



METROCREST HOSPITAL AUTHORITY

Executive Summary

Community Health Needs Assessment 2021

Letter to the Community

Since its creation in 1975, Metrocrest Hospital Authority (MHA) has strived to create a first-rate healthcare environment for both providers and users in its service area. Almost 50 years later, MHA continues to be a catalyst for access to quality healthcare through partnerships that improve the health of the community. MHA believes that health encompasses physical, mental, and social well-being and not merely the absence of disease or illness. By responsibly managing resources, MHA is able to collaborate with and support organizations that provide access to healthcare, prevention, early detection, education, and treatment programs with evidence-based models and measurable results.

The 2021 [Community Health Needs Assessment \(CHNA\)](#) was commissioned to assure that MHA identifies the most pressing health care needs in the dynamic and fast-changing communities it serves. MHA's CHNA data and information was compiled using a systematic process and involving the community at each step along the way helping to detect and analyze community health needs.

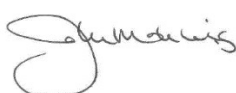
We hope the information that follows will guide you in prioritizing how you can act to close gaps on the unmet health needs in our community. We aim to create an environment where the highest quality health care is available at every stage of life and we welcome your partnership!



Craig Greenway
MHA Board Chair, 2021



John Mahalik
MHA CEO



Executive Summary

A Growing Population

The Metrocrest area has had rapid growth in the past decade, with zip codes in Carrollton, Farmers Branch, and Addison showing 20%- 40% population increases since 2010. This increase is driven primarily by economic development and northern migration from the Dallas metropolitan area.

A Diverse Community

The population growth continues to foster a richness in the diversity of the Metrocrest community, which has historically had wide racial, ethnic, and cultural diversity.



In parts of Carrollton and Farmers Branch, roughly half of the population identifies as Hispanic.



In Coppell and portions of Carrollton, individuals of Asian descent represent roughly 1 in 4 people.



In North Carrollton zip codes, approximately 1 in 5 Asian residents is of Korean descent. Other Asian residents are largely of South Asian descent, originating from countries such as India, Pakistan, Bangladesh, Nepal, and Sri Lanka.



In Addison and portions of Carrollton, Black/African American residents represent more than 1 in 10 people.

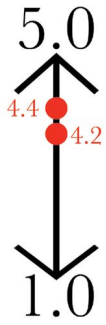


Asian and Hispanic individuals make up more than 85% of foreign-born residents.

The Impact of Social Determinants of Health

A richly diverse community requires culturally and linguistically appropriate services and a commitment to equitable environments and policies for all people. Within the MHA service area, stark differences in economic factors among residents contribute to widespread health disparities that follow both geographic, racial, and ethnic lines based on an analysis of the Community Need Index (CNI).

The CNI scores zip codes on a scale of 1.0 to 5.0, with 1.0 indicating low need and 5.0 indicating high need based on socioeconomic barriers.

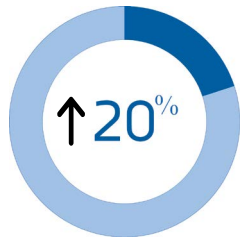


While most zip codes served by MHA score in low-to mid-need categories, zip codes 75006 in Carrollton and 75234 in Farmers Branch score in the highest need category at 4.4 and 4.2, respectively.

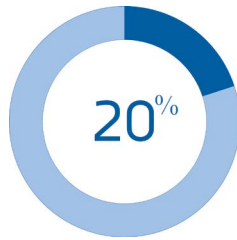
Areas of high vulnerability are located along the border of Carrollton and Farmers Branch, including the southcentral portion of zip code 75006 and the northcentral portion of zip code 75234.

Disproportionately Impacted Populations

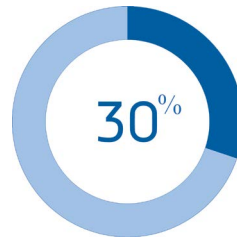
Health and social disparities within zip codes 75006 in Carrollton and 75234 in Farmers Branch disproportionately impact Hispanic residents who comprise roughly half of the total population. Within zip codes 75006 in Carrollton and 75234 in Farmers Branch:



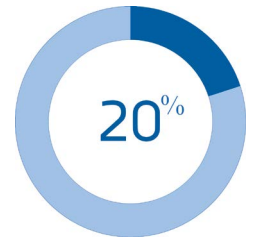
More than 20% of adults have not completed high school



As many as 1 in 5 children live in poverty



Approximately 30% of homeowners are housing cost-burdened



Approximately 20% of residents are uninsured

As a result of these disparities MHA service area residents, when compared to others, are:



Less likely to receive preventative care services



Report poorer mental health



Have a higher prevalence of chronic diseases, including heart disease, diabetes, asthma, and COPD

These challenging social factors result in Carrollton zip code 75006 having the lowest life expectancy among the MHA service area zip codes at nearly five years less than Addison, which has the highest life expectancy. In Dallas County, the difference in life expectancy between Blacks/African-Americans and Whites is four years.

COVID-19

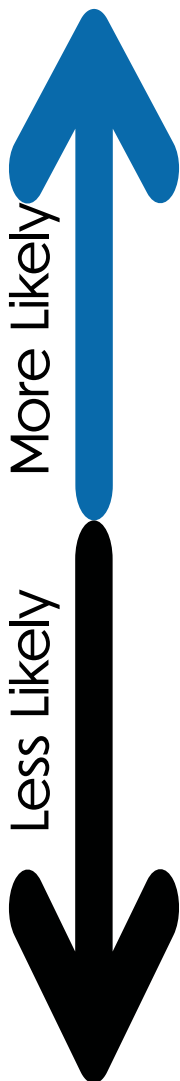
It should be noted that socioeconomic data within this report may not reflect the impact of the COVID-19 pandemic. Interviews with those that are providing safety net services during the pandemic reported a four-fold increase in the need for services.

Resulting Health Disparities

Interviews with community representatives of schools, health and human service agencies, hospitals, and faith-based organizations repeatedly noted an increase in behavioral health needs among youth and adults.

- Community representatives consistently confirmed that the need for behavioral health services far exceeds community resources.
- Mental health care provider availability is particularly low across Texas and in Dallas and Denton counties.
- All of Denton County and most of Dallas County has a shortage of mental health professionals.

Maternal and infant health is also an area of opportunity for improving long-standing inequities. Consistent with overall population findings, births in the MHA service area are to mothers of diverse racial and ethnic backgrounds and reflect wide disparities in health outcomes.

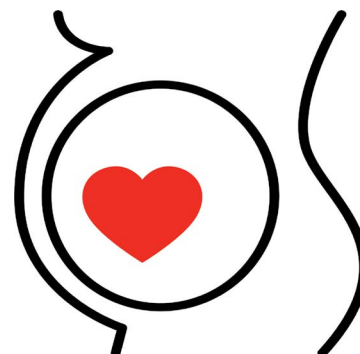


- Black/African American and Latina mothers are more likely to have premature and/or low birth weight babies than White mothers.
- Black/African American women are more likely to experience negative birth outcomes than White and Latina women, which is further demonstrated in higher infant and maternal death rates.
- Statewide and nationally, the 2017 infant death rate for non-Hispanic Black/African American women was more than twice as high as that for infants of non-Hispanic White and Hispanic/Latina women.
- There are few resources for low-income or uninsured pregnant people within the MHA service area, so most must travel out of the area to deliver their babies and to receive prenatal and postpartum care.

Limited Access to Health Care

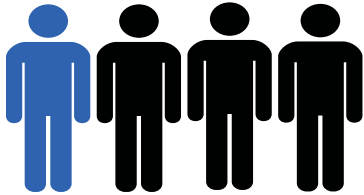
Access to health care is a significant need in the MHA service area. People living in the MHA service area are less likely to have health insurance coverage than their Texas peers. This trend holds true, regardless of age, for nearly all zip codes.

- Texas adults, including those residing in the MHA service area, are less likely to receive preventative care services, including annual physical and dental checkups.
- Specialty care, particularly behavioral health care and obstetrics for lower-income people, are particularly limited.



Priority Populations

Households that are designated as Asset Limited Income Constrained Employed (ALICE) represent working households that are one-missed paycheck away from economic distress. Incomes are above the federal poverty level, but below the threshold necessary to meet all basic needs according to the cost of living in specific communities.



- As of 2018 (prior to COVID-19), approximately one in four households were working but did not earn enough to meet all of their basic needs. Households located in all Carrollton zip codes are particularly affected.
- Carrollton zip code 75006 and Farmers Branch zip code 75234 have the largest proportion of youth under age 18 in the service area; youth account for approximately 1 in 4 residents in both zip codes. This finding is notable given the high prevalence of socioeconomic disparity and behavioral health needs in these areas that can negatively impact youth development and long-term health outcomes.

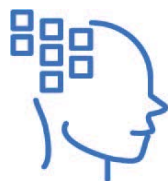
- Within the Carrollton-Farmers Branch Independent School District, students represent diverse racial, ethnic, and economic backgrounds. Wide health disparities exist among students, with half or more students reporting a high-risk BMI.
- Other notable youth health risk factors include the use of electronic vapor products, which increased during COVID.

Aging Population

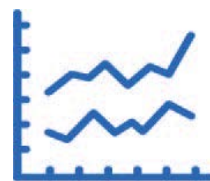
Except in zip codes Addison 75001 and Carrollton 75006, older adults ages 45 to 64 account for approximately 1 in 4 residents, a higher proportion than the surrounding counties or state. This older adult cohort will age into the senior demographic during the next 20 years, likely driving local demand for senior health and support services. This finding suggests that in the coming years, as demand for senior services grows, without an influx of new younger adults, the proportion of working-age adults will decrease.



Approximately 20% of seniors in Dallas County and Texas have six or more chronic conditions



Alzheimer's disease decreases quality of life



In the MHA service area, between 12-15% of seniors with Medicare have been diagnosed with Alzheimer's



More seniors in Denton and Dallas County die from Alzheimer's than the state and nation, and the numbers are rising



Alzheimer's has no cure, and requires intensive medical and social supports for care

This finding is important to note because health care utilization and costs increase significantly with a higher number of reported chronic diseases, due in part to increased emergency department visits and readmissions. It is important to consider the impact of the age of the population and the social and medical needs necessary to provide a high quality of life as we invest in programming and infrastructure for the MHA Service area communities.

Recommendations

Metrocrest Hospital Authority's current investments in community health have been rooted in supporting services that reach underserved and disenfranchised community members. The CHNA also identified additional opportunities for community investment.

1. Respond to socioeconomic needs increased through COVID

- Continue to fund safety net services and assess trends in needed services.
- Increase awareness of safety net services for ALICE families, Asian communities.
- Explore opportunities to increase availability of affordable housing.
- Increase services for homelessness, including among K-12 students.
- Advocate for living wage commensurate with cost of living.

2. Increase access to health care

- Increase community capacity for health care for uninsured, underinsured, and undocumented citizens, including children.
- Increase availability of behavioral health care services.
- Reduce disparities in chronic disease death rates for Black/African American and Hispanic residents through early screening and primary care.
- Increase access to obstetrics, prenatal, and postpartum care, especially for low income and uninsured residents.
- Increase availability of dental and vision care, particularly among low income and uninsured.

3. Increase community competence for behavioral health

- Collect partner data to demonstrate increased behavioral health needs.
- Develop community-wide awareness campaign for behavioral health.
- Develop culturally competent resources for diverse populations.
- Raise awareness of trauma and Adverse Childhood Events, and its relationship to SDoH.
- Increase staff retention within existing programs to ensure continuity of services and relationship-building among clients/patients.

4. Increase percentage of mothers that receive prenatal care in the first trimester

- Increase local services for obstetrics, prenatal, and postpartum care.
- Reduce disparities in birth outcomes for Black/African American and Hispanic residents.

5. Educate policy makers on the impact of social determinants of health

- Share CHNA findings with elected officials including city councils and policy-makers.
- Demonstrate the economic impact of COVID-19, particularly on ALICE households.
- Advocate for a living wage that reflects the cost of living.
- Advocate for expansion to social services including Medicaid, SNAP, and WIC.