Community Health Needs Assessment 2016

North Texas Zone 1

Baylor Institute for Rehabilitation
Baylor Institute for Rehabilitation at Northwest Dallas
Baylor Jack and Jane Hamilton Heart and Vascular Hospital
Baylor Medical Center at Uptown
Baylor University Medical Center
North Central Surgical Center
Baylor Institute for Rehabilitation at Frisco
Baylor Scott & White Medical Center – Carrollton
Baylor Scott & White Medical Center – Frisco
Baylor Scott & White Medical Center – Garland
Baylor Scott & White Medical Center – McKinney
Baylor Scott & White Medical Center – Plano
The Heart Hospital Baylor Denton
The Heart Hospital Baylor Plano
Baylor Scott & White Medical Center – Irving
Baylor Surgical Hospital at Las Colinas
Baylor Scott & White Medical Center – White Rock
Baylor Scott & White Medical Center – Centennial

The prioritized list of significant health needs has been presented and approved by the hospital facilities' governing body, and the full assessment must be made available to the public at no cost for download on our website at BaylorScottandWhite.com/CommunityNeeds or upon request. Retain this document through the fiscal year ending June 30, 2020.

Approved by: Baylor Scott & White Health – North Texas Operations Board on May 31, 2016

Posted to BaylorScottandWhite.com/CommunityNeeds on June 30, 2016

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Baylor Scott & White Health Mission Statement

OUR MISSION

Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary care, education, and research as a Christian ministry of healing.

"Personalized health" refers to our commitment to develop innovative therapies and procedures focusing on predictive, preventive, and personalized care. For example, we use data from our electronic health record to help us predict the possibility of disease in a person or a population. And with that knowledge, we can put measures in place to either prevent the disease altogether or significantly decrease its impact on the patient or the population. We tailor our care to meet the individual medical, spiritual, and emotional needs of our patients.

"Wellness" refers to our ongoing effort to educate the people we serve, helping them get healthy and stay healthy.

"Christian ministry" reflects the heritage of Baylor Health Care's founders and Drs. Scott and White, who showed their dedication to the spirit of servanthood — to equally serve people of all faiths and those of none.

WHO WE ARE

The largest not-for-profit health care system in Texas, and one of the largest in the United States, Baylor Scott & White Health (BSWH) was born from the 2013 combination of Baylor Health Care System and Scott & White Healthcare.

After years of thoughtful deliberation, the leaders of Baylor Health Care System and Scott & White Healthcare decided to combine the strengths of the two health systems and create a new model to meet the demands of health care reform, the changing needs of patients and extraordinary recent advances in clinical care.

Known for exceptional patient care for more than a century, the two organizations served adjacent regions of Texas and operated on a foundation of complementary values and similar missions. Baylor Scott & White Health includes 41 licensed hospitals, more than 900+ patient care sites, more than 6,600 active physicians, 43,750+ employees and the Scott & White Health Plan.

BSWH is a member of the High Value Healthcare Collaborative, the Texas Care Alliance and Healthcare Coalition of Texas and is one of the best known, top-quality health care systems in the country, not to mention in Texas.

With a commitment to and a track record of innovation, collaboration, integrity, and compassion for the patient, BSWH stands to be one of the nation's exemplary health care organizations.

OUR CORE VALUES & QUALITY PRINCIPLES

Our values define our culture and should guide every conversation, decision, and interaction we have with each other and with our patients and their loved ones:

- *Integrity*: Living up to high ethical standards and showing respect for others
- *Servanthood*: Serving with an attitude of unselfish concern
- *Teamwork:* Valuing each other while encouraging individual contribution and accountability
- *Excellence*: Delivering high quality while striving for continuous improvement
- *Innovation*: Discovering new concepts and opportunities to advance our mission
- *Stewardship*: Managing resources entrusted to us in a responsible manner

Executive Summary

As the largest not-for-profit health care system in Texas, BSWH understands the importance of serving the health needs of its communities. And in order to do that successfully, we must first take a comprehensive look at the issues our patients, their families, and neighbors face when it comes to making healthy life choices and health care decisions.

Beginning in the summer of 2015, a BSWH task force led by the community benefit, tax compliance, and corporate marketing departments began the process of assessing the current health needs of the communities we serve for all BSWH hospitals. Truven Health Analytics was engaged to help collect and analyze the data for this process and to compile a final report made publicly available in June of 2016.

BSWH owns and operates multiple individual licensed hospital facilities serving the residents of North and Central Texas. Certain of these hospital facilities have overlapping communities and have collaborated to conduct a joint community health needs assessment. This joint community health needs assessment applies to the following BSWH hospital facilities:

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These facilities have defined their community to be the geographical area of Collin, Dallas and Denton counties. The community served was determined based on the county that makes up at least 75 percent of the hospital facilities' inpatient and outpatient admissions over a period of the past 12 months. Once the counties were identified, those facilities with overlapping counties of patient origin collaborated to provide a joint CHNA report in accordance with the Treasury regulations. All of the collaborating hospital facilities included in a joint CHNA report define their community to be the same for purposes of the CHNA report.

With the aid of Truven Health Analytics, we examined nearly 70 public health indicators and conducted a benchmark analysis of this data comparing the community to overall state of Texas and U.S. values. For a qualitative analysis, and in order to get input directly from the community, we conducted focus groups that included representation of minority, underserved, and indigent populations' needs and interviewed several key informants in north Texas who were community leaders and public health experts.

Significant community health needs were identified through the weight of quantitative and qualitative data obtained when assessing the community. Needs which were supported by data showing the community to be worse than the state by a greater magnitude and also were a frequent theme during interviews and focus groups were determined to be significant.

These significant needs were prioritized based on input gathered from the focus groups and interviews. Participants of these focus groups and interviews were asked to rank the top three health needs of the community based on the importance they placed on addressing the need. Through this process, the health needs were prioritized based on the frequency they were listed as the top health care needs. The prioritization of the health needs of this community are below:

1. Access to care for middle to lower socioeconomic status
2. Mental / behavioral health
3. Preventable admissions: adult uncontrolled diabetes
4. Lack of dental providers
5. Teen births
6. Drug abuse

Also, as part of the assessment process, both internal resources and community resources and facilities were distinguished that may be available to address the significant needs in the community. They are identified in the body of this report and will be included in the formal implementation strategy to address needs identified in this assessment that will be approved and made publicly available by the 15th day of the 5th month following the end of the tax year.

An evaluation of the impact and effectiveness of interventions and activities outlined in the implementation strategy drafted after the 2013 assessment was also completed and is included in Appendix C of this document.

The prioritized list of significant health needs has been presented and approved by the hospital facilities' governing body, and the full assessment is available to the public at no cost for download on our website at BaylorScottandWhite.com/CommunityNeeds.

This assessment and corresponding implementation strategies are intended to meet the requirements for community benefit planning and reporting as set forth in state and federal laws, including but not limited to: Texas Health and Safety Code Chapter 311 and Internal Revenue Code Section 501(r).

Community Health Needs Assessment Requirement

As a result of the Patient Protection and Affordable Care Act (PPACA), all tax-exempt organizations operating hospital facilities are required to assess the health needs of their community through a Community Health Needs Assessment (CHNA) once every three years. A CHNA is a written document developed for a hospital facility that defines the community served by the hospital facility; the process used to conduct the assessment including how the hospital took into account input from community members including those from public health department(s) and members or representatives of medically underserved, low-income, and minority populations; identification of any organizations with whom the hospital has worked on the assessment; and the significant health needs identified through the assessment process.

The written CHNA report must include descriptions of the following:

- The community served and how the community was determined
- The process and methods used to conduct the assessment including sources and dates of the data and other information as well as the analytical methods applied to identify significant community health needs
- How the organization took into account input from persons representing the broad interests of the community served by the hospital, including a description of when and how the hospital consulted with these persons or the organizations they represent
- The prioritized community health needs identified through the CHNA as well as a description of the process and criteria used in prioritizing the identified significant needs
- The existing health care facilities and other resources within the community available to meet the significant community health needs
- An evaluation of the impact of any actions that were taken, since the hospital facility(s) most recent CHNA, to address the significant health needs identified in that last CHNA

PPACA also requires hospitals to adopt an Implementation Strategy to address prioritized community health needs identified through the assessment. An Implementation Strategy is a written plan that addresses each of the significant community health needs identified through the CHNA and is a separate but related document to the CHNA report.

The written Implementation Strategy must include the following:

- List of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified
- Actions the hospital intends to take to address the chosen health needs
- The anticipated impact of these actions and the plan to evaluate such impact (e.g. identify data sources that will be used to track the plan's impact)

- Identify programs and resources the hospital plans to commit to address the health needs
- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

A CHNA is considered conducted in the taxable year that the written report of its findings, as described above, is approved by the hospital's governing body and made widely available to the public. The Implementation Strategy is considered adopted on the date it is approved by the governing body. Organizations must approve and make public their Implementation Strategy by the 15th day of the 5th month following the end of the tax year in which the CHNA was performed. CHNA compliance is reported on IRS Form 990, Schedule H.

This assessment is also intended to meet the requirements for community benefit planning and reporting as set forth in the Texas Health and Safety Code Chapter 311 applicable to Texas nonprofit hospitals.

Baylor Scott & White Health: Community Health Needs Assessment Overview, Methodology and Approach

BSWH partnered with Truven Health Analytics (Truven Health) to complete a joint CHNA for the following hospital facilities.

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Consultant Qualifications & Collaboration

Truven Health and its legacy companies have been delivering analytic tools, benchmarks, and strategic consulting services to the healthcare industry for over 50 years. Truven Health combines rich data analytics in demographics (including the Community Needs Index, developed with Catholic Healthcare West, now Dignity Health), planning, and disease prevalence estimates with experienced strategic consultants to deliver comprehensive and actionable Community Health Needs Assessments.

Defining the Community Served

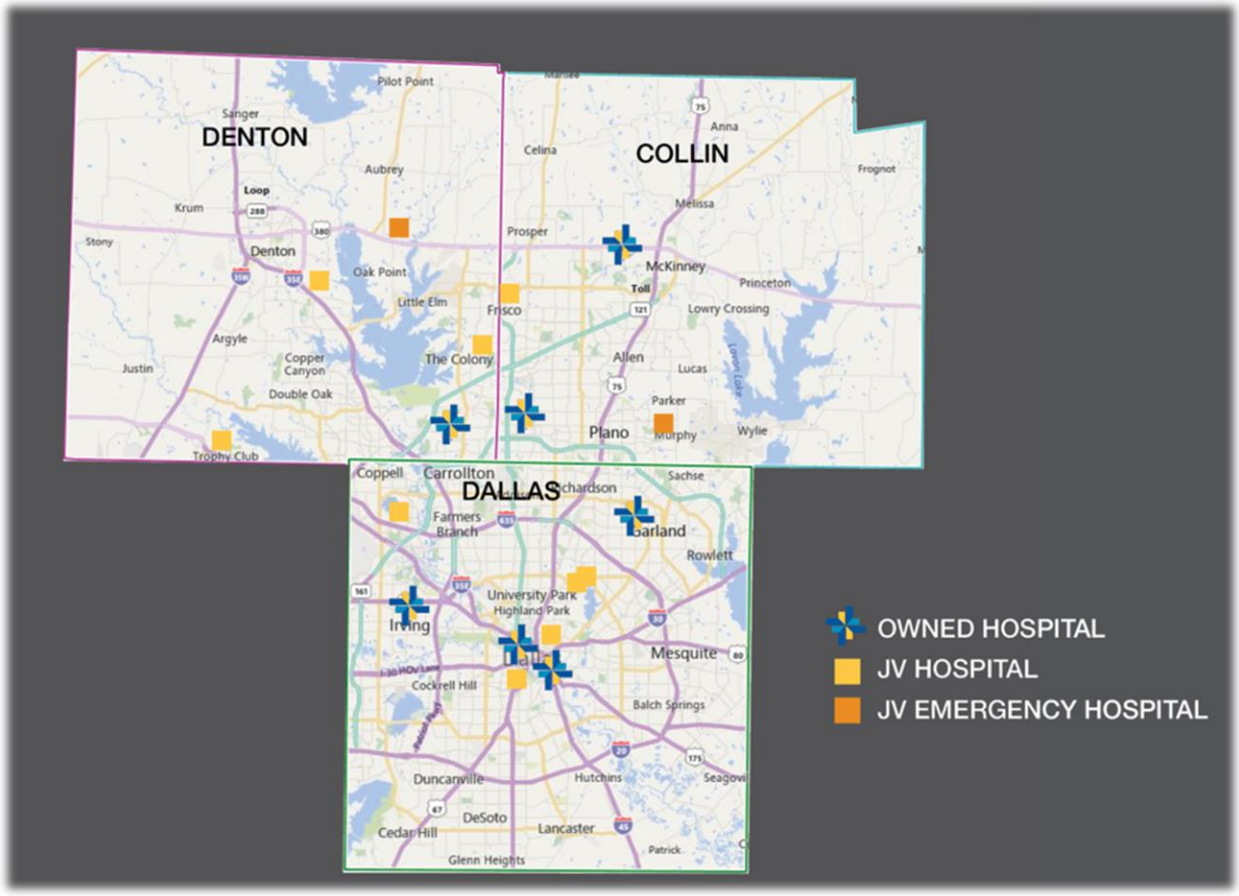
BSWH owns and operates multiple individual licensed hospital facilities serving the residents of North and Central Texas. Certain of these hospital facilities have overlapping communities and have collaborated to conduct a joint community health needs assessment. The community served definitions used in this current assessment differ from those used by the legacy Baylor Health Care System and the legacy Scott & White Healthcare in their previously conducted (2013) CHNAs. The current organization, BSWH, has chosen a common methodology and approach to define the communities served for each of its facilities.

For the current assessment, to define the community served by the BSWH hospital facilities listed above, BSWH identified the counties accounting for 75 percent of each facility's total volume (based on the most recent 12 months of inpatient and outpatient data). Once the counties were identified, those facilities with overlapping counties of patient origin collaborated to produce a joint CHNA report, in accordance with the Treasury regulations. All of the collaborating hospital facilities included in a joint CHNA report define their community for purposes of the CHNA report to be the same.

BSWH Community Health Needs Assessment Community Served Definition

For the 2016 assessment, the hospital facilities have defined their community to be the geographical area of Collin, Dallas and Denton counties. The community served was determined based on the counties that made up at least 75 percent of each hospital facility's inpatient and outpatient admissions.

BSWH Community Health Needs Assessment
Map of Community Served



Assessment of Health Needs – Methodology and Data Sources

To assess the health needs of the community served, a quantitative and qualitative approach was taken. In addition to collecting data from a number of public and Truven Health proprietary sources, interviews and focus groups were conducted with individuals representing public health, community leaders/groups, public organizations, and other providers.

Quantitative Assessment of Health Needs

Quantitative data in the form of public health indicators were collected and analyzed to assess community health needs. Eight categories of seventy-nine indicators were collected and evaluated for the counties where data were available. The categories and indicators are included in the table below and the sources of these indicators can be found in ***Appendix A***.

Population
- High School Graduation Rate
- High School Drop Outs
- Some College
- Births to Unmarried Women
- Children in Poverty
- Children in Single-Parent Households
- Income Inequality
- Poverty
- Disability
- Social Associations
- Children Eligible for Free Lunch
- Homicides
- Violent Crime

Injury & Death
- Heart Disease Death Rate
- Overall Cancer Death Rate
- Chronic Lower Respiratory Disease (CLRD) Death Rate
- Stroke Death Rate
- Infant Mortality
- Child Mortality
- Premature Death
- Motor Vehicle Crash Mortality Rate

Mental Health
- Mental Health Providers
- Poor Mental Health Days

Prevention
- Diabetic Screening
- Mammography Screening
- Flu Vaccine 65+

Health Outcomes
- Poor or Fair Health
- Average Number of Poor Physical Unhealthy Days in Past Month
- Cancer (all causes) Incidence
- Breast Cancer
- Colon Cancer
- Lung Cancer
- Prostate Cancer
- Diabetes
- Stroke
- Arthritis
- Alzheimer's/ Dementia
- Atrial Fibrillation
- Chronic Obstructive Pulmonary Disease (COPD)
- Kidney Disease
- Depression
- Heart Failure
- Hyperlipidemia
- Heart Disease
- Schizophrenia
- Osteoporosis
- HIV Prevalence
- Prenatal Care
- Smoking During Pregnancy
- Low Birth Rate
- Very Low Birth Rate
- Preterm Births

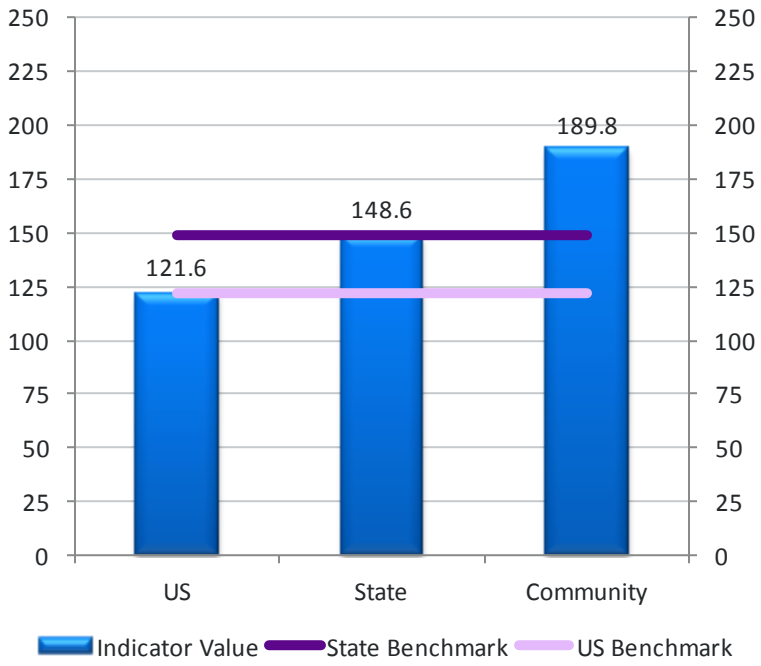
Health Behaviors
- Obesity
- Childhood Obesity
- Physical Inactivity
- No Exercise
- Adult Smoking
- Excessive Drinking
- Teen Birth Rate
- Sexually Transmitted Infections
- Alcohol Impaired Driving Deaths
- Drug Poisoning Deaths

Access to Care
- Uninsured
- Uninsured Children (<17)
- Could Not See a Doctor Due to Cost
- Other Primary Care Providers
- Dentists
- Preventable Hospital Stays
- Affordability of Healthcare
- Healthcare Costs

Environment
- Limited Access to Healthy Foods
- Food Insecurity
- Food Environment Index
- Access to Exercise Opportunities
- Air Quality/ Pollution
- Drinking Water
- Housing
- Commute/ Long
- Commute/ Alone

In order to determine which public health indicators demonstrated a community health need, a benchmark analysis was conducted for each indicator collected in the community served. Benchmark health indicators collected included (when available): overall US values, state of Texas values, and goal setting benchmarks such as Healthy People 2020 and/or County Health Rankings Best Performer values.

Health Indicator Benchmark Analysis Example



Source: Truven Health Analytics, 2016

According to the America's Health Rankings, Texas ranks 34th out of the 50 states. The health status of Texas compared to other states in the nation identifies many opportunities to impact health within local communities, even for those communities that rank highly within the state. Therefore, the benchmark for the community served was set to the state value. Needs were identified when one or more of the indicators for the community served did not meet state benchmarks. An index of magnitude analysis was then conducted on those indicators that did not meet state benchmarks in order to understand to what degree they differed from the benchmark and in order to understand their relative severity of needs.

The outcomes of the quantitative data analysis were then compared to the qualitative data findings.

Qualitative Assessment of Health Needs (Community Input)

In addition to analyzing quantitative data, focus groups with ten (10) participants, as well as eight (8) key informant interviews, were conducted September through November of 2015 in order to take into account the input of persons representing the broad interests of the community served. The focus groups and interviews were conducted to solicit feedback from leaders and representatives who serve the community and have insight into community needs.

The focus group was designed to familiarize participants with the CHNA process and gain a better understanding of priority health needs from the community's perspective. Focus groups were formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community.

Truven Health also conducted key informant interviews for the community served. The interviews were designed to help understand and gain insight into how participants felt about the general health status of the community and the various drivers which contributed to health issues.

In order to qualitatively assess the health needs for the community, participation was solicited from at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community; as well as individuals or organizations serving and/or representing the interests of medically underserved, low-income, and minority populations in the community.

In order to ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians).

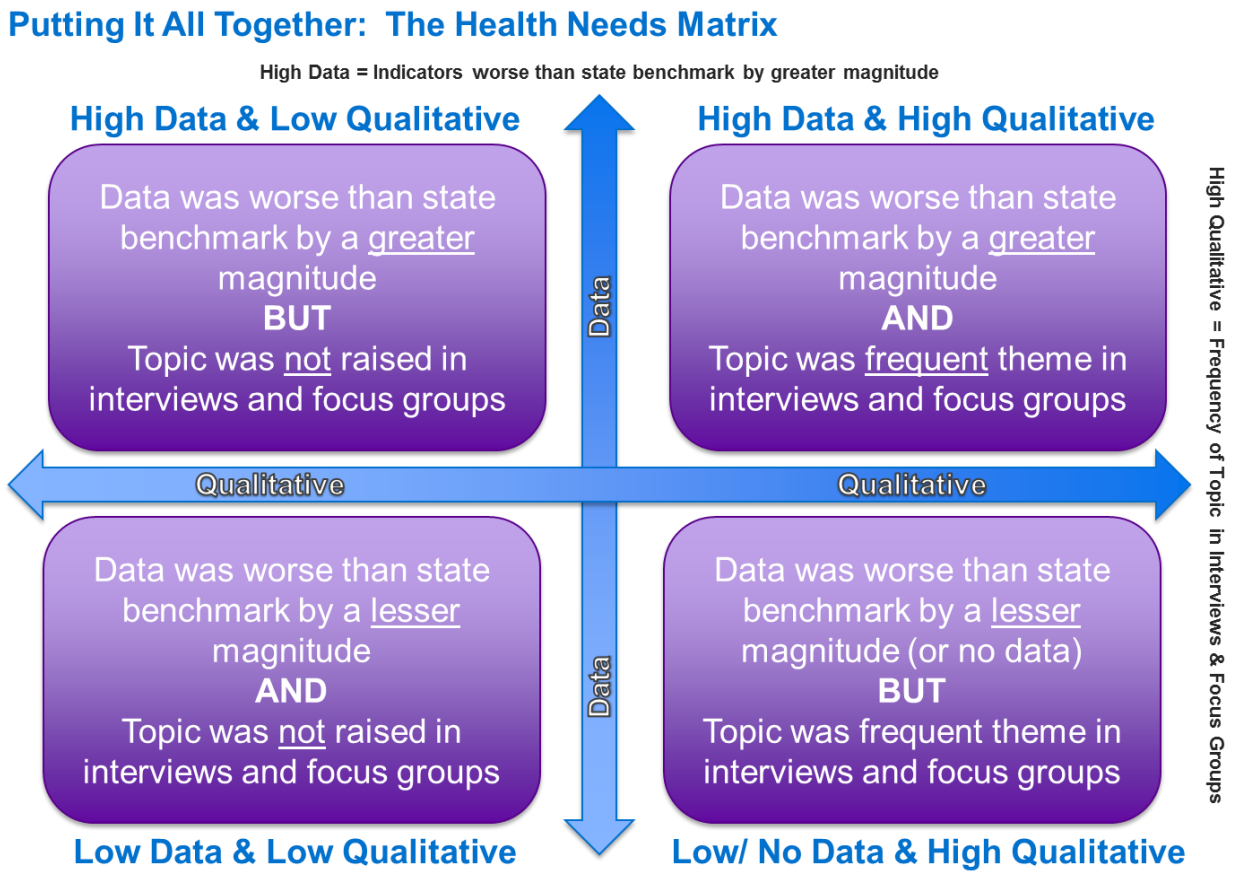
In addition to soliciting input from public health and various interests of the community, hospitals are also required to take into consideration written input received on their most recently conducted CHNA and subsequent implementation strategies. The facilities each have an active portal on the website where the assessment has been made available asking for public comment or feedback on the report findings. This information is located at BaylorHealth.com/CommunityNeeds. To date we have not received such written input but continue to welcome feedback from the community.

Input collected from the participants during the interviews and focus groups was organized into themes around community needs and compared to the quantitative data findings.

Methodology for Defining Community Need

Using qualitative feedback from the interviews and focus group, as well as the health indicator data, the issues currently impacting the community served were consolidated and assembled in the Health Needs Matrix below in order to identify the significant health needs for each community served.

The upper right quadrant of the matrix is where the qualitative data (interview and focus group feedback) and quantitative data (health indicators) converge. For the sake of this analysis, the upper right quadrant contains the most significant health needs identified.



Source: Truven Health Analytics, 2016

Information Gaps

The majority of public health indicators were only available at the county level; and in Texas, health indicators were not available for every county due to variation in population density. In evaluating data for entire counties versus more localized data, it was difficult to understand the health needs for specific population pockets within a county. It can also be a challenge to tailor programs to address community health needs as placement and access to those programs in one part of the county may or may not actually impact the population who truly need the service. Truven Health supplemented health indicator data with Truven Health's ZIP code estimates to assist in identifying specific populations within a community where health needs may be greater.

Existing Resources to Address Health Needs

Part of the assessment process included gathering input on community resources potentially available to address the significant health needs identified through the CHNA. A description of these resources is provided in ***Appendix B***.

Prioritizing Community Health Needs

The prioritization of community health needs identified through the assessment was based on the weight of quantitative and qualitative data obtained when assessing the community. The prioritized needs were reviewed and/or approved by senior management, hospital advisory board members, governing board members and BSWH governing board.

Evaluation of Implementation Strategy Impact

As part of the current assessment, BSWH conducted an evaluation of the implementation strategies adopted as part of the 2013 CHNAs. In 2013, the facilities chose to address the following identified needs:

- Access to care for low income population/underserved
- Behavioral health
- Emergency and urgent care
- Dental care
- Multiple chronic conditions
- Prenatal care
- Preventive health screenings
- Co-morbid medical and behavioral health conditions
- Elderly at home, and nursing home patients
- Health care infrastructure
- Patient safety and hospital acquired conditions
- Preventable acute care admissions

An implementation strategy was put into place in 2013 to address the above needs. That strategy has been evaluated as to its effectiveness and impact. Details for that evaluation can be found in ***Appendix C***.

Demographic and Socioeconomic Summary

According to population statistics, the overall community served was representative of Texas overall but had slightly higher median income. The community served was more racially diverse with a lower percentage of seniors than both the state and the U.S. benchmark. Overall socioeconomic barriers were similar or lower than the state benchmark, however Dallas County was above state and national benchmark for poverty level.

Demographic and Socioeconomic Comparison: Community Served and State/US Benchmarks

Demographic / Socioeconomic Variable	Benchmarks		Community Served
	United States	Texas	
Total Current Population	319,459,991	27,037,393	4,199,081
5 Yr Proj Pop Chg	4%	7%	7%
Population 0-17	23%	26%	27%
Population 65+	15%	12%	10%
Women Age 15-44	20%	21%	22%
Non-White Population	29%	31%	41%
Median HH Income	$56,682	$56,653	$60,384
Limited English	5%	8%	8%
No High School Diploma	14%	19%	17%
Un-employed	10%	8%	8%
Insurance Coverage: Medicaid	19%	14%	13%
Insurance Coverage: Uninsured	10%	20%	17%
Poverty	16%	18%	Collin Co: 8%
			Dallas Co: 19%
			Denton Co: 9%

Source: Truven Health Analytics / The Nielsen Company, 2015

The population of this community served is expected to grow 7.4% (310,512 people) by 2020. The 7.4% population growth is expected to be slightly higher than both the state growth rate (6.7%) and the national growth rate (3.5%). The ZIP Codes expected to experience the most growth in five years:

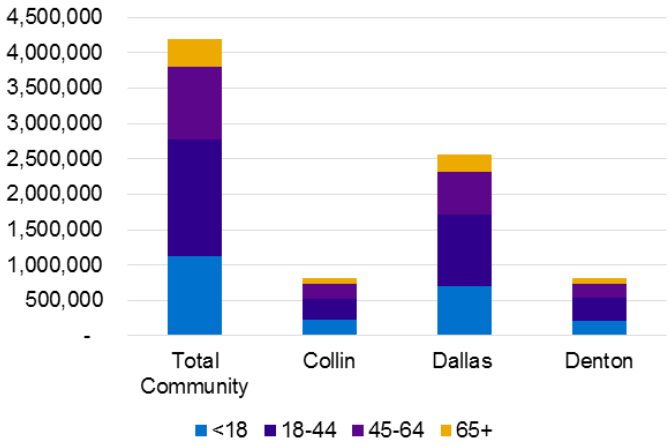
- 75070 McKinney (Collin County) – 11,518 people
- 75052 Grand Prairie (Dallas County) – 8,933 people

A majority (61%) of the community's population was concentrated in Dallas County. Within the county, the city of Dallas is expected to grow at a rate of 5.4% with a population increase of 66,887 people; the rest of Dallas County is growing faster at 6.6% (86,559 people). Both Collin and Denton counties will see growth approaching 10% over the next five years with a population increase of 77,000 and 79,000, respectively.

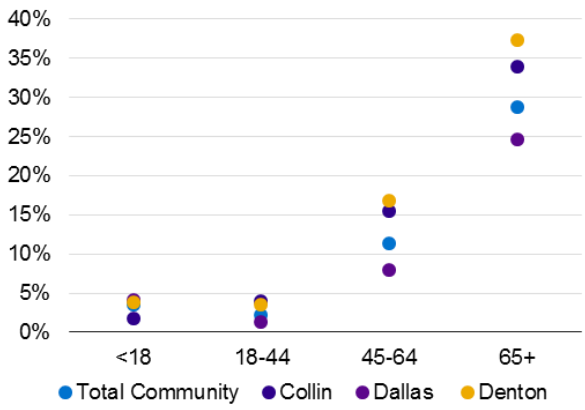
The sixty-five plus cohort is expected to experience the most growth over the next five years. This is particularly true in Collin County (34% growth) and Denton County (37% growth). Overall in this community the age 65+ population will grow by 116,000 people. Growth in this age cohort will likely contribute to increased utilization of services as the population continues to age. The age group that will experience the least amount of growth in the community is the 18-44 age cohort with an expected increase of 36,975 people.

Population by Age Cohort

2015 Total Population



5 Year Projected Population Growth Rate



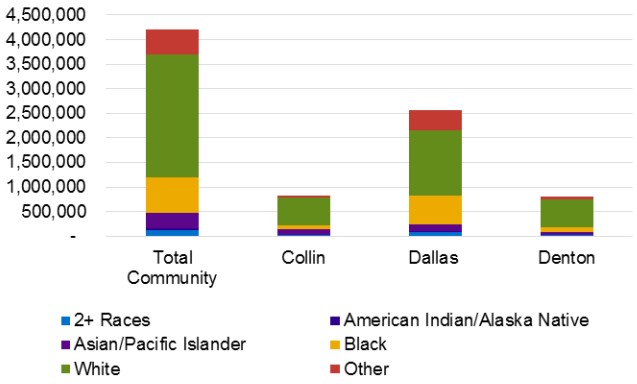
Source: Truven Health Analytics / The Nielsen Company, 2015

Diversity in the community is projected to increase. Collin and Denton counties are expected to experience higher rates of growth in minority populations than in Dallas County. In 2015, the community, a majority of the population (60%) was white followed by black at 17%. Black and Asian/Pacific Islander populations will see significant growth over the next five years. Growth in these populations is projected to be greater than 20% in both Collin County (37,000 additional people between both races) and Denton County at (171,000 additional people between both races).

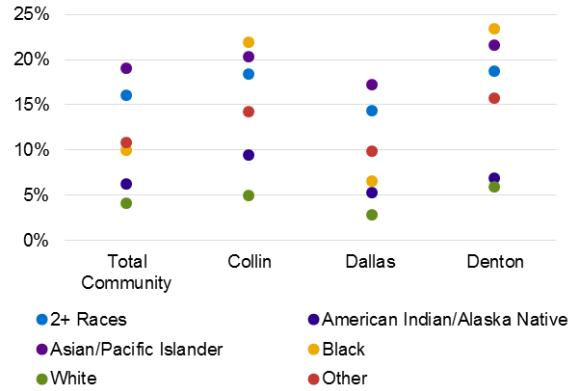
The total population can be analyzed by race or by Hispanic ethnicity. The graphs below display the community's total population breakdown by race (including all ethnicities) and also by ethnicity (including all races).

Population by Race

2015 Total Population



5 Year Projected Population Growth Rate

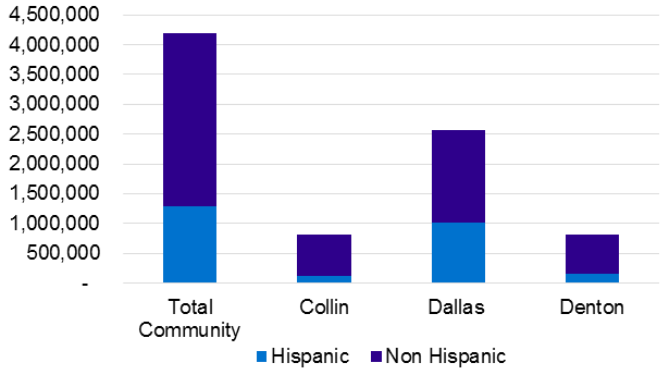


Source: Truven Health Analytics / The Nielsen Company, 2015

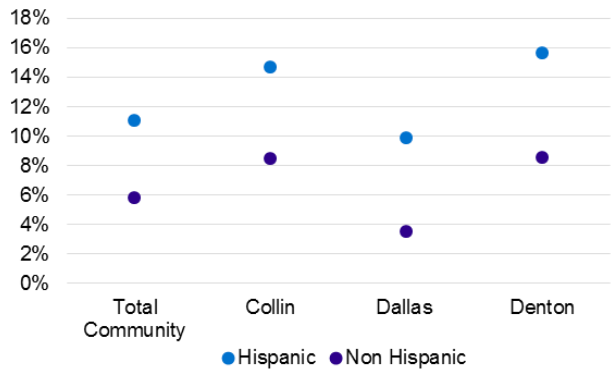
Those of Hispanic ethnicity comprised 30% of the community's population, just below the overall state proportion of Hispanics but above the national proportion. The Hispanic population in this community is expected to increase 11%, or 142,000 people. Collin and Denton counties are expected to experience higher growth rate of Hispanic population. Dallas County is projected to experience 10% growth in this population.

Population by Hispanic Ethnicity

2015 Total Population

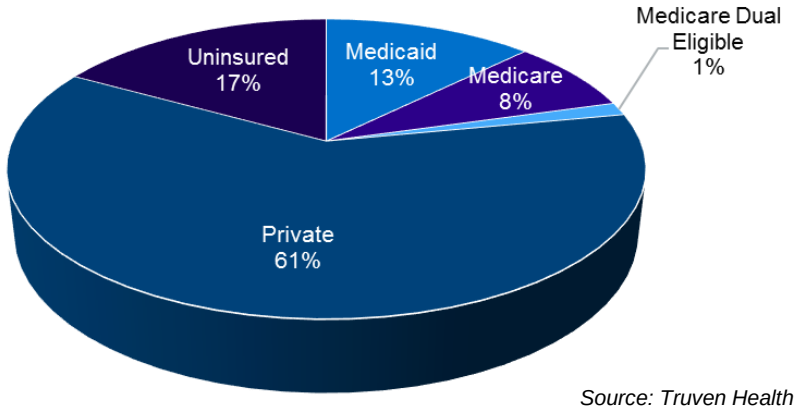


5 Year Projected Population Growth Rate



Source: Truven Health Analytics / The Nielsen Company, 2015

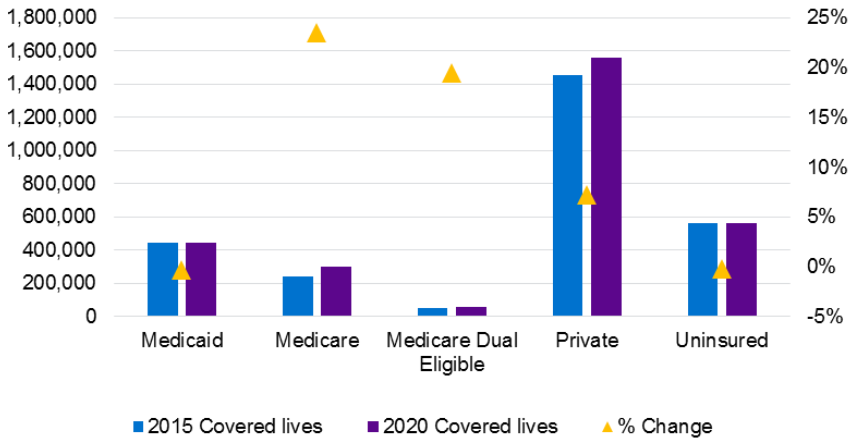
The median household income for the community served was $60,384, greater than both the state and U.S. benchmarks. Sixty-one percent (61%) of the community were commercially insured, which equates to over 2.5 million lives. Commercial covered lives are expected to grow by over 212,000 lives (6%) over the next five years. Medicare and dual eligible lives (those receiving both Medicare and Medicaid benefits) will experience the highest growth rates at 27% (90,000 lives) and 22% (12,000 lives) respectively. The number of uninsured and Medicaid lives are expected to decline slightly in all counties. Collin and Denton counties will see a greater percentage increase in Medicare, growing 33% (20,000 lives) and 37% (18,000 lives) respectively.



Source: Truven Health Analytics, 2015

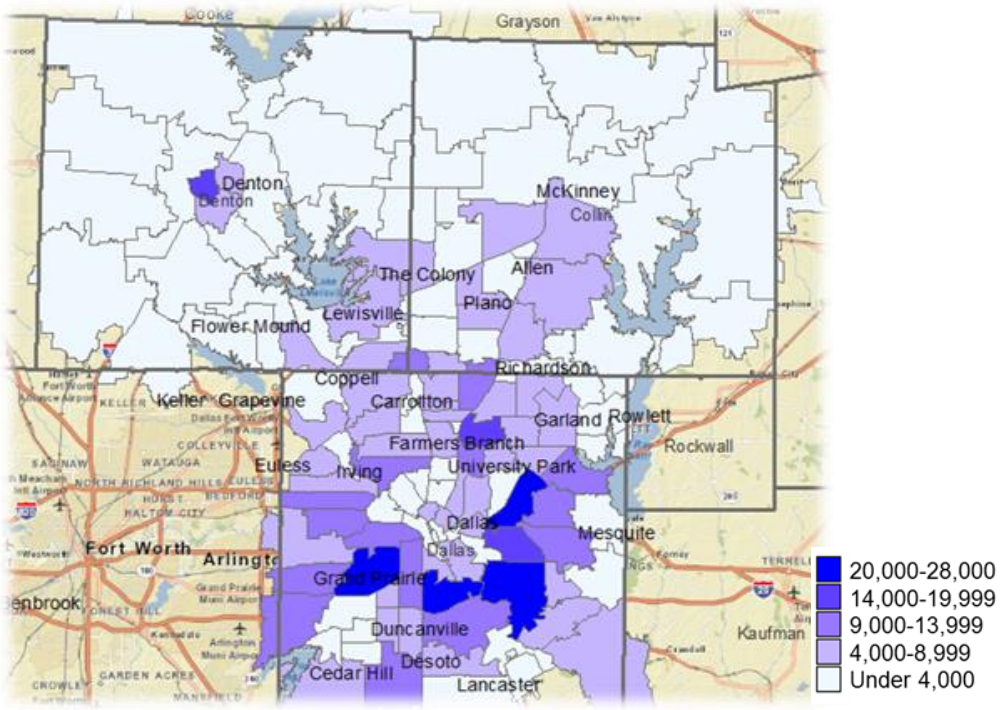
2015 Estimated Distribution of Covered Lives by Insurance Category

Estimated Covered Lives and Projected Growth by Insurance Category



Source: Truven Health Analytics, 2015

2015 Estimated Uninsured Lives by ZIP Code

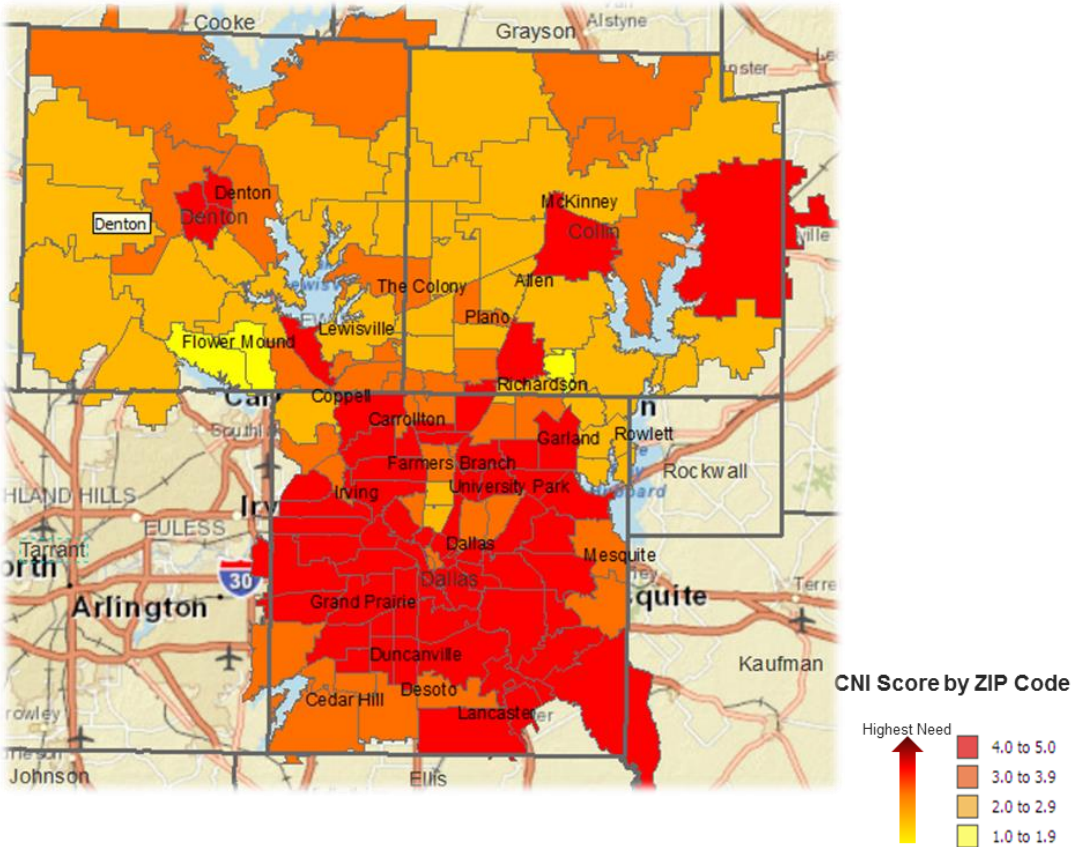


Source: Truven Health Analytics, 2015

The Truven Health Community Need Index (CNI) is a statistical approach to identifying health needs in a community. The CNI takes into account vital socio-economic factors (income, cultural, education, insurance, and housing) about a community to generate a CNI score for every populated ZIP code in the United States. The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community's demand for various healthcare services. The CNI score by ZIP code identifies specific areas within a community where healthcare needs may be greater.

Overall, the community served was slightly above the CNI national average. However, Dallas County had the highest need, particularly in areas of Dallas, Garland, Irving and Grand Prairie. The community had an overall CNI Score of 3.7.

2015 Community Need Index by ZIP Code



Source: Truven Health Analytics, 2015

Public Health Indicators

Public health indicators were collected and analyzed to assess community health needs. Sixty-nine indicators were evaluated for the community served. For each health indicator, a comparison was made between the most recently available community data and benchmarks for the same/similar indicators. Benchmarks were based on available data and include the United States and the state of Texas. Health needs were identified where the county indicator did not meet the state of Texas comparative benchmark. The indicators that did not meet the state benchmark for this community include the following:

Category	Indicator
Access To Care	Percentage of population under age 65 without health insurance
Access To Care	Percent Uninsured Children (<17)
Access To Care	Could not see doctor due to cost
Access To Care	Amount of price-adjusted Medicare reimbursements per enrollee
Access To Care	Ratio of population to one non-physician primary care provider
Access To Care	Ratio of population to one dentist
Access To Care	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
Environment	Food Insecure Households (percent)
Environment	Food environment index
Environment	Air pollution - particulate matter (daily density)
Environment	Severe housing problems (percent of households)
Environment	Driving alone to work (percent of workforce)
Environment	Long commute - driving alone (percent of workers who commute by car)
Health Behaviors	Adult Obesity (percent)
Health Behaviors	Physical Inactivity (percent)
Health Behaviors	No Exercise (percent)
Health Behaviors	Driving deaths with alcohol involvement (percent)
Health Behaviors	Number of drug poisoning deaths (per 100,000)
Health Behaviors	Teen birth rate per 1,000 female population, ages 15-19
Health Behaviors	Sexually Transmitted Infection Incidence Rate (per 100,000)
Health Outcomes	Cancer (All Causes) Incidence
Health Outcomes	Female Breast Cancer Incidence
Health Outcomes	Colon Cancer Incidence (per 100,000)
Health Outcomes	Lung Cancer Incidence (per 100,000)
Health Outcomes	Prostate Cancer Incidence (per 100,000)
Health Outcomes	Hypertension: Medicare Population (percent)
Health Outcomes	Stroke: Medicare Population (percent)
Health Outcomes	Arthritis: Medicare Population (percent)
Health Outcomes	Alzheimer's Disease/Dementia: Medicare Population (percent)
Health Outcomes	Atrial Fibrillation: Medicare Population (percent)
Health Outcomes	Chronic Kidney Disease: Medicare Population (percent)

Category	Indicator
Health Outcomes	Depression: Medicare Population (percent)
Health Outcomes	Heart Failure: Medicare Population (percent)
Health Outcomes	Hyperlipidemia: Medicare Population (percent)
Health Outcomes	Schizophrenia and Other Psychotic Disorders: Medicare Population (percent)
Health Outcomes	Osteoporosis: Medicare Population (percent)
Health Outcomes	HIV Prevalence
Health Outcomes	Pediatric Asthma Admission Risk-Adjusted-Rate (per 100,000)
Health Outcomes	Pediatric Diabetes Short-term Complications Admission Risk-Adjusted-Rate (Per 100,000)
Health Outcomes	Pediatric Perforated Appendix Admission Risk-Adjusted-Rate (Per 100 Admissions For Appendicitis)
Health Outcomes	Adult Uncontrolled Diabetes Admission Risk-Adjusted-Rate (Per 100,000)
Health Outcomes	Adult Risk-Adjusted-Rate of Lower-Extremity Amputation Among Patients with Diabetes(Per 100,000)
Health Outcomes	First trimester entry into prenatal care
Health Outcomes	Low Birth Weight Rate (Per 100 Births)
Health Outcomes	Very Low Birth Weight (VLBW) (percent)
Injury & Death	Premature Death (potential years lost)
Injury & Death	Infant Mortality (rate per 1,000)
Injury & Death	Child Mortality Rate (per 100,000)
Mental Health	Ratio of population to one mental health provider.
Population	High School Graduation Rate
Population	High School Dropouts (Percent)
Population	Some College (percent)
Population	Children in Poverty (Percent)
Population	Children in Single-parent Households
Population	Unemployment (percent)
Population	Individuals Living Below Poverty Level
Population	Social associations (membership associations per 10,000 population)
Population	Percentage of children enrolled in public schools that are eligible for free lunch
Population	Number of deaths due to homicide per 100,000 population
Population	Violent Crime Rate (offenses per 100,000 pop)
Prevention	Flu Vaccine 65+

Source: Truven Health Analytics, 2015

Truven Health Community Data

Truven Health Analytics supplemented the publically available data with estimates of localized prevalence of heart disease and cancer as well as emergency department visit estimates.

Unsurprisingly, Truven Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnoses, including 593,872 cases in Dallas County alone. Almost 1/3 of each heart disease type (hypertension, arrhythmias, ischemic heart disease and congestive heart failure) in this community came from the city of Dallas. Dallas, Garland, Irving, and Grand Prairie all in Dallas County had the highest prevalence of heart disease cases in the community served. Rates were also high in Plano and McKinney in Collin County and Denton in Denton counties.

2015 Estimated Heart Disease Cases

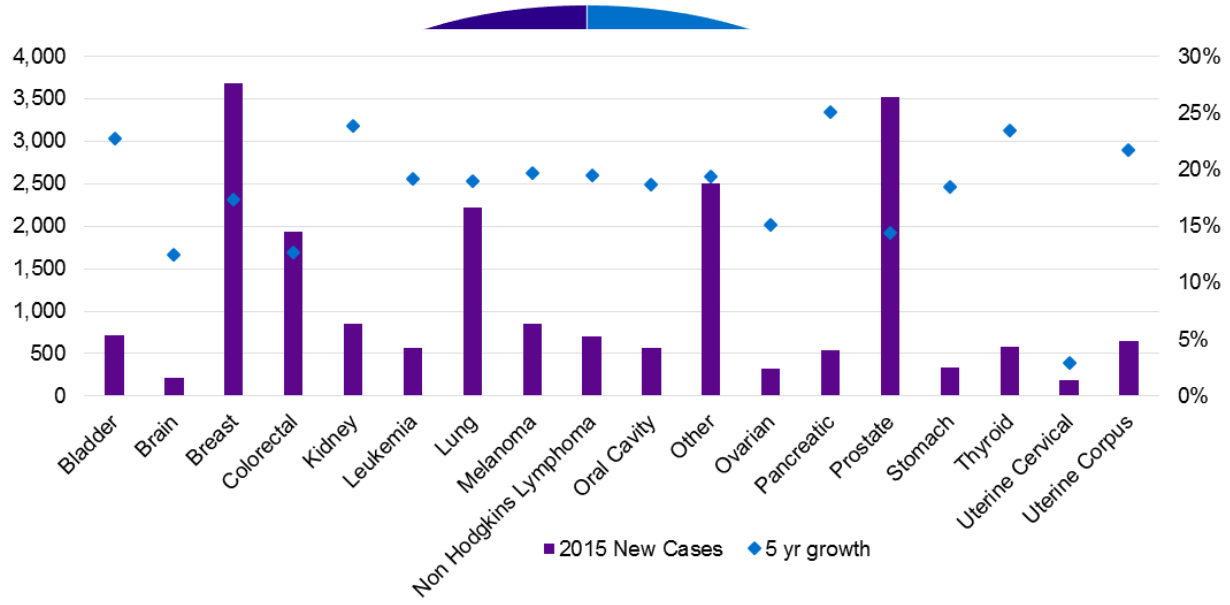
Disease Type	Collin County	Dallas County	Denton County	Zone 1
ARRHYTHMIAS	31,462	95,947	26,902	154,312
CONGESTIVE HEART FAILURE	12,582	48,629	12,258	73,469
HYPERTENSION	193,915	593,872	187,469	975,256
ISCHEMIC HEART DISEASE	27,940	74,604	24,518	127,061

Note: Prevalence cannot be aggregated across heart disease categories due to co-morbidity between heart disease types.

Source: Truven Health Analytics, 2015

The five-year projected growth of cancer incidence rates were greater in this community than the state of Texas. For this community, Truven Health projected the greatest number of new cancer cases for breast, prostate and lung cancers. Kidney and pancreatic cancers were projected to have the highest 5 year growth rates of all cancers in the community. Overall cancer incidence rates were higher in Collin and Denton counties when compared to Dallas County. Over the next five years new cancer cases will grow 22% in Collin County and 24% in Denton County. Comparably, cancer incidence in Dallas County is expected to grow 14% by 2020.

2015 Estimated New Cancer Cases

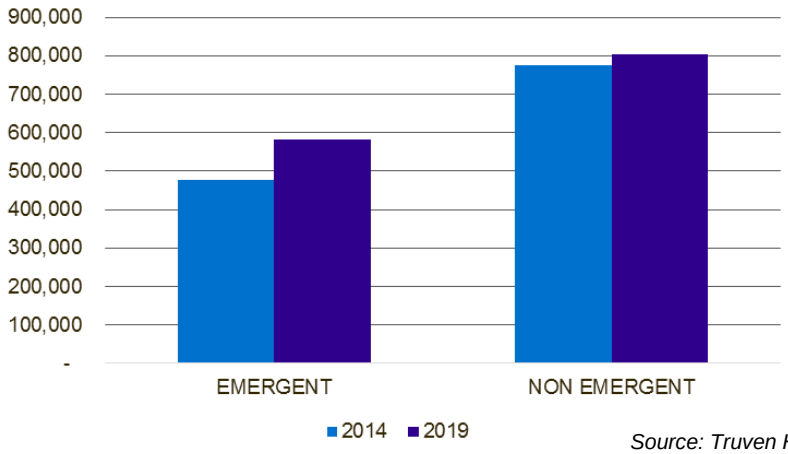


Source: Truven Health Analytics, 2015

New Cases and Projected Growth by Cancer Type

Outpatient emergency department (ED) visits are those which are treated and released and therefore, do not result in an inpatient admission. In terms of ED utilization, Truven Health estimates that emergent outpatient ED visits in this community are expected to increase 22% in the next five years.

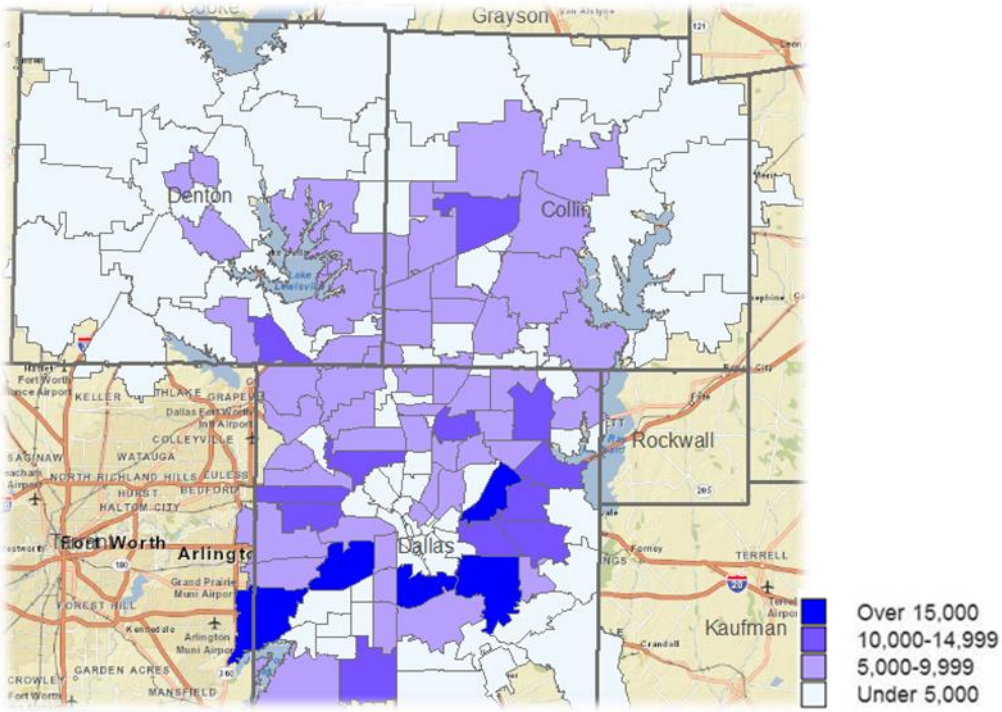
Non-emergent outpatient ED visits are lower acuity visits that present to the ED but can be treated in other, more appropriate and less intensive outpatient settings. Non-emergent ED visits can be an indication that there are systematic issues with access to primary care or managing chronic conditions. Non-emergent visits in this community are expected to only have a small increase (3%). The greatest number of outpatient emergency department visits were estimated to originate from ZIP codes 75217 (Dallas) and 75052 (Grand Prairie).



Source: Truven Health Analytics, 2015

Emergent and Non-Emergent ED Visits

2014 Estimated Non-Emergent Visits by Zip Code



Source: Truven Health Analytics, 2015

Interviews & Focus Groups

In the interview sessions, the participants were asked what factors contributed to the current health status of the community. Factors the participants considered included access to care and providers, lack of preventative health and wellness among those in poverty, infant mortality rates, and challenges around serving those of different cultures.

For the community served, the top five health needs identified in the interview process included:

1. Prevalence of chronic conditions and diseases (diabetes, cardiac disease heart failure, vascular disease, obesity, hypertension, asthma)
2. Challenges with access to healthcare (affordability, provider capacity, behavioral / mental health services and resources, dental care, primary care, specialty care and medical homes)
3. Mental/ behavioral health services (access and resources, service availability)
4. Community health and wellness (adult obesity)
5. Service integration between primary care and behavioral / mental health

Barriers to good healthcare in this community included socioeconomic status (poverty), lack of access to healthy food options, limited public transportation, delays in seeking/receiving care, and linguistic isolation.[1] The following populations were identified as vulnerable groups that will need special attention when addressing health needs:

- Seniors
- Homeless
- Immigrants / refugees
- Non-English speaking
- Working poor / indigent
- LGBT

Focus group participants were asked what factors contributed to the current health status of the community. Factors discussed by the group included significant uninsured and underinsured populations in the area and access to physicians for that population. Other problems identified were inadequate mental health services, challenges with managing the growing homeless population, and poor performance on most public health indicators.

The counties in north Texas ranged from low to high on the socioeconomic scale with Collin and Rockwall being the most affluent. All counties experienced significant population growth, with notable increases for the Hispanic, African American and Asian populations. Public transportation was identified as available but not meeting the needs of the indigent, low income, and senior populations. Transportation to medical

[1] A linguistically isolated household is one in which no member 14 years old and over speaks only English or speaks a non-English language and speak English “very well”. In other works all household members 14 years old and over have at least some difficulty with English., U.S. Census Bureau, 2000

appointments and to support of other aspects of health (such as to stores for fruits and vegetables; to parks for exercise and recreation) was lacking.

While there are a growing number of clinics and Federally Qualified Health Clinics (FQHC's), the group identified access as a significant problem for the low income as well as the under/uninsured populations. A shortage of mental health providers, primary care physicians and bi-lingual physicians exacerbates the problem. Many specialty physicians will not take underinsured or uninsured patients which magnifies the complexity of the issue. The lack of Medicaid expansion dollars has contributed to the low acceptance of Medicaid patients in Dallas, which caused a significant gap in the ability for the underinsured/uninsured to access quality medical care. The physician Medicaid acceptance rate was the lowest in the country at 18% (per the participants). The community was also seeing a rise in teen pregnancy rates, STD rates, and homelessness. The homeless population was facing significant challenges with limited or no transportation, access to medication and compliance, chronic illness, and comorbidities. Some had not seen a physician for five to ten years or more. Clinics face challenges with managing the care of the homeless population as they had no way to contact or follow up with patients because they had no permanent address.

The group believed that political parties in the area were not focused on the community health needs, and there was no influential "lobby" for healthcare issues that impacted the community. Additionally, there was polarization amongst political parties on certain health issues. For example, a very successful program was in place several years ago to reduce teen pregnancy. The program was very effective but unsustainable due to changing political agendas and diminishing resources around sex education. As a result, improved rates around teen pregnancy have regressed.

Some of the positive feedback included the community's movement towards safe and walkable neighborhoods and good hospitals. The group acknowledged efforts to retain new physicians in the local community after graduation from local medical schools.

The focus group identified the following community health needs:

- Mental health awareness – stigma and cultural barriers around seeking care
- Access to care – low to middle income population and seniors who lack transportation
- Preventative care – partnerships with community entities for education and awareness
- Preventative care – promote wellness and healthy living by creating safe, healthy, holistic environments
- Promoting health and wellness
- Transportation – access to care and in support of healthy lifestyles
- Diabetes
- Teens – pregnancies and drug abuse

Community resources were identified by the groups to address the health needs identified. ***Appendix B*** includes the list of existing community resources identified by the participants.

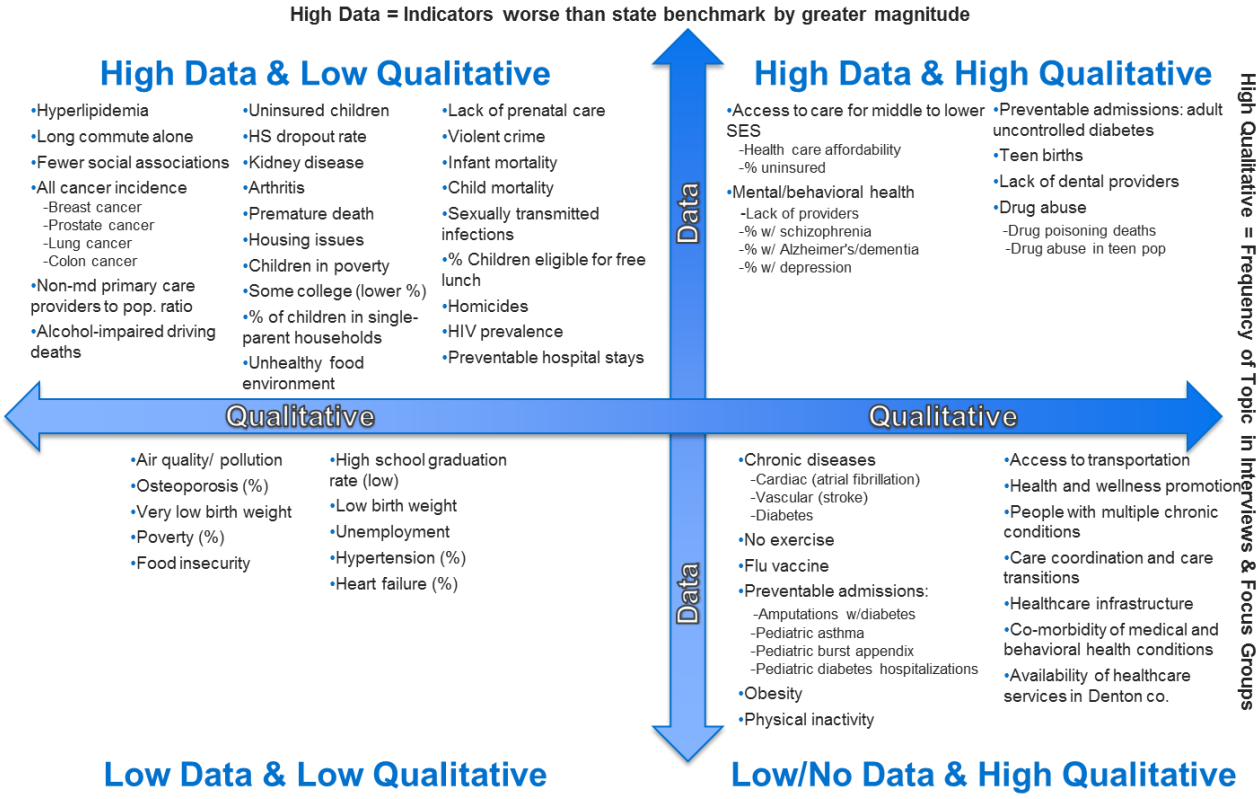
The interview and focus group participants and the populations they serve for north Texas are documented in the table below.

Focus Group and Key Informant Interview Participants					
Community Leaders/ Groups		**Public and Other Organizations**	**Other Providers**		
United Way of Tarrant County (Focus Group) PH	United Way of West Ellis County (Focus Group) PH	YWCA of Metropolitan Dallas (Focus Group) **MU**, LI	Metracrest Community Clinic (Focus Group) MP	Parkland Health & Hospital System (Interview) **MU**, LI	Christian Community Action (CCA) *2 participants* (Focus Group) LI
City Square (Interview) **MU**, LI	United Way of Denton County *2 participants* (Interview) PH	Collin County Health Care Services (Interview) PH, LI	Mental Health America of Greater Dallas (Focus Group) **MU**, LI, **CD**	JPS Health Network/ Regional Health Partnership District 10 (Interview) LI	AIDS Arms, Inc. (Focus Group) LI, **CD**
		Injury Prevention Center (IPC) of Greater Dallas, Parkland Health and Hospital System (Focus Group) **MU**, MP	Bridge-Breast Network (Focus Group) LI	Tarrant County Hospital District/ JPS Health Network Trinity Springs Pavilion for Psychiatric Services (Interview) **MU**, LI	Metrocare Services (Interview) **MU**, LI, **CD**, MP

Represents Public Health	Represents Medically Underserved Populations	Represents Low Income Populations	Represents Populations with Chronic Disease Needs	Represents Minority Populations
PH	MU	LI	CD	MP

Health Needs Matrix

Quantitative and qualitative data were analyzed and displayed as a health needs matrix to identify the most significant community health needs. Below is the matrix for the community served by the BSWH facilities in this community.



Source: Truven Health Analytics, 2016

Prioritizing Community Health Needs

Significant community health needs were identified through the weight of quantitative and qualitative data obtained when assessing the community. Needs which were supported by data showing the community to be worse than the state by a greater magnitude and also were a frequent theme during interviews and focus groups were determined to be significant.

These significant needs were prioritized based on input gathered from the focus groups and interviews. Participants of these focus groups and interviews were asked to rank the top three health needs of the community based on the importance they placed on addressing the need. Through this process, the health needs were prioritized based on the frequency they were listed as the top health care needs. The prioritization of the health needs of this community are below.

1. Access to care for middle to lower socioeconomic status
2. Mental / behavioral health
3. Preventable admissions: adult uncontrolled diabetes
4. Lack of dental providers
5. Teen births
6. Drug abuse

By addressing the above prioritized significant needs via an implementation strategy, BSWH hospitals aim to impact and elevate the overall health status of the community.

Description of Significant Health Needs

<u>Access to Care</u>

Access to care is a priority community health need identified through the community input sessions. Specifically, the participants discussed barriers to accessing care for those of middle to lower socioeconomic status. The indigent, low income and senior populations face challenges that include limited and unreliable public transportation in the community. The participants agreed that the lack of transportation is contributing to the uninsured utilizing local hospitals for primary and preventative care instead of available charity clinics. The shortage of primary care, specialty care, and bi-lingual physicians to serve these populations was identified as another root cause of the access issues. Many physicians will not take underinsured, uninsured or Medicaid patients. The participants noted there is a large uninsured population that cannot afford coverage available to them through the Affordable Care Act. The participants agreed that the health system can make outreach improvements for the uninsured and homeless populations.

The quantitative analysis corroborated the groups concerns regarding healthcare access. According to the Small Area Health Insurance estimates, the percentage of uninsured populations under age 65 in Dallas County was 29% compared to the state

value of 25% and the County Health Rankings Top performer's value of 11%.[2] The percent of uninsured children (under age 17) in Dallas County was 14% compared to the state-wide value of 13%.[3] According to the Behavior Risk Factor Surveillance System (BRFSS), the percentage of adults in Dallas County who could not see a doctor in the last 12 months due to cost was 23% compared to a state value of 19%.[4]

According to the Centers for Medicare & Medicaid Services (CMS) National Provider Identification File, the ratio of population to one non-physician primary care provider in Collin County was 2,279:1, and in Denton County it was 2,222:1 – this is compared to the overall Texas value of 1,893:1.[5]

Mental / Behavioral Health

Community input underscored mental and behavioral Health as a priority community health need. Specifically, the participants expressed a need to address the stigma and cultural barriers that surround the acknowledgment of mental health conditions and subsequent care. The participants expressed a need to address all categories of mental health, including substance abuse, behavioral health, organic conditions (such as schizophrenia) and access to services to treat these conditions. The participants identified that access to services is significantly impacted by a shortage of mental health providers in the community. It was acknowledged that delays in care and poor management of conditions often leads to a crisis situation for patients and their families.

According to the CMS National Provider Identification File the ratio of population to one mental health provider in Collin County was 1,086:1 and in Denton County it was 1,088:1. This was higher than the state benchmark value of 1,034:1 and a County Health Rankings Top Performer's value of 386:1. [3] [6] The Centers for Medicare & Medicaid Services (CMS) reported that 13% of Dallas County's Medicare population had Alzheimer's disease / dementia and 18% had depression.[7] Denton and Collin counties had depression rates of 17% and 16% respectively. The state benchmark value for Alzheimer's disease / dementia was 12% and 16% for depression.[5]

Preventable Admissions: Adult Uncontrolled Diabetes

Preventable admissions are hospitalizations for certain acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. According to the Texas Department of State Health Services, in Dallas County the adult uncontrolled diabetes admission rate per 100,000

[2] The US Census Bureau Small Area Health Insurance Estimates (SAHIE), 2012.

[3] Small Area Health Insurance Estimates, 2012 Percentage of population under age 18 without health insurance

[4] Behavior Risk Factor Surveillance System (BRFSS), 2005-2012, Percent of adults who could not see a doctor in the past 12 months due to cost.

[5] CMS National Provider Identification File, 2014, Ratio of population to one non-physician primary care provider.

[6] County Health Rankings, 2015, Top Performers are the 10th percentile of all U.S. counties.

[7] CMS, 2012, Percentage of Medicare FFS Beneficiaries

was 22.3 compared to the state rate of 13.1.[8] Lower-extremity amputations, another preventable admission related to diabetes among adult patients with diabetes, also exceeded the state benchmark for Dallas County, albeit to a lesser degree; 25.6 per 100,000 compared to the state rate of 22.9 per 100,000.[9] Obesity is a precursor to diabetes, especially if not addressed and managed. According to the Center for Disease Control (CDC) the percentage of obese adults in Dallas County was 29%, which is essentially on par with the obesity rate for the overall state.[10] Collin and Denton counties did not exceed the state benchmarks for these measures.

Diabetes as a community health need was also reflected in the community input received through the key informant interviews and focus group, especially the need for early identification and culturally appropriate education of the disease. These efforts would help patients properly manage the disease as well as potentially impact the obesity rate. The participants expressed a need to address infrastructure problems such as walkable areas, food deserts, and the availability of healthy food options with a goal of supporting better outcomes for the diabetic population.

Teen Births

According to the National center for Health Statistics Nativity Files the teen birth rate was 65 births per 1,000 female teens in Dallas County and was notably higher than the state value of 55 per 1,000 and the County Health Rankings Top Performer's value of 20 per 1,000.[11] [12] Collin and Denton counties fell below the state benchmark.

Teen pregnancy was a topic raised in the focus group session. Specifically, the participants discussed the high rates of teenage unplanned pregnancies. The trend had been positive due to effective programs in place, however those programs were discontinued due to diminishing resources and changing political agendas and the trend has now reversed itself and is increasing once again.

Lack of Dental Providers

Dental Care was mentioned as a top health need in the key informant interviews and was a frequent topic in the focus groups, specifically, the lack of free services at clinics and long wait time to access services for those with no insurance or limited dental coverage. The group acknowledged there are no resources for adults and limited resources for children in regards to dental care without insurance. The participants expressed a need for access to affordable dental services because there are multiple negative downstream impacts, including truancy in the school age population and delayed care in receiving other services such as surgery.

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[8] Texas Health Care Information Collection. Texas Hospital Inpatient Discharge Public Use Data File, 2013, Adult Uncontrolled Diabetes Admission Risk-Adjusted-Rate (per 100,000 population)

[9] Texas Health Care Information Collection. Texas Hospital Inpatient Discharge Public Use Data File, 2013, Risk-Adjusted-Rate of Lower-Extremity Amputation Among Patients with Diabetes (per 100,000 population)

[10] CDC, Diabetes Interactive Atlas, 2011 Percentage of adults that report a BMI of 30 or more

[11] National Center for Health Statistics – Nativity File, 2006 – 2012, Number of births per 1,000 female population ages 15-19

[12] County Health Rankings, 2015, Top Performers are the 10th percentile of all U.S. counties.

The supply of dentists to population showed a need only in Denton County, where according to the U.S. Health Resources and Services Administration (HRSA), the ratio of population to one dentist was 1,970:1 compared to the state value of 1,940:1.[13] Collin and Dallas counties both have population to dentist ratios that were lower (better) than the state benchmark. However, it is important to consider the qualitative feedback regarding issues accessing available dental care services when not covered by insurance.

Drug Abuse

According to the CDC Wonder Mortality data, the number of drug poisoning deaths per 100,000 population in Dallas County was 9.6, which was above the state value of 9.4.[14] Both Collin and Denton counties were at 6.6 and 7.5 respectively, which was considerably lower than the state value.

Drug abuse was a community health need identified also discussed in the focus group session. Specifically overdose and unintentional poisoning through illicit and prescription drug use, as well as drug abuse among teenage populations

Summary

BSWH conducted its Community Health Needs Assessments, beginning July 2015, to identify and begin addressing the health needs of the communities they serve. Using both qualitative community feedback as well as publically available and proprietary health indicators, BSWH was able to identify and prioritize community health needs for their healthcare system. With the goal of improving the health of the community, implementation plans with specific tactics and time frames will be developed for the health needs BSWH has chosen to address for the community served. These implementation plans will be available to the public at BSWHealth.com/CommunityNeeds on November 15th, 2016.

[13] U.S. HHS Health Resources and Services Administration, Area Health Resource File/National Provider Identification file, 2013, Ratio of population to dentists

[14] CDC Wonder Mortality Data, 2006 – 2012, Number of drug poisoning deaths per 100,000 population

Appendix A: Key Health Indicator Sources

Key Health Indicator Sources	
CMS Chronic condition Data Warehouse (CCW)	Center for Public Policy Priorities/ Texas Education Agency
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention	Texas Education Agency
Texas Department of State Health Services	2015 County Health Rankings
National Vital Statistics System	US Census Small Area Income and Poverty Estimates (SAIPE)
CDC Wonder mortality data Compressed Mortality File (CMF)	American Community Survey
Fatality Analysis Reporting System (FARS)	Bureau of Labor Statistics
Small Area Health Insurance Estimates	County Business Patterns
Dartmouth Atlas of Health Care	National Center for Education Statistics
Area Health Resource File/ American Medical Association	National Center for Health Statistics
CMS, National Provider Identification File	Uniform Crime Reporting, Federal Bureau of Investigation
Feeding America	Behavioral Risk Factor Surveillance System (BRFSS)
USDA Food Environment Atlas	National Cancer Institute
Safe Drinking Water Information System	CDC Diabetes Interactive Atlas
Comprehensive Housing Affordability Strategy (CHAS)	CMS

Appendix B: Community Resources Identified to Potentially Address Significant Health Needs

Resources Identified via Community Input

911 Services	Girls, Inc.	Mental Health Coalition	Obesity Coalition
Breast Bridge	Hospitals	Metrocrest	Public Health Departments
Catholic Charities	Injury Prevention Center of Greater Dallas	MHMR	Senior Source
CCA Community Clinics	Local Churches	NAMI Suicide Prevention	Transitional Care Services
City Governments	Meals on Wheels	Night Shelter	United Way
Free Clinics	Medstar	NTX Food bank	

Hospitals - Eighty-seven hospitals serving the community

Facility Name	System	Type	Street Address	City	State	ZIP
Accel Rehabilitation Hospital Of Plano	Accel Rehab	LT	2301 MARSH LANE SUITE 200	PLANO	TX	75093
Baylor Emergency Medical Center - Aubrey	Baylor Scott & White	ST	26791 HIGHWAY 380	AUBREY	TX	76227
Baylor Emergency Medical Center - Murphy	Baylor Scott & White	ST	511 FM 544 SUITE 100	MURPHY	TX	75094
Baylor Heart And Vascular Center	Baylor Scott & White	ST	621 NORTH HALL STREET	DALLAS	TX	75226
Baylor Institute For Rehabilitation	Baylor Scott & White	LT	909 NORTH WASHINGTON AVENUE	DALLAS	TX	75246
Baylor Institute For Rehabilitation At Frisco	Baylor Scott & White	LT	2990 LEGACY DRIVE	FRISCO	TX	75034
Baylor Institute For Rehabilitation At Northwest Dallas	Baylor Scott & White	LT	1340 EMPIRE CENTRALDRIVE	DALLAS	TX	75247
Baylor Medical Center At Frisco	Baylor Scott & White	ST	5601 WARREN PARKWAY	FRISCO	TX	75034
Baylor Medical Center At Trophy Club	Baylor Scott & White	ST	2850 EAST STATE HWY 114	TROPHY CLUB	TX	76262
Baylor Medical Center At Uptown	Baylor Scott & White	ST	2727 EAST LEMMON AVENUE	DALLAS	TX	75204
Baylor Scott & White Medical Center - Carrollton	Baylor Scott & White	ST	4343 NORTH JOSEY LANE	CARROLLTON	TX	75010
Baylor Scott & White Medical Center - Garland	Baylor Scott & White	ST	2300 MARIE CURIE	GARLAND	TX	75042
Baylor Scott & White Medical Center - Irving	Baylor Scott & White	ST	1901 NORTH MACARTHUR BOULEVARD	IRVING	TX	75061
Baylor Scott & White Medical Center - McKinney	Baylor Scott & White	ST	5252 WEST UNIVERSITY DRIVE	MCKINNEY	TX	75071
Baylor Scott & White Medical Center - Plano	Baylor Scott & White	ST	4700 ALLIANCE BOULEVARD	PLANO	TX	75093
Baylor Scott & White Specialty Unit	Baylor Scott & White	ST	3504 SWISS AVE	DALLAS	TX	75246
Baylor Surgical Hospital At Las Colinas	Baylor Scott & White	ST	400 WEST INTERSTATE 635	IRVING	TX	75063
Baylor University Medical Center	Baylor Scott & White	ST	3500 GASTON AVENUE	DALLAS	TX	75246
Baylor Scott & White Medical Center - Centennial	Baylor Scott & White	ST	12505 LEBANON ROAD	FRISCO	TX	75035
Doctors Hospital At White Rock Lake	Baylor Scott & White	ST	9440 POPPY DRIVE	DALLAS	TX	75218
Baylor Scott & White Medical Center – Lake Pointe	Baylor Scott & White	ST	6800 SCENIC DRIVE PO BOX 1550	ROWLETT	TX	75088
North Central Surgical Center	Baylor Scott & White	ST	9301 NORTH CENTRAL EXPRESSWAY #100	DALLAS	TX	75231
Baylor Scott & White Medical Center - Sunnyvale	Baylor Scott & White	ST	231 SOUTH COLLINS ROAD	SUNNYVALE	TX	75182
The Heart Hospital Baylor Denton	Baylor Scott & White	ST	2801 SOUTH MAYHILL ROAD	DENTON	TX	76208
The Heart Hospital Baylor Plano	Baylor Scott & White	ST	1100 ALLIED DRIVE	PLANO	TX	75093
Children's Medical Center Of Dallas	Children's Medical	KID	1935 MEDICAL DISTRICT DRIVE	DALLAS	TX	75235

Facility Name	System	Type	Street Address	City	State	ZIP
Children's Medical Center Plano	Children's Medical	KID	7601 PRESTON ROAD	PLANO	TX	75024
Our Children's House	Children's Medical	KID	3301 SWISS AVENUE	DALLAS	TX	75204
Plano Specialty Hospital	Compass Pointe	LT	1621 COIT ROAD	PLANO	TX	75075
Continuum Rehabilitation Hospital Of North Texas	Continuum	LT	3100 PETERS COLONY ROAD	FLOWER MOUND	TX	75022
Mesquite Rehabilitation Institute	Ernest Health. Inc.	LT	1023 NORTH BELT LINE ROAD	MESQUITE	TX	75149
Mesquite Specialty Hospital	Ernest Health. Inc.	LT	1024 NORTH GALLOWAY AVENUE	MESQUITE	TX	75149
First Texas Hospital	First Choice	ST	1401 E TRINITY MILLS RD	CARROLLTON	TX	75006
Forest Park Medical Frisco	Forest Park (Vibrant Healthcare)	ST	5500 FRISCO SQUARE BLVD	FRISCO	TX	75034
Forest Park Medical Center	Forest Park (Vibrant Healthcare)	ST	11990 NORTH CENTRAL EXPRESSWAY	DALLAS	TX	75243
Crescent Medical Center Lancaster	Freestanding	ST	2600 WEST PLEASANT RUN ROAD	LANCASTER	TX	75146
Integrity Transitional Hospital	Freestanding	LT	2813 SOUTH MAYHILL ROAD	DENTON	TX	76208
Pine Creek Medical Center	Freestanding	ST	9032 HARRY HINES BOULEVARD	DALLAS	TX	75235
Star Medical Center	Freestanding	ST	4100 MAPLESHADE LANE	PLANO	TX	75075
Texas General Hospital	Freestanding	ST	2709 HOSPITAL BLVD	GRAND PRAIRIE	TX	75051
Walnut Hill Medical Center	Freestanding	ST	7502 GREENVILLE AVENUE	DALLAS	TX	75231
HealthSouth Plano Rehabilitation Hospital	HealthSouth	LT	2800 WEST 15TH STREET	PLANO	TX	75075
HealthSouth Rehabilitation Hospital Of Dallas	HealthSouth	LT	7930 NORTHAVEN	DALLAS	TX	75230
HealthSouth Rehabilitation Hospital Of Richardson	HealthSouth	LT	3351 WATERVIEW PARKWAY	RICHARDSON	TX	75080
Medical Center Of McKinney	Hospital Corporation of America	ST	4500 MEDICAL CENTER DRIVE	MCKINNEY	TX	75069
Denton Regional Medical Center	Hospital Corporation of America	ST	3535 SOUTH I-35 EAST	DENTON	TX	76210
Las Colinas Medical Center	Hospital Corporation of America	ST	6800 NORTH MACARTHUR BOULEVARD	IRVING	TX	75039
Medical Center Of Lewisville	Hospital Corporation of America	ST	500 WEST MAIN STREET	LEWISVILLE	TX	75057
Medical Center Of McKinney-Wysong Campus	Hospital Corporation of America	ST	130 SOUTH CENTRAL EXPRESSWAY	MCKINNEY	TX	75070
Medical Center Of Plano	Hospital Corporation of America	ST	3901 WEST 15TH STREET	PLANO	TX	75075
Medical City Dallas Hospital	Hospital Corporation of America	ST	7777 FOREST LANE	DALLAS	TX	75230
Kindred Hospital - Dallas	Kindred	LT	9525 GREENVILLE AVENUE	DALLAS	TX	75243

Facility Name	System	Type	Street Address	City	State	ZIP
Kindred Hospital - White Rock	Kindred	LT	9440 POPPY DRIVE 5TH FLOOR SOUTH	DALLAS	TX	75218
Kindred Hospital Dallas Central	Kindred	LT	8050 MEADOW ROAD	DALLAS	TX	75231
LifeCare Hospitals Of Dallas	LifeCare	LT	1950 RECORD CROSSING ROAD	DALLAS	TX	75235
LifeCare Hospitals Of Plano	LifeCare	LT	6800 PRESTON ROAD	PLANO	TX	75024
Methodist Charlton Medical Center	Methodist Health System	ST	3500 WHEATLAND ROAD	DALLAS	TX	75237
Methodist Dallas Medical Center	Methodist Health System	ST	1441 NORTH BECKLEY AVENUE	DALLAS	TX	75203
Methodist Hospital For Surgery	Methodist Health System	ST	17101 DALLAS PARKWAY	ADDISON	TX	75001
Methodist McKinney Hospital	Methodist Health System	ST	8000 WEST ELDORADO PARKWAY	MCKINNEY	TX	75070
Methodist Rehabilitation Hospital	Methodist Health System	LT	3020 WEST WHEATLAND ROAD	DALLAS	TX	75237
Methodist Richardson Medical Center	Methodist Health System	ST	2831 E PRESIDENT GEORGE BUSH HWY	RICHARDSON	TX	75082
Methodist Richardson Medical Center - Campbell	Methodist Health System	ST	401 WEST CAMPBELL ROAD	RICHARDSON	TX	75080
Plano Surgical Hospital	Nobilis Health	ST	2301 MARSH LANE SUITE 100	PLANO	TX	75093
Parkland Memorial Hospital	Parkland	ST	5200 - 5201 HARRY HINES BOULEVARD	DALLAS	TX	75235
Warm Springs Rehabilitation Hospital Of Allen	Post Acute Medical	LT	1001 RAINTREE CIRCLE	ALLEN	TX	75013
Dallas Medical Center	Prime Healthcare Services	ST	7 MEDICAL PARKWAY	DALLAS	TX	75234
Dallas Regional Medical Center	Prime Healthcare Services	ST	1011 NORTH GALLOWAY AVE	MESQUITE	TX	75149
Promise Hospital Of Dallas Inc.	Promise Healthcare	LT	7955 HARRY HINES BOULEVARD	DALLAS	TX	75235
Select Rehabilitation Hospital Of Denton	Select Medical Corp	LT	2620 SCRIPTURE STREET	DENTON	TX	76201
Select Specialty Hospital - Dallas	Select Medical Corp	LT	2329 PARKER RD	CARROLLTON	TX	75010
Select Specialty Hospital - Dallas	Select Medical Corp	LT	3500 GASTON AVENUE 3RD AND 4TH FLOORS	DALLAS	TX	75246
Select Specialty Hospital - Garland	Select Medical Corp	LT	2300 MARIE CURIE 3W AND 3E FLOORS	GARLAND	TX	75042
Select Specialty Hospital - South Dallas	Select Medical Corp	LT	3500 WEST WHEATLAND ROAD 4TH FLOOR	DALLAS	TX	75237
Texas Health Center For Diagnostics & Surgery Plano	Texas Health Resources	ST	6020 WEST PARKER ROAD	PLANO	TX	75093
Texas Health Presbyterian Hospital Allen	Texas Health Resources	ST	1105 CENTRAL EXPRESSWAY NORTH SUITE 140	ALLEN	TX	75013
Texas Health Presbyterian Hospital Dallas	Texas Health Resources	ST	8200 WALNUT HILL LANE	DALLAS	TX	75231
Texas Health Presbyterian Hospital Denton	Texas Health Resources	ST	3000 I-35	DENTON	TX	76201
Texas Health Presbyterian Hospital Flower Mound	Texas Health Resources	ST	4400 LONG PRAIRIE ROAD	FLOWER MOUND	TX	75028

Facility Name	System	Type	Street Address	City	State	ZIP
Texas Health Presbyterian Hospital Plano	Texas Health Resources	ST	6200 WEST PARKER ROAD	PLANO	TX	75093
Texas Institute For Surgery - PHD	Texas Health Resources	ST	7115 GREENVILLE AVENUE	DALLAS	TX	75231
Texas Scottish Rite Hospital For Children	TX Scottish Rite	KID	2222 WELBORN STREET	DALLAS	TX	75219
Mayhill Hospital	Universal Health Services	LT	2809 MAYHILL ROAD	DENTON	TX	76208
William P. Clements Jr University	UTSW	ST	6201 Harry Hines Blvd	DALLAS	TX	75235
Zale Lipshy University Hospital	UTSW	ST	5151 Harry Hines Blvd	DALLAS	TX	75235
Atrium Medical Center At Corinth	Vibra Healthcare	LT	3305 CORINTH PARKWAY	CORINTH	TX	76208
Vibra Specialty Hospital	Vibra Healthcare	LT	2700 WALKER WAY	DESOTO	TX	75115

Community Healthcare Facilities[15]

**Type: ST=short-term; LT=long-term, PSY=psychiatric, KID = pediatric*

[15] Texas Department of State Health Services, 12/23/2015

Free-Standing Emergency Departments

Facility Name	Street Address	City	State	ZIP
ADVANCE ER	12338 INWOOD RD	DALLAS	TX	75244
ADVANCE ER	5201 LOVERS LANE	DALLAS	TX	75209
ELITE CARE EMERGENCY CENTER	4780 STATE HIGHWAY 121	THE COLONY	TX	75056
ELITE CARE EMERGENCY CENTER	720 N DENTON TAP RD	COPPELL	TX	75019
ER CENTERS OF AMERICA INC	6501 PRESTON ROAD	PLANO	TX	75024
ERCA LITTLE ELM LLC	2700 E. ELDORADO PARKWAY SUITE 104	LITTLE ELM	TX	75068
EXCELLENCE ER	1926 SKILLMAN ST	DALLAS	TX	75206
FIRST CHOICE EMERGENCY ROOM	211 EAST FM 544, SUITE 401	MURPHY	TX	75094
FIRST CHOICE EMERGENCY ROOM	2401 PRESTON ROAD, SUITE D	PLANO	TX	75093
FIRST CHOICE EMERGENCY ROOM	2650 FLOWER MOUND ROAD	FLOWER MOUND	TX	75022
FIRST CHOICE EMERGENCY ROOM	7050 N SHILOH ROAD	GARLAND	TX	75044
FIRST CHOICE EMERGENCY ROOM	3400 GUS THOMASSON	MESQUITE	TX	75150
FIRST CHOICE EMERGENCY ROOM	1596 MAIN STREET	LEWISVILLE	TX	75067
FIRST CHOICE EMERGENCY ROOM	2800 LITTLE ELM PKWY	LITTLE ELM	TX	75068
FIRST CHOICE EMERGENCY ROOM	4535 FRANKFORD RD	DALLAS	TX	75287
FIRST CHOICE EMERGENCY ROOM	1291 W CAMPBELL RD SUITE 104	RICHARDSON	TX	75080
FIRST CHOICE EMERGENCY ROOM	5245 PRESTON ROAD	FRISCO	TX	75034
FIRST CHOICE EMERGENCY ROOM	850 N HIGHWAY 67	CEDAR HILL	TX	75104
FIRST CHOICE EMERGENCY ROOM	1836 E BETHANY DR	ALLEN	TX	75002
FIRST CHOICE EMERGENCY ROOM	4600 FM 2181 SUITE 50	HICKORY CREEK	TX	75065
FIRST CHOICE EMERGENCY ROOM	508 HWY 78 SOUTH	WYLIE	TX	75098
FIRST CHOICE EMERGENCY ROOM	5000 W ELDORADO PKWY	MCKINNEY	TX	75070
FIRST CHOICE EMERGENCY ROOM	3160 JUSTIN RD	HIGHLAND VILLAGE	TX	75077
HIGHLAND PARK EMERGENCY ROOM	5150 LEMMON AVENUE	DALLAS	TX	75209
ICARE EMERGENCY ROOM	2955 EL DORADO PARKWAY	FRISCO	TX	75033
IRVING FAMILY 24-HOUR ER + URGENT CARE LLC	8200 NORTH MACARTHUR BLVD	IRVING	TX	75063

Facility Name	Street Address	City	State	ZIP
LEGACY ER	9205 LEGACY DRIVE	FRISCO	TX	75034
LEGACY ER	1310 WEST EXCHANGE PARKWAY	ALLEN	TX	75013
LEGACY ER	330 DENTON TAP RD	COPPELL	TX	75019
LEGACY ER	16151 ELDORADO PKWY STE 100	FRISCO	TX	75035
LEGACY ER	2810 SOUTH HARDIN BLVD SUITE 100	MCKINNEY	TX	75070
PHYSICIANS ER OAK LAWN	3607 OAK LAWN AVENUE SUITE 100	DALLAS	TX	75219
PRESTIGE ER	7940 CUSTER RD	PLANO	TX	75025
PRESTON HOLLOW EMERGENCY ROOM	8007 WALNUT HILL LANE	DALLAS	TX	75231
SUREPOINT EMERGENCY CENTER DENTON	2426 LILLIAN MILLER PARKWAY	DENTON	TX	76205
THE ER AT CRAIG RANCH BY CODE 3	6045 ALMA ROAD SUITE 110	MCKINNEY	TX	75070

Psychiatric Facilities

Facility Name	Street Address	City	State	ZIP
CARROLLTON SPRINGS	2225 PARKER ROAD	CARROLLTON	TX	75010
DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC	800 KIRNWOOD DR	DESOTO	TX	75115
GARLAND BEHAVIORAL HOSPITAL	2300 MARIE CURIE BLVD 5TH FLOOR	GARLAND	TX	75042
GREEN OAKS HOSPITAL	7808 CLODUS FIELDS DRIVE	DALLAS	TX	75251
HAVEN BEHAVIORAL HOSPITAL OF FRISCO	5680 FRISCO SQUARE BLVD SUITE 3000	FRISCO	TX	75034
HICKORY TRAIL HOSPITAL	2000 N OLD HICKORY TRAIL	DESOTO	TX	75115
OCEANS BEHAVIORAL HOSPITAL OF PLANO	4301 MAPLESHADE LANE	PLANO	TX	75093
SUNDANCE HOSPITAL DALLAS	2696 W WALNUT ST	GARLAND	TX	75042
TEXAS HEALTH SEAY BEHAVIORAL HEALTH CENTER PLANO	6110 WEST PARKER ROAD	PLANO	TX	75093
TIMBERLAWN MENTAL HEALTH SYSTEM	4600 SAMUELL BOULEVARD	DALLAS	TX	75228
UNIVERSITY BEHAVIORAL HEALTH OF DENTON	2026 WEST UNIVERSITY	DENTON	TX	76201

Appendix C: Evaluation of Implementation Strategy Impact

As the largest not-for-profit health system in Texas, BSWH provides its patients and community with greater access to care directly through hospitals and in collaboration with other affiliates of BSWH through an array of initiatives that meet the identified community needs from the 2013-2016 CHNA.

Among the greatest need identified in the 2013-2016 CHNA was the need for access to more quality preventive health and sick care services to be provided in the communities served. These needs required improving the excellence of health care delivery through additional services with a continual focus on the patients, and compassion for their situation. These needs were met through the convenient locations across the community, and the cooperation and collaboration afforded the hospitals by the vast geography served through BSWH. BSWH affiliation makes a hospital a more robust service provider, including the advancement of medical education and research initiatives. Need is the basis for building new facilities and advancing and increasing services through physicians and caregivers drawn to BSWH in recognition of its quality standing in the community served. Categories of service in this Plan included:

- community health education services
- medical education
- subsidized health services
- research
- financial and in kind donations
- community benefit operations
- health care support services

In addition to the tactics to meet the prioritized community health needs identified below, the community benefits from many BSWH initiatives which are funded and provided by both the hospitals and affiliates of the System.

- Access to Care for Low Income Population/Underserved
- Care Transitions and Care Coordination
- Behavioral Health
- Emergency and Urgent Care
- Healthcare Infrastructure
- Multiple Chronic Conditions
- Patient Safety and Hospital Acquired Conditions
- Preventive Health Screenings
- Co-Morbid Medical and Behavioral Health Services
- Prenatal Care
- Preventable Acute Care Admissions
- Elderly at Home and Nursing Home Patients
- Dental Care

Outcomes for hospitals in the community from Implementation Plan 2013-2016 for the fiscal year ended June 20, 2015. More in depth reporting for this period may be located at BaylorHealth.com/About/Community.

Categories of Outcomes and Impact:

Financial Donations - Financial donations made to other not-for-profit organizations in the community at large whose missions compliment the mission of the hospitals, helped to extend the services of the hospital beyond its walls. These funds include gifts to other not for profit organizations, contributions to charity events after subtracting fair market value of participation by employees or the organization. Gifts for the fiscal years beginning July 2013 through June 2015 totaled $2,019,041 and assisted in addressing the needs of:

- Access to Care/Behavioral Health/Dental Care - providing funding for a camp experience for children with traumatic brain injury; Education of community health professionals; senior adult services; clinics for underinsured/uninsured populations;
- Multiple Chronic Conditions - American Heart Association; prevention efforts for atrial fibrillation; Alzheimer's; Crohn's and colitis; cystic fibrosis; leukemia and lymphoma; pancreatic cancer; Senior wellness programs;
- Elderly at home and nursing Home Patients – Senior wellness programs

Donations for needs that were not adopted for Implementation Plan 2013-2016, but which addressed an identified community need included services for homeless adults and children; impoverished children; mortalities due to driving while alcohol impaired; education; advocacy for children in the legal system; emergency assistance for families and children; housing for special needs adults and children; food banks and green space for communities.

- Baylor Institute for Rehabilitation - $26,500
- Baylor Institute for Rehabilitation at Frisco - $1,606
- Baylor Jack and Jane Hamilton Heart and Vascular Hospital - $235,062
- Baylor University Medical Center - $209,700
- Baylor Scott & White Medical Center -Carrollton -$82,150
- Baylor Scott & White Medical Center - Garland - $34,750
- Baylor Scott & White Medical Center - McKinney - $91,220
- Baylor Scott & White Medical Center - Plano - $108,908
- The Heart Hospital at Baylor Denton - $44,703
- The Heart Hospital at Baylor Plano - $1,151,392
- Baylor Scott & White Medical Center – Irving - $67,800

In- Kind Donations/ Faith in Action Initiatives –

Through in-kind donations to the office of Faith in Action Initiatives 2nd Life program provides monetary donations, and medical supplies and equipment repurposed from the hospitals in the community. This initiative provides for the health care needs of populations locally whose needs cannot be met through their own organization. 2nd Life provides recycled medical equipment to underserved health care organizations, and provides monetary support for disaster situations through the shipment of medical equipment. In the fiscal years beginning July 2013 and ending June 2015 the hospitals provided Medical supplies and equipment valued at approximately $494.921. Through this effort, the following needs were addressed:

- Multiple Chronic Conditions
- Access to Care
- Patient Safety & Hospital Acquired Conditions
- Behavioral Health
- Healthcare Infrastructure
- Preventive Health Screenings
- Emergency and Urgent Care

The following projects were funded/supplied:

- Project 4031
- Cornerstone Network
- Family Legacy
- Orrant Charities
- Academic Sim Program
- Threshold Ministries
- Meals on Wheels
- Trusted World

Hospitals providing supplies included:

- Baylor Reg. Medical Center – Plano, $26,426
- Baylor Jack and Jane Heart and Vascular Hospital, $487
- Baylor Institute for Rehabilitation - $174
- Baylor Scott & White Medical Center - Garland - $22,172
- Baylor Scott & White Medical Center - Carrollton - $20,929
- Baylor Scott & White Medical Center - Irving - $87,463
- Baylor Institute for Rehabilitation – Frisco - $91
- Baylor Institute for Rehabilitation – Northwest Hwy. - $3,350
- Baylor University Medical Center - $241,418
- The Heart Hospital Baylor Denton - $1,850
- The Heart Hospital Baylor Plano - $1,004
- Baylor Scott & White Medical Center - McKinney -$5,255

Community Health Improvement Services: The hospitals of BSWH provided health screenings, and services assisting the community in taking steps to help increase their chances for living a longer, healthier life. Through the provision of community health education and improvement services in including educational events, disease support groups and health screenings the following needs were addressed:

- Multiple Chronic Conditions
- Behavioral Health
- Preventive Health Screenings
- Co-Morbid Behavioral and Health

In the fiscal years beginning July 1, 2013 and ending June 30, 2015 the hospitals in the community provided 203,317 persons with community health education or support. 9,816 health screenings were provided in multiple disease and wellness areas and of that group, 4,220 were identified as at risk and were referred to a physician or clinic for diagnosis. Through these efforts BSWH provided the following areas of service:

- Disease Screenings - Cancer; cardiovascular, diabetes, wellness and behavioral health sc*r*eenings; blood pressure; skin cancer;
- Community Health Education – pain management; sleep apnea; smoking cessation; supportive and palliative care; advanced directives; nutrition; breast cancer; heart disease; traumatic brain injury; joint pain; grief management; journaling; healing arts programs; relaxation and meditation; chemotherapy management; lymphedema; from cancer to health; heart failure; heart health; special needs children; community lifestyle improvement; aquatics exercise programs for TBI community members; community gardening; healthy cooking classes
- Behavioral Health – amyloid cancers; breast cancer; general cancers; graft vs. host disease; leukemia and lymphoma; lung cancer; multiple myeloma; neck and head cancer; ovarian cancer; Waldenstorm's Macroglobulemia; diabetes; weight loss; traumatic brain injury; bladder and kidney cancer;
- Access to Care for Low Income/Underserved – BSWH sought to alleviate the medical underservice of the area through recruitment of physicians for the community.

In this effort the hospitals expended $3,174,461 from the period beginning July 1, 2013-June 30, 2015

Health care support services are provided by BSWH to increase access and quality of care in health services to individuals, especially those living in poverty and those invulnerable situations. The hospitals provided staff to assist in the qualification of the medically underserved for programs that will enable their access to care, through Medicaid, Medicare, SCHIP and to other government programs or charity care programs for use in any hospital within or outside of BSWH. This service addressed the following need:

- Access to Care for Low Income and Underserved – in the fiscal years beginning July 1, 2013 and ending in June 30, 2015 the community hospitals expended $2,185,291 in the commission of services including transportation programs for patients and families to enhance patient access to care; assistance to enroll in SCHIP & Medicaid; and

translation and interpretation services to go beyond what is required by law for accreditation.

Medical Education - The hospitals in the community are committed to assisting with the preparation of future physicians and nurses at entry and advanced levels of the profession to establish a workforce of qualified health care professionals in an underserved area. Through the System's relationships with many North Texas schools of nursing, the hospitals maintain strong affiliations with schools of nursing. Like physicians, nursing graduates trained at community hospitals are not obligated to join the staff although many remain in the North Texas area to provide top quality nursing services to many health care institutions. Community hospitals also provide recruitment assistance to physicians in order to relocate their practice into the community to satisfy a documented shortage of physicians in the total service area and other medically underserved areas. Through this effort the following need was addressed:

- Access to Care for Low Income and Underserved – 3,362 nurses and 375 medical residents received training at a cost of $57,012,392 through the fiscal years beginning July 1, 2013 and ending June 30, 2015; Community hospitals also expended $1,740,830 in physician recruitment efforts for the same period

Subsidized Health Services – Hospitals in the community provide services to underserved/underinsured populations through staff support in free standing community clinics. In addition, clinics provided Community Health Workers (CHW's) who serves as liaisons and who provided cultural mediation between health care and social services, and the community. Needs addressed through these services are:

- Access to care for low income/underserved
- Care coordination and care transition
- Preventive health screenings
- Multiple chronic conditions
- Behavioral health
- Co-morbid behavioral and healthcare services
- Preventable acute care admissions

The CHW's addressed issues, such as health literacy, accessing healthcare, and mitigating risky behaviors, is a trusted member and has a close understanding of the ethnicity, language, socio-economic status and life experiences of the community served. CHWs had a statistically significant impact on reducing A1c levels and Blood Pressures. There was a sustained decrease in mean blood pressure with patients who were connected with a CHW and had at least 2 visits. There was also a decrease in A1c from visit zero to visit 4. Patients who were connected with a Care Navigator (CHW) prior to discharge from the hospital had a statistically significant decrease in readmissions at 90 days versus those patients that did not receive contact with a Care Navigator, a lower rate of total hospitalization in connected patients as compared to unconnected. There were significantly lower hospitalizations among ED and a lower median cost at 30-day hospitalization among connected patients.
Hospitals in the community providing services in these clinics include:

- •Baylor Scott & White Medical Center - Plano – The physician salary was provided by the hospital to increase access and quality care in health services to individuals in the Douglas Community of East Plano, a lower-income and an under-served community of Plano. 875 persons were served between fiscal years 2013-2016.
- •Baylor University Medical Center - The Baylor Clinic houses a carved out chronic disease management program to provide focused and dedicated education and care for patients with diabetes, cardiovascular diseases (CVD) (i.e.: congestive heart failure) and respiratory diseases (asthma/chronic obstructive pulmonary disease) within a primary care setting. Specific staff, comprised of Community Health Workers (CHW) and Nurse Care Managers, addresses the complex clinical and prevention needs of these patients and spend time specifically on management of these diseases. In the fiscal years 2013-2016, 28,016 patients were served.
- •Baylor Scott & White Medical Center - Carrollton – 2,749 patients received services at the Baylor Community Clinic in Carrollton
- •Baylor Scott & White Medical Center – Irving served 7,654 patients at the clinic and 20% of those patients were adherent to their treatment plan.
- •Baylor Scott & White Medical Center - Garland – the clinic at Garland served 13,382 persons in the fiscal years from 2013-2016.

Palliative Care Services - Palliative care services provide relief of emotional pain that accompanies end-of-life care through services addressing cultural, spiritual, ethnic and social needs in a manner respectful of the patient's individuality and inherent human dignity and worth. Patients and their families are assisted in coping with stages of illness and grief and planning for the future.
Hospitals in the community providing these non-billable services for the fiscal years from 2013-2016 were:

- Baylor University Medical Center - $86,727
- Our Children’s House at Baylor - $317,916.

Needs served under these programs included:

- Behavioral Health
- Multiple Chronic Conditions
- Co-Morbid Medical
- Behavioral Health Conditions.

The Vulnerable Patient Network (VPN) program provides home visits to the highest risk (clinically, economically and socially) and vulnerable Medicaid and uninsured patients. Using a combination of the Hot Spotting model, developed by Dr. Jeffery Brenner of the Camden Coalition of Healthcare Providers, and a validated risk stratification tool, the top 5% of high risk patients in the Medicaid and Uninsured population were identified. Qualifiers for enrollment in this program, patient characteristics included but were not limited to: homebound, disabled, multiple chronic diseases, polypharmacy or any other medical or social conditions limiting the patients’ ability to access care in an ambulatory care setting. A multidisciplinary team comprised of an advanced nurse practitioner (APRN) and LVN saw patients in the home to provide acute, primary and chronic care. In addition, social workers addressed barriers to care and any social issues. Care Coordinators facilitated coordination

and continuity of care for patients and provided a high level of oversight for patients. Lastly, a Medical Director had management over the entire project. A full spectrum of services were available in the patient home ranging from examinations and clinical decision making to changing urinary catheters, labs, vaccinations and medication reconciliation, management and education.
Baylor Medical Center at Garland provided this service.
Needs addressed under this program included:

- Health Care Infrastructure
- Access to care for low income/underinsured
- Care Coordination, Care Transition

Clinical Research - The Hospital provides financial support for Baylor Research Institute (BRI) operating expenses and capital purchases. Research at BRI is focused on the patient. This means the work involves more than microscopic studies - it brings the research to the patient's bedside. BRI helps to improve the understanding of the basis of a disease, to identify potential treatments or preventive therapies, and to enroll patients in research trials. In the fiscal years from 2013-2016, Baylor University Medical Center provided funding for research in the amount of $47,942,400. Needs Served by the research accomplished through this support included:

•Multiple Chronic Conditions.