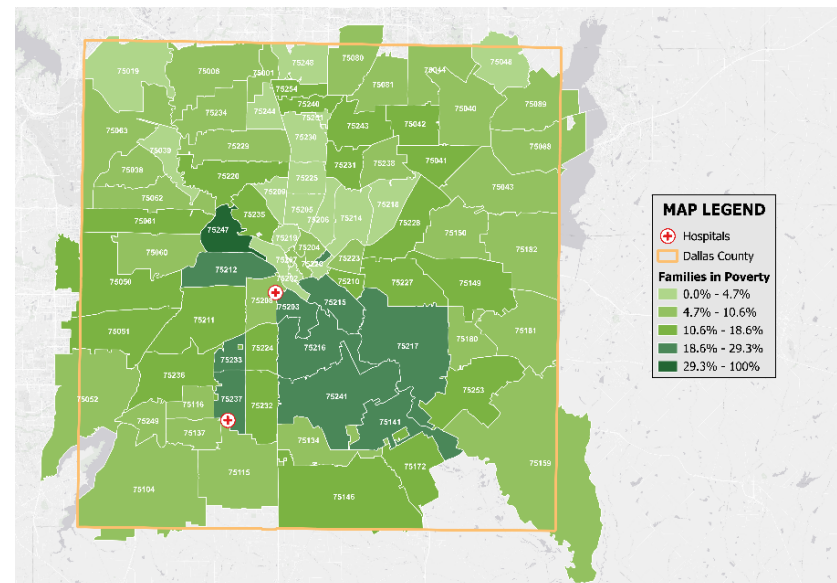
The U.S. Census Bureau sets federal poverty thresholds each year based on family size and the ages of family members. A high poverty rate can be both a cause and a result of poor economic conditions. It suggests that there aren't enough job opportunities in the area to support the local community. Poverty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

In Dallas County, 10.9% of families live below the federal poverty level, which is slightly higher than the rate in Texas (10.7%). However, as shown in Figure 4, Poverty levels vary by ZIP code within Dallas County. 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



<sup>4</sup> 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>

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

## Economy

**10.9%**

FAMILIES LIVING  
BELOW POVERTY LEVEL

**\$69,880**

MEDIAN HOUSEHOLD  
INCOME

FIGURE 5. POPULATION 16+: UNEMPLOYED

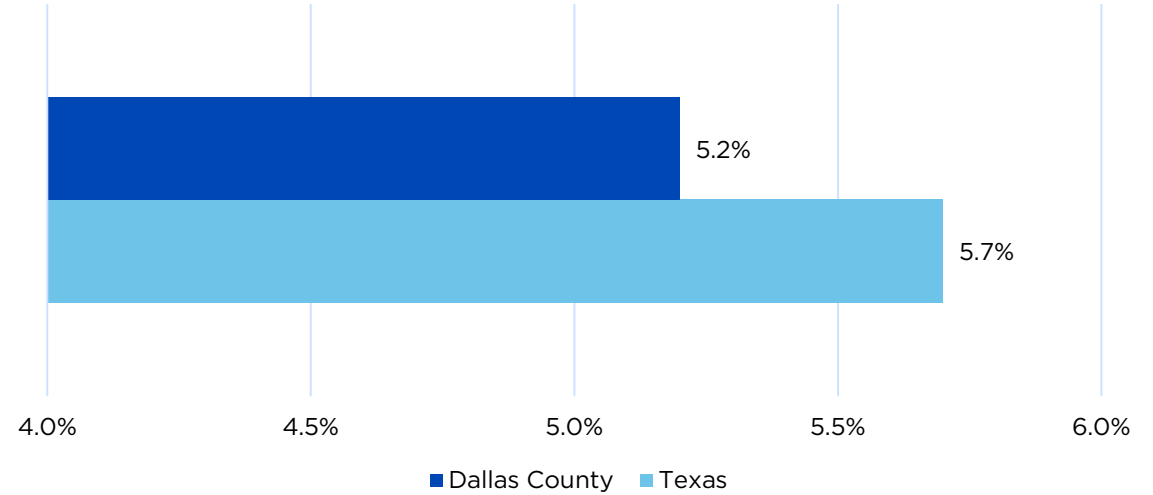
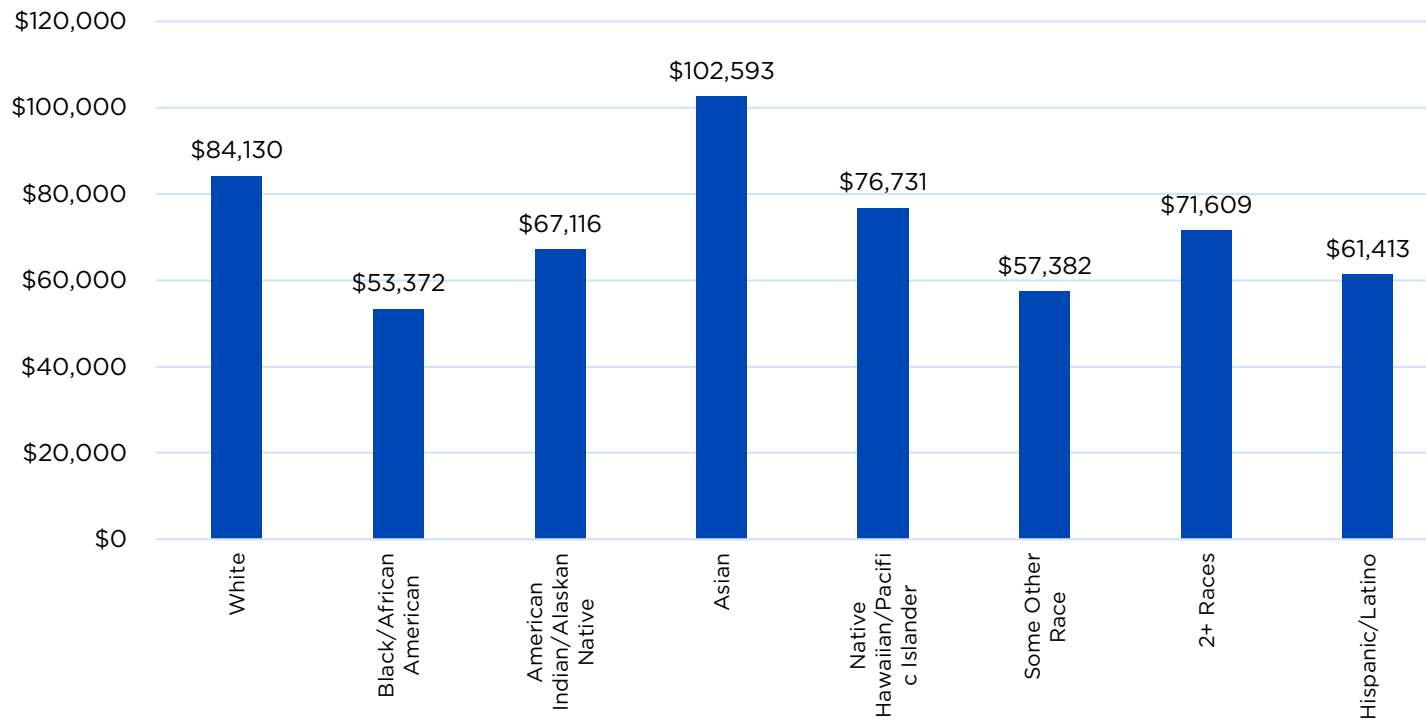


FIGURE 6. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY



## Housing

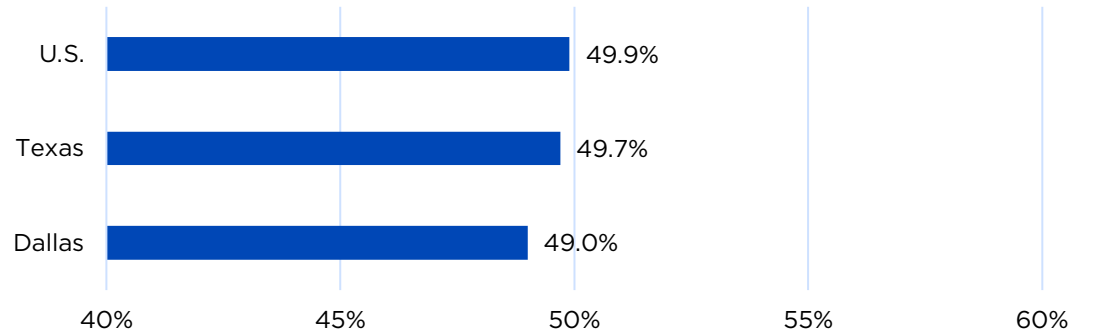
**49.0%**

RENTERS SPENDING 30% OR MORE OF INCOME ON RENT

**20.8%**

SEVERE HOUSING PROBLEMS

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



## Education

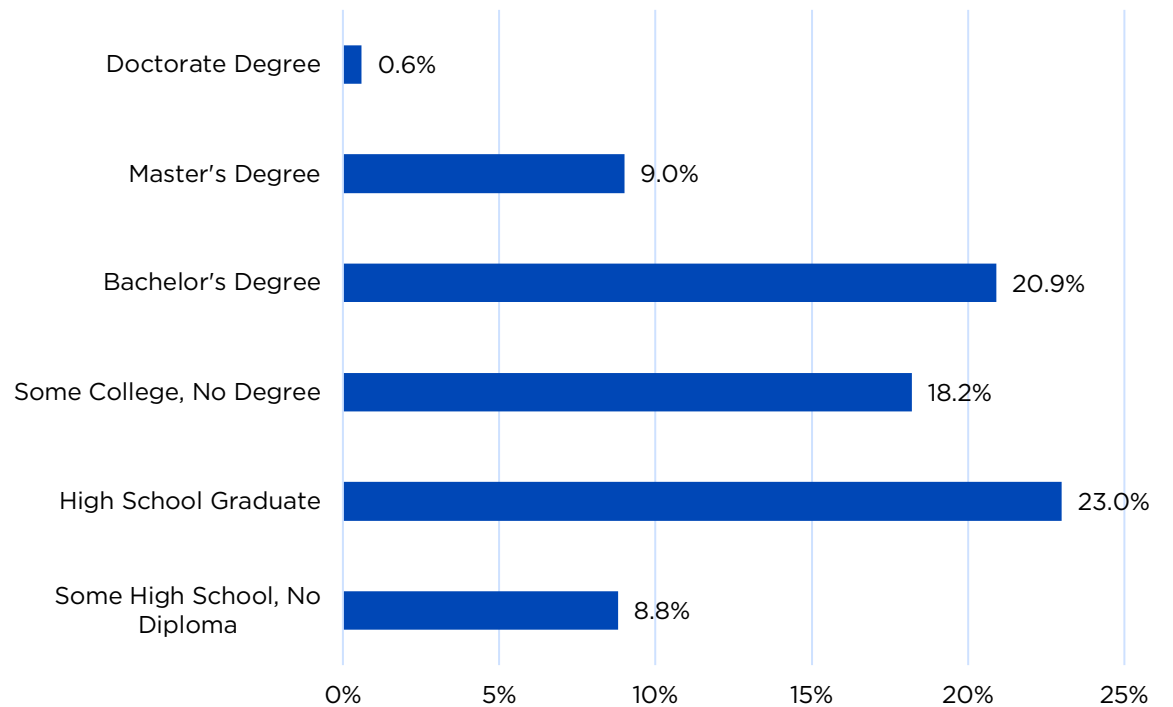
**80.7%**

HIGH SCHOOL DEGREE OR HIGHER

**33.5%**

BACHELOR'S DEGREE OR HIGHER

FIGURE 8. PEOPLE 25+ BY EDUCATIONAL ATTAINMENT IN DALLAS 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.<sup>6</sup> 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.<sup>7</sup>

## Race, Ethnicity, Age and Gender Disparities: Secondary Data

In Dallas 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 Dallas 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; 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

<sup>6</sup> 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](https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf)

<sup>7</sup> 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	Black/African American, non-Hispanic; White, non-Hispanic
Age-Adjusted Death Rate due to Breast Cancer	Black/African American
Cervical cancer Incidence Rate	Hispanic
Age-Adjusted Death Rate due to Coronary Heart Disease	Male; Black/African American
Age-Adjusted Death Rate due to Kidney Disease	Male; 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

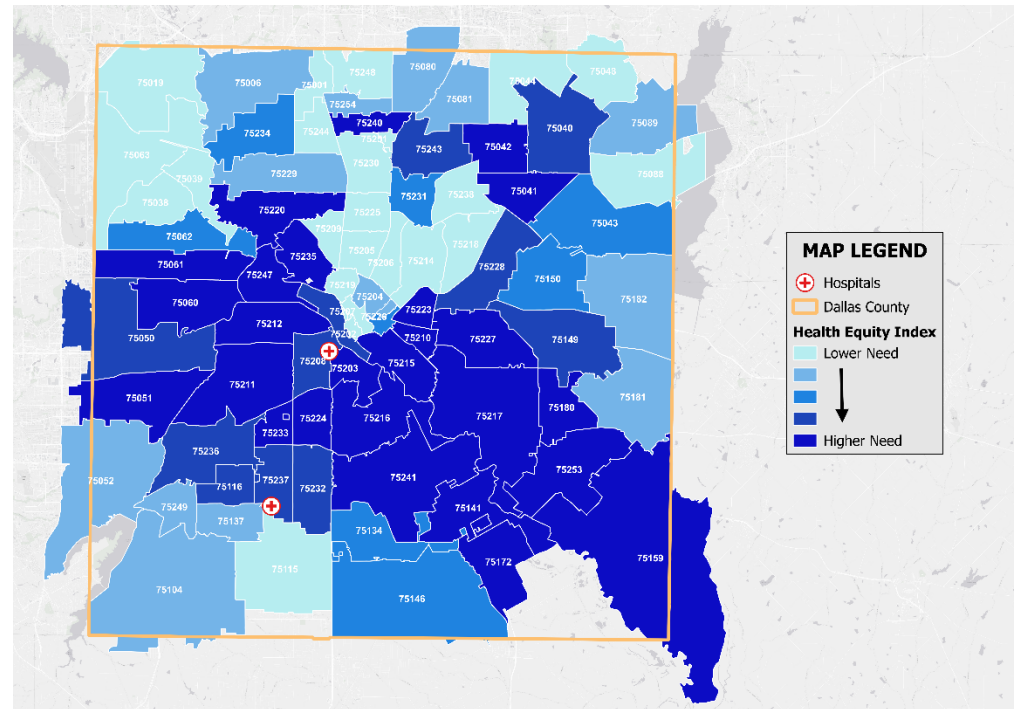
Highest Needs ZIP codes	Index Score 0 (lowest need) – 100 (highest need)
75212	97.3
75141	96.2
75216	96.1

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

FIGURE 9. DALLAS COUNTY HEALTH EQUITY INDEX



# Food Insecurity Index

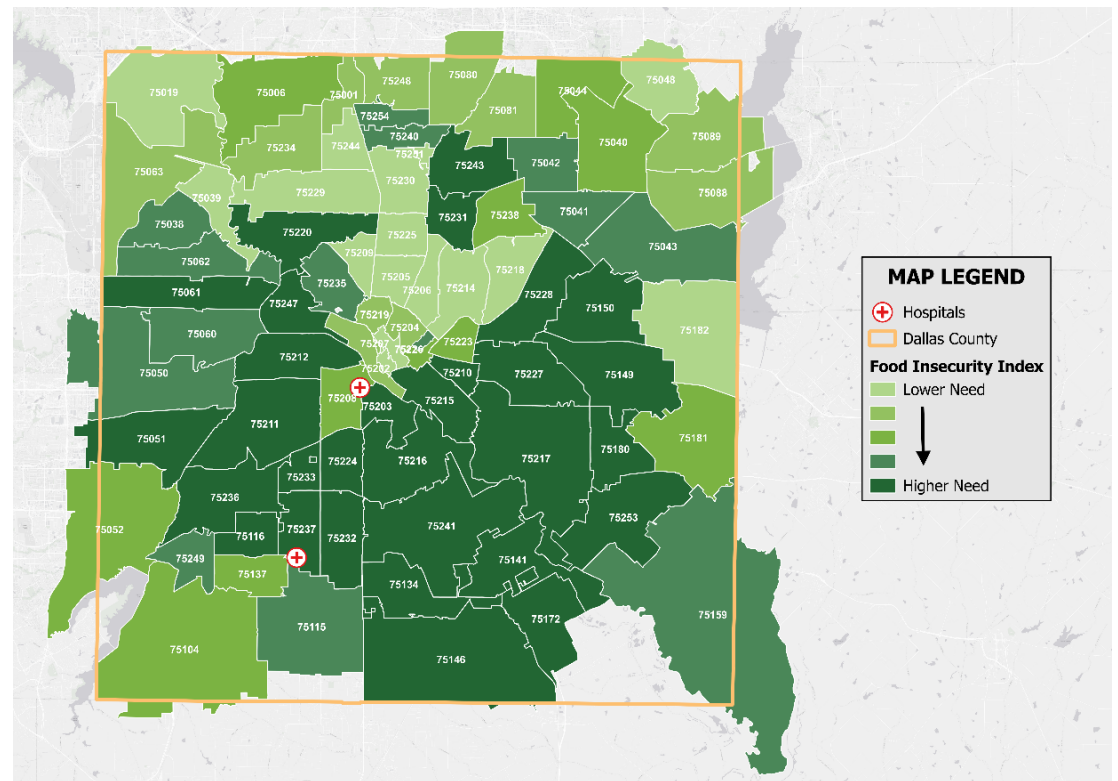
Conduent’s Food Insecurity Index measures economic and household hardship correlated with food access. All ZIP codes are given an index value from 0 (low need) to 100 (high need) based on its value compared to all ZIP codes in the U.S. ZIP codes are then ranked from 1 (low need) to 5 (high need) based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





## Mental Health Index

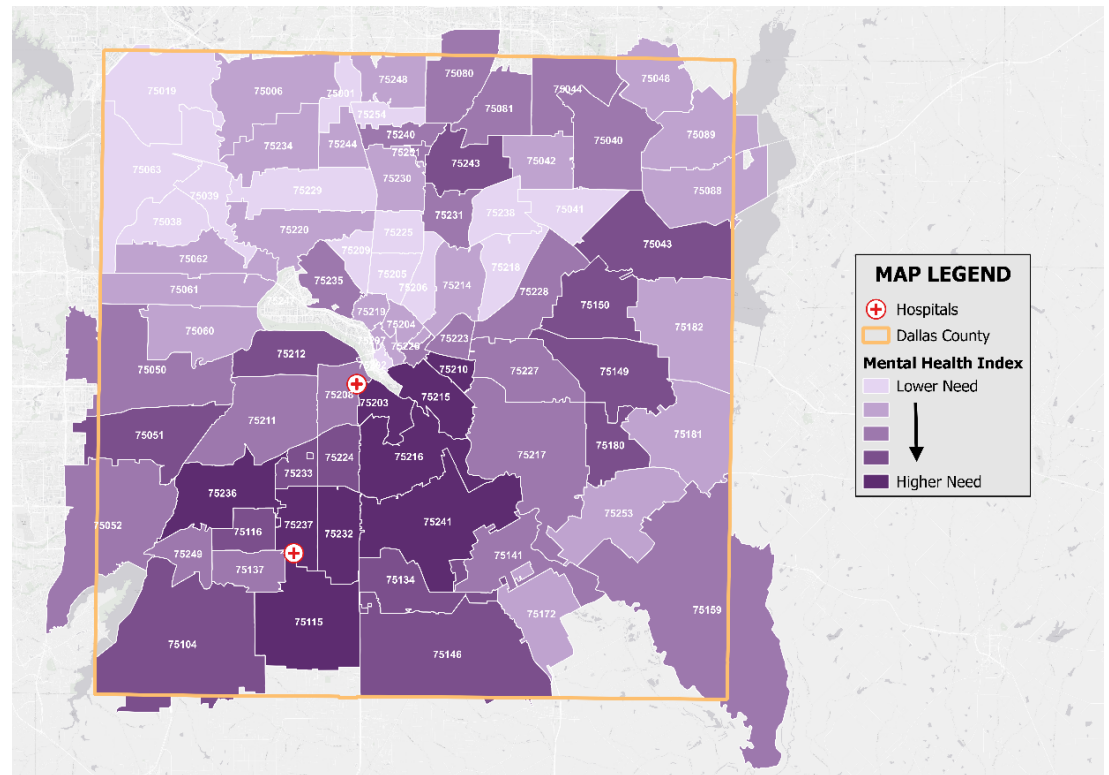
Conduent’s Mental Health Index measures social, economic, and health factors that are linked to people reporting poor mental health. ZIP codes are ranked based on their index value to show areas with the worst mental health outcomes. The map in Figure 11 shows that ZIP code 75216 has the poorest mental health outcome in Dallas County, with an index value of 97.7, 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. DALLAS 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 Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation 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 **1.50** or higher.

FIGURE 12. DALLAS COUNTY SECONDARY DATA FINDINGS

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

## Data Scoring Results

Figure 12 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.

# 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 13. COMMUNITY INPUT FINDINGS

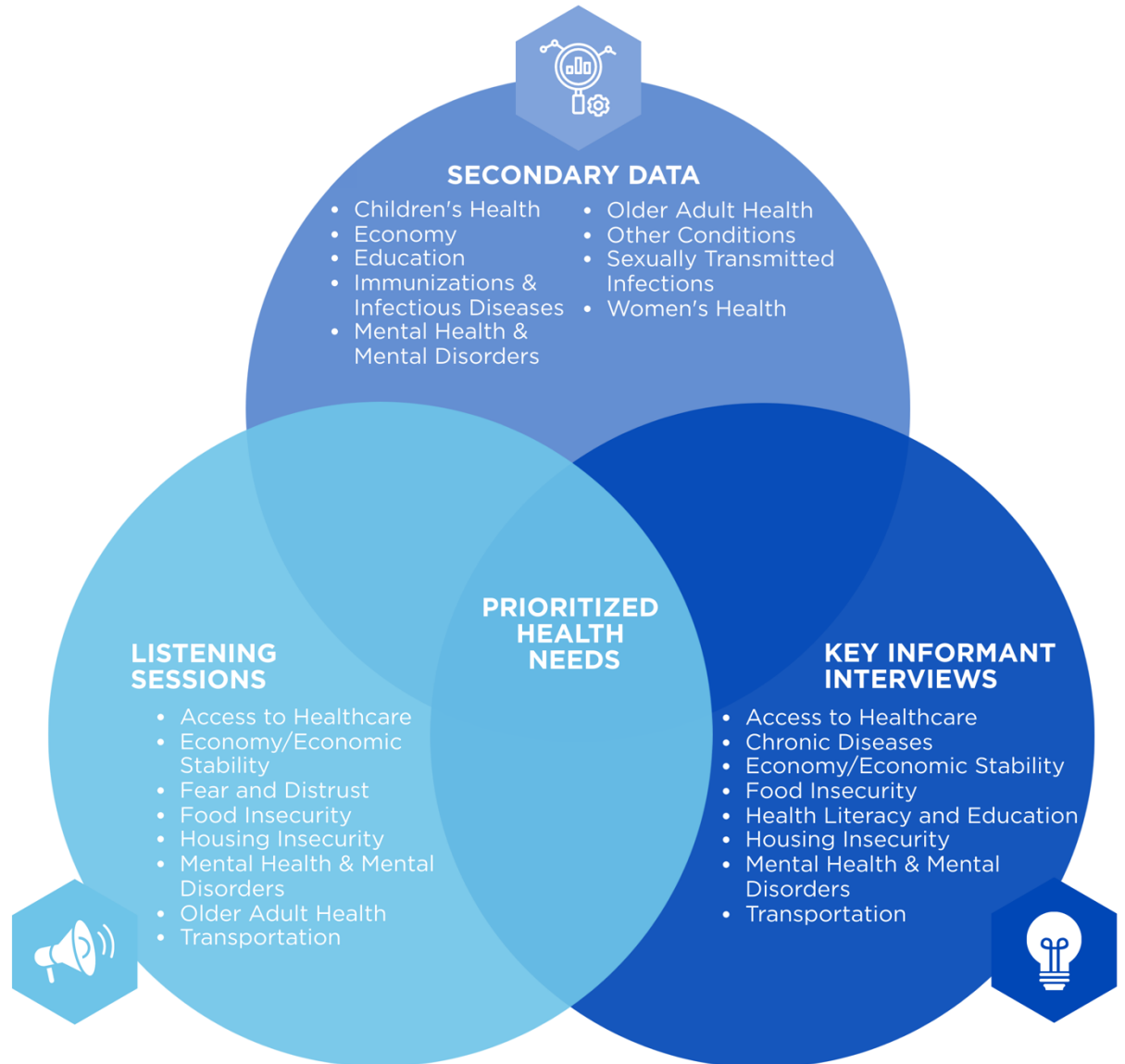


# Data Synthesis and Significant Needs

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 1.50 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 Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital 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.

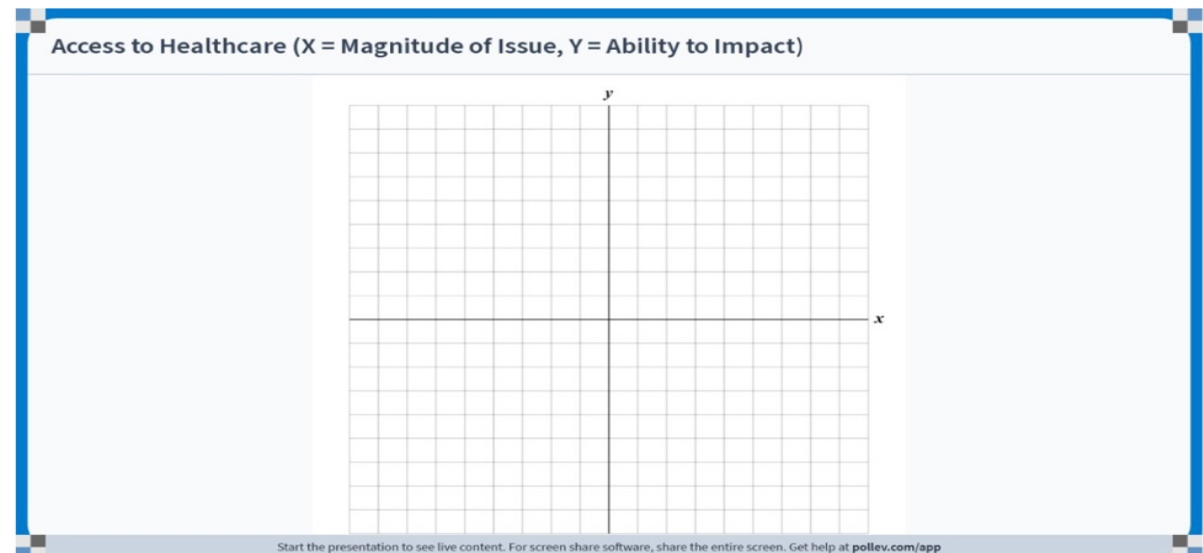
FIGURE 15. PRIORITIZATION PROCESS OVERVIEW



## 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 then ranked the top five 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



## 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 Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital's service area:



**Access to  
Healthcare**



**Chronic  
Disease**



**Mental Health &  
Mental Disorders**



**Older Adult Health**



**Women's Health**



## Access to Healthcare

### 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.<sup>8</sup> Access to healthcare is a critical component to the health and well-being of community members in Dallas County. Access to healthcare by itself is a predictor of health outcomes and is influenced by a variety of social determinants of health (SDOH) including<sup>8</sup>:

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

### Secondary Data

Health Care Access & Quality ranked as the 17<sup>th</sup> highest scoring health topic in Dallas County in the secondary data scoring results. The follow page shows warning indicators within Dallas County including comparisons to Texas and the U.S. Some of the most concerning indicators regard routine care, with only 70.6% of adults having visited a doctor for a routine checkup. Moreover, the primary care provider rate is higher in Dallas County (72.1 providers / 100,000 population) as compared to Texas (60.3 providers / 100,000 population), but lower than the U.S. (70.9 providers / 100,000 population).

Secondary data also indicate that Dallas County residents may be less likely to engage in certain forms of preventative care contributing to burdens on hospital systems. Medicare recipients of Dallas County have a higher rate of preventable hospital stays than the statewide or nationwide rates (3,060 discharges / 100,000 Medicare enrollees vs. 2,980 and 2,677, respectively).

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<sup>8</sup> 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

**3,060**

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



**72.1**

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



**2,980**

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



**60.3**

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

**2,677**

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



**74.9**

United States:  
Primary care providers per 100,000 population \*3



**70.6%**

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

**24.4%**

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



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

1 - Centers for Medicare & Medicaid Services, 2022

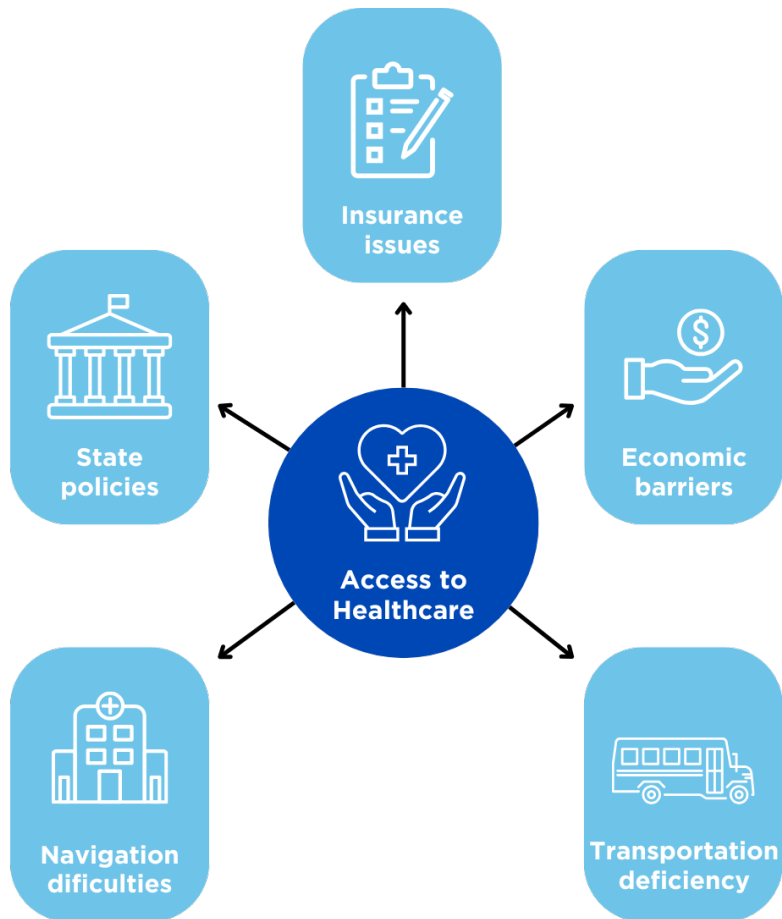
2 - CDC - PLACES, 2021

3 - County Health Rankings, 2021



## Community Input

Access to healthcare was a top concern in both key informant interviews and listening sessions. Key informants spoke extensively about economic impacts on healthcare access including difficulty affording copays for doctors' visits or medications, with many community members struggling to pay for healthcare related costs. Increasing cost of living coupled with inflation often necessitates families to choose between healthcare and meeting other basic needs. This leads many to defer preventative healthcare. Additionally, inconvenient and unreliable public transportation was consistently mentioned as a reason for missed appointments. Further barriers to receiving and accessing timely care include insurance issues such as high costs, insufficient/limited insurance coverage, and a lack of physicians who take Medicaid patients as a result of low reimbursement rates for providers. Undocumented individuals were identified as being disproportionately affected by health issues due to barriers like lack of insurance and fear of seeking services.



“

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.<sup>4</sup> Examples of SDOH impacting chronic diseases include<sup>4</sup>:

- 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 Disease is a health topic that includes hypertension & heart disease/stroke, diabetes, and obesity. The following page shows warning indicators within Dallas County including comparisons to Texas. Notably, there is a high percentage of both hyperlipidemia and the percentage of adults who report taking medications for high blood pressure in Dallas County. For example, 67.0% of all Dallas County Medicare beneficiaries have been treated for hyperlipidemia, and 72.3% of adults in Dallas County report taking medication for high blood pressure. Secondary data also indicate that Dallas County residents may be more likely to engage in certain forms of prevention related to heart disease, diabetes and obesity as 96.2% of individuals live reasonably close to a park or recreational facility. However, 32.9% of adults in Dallas County are obese according to the Body Mass Index (BMI).

# CHRONIC DISEASE

**67.0%**

Percentage of Medicare beneficiaries treated for hyperlipidemia \*1



**32.9%**

Percentage of adults who are obese according to the Body Mass Index (BMI) \*4



**24.0%**

Percentage of Medicare beneficiaries treated for diabetes \*1



**96.2%**

Percentage of individuals who live reasonably close to a park or recreational facility \*5

**89.7**

Age-adjusted death rate due to coronary heart disease per 100,000 population \*2



**7.3**

Dallas County: Food environment index score measuring food access \*5



**72.3%**

Percentage of adults who report taking medications for high blood pressure \*3



**5.9**

Texas: Food environment index score measuring food access \*5

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

1 - Centers for Medicare & Medicaid Services, 2022

2 - Centers for Disease Control and Prevention, 2018-2020

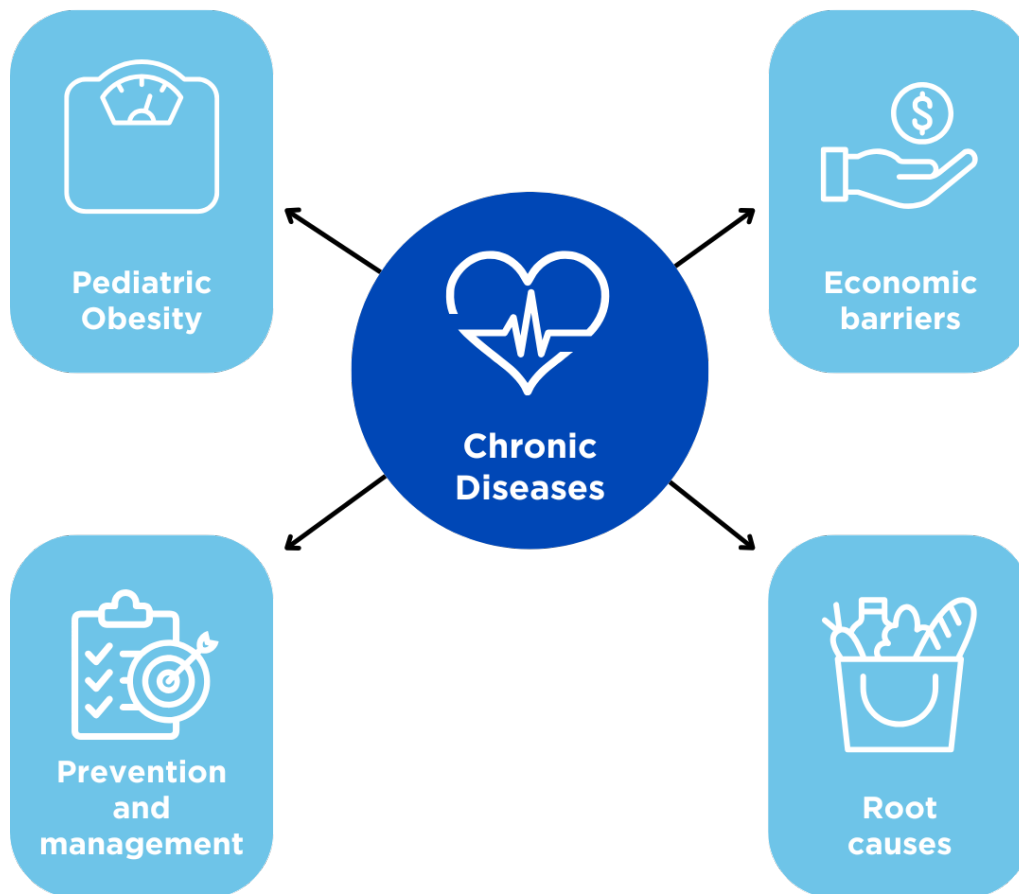
3 - CDC - PLACES, 2021

4 - Centers for Disease Control and Prevention, 2021

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

## Community Input

Chronic Disease was another top concern in both key informant interviews and listening sessions. This includes hypertension, diabetes, and obesity with a notable rise in pediatric obesity as a result of nutrition/healthy eating literacy gaps among parents. 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. Conversations focused on the need to address the underlying root causes of chronic diseases like the lack of healthy grocery stores, deficient infrastructure, economic barriers and policy/systemic barriers.



“

Difficulty paying for medication to manage diabetes is concerning.

- Community member -

”



## Mental Health & Mental Disorders

### Overview

Mental Health is among the most pervasive health issues in Dallas County. 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.<sup>9</sup> 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 4<sup>th</sup> highest scoring health topic in Dallas County in the secondary data scoring results. The follow page shows warning indicators within Dallas County including comparisons to Texas and the U.S.

The percentage of Medicare beneficiaries treated for depression in Dallas County (18.0%) is slightly higher than the statewide percentage (17.0%). Similarly, the percentage of adults ever diagnosed with depression in Dallas County (21.2%) is also higher than the nationwide percentage (19.5%). The mental health provider rate is significantly lower in Dallas County (205.3 providers / 100,000 population) as compared to the U.S. (313.9 providers / 100,000 population), but higher than the rate in Texas (156.7 providers / 100,000 population). This lack of provider availability contributes to the minimal access to care people experiencing mental health illness have.

<sup>9</sup> 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

**18.0%**

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



**17.0%**

Texas County:  
Percentage of Medicare  
beneficiaries treated for  
depression \*1

**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



**21.2%**

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



**19.5%**

United States:  
Percentage of adults  
ever diagnosed with  
depression \*2



**8.0%**

Percentage of Medicare  
beneficiaries treated for  
Alzheimer's disease or  
dementia \*1

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

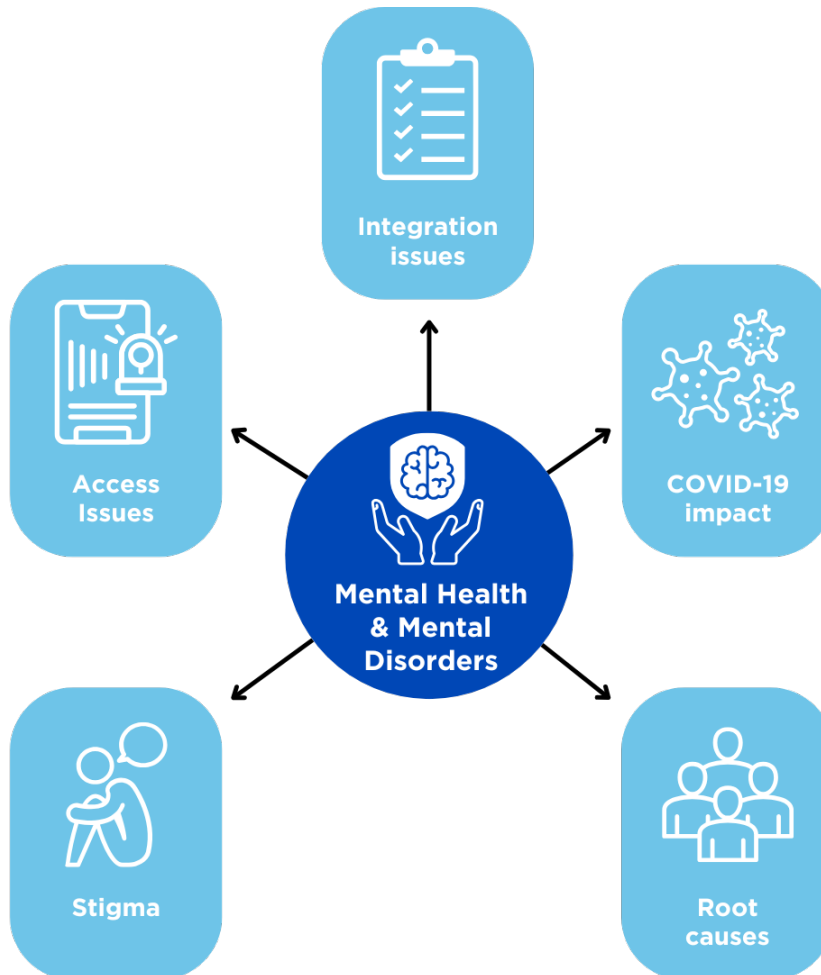
1 - Centers for Medicare & Medicaid Services, 2022

2 - CDC - PLACES, 2021

3 - County Health Rankings, 2023

## Community Input

Mental Health was also top concern in both key informant interviews and listening sessions. This includes integration issues as mental healthcare is often not prioritized and not integrated into physical healthcare, and access issues. Better recognition, early diagnosis, and connection to care is needed throughout the community. Moreover, stigma associated with seeking mental health treatment is seen as a barrier to accessing timely mental healthcare. Root causes like stress, adverse childhood experiences, and systemic racism were highlighted throughout community conversations. Finally, the impact of COVID-19 was discussed including increased mental health issues within the community.



“

So, I was just thinking through that lens how unemployment or underemployment really leads to a huge impact in the mental and behavioral health of our community members. It increases stress and anxiety and essentially is a huge decrease on their health and well-being.

- Community member -

”



## Older Adult Health

### Overview

Older Adult Health is another top health concern in Dallas 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

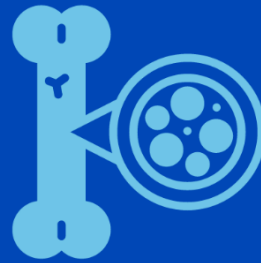
Older Adult Health is a health topic that includes a myriad of indicators largely affecting Medicare beneficiaries. The follow page shows warning indicators within Dallas County including comparisons to Texas. In Dallas County and Texas, 13.0% of Medicare beneficiaries were treated for osteoporosis. Moreover, 12.0% of Medicare beneficiaries were treated for cancer, and 19.0% for chronic kidney disease. The prostate cancer incidence rate in Dallas County is 101.5 (cases / 100,000 males). The percentage of people aged 65 and older living below the Federal Poverty Level in Dallas County (11.9%) is slightly higher than the percentage of people aged 65 and older living below the Federal Poverty Level in Texas (11.4%).



# OLDER ADULT HEALTH

**13.0%**

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



**19.0%**

Dallas County:  
Percentage of Medicare  
beneficiaries treated for  
chronic kidney disease \*1



**13.0%**

Texas:  
Percentage of Medicare  
beneficiaries treated for  
osteoporosis \*1



**18.0%**

Texas:  
Percentage of Medicare  
beneficiaries treated for  
chronic kidney disease \*1

**12.0%**

Percentage of Medicare  
beneficiaries treated for  
cancer \*1



**11.9%**

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



**101.5**

Age-adjusted incidence  
rate for prostate cancer  
per 100,000 males \*2



**11.4%**

Texas:  
Percentage of people aged  
65 years+ living below the  
Federal Poverty Level \*3

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

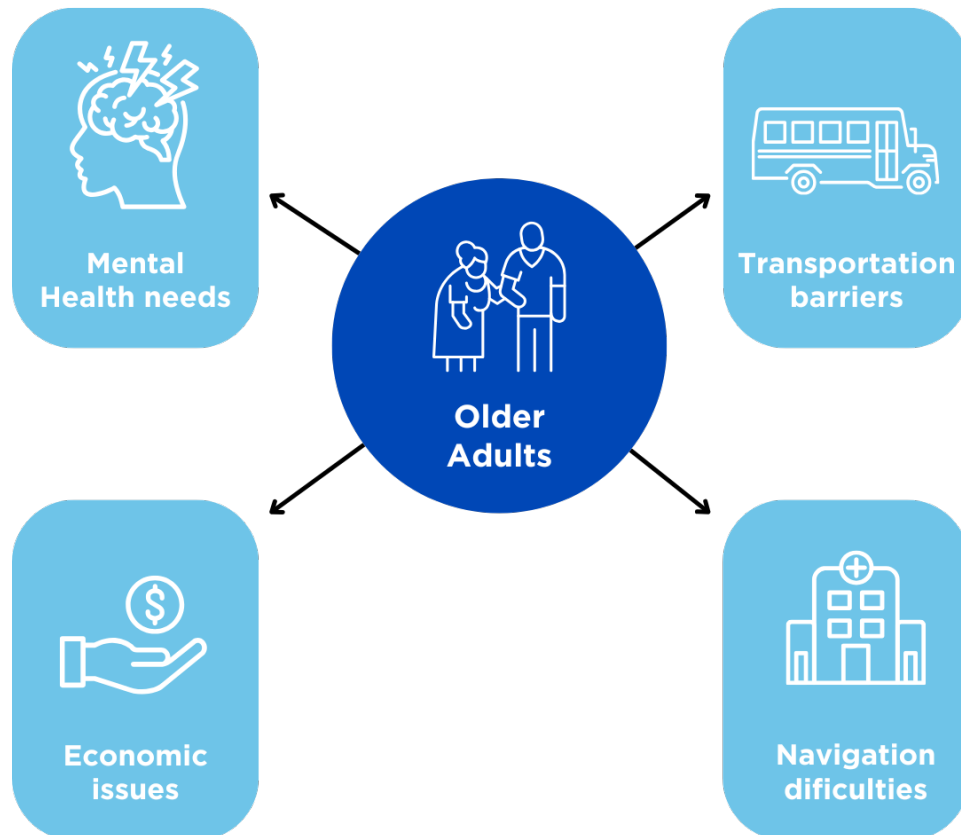
1 - Centers for Medicare & Medicaid Services, 2022

2 - National Cancer Institute, 2016-2020

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

## Community Input

Older Adult Health was a top concern in both key informant interviews and listening sessions. Concerns largely centered around increased mental health needs in the older adult population as a result of isolation and loss of socialization opportunities during COVID-19, transportation barriers in accessing routine care, and economic issues. Many older adults do not have transportation, and their family is either non-voluntarily offering support or they live out of state and cannot actually support them. Further, this population was described as having limited knowledge of technology in terms of navigating available resources in the community and managing healthcare appointments. Many seniors are living on a fixed income and have difficulties affording medication and basic necessities like healthy food. Finally, there are challenges getting access to resources for elderly Black populations in North and Southern Dallas. Community Health Workers were mentioned as a way to improve older adult health and prevent readmissions to hospitals by providing in-home medication management education.



“

There's also the financial factor of it for seniors on fixed incomes. Do I use income to get transportation or the income that we need to get food? What's gonna outweigh the other?

- Community member -

”



## Women's Health

### Overview

Women's Health is an additional health concern in Dallas 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 ranked as the 9<sup>th</sup> highest scoring health topic in Dallas County in the secondary data scoring results. The following page shows warning indicators within Dallas County including comparisons to Texas and the U.S. Some of the most concerning warning indicators for Dallas County include breast cancer (120.4 cases / 100,000 females) and cervical cancer (9.2 cases / 100,000 females) incidence rates. In Dallas County, preventative measures such as mammograms and cervical cancer screening tests are relatively common: 71.0% of Dallas County women aged 50-74 have had a mammogram in the past two years, while 77.9% of women aged 21-65 have had a cervical cancer screening test in Dallas County.

# WOMEN'S HEALTH

**120.4**

Dallas County:  
Age-adjusted incidence rate for breast cancer per 100,000 females\*<sup>1</sup>



**9.2**

Age-adjusted incidence rate for cervical cancer per 100,000 females\*<sup>1</sup>



**116.3**

Texas:  
Age-adjusted incidence rate for breast cancer per 100,000 females\*<sup>1</sup>



**2.6**

Age-adjusted death rate due to cervical cancer per 100,000 females\*<sup>1</sup>

**20.8**

Age-adjusted death rate due to breast cancer per 100,000 females\*<sup>1</sup>



**77.9%**

Dallas County:  
Percentage of women aged 21-65 who have had a cervical cancer screening test\*<sup>2</sup>



**71.0%**

Percentage of women aged 50-74 who have had a mammogram in the past two years\*<sup>2</sup>



**82.8%**

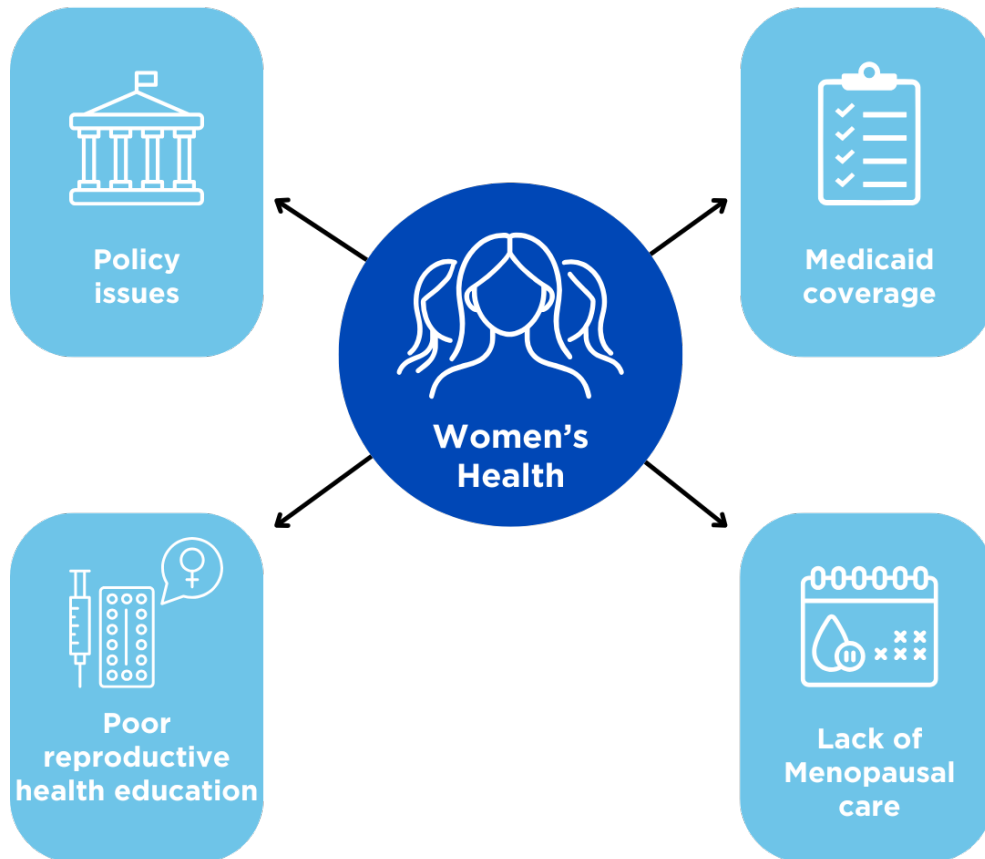
United States:  
Percentage of women aged 21-65 who have had a cervical cancer screening test\*<sup>2</sup>

All data points shown are for Dallas 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 frequently discussed. Concerns were centered around policy issues including poor Medicaid reimbursement rates causing birthing hospitals to close and consequently, leading to maternal care deserts throughout the community; reluctance at the state level to expand Medicaid coverage which would help women have greater access to not only preventative screenings but treatment; and legislation currently being discussed around birth control access, pregnancy, etc. Additional concerns around the lack of information and knowledge regarding reproductive health, and the importance of annual mammograms and pap smears were mentioned coupled with lack of conversation around menopausal care and women struggling with symptoms that aren't receiving appropriate care. Finally, populations that are disproportionately affected by the above include domestic violence survivors, single mothers/single female headed households, non-English speaking women, and women of color.



“

The reluctance by our state to expand Medicaid is an issue. It is a barrier to a lot of treatment that people could receive. You can get the mammograms, not a problem, but when you get beyond that, there are so many costs that you incur to treat breast cancer.

- Community member -

”

## Next Steps

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

Looking ahead, Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation 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.