



BaylorScott&White

HEALTH

Community Health Needs Assessment 2016

North Texas Zone 2

Baylor Emergency Medical Center at Murphy
Baylor Emergency Medical Center at Aubrey
Baylor Emergency Medical Center at Colleyville
Baylor Emergency Medical Center at Keller

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 system able 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. BSWH 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 were 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:

- Baylor Emergency Medical Center at Murphy
- Baylor Emergency Medical Center at Aubrey
- Baylor Emergency Medical Center at Colleyville
- Baylor Emergency Medical Center at Keller

These facilities have defined their community to be the geographical area of Collin, Denton and Tarrant counties. The community served was determined based on the counties 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 this joint CHNA report define their community, for purposes of the CHNA report, to be the same.

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 prioritized health needs of this community are below:

1. Affordable healthcare / healthcare costs
2. Mental / behavioral health
3. Chronic illness
4. Dental services
5. Physical inactivity
6. Hyperlipidemia

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 under-served, 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

The 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 and Approach

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

- Baylor Emergency Medical Center – Murphy
- Baylor Emergency Medical Center - Aubrey
- Baylor Emergency Medical Center at Colleyville
- Baylor Emergency Medical Center - Keller

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.

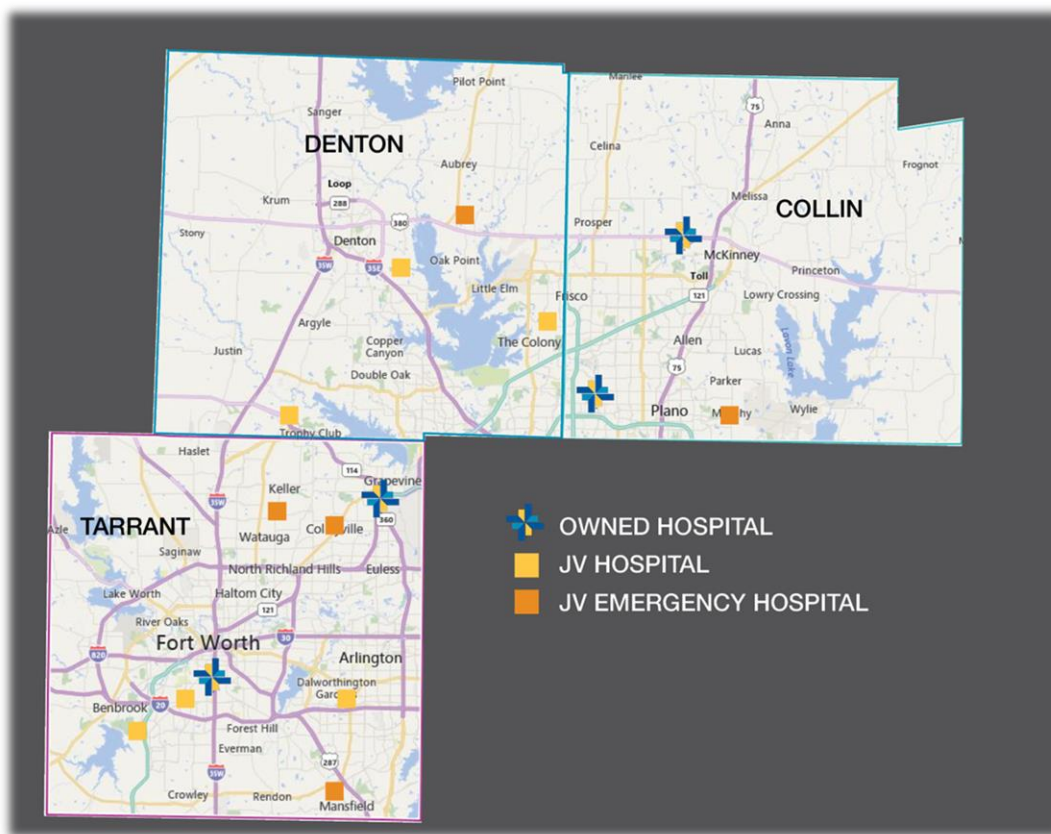
The community served definitions used in this assessment differ from those used by the legacy Baylor Health Care System and the legacy Scott & White Healthcare in their previously conducted (2013) CHNAs.

BSWH, has chosen a common methodology and approach to define the communities served for each of its licensed hospital facilities. BSWH identified the counties accounting for at least 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 this 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, Denton, and Tarrant 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.

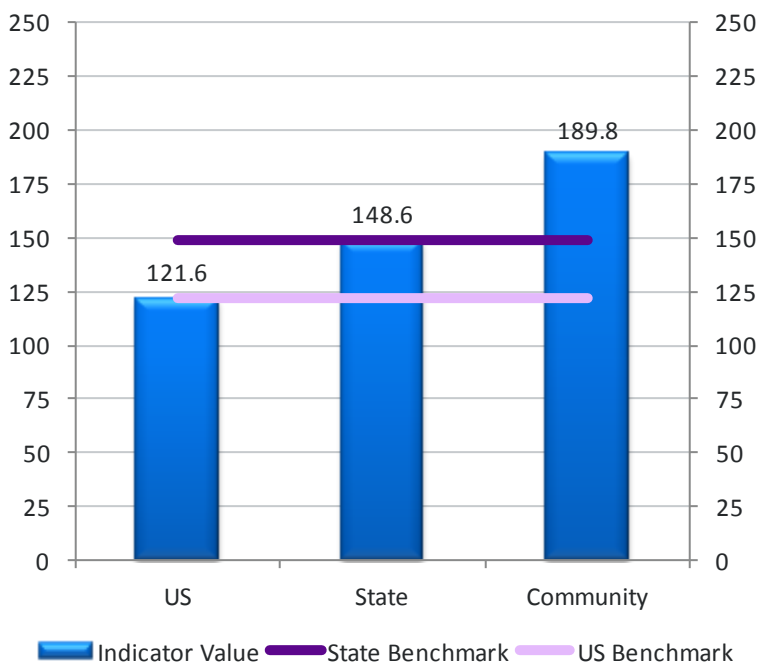
Quantitative Assessment of Health Needs

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**.

<p>Population</p> <ul style="list-style-type: none"> • 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 <p>Injury & Death</p> <ul style="list-style-type: none"> • 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 <p>Mental Health</p> <ul style="list-style-type: none"> • Mental Health Providers • Poor Mental Health Days <p>Prevention</p> <ul style="list-style-type: none"> • Diabetic Screening • Mammography Screening • Flu Vaccine 65+ 	<p>Health Outcomes</p> <ul style="list-style-type: none"> • 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 • 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 	<p>Health Behaviors</p> <ul style="list-style-type: none"> • Obesity • Childhood Obesity • Physical Inactivity • No Exercise • Adult Smoking • Excessive Drinking • Teen Birth Rate • Sexually Transmitted Infections • Alcohol Impaired Driving Deaths • Drug Poisoning Deaths <p>Access to Care</p> <ul style="list-style-type: none"> • 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 <p>Environment</p> <ul style="list-style-type: none"> • Limited Access to Healthy Foods • Food Insecurity • Food Environment Index • Access to Exercise Opportunities • Air Quality/ Pollution • Drinking Water • Housing • Commute/ Long • Commute/ Alone
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In order to determine which public health indicators demonstrate 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 six (6) 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.

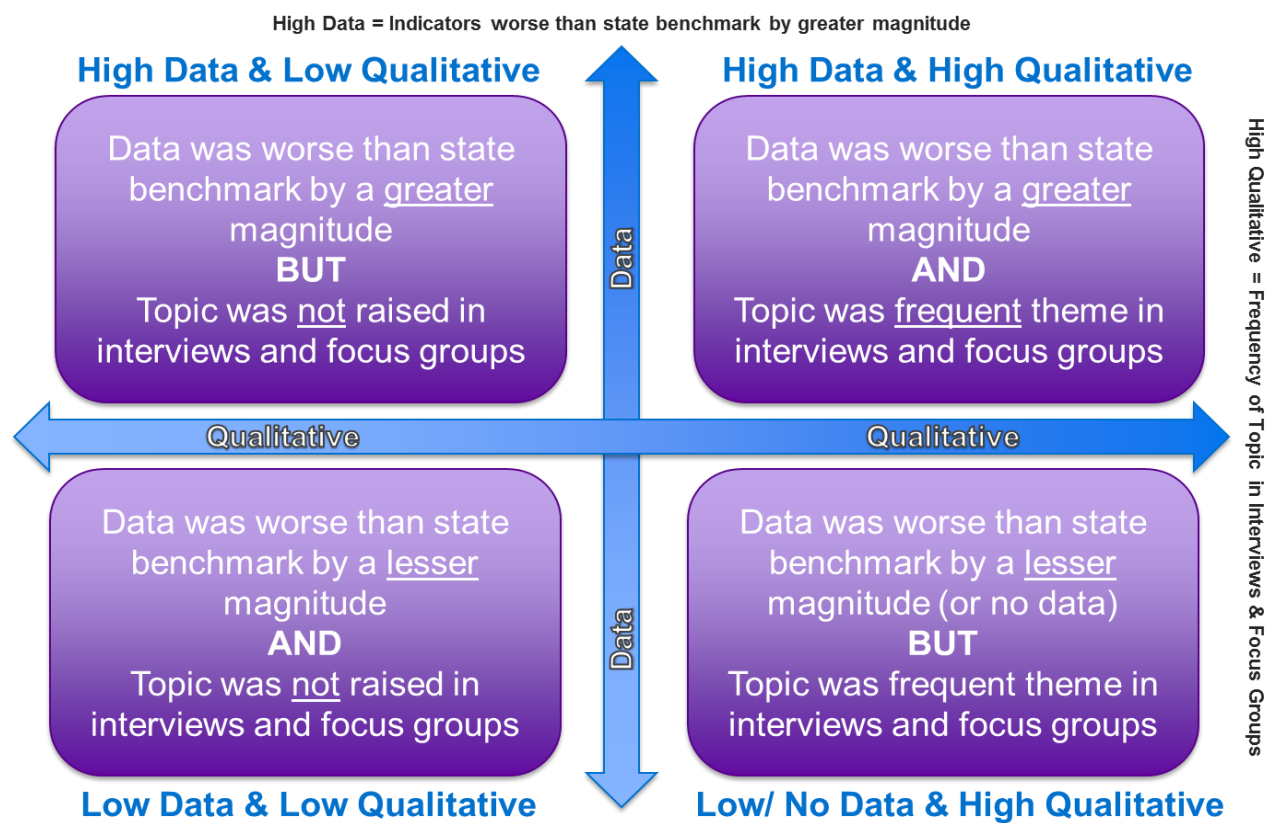
Input collected from the participants during the interviews and focus groups was organized into themes around community needs and compared to the quantitative data findings.

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.

Putting It All Together: The Health Needs Matrix



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. A thorough description of the process can be found in the "Prioritizing Community Health Needs" section of the assessment.

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
- 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**.

Baylor Scott & White Health Community Health Needs Assessment

Demographic and Socioeconomic Summary

According to population statistics, the community served is growing at a rate that is slightly above the state growth rate and faster than the national growth rate. The community had a higher median income than both state and national benchmarks along with a considerable racially diverse population. The senior population was below state and national benchmarks. Overall, the community appeared to be at an advantage due to fewer social barriers experienced by its population; however, some portions of the community (e.g. Tarrant County) faced more barriers than other portions.

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	3,521,789
5 Yr Proj Pop Chg	4%	7%	8%
Population 0-17	23%	26%	27%
Population 65+	15%	12%	10%
Women Age 15-44	20%	21%	21%
Non-White Population	29%	31%	32%
Median HH Income	\$56,682	\$56,653	\$66,779
Limited English	5%	8%	6%
No High School Diploma	14%	19%	12%
Un-employed	10%	8%	7%
Insurance Coverage: Medicaid	19%	14%	10%
Insurance Coverage: Uninsured	10%	20%	14%
Poverty	16%	18%	Collin Co: 8%
			Denton Co: 9%
			Tarrant Co: 15%

Source: Truven Health Analytics / The Nielsen Company, 2015

The population of the community served is expected to grow 8% (287,122 people) by 2020. Tarrant County had the most people, comprising 54% of the total population. Overall, the community will grow faster than the state and the nation. The ZIP codes expected to experience the most growth in five years:

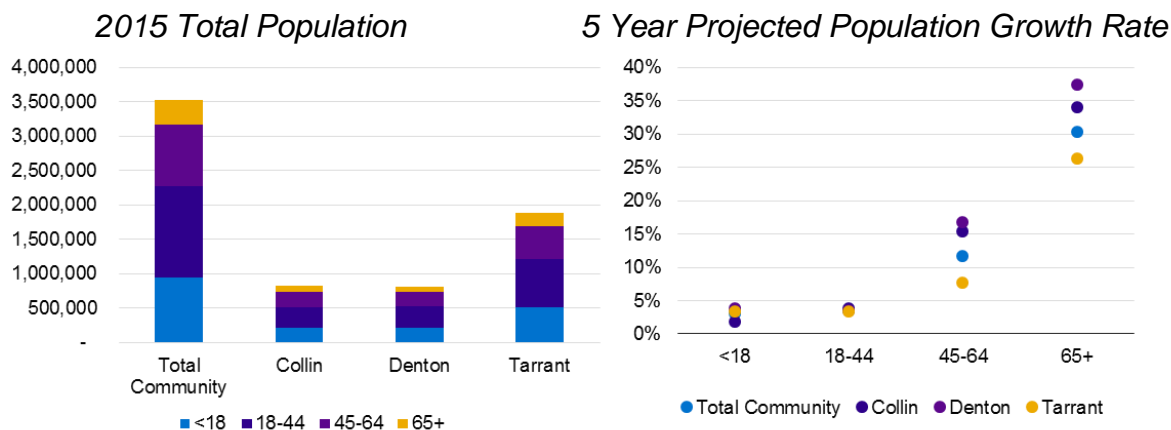
- 75070 McKinney (Collin County) – 11,518 people
- 76244 Keller (Tarrant County) – 11,482 people

Collin and Denton counties are expected to experience growth rates over 9% which will add over 77,000 people to each county. Meanwhile, Tarrant County will grow at a slower pace, around 7%.

The population over the age of 65 are expected to both grow the fastest and by the most number of people over the next 5 years. Particularly in Denton (37%) and Collin (34%) counties. In the overall community, those 65+ years of age will increase by 106,000 people.

The age group that will experience the least amount of growth is those under the age of 18 with an expected increase of 28,853 people.

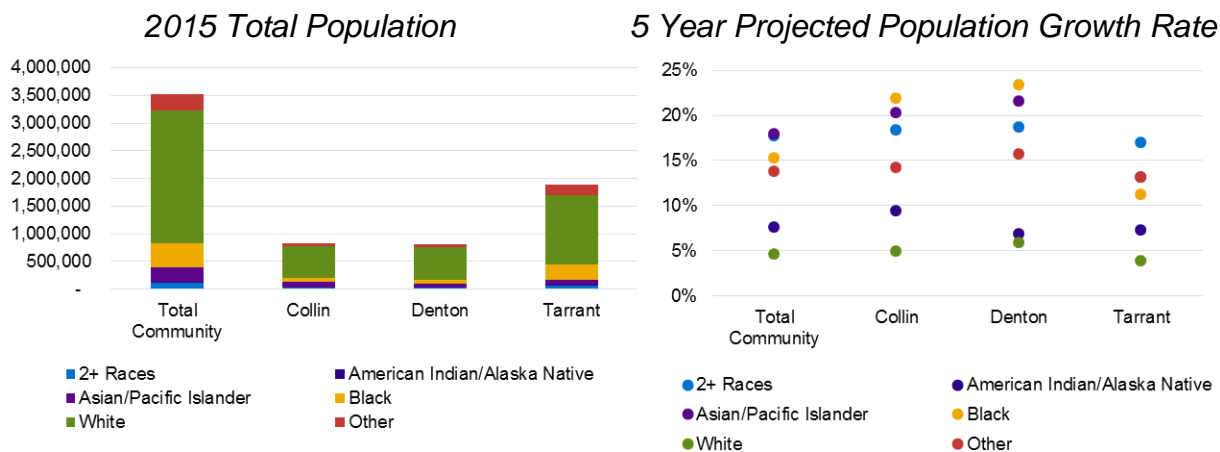
Population by Age Cohort



Source: Truven Health Analytics / The Nielsen Company, 2015

In this community, 87% of the population is white and Tarrant County accounts for 50% of the total white population. At 23%, this community has the lowest percentage of Hispanic people (816,730). 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).

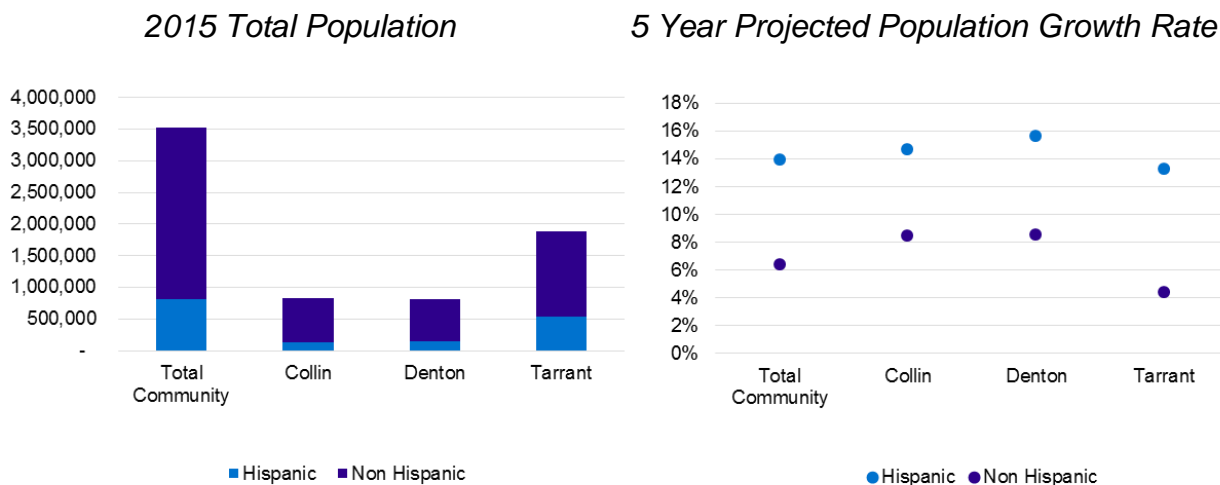
Population by Race



Source: Truven Health Analytics / The Nielsen Company, 2015

The Hispanic population is growing faster in Collin and Denton counties as compared to Tarrant County. By 2020, the community overall will experience a 14% increase in the Hispanic population, a growth of 15% in the African American population, and 18% in the Asian/Pacific Islander which is being driven by high growth rates in both Denton and Collin counties.

Population by Hispanic Ethnicity

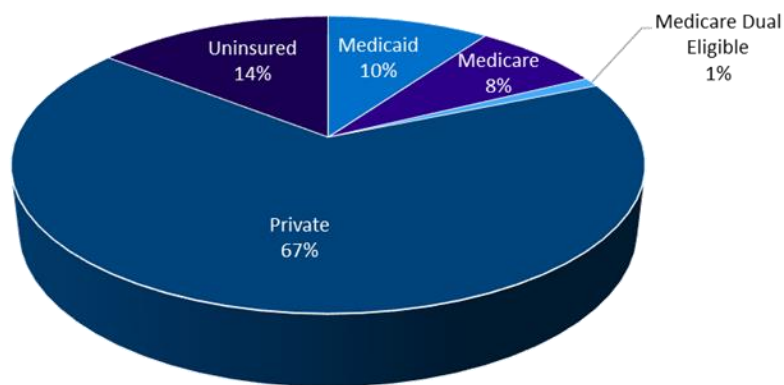


Source: Truven Health Analytics / The Nielsen Company, 2015

The median household income for the community was \$66,779. Sixty-seven percent (67%) of the population had private (commercial) insurance. Commercial covered lives are expected to grow 6% over the next five years. Medicare and dual eligible lives

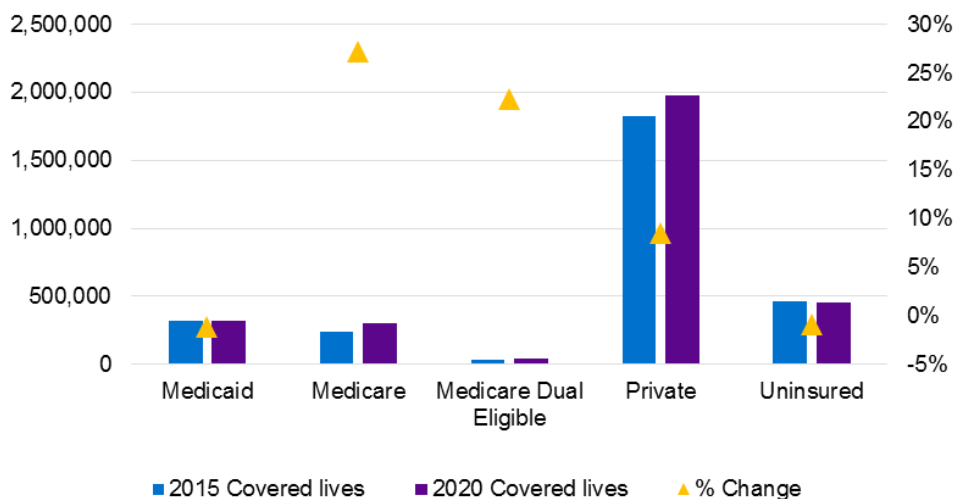
(those receiving both Medicare and Medicaid benefits) will see the largest percentage increases of 22% and 26%, respectively. The number of uninsured and Medicaid lives are expected to decline slightly. In the community served, private insurance will show the largest increase in covered lives at 205,000 people, this is followed by Medicare. Collin County is expected to see the greatest decline in Medicaid covered lives at approximately 3%. Medicare and dual eligible lives will increase over 30% in both Collin and Denton counties, and Tarrant County will experience growth of approximately 25% for these populations.

2015 Estimated Distribution of Covered Lives by Insurance Category



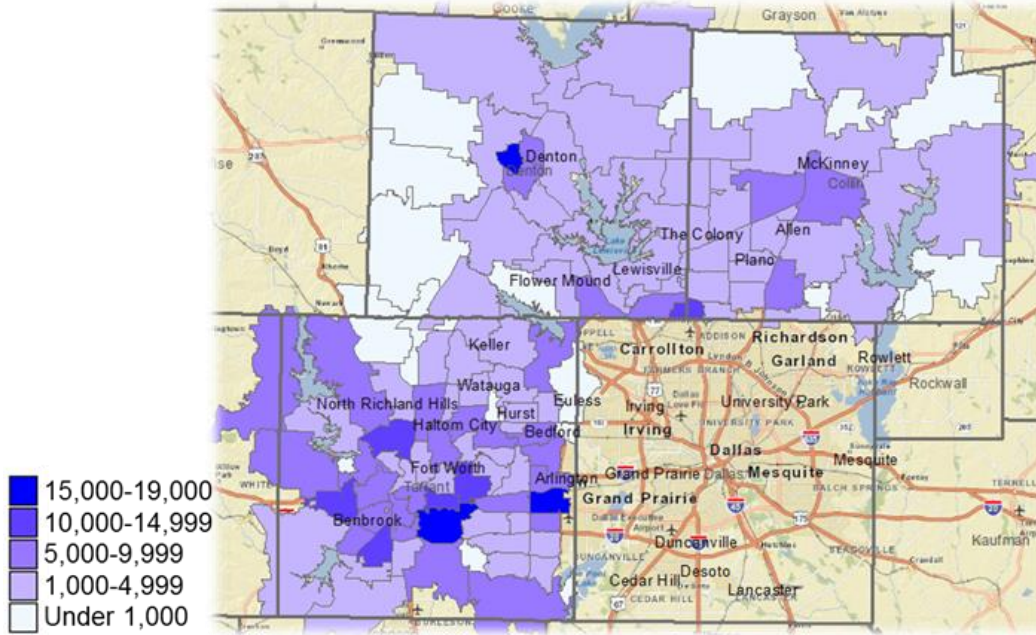
Source: Truven Health Analytics / The Nielsen Company, 2015

Estimated Covered Lives and Projected Growth by Insurance Category



Source: Truven Health Analytics / The Nielsen Company, 2015

2015 Estimated Uninsured Lives by ZIP Code



Source: Truven Health Analytics / The Nielsen Company, 2015

The community includes eleven (11) Health Professional Shortage Areas and five (5) Medically Underserved Area as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.¹ **Appendix D** includes the details on each of these designations.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

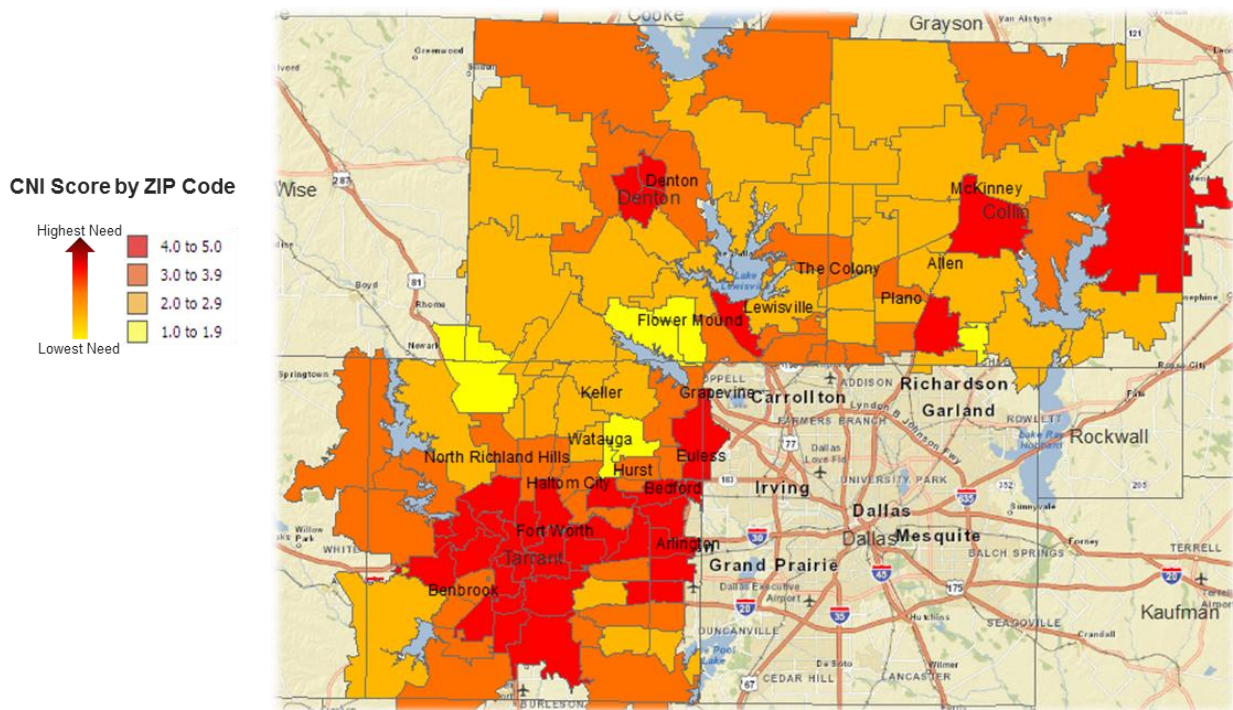
COUNTY	Health Professional Shortage Area (HPSA)			Medically Underserved Area/Population (MUA/P)	
	Dental Health	Mental Health	Primary Care	TOTAL HPSA	TOTAL MUA/P
Collin County	1	1	1	3	1
Denton County	1	1	1	3	1
Tarrant County	2	1	2	5	3
TOTAL	4	3	4	11	5

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

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 ranked slightly above average on the CNI scale when comparing to the nation. The city of Arlington and parts of Fort Worth in Tarrant County showed the highest level of need along with Farmersville and portions of McKinney in Collin County. The community served had an overall CNI Score of 3.3.

2015 Community Need Index by ZIP Code



Source: Truven Health Analytics / The Nielsen

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	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	Air pollution - particulate matter (daily density)
Environment	Driving alone to work (percent of workforce)
Environment	Long commute - driving alone (percent of workers who commute by car)
Health behaviors	Physical Inactivity (percent)
Health behaviors	Driving deaths with alcohol involvement (percent)
Health outcomes	Cancer (all causes) Incidence
Health outcomes	Female Breast Cancer Incidence
Health outcomes	Lung Cancer Incidence (per 100,000)
Health outcomes	Prostate Cancer Incidence (per 100,000)
Health outcomes	Adults Reporting Diagnosed w/ Diabetes (percent)
Health outcomes	Hypertension: 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)
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	Pediatric Diabetes Short-term Complications Admission Risk-Adjusted-Rate (per 100,000)
Health outcomes	First trimester entry into prenatal care
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	Social associations (membership associations per 10,000 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.

Truven Health's Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnoses in the community served at 835,773 cases. More than half of the cases occurred in Tarrant County alone. Fifty-five percent of each heart disease existed in Tarrant County, and one-fourth of the cases had been identified in Fort Worth. The cities of Arlington, Plano, and McKinney made up a quarter of the heart disease that exists in the community.

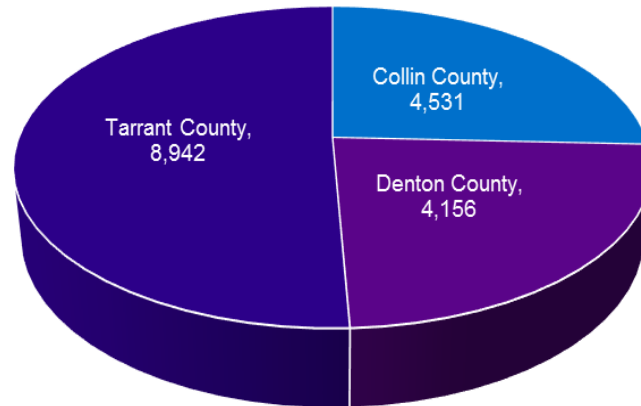
2015 Estimated Heart Disease Cases

Disease Type	Collin County	Denton County	Tarrant County	Total Community
ARRHYTHMIAS	31,462	26,902	76,020	134,385
CONGESTIVE HEART FAILURE	12,582	12,258	38,484	63,324
HYPERTENSION	193,915	187,469	454,389	835,773
ISCHEMIC HEART DISEASE	27,940	24,518	67,342	119,800

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

Source: Truven Health Analytics, 2015

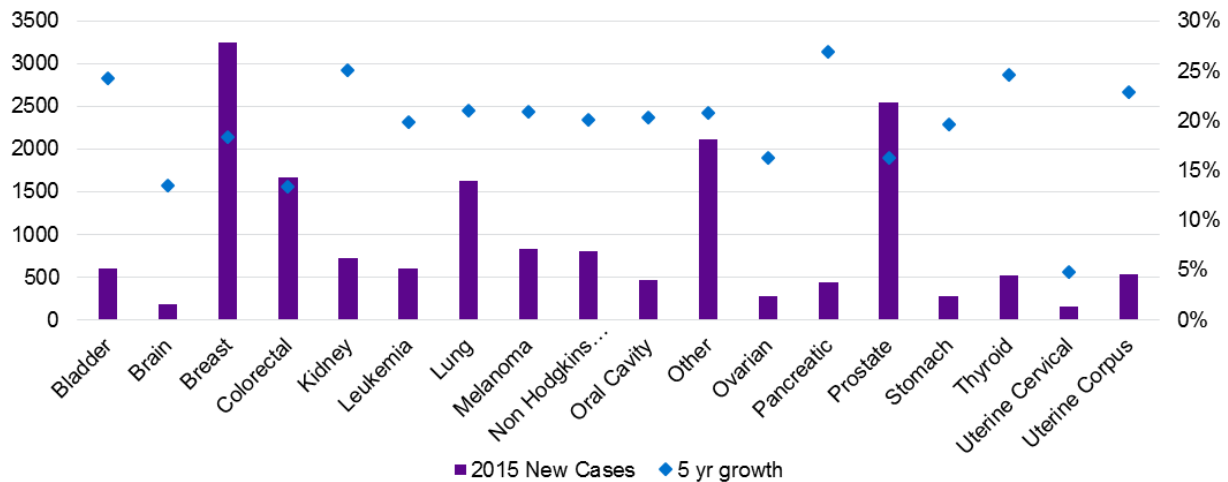
The Truven Health five-year projected growth of cancer estimates that bladder, kidney, pancreatic, thyroid and uterine cancers will experience the greatest growth rates in the community. Overall, cancer rates are expected to grow more quickly in Collin and Denton counties at 22% and 24%, respectively. Tarrant County's expected growth rate is 16% which is the lowest in the community. Kidney and pancreatic cancers are expected to grow over 30% in Denton County. High volume cancers, such as breast and lung, are expected to grow over 20% in Collin and Denton counties; less growth is predicted for Tarrant County.



Source: Truven Health Analytics, 2015

2015 Estimated New Cancer Cases

2015 Cancer Cases and Growth by Type

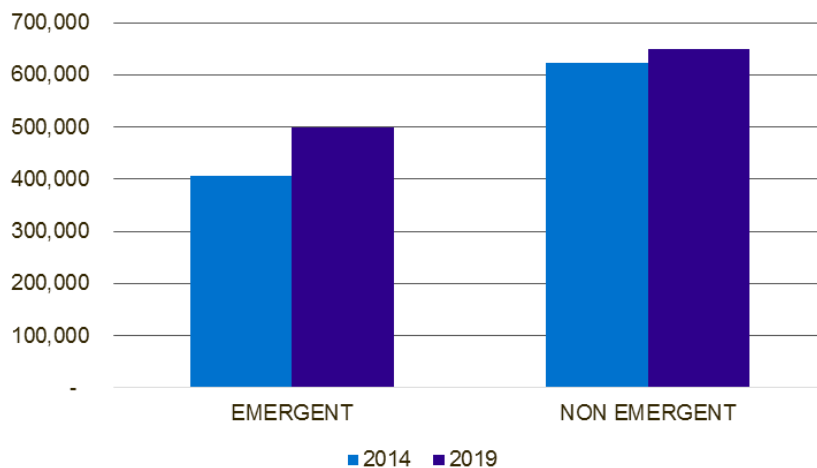


Source: Truven Health Analytics, 2015

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 non-emergent visits will grow 4% over the next five years.

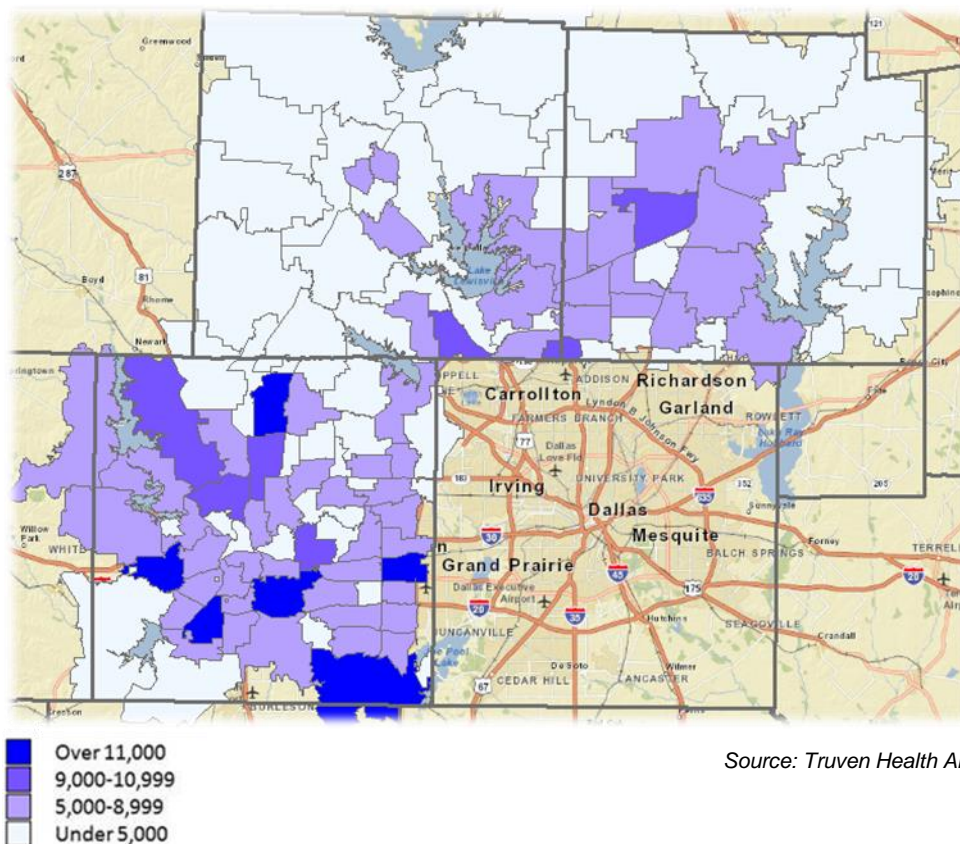
Non-emergent outpatient ED visits are lower acuity visits that present to the ED but can be treated in other more appropriate and less intensive outpatient settings. Non-emergent ED visits can be an indication that there are systematic issues with access to primary care or managing chronic conditions. The highest volumes of such visits exist in parts of Fort Worth, Arlington, Mansfield, Keller and Lewisville.

Emergent and Non-Emergent ED Visits



Source: Truven Health Analytics, 2015

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.² 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

² 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, under and 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.

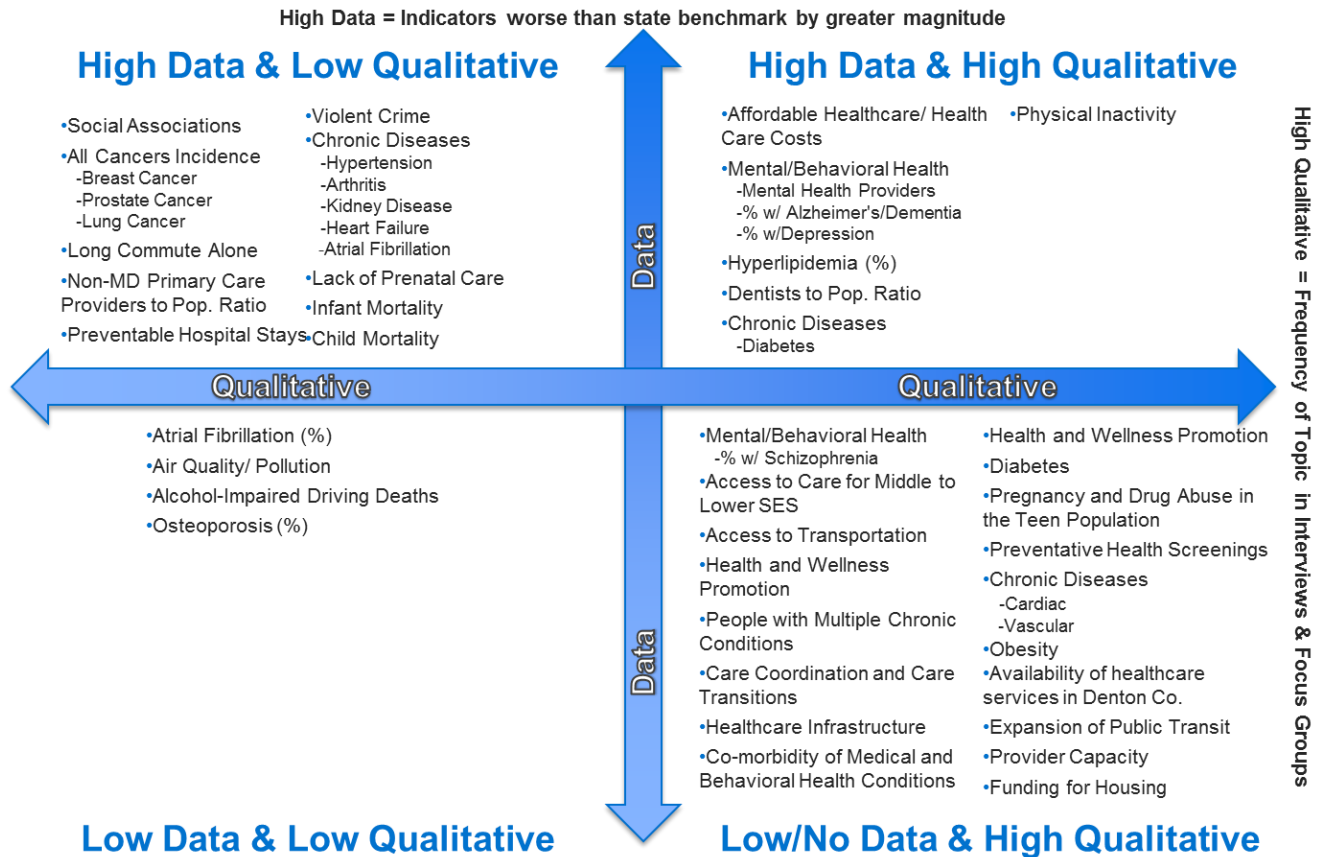
The interview and focus group participants and the populations they serve for north Texas are documented in the table below.

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 prioritized significant health needs of this community are below.

1. Affordable healthcare / healthcare costs
2. Mental / behavioral health
3. Chronic illness
4. Dental services
5. Physical inactivity
6. Hyperlipidemia

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

Description of Significant Health Needs

Affordable Healthcare / Healthcare Costs

Access to care is a top community health need that was identified through key informant interviews and the focus group session. Specifically, the participants discussed the population that includes the low to middle socioeconomic class. The indigent, low income, and senior populations are challenged with limited reliable public transportation and the proximity in which they live to transportation. The groups agreed that the lack of transportation is contributing to the uninsured utilizing local hospitals instead of charity clinics. The shortage of primary care, specialty, and bi-lingual physicians was identified as another root cause of the issues related to access. Many physicians will not take underinsured, uninsured, or Medicaid covered patients. The input gathered identified a large uninsured population that is unable to afford the healthcare exchanges developed under the PPACA; however, they do not qualify for Medicaid due the lack of Medicaid expansion. It was agreed upon that the health systems need to do a better job of reaching out to the uninsured, underinsured, and homeless populations.

According to the Small Area Health Insurance estimates, the percentage of uninsured children (under age 17) in Tarrant County was 13.5%, as compared to the 13.1% of uninsured children in the state.³

According to the Dartmouth Atlas of Healthcare, the amount of price-adjusted Medicare reimbursements per enrollee was \$11,642 in Collin County, \$12,190 in Denton County, and \$11,895 in Tarrant County compared to the state value of \$11,079. The number of hospital stays for ambulatory care conditions per 1,000 Medicare enrollees in Denton County was 68.3, compared to 63 in Texas and the County Health Ranking Top Performer's value of 41.2.⁴

Mental / Behavioral Health

Community input underscored mental and behavioral health as a top community health need. Specific needs included addressing the stigma and cultural barriers that accompany mental health conditions and needs. The participants expressed a need to address all aspects of mental health; this included substance abuse, behavioral health, organic conditions, and access to services. The shortage of mental health providers impacted the lack of access to services that exists. It was identified that delays in care and poor management of conditions often led to crisis situations for patients and their families.

According to the CMS National Provider Identification File, the ratio of population per mental health provider was 1,086 patients per provider in Collin County, 1,088 patients per provider in Denton County and 1,076 patients per provider in Tarrant County. Texas had 1,034 patients per provider, and the County Health Rankings Top Performers had 386 patients per provider.⁵ The Centers for Medicare & Medicaid Services (CMS) reported 13.7% of the community's Medicare population had Alzheimer's disease or dementia in Tarrant County, compared to 11.5% in Texas. Depression rates in Denton County were 17.2%, 19.8% in Tarrant County, 16.1% in Collin County, and 16.2% in the State of Texas. The prevalence of schizophrenia and other psychotic disorders within the Medicare population was 3.8% in Denton County and 4.1% in Tarrant County; this is compared to the state value of 3.6%.⁶

Chronic Illness

A chronic illness or disease is a disease lasting 3 months or more, by the definition of the U.S. National Center for Health Statistics. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. Health-damaging behaviors - particularly tobacco use, lack of physical activity, and poor eating habits - are major contributors to the leading chronic diseases.⁷

³ CMS National Provider Identification File, 2014, Ratio of population to one non-physician primary care provider.

⁴ Dartmouth Atlas of Healthcare, 2012, Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees

⁵ CMS National Provider Identification File, 2014, Ratio of population to mental health providers.

⁶ Centers for Medicare & Medicaid Services (CMS), 2012 percentage of Medicare FFS Beneficiaries

⁷ <http://www.medicinenet.com>

Chronic disease prevention and diabetes management was identified as one of the community's top health needs. Specifically, early identification and culturally appropriate education could assist with minimizing obesity and preventing hospitalizations. The participants expressed a need to address problems in the community's infrastructure such as walkable areas, food deserts, and the availability of healthy food; such programs and resources support positive outcomes for the community's diabetic population.

The Center for Disease Control's (CDC) Diabetes Interactive Atlas reported adult diabetes was 10% in Tarrant County compared to the state value of 9.4%.⁸ According to the Texas Department of State Health Services, pediatric hospitalizations for diabetes were 27.1 per 100,000 in the Collin County population, 32.2 per 100,000 in the Tarrant County population and 25.3 per 100,000 populations in the State of Texas.⁹

Physical Inactivity

Promoting health and wellness through healthy living and lifestyle choices was a priority the community needed to address. The participants expressed the need to create a safe, healthy environment within the community. This could be accomplished with the addition of sidewalks and other areas to exercise throughout the community. Community members must support one other in healthy activities such as walking groups to promote the health of residents within the community.

According to the National Center for Health Statistics (NCHS), the physical inactivity rate was 24.2% in Tarrant County and 23.4% in the state. The County Health Rankings Top Performers rate of physical inactivity was 20%.¹⁰

Dental Services

The lack of free dental services and long wait times for access to dental care led to the identification of dental care as a health priority for the community. There were limited resources for children and none for adults in the community. The participants expressed a need for affordable dental services due to the impact it had on truancy in the school-aged population and the delays it caused in individuals receiving other services, i.e., surgery.

According to the Health Resource Area File/National Provider Identification file, there were 1,970 residents per dentist in Denton County compared to 1,940 residents per dentist in the state. The County Health Rankings Top Performers had 1,377 residents per dentist.¹¹

⁸ Center for Disease Control (CDC), Diabetes Interactive Atlas, 2011 Percentage of adults aged 20 and above with diagnosed diabetes

⁹ Center for Health Statistics Texas Health Care Information Collection, Texas Department of State Health Services, 2013 Pediatric Diabetes Short-Term Complications Admission Risk-Adjusted-Rate (per 100,000 population)

¹⁰ National Center for Health Statistics, 2011 Percentage of adults aged 20 and over reporting no leisure-time physical activity

¹¹ Area Health Resource File/National Provider Identification file, 2013, Ratio of population to dentists

Hyperlipidemia

According to CMS, the percent of Medicaid patients with hyperlipidemia in Collin County was 50.4%, Denton County was 48.1% and Tarrant County was 46.9% compared to the state value of 45.4%.¹²

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.

¹² Center for Medicare and Medicaid Services (CMS), 2012 Percentage of Medicare FFS Beneficiaries

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	

Community Healthcare Facilities¹³

Hospitals – Eighty-three (83) 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
Atrium Medical Center At Corinth	Vibra Healthcare	LT	3305 CORINTH PARKWAY	CORINTH	TX	76208
Baylor Emergency Medical Center - Aubrey	Baylor Scott & White	ST	26791 HIGHWAY 380	AUBREY	TX	76227
Baylor Emergency Medical Center - Colleyville	Baylor Scott & White	ST	5500 COLLEYVILLE BOULEVARD	COLLEYVILLE	TX	76034
Baylor Emergency Medical Center - Keller	Baylor Scott & White	ST	620 SOUTH MAIN SUITE 100	KELLER	TX	76248
Baylor Emergency Medical Center - Mansfield	Baylor Scott & White	ST	1776 NORTH US 287 SUITE 100	MANSFIELD	TX	76063
Baylor Emergency Medical Center - Murphy	Baylor Scott & White	ST	511 FM 544 SUITE 100	MURPHY	TX	75094
Baylor Institute For Rehabilitation At Fort Worth	Baylor Scott & White	LT	6601 HARRIS PARKWAY	FORT WORTH	TX	76132
Baylor Institute For Rehabilitation At Frisco	Baylor Scott & White	LT	2990 LEGACY DRIVE	FRISCO	TX	75034
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 Orthopedic And Spine Hospital At Arlington	Baylor Scott & White	ST	707 HIGHLANDER BOULEVARD	ARLINGTON	TX	76015
Baylor Scott & White All Saints Medical Center - Fort Worth	Baylor Scott & White	ST	1400 EIGHTH AVENUE	FORT WORTH	TX	76104
Baylor Scott & White Medical Center - Carrollton	Baylor Scott & White	ST	4343 NORTH JOSEY LANE	CARROLLTON	TX	75010
Baylor Scott & White Medical Center - Grapevine	Baylor Scott & White	ST	1650 WEST COLLEGE STREET	GRAPEVINE	TX	76051
Baylor Scott & White Medical Center - McKinney	Baylor Scott & White	ST	5252 WEST UNIVERSITY DRIVE	MCKINNEY	TX	75071

¹³ Texas Department of State Health Services, 12/23/2015

Facility Name	System	Type	Street Address	City	State	ZIP
Baylor Scott & White Medical Center - Plano	Baylor Scott & White	ST	4700 ALLIANCE BOULEVARD	PLANO	TX	75093
Baylor Surgical Hospital At Fort Worth	Baylor Scott & White	ST	1800 PARK PLACE AVENUE	FORT WORTH	TX	76110
Centennial Medical Center	Baylor Scott & White	ST	12505 LEBANON ROAD	FRISCO	TX	75035
Children's Medical Center Plano	Children's Medical	KID	7601 PRESTON ROAD	PLANO	TX	75024
Continuum Rehabilitation Hospital Of North Texas	Continuum	LT	3100 PETERS COLONY ROAD	FLOWER MOUND	TX	75022
Cook Children's Medical Center	Cook Children's	KID	801 SEVENTH AVENUE	FORT WORTH	TX	76104
Cook Children's Northeast Hospital	Cook Children's	KID	6316 PRECINCT LINE RD	HURST	TX	76054
Denton Regional Medical Center	Hospital Corporation of America	ST	3535 SOUTH I-35 EAST	DENTON	TX	76210
Ethicus Hospital DFW	Ethicus Healthcare	LT	4201 WILLIAM D TATE AVENUE	GRAPEVINE	TX	76051
Forest Park Medical Center At Fort Worth	Forest Park (Vibrant Healthcare)	ST	5400 CLEARFORK MAIN STREET	FORT WORTH	TX	76109
Forest Park Medical Center Southlake	Forest Park (Vibrant Healthcare)	ST	421 EAST HIGHWAY 114	SOUTHLAKE	TX	76092
Forest Park Medical Frisco	Forest Park (Vibrant Healthcare)	ST	5500 FRISCO SQUARE BLVD	FRISCO	TX	75034
HealthSouth City View Rehabilitation Hospital	HealthSouth	LT	6701 OAKMONT BOULEVARD	FORT WORTH	TX	76132
HealthSouth Plano Rehabilitation Hospital	HealthSouth	LT	2800 WEST 15TH STREET	PLANO	TX	75075
HealthSouth Rehabilitation Hospital Of Arlington	HealthSouth	LT	3200 MATLOCK ROAD	ARLINGTON	TX	76015
HealthSouth Rehabilitation Hospital Of Fort Worth	HealthSouth	LT	1212 WEST LANCASTER AVENUE	FORT WORTH	TX	76102
HealthSouth Rehabilitation Hospital Of The Mid-Cities	HealthSouth	LT	2304 STATE HIGHWAY 121	BEDFORD	TX	76021

Facility Name	System	Type	Street Address	City	State	ZIP
Integrity Transitional Hospital	Freestanding	LT	2813 SOUTH MAYHILL ROAD	DENTON	TX	76208
John Peter Smith Hospital	JPS	ST	1500 SOUTH MAIN STREET	FORT WORTH	TX	76104
JPS - Trinity Springs North	JPS	ST	1000 ST LOUIS AVENUE	FORT WORTH	TX	76104
Kindred Hospital - Fort Worth	Kindred	LT	815 EIGHTH AVENUE	FORT WORTH	TX	76104
Kindred Hospital-Mansfield	Kindred	LT	1802 HIGHWAY 157 NORTH	MANSFIELD	TX	76063
Kindred Hospital-Tarrant County	Kindred	LT	1000 NORTH COOPER STREET	ARLINGTON	TX	76011
Kindred Hospital-Tarrant County	Kindred	LT	7800 OAKMONT BOULEVARD	FORT WORTH	TX	76132
Kindred Rehabilitation Hospital Arlington	Kindred	LT	2601 WEST RANDOL MILL ROAD #101	ARLINGTON	TX	76012
LifeCare Hospitals Of Fort Worth	LifeCare	LT	6201 OVERTON RIDGE BLVD	FORT WORTH	TX	76132
LifeCare Hospitals Of Plano	LifeCare	LT	6800 PRESTON ROAD	PLANO	TX	75024
Mayhill Hospital	Universal Health Services	LT	2809 MAYHILL ROAD	DENTON	TX	76208
Medical Center Of Alliance	Hospital Corporation of America	ST	3101 NORTH TARRANT PARKWAY	FORT WORTH	TX	76177
Medical Center Of Arlington	Hospital Corporation of America	ST	3301 MATLOCK ROAD	ARLINGTON	TX	76015
Medical Center Of Lewisville	Hospital Corporation of America	ST	500 WEST MAIN STREET	LEWISVILLE	TX	75057
Medical Center Of McKinney	Hospital Corporation of America	ST	4500 MEDICAL CENTER DRIVE	MCKINNEY	TX	75069
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
Methodist Mansfield Medical Center	Methodist Health System	ST	2700 BROAD STREET	MANSFIELD	TX	76063
Methodist McKinney Hospital	Methodist Health System	ST	8000 WEST ELDORADO PARKWAY	MCKINNEY	TX	75070

Facility Name	System	Type	Street Address	City	State	ZIP
Methodist Richardson Medical Center	Methodist Health System	ST	2831 E PRESIDENT GEORGE BUSH HWY	RICHARDSON	TX	75082
North Hills Hospital	Hospital Corporation of America	ST	4401 BOOTH CALLOWAY ROAD	NORTH RICHLAND HILLS	TX	76180
Parkway Surgical And Cardiovascular Hospital	Wise Regional Health System	ST	3200 NORTH TARRANT PARKWAY	FORT WORTH	TX	76177
Plano Specialty Hospital	Compass Pointe	LT	1621 COIT ROAD	PLANO	TX	75075
Plano Surgical Hospital	Nobilis Health	ST	2301 MARSH LANE SUITE 100	PLANO	TX	75093
Plaza Medical Center Of Fort Worth	Hospital Corporation of America	ST	900 EIGHTH AVENUE	FORT WORTH	TX	76104
Regency Hospital Of Fort Worth	Select Medical Corp	LT	6801 OAKMONT BLVD	FORT WORTH	TX	76132
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
Star Medical Center	Freestanding	ST	4100 MAPLESHADE LANE	PLANO	TX	75075
Texas Health Arlington Memorial Hospital	Texas Health Resources	ST	800 WEST RANDOL MILL ROAD	ARLINGTON	TX	76012
Texas Health Center For Diagnostics & Surgery Plano	Texas Health Resources	ST	6020 WEST PARKER ROAD	PLANO	TX	75093
Texas Health Harris Methodist Hospital Alliance	Texas Health Resources	ST	10864 TEXAS HEALTH TRAIL	FT WORTH	TX	76244
Texas Health Harris Methodist Hospital Azle	Texas Health Resources	ST	108 DENVER TRAIL	AZLE	TX	76020
Texas Health Harris Methodist Hospital Fort Worth	Texas Health Resources	ST	1301 PENNSYLVANIA AVENUE	FORT WORTH	TX	76104
Texas Health Harris Methodist Hospital Hurst-Euless-Bedford	Texas Health Resources	ST	1600 HOSPITAL PARKWAY	BEDFORD	TX	76022
Texas Health Harris Methodist Hospital Southlake	Texas Health Resources	ST	1545 SOUTHLAKE BLVD	SOUTHLAKE	TX	76092

Facility Name	System	Type	Street Address	City	State	ZIP
Texas Health Harris Methodist Hospital Southwest Fort Worth	Texas Health Resources	ST	6100 HARRIS PARKWAY	FORT WORTH	TX	76132
Texas Health Heart & Vascular Hospital Arlington	Texas Health Resources	ST	811 WRIGHT STREET	ARLINGTON	TX	76012
Texas Health Presbyterian Hospital Allen	Texas Health Resources	ST	1105 CENTRAL EXPRESSWAY NORTH SUITE 140	ALLEN	TX	75013
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
Texas Health Presbyterian Hospital Plano	Texas Health Resources	ST	6200 WEST PARKER ROAD	PLANO	TX	75093
Texas Health Specialty Hospital Fort Worth	Texas Health Resources	ST	1301 PENNSYLVANIA AVENUE 4TH FLOOR	FORT WORTH	TX	76104
Texas Rehabilitation Hospital Of Arlington	Texas Health Resources	LT	900 W ARBROOK BLVD	ARLINGTON	TX	76015
Texas Rehabilitation Hospital Of Fort Worth	Texas Health Resources	LT	425 ALABAMA AVENUE	FORT WORTH	TX	76104
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
USMD Hospital At Arlington	Texas Health Resources	ST	801 WEST I-20	ARLINGTON	TX	76017
USMD Hospital At Fort Worth	Texas Health Resources	ST	5900 ALTAMESA BOULEVARD	FORT WORTH	TX	76132
Warm Springs Rehabilitation Hospital Of Allen	Post Acute Medical	LT	1001 RAINTREE CIRCLE	ALLEN	TX	75013

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

Free-Standing Emergency Departments

Facility Name	Street Address	City	State	ZIP
COMPLETE CARE CAMP BOWIE	6006 CAMP BOWIE	FORT WORTH	TX	76116
COMPLETE CARE CHISHOLM TRAIL	7445 OAKMONT BLVD	FORT WORTH	TX	76132
COMPLETE EMERGENCY CARE ARLINGTON	4700 LITTLE ROAD	ARLINGTON	TX	76017
COMPLETE EMERGENCY CARE PANTEGO LLC	1607 S BOWEN RD	PANTEGO	TX	76013
COMPLETE EMERGENCY CARE SOUTHLAKE LLC	321 W SOUTHLAKE BLVD SUITE E	SOUTHLAKE	TX	76092
ELITE CARE EMERGENCY CENTER	4780 STATE HIGHWAY 121	THE COLONY	TX	75056
ELITE CARE EMERGENCY CENTER	1710 N HIGHWAY 287 SUITE 300	MANSFIELD	TX	76063
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
FIRST CHOICE EMERGENCY ROOM	2710 WESTERN CENTER BOULEVARD	FORT WORTH	TX	76131
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	8020 MATLOCK ROAD	ARLINGTON	TX	76002
FIRST CHOICE EMERGENCY ROOM	5401 BASSWOOD BOULEVARD	FORT WORTH	TX	76137
FIRST CHOICE EMERGENCY ROOM	2650 FLOWER MOUND ROAD	FLOWER MOUND	TX	75022
FIRST CHOICE EMERGENCY ROOM	5000 SH 121	COLLEYVILLE	TX	76034
FIRST CHOICE EMERGENCY ROOM	4551 WESTERN CENTER BLVD	FORT WORTH	TX	76137
FIRST CHOICE EMERGENCY ROOM	995 N WALNUT CREEK DRIVE	MANSFIELD	TX	76063
FIRST CHOICE EMERGENCY ROOM	1596 MAIN STREET	LEWISVILLE	TX	75067
FIRST CHOICE EMERGENCY ROOM	2800 LITTLE ELM PKWY	LITTLE ELM	TX	75068

Facility Name	Street Address	City	State	ZIP
FIRST CHOICE EMERGENCY ROOM	4535 FRANKFORD RD	DALLAS	TX	75287
FIRST CHOICE EMERGENCY ROOM	5245 PRESTON ROAD	FRISCO	TX	75034
FIRST CHOICE EMERGENCY ROOM	1836 E BETHANY DR	ALLEN	TX	75002
FIRST CHOICE EMERGENCY ROOM	6035 PRECINCT LINE ROAD	NORTH RICHLAND HILLS	TX	76180
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	13172 NW HWY 287	HASLET	TX	76052
FIRST CHOICE EMERGENCY ROOM	5000 W ELDORADO PKWY	MCKINNEY	TX	75070
FIRST CHOICE EMERGENCY ROOM	4747 LITTLE ROAD	ARLINGTON	TX	76017
FIRST CHOICE EMERGENCY ROOM	3160 JUSTIN RD	HIGHLAND VILLAGE	TX	75077
ICARE EMERGENCY ROOM	2955 EL DORADO PARKWAY	FRISCO	TX	75033
LEGACY ER	9205 LEGACY DRIVE	FRISCO	TX	75034
LEGACY ER	1310 WEST EXCHANGE PARKWAY	ALLEN	TX	75013
LEGACY ER	16151 ELDORADO PKWY STE 100	FRISCO	TX	75035
LEGACY ER	8950 N TARRANT PKWY	NORTH RICHLAND HILLS	TX	76182
LEGACY ER	2810 SOUTH HARDIN BLVD SUITE 100	MCKINNEY	TX	75070
LEGACY ER & URGENT CARE	1220 KELLER PARKWAY	KELLER	TX	76248
PINNACLE ER	824 W AIRPORT FREEWAY	HURST	TX	76054
PRESTIGE ER	7940 CUSTER RD	PLANO	TX	75025
SUREPOINT EMERGENCY CENTER DENTON	2426 LILLIAN MILLER PARKWAY	DENTON	TX	76205

Facility Name	Street Address	City	State	ZIP
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
HAVEN BEHAVIORAL HOSPITAL OF FRISCO	5680 FRISCO SQUARE BLVD SUITE 3000	FRISCO	TX	75034
MESA SPRINGS	5560 MESA SPRINGS DRIVE	FORT WORTH	TX	76123
MILLWOOD HOSPITAL	1011 NORTH COOPER STREET	ARLINGTON	TX	76011
OCEANS BEHAVIORAL HOSPITAL OF FORT WORTH	6200 OVERTON RIDGE BLVD	FORT WORTH	TX	76132
OCEANS BEHAVIORAL HOSPITAL OF PLANO	4301 MAPLESHADE LANE	PLANO	TX	75093
SUNDANCE HOSPITAL	7000 US HIGHWAY 287	ARLINGTON	TX	76001
TEXAS HEALTH SEAY BEHAVIORAL HEALTH CENTER PLANO	6110 WEST PARKER ROAD	PLANO	TX	75093
TEXAS HEALTH SPRINGWOOD HOSPITAL HURST-EULESS-BEDFORD	2717 TIBBETS DRIVE	BEDFORD	TX	76022
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 CHNA.

Among the greatest need identified in the 2013 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 developing a plan to address all identified community health needs, the Hospital and the System found that aggregating the needs allows for significant, crosscutting initiatives. Therefore, this community health implementation plan organizes the needs as follows:

- Primary Care Access Adults
- Behavioral Health
- Co-morbid Medical and Behavioral Health Conditions
- Dental Care
- Multiple Chronic Conditions
- Emergency and Urgent Care
- Preventable Acute Care Admissions
- Patient Safety/Hospital Acquired Conditions
- Prenatal Care
- Elderly at Home and Nursing Home Patients

As a provider of emergency and trauma services, the Hospital will address the needs of primary care access adults, behavioral health and emergency and urgent care. The remaining needs listed above will be addressed through the Hospital's relationship with BHCS, whose initiatives are found in the Addendum to this Plan.

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.

- Behavioral health
- Access to care for low income/underserved
- Emergency and urgent care

Access to Care & Emergency and urgent care - The hospital reporting outcomes for 2013 CHNA is a free-standing emergency and urgent care hospital owned and operated through a partnership that is controlled by Baylor University Medical Center - Dallas (Baylor Dallas), an affiliate of BSWH. Baylor Dallas has partnered with Emerus to operate the hospitals and bring quality health care services to the hospital's community. During the period from July 2013 – June 2015 the hospitals operated in furtherance of BSWH's charitable mission and purpose. In furtherance of the mission of BSWH, the hospitals in Zone 2 provided charity care totaling more than \$140,000.

Behavioral Health - In addition to the Hospital's tactics to meet the identified community health needs, the community benefits from many System initiatives which are funded and provided by both the hospital and affiliates of the System. One of these initiatives directly impacts this need.

BSWH is dedicated to meeting the behavioral health needs for elderly care by planning Alzheimer's and dementia care programs for both individuals of these diseases and their caregivers that provide educate on prevention, detection and treatment of this disease. Baylor Neuroscience Center's Memory Center opened in July 2011 and serves as a comprehensive neuroscience program diagnosing and treating all forms of cognitive dysfunction and dementia for patients referred from across the community.

The Memory Center medical team uses medications and other therapies to help patients improve his/her participation in activities of daily living, behavior and cognition. They work closely with the Dallas chapter of the Alzheimer's Association to ensure caregiver support is available, in addition to resources on respite care, psychotherapy and local day programs. BSWH Pastoral Care office provides chaplain support to conduct home follow up visits with patients.

BSWH also collaborates with the Alzheimer's Association to provide family and caregiver support and community education to recognize and properly care for those with Alzheimer's or dementia.

Appendix D: Federally Designated Health Professional Shortage Areas and Medically Underserved Areas and Populations

Health Professional Shortage Areas (HPSA)¹⁴

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Collin County	14899948PD	Collin County Adult Clinic	Primary Care	Federally Qualified Health Center Look A Like
Collin County	64899948MU	Collin County Adult Clinic	Dental Health	Federally Qualified Health Center Look A Like
Collin County	74899948MT	Collin County Adult Clinic	Mental Health	Federally Qualified Health Center Look A Like
Denton County	14899948PA	Health Services of North Texas, Inc.	Primary Care	Comprehensive Health Center
Denton County	64899948MR	Health Services of North Texas, Inc.	Dental Health	Comprehensive Health Center
Denton County	74899948MQ	Health Services of North Texas, Inc.	Mental Health	Comprehensive Health Center
Tarrant County	14899948H2	North Texas Area Community Health Center, Inc.	Primary Care	Comprehensive Health Center
Tarrant County	64899948F5	North Texas Area Community Health Center, Inc.	Dental Health	Comprehensive Health Center
Tarrant County	748999483N	North Texas Area Community Health Center, Inc.	Mental Health	Comprehensive Health Center
Tarrant County	148999484K	Federal Correctional Institution - Fort Worth	Primary Care	Correctional Facility
Tarrant County	6489994877	Federal Correctional Institution - Fort Worth	Dental Health	Correctional Facility

¹⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

Medically Underserved Areas and Populations (MUA/P)¹⁵

County Name	Service Area Name	MUA/P Source Identification Number	Designation Type
Collin County	Collin Service Area	3471	Medically Underserved Area
Denton County	Poverty Population	3463	Medically Underserved Area – Governor’s Exception
Tarrant County	Diamond Hill Service Area	3509	Medically Underserved Area
Tarrant County	Low Inc - East Side	7382	Medically Underserved Population
Tarrant County	Central Service Area	7393	Medically Underserved Area

¹⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016