Baylor Scott & White Health
Community Health Needs Assessment

Southeast Tarrant County Health Community

Baylor Scott & White Orthopedic and Spine Hospital
Baylor Scott & White Emergency Hospital - Mansfield
Baylor Scott & White Emergency Hospital - Burleson
Baylor Scott & White Emergency Hospital - Grand Prairie

Approved by: Baylor Scott & White Health – North Texas Operating, Policy and Procedure Board on June 25, 2019

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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
Strategies
Health
Experience
Affordability
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Values
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 Truven Health Analytics) collected and analyzed the data for this process and compiled 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. Four hospitals with overlapping communities have collaborated to conduct this joint community health needs assessment. This joint community health needs assessment applies to the following BSWH hospital facilities:

- Baylor Scott & White Orthopedic and Spine Hospital
- Baylor Scott & White Emergency Hospital - Mansfield
- Baylor Scott & White Emergency Hospital - Burleson
- Baylor Scott & White Emergency Hospital - Grand Prairie

For the 2019 assessment, the community includes the geographic area where at least 75% of the hospital facilities' admitted patients live. These hospital facilities collaborated to conduct a joint CHNA report in accordance with Treasury Regulations and 501(r) of the Internal Revenue Code. All of the collaborating hospital facilities included in this joint CHNA report define their community, for purposes of the CHNA report, to be the same.

The hospital facilities 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. A qualitative analysis included direct input from the community through focus groups and key informant interviews. 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, and individuals or organizations serving 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, which clarified the assignment of severity rankings to 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 identified, the BSWH prioritization approach, and 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 became 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	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
2	Ratio of Population to One Primary Care Physician	Access to Care
3	Ratio of Population to One Mental Health Provider	Mental Health
4	Ratio of Population to One Dentist	Access to Care
5	Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	Access to Care
6	Uninsured Children	Access to Care

The assessment process identified and included community resources able to address significant needs in the community. These resources, located in the appendix of this report, will be included in the formal implementation strategy to address needs identified in this assessment. The approved report is publicly available by the 15th day of the 5th month following the end of the tax year.

An evaluation of the impact and effectiveness of interventions and activities outlined in the implementation strategy drafted after the prior 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 requires hospitals to adopt an Implementation Strategy to address prioritized community health needs identified through the assessment. An Implementation Strategy is a written plan addressing each of the significant community health needs identified through the CHNA in 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

BSWH 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 delivering comprehensive and actionable Community Health Needs Assessments.

Collaboration

BSWH owns and operates multiple individually licensed hospital facilities serving the residents of north and central Texas. Four hospital facilities with overlapping communities have collaborated to conduct this joint community health needs assessment. This joint community health needs assessment applies to the following BSWH hospital facilities:

- Baylor Scott & White Orthopedic and Spine Hospital
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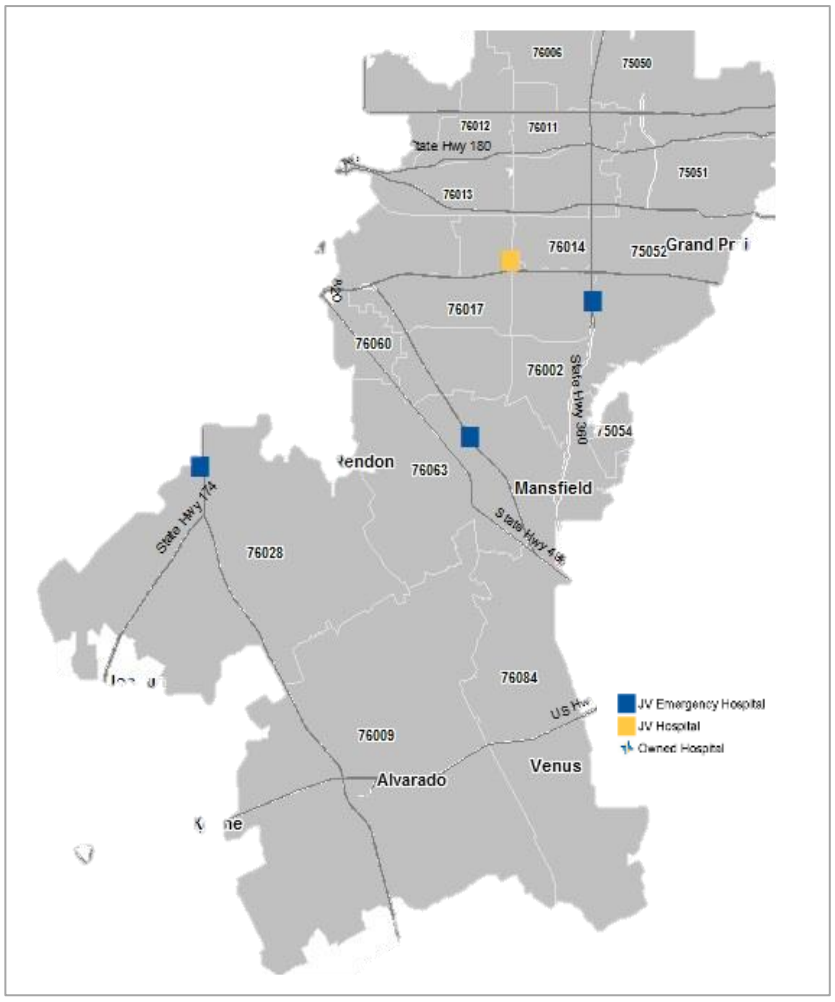
- Baylor Scott & White Emergency Hospital - Burleson
- Baylor Scott & White Emergency Hospital - Grand Prairie

Community Served Definition

The community served by the collaborating BSWH hospital facilities includes Dallas, Tarrant, and Johnson counties. Baylor Scott & White has at least one hospital facility or provider-based clinic in each of these counties. The community includes the geographic area where at least 75% of the hospital facilities' admitted patients live.

BSWH Community Health Needs Assessment
Southeast Tarrant County Health Community Map



Source: Baylor Scott & White Health, 2019

75050 75051 75052 75054 76001 76002 76006 76009 76010 76011 76012 76013 76014 76015 76016 76017 76018 76028 76060 76063 76084 76120

Assessment of Health Needs

To identify the health needs of the community, the hospital facilities established a comprehensive method of account for 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. 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**.

Although this community definition is by ZIP codes, public health indicators are most commonly available by county. Therefore, a patient origin study determined which counties principally represent the community's residents receiving hospital services. The principal counties for the Southeast Tarrant County Health Community needs analysis are Tarrant and Johnson counties.

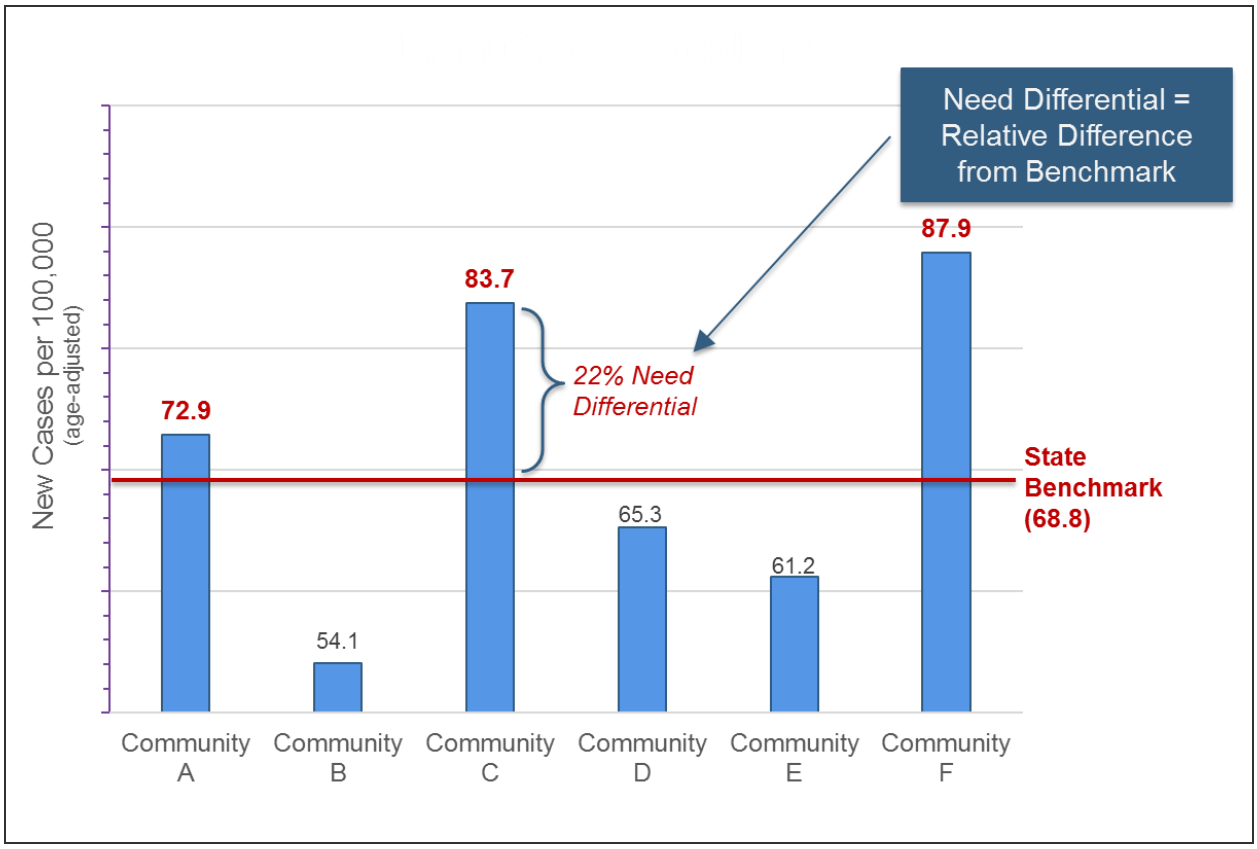
A benchmark analysis conducted for each indicator collected for the community served, determined which public health indicators demonstrated a community health need from a quantitative perspective. Benchmark health indicators collected included (when available): overall U.S. values; state of Texas values; 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.

When 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 clarified the relative severity of need for these indicators. The need differential standardized the method for evaluating 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 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 12 participants, and two (2) key informant interviews gathered 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 held with hospital clinical leadership and/or other community leaders identified significant health needs from the assessment and prioritized 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 facilities. The interviews aided in gaining understanding and insight into participants concerns about the general health status of the community and the various drivers contributing to health issues.

Participation in the qualitative assessment included at least 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 serving or representing 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 broad 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
Area Agency on Aging/United Way of Tarrant County	X	X	X	X	X		X
Arlington Life Shelter		X	X	X			
Baylor Scott & White Health	X	X	X	X	X		
Cancer Care Services	X	X	X	X	X		X
Eastside Ministries			X		X		
Epidemiology Associates				X			X
Fort Worth Housing Solutions			X		X		
Metrocare	X	X	X	X	X		X
Mission Arlington Medical Clinic	X	X	X	X	X	X	X
Mount Olive Baptist Church					X		
North Texas Area Community Health Centers	X	X	X	X	X		X
Project Access Tarrant County		X	X		X		
Remeditex Ventures, LLC.							X

Participant Organization Name	Public Health	Medically Under-served	Low-income	Chronic Disease Needs	Minority Populations	Governmental Public --Health Dept.	Public Health Knowledge --Expertise
Salvation Army			X				
Tarrant County Public Health	X					X	X
Texas Rehabilitation Hospital of Fort Worth		X	X	X			
Union Gospel Mission		X	X				
United Way of Tarrant County		X	X		X		
United Way		X	X		X		

Note: multiple persons from the same organization may have participated

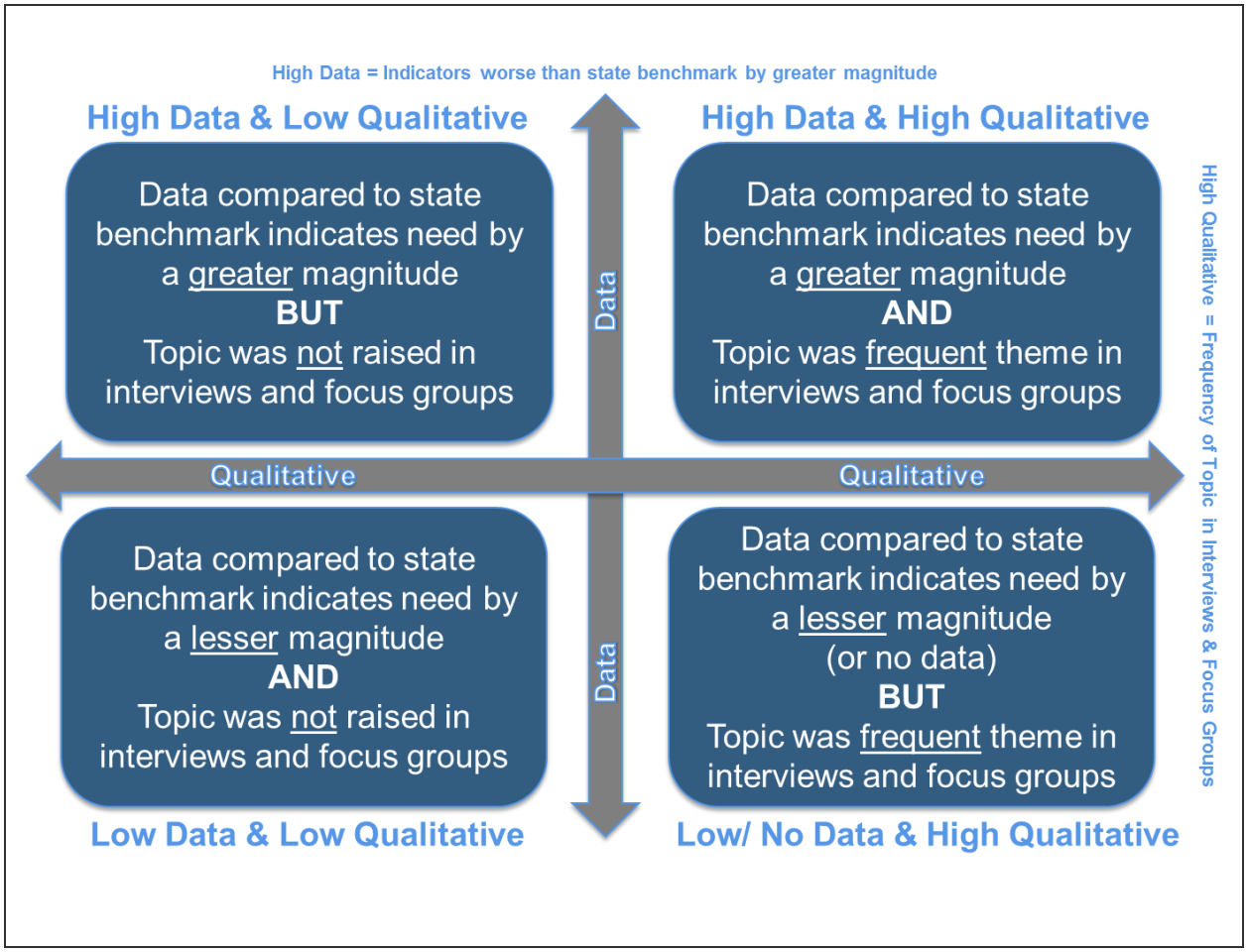
In addition to soliciting input from public health and various interests of the community, the hospital facilities were required to consider written input received on their most recently conducted CHNA and subsequent implementation strategies. The assessment is available to receive public comment or 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, and compared them to the quantitative data findings.

Methodology for Defining Community Need

Using qualitative feedback from the interviews and focus group, and the health indicator data, the consolidated issues currently affecting the community served assembled in the Health Needs Matrix below helps 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. Most public health indicators were available only at the county level. Evaluating data for entire counties versus more localized data, made it 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 November 7, 2018, Baylor Scott & White Medical Center hospital facility leadership and community leaders met with community leaders, and identified and prioritized significant health needs.

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 multi-voting 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, six (6) 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. Severity: the problem results in disability or premature death or creates burdens on the community, economically or socially
2. Vulnerable Populations: there is a high need among vulnerable populations and/or vulnerable populations are adversely impacted
3. Root Cause: the need is a root cause of other problems, thereby addressing it could possibly impact multiple issues

Through discussion and consensus, the group rated each of the six (6) significant health needs on each of the three (3) identified criteria utilizing a scale of one (low) to 10 (high). The criteria scores summed for each need, created an overall score. The criteria scores summed for each need created an overall score and became the basis for prioritizing the significant health needs. For the scores resulting in a tie, the need with the greater negative difference from the benchmark ranked above the other need. 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**. An interactive asset map of various resources identified for all BSWH communities is located at **BSWHealth.com/CommunityNeeds**.

Southeast Tarrant County Health Community CHNA

Demographic and Socioeconomic Summary

According to population statistics, the community served was similar to Texas in terms of projected population growth; both of which outpace the US benchmark. The median age was younger than Texas overall and younger than the United States. Median income was above both the state and the Country. The community served had a smaller proportion of Medicaid beneficiaries and uninsured individuals than Texas but has a greater proportion of uninsured individuals than the U.S..

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

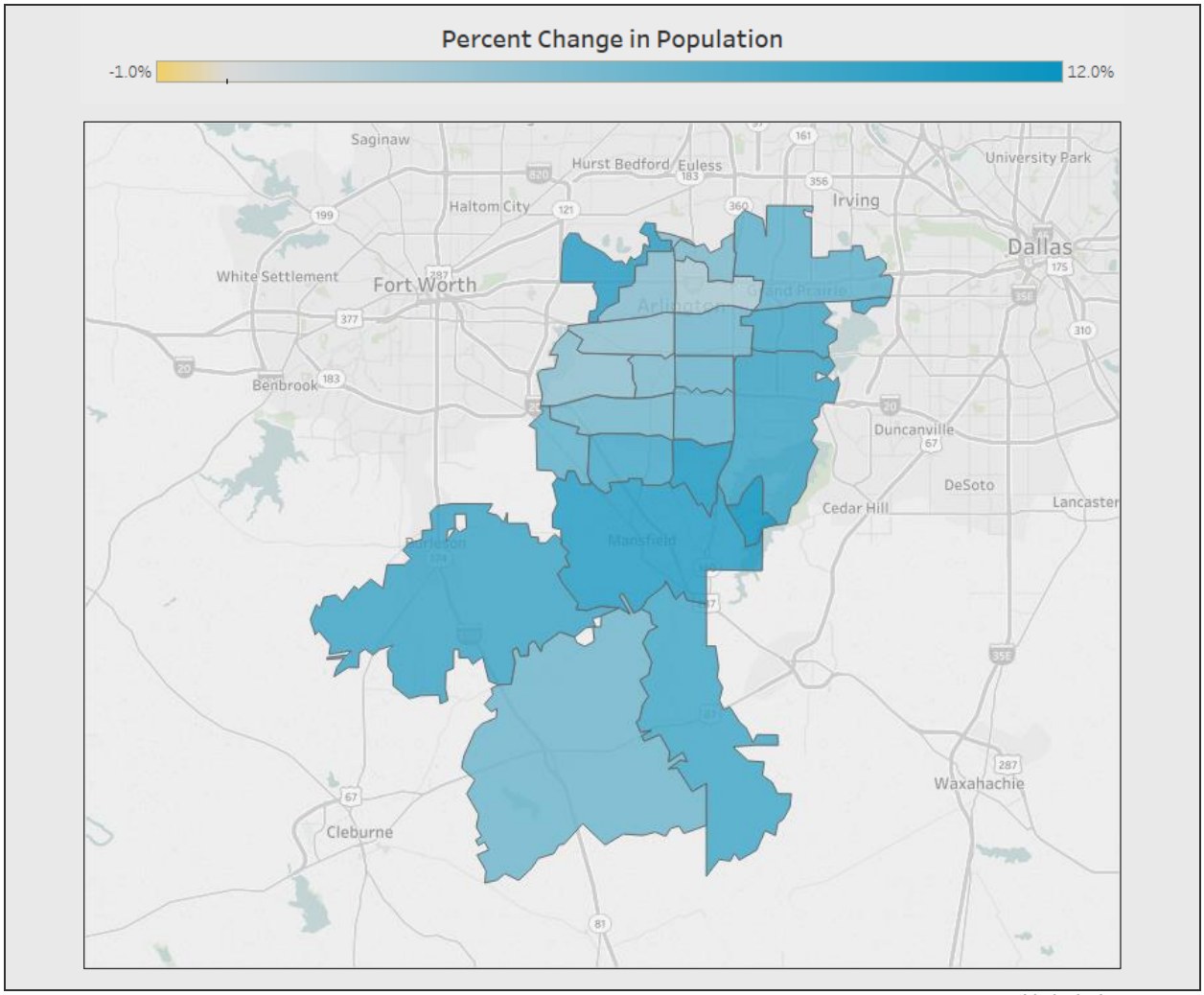
Geography		Benchmarks		Community Served
		United States	Texas	Southeast Tarrant County Health Community
Total Current Population		326,533,070	28,531,631	806,791
5 Yr Projected Population Change		3.5%	7.1%	7.3%
Median Age		42.0	38.9	35.2
Population 0-17		22.6%	25.9%	26.7%
Population 65+		15.9%	12.6%	10.6%
Women Age 15-44		19.6%	20.6%	21.5%
Non-White Population		30.0%	32.2%	42.4%
Hispanic Population		18.2%	39.4%	30.5%
Insurance Coverage	Uninsured	9.4%	19.0%	15.6%
	Medicaid	14.9%	13.4%	12.3%
	Private Market	9.6%	9.9%	9.9%
	Medicare	16.1%	12.5%	10.7%
	Employer	45.9%	45.3%	51.5%
Median HH Income		$61,372	$60,397	$67,882
Limited English		26.2%	39.9%	35.7%
No High School Diploma		7.4%	8.7%	7.8%
Unemployed		6.8%	5.9%	5.7%

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

The population of the community served is expected to grow 7.3% by 2023, an increase by more than 58,000 people. The 7.3% projected population growth is slightly higher than the state's 5-year projected growth rate (7.1%) and higher still, when compared to the national projected growth rate (3.5%). The ZIP Codes expected to experience the most growth in five years are:

- 75052 South Grand Prairie – 9,059 people
- 76063 Mansfield – 7,905 people

2018 - 2023 Total Population Projected Change by ZIP Code

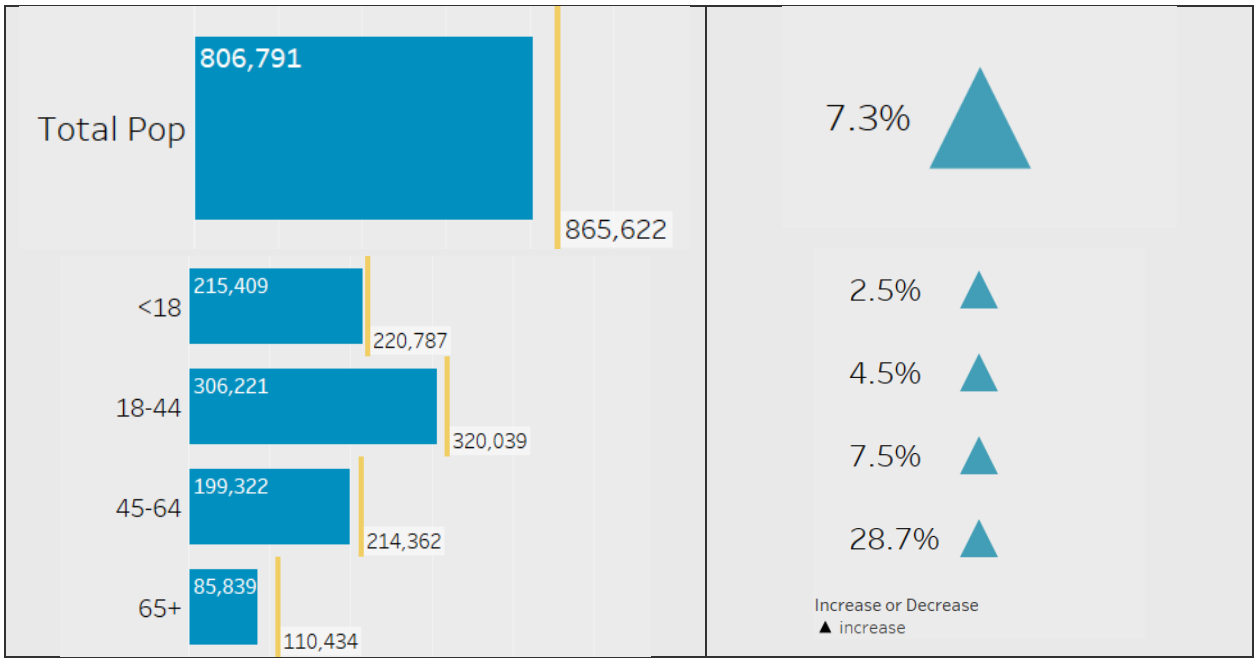


Source: IBM Watson Health / Claritas, 2018

The community's population skewed younger with 38% of the population aged 18-44, and 26.7% under age 18. The largest cohort (ages 18-44) predicts a growth of 13,818 people by 2023. Meanwhile, the age 65 plus cohort was the smallest, but is expected to experience the fastest growth (28.7%) over the next five years, adding 24,595 seniors to the community. Growth in the senior population will likely contribute to increased utilization of services as the population continues to age.

Population Distribution by Age

2018 Population by Age Cohort *Percent Change by 2023*

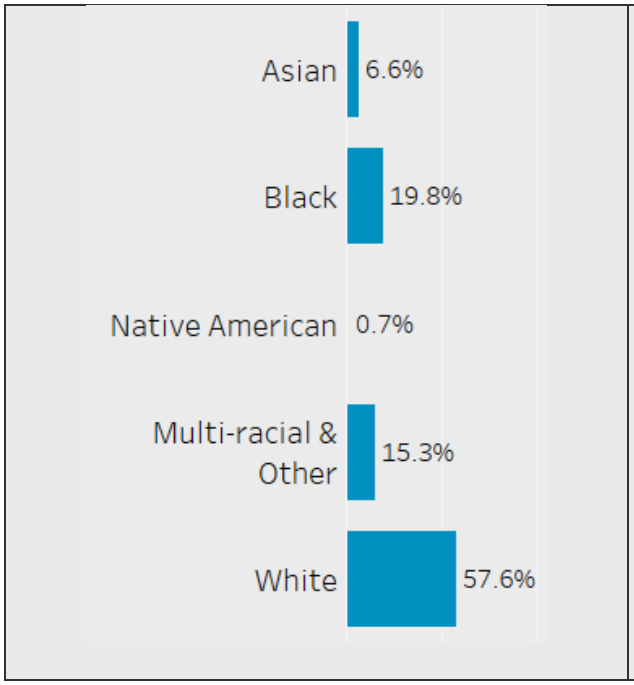


Source: IBM Watson Health / Claritas, 2018

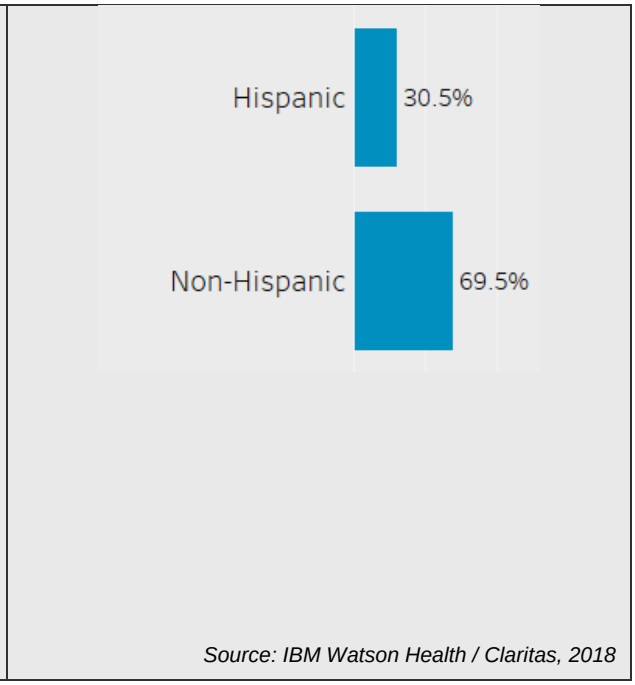
Population statistics are analyzed by race and by Hispanic ethnicity. The health community population was 69.5% Hispanic and 30.5% Hispanic. While the overall population is growing, the distribution by race and ethnicity is projected to remain relatively unchanged in five years. White Non-Hispanics were the largest group, but also the only segment projected to decline proportionately from 41.1% to 37.4% by 2023. The largest projected growth will be among Black Non-Hispanics, who made up 19.3% of the population in 2018 and will increase to 20.9% in 2023.

Population Distribution by Race and Ethnicity

2018 Population by Race

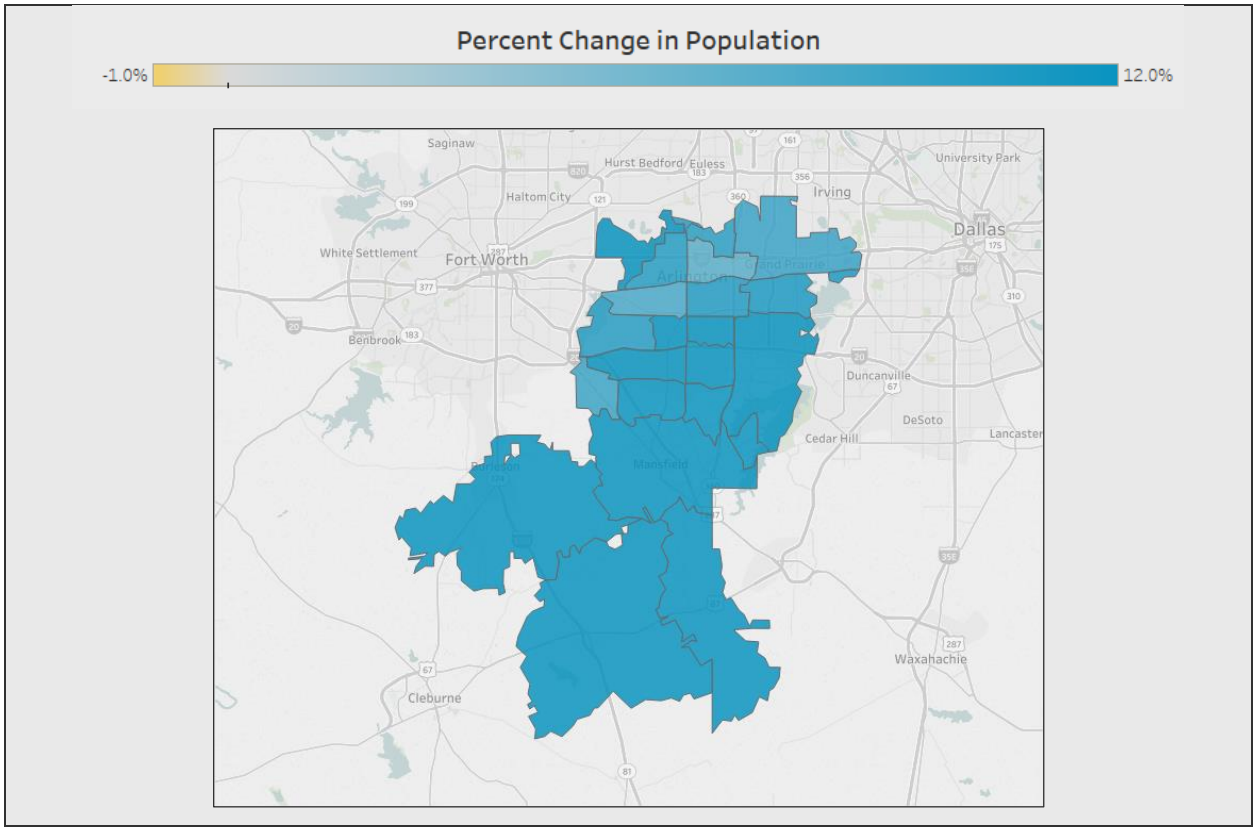


2018 Population by Ethnicity



Source: IBM Watson Health / Claritas, 2018

2018 - 2023 Hispanic Population Projected Change by ZIP Code

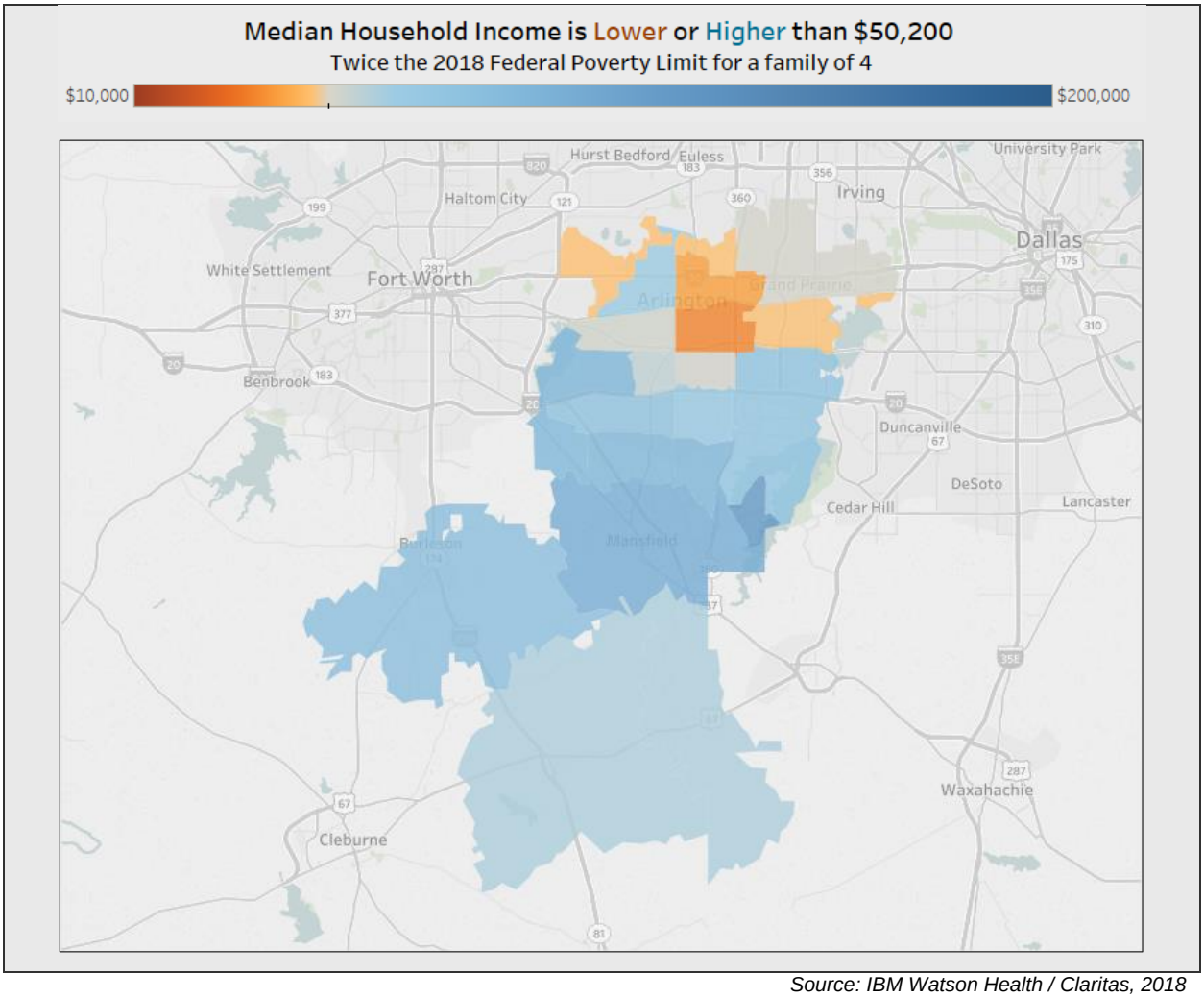


Source: IBM Watson Health / Claritas, 2018

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 $34,718 for 76010 – Central Arlington to $122,171 for 75054 – South Grand Prairie. Five ZIP codes had median household incomes less than $50,200 – twice the 2018 Federal Poverty Limit for a family of four:

- 75051 Central Grand Prairie - $46,798
- 76006 North Arlington - $46,727
- 76120 Meadowbrook - FW CBD - $46,695
- 76011 North Arlington - $39,758
- 76010 Central Arlington - $34,718

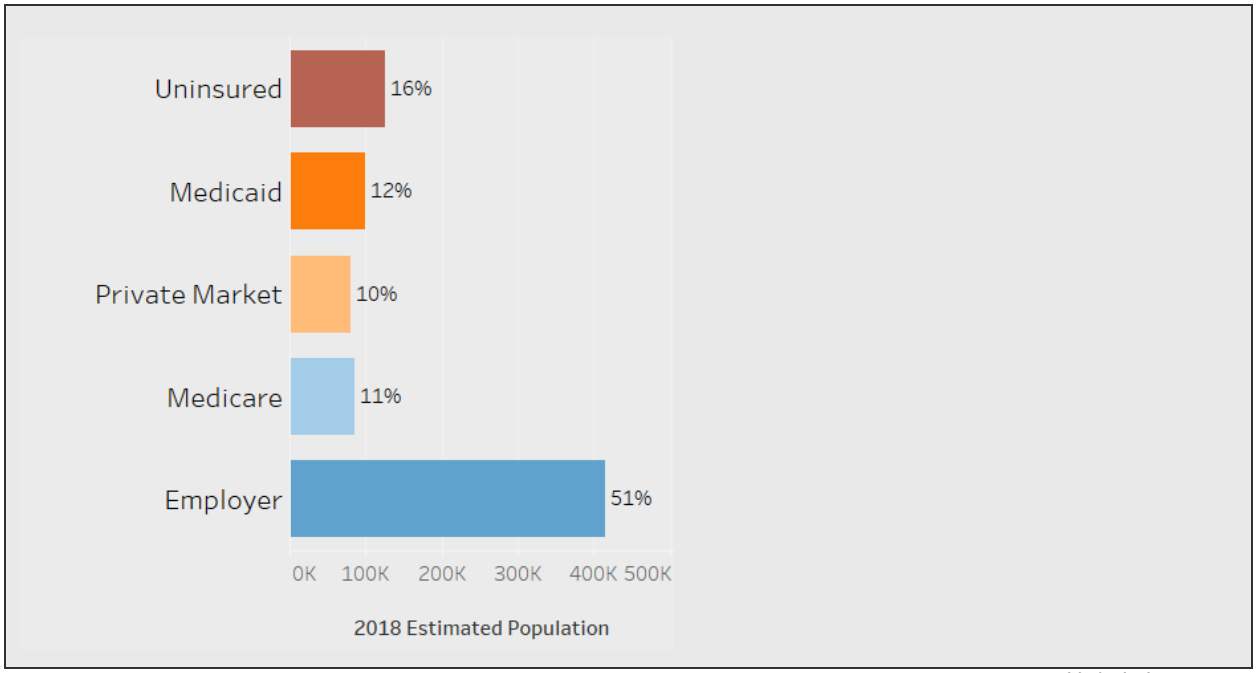
2018 Median Household Income by ZIP Code



Source: IBM Watson Health / Claritas, 2018

A majority of the population (51%) received insurance through employer sponsored health coverage. Sixteen percent of the population was uninsured. The remainder of the population was fairly equally divided between Medicaid, Medicare, and private market (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 nine (9) Health Professional Shortage Areas and four (4) 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.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

	Health Professional Shortage Areas (HPSA)				Medically Underserved Area/Population (MUA/P)
NTX Southeast Tarrant County Health Community	**Dental Health**	**Mental Health**	**Primary Care**	**Grand Total**	**MUA/P**
Johnson	0	1	0	1	1
Tarrant	3	2	3	8	3
Total	**3**	**3**	**3**	**9**	**4**

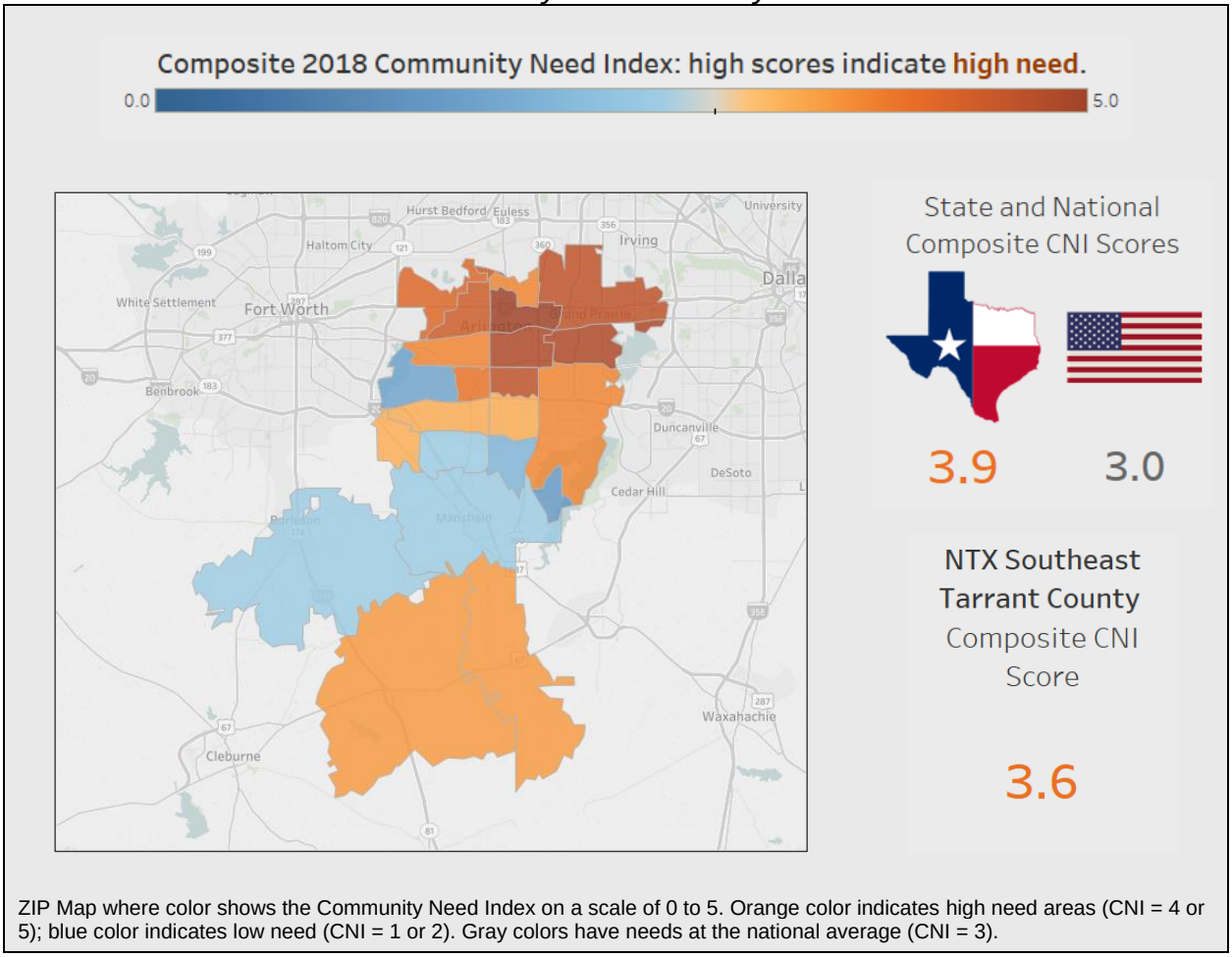
Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

[1] 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 account for 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 links to differences in community healthcare needs and is 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 3.6, higher than the CNI national average of 3.0, potentially indicating greater health care needs in this community. In portions of the community (Central Arlington, Central Grand Prairie, North Arlington, and North Grand Prairie) 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



ZIP Map where color shows the Community Need Index on a scale of 0 to 5. Orange color indicates high need areas (CNI = 4 or 5); blue color indicates low need (CNI = 1 or 2). Gray colors have needs at the national average (CNI = 3).

CNI High Need ZIP Codes

City	Community	County	ZIP Code	2018 CNI Score
Arlington	North Arlington	Tarrant	76011	5.0
Arlington	Central Arlington	Tarrant	76010	4.8
Grand Prairie	Central Grand Prairie	Dallas	75051	4.8
Arlington	Central Arlington	Tarrant	76014	4.6
Grand Prairie	North Grand Prairie	Dallas	75050	4.6
Arlington	North Arlington	Tarrant	76012	4.4
Fort Worth	Meadowbrook - FW CBD	Tarrant	76120	4.2
Arlington	Central Arlington	Tarrant	76015	4.0

Source: IBM Watson Health / Claritas, 2018

Public Health Indicators

The analysis of Public health indicators assessed community health needs for the community served using 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 highest ranked 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 and emergency department visit estimates. This information is located in **Appendix E**.

Focus Groups & Interviews

BSWH worked jointly with Texas Health Resources, and Methodist Health hospital facilities in collecting and sharing qualitative data (community input) on the health needs of this community.

In the focus group sessions and interviews, participants identified and discussed the factors that contribute to the current health status of the community, and identified the greatest barriers and strengths contributing to the overall health of the community. For this community there was one (1) focus group session with a total of 12 participants and two (2) interviews conducted July through September 2018.

Focus group participants described Tarrant county as a diverse community with both significant wealth and poverty; with great country music and BBQ. Fort Worth is a worldwide destination with recognized arts, theatre, shopping, dining, institutions of higher learning, and designation as a “Blue Zone Community”. There are multi-ethnic populations with multi-generational families and lifelong residents. Participants described a growing population across Tarrant County that were homeless or transient. Shelters were near capacity and lacked health resources for low income populations. Portions of the community did not accept a homeless situation existed, fearing that if they acknowledged and provided resources, it would attract more homeless people to the community. Transportation was available in central Fort Worth but severely lacking throughout the rest of the county and non-existent in Arlington.

The focus group discussed the challenges for low income and immigrant populations to access health resources. Low income residents often needed to prioritize basic needs over health needs and had no access to affordable health insurance. Gaps in free and low-cost services were specifically noted for low-income African American moms until Medicaid eligibility kicked in, dental services, and preventive services. It was noted that health systems didn’t accept patients without insurance and redirected to community

clinics, but often undocumented residents were afraid to use unfamiliar providers or use preventative healthcare services.

Participants suggested an overall expansion of population health programs coordinated and centrally located within the housing areas where the community lives. Participants also suggested using mobile clinics for providing and follow-up care where the population lives.

Many members of the focus group cited lack of transportation as a major barrier to good health in the Fort Worth area. Participants noted there was no reliable public transportation between cities and commented that “without a car you’re out of luck.” Public transportation was limited to Fort Worth, with nothing outside city central. Arlington has Handy Van/Tran for handicap transportation, but it was restricted to the city limits or certain zones. Many areas of the community had no health care facilities, which without public transportation presents a challenge to access health services.

The need for additional mental health services in the area was high. Funding for mental health had decreased and psychiatric care was available only as cash pay, making services unavailable even to those with insurance. Participants suggested portions of the large homeless population contained individuals with untreated mental health issues. Substance abuse support was lacking despite the need for drug and alcohol rehabilitation services. Participants discussed that some resource and care coordination issues could be solved through greater collaboration between organizations and with data sharing.

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

Southeast Tarrant County Health Community		
Top Needs Identified	Category of Need	Public Health Indicator
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Prevalence of chronic condition across all Medicare beneficiaries
Depression in Medicare Population	Mental Health	Prevalence of chronic condition across all Medicare beneficiaries
Health care costs	Access To Care	2015 Health Care Costs are the price-adjusted Medicare reimbursements (Parts A and B) per enrollee.
Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	Access To Care	2015 Number of Hospital Stays for Ambulatory-Care Sensitive Conditions per 1,000 Medicare Enrollees
Price-Adjusted Medicare Reimbursements per Enrollee	Access To Care	2015 Amount of Price-Adjusted Medicare Reimbursements per Enrollee
Ratio of Population to One Dentist	Access To Care	2016 Ratio of Population to Dentists
Ratio of Population to one Mental Health Provider	Mental Health	2017 Ratio of Population to Mental Health Providers
Ratio of Population to One Non-Physician Primary Care Provider	Access To Care	2017 Ratio of Population to Primary Care Providers Other than Physicians
Ratio of Population to One Primary Care Physician	Access To Care	2015 Number of Individuals Served by One Physician in a County, if the Population was Equally Distributed Across Physicians
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Prevalence of chronic condition across all Medicare beneficiaries
Uninsured Children	Access To Care	2015 Percentage of Children Under Age 19 Without Health Insurance

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	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
2	Ratio of Population to One Primary Care Physician	Access to Care
3	Ratio of Population to One Mental Health Provider	Mental Health
4	Ratio of Population to One Dentist	Access to Care
5	Hospital Stays for Ambulatory-Care Sensitive Conditions-Medicare	Access to Care
6	Uninsured Children	Access to Care

Description of Health Needs

A CHNA for the Southeast Tarrant County Health Community identified several significant community health needs that can be categorized as issues related to: access to care and mental health. Regionalized health needs affect all aspects of the population to some degree; however, it is often the most vulnerable populations that are negatively affected. Community health gaps define the resources and access to care within the county or region. Health and social concerns for this community were validated through key informant interviews, focus groups and county data. In the Southeast Tarrant County Health Community, several access to care indicators were identified as significant health needs, including access to providers (non-physician primary care and primary care physician providers, as well as dentists), uninsured children, and the rate of hospital stays for ambulatory sensitive conditions among Medicare beneficiaries. Also identified as a significant health need for this health community was access to mental health providers.

Note: The difference between county and state values are relative. The calculation is (county-state)/state. This creates a standard comparison across indicators of the county value relative to the state

<u>Non-Physician Primary Care Providers</u>

There is a national wide scarcity of physicians across the United States, while particularly challenging in small towns and cities, metropolitan areas are not exempt. Demographic shifts, such as growth in the elderly/near elderly populations increases the need for primary care access. Estimates of the scope of the provider shortage in America vary, however, it is generally agreed upon that thousands of additional Primary Care Providers

(PCPs) are needed to meet the current demand and that tens of thousands of additional caregivers will be needed to meet the growing aging population across the country.

Primary care physician extenders (e.g. nurse practitioners, physician assistants, and clinical nurse specialists) could help close the gap in access to primary care services when they are located in a community. Non-physician providers or physician extenders are typically licensed professionals such as Physician Assistants or Nurse Practitioners who treat and see patients. Dependent upon state regulations, extenders may practice independently or in physician run practices. Physician extenders expand the scope of primary care providers within a geographic area and help bridge the gap to both access to care and management of healthcare costs.

Access to non-physician primary care providers was the top ranked need identified in the Southeast Tarrant County Health Community. Non-physician primary care provider ratio for Texas overall is one provider to 1,497 residents, in Johnson County that ratio was one provider to 2,592 residents. This was a difference of 73.1% relative to the Texas value (relative difference). Additionally, the value for Johnson County was 151.7% higher than the overall U.S. benchmark of one non-physician primary care provider to 1,030 residents.[2]

Primary Care Physician Providers

Primary care includes family medicine, internal medicine, nursing, nurse practitioners, pharmacy, pediatrics, general obstetrics/gynecology, gerontology, behavioral health, community health, and the other people/professions fulfilling the general medical needs of patient populations.

Primary care professionals serve on the front lines of healthcare, and for many individuals, are the first point of contact with the healthcare system. They are often the first to recognize signs of depression, early signs of cancer or chronic disease, and other health concerns. Primary care providers ensure patients receive the right care, in the right setting, by the most appropriate provider, and in a manner consistent with the patient's desires and values. Primary care is important because it lowers costs and helps to keep people out of emergency rooms, where care costs are much higher than other outpatient care. Annual check-ups can catch and treat problems earlier, which is also less costly than treating severe or advanced illness.[3]

Focus group participants identified a perceived lack of primary care physician providers within the Southeast Tarrant County Health Community and identified pockets of high need within the health community. In those areas, issues with uninsured residents unable to access physicians available in the health community was an identified need.

Johnson County had a primary care physician to population ratio of one physician to every 2,078 residents, 24.4% higher than the overall Texas ratio of one physician to every 1,670

[2] CMS, National Provider Identification Registry (NPPES), County Health Rankings & Roadmaps, 2018
[3] **Primary Care Progress**, The Case for Primary Care, 2019

residents.[4] The CHNA identified access to primary care as a significant health need for the Southeast Tarrant County Health Community.

Access to Dentists

Economic disparity, whether through poor diet, food deserts, lack of insurance or funding, may impact dental hygiene. Lack of appropriate dental hygiene and bad teeth reinforces economic disadvantage. People with poor dental hygiene find it difficult find employment or impossible to get past the interview stages. Entry-level jobs require service attitude and nice smiles; immediate and often unfavorable assumptions are made when encountering persons with poor dentition. Oral health may contribute to various diseases and conditions such as endocarditis, cardiovascular disease, premature birth, and low birth weight.[5]

In Johnson County, the dentist to population ratio was one dentist to 2,721 residents. Compared to the overall Texas benchmark of one dentist to every 1,790 residents, Johnson County's ratio was 52% higher and the second highest ranked indicator from a data perspective for this health community.[6]

Hospital Stays for Ambulatory-Care Sensitive Conditions - Medicare

Preventable hospital stays are included in the broader measure of access to care. In communities where access to care is a problematic; whether those issues are physical, economic, or provider supply; the result is higher prevalence of health conditions, diseases and hospitalizations. This indicator measures the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees and is age adjusted. Aging increases the risk of preventable hospital stays, especially among older individuals. Counties with older populations are more likely to have higher rates of preventable hospital stays than counties with younger populations. Age adjustment removes the effect of differently aged populations as a risk factor for preventable hospital stays. Without adjustment, we would not be able to determine if differences in preventable hospital stays across counties were simply due to differently aged populations.

Preventable hospital stays for ambulatory sensitive conditions examines people who were admitted to the hospital for conditions that, with appropriate care, can normally be managed in the ambulatory care setting. While not exclusive, examples of these conditions include convulsions, chronic obstructive pulmonary disease, pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration.

In the Southeast Tarrant County Health Community, the age 65 plus cohort was the smallest, but projects to experience the fastest growth (28.7%) over the next five years, adding 24,595 seniors to the community. Between 2018 and 2023, the senior cohort is

[4] Area Health Resource File/American Medical Association; County Health Rankings & Roadmaps, 2018
[5] **Mayo Clinic**, 2019
[6] Area Health Resource File/National Provider Identification file (CMS); County Health Rankings & Roadmaps, 2018

anticipated to expand from 10.6% to 12.8% of the population and will likely drive a need for increased health care funding and resources.

The Texas benchmark for hospital stays for ambulatory sensitive conditions among Medicare beneficiaries was 53.2 hospitalizations per 1,000. The U.S. benchmark was 49 per 1,000. Johnson County had 71.7 hospitalizations per 1,000 beneficiaries, 34.7% higher relative to the state benchmark.[7] This indicates a greater need and a more vulnerable population, which are susceptible to the increased challenges associated with access to care.

Uninsured Children

Lack of health insurance coverage is a significant barrier to accessing needed health care services and to maintaining financial security. Dependent groups, such as children, are often the most vulnerable and at risk to changes in financial situations as they are most affected by lack of insurance, transportation, parental knowledge, and secure housing. Lack of preventative care often places children in precarious and dangerous healthcare situations.

The Kaiser Family Foundation released a report in 2017 concerning the uninsured crisis facing the nation. One key finding was that "Going without coverage can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems. Being uninsured can have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt."[8] These groups often do not qualify for at risk programs and parents fear contact with healthcare entities, due to their status. Growing populations of uninsured in any community can easily stress social agencies and healthcare providers. Schools often become de facto primary care healthcare providers, which taxes the school system and its health care staff.

Uninsured children were one of the top 10 ranked needs for the Southeast Tarrant County Health Community based on an analysis of public indicator data. The percentage of uninsured children for Johnson County was 13.0%, 29.6% higher than the Texas state benchmark of 10.0%.[9] Children who are educated about health, nutrition and to maintain their health are more likely to carry on those healthy habits as adults.

Mental Health Provider Access

Access to mental health providers and services is an issue nationally. Nine million adults (or 1 in 5) report having an unmet mental health need and mental health provider shortages across the country continue to exist.[10]

[7] Dartmouth Atlas of Health Care, CMS; County Health Rankings & Roadmaps, 2018
[8] Kaiser Family Foundation. The Uninsured: A Primer - Key Facts about Health Insurance and the Uninsured Under the Affordable Care Act. December 2017.
[9] Small Area Health Insurance Estimates (SAHIE), United States Census Bureau; County Health Rankings & Roadmaps, 2018
[10] **Mental Health America**, 2019

Rural areas have challenges with accessing mental health care services. Primary Care Providers (PCPs) are often relied upon to treat patients with mental health needs. These providers come across expertise, time, and financial reimbursement constraints. Communities that have a lack of primary care providers are even more vulnerable.

According to the CMS National Provider Identification File, the ratio of individuals in Johnson County served by each mental health provider was 1,471, compared to 1,012 residents per provider for the state of Texas overall, and 470 individuals per provider among the County Health Rankings Top U.S. Performers.[11] Johnson County had an opportunity for improvement given the mental health provider to population ratio was 45.4% higher than the state ratio and 213% higher than U.S. Top Performers.

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 and publicly available and proprietary health indicators, BSWH identified and prioritized 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.

[11] CMS, National Provider Identification Registry (NPPES), County Health Rankings & Roadmaps, 2018

Appendix A: Key Health Indicator Sources

Category	Public Health Indicator	Source
Access to Care	Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS
	Percentage of Population under age 65 without Health Insurance	2018 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau
	Price-Adjusted Medicare Reimbursements per Enrollee **NEW 2019**	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS
	Ratio of Population to One Dentist	2018 County Health Rankings & Roadmaps; Area Health Resource File/National Provider Identification file (CMS)
	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
Conditions/Diseases	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)
	Cancer Incidence - Female Breast	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
	Cancer Incidence - Lung	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
	Cancer Incidence - Prostate	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
	Chronic Kidney Disease in Medicare Population	CMS.gov Chronic conditions 2007-2015
	COPD in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Diabetes Diagnoses in Adults	CMS.gov Chronic conditions 2007-2015
	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
	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

Category	Public Health Indicator	Source
Environment	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)
	Food Insecure	2018 County Health Rankings & Roadmaps; Map the Meal Gap, Feeding America
	Limited Access to Healthy Foods (Percent of Low Income)	2018 County Health Rankings & Roadmaps; USDA Food Environment Atlas, United States Department of Agriculture (USDA)
	Long Commute Alone	2018 County Health Rankings & Roadmaps; American Community Survey, 5-Year Estimates, United States Census Bureau
	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)
Health Behaviors	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)
	Disconnected youth **NEW 2019**	2018 County Health Rankings (Measure of America)
	Drug Poisoning Deaths Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Insufficient sleep **NEW 2019**	2016 Behavioral Risk Factor Surveillance System (BRFSS)
	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)
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)

Category	Public Health Indicator	Source
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
	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
Maternal & Child Health	First Trimester Entry into Prenatal Care	2016 Texas Health and Human Services - Vital statistics annual report
	Low Birth Weight Percent	2018 County Health Rankings & Roadmaps; National Center for Health Statistics - Natality files, National Vital Statistics System (NVSS)
	Low Birth Weight Rate	2016 Texas Health and Human Services - Vital statistics annual report - Preventable Hospitalizations
	Preterm Births <37 Weeks Gestation	2015 Kids Discount Data Center
	Very Low Birth Weight (VLBW)	Centers for Disease Control and Prevention WONDER
Mental Health	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
	Alzheimer's Disease/Dementia in Medicare Population	CMS.gov Chronic conditions 2007-2015
	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)
	Depression in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Frequent mental distress	2016 Behavioral Risk Factor Surveillance System (BRFSS)
	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

Category	Public Health Indicator	Source
Population	Children Eligible for Free Lunch Enrolled in Public Schools	2018 County Health Rankings & Roadmaps, The National Center for Education Statistics (NCES)
	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)
Preventable Hospitalizations	Asthma Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Diabetes Lower-Extremity Amputation Admission: Adult (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Diabetes Short-term Complications Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Gastroenteritis Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Perforated Appendix Admission: Adult (Risk-Adjusted-Rate per 100 Admissions for Appendicitis)	2016 Texas Health and Human Services Center for Health Statistics 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

Category	Public Health Indicator	Source
Prevention	Diabetic Monitoring in Medicare Enrollees	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS
	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
Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	Access to Care	Primary Care	Arlington Community Health Center	979 North Cooper	Arlington	817-625-4254
Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	Access to Care	Primary Care	Arlington Community Health Center	979 North Cooper Street	Arlington	817-801-4440
Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	Access to Care	Primary Care	Caring Place Clinic	901 West Broad Street	Mansfield	817-473-6611
Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	Access to Care	Primary Care	E. Carlyle Smith, Jr. Health Center	801 Conover Dr.	Grand Prairie	214-266-3400
Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	Access to Care	Primary Care	Mission Arlington Medical Clinic	210 W. South Street	Arlington	817-227-6620
Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	Access to Care	Primary Care	Open Arms Health Clinic	3921 W. Green Oaks Boulevard	Arlington	817-496-1919
Ratio of Population to One Dentist	Access to Care	Dental Care	Caring Place Clinic	901 West Broad Street	Mansfield	817-473-6611
Ratio of Population to One Dentist	Access to Care	Dental Care	Mission Arlington Medical Clinic	210 W. South Street	Arlington	817-227-6620
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Arlington Community Health Center	979 North Cooper	Arlington	817-625-4254

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Arlington Community Health Center	979 North Cooper Street	Arlington	817-801-4440
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Caring Place Clinic	901 West Broad Street	Mansfield	817-473-6611
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	E. Carlyle Smith, Jr. Health Center	801 Conover Dr.	Grand Prairie	214-266-3400
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Mission Arlington Medical Clinic	210 W. South Street	Arlington	817-227-6620
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Open Arms Health Clinic	3921 W. Green Oaks Boulevard	Arlington	817-496-1919
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Arlington Community Health Center	979 North Cooper	Arlington	817-625-4254
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Arlington Community Health Center	979 North Cooper Street	Arlington	817-801-4440
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Caring Place Clinic	901 West Broad Street	Mansfield	817-473-6611
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	E. Carlyle Smith, Jr. Health Center	801 Conover Dr.	Grand Prairie	214-266-3400
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Mission Arlington Medical Clinic	210 W. South Street	Arlington	817-227-6620
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Open Arms Health Clinic	3921 W. Green Oaks Boulevard	Arlington	817-496-1919

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Uninsured Children	Access to Care	Vaccinations	Arlington Community Health Center	979 North Cooper Street	Arlington	817-801-4440
Uninsured Children	Access to Care	Vaccinations	Arlington Community Health Center	979 North Cooper	Arlington	817-625-4254
Uninsured Children	Access to Care	Vaccinations	Caring Place Clinic	901 West Broad Street	Mansfield	817-473-6611
Ratio of Population to One Mental Health Provider	Mental Health	Mental Health Evaluation	Millwood Hospital	1011 North Cooper Street	Arlington	817-261-3121
Ratio of Population to One Mental Health Provider	Mental Health	Mental Health Hospital Treatment	Excel Center of Arlington	1111 North Cooper Street	Arlington	817-404-2207
Ratio of Population to One Mental Health Provider	Mental Health	Mental Health Outpatient Treatment	Excel Center of Arlington	1111 North Cooper Street	Arlington	817-404-2207
Ratio of Population to One Mental Health Provider	Mental Health	Mental Health Services	Excel Center of Arlington	1111 North Cooper Street	Arlington	817-404-2207
Ratio of Population to One Mental Health Provider	Mental Health	Mental Health Services	Metrocare at Grand Prairie — Center & Pharmacy	832 S. Carrier Pkwy	Grand Prairie	214-330-2488
Ratio of Population to One Mental Health Provider	Mental Health	Mental Health Services	Millwood Hospital	1011 North Cooper Street	Arlington	817-261-3121

Community Healthcare Facilities

Facility Name	Type	System	Street Address	City	State	ZIP
Baylor Emergency Medical Center	ED	Baylor Scott & White	12500 South Freeway Suite 100	Burleson	TX	76028
Baylor Emergency Medical Center	ED	Baylor Scott & White	1776 North Us 287 Suite 100	Mansfield	TX	76063
Baylor Orthopedic And Spine Hospital At Arlington	ST	Baylor Scott & White	707 Highlander Boulevard	Arlington	TX	76015
Baylor Scott & White Emergency Hospital - Grand Prairie	ED	Baylor Scott & White	3095 Kingswood Boulevard Suite 100	Grand Prairie	TX	75052
Complete Emergency Care Pantego LLC	ED	Complete Care	1607 S Bowen Rd	Pantego	TX	76013
Exceptional Emergency Center	ED	Exceptional Emergency Room	1251 Eastchase Parkway	Fort Worth	TX	76120
Healthsouth Rehabilitation Hospital Of Arlington	LT	HealthSouth	3200 Matlock Road	Arlington	TX	76015
Kindred Hospital - Mansfield	LT	Kindred	1802 Highway 157 North	Mansfield	TX	76063
Kindred Hospital -Tarrant County	LT	Kindred	1000 North Cooper Street	Arlington	TX	76011
Medical City Arlington	ST	Hospital Corporation of America	3301 Matlock Road	Arlington	TX	76015
Methodist Mansfield Medical Center	ST	Methodist Health System	2700 Broad Street	Mansfield	TX	76063
Millwood Hospital	PSY	Universal Health Services	1011 North Cooper Street	Arlington	TX	76011
Primecare Emergency Center	ED	Freestanding	5912 S Cooper St Suite 110	Arlington	TX	76017
Sundance Hospital	PSY	Freestanding	7000 US Highway 287	Arlington	TX	76001
Texas General Hospital	ST	Dr. Hashmi	2709 Hospital Blvd	Grand Prairie	TX	75051

Facility Name	Type	System	Street Address	City	State	ZIP
Texas Health Arlington Memorial Hospital	ST	Texas Health Resources	800 West Randol Mill Road	Arlington	TX	76012
Texas Health Heart & Vascular Hospital Arlington	ST	Texas Health Resources	811 Wright Street	Arlington	TX	76012
Texas Health Huguley Hospital	ST	Texas Health Resources	11801 South Freeway	Burleson	TX	76028
Texas Rehabilitation Hospital Of Arlington	LT	Texas Health Resources	900 W Arbrook Blvd	Arlington	TX	76015
The Emergency Center Of Arlington	ED	The Emergency Center	3321 S Cooper Street	Arlington	TX	76015
USMD Hospital At Arlington	ST	USMD	801 West I-20	Arlington	TX	76017

*Type: St = Short-Term; Lt = Long-Term; Psy = Psychiatric; Kid = Pediatric; Ed = Freestanding Ed

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

Health Professional Shortage Areas (HPSA)[12]

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Johnson	7486648435	CF-Sanders Estes Unit	Mental Health	Correctional Facility
Tarrant	1485279877	Federal Medical Center-Carswell	Primary Care	Correctional Facility
Tarrant	6486448024	Federal Medical Center-Carswell	Dental Health	Correctional Facility
Tarrant	6489994877	Federal Correctional Institution - Fort Worth	Dental Health	Correctional Facility
Tarrant	7483623264	Federal Medical Center-Carswell	Mental Health	Correctional Facility
Tarrant	148999484K	Federal Correctional Institution - Fort Worth	Primary Care	Correctional Facility
Tarrant	14899948H2	North Texas Area Community Health Center, Inc.	Primary Care	Federally Qualified Health Center
Tarrant	64899948F5	North Texas Area Community Health Center, Inc.	Dental Health	Federally Qualified Health Center
Tarrant	748999483N	North Texas Area Community Health Center, Inc.	Mental Health	Federally Qualified Health Center

[12] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

Medically Underserved Areas and Populations (MUA/P)[13]

County Name	MUA/P Source Identification Number	Service Area Name	Designation Type	Rural Status
Johnson	3510	Johnson Service Area	Medically Underserved Area	Partially Rural
Tarrant	03509	Diamond Hill Service Area	Medically Underserved Area	Non-Rural
Tarrant	07382	Low Inc - East Side	Medically Underserved Population	Non-Rural
Tarrant	07393	Central Service Area	Medically Underserved Area	Non-Rural

[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

Southeast Tarrant County Health Community		
Public Health Indicator	Category	Indicator Definition
Ratio of Population to One Non-Physician Primary Care Provider	Access To Care	2017 Ratio of Population to Primary Care Providers Other than Physicians
Ratio of Population to One Dentist	Access To Care	2016 Ratio of Population to Dentists
Ratio of Population to one Mental Health Provider	Mental Health	2017 Ratio of Population to Mental Health Providers
Perforated Appendix Admission: Pediatric (Risk-Adjusted-Rate for Appendicitis)	Preventable Hospitalizations	2016 Number Observed / Pediatric Population Under Age 18
Long Commute Alone	Environment	2012-2016 Among Workers Who Commute in Their Car Alone, the Percentage that Commute More than 30 Minutes
Air Pollution - Particulate Matter daily density	Environment	2012 Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5)
Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	Access To Care	2015 Number of Hospital Stays for Ambulatory-Care Sensitive Conditions per 1,000 Medicare Enrollees
Motor Vehicle Crash Mortality Rate	Injury & Death	2010-2016 Number of Motor Vehicle Crash Deaths per 100,000 Population
Diabetes Short-term Complications Admission: Pediatric (Risk-Adjusted-Rate)	Preventable Hospitalizations	2016 Number Observed / Pediatric Population Under Age 18
Uninsured Children	Access To Care	2015 Percentage of Children Under Age 19 Without Health Insurance
COPD in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Depression in Medicare Population	Mental Health	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted-Rate)	Preventable Hospitalizations	2016 Number Observed / Adult Population Age 18 and older
Infant Mortality Rate	Injury & Death	2010-2016 Number of All Infant Deaths (Within 1 year), per 1,000 Live Births
Ratio of Population to One Primary Care Physician	Access To Care	2015 Ratio of Population to Primary Care Providers

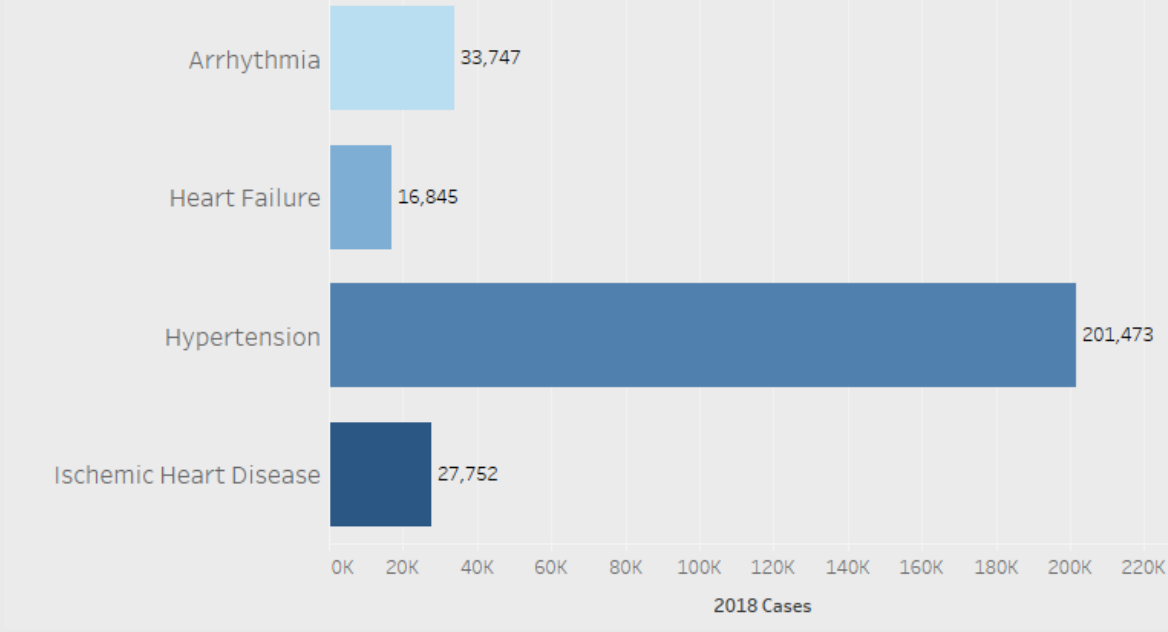
Southeast Tarrant County Health Community		
Public Health Indicator	Category	Indicator Definition
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Cancer Incidence - Lung	Conditions/Diseases	2011-2015 Age-Adjusted Lung & Bronchus Cancer Incidence Rate Cases per 100,000.
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)
Heart Failure in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Stroke in Medicare Population	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.
Atrial Fibrillation in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Disconnected youth	Health Behaviors	2010-2014 Population between the ages of 16 and 24 who are neither working nor in school.
Cancer Mortality Rate	Injury & Death	2013 Cancer (All) Age Adjusted Death Rate (Per 100,000 - All Ages. Age-adjusted using the 2000 U.S. Standard Population)
Gastroenteritis Admission: Pediatric (Risk-Adjusted-Rate)	Preventable Hospitalizations	2016 Number Observed / Pediatric Population Under Age 18
Price-Adjusted Medicare Reimbursements per Enrollee	Access To Care	2015 Amount of Price-Adjusted Medicare Reimbursements (Part A and B) per Enrollee
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)
Population with Adequate Access to Locations for Physical Activity	Environment	2010 & 2016 Percentage of Population with Adequate Access to Locations for Physical Activity
Chronic Kidney Disease in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Cancer Incidence - All Causes	Conditions/Diseases	2011-2015 Age-Adjusted Cancer (All) Incidence Rate Cases Per 100,000.

Southeast Tarrant County Health Community		
Public Health Indicator	Category	Indicator Definition
Some College	Population	2012-2016 Percentage of Adults Ages 25-44 with Some Post-Secondary Education
Death rate due to firearms	Injury & Death	2012-2016 number of deaths due to firearms, per 100,000 population.

Appendix E: Watson Health Community Data

Watson Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnoses, There were over 201,000 estimated cases in the community overall. Central Arlington ZIP codes had the most estimated cases of each heart disease type, driven by population size. ZIP code 76012 in North Arlington had the highest estimated prevalence rates for Arrhythmia (608 cases per 10,000 population) and Heart Failure (310 cases per 10,000 population). ZIP Code 76016 in Central Arlington was the highest for Hypertension (3,213 cases per 10,000 population) and Ischemic Heart Disease (540 cases per 10,000 population).

2018 Estimated Heart Disease Cases



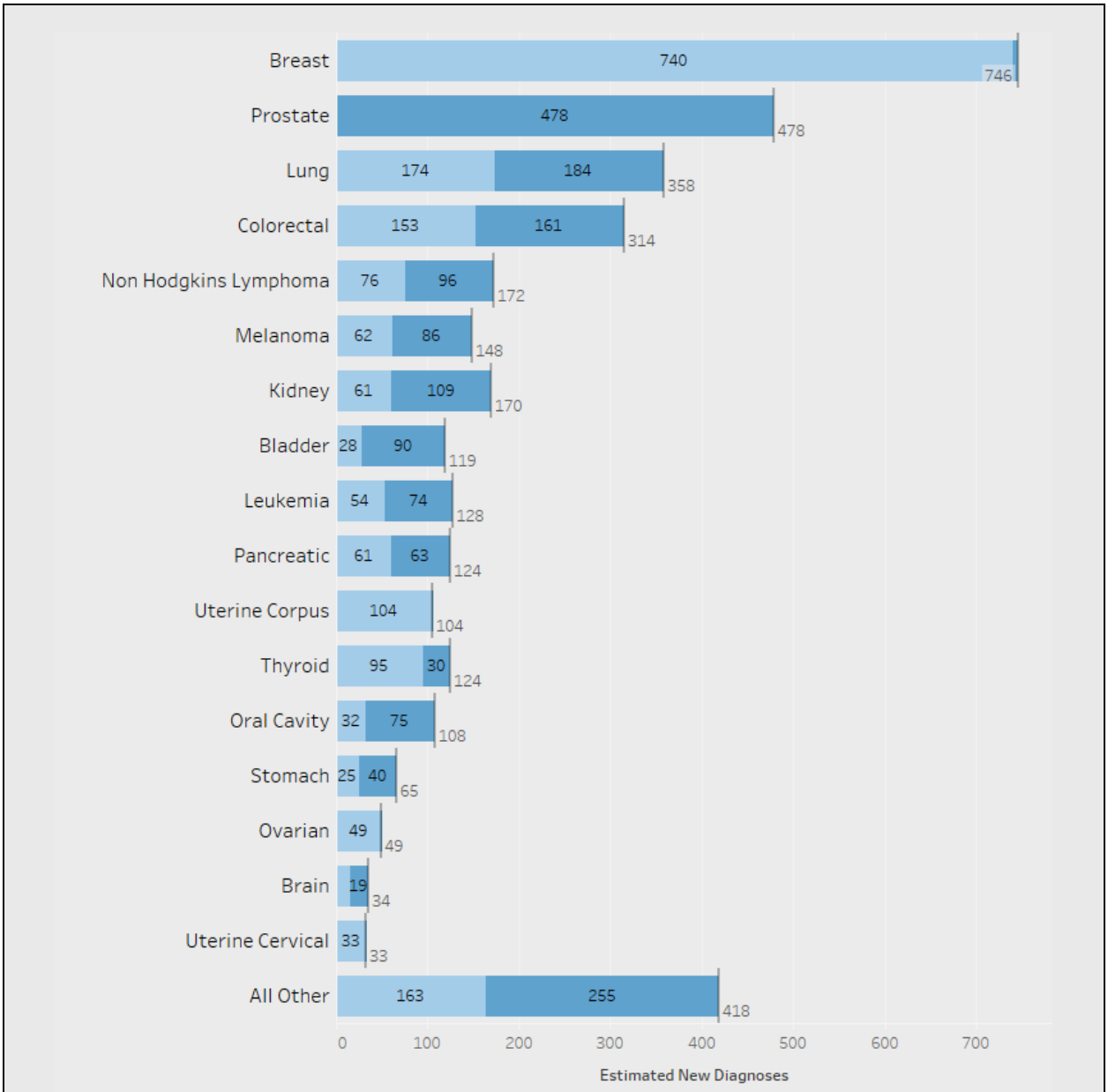
Bar chart shows total number of 2018 Estimated Heart Disease cases for each of four types: arrhythmia, heart failure, hypertension, and ischemic heart disease

Note: An individual patient may have more than one type of heart disease. Therefore the sum of all four heart disease types is not a unique count of individuals.

Source: IBM Watson Health, 2018

For this community, Watson Health's 2018 Cancer Estimates revealed the cancers projected to have the greatest rate of growth in the next five (5) years were pancreatic and bladder; based on both population changes and disease rates. The estimates for the most new cases in 2018 were breast, prostate, lung, and colorectal.

Estimated New Cancer Cases



Bar chart shows estimated new diagnoses per year for each of the 17 types of Cancer and 1 category for all other cancers. Color shows details about sex with light blue for females and dark blue for males.

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	119	142	19.3%
Brain	34	38	11.8%
Breast	746	865	16.0%
Colorectal	314	333	6.1%
Kidney	170	202	18.8%
Leukemia	128	148	15.6%
Lung	358	419	17.0%
Melanoma	148	172	16.2%
Non Hodgkins Lymphoma	172	201	16.9%
Oral Cavity	108	126	16.7%
Ovarian	49	56	14.3%
Pancreatic	124	153	23.4%
Prostate	478	533	11.5%
Stomach	65	77	18.5%
Thyroid	124	146	17.7%
Uterine Cervical	33	35	6.1%
Uterine Corpus	104	123	18.3%
All Other	418	495	18.4%
Grand Total	3,693	4,264	15.5%

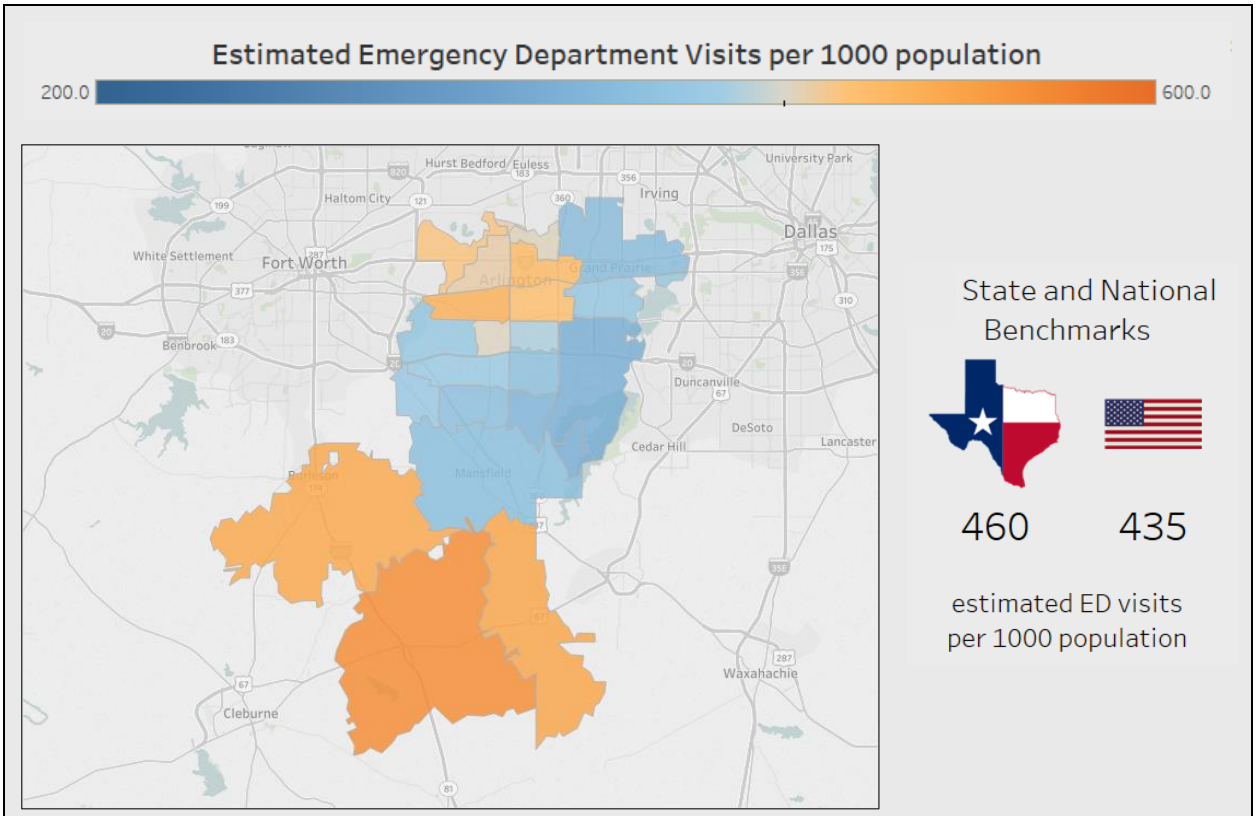
Source: IBM Watson Health, 2018

Based on population characteristics and regional utilization rates, Watson Health projected all emergency department (ED) visits in this community to increase by 8.1% over the next five years. The highest estimated ED use rates were in the ZIP codes of East Johnson; 522.9 to 554.1 ED visits per 1,000 residents compared to 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 an average of 3.3% over the next five years in this community.

Estimated 2018 Emergency Department Visit Rate

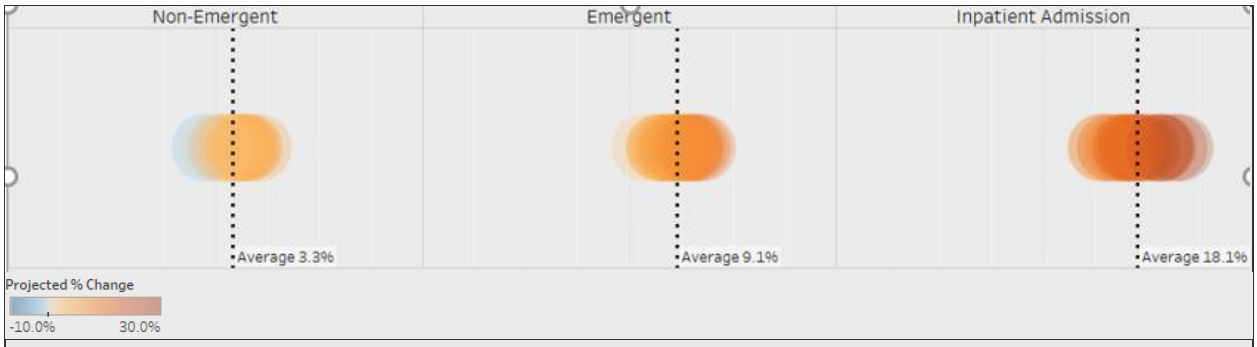


ZIP map color shows total Emergency Department visits per 1000 popultaion. Orange colors are higher than the state benchmark, blue colors are less than the state benchmark, and gray colors are similar.

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

Source: IBM Watson Health, 2018

Projected 5 Year Change in Emergency Department Visits by Type and ZIP Code



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

This section provides a summary of the evaluation of the impact of any actions taken since the hospital facilities finished conducting their immediately preceding CHNA.

Baylor Orthopedic and Spine Hospital at Arlington
Baylor Scott & White Emergency Hospital – Mansfield
Baylor Scott & White Emergency Hospital – Burleson
Baylor Scott & White Emergency Hospital - Grand Prairie

Prior Significant Health Needs Addressed by Facility.

2016 Identified Need Facility	Access to Care for Middle to Lower Socio-economic Status	MD& Non MD Primary Care Provider to Population Ratio	Mental/ Behavioral Health	Chronic Disease	Dentist to Population Ratio	Health and Wellness Promotion
Baylor Scott & White All Saints Medical Center - Fort Worth	√	√	√	√	√	√
Baylor Orthopedic and Spine Hospital - Fort Worth	√					
Baylor Scott & White Emergency Medical Center - Mansfield	√					
Baylor Scott & White Emergency Medical Center - Burleson	√					
Baylor Scott & White Emergency Medical Center - Grand Prairie (N/A)						

Total Resources Contributed to Addressing Needs: $4,999,204

Identified Need Addressed: Access to Care for Middle to Lower Socio- Economic

Program: Charity Care
Entity Name: Baylor Scott & White Emergency Hospital - Burleson
Description:
Often, patients are unaware of the federal, state and local programs open to them for financial assistance, or they are unable to access them due to the cumbersome enrollment process required to receive these benefits. The Hospital offers assistance in enrollment to these government programs or extends financial assistance in the form of charity care through the Hospital's Financial Assistance Policy, which can be located on the Hospital's website at BaylorHealth.com/Financial Assistance.
Impact: 1002 Persons served; increased access to care

Committed Resources: net community benefit = $1,929,599

Program: Charity Care
Entity Name: Baylor Scott & White Emergency Hospital – Mansfield
Description:
Often, patients are unaware of the federal, state and local programs open to them for financial assistance, or they are unable to access them due to the cumbersome enrollment process required to receive these benefits. The Hospital offers assistance in enrollment to these government programs or extends financial assistance in the form of charity care through the Hospital's Financial Assistance Policy, which can be located on the Hospital's website at BaylorHealth.com/Financial Assistance.
Impact: 347 persons served; increased access to care
Committed Resources: net community benefit - $716,853

Program: Charity Care
Entity Name: Baylor Scott & White Emergency Hospital
Description:
Often, patients are unaware of the federal, state and local programs open to them for financial assistance, or they are unable to access them due to the cumbersome enrollment process required to receive these benefits. The Hospital offers assistance in enrollment to these government programs or extends financial assistance in the form of charity care through the Hospital's Financial Assistance Policy, which can be located on the Hospital's website at BaylorHealth.com/Financial Assistance.
Impact: 3010 persons served; increased access to care
Committed Resources: net community benefit $2,352,752

Needs Not Addressed:

Baylor Scott & White is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization providing a wide range of important health care services and community benefits.

These hospitals, committed to providing emergency care in the communities served, addressed significant community health needs based on their intersection with the stated mission and key clinical strengths. The following identified un-addressed needs are addressed through the 2016 CHNA community definition including Baylor Scott & White All Saints Medical Center***** and multiple other community and state agencies whose expertise and infrastructure are better suited for addressing these needs:

- MD & Non-MD Primary Care Provider to Population Ratio
- Mental/Behavioral Health
- Chronic Disease
- Dentist to Population Ratio

- Health and Wellness Promotion

*See Baylor Scott & White All Saints Impact report filed under the West Fort Worth Health Community which includes a description of Impact.