

Baylor Scott & White Health Community Health Needs Assessment

Waco - McLennan County
Health Community

Baylor Scott & White Medical Center - Hillcrest

Approved by: Baylor Scott & White Medical Center - Hillcrest Board of Directors on April 26, 2019

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Table of Contents

Baylor Scott & White Health Mission Statement	4
Executive Summary	6
Community Health Needs Assessment Requirement	8
CHNA Overview, Methodology and Approach	
Consultant Qualifications & Collaboration	9
Community Served Definition	
Assessment of Health Needs	11
Quantitative Assessment of Health Needs – Methodology and Data Sources	11
Qualitative Assessment of Health Needs and Community Input – Approach	
Methodology for Defining Community Need	15
Information Gaps	15
Approach to Identify and Prioritize Significant Health Needs	16
Existing Resources to Address Health Needs	
Waco - McLennan County Health Community CHNA	18
Demographic and Socioeconomic Summary	
Public Health Indicators	
Watson Health Community Data	26
Focus Groups & Interviews	
Community Health Needs Identified	
Prioritized Significant Health Needs	
Description of Health Needs	
Individuals Living Below Poverty Level	30
Limited Access to Healthy Foods (Percent of Low Income)	
Average Number of Mentally Unhealthy Days Reported in Past 30 days (Age-Adjusted)	31
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted-Rate)	
Summary	32
Appendix A: Key Health Indicator Sources	33
Appendix B: Community Resources Identified to Potentially Address Signific	
Resources Identified	
Community Healthcare Facilities	
Appendix C: Federally Designated Health Professional Shortage Areas and	
Medically Underserved Areas and Populations	63



Waco-McLennan County Health Community Community Health Needs Assessment

Appendix D: Public Health Indicators Showing Greater Need When Co.	mpared to
State Benchmark	64
Appendix E: Watson Health Community Data	66
Appendix F: Evaluation of Prior Implementation Strategy Impact	70
Appendix G: Baylor Center for Community Research and Development	t Report78

Baylor Scott & White Health Mission Statement

Our Mission

Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

Our Ambition

To be the trusted leader, educator and innovator in value-based care delivery, customer experience and affordability.

Our Values

- We serve faithfully
- We act honestly
- We never settle
- We are in it together

Our Strategies

- Health Transform into an integrated network that ambitiously and consistently provides exceptional quality care
- Experience Achieve the market-leading brand by empowering our people to design and deliver a customer-for-life experience
- Affordability Continuously improve our cost discipline to invest in our Mission and reduce the financial burden on our customers
- Alignment Ensure consistent results through a streamlined leadership approach and unified operating model
- Growth Pursue sustainable growth initiatives that support our Mission, Ambition, and Strategy

WHO WE ARE

As the largest not-for-profit healthcare system in Texas and one of the largest in the United States, Baylor Scott & White Health was born from the 2013 combination of Baylor Health Care System and Scott & White Healthcare. Today, Baylor Scott & White includes 50 hospitals, more than 900 patient care sites, more than 7,500 active physicians, and over 47,000 employees and the Scott & White Health Plan.

Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

Mission

We serve faithfully

We act honestly

We never settle

We are in it together

Values

Strategies

Health Experience Affordability Alignment Growth

To be the trusted leader, educator and innovator in value-based care delivery, customer experience and affordability.

Ambition

Executive Summary

As the largest not-for-profit health care system in Texas, Baylor Scott & White Health (BSWH) understands the importance of serving the health needs of its communities. In order to do that successfully, we must first take a comprehensive look at the systemic and local issues our patients, their families and neighbors face when it comes to having the best possible health outcomes and well-being.

Beginning in June of 2018, a BSWH task force led by the Community Health, Tax Services, and Marketing Research departments began the process of assessing the current health needs of the communities served for all BSWH hospital facilities. IBM Watson Health (formerly known as 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 2019.

BSWH owns and operates multiple individual licensed hospital facilities serving the residents of north and central Texas. This community health needs assessment applies to Baylor Scott & White Medical Center – Hillcrest

For the 2019 assessment, the community served by Baylor Scott & White Medical Center - Hillcrest is McLennan County; the hospital's primary service area where more than 80% of the hospital's admitted patients live.

The hospital facility and IBM Watson Health (Watson Health) examined over 102 public health indicators and conducted a benchmark analysis of the data comparing the community to overall State of Texas and United States (U.S.) values. For a qualitative analysis, and in order to get input directly from the community, focus groups and key informant interviews were conducted. Interviews included input from state, local, or regional governmental public health departments (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.

Needs were first identified when an indicator for the community served was worse than the Texas state benchmark. A need differential analysis conducted on all the low performing indicators determined relative severity by using the percent difference from benchmark. The outcome of this quantitative analysis aligned with the qualitative findings of the community input sessions to create a list of health needs in the community. Each health need received assignment into one of four quadrants in a health needs matrix that clarified the assignment of severity rankings of the needs. The matrix shows the convergence of needs identified in the qualitative data (interview and focus group feedback) and quantitative data (health indicators) and identifies the top health needs for this community.

Hospital clinical leadership and/or other invited community leaders reviewed the top health needs in a meeting to select and prioritize the list of significant needs in this health community. The meeting, moderated by Watson Health, included an overview of the CHNA process for BSWH, the methodology for determining the top health needs, the BSWH prioritization approach, and discussion of the top health needs identified for the community.

Participants identified the significant health needs through review of data driven criteria for the top health needs, discussion, and a multi-voting process. Once the significant health needs were established, participants rated the needs using prioritization criteria recommended by the focus groups. The sum of the criteria scores for each need created an overall score that was the basis of the prioritized order of significant health needs. The resulting prioritized health needs for this community include:

Priority	Need	Category of Need
1	Individuals Living Below Poverty Level	SDH - Income
2	Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food
3	No Vehicle Available	Access to Care
4	Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health
5	Uncontrolled Diabetes Admission: Adult (Risk-Adjusted-Rate)	Chronic disease - Diabetes

As part of the assessment process community resources were identified, including facilities/organizations that may be available to address the significant needs in the community. These resources are located in the appendix of this report and will be included in the formal implementation strategy to address needs identified in this assessment, approved and made publicly available by the 15th day of the 5th month following the end of the tax year.

Additional broad community input was achieved through a mixed media survey led by the Baylor Center for Community Research and Development. The survey was commissioned by a task force led by representatives of Baylor Scott & White Health, Waco-McLennan County Public Health District, Prosper Waco, Providence Health Network – part of Seton/Ascension, and the Waco Family Health Center. The results of this survey support the analyzed data provided in this report and the priorities identified and will help inform the subsequent implementation strategy. The summary of key findings is included in **Appendix G** of this document.

An evaluation of the impact and effectiveness of interventions and activities outlined in the implementation strategy drafted after the 2016 assessment is also included in **Appendix F** of this document.

The prioritized list of significant health needs approved by the hospitals' governing body and the full assessment is available to anyone at no cost. To download a copy, visit **BSWHealth.com/CommunityNeeds**.

This assessment and corresponding implementation strategy 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.

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 significant 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 healthcare facilities, organizations, and other resources within the community available to meet the significant community health needs
- An evaluation of the impact of any actions that were taken, since the hospital facility(s) most recent CHNA, to address the significant health needs identified in that last CHNA

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

The written Implementation Strategy must include the following:

- List of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified
- Actions the hospital intends to take to address the chosen health needs
- The anticipated impact of these actions and the plan to evaluate such impact (e.g. identify data sources that will be used to track the plan's impact)
- Identify programs and resources the hospital plans to commit to address the health needs
- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

CHNA Overview, Methodology and Approach

BSHW began the 2019 CHNA process in June of 2018; the following is an overview of the timeline and major milestones.



BSWH partnered with Watson Health to complete a CHNA for qualifying BSWH hospital facilities.

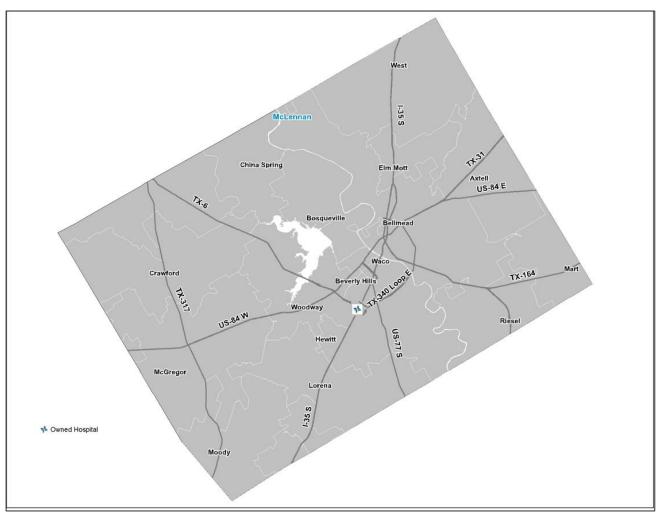
Consultant Qualifications & Collaboration

Watson Health delivers analytic tools, benchmarks, and strategic consulting services to the healthcare industry, combining rich data analytics in demographics, including the Community Needs Index, planning, and disease prevalence estimates, with experienced strategic consultants to deliver comprehensive and actionable Community Health Needs Assessments.

Community Served Definition

The community served by Baylor Scott & White Medical Center - Hillcrest is McLennan County. This is the hospital's primary service area, where more than 80% of the hospital's admitted patients live.

BSWH Community Health Needs Assessment Waco - McLennan County Health Community Map



Source: Baylor Scott & White Health, 2019

Assessment of Health Needs

To identify the health needs of the community, the hospital facility established a comprehensive method of taking into account all available relevant data including community input. The basis of identification of community health needs was the weight of qualitative and quantitative data obtained when assessing the community. Surveyors conducted interviews and focus groups with individuals representing public health, community leaders/groups, public organizations, and other providers. In addition, data collected from several public sources compared to the state benchmark indicated the level of severity.

Quantitative Assessment of Health Needs – Methodology and Data Sources

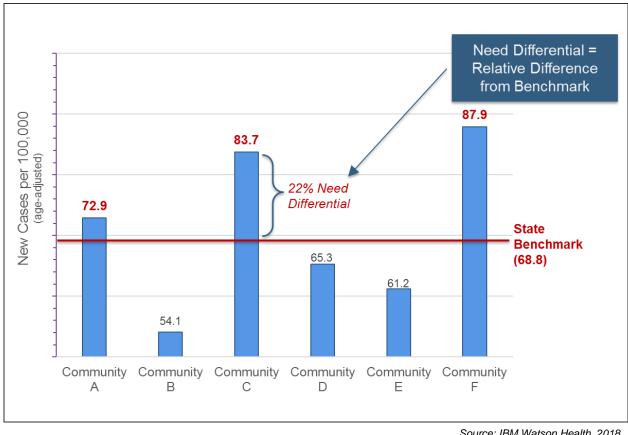
Quantitative data collection and analysis in the form of public health indicators assessed community health needs, including collection of 102 data elements grouped into 11 categories, and evaluated for the counties where data was available. Since 2016, the identification of several new indicators included: addressing mental health, health care costs, opioids, and social determinants of health. The categories and indicators are included in the table below, the sources are in **Appendix A**.

A benchmark analysis conducted for each indicator collected for the community served determined which public health indicators demonstrated a community health need from a quantitative perspective. Benchmark health indicators collected included (when available); overall U.S. values, State of Texas values, and goal setting benchmarks such as Healthy People 2020.

According to America's Health Rankings 2018 Annual Report, Texas ranks 37th out of the 50 states. The health status of Texas compared to other states in the nation identified many opportunities to impact health within local communities, including opportunities for those communities that ranked highly. Therefore, the benchmark for the community served was set to the state value.

Once the community benchmark was set to the state value, it was determined which indicators for the community did not meet the state benchmarks. This created a subset of indicators for further analysis. A need differential analysis was conducted to understand the relative severity of need for these indicators. The need differential established a standardized way to evaluate the degree each indicator differed from its benchmark; this measure is called the need differential. Health community indicators with need differentials above the 50th percentile, ordered by severity, and the highest ranked indicators were the highest health needs from a quantitative perspective. These data are available to the community via an interactive Tableau dashboard located at **BSWHealth.com/CommunityNeeds**.

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



Health Indicator Benchmark Analysis Example

Source: IBM Watson Health, 2018

Qualitative Assessment of Health Needs and Community Input – Approach

In addition to analyzing quantitative data, one (1) focus group with a total of 13 participants, as well as 11 key informant interviews, were conducted to take into account the input of persons representing the broad interests of the community served. The focus group and interviews solicited feedback from leaders and representatives who serve the community and have insight into community needs. Prioritization sessions were also held with hospital clinical leadership and/or other community leaders to identify significant health needs from the assessment and prioritize them.

The focus group familiarized participants with the CHNA process and solicited input to understand health needs from the community's perspective. Focus groups, formatted for individual as well as small group feedback, helped identify barriers and social determinants influencing the community's health needs. Barriers and social determinants were new topics added to the 2019 community input sessions.

Watson Health conducted key informant interviews for the community served by the hospital facility. The interviews aided in gaining understanding and insight into participants concerns about the general health status of the community and the various drivers that contributed to health issues.

Participation in the qualitative assessment included <u>at least</u> one state, local, 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 who served and/or represented the interests of medically underserved, low-income and minority populations in the community.

Participation from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians) ensured that the input received represented the <u>broad</u> interests of the community served. A list of the names of organizations providing input are in the table below.

Community Input Participants

Participant Organization Name	Public Health	Medically Under-served	Low-income	Chronic Disease Needs	Minority Populations	Governmental Public Health Dept.	Public Health Knowledge/ Expertise
Baylor Scott & White Hillcrest Nurse-Family Partnership	Х	Χ	Х		Χ		
Baylor Scott &White Health		Χ					Х
Baylor Scott and White Medical Center-Hillcrest		Χ	Х	Χ			Х
Caritas of Waco			Х				
Carter Blood Care							
Central Texas Catholic Charities	Х	Χ	Χ	Χ	Χ		Х
Central Texas Food Bank		Х	Х	Х	Х		Х
Department of Public Health, Baylor University	Х						Х
Family Abuse Center			Х		Х		
Family Health Center	Х	Χ	Х	Χ	Χ		
Heart of Texas Region MHMR	Х	Χ	Χ	Χ	Χ		Х
Heart of Texas Regional Advisory Council					Х		
Inner Peace Outer Beauty Salon & Spa					Х		
One Fellowship Church			Х		Х		
Prosper Waco	Х	Х	Х		Х		
Providence Health Center	Х	Χ	Х	Х	Х		

Participant Organization Name	Public Health	Medically Under-served	Low-income	Chronic Disease Needs	Minority Populations	Governmental Public Health Dept.	Public Health Knowledge/ Expertise
Texas Department of State Health Services - HSR 7	Х					Х	Х
United Way of Waco-McLennan County	Х	Х	Х	Х	Χ		Х
Waco Police Department	Х	Х	Х	Х	Х		
Waco-McLennan County Public Health District	Х	Х	Х	Х	Χ	Х	Х

Note: multiple persons from the same organization may have participated

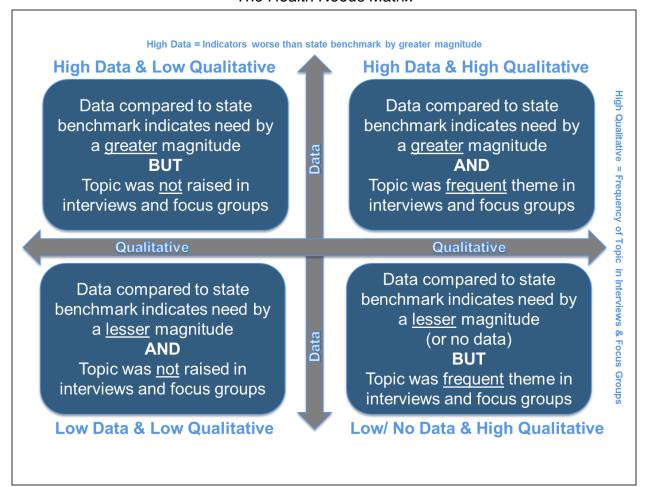
In addition to soliciting input from public health and various interests of the community, the hospital facility was also required to consider written input received on their most recently conducted CHNA and subsequent implementation strategies. The assessment is available to receive public comment or feedback on the report findings on the BSWH website (BSWHealth.com/CommunityNeeds) or by emailing CommunityHealth@bswhealth.org. To date BSWH has not received such written input but continues to welcome feedback from the community.

Community input from interviews and focus groups organized the themes around community needs. These themes were 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 consolidated issues currently affecting the community served assembled in the Health Needs Matrix below help identify the health needs for each community. The upper right quadrant of the matrix is where the needs identified in the qualitative data (interview and focus group feedback) and quantitative data (health indicators) converge to identify the top health needs for this community.

The Health Needs Matrix



Source: IBM Watson Health, 2018

Information Gaps

In some areas of Texas, health indicators were not available due to the impact small population size has on reporting and statistical significance. Additionally, most public health indicators were available only at the county level. 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 could also be a challenge to tailor programs to address community health needs, as placement and access to specific programs in



one part of the county may or may not actually affect the population who truly need the service.

Approach to Identify and Prioritize Significant Health Needs

In a session held with Baylor Scott & White – Hillcrest hospital and clinic leadership and community leaders on November 28, 2018, significant health needs were identified and prioritized. The meeting, moderated by Watson Health, included an overview of the CHNA process for BSWH, the methodology for determining the top health needs, the BSWH prioritization approach, and discussion of the top health needs identified for the community.

Prioritization of the health needs took place in two steps. In the first step, participants reviewed the top health needs for their community with associated data-driven criteria to evaluate. The criteria included: health indicator value(s) for the community, how the indicator compared to the state benchmark, and potentially preventable ED visit rates for the community (if available). Participants then leveraged the professional experience and community knowledge of the group via discussion about which needs were most significant. With the data-driven review criteria and the discussion completed, a multivoting method identified the significant health needs. Participants voted individually for the five (5) needs they considered as the most significant for this community. With votes tallied, five (5) identified needs ranked as significant health needs, based on the number of votes.

In the second step, participants ranked the significant health needs based on prioritization criteria recommended by the focus group conducted for this community:

- 1. <u>Vulnerable Populations</u>: there is a high need among vulnerable populations and/or vulnerable populations are adversely impacted.
- 2. <u>Severity</u>: the problem results in disability or premature death or creates burdens on the community, economically or socially.
- 3. Root Cause: the need is a root cause of other problems, thereby addressing it could possibly affect multiple issues.

Through discussion and consensus, the group rated each of the five (5) significant health needs on each of the three (3) identified criteria utilizing a scale of 1 (low) to 10 (high). The criteria scores summed for each need, created an overall score. The list of significant health needs was then prioritized based on the overall scores. The outcome of this process, the list of prioritized health needs for this community, is located in the "**Prioritized Significant Health Needs**" section of the assessment.

The prioritized list of significant health needs approved by the hospitals' governing body and the full assessment is available to anyone at no cost. To download a copy, visit **BSWHealth.com/CommunityNeeds**.

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.



BSWH Community Resource Guides, and input from qualitative assessment participants, identified community resources that may assist in addressing the health needs identified for this community. A description of these resources is in **Appendix B**. In addition, an interactive asset map of various resources identified for all BSWH communities are located at: **BSWHealth.com/CommunityNeeds**.

Waco - McLennan County Health Community CHNA

Demographic and Socioeconomic Summary

According to population statistics, the community served was similar to Texas in terms of age distribution, but the projected population growth is lower than the state expected growth rate. The community served has more uninsured individuals than the state (26% versus 19%) and the median household income is below both the state and country.

Demographic and Socioeconomic Comparison: Community Served and State/U.S. Benchmarks

		Bench	nmarks	Community Served
Geography		United States	Texas	Waco McLennan County Health Community
Total Current	Population	326,533,070	28,531,631	256,897
5 Yr Projected Po	pulation Change	3.5%	7.1%	5.6%
Mediar	n Age	42.0	38.9	36.7
Population	on 0-17	22.6%	25.9%	24.9%
Populati	on 65+	15.9%	12.6%	14.4%
Women Age 15-44		19.6%	20.6%	21.5%
Non-White Population		30.0%	32.2%	31.9%
Hispanic P	opulation	18.2%	39.4%	26.6%
	Uninsured	9.4%	19.0%	26.1%
	Medicaid	14.9%	13.4%	14.0%
Insurance Coverage	Private Market	9.6%	9.9%	7.9%
	Medicare	16.1%	12.5%	15.4%
	Employer	45.9%	45.3%	36.6%
Median HH Income		\$61,372	\$60,397	\$54,838
Limited English		26.2%	39.9%	25.2%
No High Sch	ool Diploma	7.4%	8.7%	9.7%
Unemp	loyed	6.8%	5.9%	5.4%

Source: IBM Watson Health / Claritas, 2018; US Census Bureau 2017 (U.S. Median Income)



The community served expects to grow 5.6% by 2023, an increase by more than 14,000 people. The 5.6% projected population growth is lower than the state's 5-year projected growth rate (7.1%) and higher compared to the national projected growth rate (3.5%). The ZIP codes expected to experience the most growth in five years are also the most populated zip codes:

- 76706 South Waco-Robinson 2,519 people
- 76712 Woodway –1,843 people

Percent Change in Population

12.0%

3atesylle

Killeen

Tample
Belton

2018 - 2023 Total Population Projected Change by ZIP Code

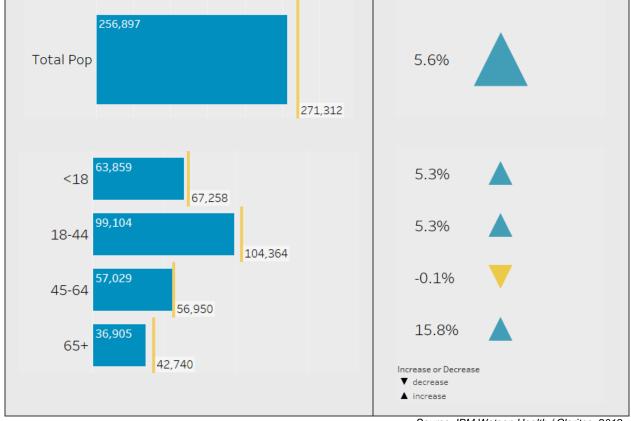
Source: IBM Watson Health / Claritas, 2018

The community's population skewed younger with 38.6% of the population ages 18-44 and 24.9% under age 18. The largest cohort (18-44) is expected to grow by 5,260 people by 2023. The age 65 plus cohort was the smallest (14.4% of the total population) but is expected to experience the fastest growth (15.8%) over the next five years, adding 5,835 seniors to the community. The age 45-64 cohort, representing 22.2% of the current population, is expected to shrink minimally (-0.1%).

Population Distribution by Age

2018 Population by Age Cohort

Percent Change by 2023



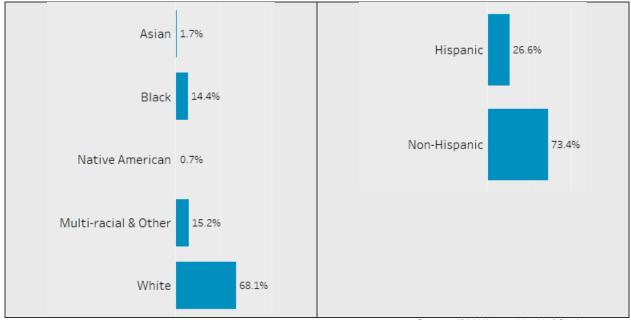
Source: IBM Watson Health / Claritas, 2018

Population statistics is by analysis of race and by Hispanic ethnicity. The community was primarily white and non-Hispanic, but diversity in the community will slightly increase due to the projected growth of minority populations over the next five years. The expected growth rate of the Hispanic population (all races) is over 9,000 people (13.5% change) by 2023. In particular, the White and Multi-Racial Hispanics will add the most residents in the area. The non-Hispanic white and black populations are expected to have the slowest growth (1.5% and 3.9% respectively) while the non-Hispanic Asian / Pacific Islander, multi-racial, and American Indian / Native American populations are expected to increase marginally in the next 5 years.

Population Distribution by Race and Ethnicity

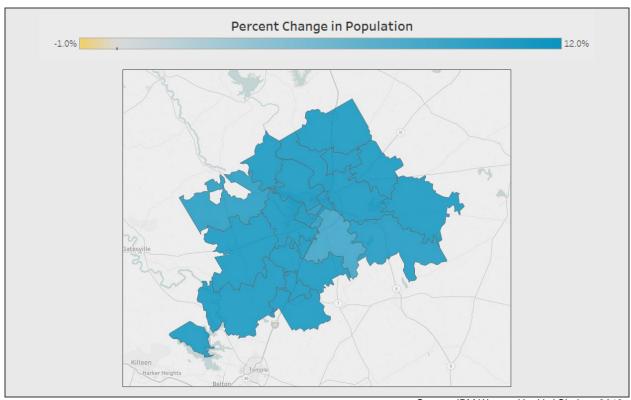
2018 Population by Race

2018 Population by Ethnicity



Source: IBM Watson Health / Claritas, 2018

2018 - 2023 Hispanic Population Projected Change by ZIP Code



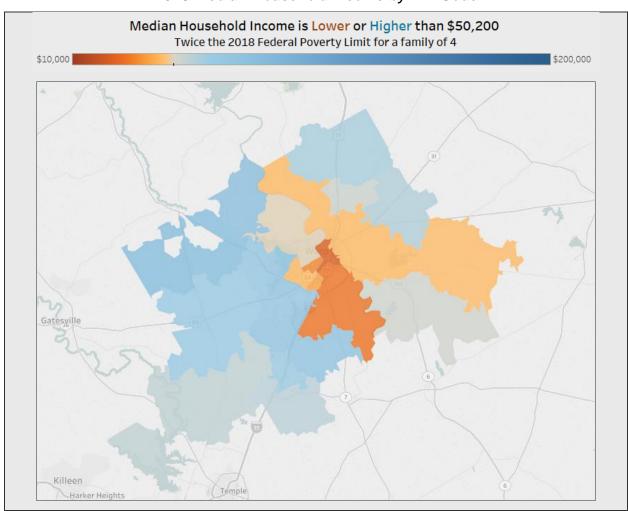
Source: IBM Watson Health / Claritas, 2018



The 2018 median household income for the United States was \$61,372 and \$60,397 for the State of Texas. The median household income for the ZIP codes within this community ranged from \$25,829 for 76704 —East Waco to \$82,895 for 76638 — McGregor-Crawford. There were nine ZIP codes with median household incomes less than \$50,200 — twice the 2018 Federal Poverty Limit for a family of four.

- 76708 China Spring-Bosqueville \$49,480
- 76664 East McLennan Co \$45,608
- 76705 East Waco \$45,159
- 76710 West Waco \$45,055
- 76711 Beverly Hills \$40,653
- 76707 Central Waco \$35,262
- 76706 South Waco-Robinson \$31,293
- 76701 Central Waco \$26,111
- 76704 East Waco \$25,829

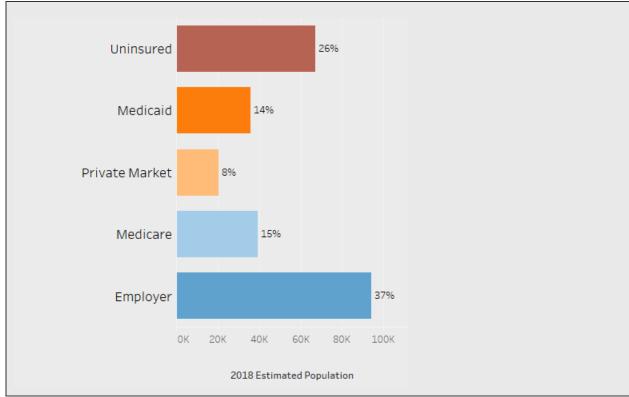
2018 Median Household Income by ZIP Code



Source: IBM Watson Health / Claritas, 2018



A majority of the population (37%) were insured through employer sponsored health coverage, followed by those without health insurance (26%). The remainder of the population was divided between Medicaid (14%), Medicare (15%), and private market (8%) (the purchasers of coverage directly or through the health insurance marketplace).



2018 Estimated Distribution of Covered Lives by Insurance Category

Source: IBM Watson Health / Claritas, 2018

The community includes five (5) Health Professional Shortage Areas and one (1) Medically Underserved Areas 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.

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018



Health Professional Shortage Areas and Medically Underserved Areas and Populations

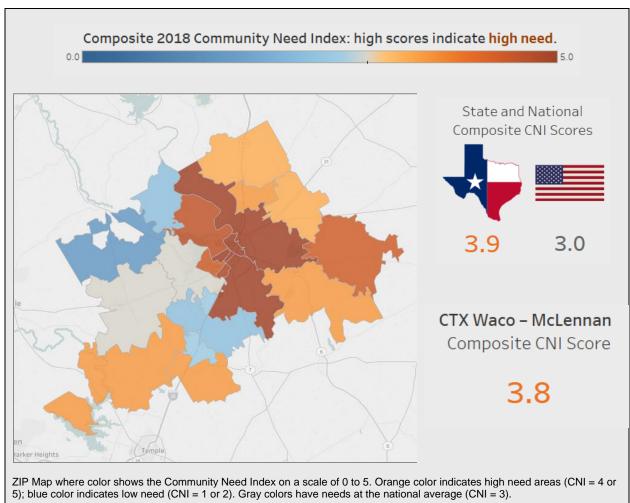
	Health Prof	fessional Shor (HPSA)	tage Areas		Medically Underserved Area/Population (MUA/P)
CTX Waco – McLennan Health Community	Dental Health	Mental Health	Primary Care	Grand Total	MUA/P
McLennan	1	2	2	5	1
Total	1	2	2	5	1

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

The Watson Health Community Need Index (CNI) is a statistical approach to identifying areas within a community where health disparities may exist. 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 strongly linked to variations in community healthcare needs and an 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 CNI score for the community served was 3.8, higher than the CNI national average of 3.0, potentially indicating greater health care needs in this community. In portions of the community (Beverly Hills, Central Waco, China Spring-Bosqueville, East Waco, South Waco-Robinson) the CNI score was greater than 4.5, pointing to potentially more significant health needs among the population.

2018 Community Need Index by ZIP Code



CNI High Need ZIP Codes

City	Community	County	ZIP Code	2018 CNI Score
Waco	Central Waco	McLennan	76701	5.0
Waco	Central Waco	McLennan	76707	5.0
Waco	East Waco	McLennan	76704	5.0
Waco	East Waco	McLennan	76705	5.0
Waco	South Waco-Robinson	McLennan	76706	5.0
Waco	Beverly Hills	McLennan	76711	4.8
Waco	China Spring-Bosqueville	McLennan	76708	4.6
Mart	East McLennan Co	McLennan	76664	4.4
Waco	West Waco	McLennan	76710	4.4

Source: IBM Watson Health / Claritas, 2018



Public Health Indicators

Public health indicators were collected and analyzed to assess community health needs. Evaluation for the community served used 102 indicators. For each health indicator, a comparison between the most recently available community data and benchmarks for the same/similar indicator was made. The basis of benchmarks was available data for the U.S. and the State of Texas.

Where the community indicators showed greater need when compared to the State of Texas comparative benchmark, the difference between the community values and the state benchmark was calculated (need differential). Those indicators with need differentials in the 50th percentile of greater severity pinpointed community health needs from a quantitative perspective. These indicators are located in **Appendix D**.

Watson Health Community Data

Watson Health supplemented the publicly available data with estimates of localized disease prevalence of heart disease and cancer as well as emergency department visit estimates. This information is located in **Appendix E**.

Focus Groups & Interviews

In the focus group session and interviews, participants identified and discussed the factors that contribute to the current health status of the community, and then identified the greatest barriers and strengths that contribute to the overall health of the community. For this health community there was one (1) focus group with a total of 13 participants and 11 interviews were conducted July through September 2018.

For the community served, the top health needs identified in these discussions included:

- Cost of care especially for low income and/or uninsured families
- Access to mental health services.
- Absence or inconvenience of public transportation

The focus group in this health community included organizations serving Waco and McLennan counties. Participants described the community as very family-oriented with high growth but retained its small-town feel. The group discussed the changes in the community fueled by the growth and the convergence of urban, farming, and bedroom communities; there was both racial and economic diversity, but the uneven distribution of wealth created stark income disparities, and left the community lacking a sizable middle class. Prosper Waco is a collaborative focusing on health, wealth, and education that had achieved progress in addressing community needs in the area.

Participants agreed that the most significant healthcare challenge was access to services by low-income residents. There was no single point of coordination for a patient's interaction the healthcare system, and scarce public transportation made it hard to get to appointments for patients without a car, leaving patients under-served and services underutilized. Low-income residents used the emergency department for non-urgent care because there were few providers available for uninsured and undocumented residents. When asked about the top barriers to better health in this health community, they listed

poverty, poor diet, transportation, lack of insurance, gaps in specialty care and mental health providers, and chronic diseases. Preventive services were available, but often not at convenient locations or times, and more outreach and education are needed.

The group said that more specialized health providers were needed, especially behavioral health providers and mental health services. Participants said there were gaps for some medical specialties and a shortage of minority providers that reflected the local population. Reproductive health services were in short supply, especially in rural areas. There was a shortage of inpatient psychiatry beds for the uninsured population, and outpatient behavioral health providers did not always accept insurance. Mental health services were frequently discussed as an area of need, especially for the most vulnerable children and seniors. The community needs more mental health providers, a larger range of services, affordable options, and education to destignatize seeking help.

Low-income families lacked access and ability to pay for healthy foods. Limited public transportation compounds access challenges for low income and rural residents to healthcare services and healthy food options. Public transportation was limited in McLennan County, this added obstacles to accessing medical providers and created food deserts in the health community.

According to the focus group, the community services seemed very siloed and those services were sometimes unaware of one another, this contributed to duplicated services and a lack of coordination. Participants believed there was no single point of coordination for healthcare consumers. The group discussed an opportunity to address the community's health needs by creating a health information exchange to assist with referrals and facilitate follow-up across the continuum of care. Funding Waco rapid transit or rideshare services would be another opportunity to increase access. Participants felt that prioritization of needs should organize around vulnerable populations, magnitude of the need/issue, and whether the issue is a root cause of other needs in the community.

Community Health Needs Identified

A Health Needs Matrix identified the health needs that resulted from the community health needs assessment (see Methodology for Defining Community Need section). The matrix shows the convergence of needs identified in the qualitative data (interview and focus group feedback) and quantitative data (health indicators) and identifies the top health needs for this community.

Top Community Health Needs Identified

Waco - McLennan County Health Community				
Top Needs Identified	Category of Need	Public Health Indicator		
Air Pollution - Particulate Matter daily density	Environment	2012 Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5)		
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Prevalence of chronic condition across all Medicare beneficiaries		
Average Number of Mentally Unhealthy Days Reported in Past 30 days (Age-Adjusted)	Mental Health	2016 Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)		
Children in Single-Parent Households	SDH	2012-2016 Percentage of Children that Live in a Household Headed by Single Parent		
Diabetes Lower-Extremity Amputation Admission: Adult (Risk-Adjusted-Rate)	Chronic Condition - Diabetes	Number Observed / Adult Population Age 18 and older		
Elderly isolation. 65+ Householder living alone	SDH - Social Isolation	2012 Percent of Non-family households - Householder living alone - 65 years and over		
Food Environment Index	Environment - Food	2015 Index of Factors that Contribute to a Healthy Food Environment, 0 (Worst) to 10 (Best)		
Food Insecure	Environment - Food	2015 Percentage of Population Who Lack Adequate Access to Food During the Past Year		
Household income, median	SDH - Income	2016 Median Household Income is the income where half of households in a county earn more and half of households earn less.		
Individuals Living Below Poverty Level	SDH - Income	2012-2016 American Community Survey 5-Year Estimates, Individuals below poverty level		
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	2015 Percentage of Population Who are Low- Income and Do Not Live Close to a Grocery Store		

Wa	Waco - McLennan County Health Community						
Top Needs Identified	Category of Need	Public Health Indicator					
No vehicle available	Access To Care	2017 Households with no vehicle available (percent of households)					
Population with Adequate Access to Locations for Physical Activity	Health Behaviors - Exercise	2010 & 2016 Percentage of Population with Adequate Access to Locations for Physical Activity					
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Prevalence of chronic condition across all Medicare beneficiaries					
Sexually Transmitted Infection Incidence	Infectious Disease - Sexually Transmitted	2015 Number of Newly Diagnosed Chlamydia Cases per 100,000 Population					
Uncontrolled Diabetes Admission: Adult (Risk- Adjusted-Rate)	Chronic Condition - Diabetes	Number Observed / Adult Population Age 18 and older					

Note: Listed alphabetically, not in order of significance

Source: IBM Watson Health, 2018

Prioritized Significant Health Needs

Using the prioritization approach outlined in the overview section of this report, the following needs from the proceeding list were determined to be significant and then prioritized.

The resulting prioritized health needs for this community were:

Priority	Need	Category of Need
1	Individuals Living Below Poverty Level	SDH - Income
2	Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food
3	No Vehicle Available	Access to Care
4	Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health
5	Uncontrolled Diabetes Admission: Adult (Risk-Adjusted-Rate)	Chronic disease - Diabetes

Description of Health Needs

A CHNA for the Waco-McLennan County Health Community identified several significant community health needs categorized as issues related to low income, access to care, mental health and chronic illness. Regionalized health needs affect all age levels to some degree; however, it is often the most vulnerable populations that are negatively affected. Community health gaps help to define the resources and access to care within the county or region. Health and social concerns were validated through key informant interviews, focus groups and county data. Access to care, specifically transportation; proportion of the population living below the poverty level; availability of healthy foods; mental health status; and chronic disease management were significant areas of concern and noted in the data results for Waco and McLennan County.

Individuals Living Below Poverty Level

The social and physical environments of those living below the poverty level affects a spectrum of factors such as housing, transportation and health outcomes. Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health while poor health, in turn, traps communities in poverty. Limited income and poverty often require individuals to make difficult choices on a routine basis; such as choosing to feed one's family over personal health needs. Marginalized groups and vulnerable individuals are often worst affected, deprived of the information, money or access to health services that would help them prevent and treat disease.² Moving beyond the limitations of poverty is challenging on nearly every level.

Within the Waco-McLennan County Health Community, 19.9% of the McLennan County population was living below the poverty level; this was 19% higher than Texas state benchmark.³ Specifically, it is estimated that all ZIP codes in the City of Waco, plus east McLennan County (ZIP code 76664), had median household incomes below \$50,200; twice the 2018 federal poverty level for a family of four.⁴ These statistics for the Waco-McLennan County Health Community indicate there is a vulnerable population with potentially greater health and social needs.

Limited Access to Healthy Foods (Percent of Low Income)

In the United States, "food deserts", neighborhoods and communities that have limited access to affordable and nutritious foods, tend to be located in urban and rural low-income neighborhoods. People who live in these areas are less likely to have access to supermarkets or grocery stores that provide healthy choices for food. With limited or no access to food retailers or supermarkets that stock fresh produce, low-fat dairy, whole grains, and other healthy foods, these populations may be more likely to suffer from high rates of diabetes, cardiovascular disease, and obesity.⁵

⁵ The National Academies of Sciences, Engineering, and Medicine; Living in a Food Desert: How Lack of Access to Healthy Foods Can Affect Public Health, 2019



² Health Poverty Action, **Key Facts Poverty and Poor Health**, 2018

³ American Community Survey 5-Year Estimates, Individuals below poverty level, 2012-2016

⁴ IBM Watson Health / Claritas, 2018

Understanding how many people may be impacted by food deserts is measured by the percentage of the population who are low-income and do not live in close proximity to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than ten miles from a grocery store; in non-rural areas, less than one mile. "Low income" is defined as having an annual family income of less than or equal to 200% of the federal poverty threshold for the family size.⁶

The Texas state result for residents with limited access to healthy foods, due to the percent of low income, is 8.7%. McLennan County was statistically significant and nearly 2.5 times higher at 20.2%. McLennan County had a population that skewed younger with 39% aged 18-44 years of age and 25% under 18 years old. The 65 and older age group expects to experience the fastest growth rate at 15.8%, over the next five years. The Waco - McLennan County Health Community's current low-income population had 64% of its residents under 44 years of age. However, the County's demographic will be shifting over the next five years and will present complex issues with increasing percentages in the 65 and older, low-income residents, who have limited access to healthy foods.

No Vehicle Available

The state of Texas is second in the nation in terms of total square miles coming in behind Alaska. Once outside of the large metropolitan areas in Texas, there are significant challenges in rural areas due to the distance from home to schools, shopping, healthcare, etc. The growing population of those over 65 years of age, across Texas, is intensifying the challenges associated with the lack of a personal transportation vehicle. In rural communities, social services, healthcare and access to food are typically spread out across considerable distances making it difficult for those without personal, reliable transportation.

In McLennan County 7.5% of the population did not have access to a vehicle. This was 41.5% higher than the Texas benchmark.⁸ This indicates a potentially vulnerable population who likely face challenges accessing care and other basic needs. The Waco-McLennan County Health Community focus group participants discussed concerns about residents who do not have access to a vehicle, noting it is a hardship to both the residents themselves and to the community providing services.

Average Number of Mentally Unhealthy Days Reported in Past 30 days (Age-Adjusted)

Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good (i.e., poor mental health days) represents an important facet of health-related quality of life. A study examining the validity of healthy days as a summary measure for mental health status found that counties with more unhealthy days were likely to have higher unemployment, poverty,

⁸ U.S. Census Bureau, American Community Survey 1-Year Estimates, 2017



⁶ Limited Access to Healthy Foods; County Health Rankings, 2018

⁷ Ahern M, Brown C, Dukas S. A national study of the association between food environments and county-level health outcomes. The Journal of Rural Health. 2011;27:367379

percentage of adults who did not complete high school, mortality rates, and prevalence of disability.9

The results of the CHNA for the Waco-McLennan County Health Community indicated a greater relative need and potentially larger vulnerable population given residents reported a higher number of days when they felt mentally unhealthy. McLennan County residents reported an average of 3.8 mentally unhealthy days in the past 30. This was greater than the Texas benchmark by 12.1%. This indicator is one of many measures of a community's mental health status and might be addressed along with housing, low income, access to healthcare, and education.

<u>Uncontrolled Diabetes Admission: Adult (Risk-Adjusted-Rate)</u>

Diabetes is an important marker for a range of health behaviors. This can be a valuable source of data for communities to understand the impact of health behaviors and disease management on both their population and their health care system.¹¹ Diabetes is a serious disease and when not well controlled and monitored, it can be life threatening.

Hospital admissions for uncontrolled diabetes is considered an avoidable event. Diabetes, when properly controlled through health management and outpatient care, should not result in the need for inpatient care. When a community has elevated rates for hospital admissions due to uncontrolled diabetes, it points to challenges in health education, behavior modification, and the outpatient care system.

McLennan County had a risk-adjusted rate of 50.7 adult admissions for uncontrolled diabetes per 100,000 population. This score was 25.5% higher than the Texas benchmark indicating a greater need as it relates to managing diabetes in the Waco-McLennan County Health Community.¹²

Summary

BSWH conducted its Community Health Needs Assessments beginning June 2018 to identify and begin addressing the health needs of the communities they serve. Using both qualitative community feedback as well as publicly 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 chooses to address for the community served.

¹² Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations, 2016



⁹ Poor Mental Health Days, County Health Rankings, 2018

¹⁰ The Behavioral Risk Factor Surveillance System (BRFSS); County Health Rankings & Roadmaps, 2018

¹¹ Diabetes Prevalence, County Health Rankings, 2018

Appendix A: Key Health Indicator Sources

Category	Public Health Indicator	Source
	Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS
ē	Percentage of Population under age 65 without Health Insurance	2018 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau
Ça Ca	Price-Adjusted Medicare Reimbursements per Enrollee NEW 2019	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS
ss tc	Ratio of Population to One Dentist	2018 County Health Rankings & Roadmaps; Area Health Resource File/National Provider Identification file (CMS)
Access to Care	Ratio of Population to One Non-Physician Primary Care Provider	2018 County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES)
•	Ratio of Population to One Primary Care Physician	2018 County Health Rankings & Roadmaps; Area Health Resource File/American Medical Association
	Uninsured Children	2018 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau
	Adult Obesity (Percent)	2018 County Health Rankings & Roadmaps; CDC Diabetes Interactive Atlas, The National Diabetes Surveillance System
	Arthritis in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Atrial Fibrillation in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Cancer Incidence - All Causes	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
	Cancer Incidence - Colon	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
ø,	Cancer Incidence - Female Breast	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
ase	Cancer Incidence - Lung	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
Oise	Cancer Incidence - Prostate	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
1/su	Chronic Kidney Disease in Medicare Population	CMS.gov Chronic conditions 2007-2015
Conditions/Diseases	COPD in Medicare Population	CMS.gov Chronic conditions 2007-2015
buo	Diabetes Diagnoses in Adults	CMS.gov Chronic conditions 2007-2015
ŭ	Diabetes prevalence	2018 County Health Rankings (CDC Diabetes Interactive Atlas)
	Frequent physical distress	2016 Behavioral Risk Factor Surveillance System (BRFSS)
	Heart Failure in Medicare Population	CMS.gov Chronic conditions 2007-2015
	HIV Prevalence	2018 County Health Rankings & Roadmaps; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
	Hyperlipidemia in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Hypertension in Medicare Population	CMS.gov Chronic conditions 2007-2015



Category	Public Health Indicator	Source
	Ischemic Heart Disease in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Osteoporosis in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Stroke in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Air Pollution - Particulate Matter daily density	2018 County Health Rankings & Roadmaps; Environmental Public Health Tracking Network (CDC)
	Drinking Water Violations (Percent of Population Exposed)	2018 County Health Rankings & Roadmaps; Safe Drinking Water Information System (SDWIS), United States Environmental Protection Agency (EPA)
	Driving Alone to Work	2018 County Health Rankings & Roadmaps; American Community Survey, 5-Year Estimates, United States Census Bureau
	Elderly isolation. 65+ Householder living alone NEW 2019	U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
	Food Environment Index	2018 County Health Rankings & Roadmaps; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, United States Department of Agriculture (USDA)
i.	Food Insecure	2018 County Health Rankings & Roadmaps; Map the Meal Gap, Feeding America
Environment	Limited Access to Healthy Foods (Percent of Low Income)	2018 County Health Rankings & Roadmaps; USDA Food Environment Atlas, United States Department of Agriculture (USDA)
nvire	Long Commute Alone	2018 County Health Rankings & Roadmaps; American Community Survey, 5-Year Estimates, United States Census Bureau
ш	No vehicle available NEW 2019	U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates
	Population with Adequate Access to Locations for Physical Activity	2018 County Health Rankings & Roadmaps; Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files (ArcGIS)
	Renter-occupied housing NEW 2019	U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates
	Residential segregation - black/white NEW 2019	2018 County Health Rankings (American Community Survey, 5-year estimates)
	Residential segregation - non-white/white NEW 2019	2018.County Health Rankings (American Community Survey, 5-year estimates)
	Severe Housing Problems	2018 County Health Rankings & Roadmaps; Comprehensive Housing Affordability Strategy (CHAS) data, U.S. Department of Housing and Urban Development (HUD)
	Adult Smoking	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)
	Adults Engaging in Binge Drinking During the Past 30 Days	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)
હ	Disconnected youth NEW 2019	2018 County Health Rankings (Measure of America)
<u> </u>	Drug Poisoning Deaths Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
eha	Insufficient sleep NEW 2019	2016 Behavioral Risk Factor Surveillance System (BRFSS)
Health Behaviors	Motor Vehicle Driving Deaths with Alcohol Involvement	2018 County Health Rankings & Roadmaps; Fatality Analysis Reporting System (FARS)
	Physical Inactivity	2018 County Health Rankings & Roadmaps; CDC Diabetes Interactive Atlas, The National Diabetes Surveillance System
	Sexually Transmitted Infection Incidence	2018 County Health Rankings & Roadmaps; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
	Teen Birth Rate per 1,000 Female Population, Ages 15-19	2018 County Health Rankings & Roadmaps; National Center for Health Statistics - Natality files, National Vital Statistics System (NVSS)



Category	Public Health Indicator	Source
Health Status	Adults Reporting Fair or Poor Health	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)
	Average Number of Physically Unhealthy Days Reported in Past 30 days (Age-Adjusted)	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)
Injury & Death	Cancer Mortality Rate	2013 Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
	Child Mortality Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Chronic Lower Respiratory Disease (CLRD) Mortality Rate	2013 'Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
	Death rate due to firearms NEW 2019	2018 County Health Rankings (CDC WONDER Environmental Data)
	Heart Disease Mortality Rate	2013 Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
& ≻	Infant Mortality Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
njur	Motor Vehicle Crash Mortality Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
=	Number of deaths due to injury NEW 2019	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Premature Death (Potential Years Lost)	2018 County Health Rankings & Roadmaps; National Center for Health Statistics - Mortality Files, National Vital Statistics System (NVSS)
	Stroke Mortality Rate	2013 Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
<u>P</u>	First Trimester Entry into Prenatal Care	2016 Texas Health and Human Services - Vital statistics annual report
Maternal & Child Health	Low Birth Weight Percent	2018 County Health Rankings & Roadmaps; National Center for Health Statistics - Natality files, National Vital Statistics System (NVSS)
rnal & C Health	Low Birth Weight Rate	2016 Texas Health and Human Services - Vital statistics annual report - Preventable Hospitalizations
iteri F	Preterm Births <37 Weeks Gestation	2015 Kids Discount Data Center
ĭ	Very Low Birth Weight (VLBW)	Centers for Disease Control and Prevention WONDER
	Accidental poisoning deaths where opioids were involved NEW 2019	U.S. Census Bureau, Population Division and 2015 Texas Health and Human Services Center for Health Statistics Opioid related deaths in Texas
ses	Alzheimer's Disease/Dementia in Medicare Population	CMS.gov Chronic conditions 2007-2015
Mental Health Iditions/Diseas	Average Number of Mentally Unhealthy Days Reported in Past 30 days (Age-Adjusted)	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)
J. He S/D	Depression in Medicare Population	CMS.gov Chronic conditions 2007-2015
ntal ion	Frequent mental distress	2016 Behavioral Risk Factor Surveillance System (BRFSS)
Mental Health Conditions/Diseases	Intentional Self-Harm; Suicide NEW 2019	2015 Texas Health Data Center for Health Statistics
	Ratio of Population to one Mental Health Provider	2018 County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES)
	Schizophrenia and Other Psychotic Disorders in Medicare Population	CMS.gov Chronic conditions 2007-2015
Po pul ati on	Children Eligible for Free Lunch Enrolled in Public Schools	2018 County Health Rankings & Roadmaps, The National Center for Education Statistics (NCES)



Category	Public Health Indicator	Source
	Children in Poverty	2018 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau
	Children in Single-Parent Households	2018 County Health Rankings & Roadmaps; American Community Survey (ACS), 5 Year Estimates (United States Census Bureau)
	Civilian veteran population 18+ NEW 2019	U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
	Disabled population, civilian noninstitutionalized	U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
	High School Dropout	2016 Texas Education Agency
	High School Graduation	2017 Texas Education Agency
	Homicides	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Household income, median NEW 2019	2018 County Health Rankings (2016 Small Area Income and Poverty Estimates)
	Income Inequality	2018 County Health Rankings & Roadmaps; American Community Survey (ACS), 5 Year Estimates (United States Census Bureau)
	Individuals Living Below Poverty Level	2012-2016 US Census Bureau - American FactFinder
	Individuals Who Report Being Disabled	2012-2016 US Census Bureau - American FactFinder
	Non-English-speaking households NEW 2019	U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
	Social/Membership Associations	2018 County Health Rankings & Roadmaps; 2015 County Business Patterns, United States Census Bureau
	Some College	2018 County Health Rankings & Roadmaps; American Community Survey (ACS), 5 Year Estimates (United States Census Bureau)
	Unemployment	2018 County Health Rankings & Roadmaps; Local Area Unemployment Statistics (LAUS), Bureau of Labor Statistics
	Violent Crime Offenses	2018 County Health Rankings & Roadmaps; Uniform Crime Reporting (UCR) Program, United States Department of Justice, Federal Bureau of Investigation (FBI)
y y	Asthma Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
ation	Diabetes Lower-Extremity Amputation Admission: Adult (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
taliza	Diabetes Short-term Complications Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
igs	Gastroenteritis Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
e 유	Perforated Appendix Admission: Adult (Risk-Adjusted-Rate per 100 Admissions for Appendicitis)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
Preventable Hospitalizations	Perforated Appendix Admission: Pediatric (Risk-Adjusted-Rate for Appendicitis)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Uncontrolled Diabetes Admission: Adult (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Urinary Tract Infection Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
Prevention	Diabetic Monitoring in Medicare Enrollees	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS



Category	Public Health Indicator	Source
	Mammography Screening in Medicare Enrollees	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS



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

Below is a list of resources available in the community with the ability to address the significant health needs identified in the assessment. For a continually updated list of the resources available to address these needs as well as other social determinants of health, please visit our website (**BSWHealth.com/CommunityNeeds**).

Resources Identified

COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
No Vehicle Available	Access to Care	Community Transportation Programs	Waco Transit (Demand Response, Rural Transit)	301 South 8th Street	Waco	254-750-1620
No Vehicle Available	Access to Care	Community Transportation Programs for Medical Appointments	Heart of Texas Rural Transit District	1514 South New Road	Waco	254-292-1800
No Vehicle Available	Access to Care	Food Delivery	Meals on Wheels Waco	501 West Waco Drive	Waco	254-750-1620
No Vehicle Available	Access to Care	Public Transportation	Heart of Texas Rural Transit District	1514 South New Road	Waco	254-292-1800
No Vehicle Available	Access to Care	Public Transportation	Waco Transit (Demand Response, Rural Transit)	301 South 8th Street	Waco	254-750-1620
No Vehicle Available	Access to Care	Social Services	Child Protective Services Texas Dept. of Family & Protective Services	801 Austin Avenue	Waco	800-252-5400
No Vehicle Available	Access to Care	Social Services	MedMark Treatment Center	2210 Washington Avenue	Waco	254-755-6411
No Vehicle Available	Access to Care	Social Services	Methodist Children's Home Family Outreach	1111 Herring Avenue	Waco	254-750-1278
No Vehicle Available	Access to Care	Social Services	Methodist Children's Home Residential Program	1111 Herring Avenue	Waco	800-964-9226
No Vehicle Available	Access to Care	Social Services	MHMR - Veterans One Stop	2010 LaSalle Avenue, Suite A	Waco	254-297-7171



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
No Vehicle Available	Access to Care	Social Services	MHMR - Waco (Heart of Texas Region MHMR Center)	110 South 12th Street	Waco	254-752-3451
No Vehicle Available	Access to Care	Social Services	Salvation Army/Red Shield Men's Lodge	300 Webster Avenue	Waco	254-296-9866
No Vehicle Available	Access to Care	Social Services	Salvation Army/Sally's House	4721 West Waco Drive	Waco	254-757-1641
No Vehicle Available	Access to Care	Social Services	Texas Home Health	8300 Central Park Drive, Suite A	Waco	254-755-6111
No Vehicle Available	Access to Care	Social Services	The Advocacy Center for Crime Victims and Children	3312 Hillcrest Drive	Waco	888-867-7233
No Vehicle Available	Access to Care	Subsidized Public Transportation	Heart of Texas Rural Transit District	1514 South New Road	Waco	254-292-1800
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Blood Sugar Monitors	Med-Equip	6931 Woodway Drive	Waco	254-772-6970
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Blood Sugar Monitors	Providence Medical Equipment	6811 Woodway Drive	Waco	254-242-0440
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	Family Health Center	1600 Providence	Waco	254-313-4200
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	Family Health Center - Austin Avenue Clinic	1105 12th Street	Waco	254-313-6350
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	Family Health Center - Bellmead Community Clinic	3400 Bellmead Drive	Waco	254-313-5400
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	Family Health Center - Bell's Hill Community Clinic	911 South 20th Street	Waco	254-313-5700



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	Family Health Center - Community Clinic at MCC	4601 North 19th Street	Waco	254-313-5800
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	Family Health Center - Elm Avenue Community Clinic	609 Elm Avenue	Waco	254-313-6900
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	Family Health Center - McGregor Community Clinic	500 South Johnson Drive	McGregor	254-313-5200
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	Family Health Center - Meyer Center Community Clinic	1226 Washington Avenue	Waco	254-313-6300
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	Family Health Center - MLK Jr. Community Clinic	1911 N. MLK Jr. Blvd.	Waco	254-313-6350
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	HOT Area Agency on Aging	300 Franklin	Waco	254-292-1855
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	Providence Diabetes Health Management Center	405 Londonderry Drive, Suite 310	Waco	254-751-4257
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Management	West Waco Community Clinic	600 West State Highway 6	Waco	254-313-6700
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Screenings	McLennan County Health Services TB Clinic	225 West Waco Drive #206	Waco	254-750-5496
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Screenings	McLennan County Health Services/Indigent Health Care Program	204 North 7th Street	Waco	254-757-5174
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Disease Screenings	Providence Breast Health Center	6600 Fish Pond Road, Suite 104	Waco	254-235-3535



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Durable Medical Equipment	Aero Care Home Medical Equipment	7003 Woodway Drive, Suite 314	Waco	254-753-0700
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Durable Medical Equipment	Kendrick Lane Baptist Church Health Equipment Loan Ministry	2015 Kendrick Lane	Waco	254-756-2398
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Durable Medical Equipment	Med-Equip	6931 Woodway Drive	Waco	254-772-6970
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Durable Medical Equipment	Providence Medical Equipment	6811 Woodway Drive	Waco	254-242-0440
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Health Education	Boys and Girls Club of Waco	2700 North 21st Street	Waco	254-752-6443
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Health Education	Boys and Girls Club of Waco	2020 Richter Avenue	Waco	254-754-2451
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Health Education	Susan G. Komen for the Cure	3000 Herring Avenue, 4th Floor	Waco	254-753-3037
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Home Health Services	Comfort Keepers	6501 Sanger Avenue, #100	Waco	254-523-0186
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Nutrition Education	18th Street Community Clinic	1800 Gurley Lane	Waco	254-709-9935
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Nutrition Education	Mart Clinic	215 North Elm Street	Mart	254-876-2173
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Nutrition Education	McGregor Clinic	219 South Madison Street	McGregor	254-840-4433



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Nutrition Education	Nurse-Family Partnership (Baylor Scott &White - Hillcrest)	2911 Herring Avenue, Suite 308	Waco	254-202-1130
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Nutrition Education	Washington Street Clinic	1105 Washington Street	Waco	254-750-8623
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Nutrition Education	WIC Waco Drive Clinic	225 West Waco Drive	Waco	254-750-5474
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted- Rate)	Chronic disease - Diabetes	Wound Care	Community Cancer Association (CCA)	2911 Herring Avenue, Suite 212	Waco	254-202-8082
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Child Life Services	Communities in Schools (Heart of Texas)	1001 Washington Avenue	Waco	254-753-6002
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Child Nutrition Programs	18th Street Community Clinic	1800 Gurley Lane	Waco	254-709-9935
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Child Nutrition Programs	Boys and Girls Club of Waco	2020 Richter Avenue	Waco	254-754-2451
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Child Nutrition Programs	Boys and Girls Club of Waco	2700 North 21st Street	Waco	254-752-6443
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Child Nutrition Programs	Mart Clinic	215 North Elm Street	Mart	254-876-2173
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Child Nutrition Programs	McGregor Clinic	219 South Madison Street	McGregor	254-840-4433
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Child Nutrition Programs	Washington Street Clinic	1105 Washington Street	Waco	254-750-8623
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Child Nutrition Programs	WIC Waco Drive Clinic	225 West Waco Drive	Waco	254-750-5474
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Child Welfare	Child Protective Services Texas Dept. of Family & Protectiv	801 Austin Avenue	Waco	800-252-5400
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Child Welfare	Communities in Schools (Heart of Texas)	1001 Washington Avenue	Waco	254-753-6002



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Community Transportation Programs	Waco Transit (Demand Response, Rural Transit)	301 South 8th Street	Waco	254-750-1620
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Delivery	Meals on Wheels Waco	501 West Waco Drive	Waco	254-750-1620
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Acts Christian Fellowship	300 South 13th Street	Waco	254-759-1800
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Antioch Community Church Food Pantry	2001 Fort Avenue	Waco	254-754-0386
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Caritas of Waco	300 South 15th Street	Waco	254-753-4593
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Carver Park Baptist Church Pantry	1020 East Herring Avenue	Waco	254-799-2766
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Church of the Open Door Food Basket	900 North Loop 340	Waco	254-799-2656
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Columbus Avenue Baptist Church	1300 Columbus Avenue	Waco	254-537-9096
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Crestview Church of Christ	7129 New Delhi Road	Waco	254-776-0711
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Faith Walk Church Yolanda's Pantry	700 South Robinson Road Highway 77	Robinson	
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	First Baptist Church of Gholson	228 Wildcat Circle	Gholson	254-829-2903
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	First United Methodist Church of Hewitt	600 1st Street	Hewitt	254-666-2500
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Hands of Mercy	3301 Clay Avenue	Waco	254-752-2293
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Living Word COGIC Food Pantry	1001 Dunbar Street	Waco	254-799-3796
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	McGregor Alliance Food Pantry	416 W. 2nd	McGregor	
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Moonlight Drive Fellowship Pantry	828 Moonlight Drive	Robinson	254-662-0292



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Salvation Army/Pathway of Hope Social Services	4721 West Waco Drive	Waco	254-756-7271
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Second Missionary Baptist Church	2001 Dallas Street	Waco	254-799-6300
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Shepherd's Heart Food Pantry	1401 North 34th Street	Waco	254-722-9517
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Shepherd's Heart Mobile Food Pantry	Texas State Technical College - On Craven Avenue	Waco	254-722-9517
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Shepherd's Heart Mobile Food Pantry	3300 Franklin Avenue	Waco	254-722-9517
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Shepherd's Heart of Elm Mott	4701 Old Dallas Road	Elm Mott	254-227-0251
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Shepherd's Heart of Lorena	307 East Center Street	Lorena	571-336-6385
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Shepherd's Heart of Robinson	106 West Lyndale	Robinson	254-722-9517
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	St. Francis Church on the Brazos Food Pantry	315 Jefferson Avenue	Waco	254-752-1393
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	The Food Ministry at First Woodway	101 Ritchie Road	Waco	254-772-9696
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Wheels of Sharing Mobile Pantry	123 East Texas Avenue	Mart	254-753-3545
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Wheels of Sharing Mobile Pantry	TSTC Campus - Industrial Center Corner Crest Drive & Airline	Waco	254-753-3545
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Wheels of Sharing Mobile Pantry	Doris Miller VA Medical Center - South New Road Memorial Dr.	Waco	254-753-3545
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Food Pantry	Wheels of Sharing Mobile Pantry	3300 Franklin Avenue	Waco	254-753-3545



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	18th Street Community Clinic	1800 Gurley Lane	Waco	254-709-9935
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	Mart Clinic	215 North Elm Street	Mart	254-876-2173
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	Shepherd's Heart Food Pantry	1401 North 34th Street	Waco	254-722-9517
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	Social Security Office	1700 Lake Air Drive, Suite A	Waco	800-772-1213
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	Texas Department of Health and Human Services	612 Austin Avenue	Waco	254-752-4839
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	Title V Program at Family Health Clinics	120 Hillcrest Blvd. #300	Waco	254-313-4606
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	Title V Program at Family Health Clinics	1800 Gurley Lane	Waco	254-313-4606
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	Title V Program at Family Health Clinics	3400 Bellmead Drive	Waco	254-313-4606
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	Title V Program at Family Health Clinics	1600 Providence	Waco	254-313-4606
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	Washington Street Clinic	1105 Washington Street	Waco	254-750-8623
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Help Understanding Government Programs	WIC Waco Drive Clinic	225 West Waco Drive	Waco	254-750-5474
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Nutrition Education	18th Street Community Clinic	1800 Gurley Lane	Waco	254-709-9935
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Nutrition Education	Mart Clinic	215 North Elm Street	Mart	254-876-2173
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Nutrition Education	McGregor Clinic	219 South Madison Street	McGregor	254-840-4433
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Nutrition Education	Nurse-Family Partnership (Baylor Scott &White - Hillcrest)	2911 Herring Avenue, Suite 308	Waco	254-202-1130
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Nutrition Education	Washington Street Clinic	1105 Washington Street	Waco	254-750-8623



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Nutrition Education	WIC Waco Drive Clinic	225 West Waco Drive	Waco	254-750-5474
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Social Services	Child Protective Services Texas Dept. of Family & Protective Services	801 Austin Avenue	Waco	800-252-5400
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Social Services	MedMark Treatment Center	2210 Washington Avenue	Waco	254-755-6411
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Social Services	Methodist Children's Home Family Outreach	1111 Herring Avenue	Waco	254-750-1278
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Social Services	Methodist Children's Home Residential Program	1111 Herring Avenue	Waco	800-964-9226
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Social Services	MHMR - Veterans One Stop	2010 LaSalle Avenue, Suite A	Waco	254-297-7171
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Social Services	MHMR - Waco (Heart of Texas Region MHMR Center)	110 South 12th Street	Waco	254-752-3451
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Social Services	Salvation Army/Red Shield Men's Lodge	300 Webster Avenue	Waco	254-296-9866
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Social Services	Salvation Army/Sally's House	4721 West Waco Drive	Waco	254-757-1641
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Social Services	Texas Home Health	8300 Central Park Drive, Suite A	Waco	254-755-6111
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Social Services	The Advocacy Center for Crime Victims and Children	3312 Hillcrest Drive	Waco	888-867-7233
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Supplemental Nutrition Programs	18th Street Community Clinic	1800 Gurley Lane	Waco	254-709-9935
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Supplemental Nutrition Programs	Community Cancer Association (CCA)	2911 Herring Avenue, Suite 212	Waco	254-202-8082
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Supplemental Nutrition Programs	Mart Clinic	215 North Elm Street	Mart	254-876-2173
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Supplemental Nutrition Programs	McGregor Clinic	219 South Madison Street	McGregor	254-840-4433



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Supplemental Nutrition Programs	Washington Street Clinic	1105 Washington Street	Waco	254-750-8623
Limited Access to Healthy Foods (Percent of Low Income)	Environment - Food	Supplemental Nutrition Programs	WIC Waco Drive Clinic	225 West Waco Drive	Waco	254-750-5474
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Crisis Services	McLennan Community College Counseling Services	1400 College Drive	Waco	254-299-8210
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Crisis Services	Starry Counseling Waco	3001 West Waco Drive, Suite B	Waco	254-399-6552
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Crisis Services	The Advocacy Center for Crime Victims and Children	3312 Hillcrest Drive	Waco	888-867-7233
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Family Counseling	Baylor University Counseling Center	McLane Student Life Center, 2nd Floor, 209 Speight Avenue	Waco	254-710-2467
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Family Counseling	Doris Miller Department of Veterans Affairs Medical Center	4800 Memorial Drive	Waco	800-423-2111
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Family Counseling	Family Abuse Center	Undisclosed	Waco	800-283-8401
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Family Counseling	Starry Counseling Waco	3001 West Waco Drive, Suite B	Waco	254-399-6552
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	General Psychiatry	Dr. Tony Payson	2410 Wycon Drive, Suite 102	Waco	254-772-6770
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	General Psychiatry	MHMR - Veterans One Stop	2010 LaSalle Avenue, Suite A	Waco	254-297-7171



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	General Psychiatry	MHMR - Waco (Heart of Texas Region MHMR Center)	110 South 12th Street	Waco	254-752-3451
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	General Psychiatry	Providence DePaul Center	301 Londonderry Drive	Waco	254-776-5970
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Help Hotlines	Klara's Center for Families (Waco MHMR) Hotline	1105 West Jefferson Avenue	Waco	866-752-3451
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Help Hotlines	Starry Counseling Waco	3001 West Waco Drive, Suite B	Waco	254-399-6552
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Help Hotlines	The Advocacy Center for Crime Victims and Children	3312 Hillcrest Drive	Waco	888-867-7233
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Education	Clifton Street Clinic (Waco MHMR)	1200 Clifton Street	Waco	866-752-3451
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Education	Crisis Treatment Center (Waco MHMR)	301 Londonderry Drive	Waco	254-867-6550
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Education	HOT (Heart of Texas) Counseling Center	2800 Lyle Avenue	Waco	254-297-7100
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Evaluation	Advanced Pain Care	7005 Woodway Drive #101	Waco	254-741-6641
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Evaluation	Clifton Street Clinic (Waco MHMR)	1200 Clifton Street	Waco	866-752-3451
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Evaluation	Crisis Treatment Center (Waco MHMR)	301 Londonderry Drive	Waco	254-867-6550



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Evaluation	HOT (Heart of Texas) Counseling Center	2800 Lyle Avenue	Waco	254-297-7100
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Evaluation	Klara's Center for Families (Waco MHMR)	1105 West Jefferson Avenue	Waco	254-752-7889
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Evaluation	Lake Shore Center for Behavioral Health	4555 Lake Shore Drive	Waco	254-776-0400
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Evaluation	MHMR - Veterans One Stop	2010 LaSalle Avenue, Suite A	Waco	254-297-7171
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Hospital Treatment	Dr. Tony Payson	2410 Wycon Drive, Suite 102	Waco	254-772-6770
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Outpatient Treatment	Clifton Street Clinic (Waco MHMR)	1200 Clifton Street	Waco	866-752-3451
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Outpatient Treatment	Crisis Treatment Center (Waco MHMR)	301 Londonderry Drive	Waco	254-867-6550
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Outpatient Treatment	HOT (Heart of Texas) Counseling Center	2800 Lyle Avenue	Waco	254-297-7100
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Outpatient Treatment	MHMR - Veterans One Stop	2010 LaSalle Avenue, Suite A	Waco	254-297-7171
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Outpatient Treatment	MHMR - Waco (Heart of Texas Region MHMR Center)	110 South 12th Street	Waco	254-752-3451
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Services	Clifton Street Clinic (Waco MHMR)	1200 Clifton Street	Waco	866-752-3451



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Services	Crisis Treatment Center (Waco MHMR)	301 Londonderry Drive	Waco	254-867-6550
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Services	HOT (Heart of Texas) Counseling Center	2800 Lyle Avenue	Waco	254-297-7100
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Services	Klara's Center for Families (Waco MHMR)	1105 West Jefferson Avenue	Waco	254-752-7889
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Services	Klara's Center for Families (Waco MHMR) Hotline	1105 West Jefferson Avenue	Waco	866-752-3451
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Services	MHMR - Veterans One Stop	2010 LaSalle Avenue, Suite A	Waco	254-297-7171
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Mental Health Services	MHMR - Waco (Heart of Texas Region MHMR Center)	110 South 12th Street	Waco	254-752-3451
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Social Services	Child Protective Services Texas Dept. of Family & Protectiv	801 Austin Avenue	Waco	800-252-5400
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Social Services	MedMark Treatment Center	2210 Washington Avenue	Waco	254-755-6411
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Social Services	Methodist Children's Home Family Outreach	1111 Herring Avenue	Waco	254-750-1278
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Social Services	Methodist Children's Home Residential Program	1111 Herring Avenue	Waco	800-964-9226
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Social Services	MHMR - Veterans One Stop	2010 LaSalle Avenue, Suite A	Waco	254-297-7171



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Social Services	MHMR - Waco (Heart of Texas Region MHMR Center)	110 South 12th Street	Waco	254-752-3451
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Social Services	Salvation Army/Red Shield Men's Lodge	300 Webster Avenue	Waco	254-296-9866
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Social Services	Salvation Army/Sally's House	4721 West Waco Drive	Waco	254-757-1641
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Social Services	Texas Home Health	8300 Central Park Drive, Suite A	Waco	254-755-6111
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health	Social Services	The Advocacy Center for Crime Victims and Children	3312 Hillcrest Drive	Waco	888-867-7233
Individuals Living Below Poverty Level	SDH - Income	Baby and Toddler Clothes	Caritas of Waco	300 South 15th Street	Waco	254-753-4593
Individuals Living Below Poverty Level	SDH - Income	Clothes for School	Caritas of Waco	300 South 15th Street	Waco	254-753-4593
Individuals Living Below Poverty Level	SDH - Income	Clothes for Work	Caritas of Waco	300 South 15th Street	Waco	254-753-4593
Individuals Living Below Poverty Level	SDH - Income	Clothing	Caritas of Waco	300 South 15th Street	Waco	254-753-4593
Individuals Living Below Poverty Level	SDH - Income	Clothing	Clothesline	1817 Franklin Avenue	Waco	254-754-5463
Individuals Living Below Poverty Level	SDH - Income	Clothing	Hidden Treasures by Caritas	3016 Bellmead Drive	Waco	254-799-0777
Individuals Living Below Poverty Level	SDH - Income	Clothing	Hidden Treasures by Caritas	3912 Bosque Blvd.	Waco	254-753-0125
Individuals Living Below Poverty Level	SDH - Income	Clothing	Mission Waco Health Clinic	1226 Washington Avenue	Waco	254-296-9866
Individuals Living Below Poverty Level	SDH - Income	Clothing	Salvation Army/Pathway of Hope Social Services	4721 West Waco Drive	Waco	254-756-7271



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Individuals Living Below Poverty Level	SDH - Income	Clothing Vouchers	Salvation Army/Pathway of Hope Social Services	4721 West Waco Drive	Waco	254-756-7271
Individuals Living Below Poverty Level	SDH - Income	Community Transportation Programs	Waco Transit (Demand Response, Rural Transit)	301 South 8th Street	Waco	254-750-1620
Individuals Living Below Poverty Level	SDH - Income	Community Transportation Programs for Medical Appointments	Heart of Texas Rural Transit District	1514 South New Road	Waco	254-292-1800
Individuals Living Below Poverty Level	SDH - Income	Discounted Healthcare	Baylor Scott & White Health Financial Assistance	100 Hillcrest Medical Blvd	Waco	800-994-0371
Individuals Living Below Poverty Level	SDH - Income	Discounted Healthcare	The Good Health Card	1800 Gurley Lane	Waco	254-313-4606
Individuals Living Below Poverty Level	SDH - Income	Discounted Healthcare	The Good Health Card	3400 Bellmead Drive	Waco	254-313-4606
Individuals Living Below Poverty Level	SDH - Income	Discounted Healthcare	The Good Health Card	1600 Providence	Waco	254-313-4606
Individuals Living Below Poverty Level	SDH - Income	Early School Preparedness	EOAC (Economic Opportunities Advancement Corporation)	500 Franklin Avenue	Waco	254-753-0331
Individuals Living Below Poverty Level	SDH - Income	Education Assistance	Boys and Girls Club of Waco	2700 North 21st Street	Waco	254-752-6443
Individuals Living Below Poverty Level	SDH - Income	Education Assistance	Boys and Girls Club of Waco	2020 Richter Avenue	Waco	254-754-2451
Individuals Living Below Poverty Level	SDH - Income	Education Assistance	Communities in Schools (Heart of Texas)	1001 Washington Avenue	Waco	254-753-6002
Individuals Living Below Poverty Level	SDH - Income	Financial Aid and Loans	EOAC (Economic Opportunities Advancement Corporation)	500 Franklin Avenue	Waco	254-753-0331
Individuals Living Below Poverty Level	SDH - Income	Financial Assistance	Baylor Scott & White Health Financial Assistance	100 Hillcrest Medical Blvd	Waco	800-994-0371



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Individuals Living Below Poverty Level	SDH - Income	Financial Assistance	Caritas of Waco	300 South 15th Street	Waco	254-753-4593
Individuals Living Below Poverty Level	SDH - Income	Financial Assistance	Columbus Avenue Baptist Church	1300 Columbus Avenue	Waco	254-537-9096
Individuals Living Below Poverty Level	SDH - Income	Financial Assistance	Community Cancer Association (CCA)	2911 Herring Avenue, Suite 212	Waco	254-202-8082
Individuals Living Below Poverty Level	SDH - Income	Financial Assistance	EOAC (Economic Opportunities Advancement Corporation)	500 Franklin Avenue	Waco	254-753-0331
Individuals Living Below Poverty Level	SDH - Income	Financial Assistance	Texas Department of Health and Human Services	612 Austin Avenue	Waco	254-752-4839
Individuals Living Below Poverty Level	SDH - Income	Financial Assistance	Trilijii Group Management	1400 Speight Avenue, #C	Waco	254-757-0663
Individuals Living Below Poverty Level	SDH - Income	Formula	18th Street Community Clinic	1800 Gurley Lane	Waco	254-709-9935
Individuals Living Below Poverty Level	SDH - Income	Formula	Washington Street Clinic	1105 Washington Street	Waco	254-750-8623
Individuals Living Below Poverty Level	SDH - Income	Formula	WIC Waco Drive Clinic	225 West Waco Drive	Waco	254-750-5474
Individuals Living Below Poverty Level	SDH - Income	Free Meals	Antioch Community Church Community Feast	510 North 20th Street	Waco	254-754-0386
Individuals Living Below Poverty Level	SDH - Income	Free Meals	Caritas of Waco	300 South 15th Street	Waco	254-753-4593
Individuals Living Below Poverty Level	SDH - Income	Free Meals	First Baptist Church Waco	Corner of 6th and Clay	Waco	254-752-3000
Individuals Living Below Poverty Level	SDH - Income	Free Meals	Meals on Wheels Waco	501 West Waco Drive	Waco	254-750-1620
Individuals Living Below Poverty Level	SDH - Income	Free Meals	Salvation Army Community Kitchen	300 Webster Avenue	Waco	254-757-1641
Individuals Living Below Poverty Level	SDH - Income	Furniture	Hidden Treasures by Caritas	3912 Bosque Blvd.	Waco	254-753-0125
Individuals Living Below Poverty Level	SDH - Income	Furniture	Hidden Treasures by Caritas	3016 Bellmead Drive	Waco	254-799-0777



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Individuals Living Below Poverty Level	SDH - Income	Furniture	Salvation Army/Pathway of Hope Social Services	4721 West Waco Drive	Waco	254-756-7271
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	18th Street Community Clinic	1800 Gurley Lane	Waco	254-709-9935
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Mart Clinic	215 North Elm Street	Mart	254-876-2173
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Shepherd's Heart Food Pantry	1401 North 34th Street	Waco	254-722-9517
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Social Security Office	1700 Lake Air Drive, Suite A	Waco	800-772-1213
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Texas Department of Health and Human Services	612 Austin Avenue	Waco	254-752-4839
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Title V Program at Family Health Clinics	120 Hillcrest Blvd. #300	Waco	254-313-4606
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Title V Program at Family Health Clinics	1800 Gurley Lane	Waco	254-313-4606
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Title V Program at Family Health Clinics	3400 Bellmead Drive	Waco	254-313-4606
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Title V Program at Family Health Clinics	1600 Providence	Waco	254-313-4606
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Washington Street Clinic	1105 Washington Street	Waco	254-750-8623
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	WIC Waco Drive Clinic	225 West Waco Drive	Waco	254-750-5474
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Compassion Ministries	1421 Austin Avenue	Waco	254-755-7640
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Salvation Army/Pathway of Hope Social Services	4721 West Waco Drive	Waco	254-756-7271
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Salvation Army/Red Shield Men's Lodge	300 Webster Avenue	Waco	254-296-9866
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Salvation Army/Sally's House	4721 West Waco Drive	Waco	254-757-1641



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Salvation Army/Veterans Housing Stability Program	4721 West Waco Drive	Waco	254-756-7271
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	University Apartments	2900 Primrose Drive	Waco	254-662-4411
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Valley Terrace Apartments	1001 North Valley Mills Drive	Waco	254-772-7390
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Villa Victoria Apartments	728 Neil Drive	Waco	254-235-8661
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Waco Apartments	2724 Robinson Drive	Waco	254-662-3550
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Whispering Oaks Apartments	4400 North 19th Street	Waco	254-752-3871
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	William Booth Garden Apartments	4200 North 19th Street	Waco	254-757-2242
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas	1400 College Drive	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Bellmead	901 Maxfield Street	Bellmead	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Brazos H	3005 Edna Avenue	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Calvary	1001 North 18th-A Street	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Caritas	300 South 15th Street	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Community	1001 Washington Avenue	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Crestview	1120 New Road	Waco	254-299-8777



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Dewey Co	925 North 9th Street	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Estella	1809 JJ Flewellen	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Goodwill	1700 South New Road	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Highland	3014 Maple Avenue	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - South Waco	2815 Speight Avenue	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Sparks U	900 Maxfield Street	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Adult Education & Literacy for the Heart of Texas - Waco	1418 South New Road	Waco	254-299-8777
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Christian Men's Job Corps	1226 Washington Avenue	Waco	254-855-4823
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Christian Women's Job Corps	1101 Wooded Acres, Suite 107	Waco	254-757-0416
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	City of Waco	300 Austin Avenue, First floor	Waco	254-750-5740
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Heart of Texas Goodwill Industries, Inc.	1700 South New Road	Waco	254-753-7337
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Jack of All Trades Personnel	2701 Franklin Avenue	Waco	254-754-7997
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Job Link Personnel Services, Inc.	510 North Valley Mills Drive, Suite 306	Waco	254-399-9675



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Vocational Rehabilitative Services	1416 South New Road	Waco	254-296-5200
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Waco Workforce Solutions	1416 South New Road	Waco	254-296-5200
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Workforce Solutions Heart of Texas	1416 South New Road	Waco	254-296-5374
Individuals Living Below Poverty Level	SDH - Income	Job Placement	Adecco Employment Services	8301 Mars Drive	Waco	254-666-0002
Individuals Living Below Poverty Level	SDH - Income	Job Placement	Heart of Texas Goodwill Industries, Inc.	1700 South New Road	Waco	254-753-7337
Individuals Living Below Poverty Level	SDH - Income	Job Placement	Jack of All Trades Personnel	2701 Franklin Avenue	Waco	254-754-7997
Individuals Living Below Poverty Level	SDH - Income	Job Placement	Job Link Personnel Services, Inc.	510 North Valley Mills Drive, Suite 306	Waco	254-399-9675
Individuals Living Below Poverty Level	SDH - Income	Job Placement	Sepherion Waco Texas	334 Towne Oaks Drive	Waco	254-776-3621
Individuals Living Below Poverty Level	SDH - Income	Job Placement	Vocational Rehabilitative Services	1416 South New Road	Waco	254-296-5200
Individuals Living Below Poverty Level	SDH - Income	Job Placement	Waco Workforce Solutions	1416 South New Road	Waco	254-296-5200
Individuals Living Below Poverty Level	SDH - Income	Job Placement	Workforce Solutions Heart of Texas	1416 South New Road	Waco	254-296-5374
Individuals Living Below Poverty Level	SDH - Income	Pediatric Social Services	Child Protective Services Texas Dept. of Family & Protective Services	801 Austin Avenue	Waco	800-252-5400
Individuals Living Below Poverty Level	SDH - Income	Pediatric Social Services	Methodist Children's Home Family Outreach	1111 Herring Avenue	Waco	254-750-1278
Individuals Living Below Poverty Level	SDH - Income	Pediatric Social Services	Methodist Children's Home Residential Program	1111 Herring Avenue	Waco	800-964-9226
Individuals Living Below Poverty Level	SDH - Income	Prescription Assistance	Baylor Scott & White Pharmacy Prescription Club	1412 North Valley Mills, Suite 116, Town West Shopping Center	Waco	254-761-5200



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Individuals Living Below Poverty Level	SDH - Income	Prescription Assistance	Caritas of Waco	300 South 15th Street	Waco	254-753-4593
Individuals Living Below Poverty Level	SDH - Income	Prescription Assistance	Community Cancer Association (CCA)	2911 Herring Avenue, Suite 212	Waco	254-202-8082
Individuals Living Below Poverty Level	SDH - Income	Prescription Assistance	The Good Health Card	1600 Providence	Waco	254-313-4606
Individuals Living Below Poverty Level	SDH - Income	Prescription Assistance	The Good Health Card	1800 Gurley Lane	Waco	254-313-4606
Individuals Living Below Poverty Level	SDH - Income	Prescription Assistance	The Good Health Card	3400 Bellmead Drive	Waco	254-313-4606
Individuals Living Below Poverty Level	SDH - Income	Public Housing	Compassion Ministries	1421 Austin Avenue	Waco	254-755-7640
Individuals Living Below Poverty Level	SDH - Income	Public Housing	Dripping Springs Senior Village	2405 JJ Flewellen Road	Waco	254-412-2262
Individuals Living Below Poverty Level	SDH - Income	Public Housing	University Apartments	2900 Primrose Drive	Waco	254-662-4411
Individuals Living Below Poverty Level	SDH - Income	Public Housing	Villa Victoria Apartments	728 Neil Drive	Waco	254-235-8661
Individuals Living Below Poverty Level	SDH - Income	Public Housing	Waco Apartments	2724 Robinson Drive	Waco	254-662-3550
Individuals Living Below Poverty Level	SDH - Income	Public Housing	Whispering Oaks Apartments	4400 North 19th Street	Waco	254-752-3871
Individuals Living Below Poverty Level	SDH - Income	Public Housing	William Booth Garden Apartments	4200 North 19th Street	Waco	254-757-2242
Individuals Living Below Poverty Level	SDH - Income	Public Transportation	Heart of Texas Rural Transit District	1514 South New Road	Waco	254-292-1800
Individuals Living Below Poverty Level	SDH - Income	Public Transportation	Waco Transit (Demand Response, Rural Transit)	301 South 8th Street	Waco	254-750-1620
Individuals Living Below Poverty Level	SDH - Income	Safe Housing: Women	Family Abuse Center	Undisclosed	Waco	800-283-8401
Individuals Living Below Poverty Level	SDH - Income	Social Services	Child Protective Services Texas Dept. of Family & Protective Services	801 Austin Avenue	Waco	800-252-5400



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Individuals Living Below Poverty Level	SDH - Income	Social Services	MedMark Treatment Center	2210 Washington Avenue	Waco	254-755-6411
Individuals Living Below Poverty Level	SDH - Income	Social Services	Methodist Children's Home Family Outreach	1111 Herring Avenue	Waco	254-750-1278
Individuals Living Below Poverty Level	SDH - Income	Social Services	Methodist Children's Home Residential Program	1111 Herring Avenue	Waco	800-964-9226
Individuals Living Below Poverty Level	SDH - Income	Social Services	MHMR - Veterans One Stop	2010 LaSalle Avenue, Suite A	Waco	254-297-7171
Individuals Living Below Poverty Level	SDH - Income	Social Services	MHMR - Waco (Heart of Texas Region MHMR Center)	110 South 12th Street	Waco	254-752-3451
Individuals Living Below Poverty Level	SDH - Income	Social Services	Salvation Army/Red Shield Men's Lodge	300 Webster Avenue	Waco	254-296-9866
Individuals Living Below Poverty Level	SDH - Income	Social Services	Salvation Army/Sally's House	4721 West Waco Drive	Waco	254-757-1641
Individuals Living Below Poverty Level	SDH - Income	Social Services	Texas Home Health	8300 Central Park Drive, Suite A	Waco	254-755-6111
Individuals Living Below Poverty Level	SDH - Income	Social Services	The Advocacy Center for Crime Victims and Children	3312 Hillcrest Drive	Waco	888-867-7233
Individuals Living Below Poverty Level	SDH - Income	Subsidized Public Transportation	Heart of Texas Rural Transit District	1514 South New Road	Waco	254-292-1800
Individuals Living Below Poverty Level	SDH - Income	Supplemental Nutrition Programs	18th Street Community Clinic	1800 Gurley Lane	Waco	254-709-9935
Individuals Living Below Poverty Level	SDH - Income	Supplemental Nutrition Programs	Community Cancer Association (CCA)	2911 Herring Avenue, Suite 212	Waco	254-202-8082
Individuals Living Below Poverty Level	SDH - Income	Supplemental Nutrition Programs	Mart Clinic	215 North Elm Street	Mart	254-876-2173
Individuals Living Below Poverty Level	SDH - Income	Supplemental Nutrition Programs	McGregor Clinic	219 South Madison Street	McGregor	254-840-4433
Individuals Living Below Poverty Level	SDH - Income	Supplemental Nutrition Programs	Washington Street Clinic	1105 Washington Street	Waco	254-750-8623
Individuals Living Below Poverty Level	SDH - Income	Supplemental Nutrition Programs	WIC Waco Drive Clinic	225 West Waco Drive	Waco	254-750-5474



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	Family Abuse Center	Undisclosed	Waco	800-283-8401
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	My Brother's Keeper	1226 Washington Avenue	Waco	254-296-9866
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	Salvation Army/Pathway of Hope Social Services	4721 West Waco Drive	Waco	254-756-7271
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	Salvation Army/Red Shield Men's Lodge	300 Webster Avenue	Waco	254-296-9866
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	Salvation Army/Sally's House	4721 West Waco Drive	Waco	254-757-1641
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	Salvation Army/Veterans Housing Stability Program	4721 West Waco Drive	Waco	254-756-7271
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center	1600 Providence	Waco	254-313-4200
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - Austin Avenue Clinic	1105 12th Street	Waco	254-313-6350
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - Bellmead Community Clinic	3400 Bellmead Drive	Waco	254-313-5400
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - Bell's Hill Community Clinic	911 South 20th Street	Waco	254-313-5700
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - Community Clinic at MCC	4601 North 19th Street	Waco	254-313-5800
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - Elm Avenue Community Clinic	609 Elm Avenue	Waco	254-313-6900
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - MacArthur Pediatric Clinic	2201 MacArthur Drive, Suite 103	Waco	254-313-5300
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - Madison Cooper Community Clinic	1601 Providence Drive	Waco	254-313-4800
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - McGregor Community Clinic	500 South Johnson Drive	McGregor	254-313-5200



COMMUNITY HEALTH NEED	CATEGORY	SERVICE	FACILITY NAME	ADDRESS	CITY	PHONE NUMBER
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - Meyer Center Community Clinic	1226 Washington Avenue	Waco	254-313-6300
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - MLK Jr. Community Clinic	1911 N. MLK Jr. Blvd.	Waco	254-313-6350
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Family Health Center - Tom Oliver South 18th Community Clinic	1800 Gurley Lane	Waco	254-313-6000
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Heart of Texas Pediatrics	601 West. State Highway 6, #102	Waco	254-399-8364
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Providence Pediatric Clinic	1130 North Loop 340	Lacey Lakeview	254-870-6500
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Providence Pediatric Clinic	6101 Woodway Drive, Suite 230	Woodway	254-537-6400
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Waco-McLennan County Public Health Immunization Clinic	225 West Waco Drive	Waco	254-750-5410
Individuals Living Below Poverty Level	SDH - Income	Winter Clothing	Caritas of Waco	300 South 15th Street	Waco	254-753-4593
Individuals Living Below Poverty Level	SDH - Income	Winter Clothing	Clothesline	1817 Franklin Avenue	Waco	254-754-5463



Community Healthcare Facilities

Facility Name	Туре	System	Street Address	City	State	ZIP
BAYLOR SCOTT & WHITE MEDICAL CENTER - HILLCREST	ST	Baylor Scott & White	100 HILLCREST MEDICAL CENTER BLVD	WACO	TX	7671 2
DEPAUL CENTER	PSY	Ascension Health	301 LONDONDERRY DRIVE	WACO	TX	7671 2
EXPRESS ER	ED	Express ER	1411 N VALLEY MILLS DRIVE	WACO	TX	7671 0
PREMIER ER PLUS	ED	Premier ER	9110 JORDAN LANE SUITE 100	WOODWA Y	TX	7671 2
PREMIER ER PLUS - WACO LLC	ED	Premier ER	221 S JACK KULTGEN EXPY SUITE 100	WACO	TX	7670 6
PROVIDENCE HEALTH CENTER	ST	Ascension Health	6901 MEDICAL PARKWAY	WACO	TX	7671 2

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



<u>Appendix C: Federally Designated Health Professional Shortage Areas and Medically Underserved Areas and Populations</u>

Health Professional Shortage Areas (HPSA)¹³

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
McLennan	1485982391	Low Income-McLennan	Primary Care	Low Income Population HPSA
McLennan	7485788046	Low Income McLennan County	Mental Health	Low Income Population HPSA
McLennan	148999485Z	Heart of Texas Community Health	Primary Care	Federally Qualified Health Center
McLennan	64899948C1	Heart of Texas Community Health	Dental Health	Federally Qualified Health Center
McLennan	748999482U	Heart of Texas Community Health	Mental Health	Federally Qualified Health Center

Medically Underserved Areas and Populations (MUA/P)14

County Name	MUA/P Source Identification Number	Service Area Name	Designation Type	Rural Status
McLennan	03507	McLennan Service Area	Medically Underserved Area	Non-Rural

¹⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration, 201



¹³ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

Appendix D: Public Health Indicators Showing Greater Need When Compared to State Benchmark

Public Health Indicator	Category	Indicator Definition
Limited Access to Healthy Foods (Percent of Low Income)	Environment	2015 Percentage of Population Who are Low-Income and Do Not Live Close to a Grocery Store
Perforated Appendix Admission: Adult (Risk-Adjusted-Rate per 100 Admissions for Appendicitis)	Preventable Hospitalizations	2016 Number Observed / Adult Population Age 18 and older
Diabetes Lower-Extremity Amputation Admission: Adult (Risk-Adjusted-Rate)	Preventable Hospitalizations	2016 Number Observed / Adult Population Age 18 and older
No vehicle available	Environment	2017 Households with no vehicle available (percent of households)
Stroke Mortality Rate	Injury & Death	2013 Cerebrovascular Disease (Stroke) Age Adjusted Death Rate (Per 100,000 - All Ages. Age-adjusted using the 2000 U.S. Standard Population)
Food Insecure	Environment	2015 Percentage of Population Who Lack Adequate Access to Food During the Past Year
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted-Rate)	Preventable Hospitalizations	2016 Number Observed / Adult Population Age 18 and older
Sexually Transmitted Infection Incidence	Health Behaviors	2015 Number of Newly Diagnosed Chlamydia Cases per 100,000 Population
Child Mortality Rate	Injury & Death	2013-2016 Number of Deaths Among Children under Age 18 per 100,000
Premature Death (Potential Years Lost)	Injury & Death	2014-2016 Premature Death; Years of Potential Life Lost Before Age 75 per 100,000 Population (Age-Adjusted)
Air Pollution - Particulate Matter daily density	Environment	2012 Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5)
Infant Mortality Rate	Injury & Death	2010-2016 Number of All Infant Deaths (Within 1 year), per 1,000 Live Births
Individuals Living Below Poverty Level	Population	2012-2016 American Community Survey 5-Year Estimates, Individuals below poverty level
Population with Adequate Access to Locations for Physical Activity	Environment	2010 & 2016 Percentage of Population with Adequate Access to Locations for Physical Activity
Household income, median	Population	2016 Median Household Income is the income where half of households in a county earn more and half of households earn less.



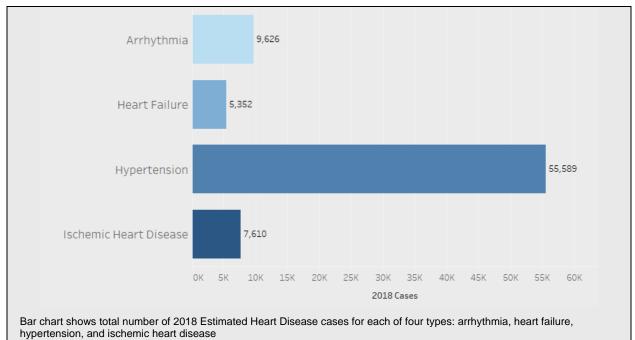
Waco - McLennan County Health Community				
Public Health Indicator	Category	Indicator Definition		
Civilian veteran population 18+	Population	2012 Percent of population 18 years and over - Civilian veterans		
Elderly isolation. 65+ Householder living alone	Environment	2012 Percent of Non-family households - Householder living alone - 65 years and over		
Cancer Incidence - Lung	Conditions/Diseases	2011-2015 Age-Adjusted Lung & Bronchus Cancer Incidence Rate Cases per 100,000.		
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries		
Adult Smoking	Health Behaviors	2016 Percentage of the Adult Population Report Currently Smoke Every Day/Most Days and Smoked at Least 100 Cigarettes in Their Lifetime.		
Chronic Lower Respiratory Disease (CLRD) Mortality Rate	Injury & Death	2013 Chronic Lower Respiratory Disease (CLRD) Age Adjusted Death Rate (per 100,000 - All Ages. Age-adjusted using the 2000 U.S. Standard Population)		
Children in Single-Parent Households	Population	2012-2016 Percentage of Children that Live in a Household Headed by Single Parent		
Average Number of Mentally Unhealthy Days Reported in Past 30 days (Age- Adjusted)	Mental Health Conditions/Diseases	2016 Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)		
Food Environment Index	Environment	2015 Index of Factors that Contribute to a Healthy Food Environment, 0 (Worst) to 10 (Best)		
Alzheimer's Disease/Dementia in Medicare Population	Mental Health Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries		
Cancer Incidence - Prostate	Conditions/Diseases	2011-2015 Age-Adjusted Prostate Cancer Incidence Rate Cases per 100,000.		



Appendix E: Watson Health Community Data

Watson Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnoses; there were over 55,000 estimated cases in the community overall. East Waco ZIP codes had the most estimated cases of each heart disease type, likely driven by population size. However, despite fewer number of cases, the 76682 ZIP code in East McLennan had the highest prevalence for Hypertension (2,598 diagnoses per 10,000 population) and Ischemic Heart Disease (399 diagnoses per 10,000 population). Meanwhile, the 76710 ZIP code in West Waco had the highest prevalence for Heart failure (271 cases per 10,000 population) and Arrhythmia (478 cases per 10,000 population).

2018 Estimated Heart Disease Cases



Note: An individual patient may have more than one type of heart disease. Therefore the sum of all four heart disease types is

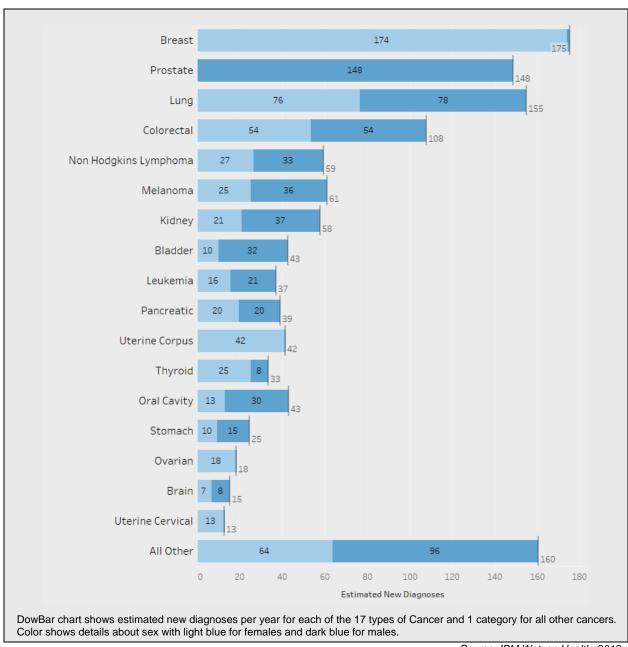
Source: IBM Watson Health, 2018



not a unique count of individuals.

For this community, Watson Health's 2018 Cancer Estimates revealed the cancers projected to have the greatest rate of growth in the next five years were thyroid, melanoma, pancreatic, and bladder; based on both population changes and disease rates. The cancers estimated to have the greatest number of new cases in 2018 were breast, prostate, and lung.

2018 Estimated New Cancer Cases



Source: IBM Watson Health, 2018



Estimated Cancer Cases and Projected 5 Year Change by Type

Cancer Type	2018 Estimated New Cases	2023 Estimated New Cases	5 Year Growth (%)
Bladder	43	48	11.6%
Brain	15	16	6.7%
Breast	175	190	8.6%
Colorectal	108	103	-4.6%
Kidney	58	64	10.3%
Leukemia	37	41	10.8%
Lung	155	166	7.1%
Melanoma	61	69	13.1%
Non-Hodgkin's Lymphoma	59	65	10.2%
Oral Cavity	43	47	9.3%
Ovarian	18	20	11.1%
Pancreatic	39	44	12.8%
Prostate	148	149	0.7%
Stomach	25	26	4.0%
Thyroid	33	38	15.2%
Uterine Cervical	13	13	0.0%
Uterine Corpus	42	46	9.5%
All Other	160	177	10.6%
Grand Total	1,232	1,323	7.4%

Source: IBM Watson Health, 2018

Based on population characteristics and regional utilization rates, Watson Health projected all emergency department (ED) visits in this community to increase by 7.3% over the next five years. The highest estimated ED use rates were in the ZIP code of South Waco-Robinson (333.3 ED visits per 1,000 residents), still lower than the Texas state benchmark of 460 visits and the U.S. benchmark 435 visits per 1,000.

These ED visits consisted of three main types: those resulting in an inpatient admission, emergent outpatient treated and released ED visits, and non-emergent outpatient ED visits that were lower acuity. Non-emergent ED visits present to the ED but can be treated in more appropriate and less intensive outpatient settings.

Non-emergent outpatient ED visits could be an indication of systematic issues within the community regarding access to primary care, managing chronic conditions, or other access to care issues such as ability to pay. Watson Health estimated non-emergent ED visits to increase by 3.4% over the next five years in this community.

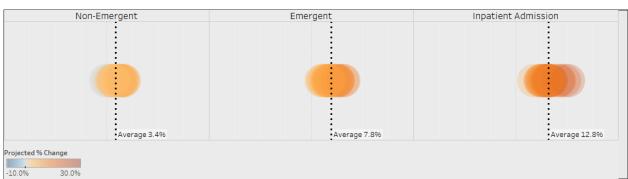
State and National Benchmarks 460 435 estimated ED visits per 1000 population Zip map color shows total Emergency Department visits per 1000 population. Orange colors are higher than the state benchmark, and gray colors are similar.

Estimated 2018 Emergency Department Visit Rate

Note: These are not actual BSWH ED visit rates. These are statistical estimates of ED visits for the population.

Source: IBM Watson Health, 2018





Three panels show the percent change in Emergency Department visits by 2013 at the ZIP level. The average for all ZIPs in the Health Community is labeled. ED visits are defined by the presence of specific CPT® codes in claims. Non-emergency visits to the ED do not necessarily require treatment in a hospital emergency department and can potentially be reated in a fast-track ED, an uregent care treatment center, or a clinical or a physician's private office. Emergent visits require immediate treatment in a hospital emergency department due to the severity of illness. ED visits that result in inpatient admissions do not receive a CPT® code, but typically can be assumed to have resulted from an emergent encounter.

Note: These are not actual BSWH ED visit rates. These are statistical estimates of ED visits for the population.

Source: IBM Watson Health, 2018



Appendix F: Evaluation of Prior Implementation Strategy Impact

Evaluation of Prior CHNA Implementation

Total Resources Contributed to Addressing Needs: \$68,058,880

Identified Need Addressed: Access to Care

Program Name: Prosper Waco

Description: BS&W supports the community health worker initiative of Prosper Waco to improve access to services for Waco area residents

Impact/Outcomes: 12 community health workers have been placed in high-need Waco zip codes to connect

community members to accessible healthcare resources Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: \$50,000

Program Name: Faith Community Health

Description: Faith Community Health is a branch of Faith In Action Initiatives in the Office of Mission and Ministries of Baylor Scott & White Health (BSWH). Faith Community Health strives to form relationships and collaborate with faith communities to improve the health of those people in their congregations and communities. Congregations and communities are supported by integrating faith and health through health educators, faith community nurses, home visits, and church volunteer members. This program is designed to help our communities reach optimal health through education, spiritual support, and guidance by integrating faith and health.

Impact/Outcomes: 275 people served

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Resources valued at \$8,485 of Community Benefit plus a full-time program

coordinator.

Program Name: Faith in Action – Second Life Resources

Description: In collaboration with other not for profit organizations, FIAI's Second Life Resources program has stretched medical resources and expertise to communities across the state of Texas which are underserved or in need due to natural disaster or economic and government-imposed burdens.

Impact/Outcomes: 650+ people served

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Supplies valued at \$55,587 were donated to other non-profits

Program Name: Nurse Family Partnership

Description: Nurse Family Partnership is an evidence-based community healthcare program that empowers low income, first time mothers to become confident parents and strong women by partnering with nurse home visits. Nurse home visits begin early in the mother's pregnancy and continue visitation until the child's second birthday. Nurses provide support, resource connections, education and counseling on health, behavioral and self-sufficiency issues. NFP is one the most rigorously tested programs of its kind—randomized; controlled trials conducted over the past 30 years demonstrate positive multi-generational outcomes for families and their communities. These include improved prenatal health, fewer subsequent pregnancies, increased maternal employment, improved child school readiness, reduced criminal involvement, and less child abuse, neglect and injuries.

Impact/Outcomes: more than 1,000 mothers served

Supported by: Baylor Scott & White Medical Center - Hillcrest



Resources Contributed: Staff time and resources valued at \$1,131,262 of community benefit

Program Name: Nurse Navigation (Oncology & Cardiology)

Description: Oncology Nurse Navigators and Cardiac Nurse Navigators connect patients without primary care providers within the areas of service to primary care providers. This program develops quick pathways of care between all specialty services and primary care networks to connect patients to primary care providers. Oncology Nurse Navigators and Cardiac Nurse Navigators partner with the following organizations in various ways to get patients the primary care they need: Hillcrest Family Health Centers; Waco Family Health Center; S&W Primary Care; Prosper Waco.

Impact/Outcomes: 761

Supported by: Baylor Scott & White Medical Center – Hillcrest and Hillcrest Physician Services
Resources Contributed: Staff time of 3 oncology nurses providing estimated 15 hours per patient each year = \$476,805 a year.

Program Name: Enhanced Access

Description: The hospitals consistently look for opportunities to provide better access to care for the community in the form of locations, ease of scheduling, and number of providers available. Below is a list of some ongoing efforts to tackle the issue of access to primary care providers:

- Same Day Access- Community members requesting an appointment to be seen that day will be provided an appointment.
- -Online Scheduling- Community members may schedule an appointment on-line to establish care, for follow-up and for acute visits.
- -My Chart Scheduling Via the patient portal within MyChart, patients may schedule appointments with providers with whom they have established care.
- E Visits BSWH employees with BSWH Health Plan may schedule an E Visit with a nurse practitioner or physician assistant is being piloted within the region.
- Evaluate the possibility of expanding night and weekend availability
- The HPS MacArthur Clinic accepts patients upon discharge from the hospital who need to establish primary care or be seen for continuing internal medicine care.

Impact/Outcomes: patients are able to schedule visits faster

Supported by: Baylor Scott & White Medical Center – Hillcrest, Hillcrest Family Health Center, and Hillcrest Physician Services

Resources Contributed:

Hillcrest- IT staff for the development and enhancement of online scheduling

Hillcrest- software upgrades as needed

Clinic-The hiring of additional MD, NP and PA staff for manning the clinics

Program Name: Drive Thru Flu

Description: BS&W hosts an Annual Drive Thru Flu Clinic to provide easy access to vaccinations for the entire community.

Impact/Outcomes: 1,109 vaccines administered

Supported by: Scott & White Clinic

Resources Contributed: \$7,341 in staff time plus the cost of flu vaccines

Identified Need Addressed: Chronic Disease Management and Prevention

Program Name: Diabetes Education

Description: BSWH provides diabetes education seminars and presentations open to the public or for a specific group in need to educate the community about the signs and symptoms of diabetes and how to prevent diabetes from happening. The intent is to increase community knowledge of dangers and symptoms of diabetes to lower hospitalization rates due to the disease.



Impact/Outcomes: unknown

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Staff time and materials valued at \$5,000 of Community Benefit

Program Name: Por Tu Familia

Description: Presented by Baylor Scott & White, Por tu Familia, or "for your family", is the signature comprehensive diabetes prevention and management program of the American Diabetes Association's Latino initiatives. It is a comprehensive program developed for and targeted to Latinos. It is geared towards people who have been diagnosed with diabetes or pre-diabetes, caregivers of people with diabetes, as well as anyone who believes they might be at risk.

Impact/Outcomes: 55 participants

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Staff time and materials valued at \$5,000 of Community Benefit

Program Name: Diabetes Food Box Program

Description: BSW Hillcrest partnered with the Central Texas Food Bank and Caritas to: (1) facilitate screening and enrollment of food insecure patients for diabetes; (2) prompt primary care referral from onsite food pantries and coordination of care; (3) distribution of diabetic-friendly food boxes, and (4) provision of diabetes education, including written materials, group classes, and one-on-one reinforcement of diabetes self-care behaviors.

Impact/Outcomes: 200 diabetics received food boxes

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Staff time and materials valued at \$12,500 of Community Benefit

Program Name: McClinton Cancer Center Operations and Community Outreach

Description: The Baylor Scott & White Health McClinton Cancer Center provides excellent care of cancer patients including focusing on the leading causes of cancer related deaths for women and for men in the Central Texas community. The Center provides cancer screenings and prevention information to organizations and at events across the community. Information includes proper screening guidelines and how to access services to reduce the incidence of late stage cancer going undetected. The Center also provides regular programming for people living with cancer and their family members including support groups, appropriate exercise, etc.

Impact/Outcomes: More than 8,000 served

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Resources valued at \$64,027,299 of community benefit

Program Name: Advanced Care Planning

Description: Advanced care planning is provided for patients with high risk and chronic illness, and underserved populations. The palliative care professionals are experts in discussing with patients their future health care options such as advanced directives, living will, power of attorney, and end-of-life discussion.

Impact/Outcomes: unknown

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Resources valued at \$600,000 annually of community benefit and 1 FTE Nurse

Practitioner

Program Name: DSRIP Comprehensive Chronic Disease Program

Description: As part of the HHSC 1115 Waiver and through the Regional Health Partnership needs assessment, BSWH Hillcrest identified the following key needs: (1) Improve the management of chronic conditions and patient outcomes specifically related to diabetes, heart disease and obesity, (2) Improve



access to behavioral health providers and support systems, (3) Improve patient outcomes related to potentially preventable hospital admissions and readmissions, hospital acquired conditions and emergency room utilization 4) appropriate patient access by providing the right care at the right time in the right location. BSWH Hillcrest directly addressed these needs through the HHSC 1115 Waiver allowing past and current expansion of care including palliative, pediatric and specialty care services, orthopedics, general surgery, and more were provided to the most vulnerable in this community.

Impact/Outcomes: 7,584

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Staff time and materials contributed toward ongoing management of this program

Program Name: Community Health Fairs

Description: BS&W regularly participates in health fairs in the communities we serve in order to provide screening and access to educational materials that will help impact healthy lifestyle habits.

Through *It's A Guy Thing and For Women for Life* the Hospitals provide health services, screenings, and treatments, assisting men and women in taking steps that help their chances for living a longer, healthier life and preventing the onset of some chronic conditions. These events for men and women focus on proactive health care including preventive health screenings, seminars and healthy lifestyle information.

Impact/Outcomes: 1,917

Supported by: Baylor Scott & White Medical Center – Hillcrest and Scott & White Clinic Resources Contributed: Staff time and materials valued at \$57,419 of Community Benefit

Program Name: Health Screenings

Description: BS&W offers an annual screening day to reach out to both men and women of Central Texas on the importance of early detection and preventive care of cancer.

Impact/Outcomes: 329 people screened

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Staff time and materials valued at \$7,161 of Community Benefit

Program Name: Support Groups

Description: Baylor Scott & White Healthcare provides cancer support group services for patients and

their families.

Impact/Outcomes: 180 people every month

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Staff time and materials valued at \$6,929 of Community Benefit

Identified Need Addressed: Mental Health Resources

Program Name: Tele Psych

Description: The ED treats many patients that come in suffering from anxiety and depression. Due to the lack of resources to meet mental health needs it is not uncommon for patients to wait days or weeks before being able to secure available space for continued mental health care. The hospital is utilizing a Tele Psych component to expedite placement and to help Trauma and ED providers determine need for a patient's placement in a mental health facility by allowing patients in the unit to consult directly with a mental health provider remotely.

Impact/Outcomes: An estimated 900 psychiatric patients have utilized a Tele psych visit since October 2016. Achieved reduced wait times for patients to establish continued mental health care.

Supported by: Baylor Scott & White Medical Center - Hillcrest and Hillcrest Physician Services



Resources Contributed: Staff including 1 Director, 10 Social Workers, and 8 RN case mangers

Program Name: Faith Community Health

Description: Faith Community Health is a branch of Faith In Action Initiatives in the Office of Mission and Ministries of Baylor Scott & White Health (BSWH). Faith Community Health strives to form relationships and collaborate with faith communities to improve the health of those people in their congregations and communities. Congregations and communities are supported by integrating faith and health through health educators, faith community nurses, home visits, and church volunteer members. This program is designed to help our communities reach optimal health through education, spiritual support, and guidance by integrating faith and health.

Impact/Outcomes: 297 people served

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Resources valued at \$8,485 of Community Benefit plus a full-time program

coordinator.

Program Name: Prosper Waco – Mental Health Collaborative

Description: Prosper Waco is a community collaboration to impact the education, financial security and health (physical and mental) of McLennan County and in particular, the city of Waco. Monthly meetings of steering committees for each targeted area of impact occur and are open to the public for true community impact. OKAY TO SAY campaign: Developed by the Meadows Mental Health Policy Institute, is a community-wide campaign raises awareness about mental health and aims to erase the taboo of talking about mental health issues. Alongside Baylor Scott & White-Hillcrest, NAMI-Waco, Providence Healthcare Network, and Lowe's of Waco and a number of other local organizations, employers and clinics are working together to implement the Okay to Say campaign in the Waco community. On each piece of collateral placed in the partner sites around Waco, there is a 24/7 crisis text line referenced that people can use if they are having a mental health crisis. Callers will get an immediate response from a crisis counselor.

Impact/Outcomes: continued work on improving # of mentally unhealthy days

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: staff time in meetings, educational resources for community health, data acquisition, validation and analysis.

Program Name: Mental Health Services in Primary Care

Description: Five mental health service providers have been embedded into the Scott & White Waco regional family medicine clinic. It is our intent and goal to eventually add mental health providers into all family medicine clinic locations. The clinics that have embedded mental health have built a valuable working relationship between the primary care providers and mental health providers that enhances the overall patient care model.

The Hillcrest Family Health Center recognizes the need for added mental health services in the primary care setting and is evaluating adding mental health providers to some of the primary care locations over the next few years.

Hillcrest Physician Services currently has a mental health social worker embedded in the MacArthur Clinic which primary treats senior citizens.

Impact/Outcomes: improved access to mental health providers

Supported by: Baylor Scott & White Medical Center – Hillcrest, Hillcrest Family Health Center, and Hillcrest Physician Services

Resources Contributed: salaries for 5 FTE's

Identified Need Addressed: Obesity

Program Name: Community Health Education in Community and Schools



Description: Baylor Scott & White Health consistently looks for opportunities to educate the community on health issues to support our mission and vision. The programs and services that fall into this category extend beyond patient care activities and include services directed to both individuals and larger populations in the community. They include such things as educational information about preventive health care, lectures, or presentations held by BSWH physicians and staff about health related topics like understanding various conditions and diseases, when to seek treatment, and the treatment options available.

Impact/Outcomes: 5,432 people served

Supported by: Baylor Scott & White Medical Center - Hillcrest and Scott & White Clinic

Resources Contributed: Resources valued at \$10,648 of Community Benefit

Program Name: Donations for Community Health Improvement

Description: BSWH donates funds often to local charitable, not for profit organizations whose efforts to improve community health align with the identified health needs in our community. We do so to support their efforts to improve the overall health of the community through education, prevention, health advocacy, or disease management education. Funds that go to improving the health infrastructure of our community are counted after subtracting the fair market value of participation by employees or the organization.

Impact/Outcomes: 14,150 people served

Supported by: Baylor Scott & White Medical Center – Hillcrest

Resources Contributed: Resources valued at \$378,342 of Community Benefit

Program Name: Farmers Markets

Description: Farmers Markets were provided on the hospital campus to make available fresh fruits and vegetables to the community.

Impact/Outcomes: 500 farmers market visitors per week

Supported by: Baylor Scott & White Medical Center – Hillcrest

Resources Contributed: Resources valued at \$1,840 of Community Benefit

Program Name: Wellness Programs

Description: Baylor Scott & White Health offers free and/or reduced cost services and programs geared towards enhancing the wellbeing of individuals in the community

Impact/Outcomes: 2,660

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Resources and materials valued at \$60,000 of Community Benefit including 1 FTE



Program Name: YMCA Partnership

Description: Annual service on the YMCA of Central Texas' Advisory Board and operation support.

Impact/Outcomes: Leveraging the healthcare-related resources and programs of other non-governmental organizations, particularly physical fitness, emotional health, and obesity and diabetes-prevention programs, to serve patients and family members who may also be receiving care within BSWH Waco Region facilities and needing free or low-cost community services.

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Resources valued at \$15,000 of Community Benefit

Identified Need Addressed: Prenatal Care

Program Name: Nurse Family Partnership

Description: Nurse Family Partnership is an evidence-based community healthcare program that empowers low income, first time mothers to become confident parents and strong women by partnering with nurse home visits. Nurse home visits begin early in the mother's pregnancy and continue visitation until the child's second birthday. Nurses provide support, resource connections, education and counseling on health, behavioral and self-sufficiency issues. NFP is one the most rigorously tested programs of its kind—randomized; controlled trials conducted over the past 30 years demonstrate positive multi-generational outcomes for families and their communities. These include improved prenatal health, fewer subsequent pregnancies, increased maternal employment, improved child school readiness, reduced criminal involvement, and less child abuse, neglect and injuries.

Impact/Outcomes: 2,448 mothers served

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: Staff time and resources valued at \$1,131,262 of community benefit

Program Name: Women's and Children's Services

Description: Hillcrest Women's & Children's Center offers comprehensive women's health care in obstetrics and gynecology. One aspect of care provided is prenatal care. Prenatal care focuses on preventative healthcare with the goal of providing regular check-ups from Physicians to treat and prevent potential health problems throughout the course of the pregnancy. Through this supportive care patients get advice on nutrition, exercise for a healthy pregnancy, controlling pre-existing conditions and/or treating pregnancy related conditions that may develop, and to make sure the baby is growing and developing appropriately.

Impact/Outcomes: increased overall % of full-term delivery rates over the past 3 years

Supported by: Baylor Scott & White Medical Center - Hillcrest and Hillcrest Physician Services

Resources Contributed:



Hillcrest -100+ FTEs (L&D Nursing unit, Moth/Baby Nursing Unit) HPS – 6 FTE NPs (\$500,000) for NICU

Program Name: Low Birth-Weight Clinic

Description: The hospital and healthcare specialists in the NICU make follow-up care available to all babies born at Hillcrest with a low-birth weight.

Impact/Outcomes: improved infant weight gain

Supported by: Baylor Scott & White Medical Center - Hillcrest and Hillcrest Physician Services

Resources Contributed: .75 FTE

Identified Need Addressed: Tobacco Cessation

Program Name: Smoking Cessation at Getterman Wellness

Description: Community members can register themselves or join this program on referral from a physician. Participants are evaluated by staff and set up with individual goals. A quit day must be imminent in order for them to qualify to participate. Participants attend class (1 ½ hours) once a week for 6 weeks.

Impact/Outcomes: class is made available but has not been utilized in the past 3 years

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: \$285 per class as needed

Program Name: Texas Quitline

Description: The hospital implemented Quitline within our electronic health record system which offers free and confidential phone counseling services and resources such as nicotine patches, gums, or lozenges, to those who register desiring to quit smoking. The program is integrated into the hospital's EMR to allow for easy referral to the program.

Impact/Outcomes: unknown

Supported by: Baylor Scott & White Medical Center - Hillcrest

Resources Contributed: \$11,000 for implementation plus

- -staff time for programming within Epic (estimated 31 hours)
- -staff time testing between BSWH and the QuitLine (estimated 13 hours)
- -Training Time (for docs, nurses, and support staff) estimated 81 hours



Appendix G: Center for Community Research and Development Survey Findings

Five local partners commissioned a community survey to be completed by Baylor University's Center for Community Research and Development (CCRD) to supplement the data collection and enhance the community input provided in this report.

A total of 728 surveys were completed in an address-based sampling approach

Responses were collected online, by phone, and through door-to-door in person interviews. Spanish language translation was provided.

Key Findings:

1) Access to Healthcare

Nearly 8 percent of respondents indicated that they had had a problem accessing a health care professional in the last 12 months. Those between the ages of 25 and 44 or living in the east or central portions of the county were most likely to have indicated such a problem.

2) Lifestyle and Healthy Behavior

Physical health measurements showed that respondents' overall health was negatively associated with health insurance disruption. Findings on physical activity among respondents showed that more than 20 percent do no physical activity during a typical week.

3)Women's Health

Survey results showed that insurance possession and education level are relevant indicators for having had a well-woman exam in the past 12 months. Consistently insured respondents were more than twice as likely as the uninsured to have received a well-woman exam in the last 12 months.

The full report can be downloaded from the Waco-McLennan County Public Health District at https://www.waco-texas.com/cms-healthdepartment/

