

2025

Community Health Needs Assessment

Methodist Mansfield Medical Center
Methodist Southlake Medical Center



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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.¹ Methodist Mansfield Medical Center and Methodist Southlake Medical Center serve the community of Tarrant 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



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 Mansfield Medical Center and Methodist Southlake Medical Center

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



Mental Health & Mental Disorders (including Drug & Alcohol Misuse)



Cardio/Pulmonary/Vascular Care



Older Adult Health (including Other Conditions)



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

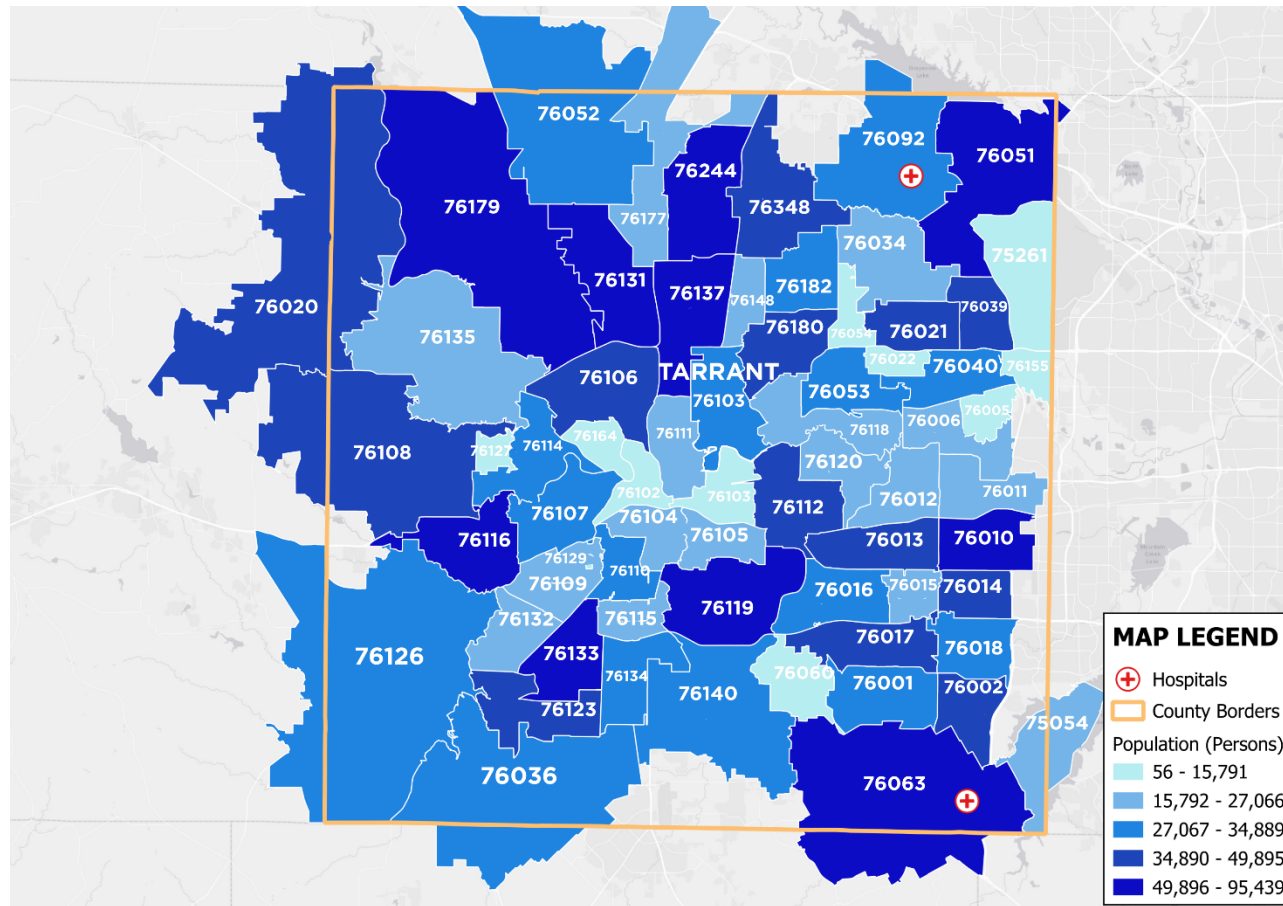
Methodist Health System commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2026-2028 Community Health Needs Assessment (CHNA) in accordance with the requirements of the Patient Protection and Affordable Care Act (PPACA). HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, and identifying appropriate intervention programs.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 Mansfield Medical Center and Methodist Southlake Medical Center is Tarrant County and is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. This includes the 69 ZIP codes in Tarrant County.

FIGURE 1. TARRANT COUNTY SERVICE AREA



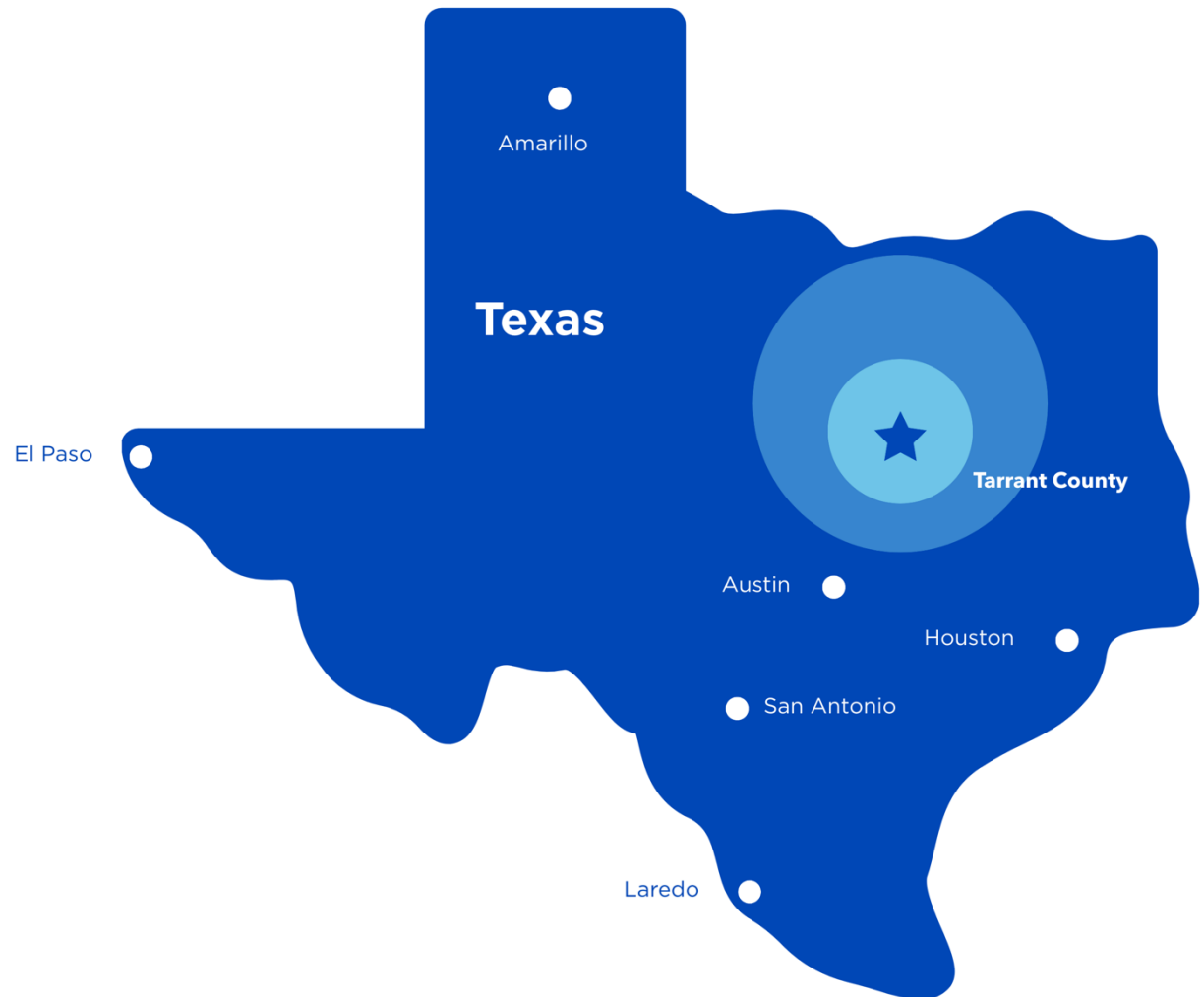
Demographics

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.³ The next section gives an overview of Tarrant 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.



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 Tarrant County is 2,187,394 persons. The largest ZIP code by population in Tarrant County is 76063 and the smallest ZIP code is 76122.

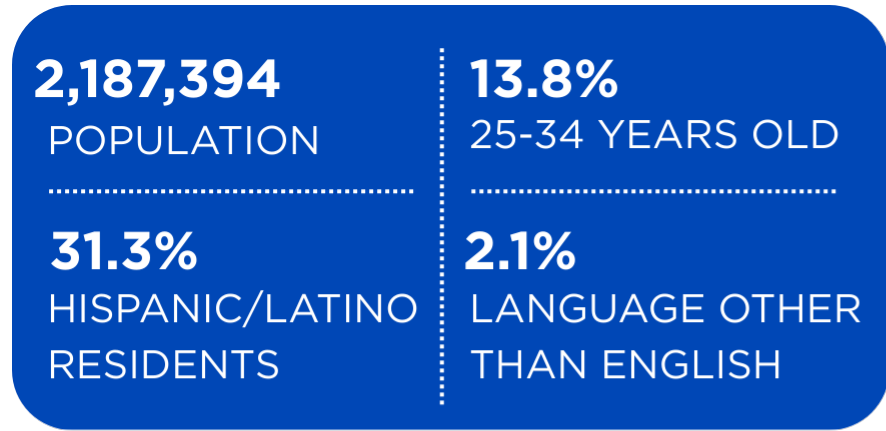


FIGURE 2. PERCENT POPULATION BY RACE: COUNTY

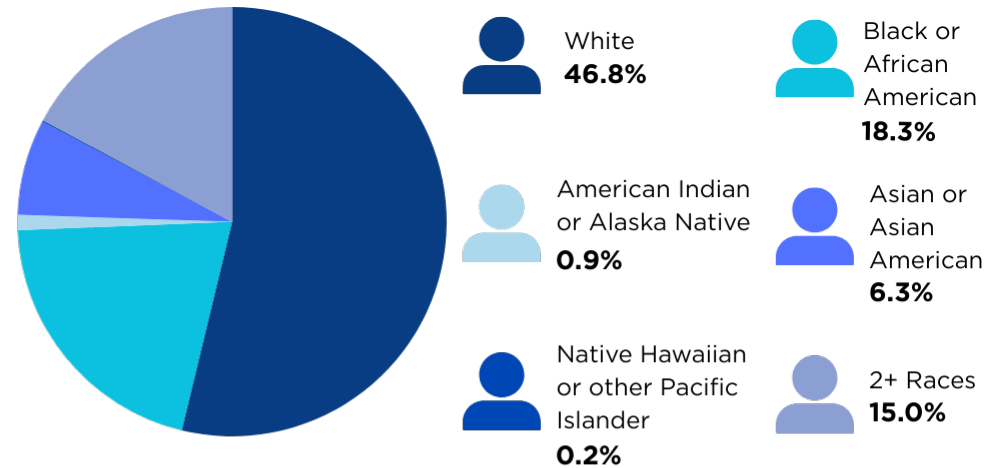
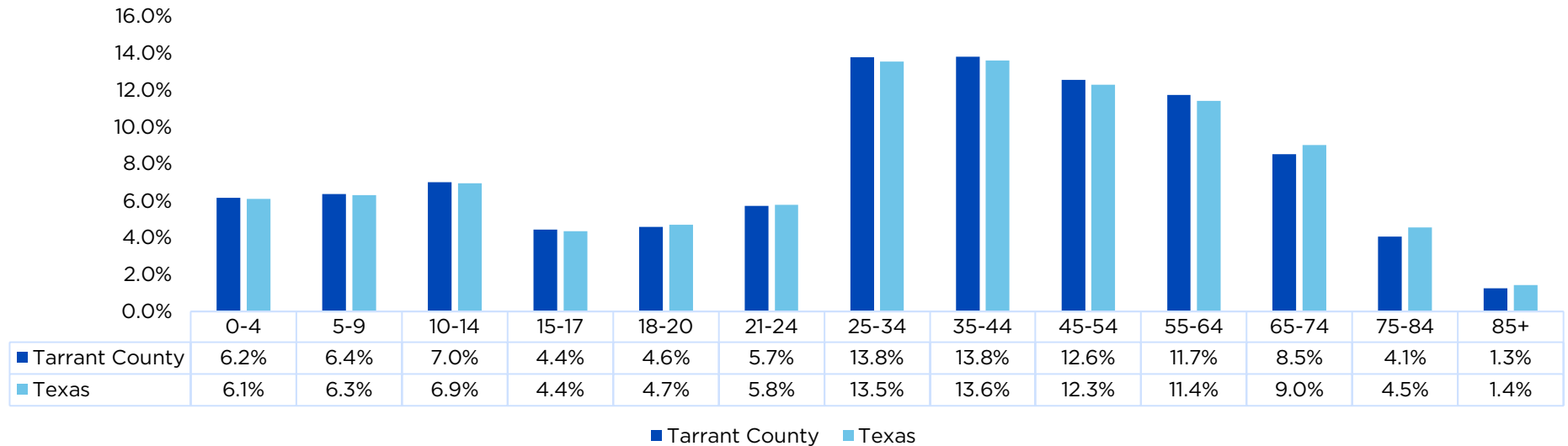


FIGURE 3. POPULATION BY AGE: TARRANT COUNTY



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.⁴

Poverty

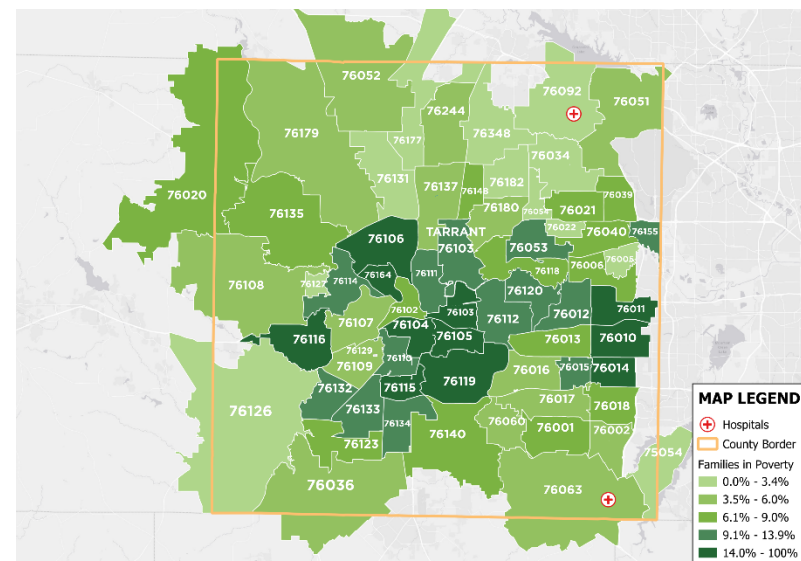
The U.S. Census Bureau sets federal poverty thresholds each year based on family size and the ages of family members. A high poverty rate can be both a cause and a result of poor economic conditions. It suggests that there aren't enough job opportunities in the area to support the local community. Poverty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

In Tarrant County, 8.2% 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 Tarrant County. The highest poverty rates are in ZIP codes 76104 (29.7% of families living below poverty), 76115 (24.1%), and 76105 (21.7%).

TABLE 1. FAMILIES LIVING BELOW POVERTY BY ZIP CODE

Highest Needs ZIP codes	Percent of Families Living Below Poverty
76104	29.7%
76115	24.1%
76105	21.7%

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

10.7%
 FAMILIES LIVING
 BELOW POVERTY LEVEL

\$77,234
 MEDIAN HOUSEHOLD
 INCOME

FIGURE 5. POPULATION 16+: UNEMPLOYED

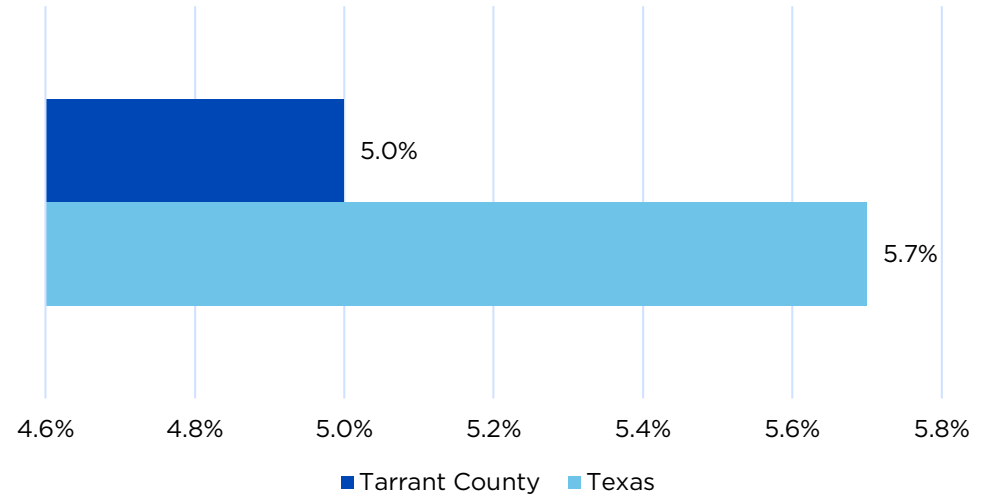
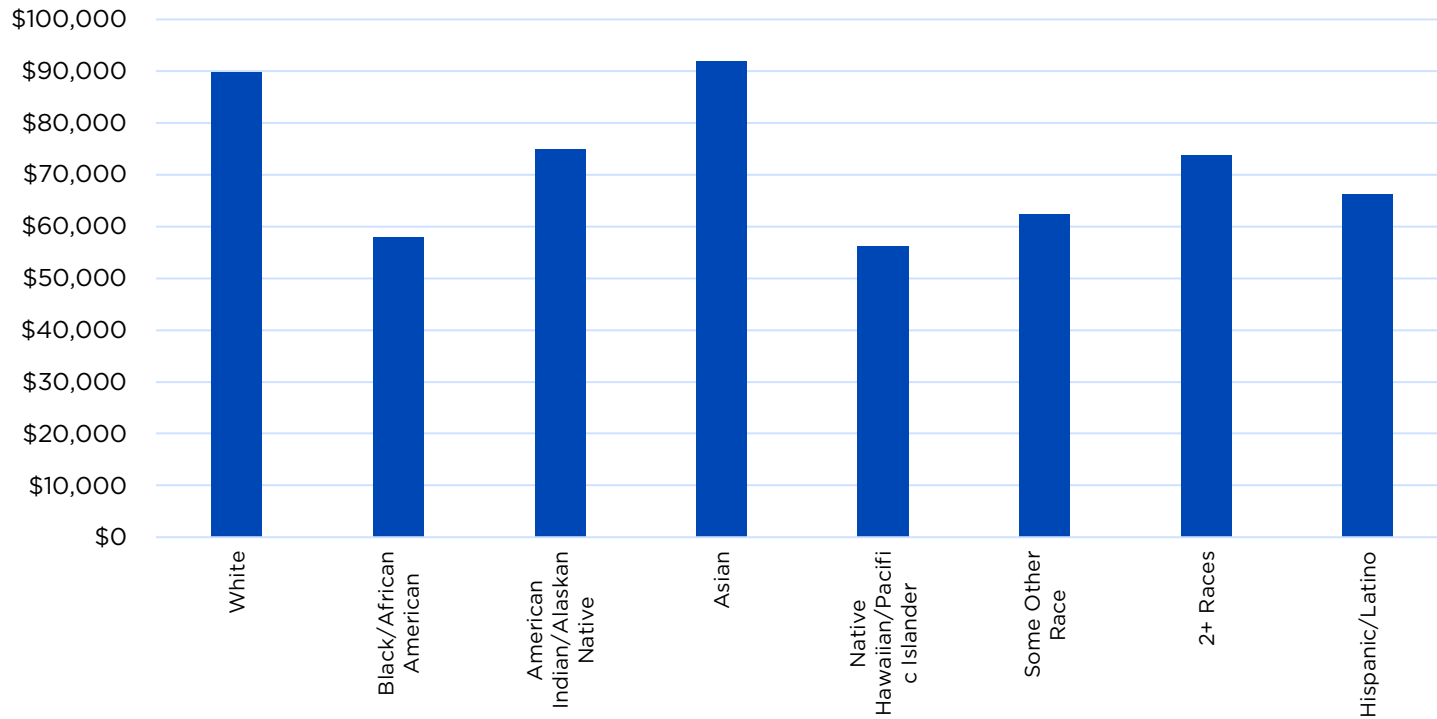


FIGURE 6. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY



Housing

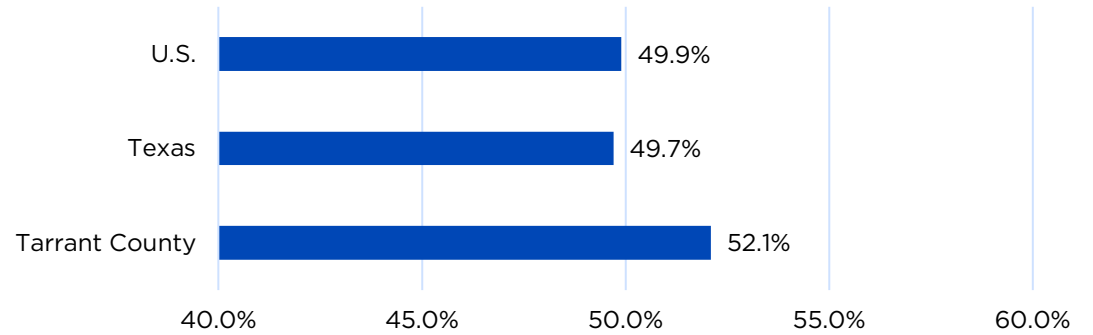
52.1%

RENTERS SPENDING 30% OR MORE OF INCOME ON RENT

16.8%

SEVERE HOUSING PROBLEMS

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



Education

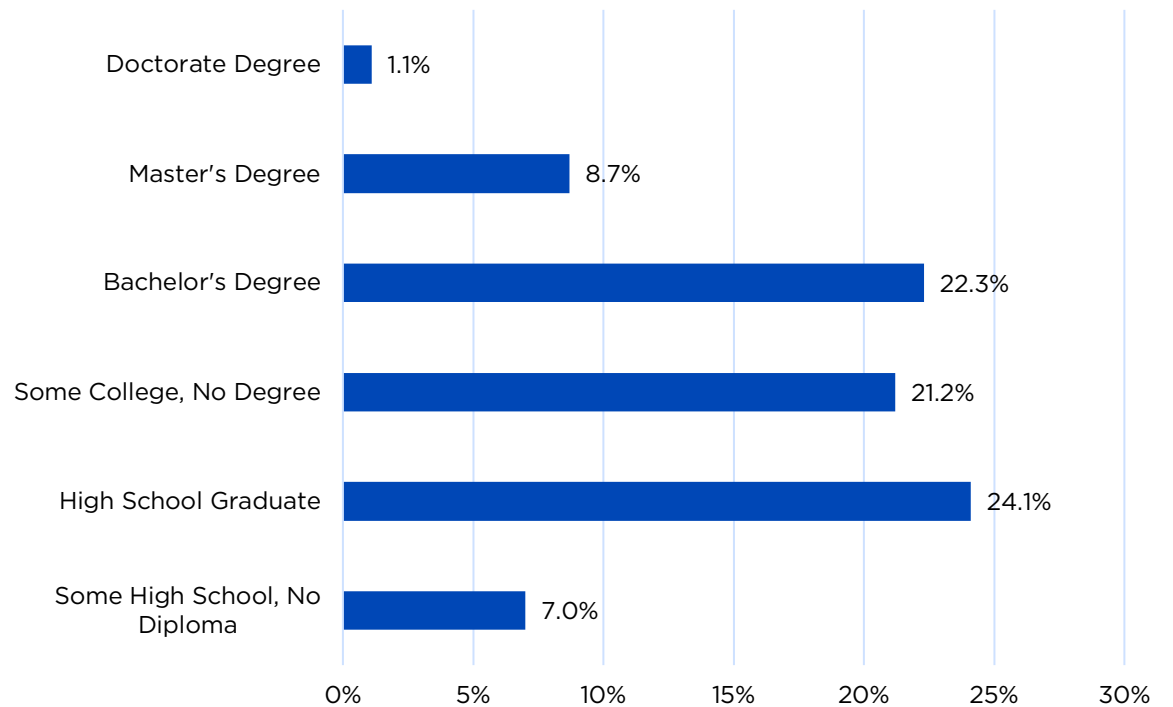
86.6%

HIGH SCHOOL DEGREE OR HIGHER

33.7%

BACHELOR'S DEGREE OR HIGHER

FIGURE 8. PEOPLE 25+ BY EDUCATIONAL ATTAINMENT IN TARRANT 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.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 Tarrant 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 Tarrant 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	American Indian/Alaska Native; Black/African American; Native Hawaiian/Pacific Islander; Two or More Races; Other
People 25+ with a High School Diploma or Higher	Male; Asian

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
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
Life Expectancy	Black/African American, non-Hispanic; Native Hawaiian/Pacific Islander, non-Hispanic; White, non-Hispanic
Premature Death	Black/African American, non-Hispanic; Native Hawaiian/Pacific Islander, non-Hispanic
Age-Adjusted Death Rate due to Kidney Disease	Male; Black/African American
Adults who are Overweight or Obese	Black/African American

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; Two or More Races; Other
Per Capita Income	Black/African American; Hispanic/Latino; Native Hawaiian/Pacific Islander; Two or More Races; Other
Children Living Below Poverty Level	Black/African American; Hispanic/Latino; Native Hawaiian/Pacific Islander; Other
Families Living Below Poverty Level	Black/African American; Hispanic/Latino; Native Hawaiian/Pacific Islander; Two or More Races; Other
People 65+ Living Below Poverty Level	Black/African American; Hispanic/Latino; Native Hawaiian/Pacific Islander; Two or More Races; Other
People Living Below Poverty Level	Female; Black/African American; Hispanic/Latino; Native Hawaiian/Pacific Islander; 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

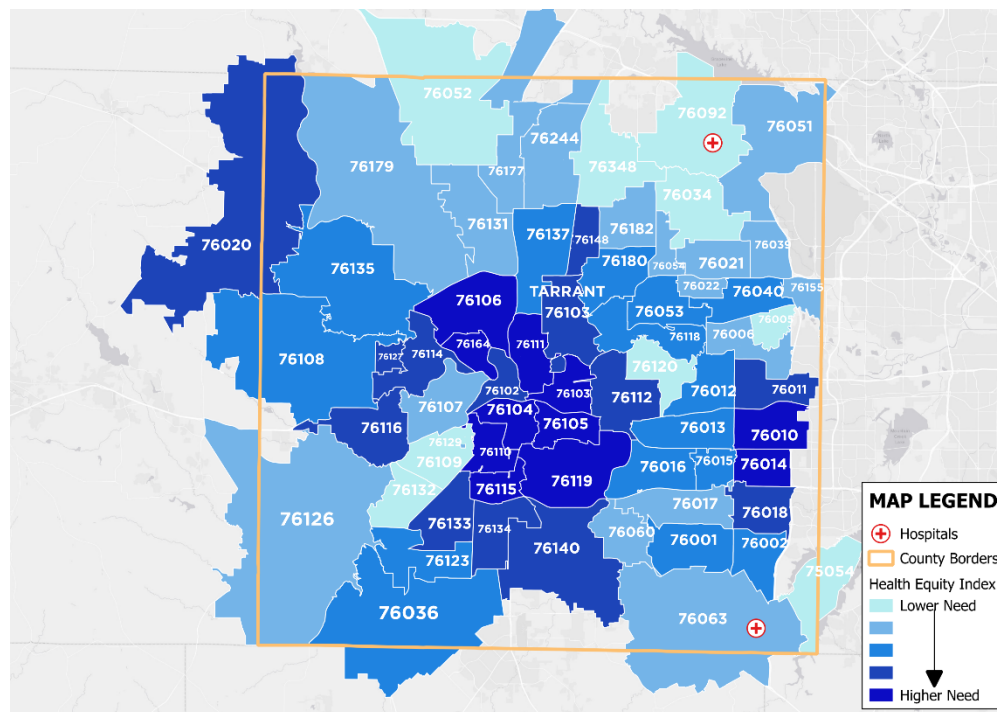
Highest Needs ZIP codes	Index Score 0 (lowest need) - 100 (highest need)
76115	98.6
76164	98.2
76105	97.6

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. TARRANT COUNTY HEALTH EQUITY INDEX



Food Insecurity Index

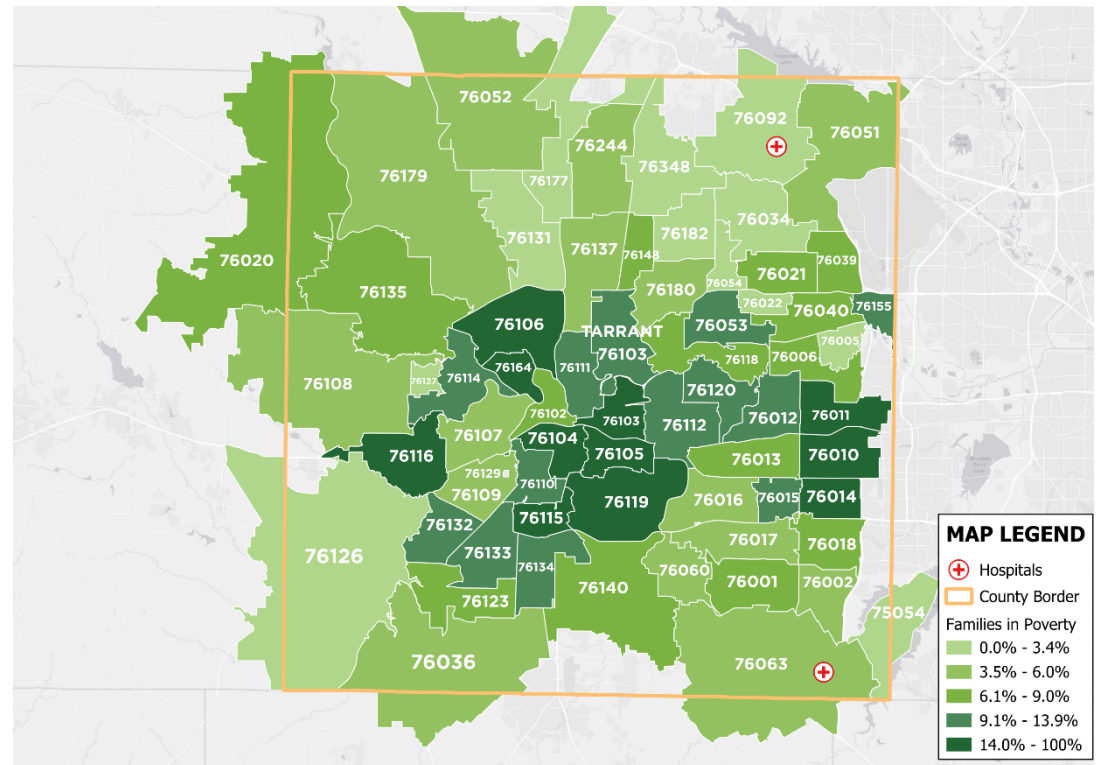
Conduent’s Food Insecurity Index measures economic and household hardship correlated with food access. All ZIP codes are given an index value from 0 (low need) to 100 (high need) based on its value compared to all ZIP codes in the U.S. ZIP codes are then ranked from 1 (low need) to 5 (high need) based 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)
76119	94.7
76105	94.6
76010	94.1

FIGURE 10. TARRANT COUNTY FOOD INSECURITY INDEX



Mental Health Index

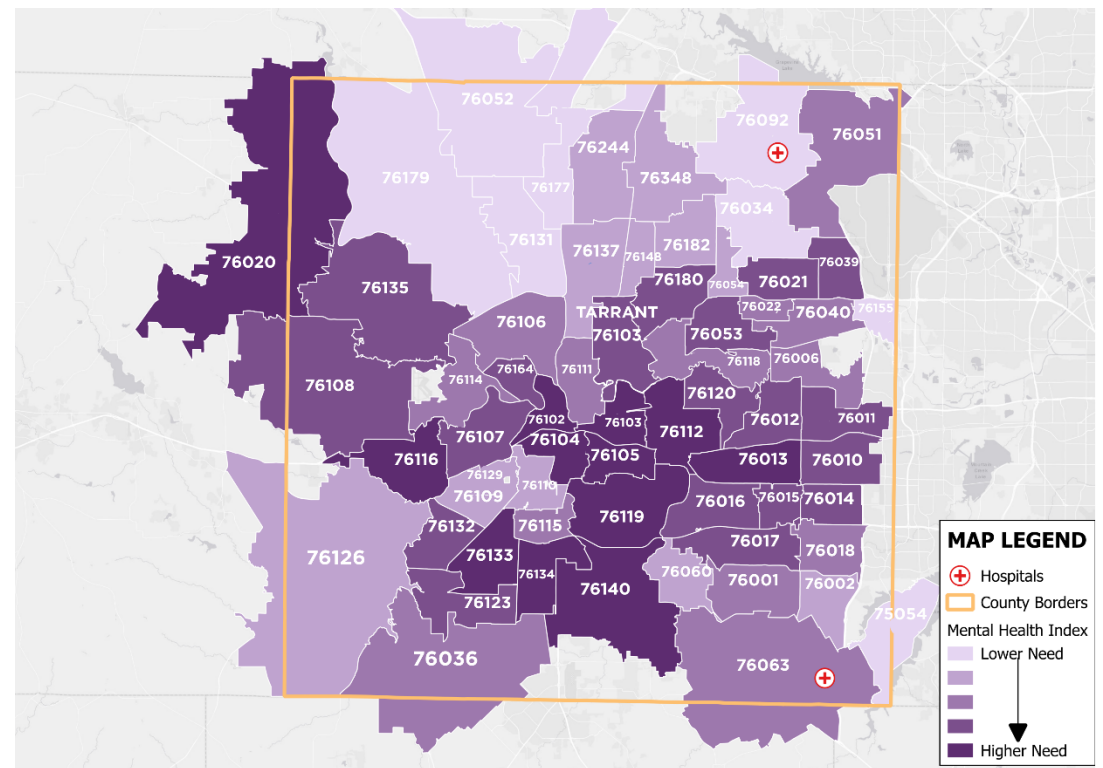
Conduent’s Mental Health Index measures social, economic, and health factors that are linked to people reporting poor mental health. ZIP codes are ranked based on their index value to show areas with the worst mental health outcomes. The map in Figure 11 shows that ZIP code 76112 has the poorest mental health outcome in Tarrant County, with an index value of 87.8, 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)
76112	87.8
76105	87.4
76119	85.5

FIGURE 11. TARRANT COUNTY MENTAL HEALTH INDEX

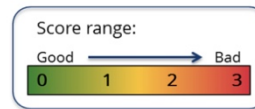


Secondary Data Findings

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 Mansfield Medical Center and Methodist Southlake Medical Center 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 **1.40** or higher.

FIGURE 12. TARRANT COUNTY SECONDARY DATA FINDINGS

Health and Quality of Life Topics	Score
Children’s Health	2.02
Sexually Transmitted Infections	1.84
Mental Health & Mental Disorders	1.68
Women’s Health	1.65
Immunizations & Infectious Diseases	1.64
Other Conditions	1.59
Health Care Access & Quality	1.54
Older Adults	1.53
Cancer	1.50
Physical Activity	1.48
Respiratory Diseases	1.47
Oral Health	1.40
Environmental Health	1.40
Education	1.38
Maternal, Fetal & Infant Health	1.32
Economy	1.28
Community	1.24
Wellness & Lifestyle	1.23
Mortality Data	1.19
Heart Disease & Stroke	1.15
Alcohol & Drug Use	1.05

Data Scoring Results

Figure 12 shows the results for Tarrant County’s health and quality of life topics. Topics with a score of **1.40** or higher were flagged as significant health needs. In total, 13 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 four topics including:

FIGURE 13. COMMUNITY INPUT FINDINGS

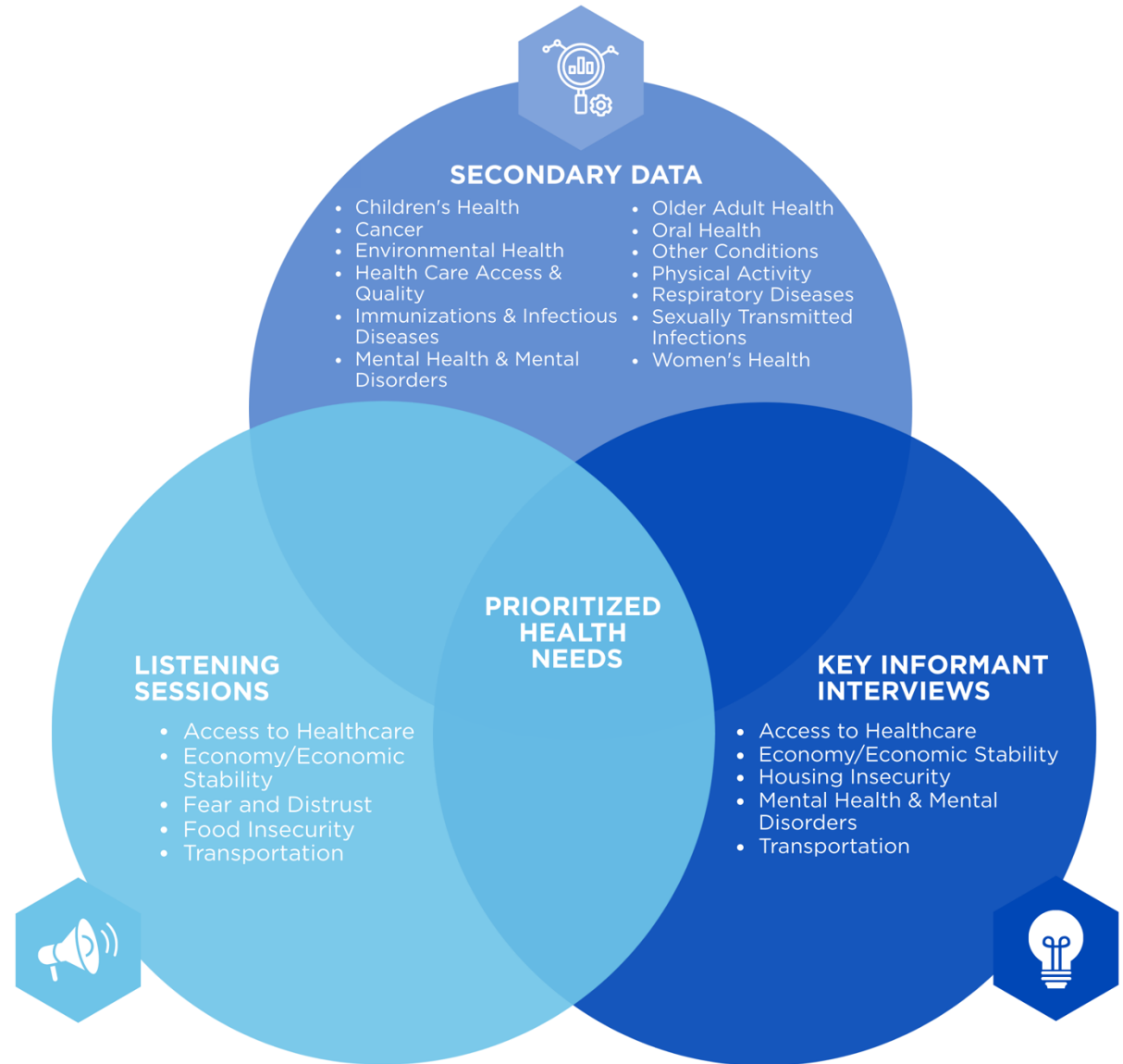


Data Synthesis and Significant Needs

The Data Synthesis section of the Community Health 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 1.40 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.

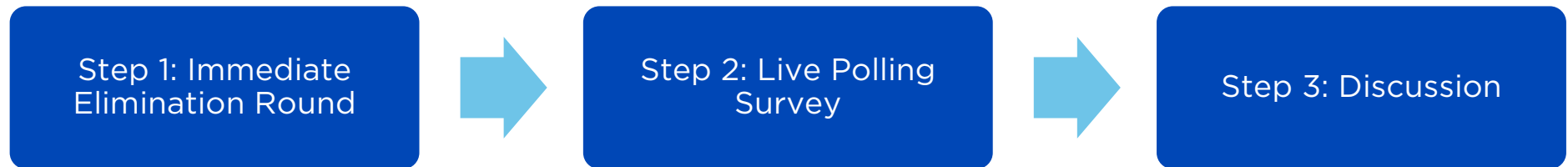
FIGURE 14. DATA SYNTHESIS & SIGNIFICANT NEEDS



Prioritization

To better target activities to address the most pressing health needs in the community, Methodist Mansfield Medical Center and Methodist Southlake Medical Center 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.

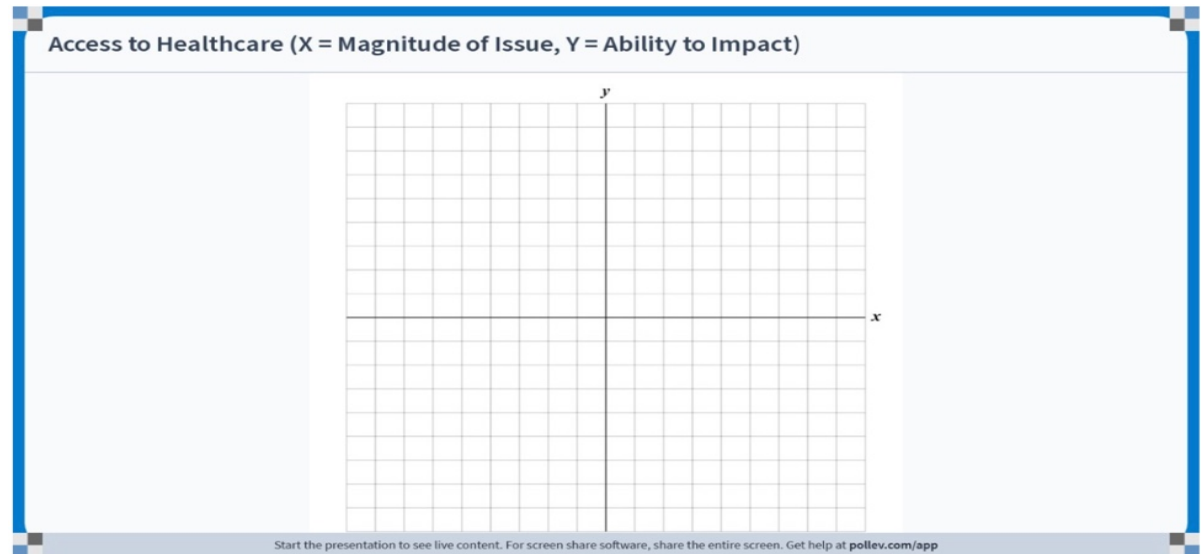
FIGURE 15. PRIORITIZATION PROCESS OVERVIEW



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 Mansfield Medical Center and Methodist Southlake Medical Center's service area:



**Access to
Healthcare**



**Mental Health & Mental
Disorders (including
Drug & Alcohol Misuse)**



**Cardio/Pulmonary/
Vascular Care**



**Older Adult Health
(including Other
Conditions)**



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.⁸ Access to healthcare is a critical component to the health and well-being of community members in Tarrant 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

Secondary Data

Health Care Access & Quality ranked as the 7th highest scoring health topic in Tarrant County in the secondary data scoring results. The follow page shows warning indicators within Tarrant County including comparisons to Texas and the U.S. Some of the most concerning indicators regard routine care, with only 71.9% of adults having visited a doctor for a routine checkup. Moreover, the primary care provider rate is lower in Tarrant County (58.3 providers / 100,000 population) as compared to Texas (60.3 providers / 100,000 population) or the U.S. (74.9 providers / 100,000 population).

Secondary data also indicate that Tarrant County residents may be less likely to engage in certain forms of preventative care contributing to burdens on hospital systems. Medicare recipients of Tarrant County have a higher rate of preventable hospital stays than the statewide or nationwide rates (3,477 discharges / 100,000 Medicare enrollees vs. 2,980 and 2,677, respectively).

⁸ Centers for Disease Control and Prevention (March 27, 2023). CDC - Health Care Access and Quality. Retrieved from <https://www.cdc.gov/preyourhealth/discussionguides/healthcare.htm>

ACCESS TO HEALTHCARE

3,477

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



58.3

Tarrant 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



71.9%

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

19.4%

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



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

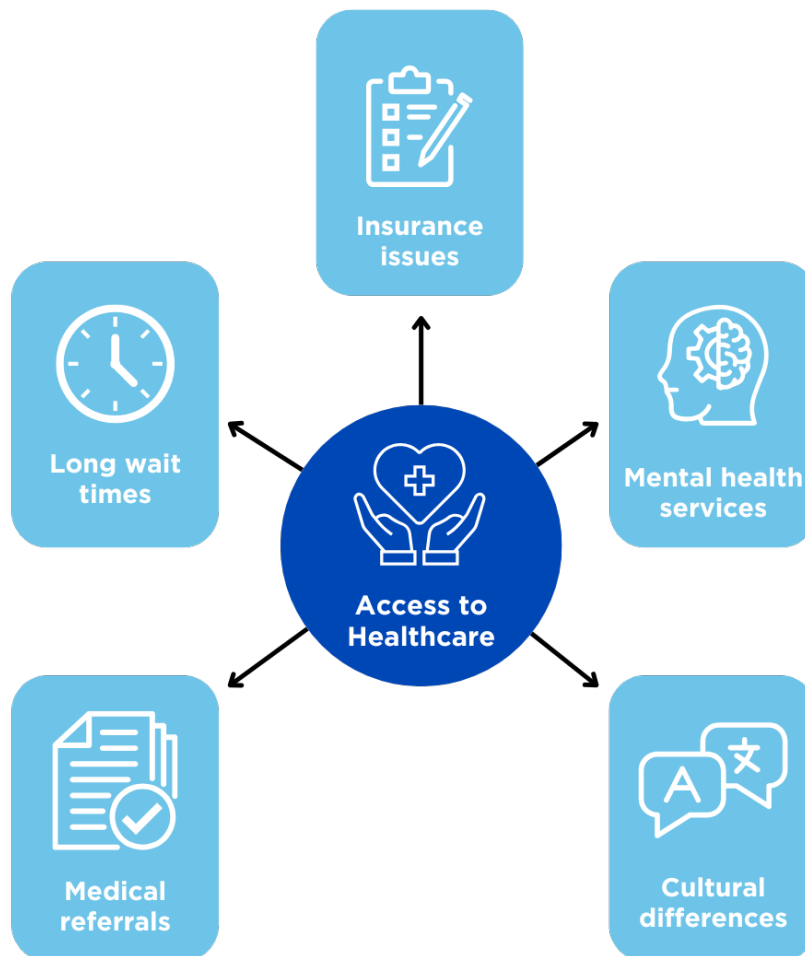
1 - Centers for Medicare & Medicaid Services, 2022

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. This includes insurance issues such as lack of health insurance coverage. People without insurance that do not qualify for low-cost care fall into a “coverage gap” and were cited as a disproportionately affected population. A barrier frequently cited is long wait times for medical appointments and difficulties obtaining referrals for specialty care. Moreover, language barriers in both the Hispanic and Vietnamese community exist as many providers do not speak Spanish/Vietnamese. Cultural barriers in these two communities were also discussed in regard to providers not reflecting the community and therefore are unaware of cultural differences. Finally, a lack of mental health facilities in Tarrant County and providers accepting new patients was also highlighted as a community concern.



“

I come across this more with younger people who are healthy and haven't had health demands where you feel like it's worth it to spend the money you may get if you're working an hourly job or whatever it may be to get health insurance. There's still a need to educate people on why you need it even when you're not sick yet.

- Community member -

”



Mental Health & Mental Disorders (including Drug & Alcohol Misuse)

Overview

Mental Health & Mental Disorders are among the most pervasive health issues in Tarrant County. It is important to recognize the intersection between mental health, substance use disorder, 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 Tarrant County in the secondary data scoring results, while Alcohol & Drug Use ranked as the 21st highest scoring health topic. The follow page shows warning indicators within Tarrant County including comparisons to the U.S. The percentage of adults ever diagnosed with depression in Tarrant County (21.7%) is slightly higher than the nationwide percentage (19.5%). Moreover, 17.3% of adults in Tarrant County drink excessively and 22.6% of driving deaths involve alcohol. Finally, there are 6.7 liquor stores per 100,000 population in Tarrant County. High alcohol outlet density has been shown to be related to increased rates of drinking and driving and motor vehicle-related pedestrian injuries.¹⁰

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

¹⁰ Centers for Disease Control and Prevention. (2022, June 6). Excessive Alcohol Use. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm>

MENTAL HEALTH & MENTAL DISORDERS (INCLUDING DRUG & ALCOHOL MISUSE)

21.7%

Tarrant County:
Percentage of adults
ever diagnosed with
depression *1



19.5%

United States:
Percentage of adults
ever diagnosed with
depression *1

17.3%

Percentage of adults who
drink excessively *2



22.6%

Percentage of motor vehicle
crash deaths with alcohol
involvement *3

5.0

Average number of days that adults
reported their mental health was not
good in the past 30 days *2



13.9

Death rate due to
drug poisoning per
100,000 population *4



6.7

Liquor stores per
100,000 population *5



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

1 - CDC - PLACES, 2021

2 - County Health Rankings, 2021

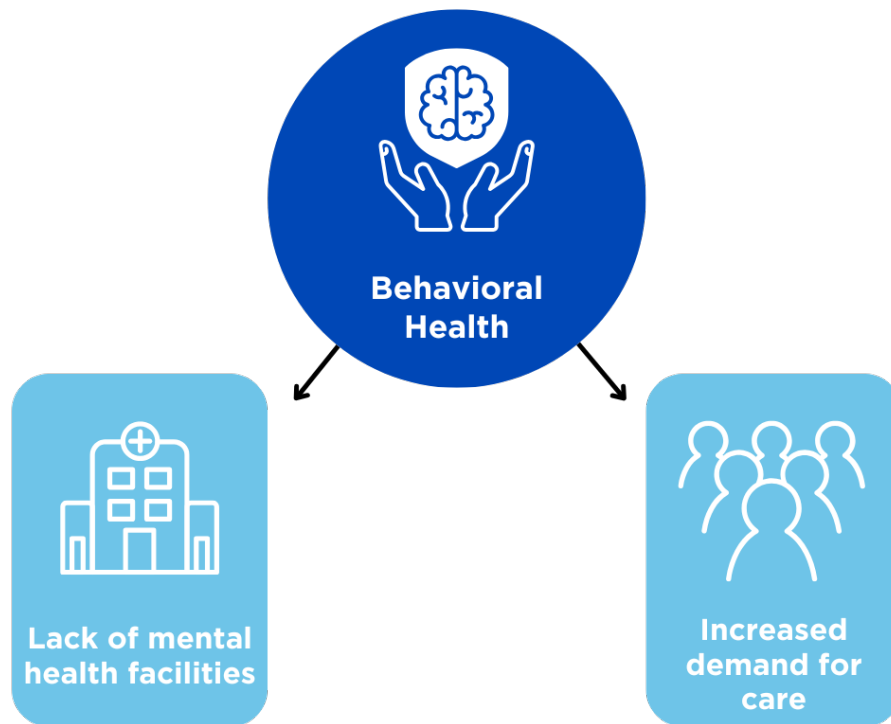
3 - County Health Rankings, 2017-2021

4 - County Health Rankings, 2019-2021

5 - U.S. Census - County Business Patterns, 2022

Community Input

While Mental Health was a top concern in key informant interviews, Drug and Alcohol Misuse was not discussed. Mental health concerns were largely related to the increase in mental health needs and subsequent increase in demand for care. This, coupled with the lack of mental health facilities in certain areas poses a problem for those seeking both preventative care and emergency care during a behavioral health crisis. Moreover, it was noted that the lack of behavioral health facilities/resources leads to increased mental health issues that go undiagnosed and untreated.



“

The navigation process must be simpler with more closed loop referral processes to make sure that the person receives the mental health care they need. We as healthcare providers and social service groups have to make sure that the person actually got the services they're supposed to get.

- Community member -

”



Cardio/Pulmonary/Vascular Care

Overview

Like Access to Healthcare, Cardio, Pulmonary, and Vascular issues 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 cardio, pulmonary, and vascular issues 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

Cardio, Pulmonary and Vascular care is a health topic that includes hypertension & heart disease/stroke and respiratory diseases. Respiratory Diseases ranked as the 11th highest scoring health topic in Tarrant County in the secondary data scoring results, while Heart Disease & Stroke ranked as the 20th highest scoring health topic. The following page describes warning indicators within Tarrant County including comparisons to Texas and the U.S. Notably, the age-adjusted death rate due to lung cancer in Tarrant County (34.8 deaths / 100,000 population) is higher than the statewide rate (31.3 deaths / 100,000 population), but slightly lower than the nationwide rate (35.0 deaths / 100,000 population). Nearly 10.0% of adults have been told by a healthcare provider that they have asthma in Tarrant County. In regard to heart-related issues, 67.0% of all Tarrant County Medicare recipients have been treated for hyperlipidemia, 66.0% have been treated for hypertension, and 12.0% have been treated for heart failure. Moreover, almost 76.0% of adults ages 18 and older with high blood pressure in Tarrant County report taking medications for high blood pressure.

CARDIO/PULMONARY/VASCULAR CARE

67.0%

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



66.0%

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



12.0%

Percentage of Medicare beneficiaries treated for heart failure ^{*1}

75.8%

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



34.8

Tarrant County:
Age-adjusted death rate due to lung cancer per 100,000 population ^{*3}



31.3

Texas:
Age-adjusted death rate due to lung cancer per 100,000 population ^{*3}

35.0

United States:
Age-adjusted death rate due to lung cancer per 100,000 population ^{*3}



9.7%

Percentage of adults who have been told by a health care provider that they currently have asthma ^{*2}



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

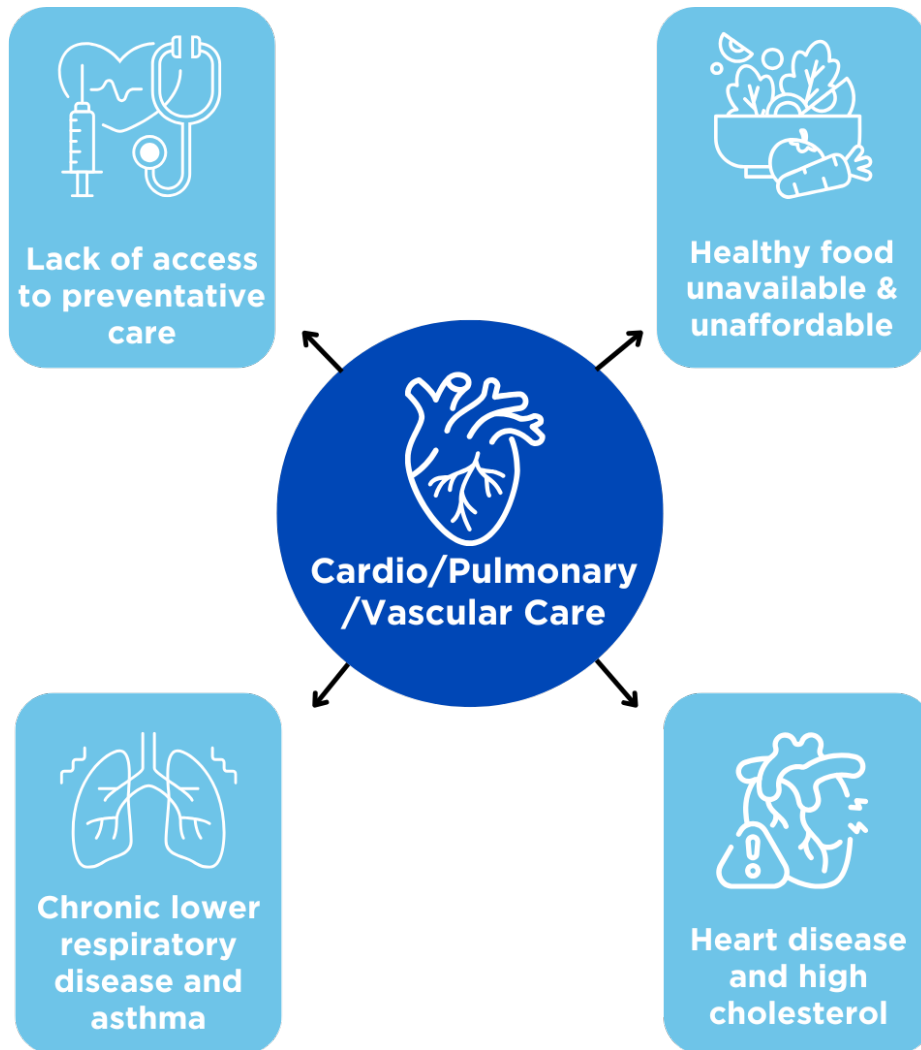
1 - Centers for Medicare & Medicaid Services, 2022

2 - CDC - PLACES, 2021

3 - National Cancer Institute, 2016-2020

Community Input

While Cardio, Pulmonary and Vascular care were not top concerns in key informant interviews and listening sessions, heart disease and high cholesterol were frequently cited as health issues in Tarrant County. Root causes of all these health issues mentioned include the lack of access to preventative care and healthy food availability and affordability issues. Moreover, chronic lower respiratory disease and asthma related issues were also discussed as leading causes of death in Tarrant County.



“

We have a lot of organizations that we would love to work with on the implementation of our different programs, whether it be hypertension related or some of our nutrition security work. But, in order for us to do that, we need to have a funding organization that can help at least support the work. Maybe not support it fully but help support us at least part of the way. It's been a challenge at times, especially for large scale implementations.

- Community member -

”



Older Adult Health (including Other Conditions)

Overview

Older Adult Health is another top health concern in Tarrant 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. 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 Tarrant County. Across the community, these health topics remain a top issue that largely affects older adults, specifically, Medicare beneficiaries.

Secondary Data

Older Adult Health ranked as the 8th highest scoring health topic in Tarrant County, while Other Conditions ranked as the 6th highest scoring health topic in secondary data. The follow page shows warning indicators within Tarrant County. In Tarrant County, 19.0% of Medicare beneficiaries were treated for depression, while 8.0% of Medicare beneficiaries were treated for Alzheimer's disease or dementia. Moreover, 21.0% of Medicare beneficiaries were treated for chronic kidney disease, 36.0% for rheumatoid arthritis or osteoarthritis, and 11.0% treated for osteoporosis. Some of the most concerning warning indicators for Tarrant County include the age-adjusted death rate (15.9 deaths / 100,000 population) due to nephritis, nephrotic syndrome, and nephrosis (kidney disease), and the prostate cancer incidence rate (103.6 cases / 100,000 males).

OLDER ADULT HEALTH (INCLUDING OTHER CONDITIONS)

19.0%

Percentage of Medicare beneficiaries treated for depression*¹



8.0%

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

21.0%

Percentage of Medicare beneficiaries treated for chronic kidney disease*¹

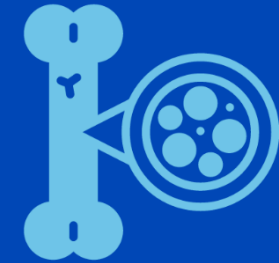


15.9

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

36.0%

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



11.0%

Percentage of Medicare beneficiaries treated for osteoporosis*¹

103.6

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 Tarrant County unless otherwise noted.

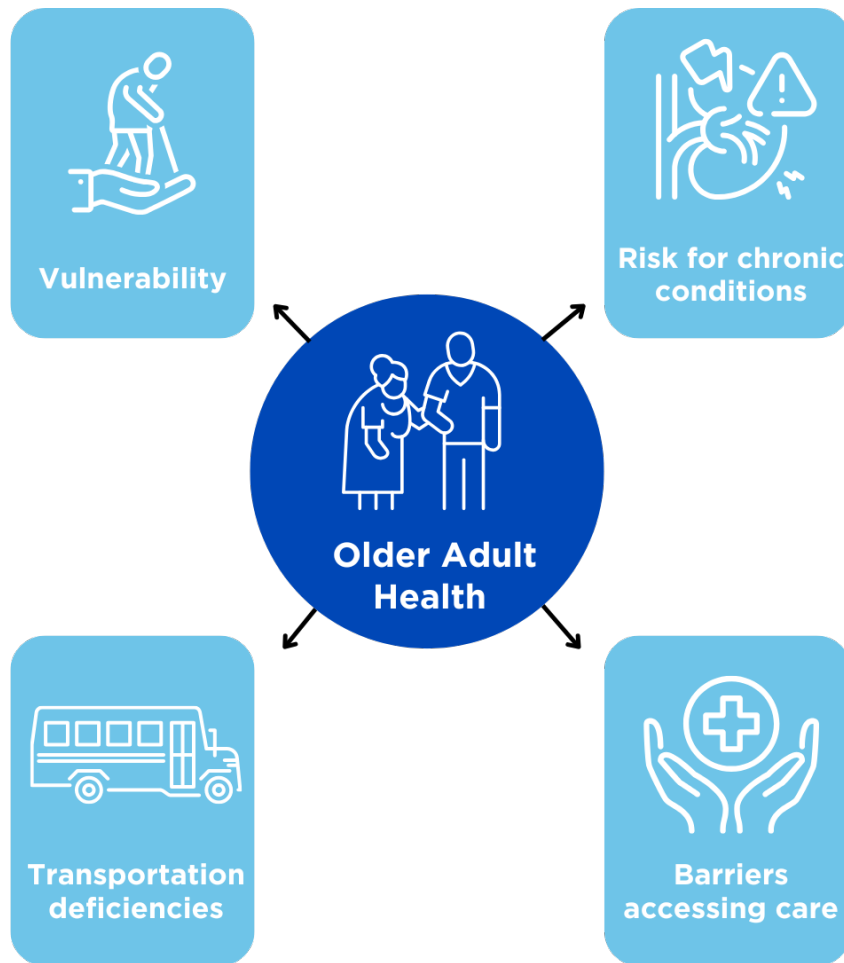
1 - Centers for Medicare & Medicaid Services, 2022

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

3 - National Cancer Institute, 2016-2020

Community Input

While Older Adult Health and Other Conditions was not a top concern in key informant interviews and listening sessions, they were cited as a disproportionately affected population given their vulnerability and higher risk for chronic health conditions. Concerns largely centered around seniors not being able to get to their dialysis appointments because they lack adequate transportation.



“

I think that there's more in this area for pediatrics and less for the elderly, in terms of services available.

- Community member -

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Women's Health

Overview

Women's Health is an additional health concern in Tarrant 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 4th highest scoring health topic in Tarrant County in the secondary data scoring results. The following page shows warning indicators within Tarrant County including comparisons to Texas and the U.S. Some of the most concerning warning indicators for Tarrant County include breast cancer (127.3 cases / 100,000 females) and cervical cancer (9.1 cases / 100,000 females) incidence rates. The breast cancer incidence rate in Tarrant County is higher than the statewide rate (116.3 cases / 100,000 females). Secondary data shows that Tarrant County women are highly engaged in preventative healthcare such as mammograms and cervical cancer screening tests as 72.7% of women aged 50-74 have had a mammogram in the past two years, and 77.0% of women aged 21-65 have had a cervical cancer screening test.

WOMEN'S HEALTH

127.3

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



116.3

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

21.0

Age-adjusted death rate
due to breast cancer per
100,000 females*¹



72.7%

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

9.1

Age-adjusted incidence rate
for cervical cancer per
100,000 females*¹



2.5

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

77.0%

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



82.8%

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

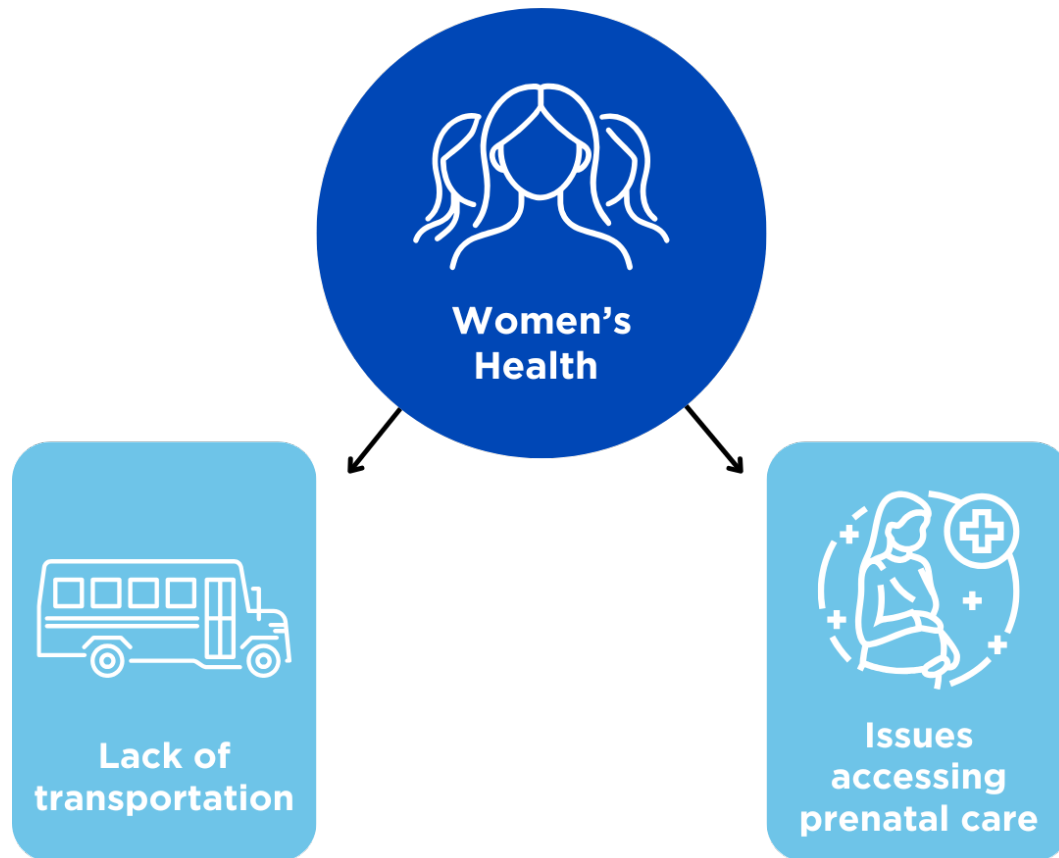
All data points shown are for Tarrant County unless otherwise noted.

1 - National Cancer Institute, 2016-2020

2 - CDC - PLACES, 2020

Community Input

While Women's Health was not a top concern, it was discussed in key informant interviews. Discussions were focused on the lack of attention given to transportation issues as it relates to accessing prenatal care. Specifically, pregnant teens unable to obtain prenatal care because of lack of transportation. Key informants noted the successful programming hospital systems have implemented for new moms in the evening. These classes provide education and guidance on breastfeeding and support systems during this critical time.



“

I saw a bunch of new moms getting classes in the evening on breastfeeding and all that. That was an awesome thing.

- Community member -

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Next Steps

The 2026-2028 Methodist Mansfield Medical Center and Methodist Southlake Medical Center Community Health Needs Assessment utilized both a comprehensive set of secondary data indicators to measure the health and quality of life needs for Tarrant County, and community input from knowledgeable and diverse individuals representing the broad interests of the community. Methodist Mansfield Medical Center and Methodist Southlake Medical Center 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 Mansfield Medical Center and Methodist Southlake Medical Center 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.