Community Health Needs Assessment 2016

North Texas Zone 5

Baylor Scott & White Medical Center – Sunnyvale

Baylor Emergency Medical Center at Rockwall

Baylor Scott & White Medical Center – Lake Pointe

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

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Baylor Scott & White 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

In 2013, Baylor Health Care System and Scott & White Healthcare became one.

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.

Known for exceptional patient care for more than a century, the two organizations serve 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.

Over the years, Baylor and Scott & White worked together as members of the High Value Healthcare Collaborative, the Texas Care Alliance and Healthcare Coalition of Texas and were two of the best known, top-quality health care systems in the country, not to mention in Texas.

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.

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 Scott & White Medical Center – Sunnyvale
Baylor Emergency Medical Center at Rockwall
Baylor Scott & White Medical Center – Lake Pointe

These facilities have defined their community to be the geographical area of Dallas, Kaufman and Rockwall counties. The community served was determined based on the counties that make 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 this 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. Health care costs / affordability
    - Rate of the uninsured
2. Mental health
    - Proportion of the population with depression
3. Chronic disease
    - Proportion of the population that is obese
4. Lack of dentists
5. Preventable admissions: adult uncontrolled diabetes
6. Adults who smoke
7. Physical inactivity
8. Teen births
9. Drug poisoning deaths

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.

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

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 Scott & White Medical Center – Sunnyvale
Baylor Emergency Medical Center at Rockwall
Baylor Scott & White Medical Center – Lake Pointe

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

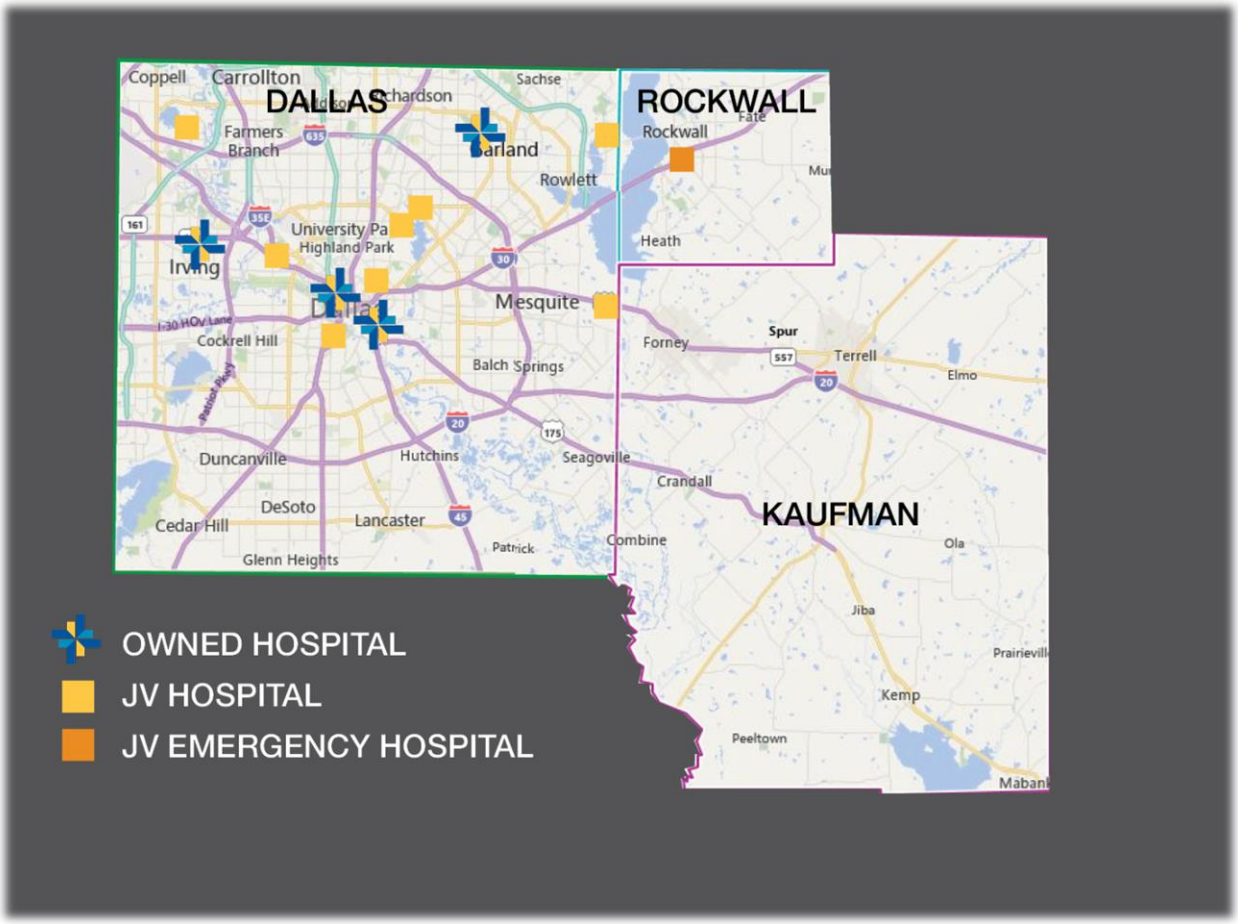
BSWH owns and operates multiple individual licensed hospital facilities serving the residents of North and Central Texas. Certain of these hospital facilities have overlapping communities and have collaborated to conduct a joint community health needs assessment. The current organization, BSWH, has chosen a common methodology and approach to define the communities served for each of its facilities.

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 hospital 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 Dallas, Kaufman and Rockwall counties. The community served was determined based on the counties that make 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 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 all 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+

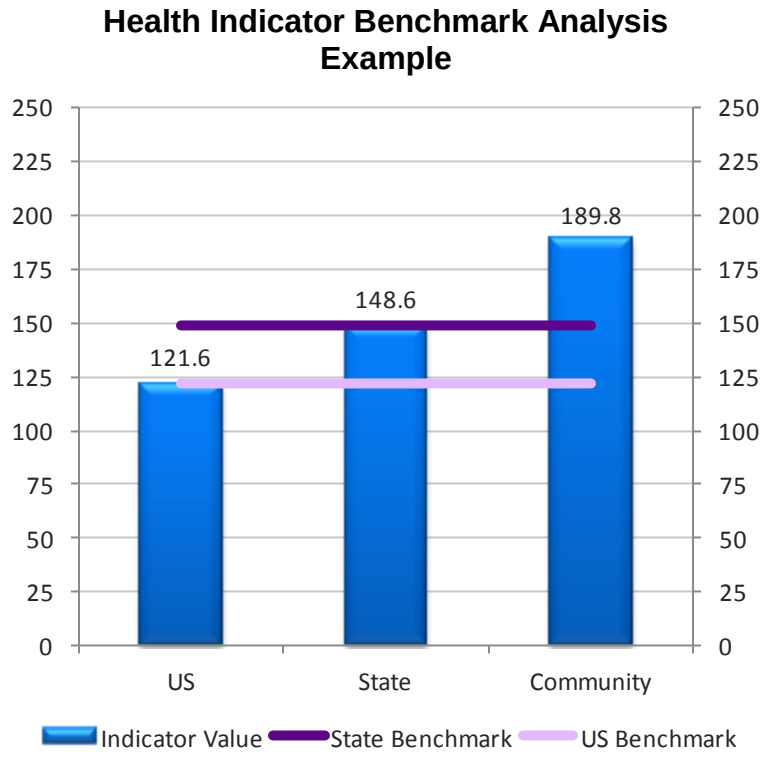
Health Outcomes
- Poor or Fair Health
- Average Number of Poor Physical Unhealthy Days in Past Month
- Cancer (all causes) Incidence
- Breast Cancer
- Colon Cancer
- Lung Cancer
- Prostate Cancer
- Diabetes
- Stroke
- Arthritis
- Alzheimer's/ Dementia
- Atrial Fibrillation
- COPD
- Kidney Disease
- Depression
- 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 each 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.



According 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, a focus group 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.

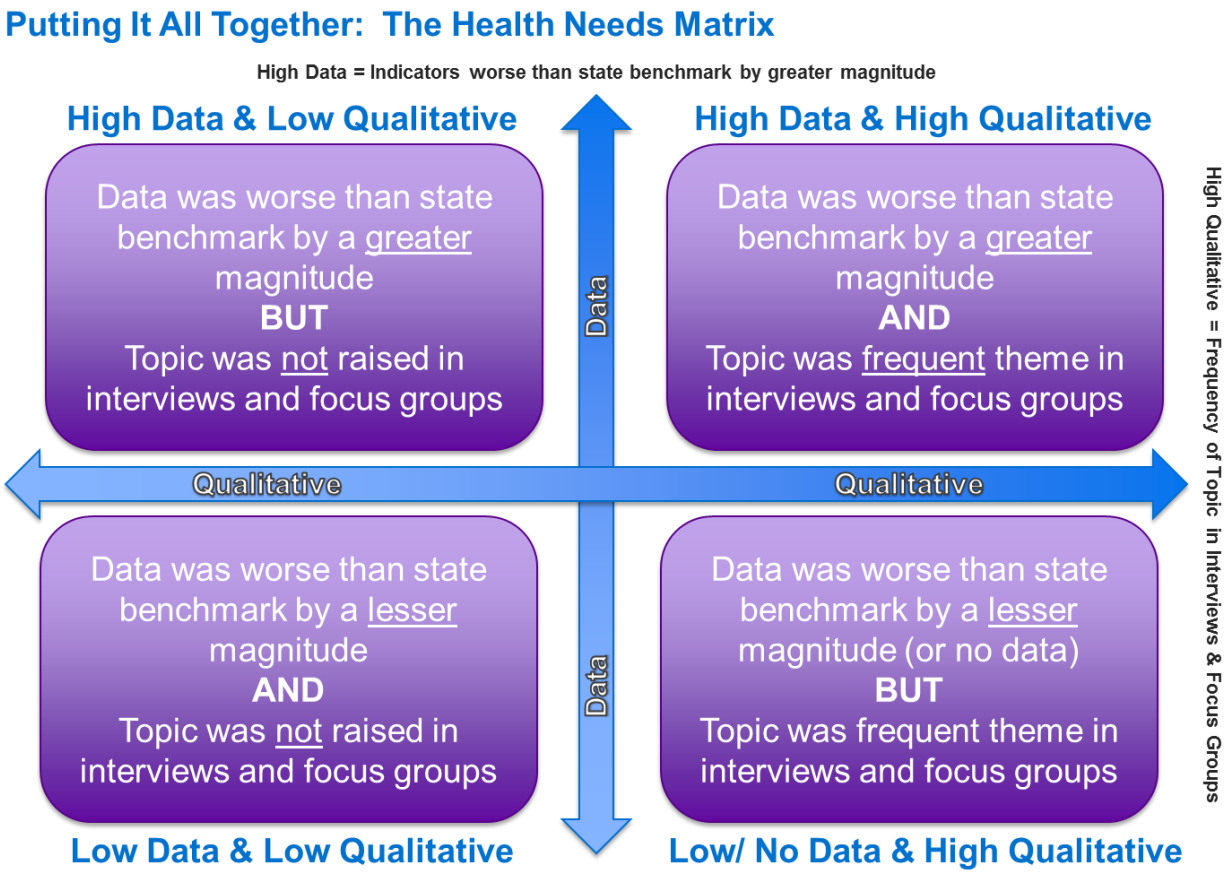
In order to ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians).

Input collected from the participants during the interviews and focus groups were 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. 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 CHNA assessment process, hospital facilities are required to conduct an evaluation of the implementation strategies adopted as part of their last completed CHNA. All of the hospital facilities included in this joint CHNA are completing their first assessment under IRC Section 501(r) and the Treasury regulations. Baylor Emergency Medical Center at Rockwall, a new licensed hospital facility, and Baylor Scott and White Medical Center – Sunnyvale and Baylor Scott and White Medical Center – Lake Pointe, newly acquired hospital facilities, were not required to conduct a CHNA in prior tax years. Under both the proposed and final Treasury regulations, new and acquired hospital facilities are not required to complete their first CNHA until the last day of the hospital organization's second taxable year beginning after the date the new hospital facility was operated as a licensed hospital or acquired by the hospital organization. In the absence of a preceding CHNA, there are no previously identified significant needs, nor any actions on which to evaluate impact.

Demographic and Socioeconomic Summary

According to population statistics, the community served is growing at a rate that is similar to the state growth rate and faster than the national growth rate. The community had a significantly higher median income than both state and national benchmarks along with a sizable racially diverse population. The senior population was below state and national benchmarks. A high proportion of the population faces social barriers as the community served exceeds state benchmarks and most national benchmarks.

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	2,763,064
5 Yr Proj Pop Chg	4%	7%	6%
Population 0-17	23%	26%	27%
Population 65+	15%	12%	10%
Women Age 15-44	20%	21%	22%
Non-White Population	29%	31%	46%
Median HH Income	$56,682	$56,653	$82,936
Limited English	5%	8%	11%
No High School Diploma	14%	19%	22%
Un-employed	10%	8%	9%
Insurance Coverage: Medicaid	19%	14%	16%
Insurance Coverage: Uninsured	10%	20%	20%
Poverty	16%	18%	Dallas Co: 19% Kaufman Co: 14% Rockwall Co: 6%

Source: Truven Health Analytics / The Nielsen Company, 2015

The population of the community served is expected to grow 6% (169,664 people) by 2020. The 6% population growth is slightly lower compared to the state growth rate of 7% and higher compared to the national growth rate of 4%. The ZIP codes expected to experience the most growth in five years:

- 75052 Grand Prairie (Dallas County) – 8,933 people
- 75217 City of Dallas (Dallas County) – 5,692 people

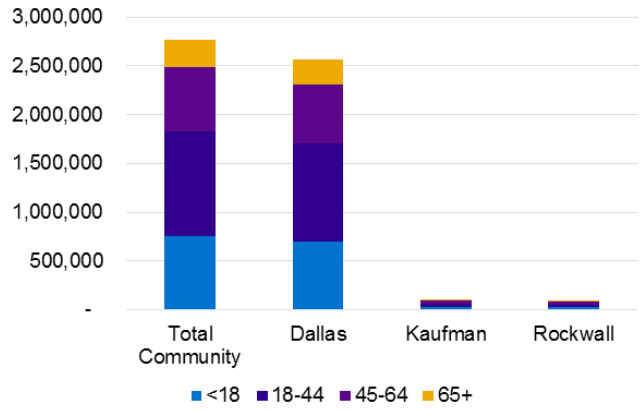
Much of the community's population was concentrated in Dallas County (90%), although, the county is expected to grow at only 6% which is the lowest of the three counties. Rockwall County had the smallest population of the three counties that made up the community served but is expected to grow the fastest at approximately 10% over the next five years. The ZIP codes projecting no growth over the next five years:

- 75247 Dallas (Dallas County)
- 75246 Dallas (Dallas County)
- 75210 Dallas (Dallas County)
- 75157 Rosser (Kaufman County)

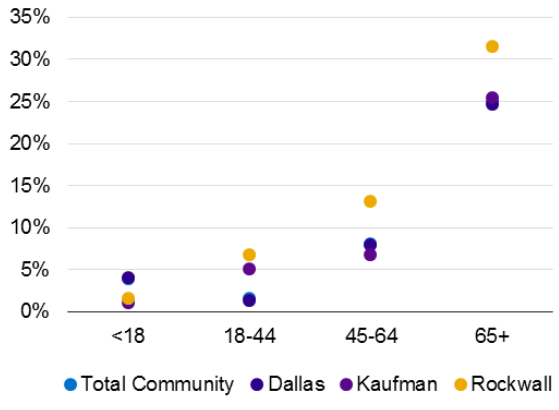
The sixty-five plus cohort is expected to experience the most growth over the next five years, in all three counties at an estimated 69,000 people. Rockwall is projected to experience the most growth at nearly 32%. Growth in this population will likely contribute to an increase in the utilization of services as the population continues to age. The age group that will experience the least amount of growth is the cohort ranging from 18-44 years of age with an expected increase of 18,000 people.

Population by Age Cohort

2015 Total Population



5 Year Projected Population Growth Rate

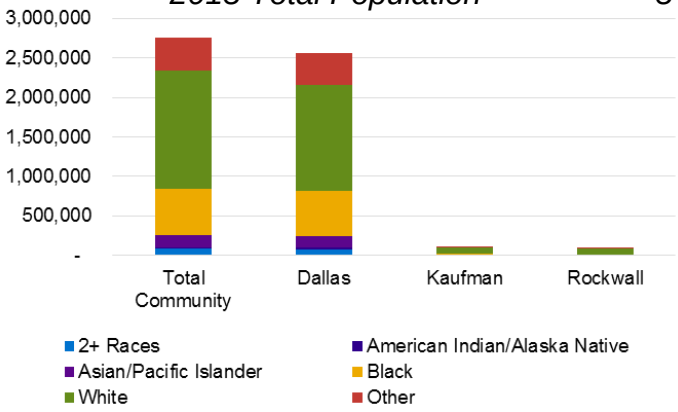


Source: Truven Health Analytics / The Nielsen Company, 2015

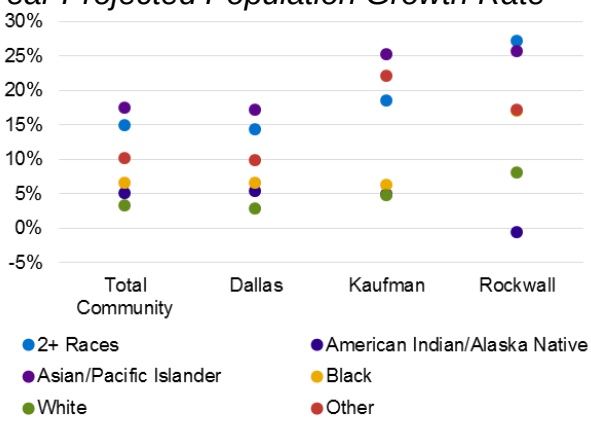
The total population can be analyzed by race or by Hispanic ethnicity. The graphs below display the community's total population breakdown by race (including all ethnicities) and also by ethnicity (including all races). In the community served, 54% of the population was white. Thirty-eight percent (38%) of the population was Hispanic. Dallas County accounts for over 48% of the white population and 96% of the total Hispanic population. The Hispanic population is expected to grow 10% over the next five years at 106,000 people in the community. The Asian / Pacific Islander, two plus races, and populations identified as "Other" are expected to grow the fastest across all three counties.

Population by Race

2015 Total Population



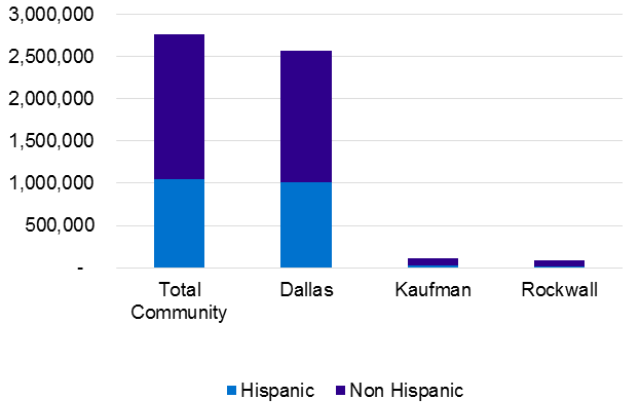
5 Year Projected Population Growth Rate



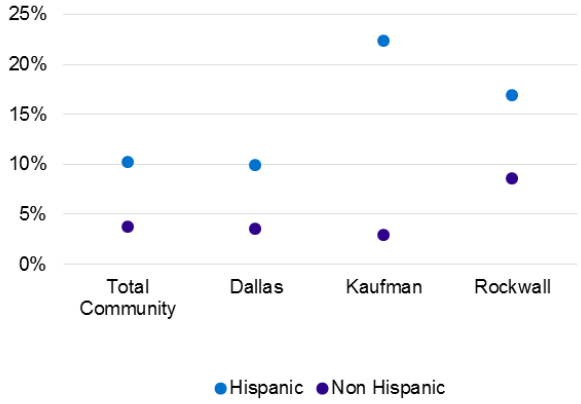
Source: Truven Health Analytics / The Nielsen Company, 2015

Population by Hispanic Ethnicity

2015 Total Population



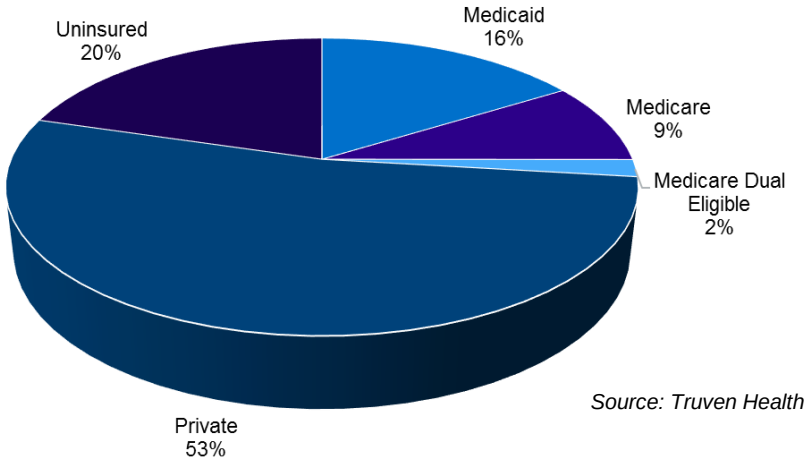
5 Year Projected Population Growth Rate



Source: Truven Health Analytics / The Nielsen Company, 2015

The median household income for the community served is $82,936, much higher than the median income of Texas of $56,653. Fifty-three percent (53%) of the community was commercially insured which is slightly more than half of the population.

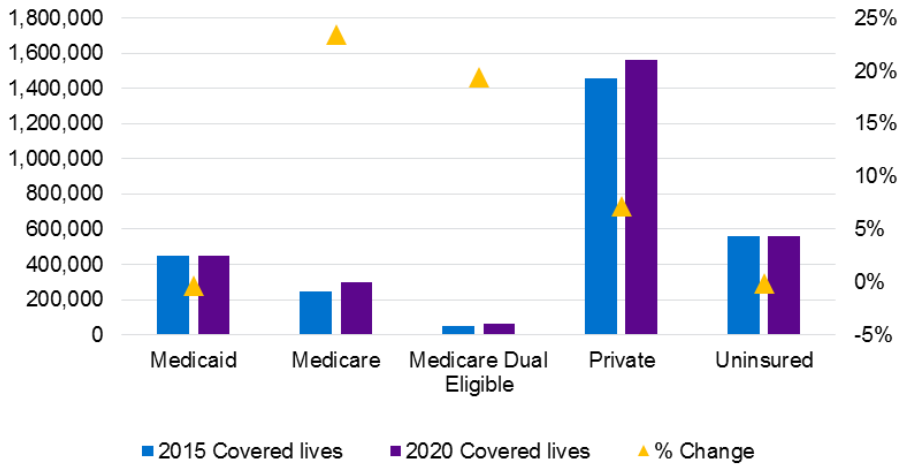
The number of uninsured and Medicaid lives is expected to remain flat over the next five years in the community served. Privately (commercial) insured lives are projected to grow approximately 7%. Medicare and dual eligible lives will see the most growth at 18% and 22%, respectively. Private insurance will show the highest growth in terms of covered lives followed by Medicare. Dallas County will experience a growth of 7% in privately insured lives compared to 8% in Kaufman and 9% in Rockwall. Rockwall County will experience higher growth in Medicare lives at 30% as compared to 23% in Dallas County and 22% in Kaufman County.



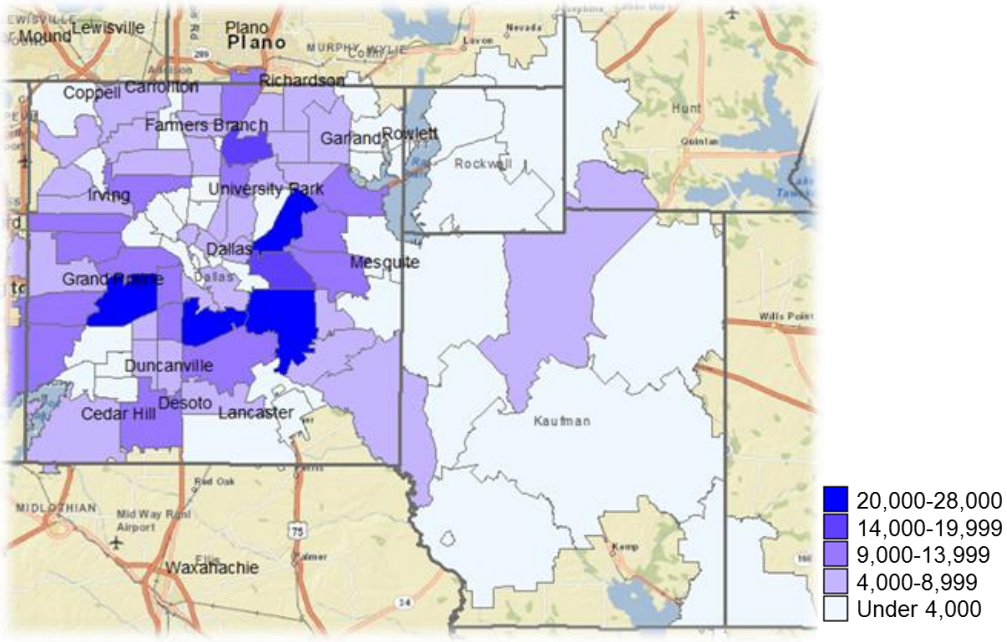
Source: Truven Health Analytics, 2015

2015 Estimated Distribution of Covered Lives by Insurance Category

Estimated Covered Lives and Projected Growth by Insurance Category



Source: Truven Health Analytics, 2015



Source: Truven Health Analytics, 2015

2015 Estimated Uninsured Lives by ZIP Code

The community includes three (3) Health Professional Shortage Areas and one (1) Medically Underserved Area as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.[1] ***Appendix C*** includes the details on each of these designations.

	Health Professional Shortage Area (HPSA)				Medically Underserved Area/Population (MUA/P)
COUNTY	**Dental Health**	**Mental Health**	**Primary Care**	**TOTAL HPSA**	**TOTAL MUA/P**
Dallas County	13	8	14	35	19
Kaufman County	0	1	0	1	2
Rockwall County	0	0	0	0	0
TOTAL	**13**	**9**	**14**	**36**	**21**

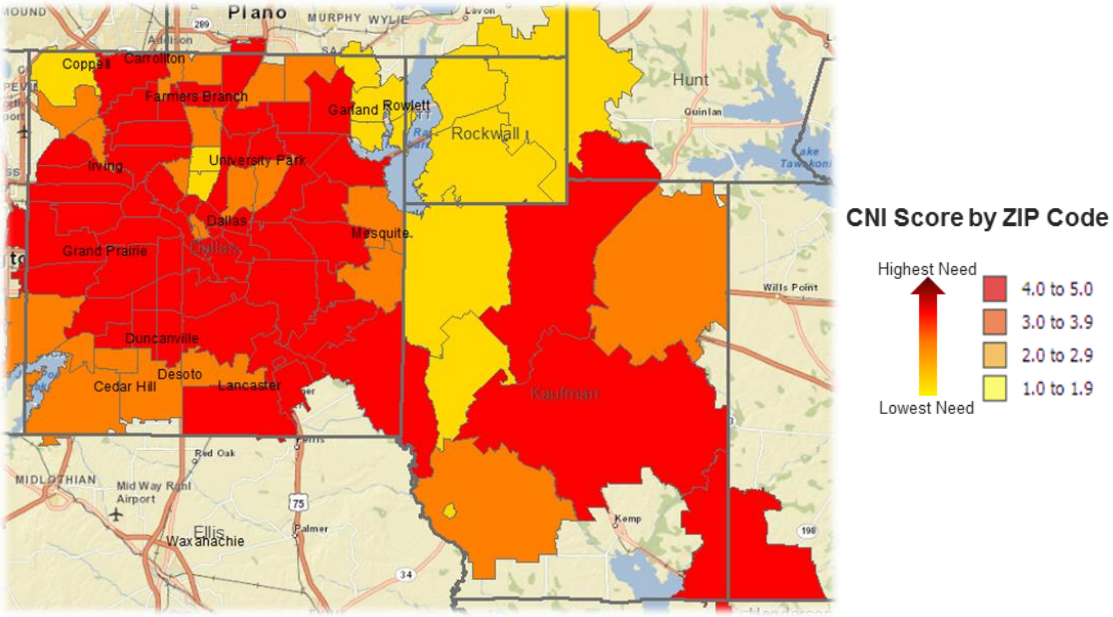
Health Professional Shortage Areas and Medically Underserved Areas and Populations

[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.

The community served fell on the higher need portion of the community need index scale with an overall score of 4.2. The cities of Kaufman, Mabank and parts of Terrell in Kaufman County, as well as much of Dallas County, showed the greatest need potential. CNI Scores for Rockwall County were the lowest in the community.

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 indicator. Benchmarks were based on available data and included 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 primary care physician
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	Population with adequate access to locations for physical activity (percent)
Environment	Air pollution - particulate matter (daily density)
Environment	Drinking water violations (percent of population exposed)
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	Adult Smoking (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	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
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	Adults Reporting Diagnosed w/ Diabetes (percent)
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	COPD: 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	Ischemic Heart Disease: 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)

Category	Indicator
Health Outcomes	Pediatric Perforated Appendix Admission Risk-Adjusted-Rate
Health Outcomes	Adult Perforated Appendix Admission Risk-Adjusted-Rate
Health Outcomes	Adult Uncontrolled Diabetes Admission Risk-Adjusted-Rate
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	Births to Mothers Who Smoked During Pregnancy (New Birth Certificate)
Health Outcomes	Low Birth Weight Rate
Health Outcomes	Very Low Birth Weight (VLBW) (percent)
Injury & Death	Heart Disease Death Rate (per 100,000)
Injury & Death	Cancer Deaths total (per 100,000)
Injury & Death	Chronic Lower Respiratory Disease (CLRD) Death Rate (per 100,000)
Injury & Death	Stroke Death Rate (per 100,000)
Injury & Death	Premature Death (potential years lost)
Injury & Death	Infant Mortality (rate per 1,000)
Injury & Death	Child Mortality Rate (per 100,000)
Injury & Death	Motor Vehicle Crash Mortality Rate (per 100,000)
Mental Health	Ratio of population to one mental health provider
Mental Health	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
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	Individuals Who Report Being Disabled (percent)
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	Mammography Screening: Medicare Enrollees
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 disease prevalence of heart disease and cancer as well as emergency department visit estimates.

Truven Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnosis in the community at 639,845 including 593,872 cases in Dallas County alone. More than 90% of the cases of each type of heart disease within the community were from Dallas County. Kaufman and Rockwall counties account for less than 5% of each disease type. The cities of Dallas, Garland, Irving and Grand Prairie, all located in Dallas County, accounted for more than two-thirds (2/3) of the community's heart disease cases for each disease type.

2015 Estimated Heart Disease Cases

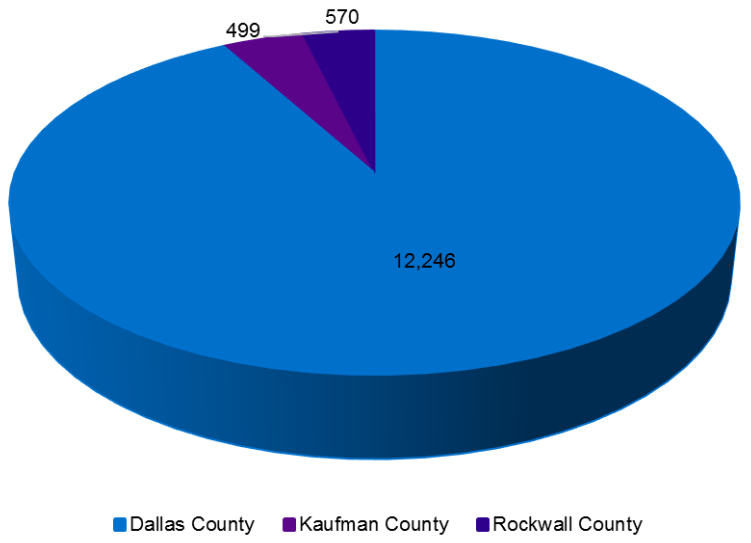
Disease Type	Dallas County	Kaufman County	Rockwall County	Total Community
ARRHYTHMIAS	95,947	4,311	3,907	104,165
CONGESTIVE HEART FAILURE	48,629	2,335	1,571	52,535
HYPERTENSION	593,872	25,721	20,251	639,845
ISCHEMIC HEART DISEASE	74,604	4,322	3,146	82,071

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

Source: Truven Health Analytics, 2015

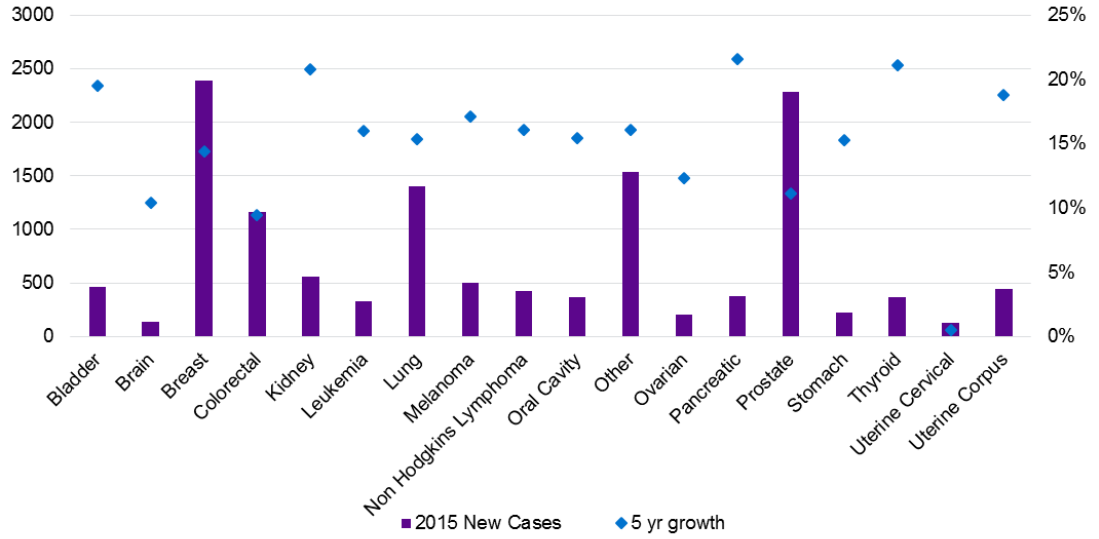
Truven Health's 2015 Cancer Estimates reveal the incidence in Rockwall County will grow significantly faster than the rest of the community and the state of Texas. Growth in pancreatic and thyroid cancers will approach 30% in Rockwall County. All three counties had incidence rates greater than the state for bladder, colorectal, kidney, lung, pancreatic, and stomach cancers. Uterine and cervical cancers in Dallas County are expected to remain flat; meanwhile, Kaufman County is expected to see a 3% growth and Rockwall County is expected to see an 8% growth.

2015 Estimated New Cancer Cases



Source: Truven Health Analytics, 2015

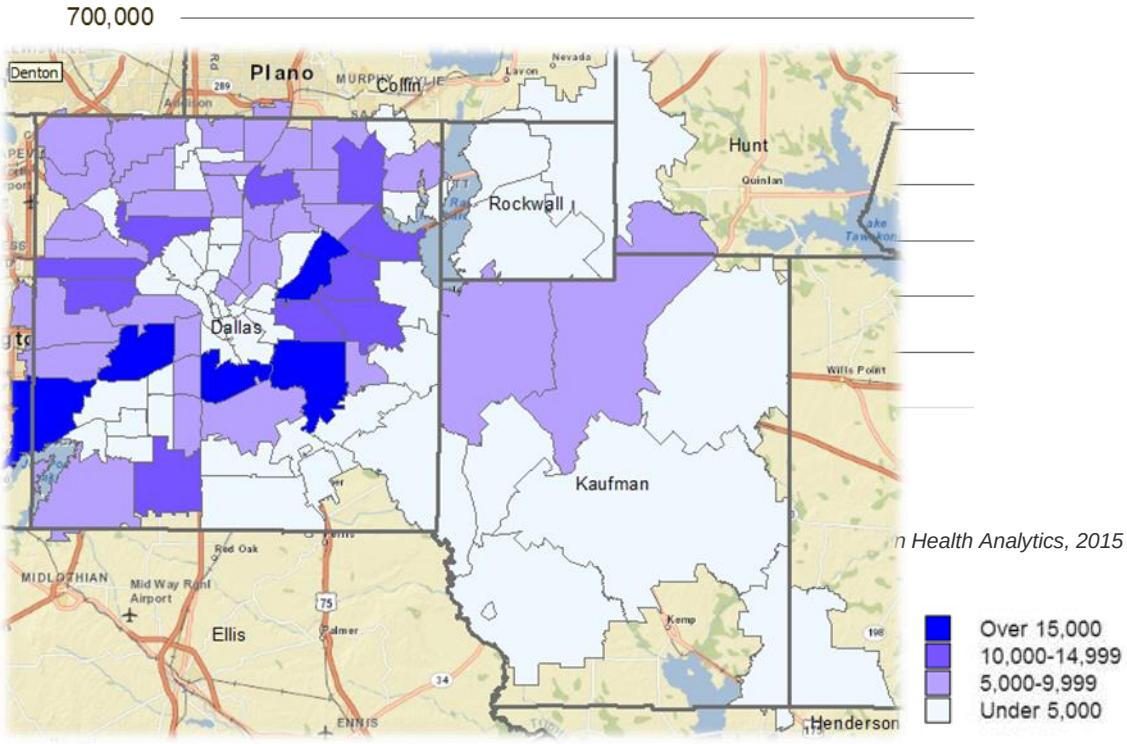
New Cases and Projected Growth by Cancer Type



Source: Truven Health Analytics, 2015

Outpatient emergency department visits are those that are treated and released and therefore do not result in an inpatient admission. Truven Health estimated approximately 460,000 outpatient emergency department (ED) visits were expected from the city of Dallas alone. Sixty-five percent (300,000) of those visits were identified as non-emergent. The cities of Irving, Garland, Grand Prairie, and Mesquite, all located in Dallas County, also experienced high volumes of outpatient ED visits. In the community, outpatient ED volumes are expected to increase 8% over the next 5 years.

Emergent and Non-Emergent ED Visits



n Health Analytics, 2015

Source: Truven Health Analytics, 2015

2014 Estimated Non-Emergent Visits by ZIP Code

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 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.

[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

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 under-insured 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 under-insured/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.

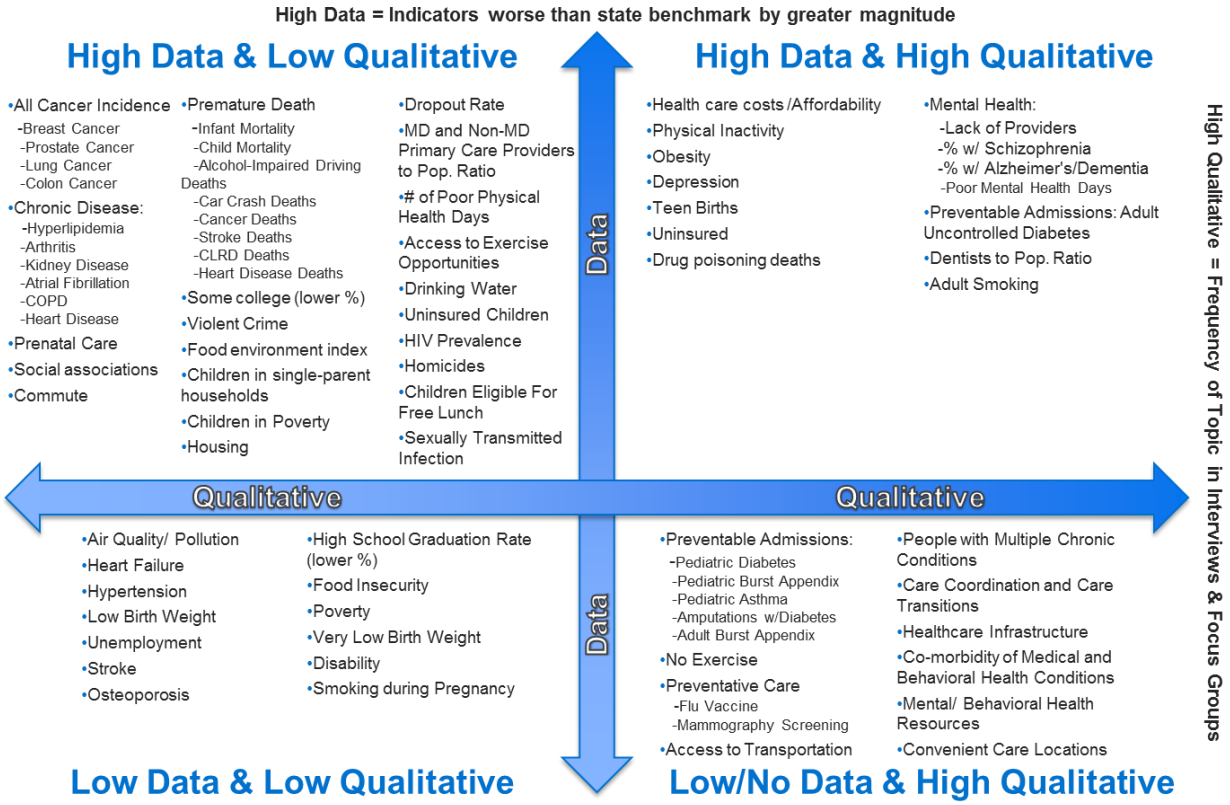
The interview and focus group participants and the populations they serve for this community are documented in the table below.

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

Both the quantitative data and qualitative data were analyzed and assembled into a Health Needs Matrix in order to help identify the most significant community health needs. Below is the matrix for the community served by the BSWH hospital facilities.



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. Criteria used to identify significant health needs were first, quantitative data about the need showed the community's results to be worse than the state's by a greater magnitude, and second, it was a frequent theme during the interviews and focus group.

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. Health care costs / affordability
    - Rate of the uninsured
2. Mental health
    - Proportion of the population with depression
3. Chronic disease
    - Proportion of the population that is obese
4. Lack of dentists
5. Preventable admissions: adult uncontrolled diabetes
6. Adults who smoke
7. Physical inactivity
8. Teen births
9. Drug poisoning deaths

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>Health Care Costs / Affordability (Uninsured)</u>

Access to healthcare was identified as a community health need through key informant interviews and focus group sessions. Specifically, the participants discussed the cost of care as well as access to care for the low to middle socioeconomic status populations. The participants commented that many physicians did not accept underinsured, uninsured or Medicaid patients. The participants also acknowledged the existence of a large portion of the population that were uninsured. Many of the uninsured population were unable to afford healthcare provided through the PPACA; others could not afford the deductibles or co-payments required for the coverage they possessed. Preventative care was available in the community; however subsequent treatments that were often

required were not accessible due to the cost of those services. The participants believed the lack of Medicaid expansion in Texas contributed to limited acceptance of Medicaid coverage by providers.

The quantitative data analysis corroborated some of the community input. According to the Small Area Health Insurance estimates, the percentage of uninsured lives under the age of sixty-five in Dallas County was 29% compared to 25% for the state overall and 11% for County Health Rankings (CHR) Top Performers. The percent of uninsured lives in Kaufman and Rockwall counties compared somewhat more favorably to the state at 24% and 17%, respectively.[3] The percent of uninsured children in Dallas and Kaufman counties were 14% each, just above 13% for the state. Rockwall County was more favorable compared to the state at 11%.[4] According to the Behavioral Risk Factor Surveillance System (BRFSS), the percentage of adults who could not see a doctor in the last 12 months due to cost was 23% in Dallas County and 27% in Kaufman County; this is compared to 19% for the state overall (data were not available for Rockwall County).[5]

One way to measure the cost of care is the amount of price-adjusted Medicare reimbursements per enrollee. For the state of Texas the reimbursement per Medicare enrollee was $11,079. All three counties in the community were higher than the state benchmark for this measure:

- $11,204 in Dallas County
- $11,781 in Kaufman County
- $11,164 in Rockwall County

Mental Health (Depression)

Mental and behavioral health were targeted priorities that needed to be addressed based upon interviews and group sessions. Specifically, access to mental health care was impacted by a shortage in mental health providers. It was identified that delays in care and poor management of conditions often led to crisis situations for patients and their families. The participants expressed the need to address all aspects of mental health including substance abuse, behavioral health, mental disorders and access to services. It was noted that accessing care for mental and behavioral health conditions in early, pre-crisis stages is especially challenging for those without good insurance coverage for mental health care. The participants also discussed the need for progress in addressing the stigma and cultural barriers that surrounded the acknowledgment of mental health conditions and subsequent care.

When measuring the prevalence of mental health conditions in the community, Kaufman and Dallas counties both have higher rates of depression than the state overall. Dallas and Kaufman counties' percentage of Medicare beneficiaries with depression are 17%

[3] Small Area Health Insurance Estimates, 2012 Percentage of population under age 65 without health insurance
[4] Small Area Health Insurance Estimates, 2012 Percentage of population under age 18 without health insurance
[5] Behavior Risk Factor Surveillance System (BRFSS), 2005-2012, Percent of adults who could not see a doctor in the past 12 months because of cost.

each, higher than the state percentage of 16%. Rockwall County's rate is more favorable to the state at 15%.[6] Another measure of mental health in a community is the number of self-reported mentally unhealthy days as measured by the Behavioral Risk Factor Surveillance System (BRFSS). Kaufman County's reported number of mentally unhealthy days (age-adjusted) is 5.3 days (out of 30 days) compared to 3.3 days for the state of Texas overall.[7] Dallas County is on par with the state and data were not available for Rockwall County.

The need for mental health providers in the community as expressed via community input is validated by the data. According to the CMS National Provider Identification File the ratio of population to one mental health provider was 1,119 in Kaufman County which is less favorable when compared to 1,034 residents per provider in the state overall. Dallas County and Rockwall County had 805 and 991 residents per provider, which was more favorable than the state but still less favorable when compared to the County Health Rankings Top Performers which had 386 residents per mental health provider.

Chronic Disease (Obesity), Physical Inactivity and Adult Smoking

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.[8] Chronic disease prevention and management was frequently discussed in the key informant interviews and focus group. Specifically mentioned were efforts around early identification of chronic conditions and subsequent culturally appropriate education. These efforts could assist with minimizing obesity and the downstream development of chronic disease. The participants expressed a desire for changes to the community's infrastructure such as creating walkable areas, eliminating food deserts and increasing the availability of healthy food.

While the community's prevalence of a number of chronic conditions was higher than the state benchmark, the community input and subsequent prioritization of significant community health needs focused on obesity and other health behaviors as a root cause. Overall, 29% of Texas' adults are obese. Kaufman County's obesity rate of 33% is less favorable, and Dallas County's rate is on par, when compared to the state. Comparatively, Rockwall County's obesity rate is more favorable at 26%.[9] All of the counties were less favorable than the overall state when it came to physical activity. In the state of Texas overall, 23% of adults reported no leisure time physical activity. In Dallas County 24%, in Kaufman County 30% and in Rockwall County 28% of adults reported no leisure time physical activity.[10] According to BRFSS, the percentage of

[6] CMS, 2012 Percentage of Medicare FFS Beneficiaries with depression
[7] CDC/BRFSS, 2006-2012 Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
[8] http://www.medicinenet.com
[9] CDC Diabetes Interactive Atlas, 2011 Percentage of adults that report BMI of 30 or more
[10] CDC Diabetes Interactive Atlas, 2011 Percentage of adults aged 20 and over reporting no leisure-time physical activity

adults who smoked in Kaufman County was 23% compared to 17% of adults in Texas. Smoking data were not available for Rockwall County and Dallas County's percentage of adults who smoke was 15%, better than the state but slightly worse than the County Health Ranking Top Performers value of 14%.[11]

Dentists to Population Ratio

Dental care was identified as a community health need and it is known to have a significant impact on the overall health of the individual. The participants commented on the lack of dental services available to those with no insurance coverage for dental care. Specifically identified needs included the lack of dental services at free/low-cost clinics and long wait times for accessing services that are available. There were no resources for adults and resources for children were limited. The participants expressed the need for affordable services due to the impact poor dental health has on other factors such as absenteeism in the school age population and delays in receiving other medical services (e.g. surgery).

According to the Health Resource Area File/National Provider Identification file, the ratio of residents per dentist in Kaufman County was 2,784. Therefore, fewer dentists were available to the population than the 1,940 residents per dentist at the overall state level. Rockwall County had 1,399 residents per dentist and Dallas County had 1,340 which were more favorable than the state population to dentist ratio.[12]

Preventable Admissions: Adult Uncontrolled Diabetes

Chronic disease prevention and diabetes management was identified as one of the community's top health needs identified via community input. Specifically, early identification and culturally appropriate education could assist with minimizing obesity and preventing hospitalizations.

According to the CDC Diabetes Interactive Atlas, adult diabetes incidence in Kaufman County was 10% which was above the state's rate of 9%.[13] Dallas and Rockwall counties were both below the state's benchmark. Hospital admissions for adult uncontrolled diabetes is considered an avoidable hospitalization. It is used as a measure of systematic problems in ambulatory care management of a population. In other words, if properly managed in the outpatient setting, a patient should rarely need to be hospitalized for uncontrolled diabetes. The number of admissions for adult uncontrolled diabetes was 22 per 100,000 population in Dallas County compared to 13 per 100,000 in Texas overall. Both Kaufman County (11 per 100,000) and Rockwall County (8 per 100,000) were below the state benchmark for this measure according to the Texas Department of State Health Services.[14]

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[11] Behavioral Risk Factor Surveillance System (BRFSS), 2006-2012 Percentage of adults who are current smokers

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

[13] CDC Diabetes Interactive Atlas, 2011 Percentage of adults aged 20 and above with diagnosed diabetes (as reported via BRFSS)

[14] Texas Department of State Health Services Center for Statistics, 2013 Adult Uncontrolled Diabetes Admission Risk-Adjusted-Rate (per 100,000 population), Texas Hospital Inpatient Discharge Public Use Data File

Teen Births and Drug Poisoning Deaths

Community input underscored concerns about the health of the teenage population as a top community health need. An increase in drug abuse and pregnancy rates in the teen population was noted. Additionally noted were concerns around drug overdosing and unintentional poisoning through illicit and prescription drug use in the general population. Specifically, the community input expressed a need to focus on partnerships with community entities for education, awareness, and program development around teen births and drug use. The participants also noted the impact of changing political agendas, specifically the change in policy related to sex education which had an negative impact on teen pregnancy rates (according to the participants).

The teen birth rate in Dallas County was 65 births per 1,000 females age 15-19, which exceeded the state rate of 55 teen births. Kaufman and Rockwall counties teen birth rates were 50 births and 21 births, respectively, lower than the state but exceeded the County Health Ranking Top Performers rate of 20 teen births.[15] The CDC Wonder Mortality Data identified 9.6 drug poisoning deaths per 100,000 people in Dallas County which was higher than the state death rate of 9.4 deaths.[16]

Summary

BSWH conducted a Community Health Needs Assessment 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 hospital system. With the goal of improving the health of the community, implementation plans with specific tactics and time frames will be developed to the health needs BSWH has chosen to address for the community served.

[15] NCHS, 2006-2012 Teen birth rate per 1,000 female population, ages 15-19
[16] 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	North Texas Food bank	

Community Healthcare Facilities[17]

Hospitals – Fifty-two (52) hospitals serving the community

Facility Name	System	Type	Street Address	City	State	ZIP
Baylor Emergency Medical Center at Rockwall	Baylor Scott & White	ST	1975 ALPHA SUITE 100	ROCKWALL	TX	75087
Baylor Jack and Jane Hamilton Heart and Vascular Hospital	Baylor Scott & White	ST	621 NORTH HALL STREET	DALLAS	TX	75226
Baylor Institute for Rehabilitation at Dallas	Baylor Scott & White	LT	909 NORTH WASHINGTON AVENUE	DALLAS	TX	75246
Baylor Institute For Rehabilitation At Northwest Dallas	Baylor Scott & White	LT	1340 EMPIRE CENTRALDRIVE	DALLAS	TX	75247
Baylor Medical Center At Uptown	Baylor Scott & White	ST	2727 EAST LEMMON AVENUE	DALLAS	TX	75204
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 - Lake Pointe	Baylor Scott & White	ST	6800 SCENIC DRIVE PO BOX 1550	ROWLETT	TX	75088
Baylor Scott & White Medical Center - Sunnyvale	Baylor Scott & White	ST	231 SOUTH COLLINS ROAD	SUNNYVALE	TX	75182
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
Children's Medical Center Of Dallas	Children's Medical	KID	1935 MEDICAL DISTRICT DRIVE	DALLAS	TX	75235
Crescent Medical Center Lancaster	Freestanding	ST	2600 WEST PLEASANT RUN ROAD	LANCASTER	TX	75146
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

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

Facility Name	System	Type	Street Address	City	State	ZIP
Doctors Hospital At White Rock Lake	Baylor Scott & White	ST	9440 POPPY DRIVE	DALLAS	TX	75218
First Texas Hospital	First Choice	ST	1401 E TRINITY MILLS RD	CARROLLTON	TX	75006
Forest Park Medical Center	Forest Park (Vibrant Healthcare)	ST	11990 NORTH CENTRAL EXPRESSWAY	DALLAS	TX	75243
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
Kindred Hospital - Dallas	Kindred	LT	9525 GREENVILLE AVENUE	DALLAS	TX	75243
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
Las Colinas Medical Center	Hospital Corporation of America	ST	6800 NORTH MACARTHUR BOULEVARD	IRVING	TX	75039
Lifecare Hospitals Of Dallas	LifeCare	LT	1950 RECORD CROSSING ROAD	DALLAS	TX	75235
Medical City Dallas Hospital	Hospital Corporation of America	ST	7777 FOREST LANE	DALLAS	TX	75230
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
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 Rehabilitation Hospital	Methodist Health System	LT	3020 WEST WHEATLAND ROAD	DALLAS	TX	75237
Methodist Richardson Medical Center - Campbell	Methodist Health System	ST	401 WEST CAMPBELL ROAD	RICHARDSON	TX	75080

Facility Name	System	Type	Street Address	City	State	ZIP
North Central Surgical Center	Baylor Scott & White	ST	9301 NORTH CENTRAL EXPRESSWAY #100	DALLAS	TX	75231
Our Children's House	Children's Medical	KID	3301 SWISS AVENUE	DALLAS	TX	75204
Parkland Memorial Hospital	Parkland	ST	5200 - 5201 HARRY HINES BOULEVARD	DALLAS	TX	75235
Pine Creek Medical Center	Freestanding	ST	9032 HARRY HINES BOULEVARD	DALLAS	TX	75235
Promise Hospital Of Dallas Inc.	Promise Healthcare	LT	7955 HARRY HINES BOULEVARD	DALLAS	TX	75235
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 General Hospital	Freestanding	ST	2709 HOSPITAL BLVD	GRAND PRAIRIE	TX	75051
Texas Health Presbyterian Hospital Dallas	Texas Health Resources	ST	8200 WALNUT HILL LANE	DALLAS	TX	75231
Texas Health Presbyterian Hospital Kaufman	Texas Health Resources	ST	850 ED HALL DRIVE	KAUFMAN	TX	75142
Texas Health Presbyterian Hospital Rockwall	Texas Health Resources	ST	3150 HORIZON ROAD	ROCKWALL	TX	75032
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
Vibra Specialty Hospital	Vibra Healthcare	LT	2700 WALKER WAY	DESOTO	TX	75115
Walnut Hill Medical Center	Freestanding	ST	7502 GREENVILLE AVENUE	DALLAS	TX	75231
William P. Clements Jr University	UTSW	ST	6201 Harry Hines Blvd	DALLAS	TX	75235

Facility Name	System	Type	Street Address	City	State	ZIP
Zale Lipshy University Hospital	UTSW	ST	5151 Harry Hines Blvd	DALLAS	TX	75235

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

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	720 N DENTON TAP RD	COPPELL	TX	75019
Excellence ER	1926 SKILLMAN ST	DALLAS	TX	75206
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	1291 W CAMPBELL RD SUITE 104	RICHARDSON	TX	75080
First Choice Emergency Room	850 N HIGHWAY 67	CEDAR HILL	TX	75104
Highland Park Emergency Room	5150 LEMMON AVENUE	DALLAS	TX	75209
Irving Family 24-Hour ER + Urgent Care LLC	8200 NORTH MACARTHUR BLVD	IRVING	TX	75063
Legacy ER	330 DENTON TAP RD	COPPELL	TX	75019
Physicians ER Oak Lawn	3607 OAK LAWN AVENUE SUITE 100	DALLAS	TX	75219
Preston Hollow Emergency Room	8007 WALNUT HILL LANE	DALLAS	TX	75231

Psychiatric Facilities

Facility Name	Street Address	City	State	ZIP
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
Hickory Trail Hospital	2000 N OLD HICKORY TRAIL	DESOTO	TX	75115
Sundance Hospital Dallas	2696 W WALNUT ST	GARLAND	TX	75042
Timberlawn Mental Health System	4600 SAMUELL BOULEVARD	DALLAS	TX	75228

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

Health Professional Shortage Areas (HPSA)[18]

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Dallas County	14899948P6	Dallas County Hospital District Homeless Programs	Primary Care	Comprehensive Health Center
Dallas County	14899948OZ	Mission East Dallas (Medical) and Metroplex Project	Primary Care	Comprehensive Health Center
Dallas County	14899948OY	Urban Inter-Tribal Center of Texas	Primary Care	Native American Tribal Population
Dallas County	14899948D3	Los Barrios Unidos Community Health Center	Primary Care	Comprehensive Health Center
Dallas County	148999485F	MLK Jr Family Center	Primary Care	Comprehensive Health Center
Dallas County	64899948MP	Urban Inter-Tribal Center of Texas	Dental Health	Native American Tribal Population
Dallas County	64899948MO	Mission East Dallas (Medical) and Metroplex Project	Dental Health	Comprehensive Health Center
Dallas County	64899948C2	Dallas County Hospital District Homeless Programs	Dental Health	Comprehensive Health Center
Dallas County	6489994897	MLK Jr. Family Center	Dental Health	Comprehensive Health Center
Dallas County	6489994889	Los Barrios Unidos Community Health Center	Dental Health	Comprehensive Health Center
Dallas County	74899948MP	Urban Inter-Tribal Center of Texas	Mental Health	Native American Tribal Population
Dallas County	74899948MN	Mission East Dallas (Medical) and Metroplex Project	Mental Health	Comprehensive Health Center
Dallas County	748999482V	Dallas County Hospital District Homeless Programs	Mental Health	Comprehensive Health Center
Dallas County	748999481V	MLK Jr. Family Center	Mental Health	Comprehensive Health Center
Dallas County	748999481L	Los Barrios Unidos Community Health Center	Mental Health	Comprehensive Health Center
Dallas County	748999480A	West Dallas	Mental Health	HPSA Geographic High Needs
Dallas County	748999482S	South Irving Service Area	Mental Health	HPSA Geographic

[18] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Dallas County	74899948M3	South Dallas	Mental Health	HPSA Geographic High Needs
Dallas County	1489994846	Parkland Internal Medical Clinic	Primary Care	Other Facility
Dallas County	148999484M	Federal Correctional Institution - Seagoville	Primary Care	Correctional Facility
Dallas County	148999487Y	Agape Clinic	Primary Care	Other Facility
Dallas County	6489994838	Federal Correctional Institution - Seagoville	Dental Health	Correctional Facility
Dallas County	64899948F9	Deharo Saldivar Dental Center	Dental Health	Other Facility
Dallas County	64899948G1	East Dallas Dental Center	Dental Health	Other Facility
Dallas County	64899948G2	Parkland Dental Center	Dental Health	Other Facility
Dallas County	1489994820	South Dallas	Primary Care	HPSA Geographic
Dallas County	1489994821	Trinity Area	Primary Care	HPSA Geographic
Dallas County	1489994822	Lisbon Service Area	Primary Care	HPSA Geographic High Needs
Dallas County	1489994823	Simpson-Stuart	Primary Care	HPSA Geographic
Dallas County	14899948OU	Southeast Dallas	Primary Care	HPSA Geographic
Dallas County	14899948P9	Grand Prairie	Primary Care	HPSA Geographic
Dallas County	6489994812	South Dallas	Dental Health	HPSA Geographic
Dallas County	6489994813	Lisbon Service Area	Dental Health	HPSA Geographic
Dallas County	6489994854	West Dallas/Cliff Hall	Dental Health	HPSA Geographic High Needs
Dallas County	64899948MN	South East Dallas	Dental Health	HPSA Geographic
Kaufman County	748257	Kaufman County	Mental Health	HPSA Geographic

Medically Underserved Areas and Populations (MUA/P)[19]

County Name	Service Area Name	MUA/P Source Identification Number	Designation Type
Dallas County	Pleasant Grove Service Area	3453	Medically Underserved Area
Dallas County	Dallas Service Area	3468	Medically Underserved Area
Dallas County	Dallas Service Area	3469	Medically Underserved Area
Dallas County	Dallas Service Area	3490	Medically Underserved Area
Dallas County	Dallas Service Area	3491	Medically Underserved Area
Dallas County	Dallas Service Area	3526	Medically Underserved Area
Dallas County	Brooks Manor Service Area	5210	Medically Underserved Area
Dallas County	Cedar Glenn Service Area	5211	Medically Underserved Area
Dallas County	Cliff Manor Service Area	5212	Medically Underserved Area
Dallas County	Forest Glenn Service Area	5213	Medically Underserved Area
Dallas County	Cedar Glenn South Service Area	5214	Medically Underserved Area
Dallas County	Oak Cliff Service Area	7294	Medically Underserved Area
Dallas County	Grand Prairie	7392	Medically Underserved Area
Dallas County	Cockrell Hill Service Area	7631	Medically Underserved Area
Dallas County	Mission East Dallas Area	7753	Medically Underserved Population
Dallas County	Balch Springs	7921	Medically Underserved Area
Dallas County	Southwest Dallas	7942	Medically Underserved Area
Dallas County	Lillycare Dallas	7959	Medically Underserved Area
Dallas County	Hutchins-Wilmer	7973	Medically Underserved Area

[19] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016