Baylor Scott & White Health
Community Health Needs Assessment

Denton Health Community

Baylor Scott & White - The Heart Hospital – Denton

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

Posted to BSWHealth.com/CommunityNeeds on June 30, 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.


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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. This community health needs assessment applies to the following BSWH hospital facility:

- Baylor Scott & White Medical Center – Denton.

For the 2019 assessment, the community served by this hospital facility includes Denton County, this is the hospital's primary service area where more than 80% of the hospital's admitted patients live.

This 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. 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 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 and 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 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 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	Depression in Medicare Population	Mental Health
2	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
3	Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health

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 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

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.

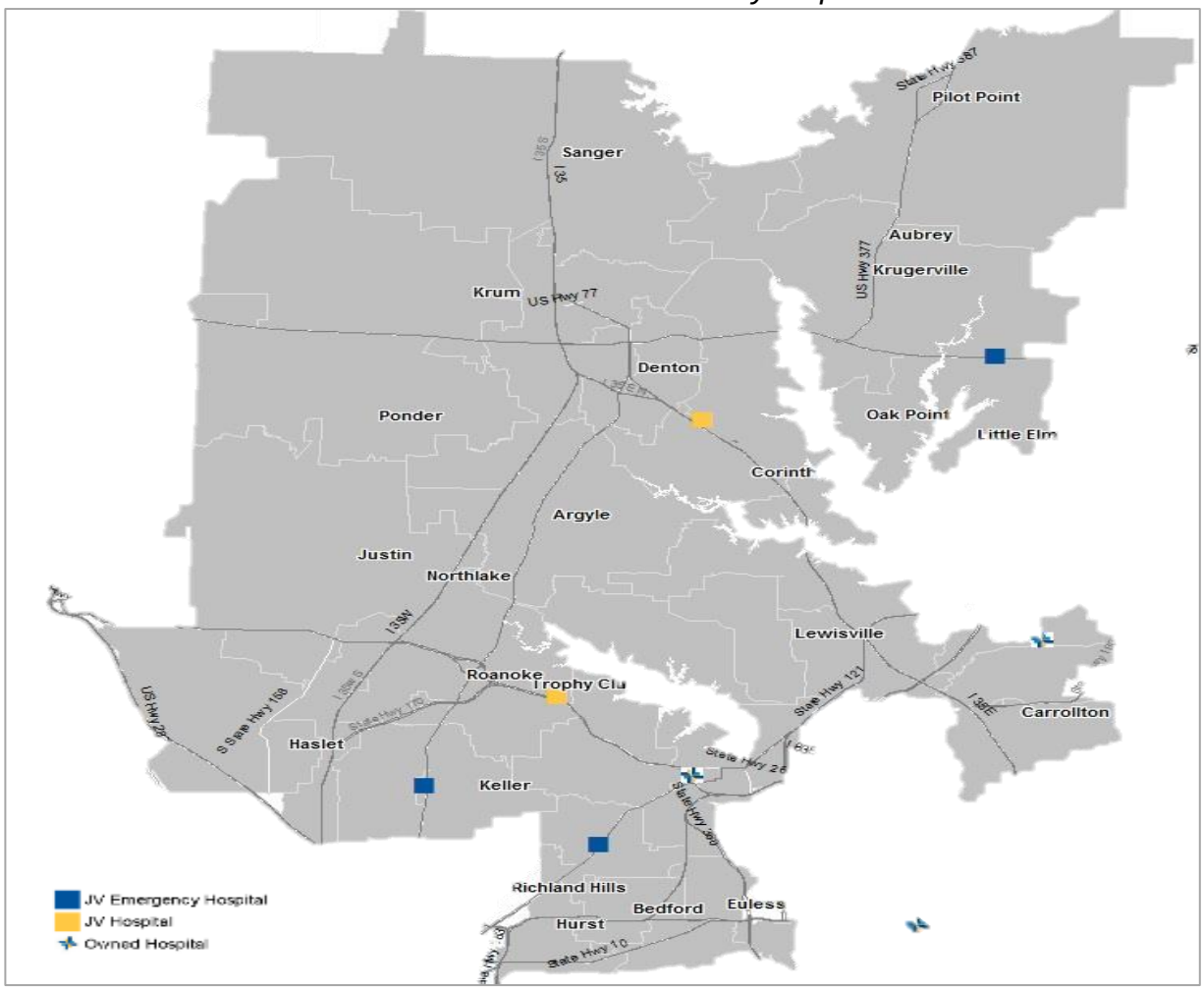
Consultant Qualifications & Collaboration

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 delivering comprehensive and actionable Community Health Needs Assessments.

Community Served Definition

Based on the review of patient admission records, the hospital facility has defined its community to include the ZIP codes listed below; it spans multiple counties including Cooke, Dallas, Denton, and Tarrant. The community includes the geographic area where at least 80% of the hospital facility's admitted patients live.

BSWH Community Health Needs Assessment
Denton Health Community Map



Source: Baylor Scott & White Health, 2019

75068 76227 76258 75006 75007 75008 75010 75011 75027 75029 75057 75065 75067 76201 76202 76203 76204 76205 76206 76207 76208 76209 76210 76226 76249 76259 76266 76240 76241 76250 76252 76253 76272 76247 76021 76022 76039 76040 76053 76054 76095 76155 75022 75028 75077 76052 76177 76178 76244 76248 76034 76051 76092 76099 76262 76299

Assessment of Health Needs

To identify the health needs of the community, the hospital facility established a comprehensive method of accounting 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**.

This community was defined by ZIP codes. However, 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 county for the Denton Health Community needs analysis was Denton County.

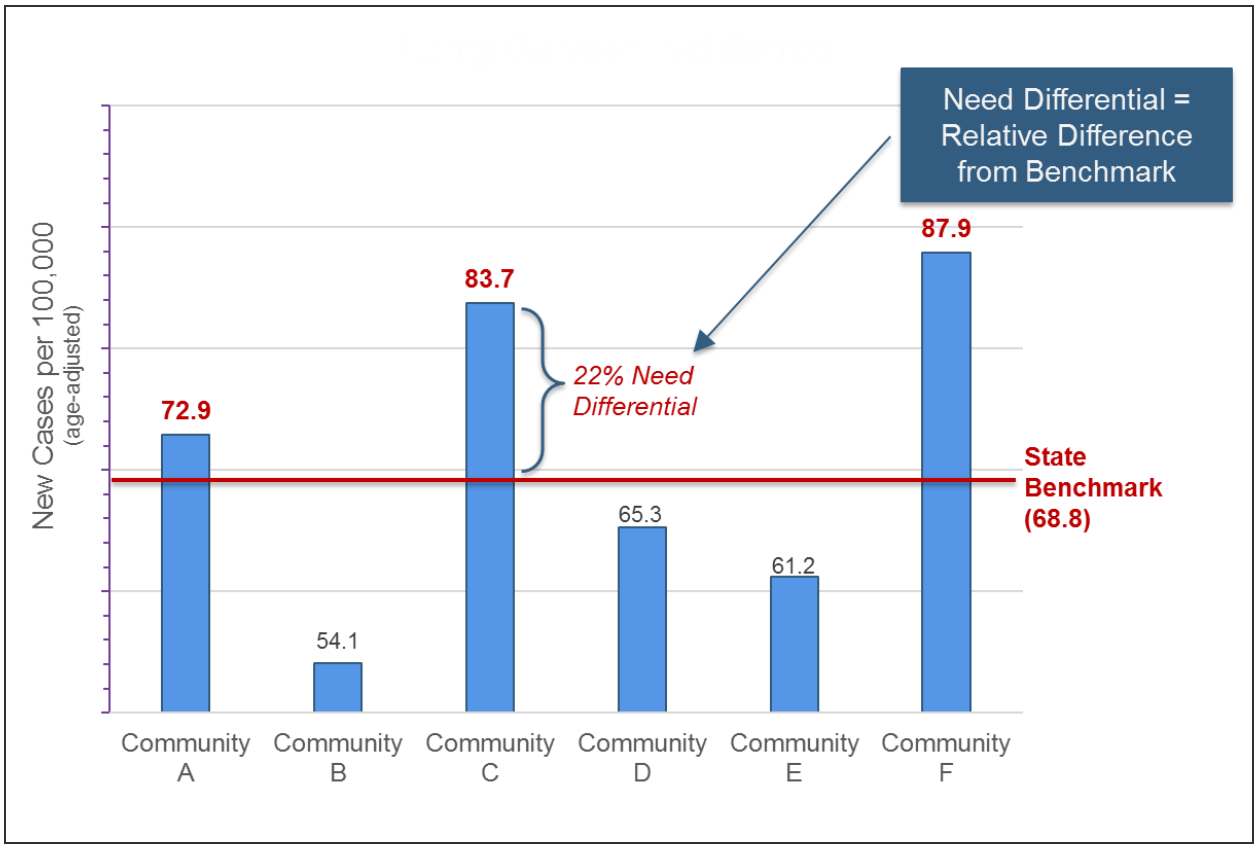
A benchmark analysis conducted for each indicator collected for the community served, determined which public health indicators demonstrated a community health need from a quantitative perspective. Benchmark health indicators collected included (when available): overall U.S. values; state of Texas values; 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, two (2) focus groups with a total of 23 participants, and three (3) key informant interviews, gathered the input of persons representing the broad interests of the community served. The focus groups 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 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 facility. The interviews aided in gaining understanding and insight into participants concerns about the general health status of the community and 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
Baylor Scott & White Medical Center - Denton	X	X	X	X	X		
Cancer Care Services	X	X	X	X	X		X
City of Denton			X	X	X		
Denton Community Food Center			X				
Denton County Public Health	X	X	X	X	X	X	X
First Refuge Ministries		X	X	X			
Giving Hope, Inc.		X	X	X			X
Goodwill Industries of Fort Worth		X	X		X		
Health Services of North Texas		X	X	X	X		
Metrocare	X	X	X	X	X		X
Our Daily Bread		X	X				
Refuge for Women North Texas					X		
Serve Denton		X	X	X	X	X	X
United Way		X	X	X	X		
University of North Texas	X		X		X		X
Your Health Clinic	X	X	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 facility was also required to consider written input received on their most recently conducted CHNA and subsequent implementation strategies. The assessment

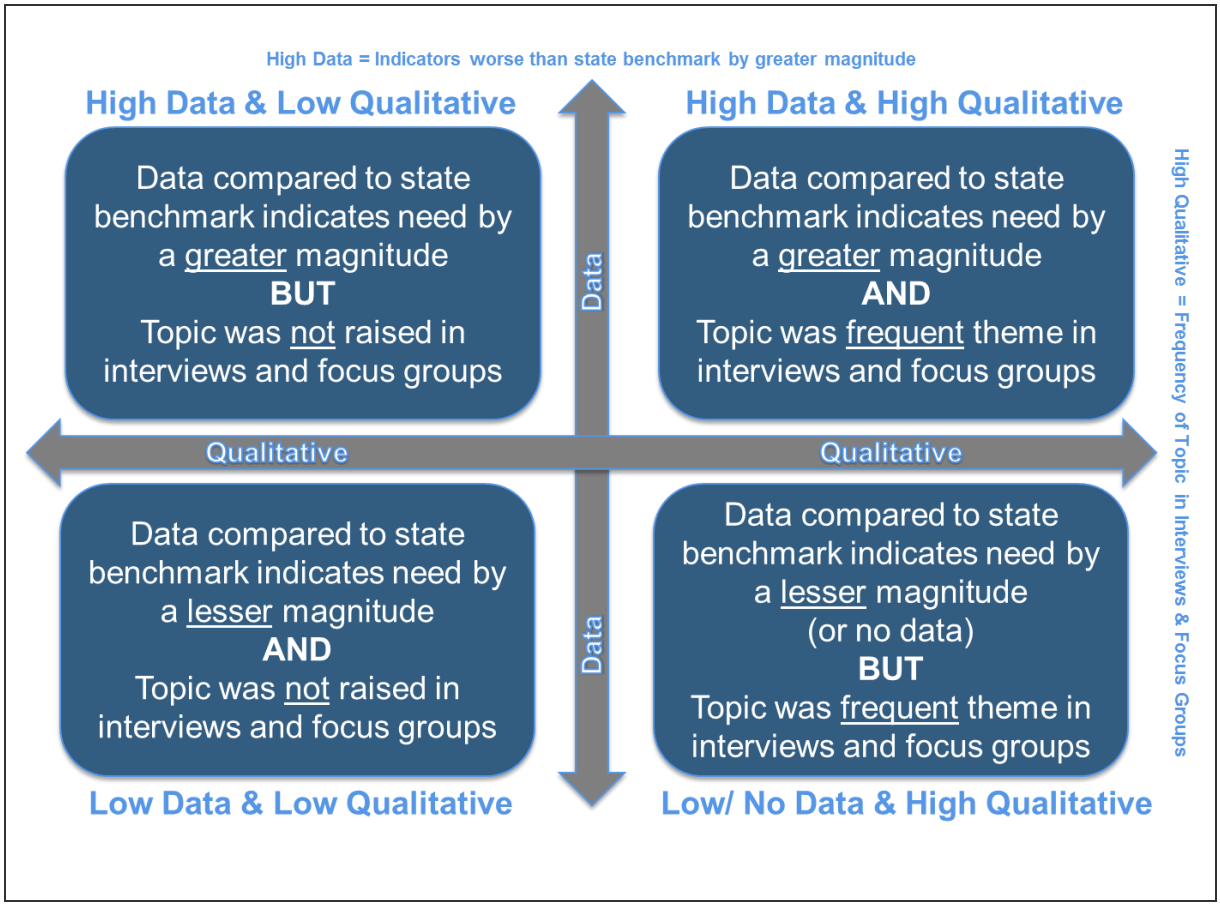
is available to receive public comment or feedback on the report findings on the BSWH website (**BSWHealth.com/CommunityNeeds)** or by emailing **CommunityHealth@BSWHealth.org.** To date BSWH has not received such written input but continues to welcome feedback from the community.

Community input from interviews and focus groups organized the themes around community needs, 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 affect the population who truly need the service.

Approach to Identify and Prioritize Significant Health Needs

In a session held on November 6, 2018, Baylor Scott & White – Denton's hospital leadership and community leaders, the group 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, three (3) 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. Vulnerable Populations: there is a high need among vulnerable populations and/or vulnerable populations are adversely impacted
2. Severity: the problem results in disability or premature death or creates burdens on the community, economically or socially
3. Community Strength: extent that initiatives to address the issue can build on existing community strengths and resources
4. Feasibility: the problem is amenable to interventions; technology, knowledge, or resources can effect a change; or the problem is preventable

Through discussion and consensus, the group rated each of the three (3) significant health needs on each of the four (4) identified criteria utilizing a scale of 1 (low) to 10 (high). 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 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** .

Denton Health Community CHNA

Demographic and Socioeconomic Summary

According to population statistics, the community served predicts growth exceeding the population growth of Texas and the United States. Compared to the state and national benchmarks, the median age was slightly younger, median income was significantly higher, and the health community had fewer Medicaid beneficiaries and fewer uninsured individuals than the Texas state average.

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

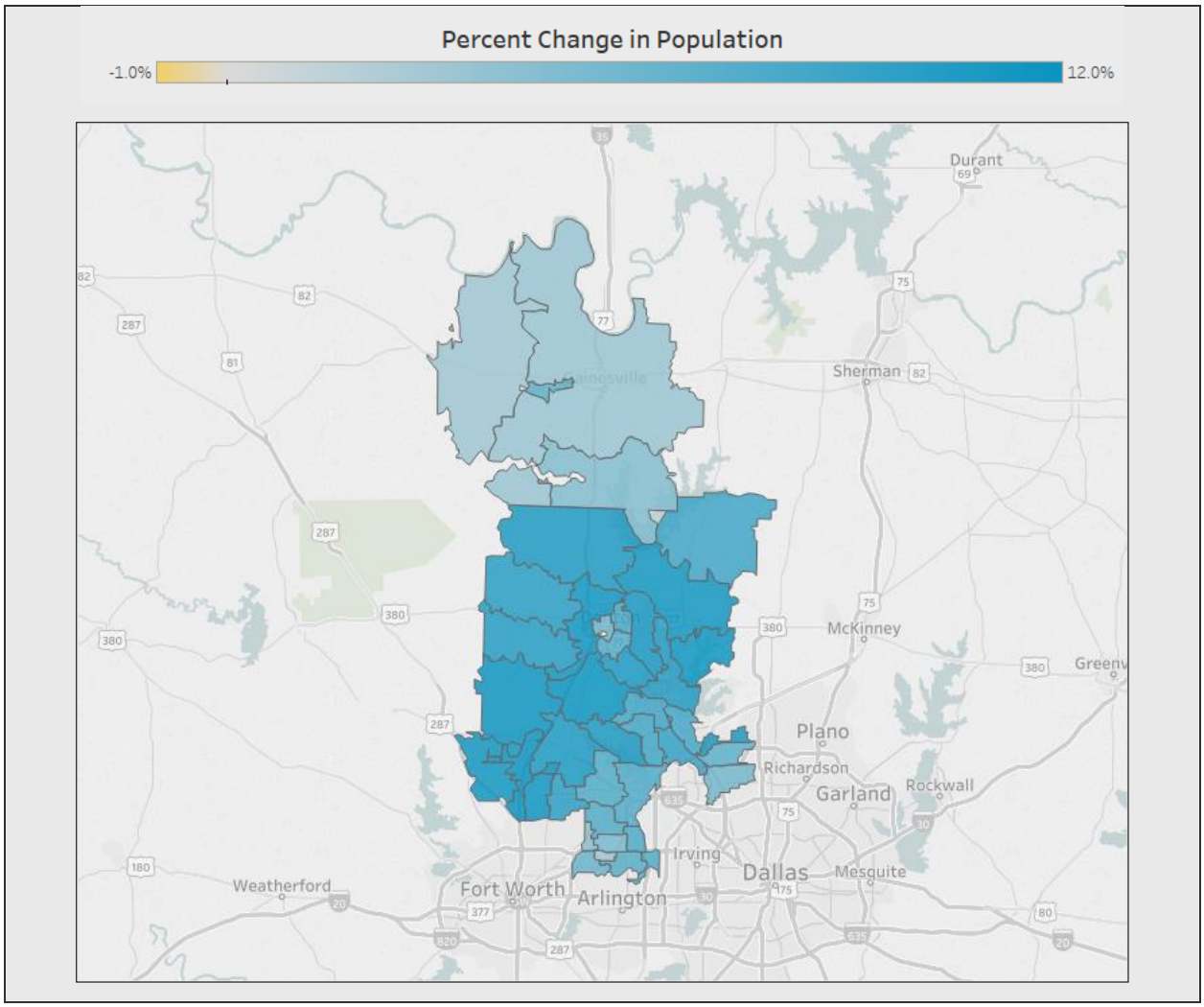
Geography		Benchmarks		Community Served
		United States	Texas	Denton Health Community
Total Current Population		326,533,070	28,531,631	1,183,139
5 Yr Projected Population Change		3.5%	7.1%	8.8%
Median Age		42.0	38.9	37.8
Population 0-17		22.6%	25.9%	24.5%
Population 65+		15.9%	12.6%	11.2%
Women Age 15-44		19.6%	20.6%	21.1%
Non-White Population		30.0%	32.2%	27.3%
Hispanic Population		18.2%	39.4%	19.9%
Insurance Coverage	Uninsured	9.4%	19.0%	11.0%
	Medicaid	14.9%	13.4%	7.3%
	Private Market	9.6%	9.9%	10.5%
	Medicare	16.1%	12.5%	9.4%
	Employer	45.9%	45.3%	61.8%
Median HH Income		$61,372	$60,397	$87,402
Limited English		26.2%	39.9%	27.3%
No High School Diploma		7.4%	8.7%	4.6%
Unemployed		6.8%	5.9%	4.6%

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

The population of the community served is expected to grow 8.8% by 2023, an increase by more than 104,000 people. The 8.8% projected population growth is much higher than the state's 5-year projected growth rate (7.1%) and higher than the national projected growth rate (3.5%). The ZIP codes expected to experience the most growth in five years are:

- 76244 Alliance-Keller – 9,222 people
- 75067 Lewisville – 6,687 people
- 75068 Northeast Dent – 6,232

2018 - 2023 Total Population Projected Change by ZIP Code

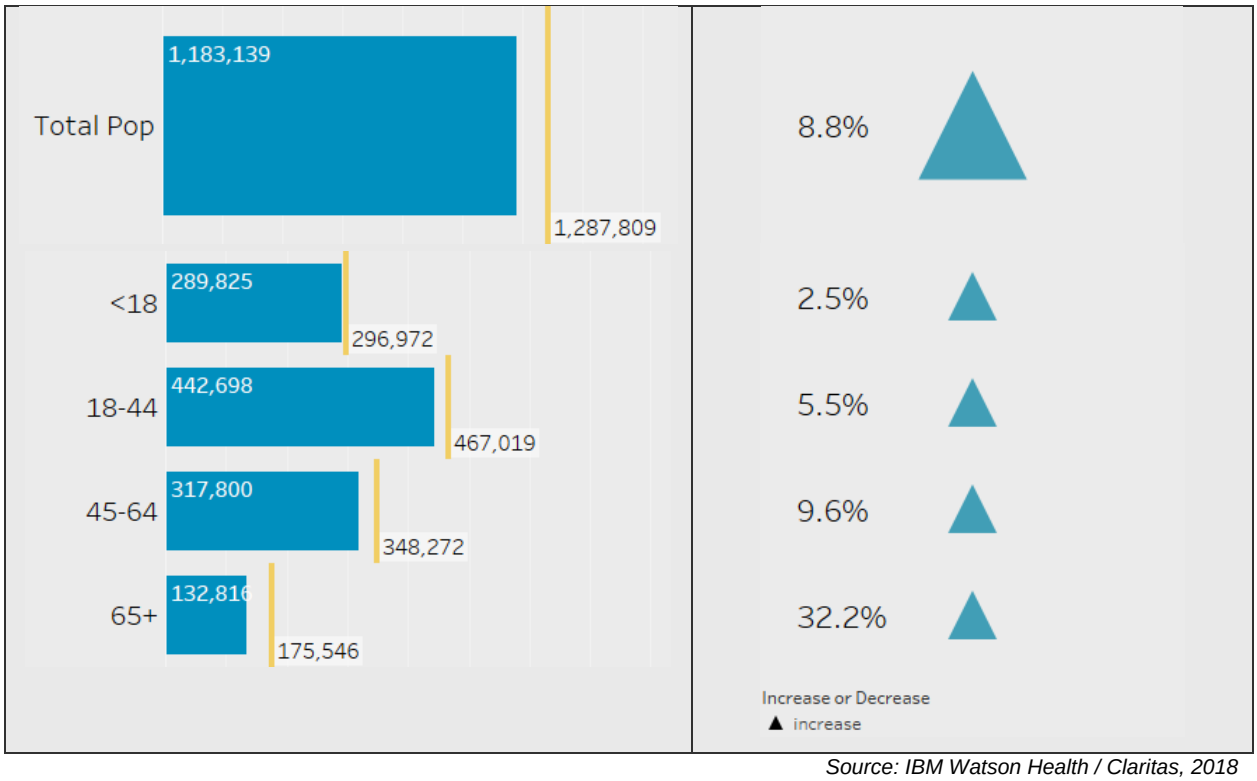


Source: IBM Watson Health / Claritas, 2018

The community's population skewed younger, with 37.4% of the population aged 18-44 and 24.5% under age 18. The largest cohort (ages 18-44) projects to grow by 24,321 people by 2023. Meanwhile, the age 65 plus cohort was the smallest, but is expected to experience the fastest growth (32.2%) over the next five years, adding 42,730 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*

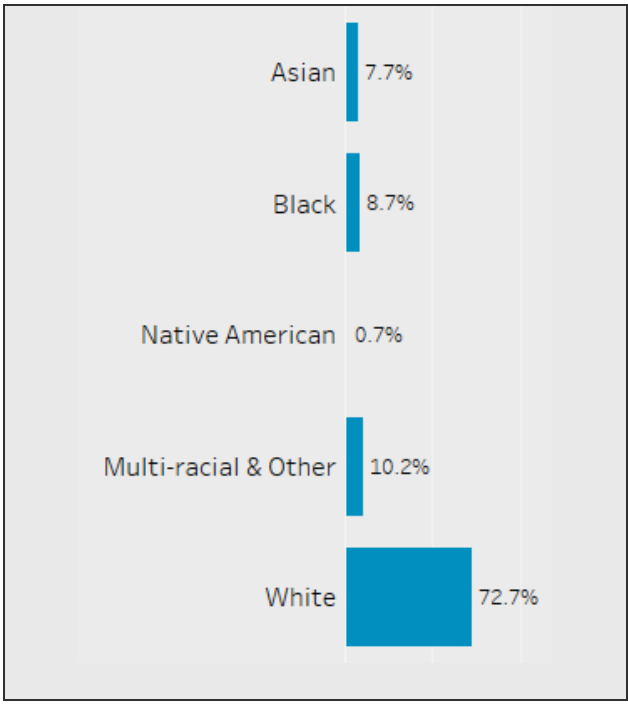


Source: IBM Watson Health / Claritas, 2018

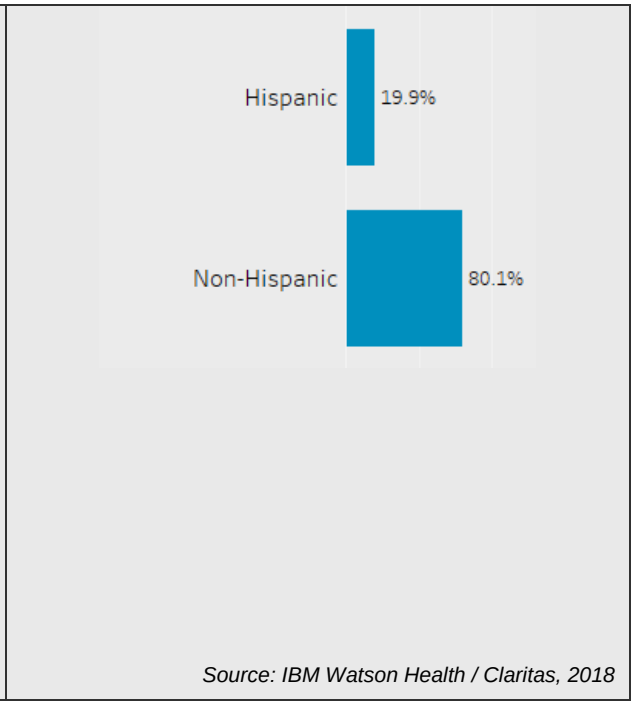
Population statistics is by analysis of race and by Hispanic ethnicity. The community was primarily white and non-Hispanic (61.2% white/non-Hispanic), but diversity in the community will increase due to the projected growth of minority populations over the next five years. The expected growth rate of the Hispanic population (all races) is over 34,000 people (14.6%) by 2023. The non-Hispanic white population is expected to have the slowest growth (2.9%).

Population Distribution by Race and Ethnicity

2018 Population by Race

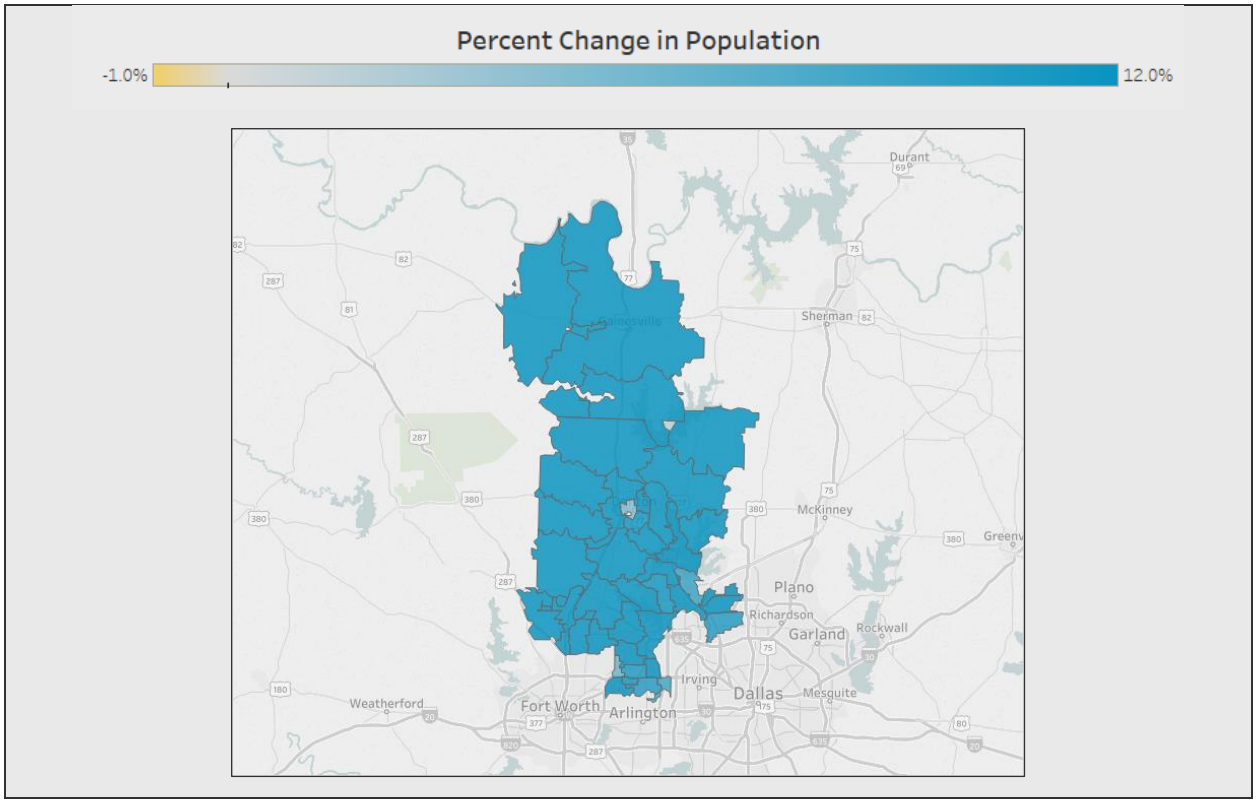


2018 Population by Ethnicity



Source: IBM Watson Health / Claritas, 2018

2018 - 2023 Hispanic Population Projected Change by ZIP Code

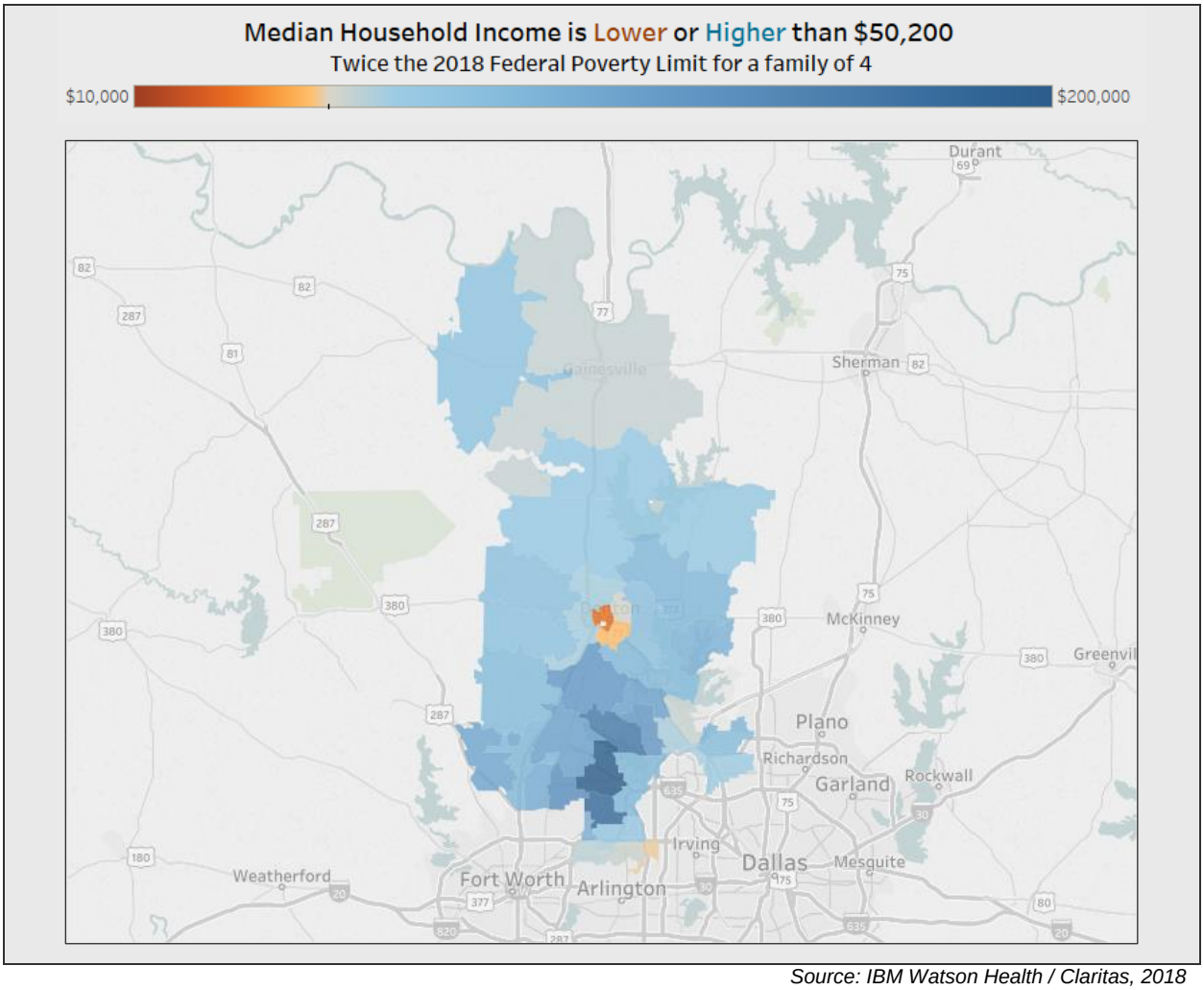


Source: IBM Watson Health / Claritas, 2018

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 30,230 for 76201 – West Denton to $216,894 for 76092 – Colleyville-Southlake. Three ZIP codes had median household incomes less than $50,200, twice the 2018 Federal Poverty Limit for a family of four:

- 76201 West Denton – $30,230
- 76205 West Denton – $45,625
- 76155 HEB – $48,452

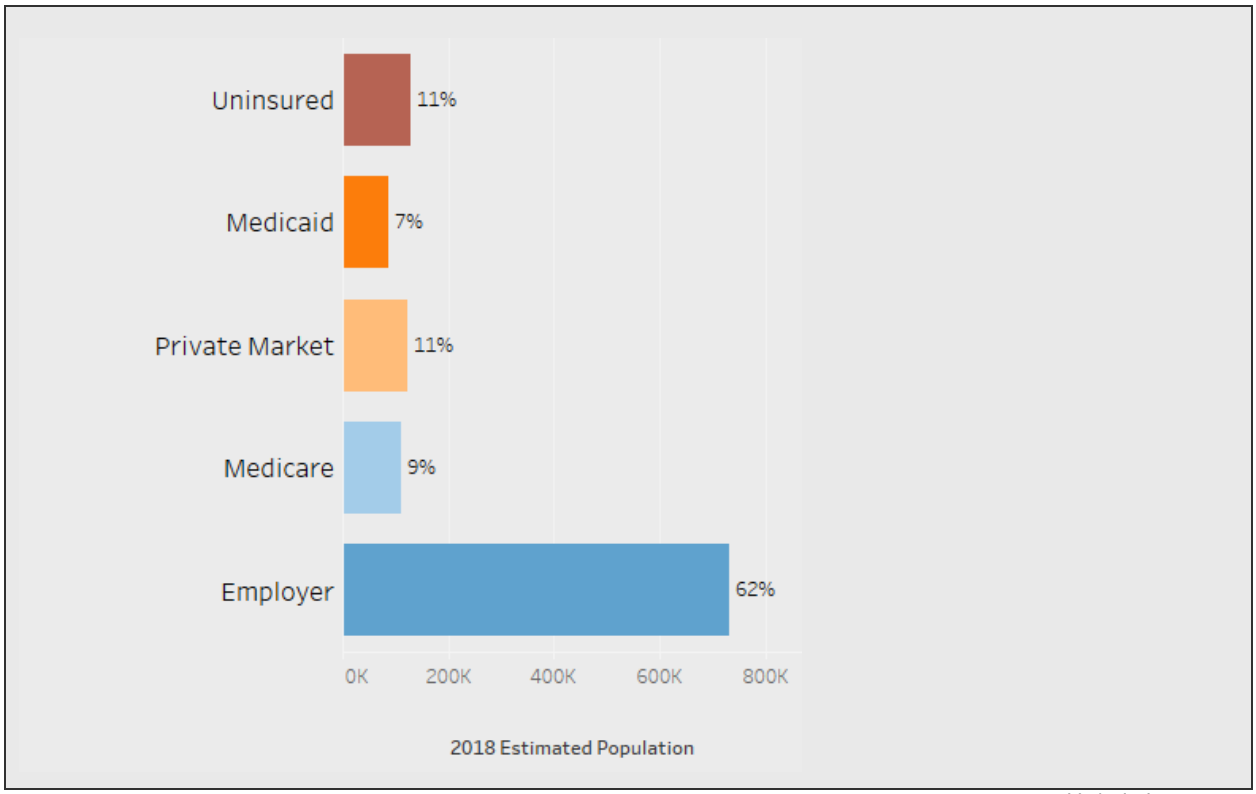
2018 Median Household Income by ZIP Code



Source: IBM Watson Health / Claritas, 2018

A majority of the population (62%) were insured through employer sponsored health coverage, the remainder of the population was fairly equally divided between Medicaid (7%), Medicare (9%), uninsured (11%) 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 three (3) Health Professional Shortage Areas and one (1) Medically Underserved Area as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.[1] **Appendix C** includes the details on each of these designations.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

	Health Professional Shortage Areas (HPSA)				Medically Underserved Area/Population (MUA/P)
NTX Denton Health Community	Dental Health	Mental Health	Primary Care	Grand Total	MUA/P
Denton	1	1	1	3	1
Total	**1**	**1**	**1**	3	**1**

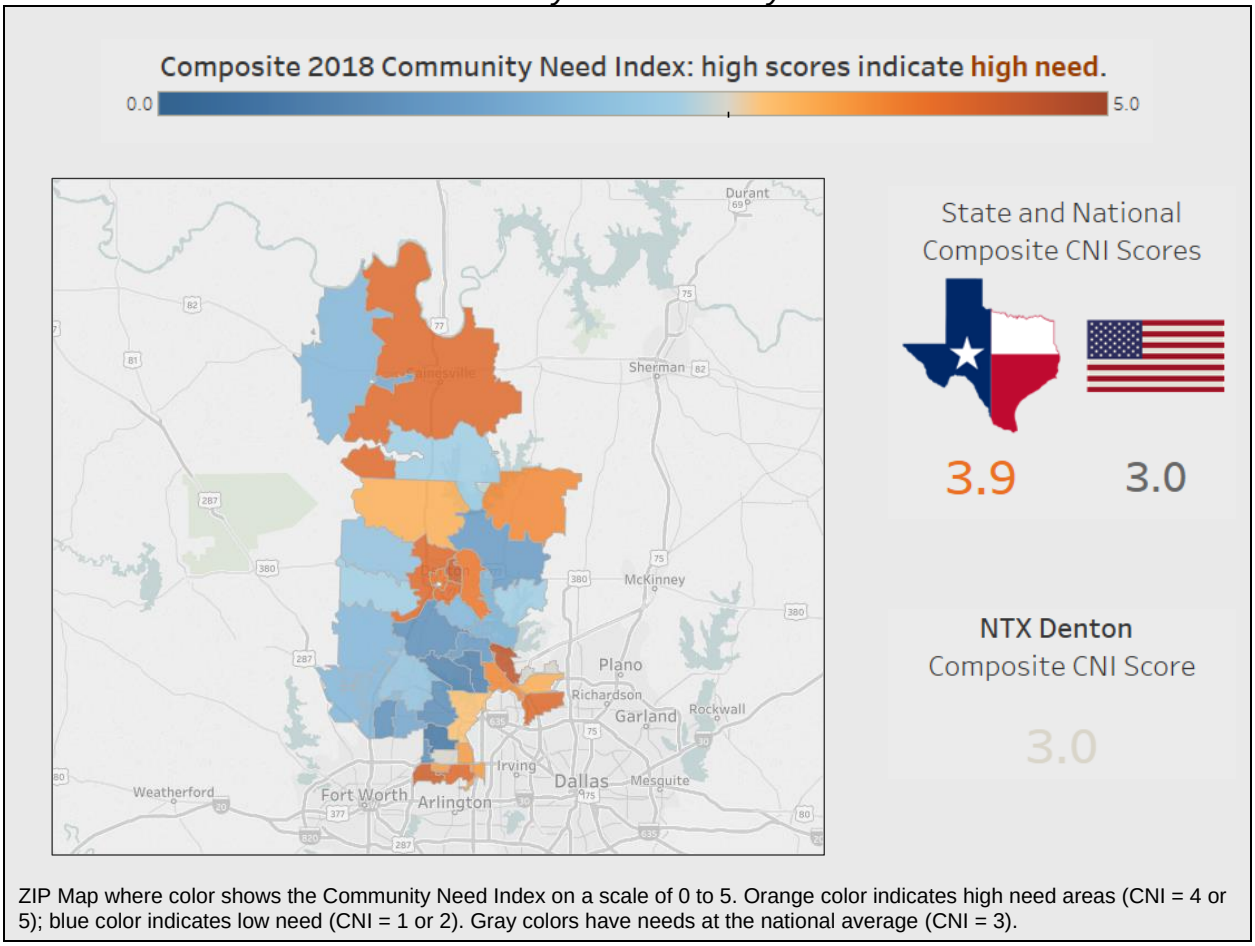
Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

[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 accounts 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 3.0, this is the same as the CNI national average. There was a portion of the community (ZIP code 75057 – Lewisville) where CNI score was greater than 4.5, indicating 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
Lewisville	Lewisville	Denton	75057	4.6
Denton	East Denton	Denton	76209	4.4
Hurst	HEB	Tarrant	76053	4.4
Carrollton	Carrollton	Dallas	75006	4.2
Denton	West Denton	Denton	76205	4.2
Denton	West Denton	Denton	76207	4.2
Euless	HEB	Tarrant	76040	4.2
Gainesville	Gainesville	Cooke	76240	4.2
Denton	East Denton	Denton	76208	4.0
Denton	West Denton	Denton	76201	4.0

Source: IBM Watson Health / Claritas, 2018

Public Health Indicators

The analysis of Public health indicators assessed 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 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

In the focus group sessions and interviews participants identified and discussed the factors that contribute to the current health status of the community, and then identify the greatest barriers and strengths that contribute to the overall health of the community. For this community there was one (1) focus group session with a total of 12 participants and three (3) interviews conducted July through September 2018.

Focus group participants described Denton as a growing region and recently ranked the healthiest county in Texas. This was a giving and supportive community, but also one of the largest without a county hospital. The local schools and university attracted many foreign students and international residents. The population was described as well-educated, compassionate, artsy, diverse, but also fragmented. Part of the growth was driven by an increase in commuters, and participants noted that income disparity was high. The top barriers to better health identified by the group included access to healthcare and poverty.

The group named multiple barriers to accessing health care, including gaps in services, shortage of behavioral health resources, access for uninsured, low health education and literacy, and need for more health fair/clinic services. The focus group participants noted that Denton County had a high rate of insured residents, and the rate was further skewed by the requirement that all university and community college students have insurance. The statistic on insurance coverage masked the fact that residents covered by Medicare or Medicaid often had trouble finding providers that accept those payers. Participants also said pediatric specialists were completely lacking in the area, along with shortages for prenatal services, neonatal intensive care treatment, and OB/GYN care. Although the community offered preventative care, participants recommended expanding these services.

Denton County had more mental health providers than other parts of the Dallas Ft Worth area, but that amount is still insufficient to meet demand. Focus group participants called out the need for increased space for residents to receive mental health treatment as well as increased funding.

Denton County lacked affordable housing for its vulnerable populations, especially low-income families, seniors on a fixed income, and people with disabilities. Participants said the community homeless prevention programs provided financial education and assistance, but the area still needed more affordable housing and support for vulnerable residents, especially seniors.

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

Denton Health Community		
Top Needs Identified	Category of Need	Public Health Indicator
Depression in Medicare Population	Mental Health	Prevalence of chronic condition across all Medicare beneficiaries
Ratio of Population to One Non-Physician Primary Care Provider	Access To Care	2017 Ratio of Population to Primary Care Providers Other than Physicians
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Prevalence of chronic condition across all Medicare beneficiaries

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	Depression in Medicare Population	Mental Health
2	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
3	Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health

Description of Health Needs

A CHNA for the Denton Health Community identified several significant community health needs that can be categorized as issues related to mental health and access to care. 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. Mental health issues, specifically depression and schizophrenia/psychotic disorders in the Medicare population, as well as access to non-physician primary care providers, were identified as significant areas of concern and noted in the data results for Denton county.

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>Depression in the Medicare Population</u>

Denton County's senior population; those 65 years of age and older, was expected to experience the fastest growth (32.2%) of any age group over the next five years, adding nearly 43,000 seniors to the community.[2] Growth among this age group will likely contribute to increased utilization of healthcare services. Over time, the community must be able to provide adequate services to care for the aging population.

Depression is a true and treatable condition and not a normal result of aging. However, a myriad of conditions such as: chronic illness, financial challenges, death, and a change of living situation, are some of the reasons why there are a growing number of people in the Medicare population with depressive diagnoses. Among older adults, 80% have at

[2] IBM Watson Health / Claritas, 2018

least one chronic health condition and 50% have two or more.[3] Healthcare providers may mistake an older adult's symptoms of depression as just a natural reaction to illness or the life changes that may occur as we age, and therefore not see the depression as a condition to be treated.

Of Medicare beneficiaries living in Denton County, 17.6% were depressed, this was greater than the Texas state benchmark of 14.9% by 18.0%. This indicates a greater need and a larger vulnerable population within the Denton Health Community.[4]

Non-Physician Primary Care Providers

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 senior populations increase 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.

Non-physician primary care provider access in Denton County fell short of the Texas state benchmark of one provider to 1,497 residents. Denton County had a provider ratio of one non-physician primary care provider to every 1,966 residents. This was a difference of 31% relative to the state value (relative difference). It is also worth noting that the state of Texas provider ratio for non-physician primary care providers was higher than the overall U.S. benchmark of one provider to 1,030 residents.[5] The CHNA findings point to a greater need regarding access to non-physician primary care providers within the Denton Health Community.

Schizophrenia and Other Psychotic Disorders in the Medicare Population

Data on mental health diagnoses for the overall population can be difficult to gather. In some instances, only information about a subset of the population is available. For this community, reliable data about mental health diagnoses is available for the Medicare population only. These results indicate a need among the Medicare population but can also be used as a proxy for need across the greater population as it relates to the prevalence of mental health conditions within the community.

[3] **U.S. Center for Disease Control and Prevention**, 2019
[4] CMS Chronic Conditions Warehouse, 2007-2015
[5] CMS, National Provider Identification Registry (NPPES), County Health Rankings & Roadmaps, 2018

Seniors, with either life-long mental health diagnoses or recent onset changes, face a multitude of challenges including: access to specialized services, insurance, transportation, etc. Individuals with long-term mental health issues who have had access to therapy and medications may now face additional concerns as an aging senior. Isolation for adults age 65 and older who are living alone is a growing challenge for communities across the nation, this is compounded with serious mental health concerns. Integrated social services to engage, support and positively challenge their 65 and older populations may improve the overall health and well-being of the community.

In Denton County, 2.6% of Medicare beneficiaries were diagnosed with Schizophrenia or other psychotic disorders. While the rate may seem low, compared to the state of Texas benchmark of 2.4%, Denton County's relative difference from the state value was 10.4% higher.[6]

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.

[6] CMS Chronic Conditions Warehouse, 2007-2015

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
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Denton County Public Health	535 South Loop 288	Denton	940-349-2900
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Denton County Public Health	359 Lake Park Road, Suite 113	Lewisville	972-221-1603
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Denton Kiwanis Club Children's Clinic	1701A North Elm	Denton	940- 387-632
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Grace Grapevine	610 Shady Brook Drive	Grapevine	817-488-7009
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Irving Bible Church/2435 Clinic	2435 Kinwest Parkway	Irving	972-443-3328
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	PediPlace - Park Lane Village	502 S. Old Orchard Lane, Suite 126	Lewisville	972-436-7962
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Primary Care Clinic of NTX - Lewisville Clinic	570 South Edmonds Lane, #111	Lewisville	972-221-6005
Depression in Medicare Population	Mental Health	Bereavement	Ann's Haven VNA	216 West Mulberry	Denton	940-349-5900
Depression in Medicare Population	Mental Health	Family Counseling	Camp Fire USA First Texas Council Family Child Care	625 Dallas Drive Suite 525	Denton	940-566-5851

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Depression in Medicare Population	Mental Health	Family Counseling	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Depression in Medicare Population	Mental Health	Family Counseling	Counseling and Family Development Center-Texas Woman's Univ	Human Development Building - Room 115	Denton	940- 898-260
Depression in Medicare Population	Mental Health	Family Counseling	Denton County Public Health	535 South Loop 288	Denton	940-349-2900
Depression in Medicare Population	Mental Health	Family Counseling	Denton Kiwanis Club Children's Clinic	1701A North Elm	Denton	940- 387-632
Depression in Medicare Population	Mental Health	Family Counseling	Youth and Family Counseling	306 North Loop 288 #101	Denton	972-724-2005
Depression in Medicare Population	Mental Health	Mental Health Hospital Treatment	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Depression in Medicare Population	Mental Health	Mental Health Outpatient Treatment	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Depression in Medicare Population	Mental Health	Mental Health Outpatient Treatment	Valley Hope of Grapevine	2300 William Tate	Grapevine	817-424-1305
Depression in Medicare Population	Mental Health	Mental Health Residential Treatment	Valley Hope of Grapevine	2300 William Tate	Grapevine	817-424-1305
Depression in Medicare Population	Mental Health	Mental Health Services	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Depression in Medicare Population	Mental Health	Social Services	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Depression in Medicare Population	Mental Health	Social Services	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Depression in Medicare Population	Mental Health	Social Services	Cumberland Presbyterian Children's Home	1304 Bernard Street	Denton	940- 382-511

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Depression in Medicare Population	Mental Health	Social Services	Denton Affordable Housing Corporation (DAHC)	610-C 4 N. Bell Ave.	Denton	940- 484-704
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Family Counseling	Camp Fire USA First Texas Council Family Child Care	625 Dallas Drive Suite 525	Denton	940-566-5851
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Family Counseling	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Family Counseling	Counseling and Family Development Center-Texas Woman's Univ	Human Development Building - Room 115	Denton	940- 898-260
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Family Counseling	Denton County Public Health	535 South Loop 288	Denton	940-349-2900
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Family Counseling	Denton Kiwanis Club Children's Clinic	1701A North Elm	Denton	940- 387-632
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Family Counseling	Youth and Family Counseling	306 North Loop 288 #101	Denton	972-724-2005
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Long Term Housing	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Long Term Housing	Denton Affordable Housing Corporation (DAHC)	610-C 4 N. Bell Ave.	Denton	940- 484-704
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Long Term Housing	Denton Housing Authority	1225 Wilson Street	Denton	940-383-1504
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Mental Health Hospital Treatment	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Mental Health Outpatient Treatment	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Mental Health Outpatient Treatment	Valley Hope of Grapevine	2300 William Tate	Grapevine	817-424-1305
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Mental Health Residential Treatment	Valley Hope of Grapevine	2300 William Tate	Grapevine	817-424-1305
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Mental Health Services	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Residential Housing	Denton Affordable Housing Corporation (DAHC)	610-C 4 N. Bell Ave.	Denton	940- 484-704
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Residential Housing	Denton Housing Authority	1225 Wilson Street	Denton	940-383-1504
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Short Term Housing	Cumberland Presbyterian Children's Home	1304 Bernard Street	Denton	940- 382-511
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Short Term Housing	Grace Grapevine	610 Shady Brook Drive	Grapevine	817-488-7009
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Social Services	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Social Services	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Social Services	Cumberland Presbyterian Children's Home	1304 Bernard Street	Denton	940- 382-511
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Social Services	Denton Affordable Housing Corporation (DAHC)	610-C 4 N. Bell Ave.	Denton	940- 484-704

Community Healthcare Facilities

Facility Name	Type	System	Street Address	City	State	ZIP
Atrium Medical Center	LT	Freestanding	2813 S Mayhill RD	Denton	TX	76208
Baylor Emergency Medical Center	ED	Baylor Scott & White	26791 Highway 380	Aubrey	TX	76227
Baylor Emergency Medical Center	ED	Baylor Scott & White	5500 Colleyville Boulevard	Colleyville	TX	76034
Baylor Emergency Medical Center	ED	Baylor Scott & White	620 South Main Suite 100	Keller	TX	76248
Baylor Medical Center At Trophy Club	ST	Baylor Scott & White	2850 East State Hwy 114	Trophy Club	TX	76262
Baylor Scott & White Medical Center - Carrollton	ST	Baylor Scott & White	4343 Josey Lane	Carrollton	TX	75010
Baylor Scott & White Medical Center - Grapevine	ST	Baylor Scott & White	1650 West College Street	Grapevine	TX	76051
Carrollton Springs	PSY	Springstone	2225 Parker Road	Carrollton	TX	75010
Code 3 ER At Carrollton	ED	Code 3	4228 N Josey Lane Suite 100	Carrollton	TX	75010
Code 3 ER At Denton	ED	Code 4	3111 Teasley Lane Suite 100	Denton	TX	76205
Complete Emergency Care Southlake LLC	ED	Complete Care	321 W Southlake Blvd Suite 140 E	Southlake	TX	76092
Cook Childrens Northeast Hospital	KID	Cook Childrens	6316 Precinct Line Rd	Hurst	TX	76054
Healthsouth Rehabilitation Hospital Of The Mid-Cities	LT	HealthSouth	2304 State Highway 121	Bedford	TX	76021
Icare Rehabilitation Hospital	LT	Freestanding	3100 Peters Colony Road	Flower Mound	TX	75022
Mayhill Hospital	LT	Universal Health Services	2809 Mayhill Road	Denton	TX	76208
Medical City Alliance	ST	Hospital Corporation of America	3101 North Tarrant Parkway	Fort Worth	TX	76177

Facility Name	Type	System	Street Address	City	State	ZIP
Medical City Denton	ST	Hospital Corporation of America	3535 South I-35 East	Denton	TX	76210
Medical City Lewisville	ST	Hospital Corporation of America	500 West Main Street	Lewisville	TX	75057
Methodist Southlake Hospital	ST	Methodist Health System	421 E State Hwy 114	Southlake	TX	76092
Muenster Memorial Hospital	ST	Government	605 North Maple Street Po Box 370	Muenster	TX	76252
North Texas Medical Center	ST	Government	1900 Hospital Boulevard	Gainesville	TX	76240
Sagecrest Hospital Grapevine	LT	Freestanding	4201 William D Tate Avenue	Grapevine	TX	76051
Saint Camillus Medical Center	ST	Physician Synergy Group	1612 Hurst Town Center Dr	Hurst	TX	76054
Select Rehabilitation Hospital Of Denton	LT	Select Medical Corp	2620 Scripture Street	Denton	TX	76201
Select Specialty Hospital - Dallas	LT	Select Medical Corp	2329 Parker Rd	Carrollton	TX	75010
Surepoint Emergency Center Denton	ED	Freestanding	2426 Lillian Miller Parkway	Denton	TX	76205
Texas Health Harris Methodist Hospital Alliance	ST	Texas Health Resources	10864 Texas Health Trail	Ft Worth	TX	76244
Texas Health Harris Methodist Hospital Hurst-Euless-Bedford	ST	Texas Health Resources	1600 Hospital Parkway	Bedford	TX	76022
Texas Health Harris Methodist Hospital Southlake	ST	Texas Health Resources	1545 Southlake Blvd	Southlake	TX	76092
Texas Health Hospital	ST	Texas Health Resources	1401 E Trinity Mills Rd	Carrollton	TX	75006
Texas Health Presbyterian Hospital Denton	ST	Texas Health Resources	3000 I-35	Denton	TX	76201
Texas Health Presbyterian Hospital Flower Mound	ST	Texas Health Resources	4400 Long Prairie Road	Flower Mound	TX	75028
Texas Health Springwood Behavioral Health Hospital	PSY	Texas Health Resources	2717 Tibbets Drive	Bedford	TX	76022

Facility Name	Type	System	Street Address	City	State	ZIP
The Heart Hospital Baylor Denton	ST	Baylor Scott & White	2801 South Mayhill Road	Denton	TX	76208
University Behavioral Health Of Denton	PSY	Universal Health Services	2026 West University	Denton	TX	76201
Wise Health Surgical Hospital	ST	Wise Regional Health System	3200 North Tarrant Parkway	Fort Worth	TX	76177

**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)[7]

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Denton	14899948PA	Health Services of North Texas, Inc.	Primary Care	Federally Qualified Health Center
Denton	64899948MR	Health Services of North Texas, Inc.	Dental Health	Federally Qualified Health Center
Denton	74899948MQ	Health Services of North Texas, Inc.	Mental Health	Federally Qualified Health Center

Medically Underserved Areas and Populations (MUA/P)[8]

County Name	MUA/P Source Identification Number	Service Area Name	Designation Type	Rural Status
Denton	3463	Poverty Population	MUA – Governor's Exception	Non-Rural

[7] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018
[8] 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

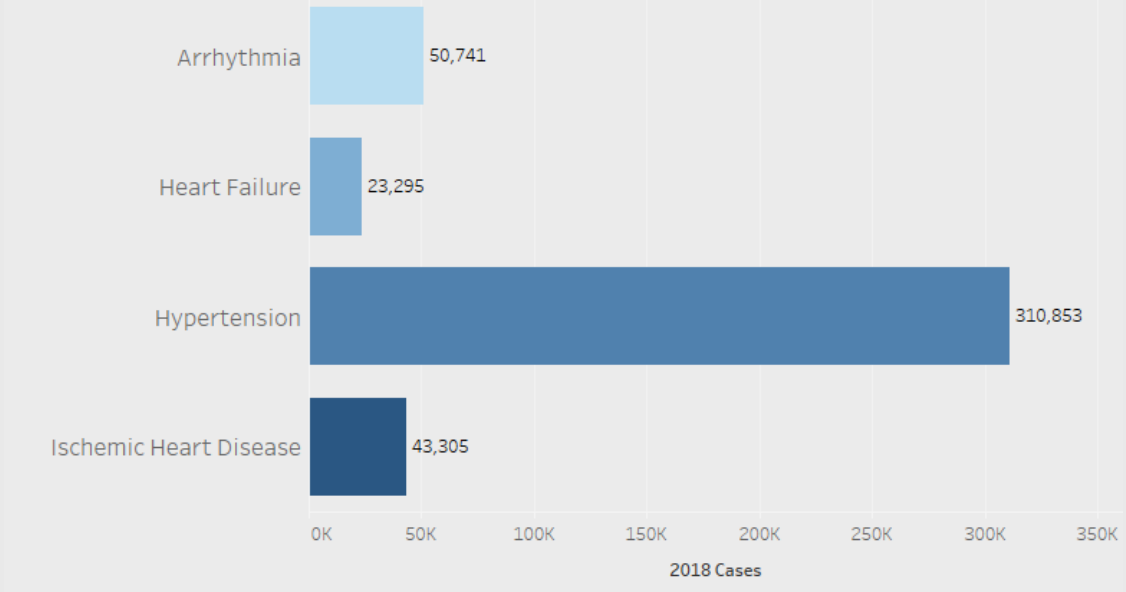
Denton Health Community		
Public Health Indicator	**Category**	**Indicator Definition**
Air Pollution - Particulate Matter daily density	Environment	2012 Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5)
Ratio of Population to One Non-Physician Primary Care Provider	Access To Care	2017 Ratio of Population to Primary Care Providers Other than Physicians
Long Commute Alone	Environment	2012-2016 Among Workers Who Commute in Their Car Alone, the Percentage that Commute More than 30 Minutes
Social/Membership Associations	Population	2015 Number of Membership Associations per 10,000 Population
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)
Depression in Medicare Population	Mental Health	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Cancer Incidence - Female Breast	Conditions/Diseases	2011-2015 Age-Adjusted Female Breast Cancer Incidence Rate Cases Per 100,000
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	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.
Adults Engaging in Binge Drinking During the Past 30 Days	Health Behaviors	2016 Percentage of a County's Adult Population that Reports Binge or Heavy Drinking in the Past 30 Days
Price-Adjusted Medicare Reimbursements per Enrollee	Access To Care	2015 Amount of Price-Adjusted Medicare Reimbursements (Part A and B) per Enrollee
Hyperlipidemia in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Atrial Fibrillation in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries

Denton Health Community		
Public Health Indicator	**Category**	**Indicator Definition**
Ratio of Population to One Dentist	Access To Care	2016 Ratio of Population to Dentists
Perforated Appendix Admission: Pediatric (Risk-Adjusted-Rate for Appendicitis)	Preventable Hospitalizations	2016 Number Observed / Pediatric Population Under Age 18
Arthritis in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Food Insecure	Environment	2015 Percentage of Population Who Lack Adequate Access to Food During the Past Year
Cancer Incidence - All Causes	Conditions/Diseases	2011-2015 Age-Adjusted Cancer (All) Incidence Rate Cases Per 100,000.
Driving Alone to Work	Environment	2012-2016 Percentage of the Workforce that Drives Alone to Work

Appendix E: Watson Health Community Data

Watson Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnoses; there were over 310,000 estimated cases in the health community. The Carrollton 75007 ZIP code had the most estimated cases of Arrythmia and Ischemic Heart Disease, while the Grapevine 76051 ZIP code had the most estimated cases of Heart Failure, and the Lewisville 75067 ZIP code had the most estimated cases of Hypertension. The HEB ZIP code 76054 had the highest estimated prevalence rates for Arrhythmia (706 cases per 10,000 population), Heart Failure (365 cases per 10,000 population), Hypertension (3,496 cases per 10,000 population) and Ischemic Heart Disease (648 cases per 10,000 population).

2018 Estimated Heart Disease Cases



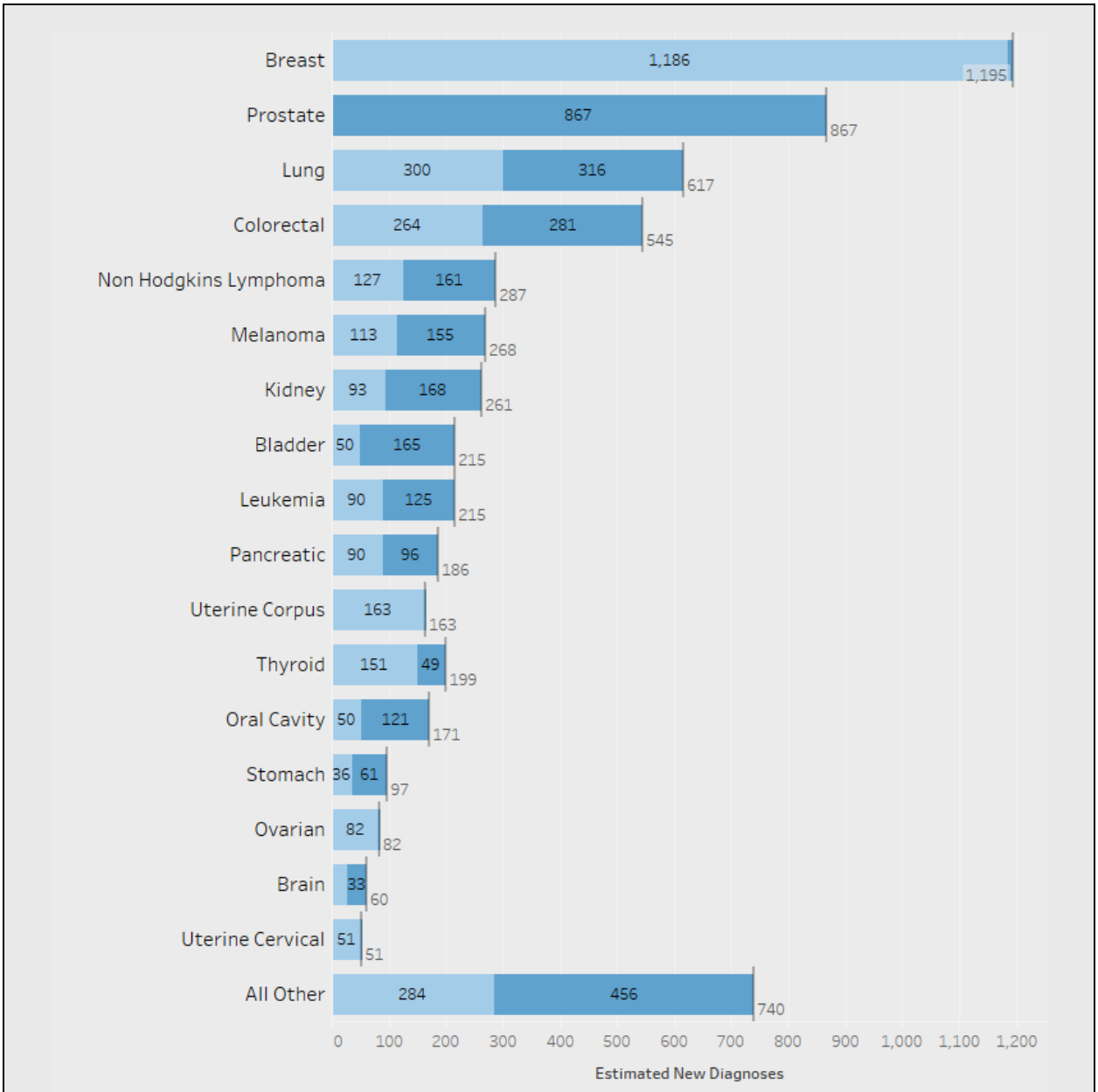
Bar chart shows total number of 2018 Estimated Heart Disease cases for each of four types: arrhythmia, heart failure, hypertension, and ischemic heart disease

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 years were pancreatic, bladder, and kidney. Most new cancer cases in 2018 were estimated to be breast, prostate, lung and colorectal cancers.

2018 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	215	266	23.7%
Brain	60	68	13.3%
Breast	1,195	1,410	18.0%
Colorectal	545	583	7.0%
Kidney	261	317	21.5%
Leukemia	215	257	19.5%
Lung	617	739	19.8%
Melanoma	268	321	19.8%
Non Hodgkins Lymphoma	287	345	20.2%
Oral Cavity	171	206	20.5%
Ovarian	82	95	15.9%
Pancreatic	186	234	25.8%
Prostate	867	984	13.5%
Stomach	97	115	18.6%
Thyroid	199	240	20.6%
Uterine Cervical	51	56	9.8%
Uterine Corpus	163	196	20.2%
All Other	740	896	21.1%
Grand Total	6,220	7,328	17.8%

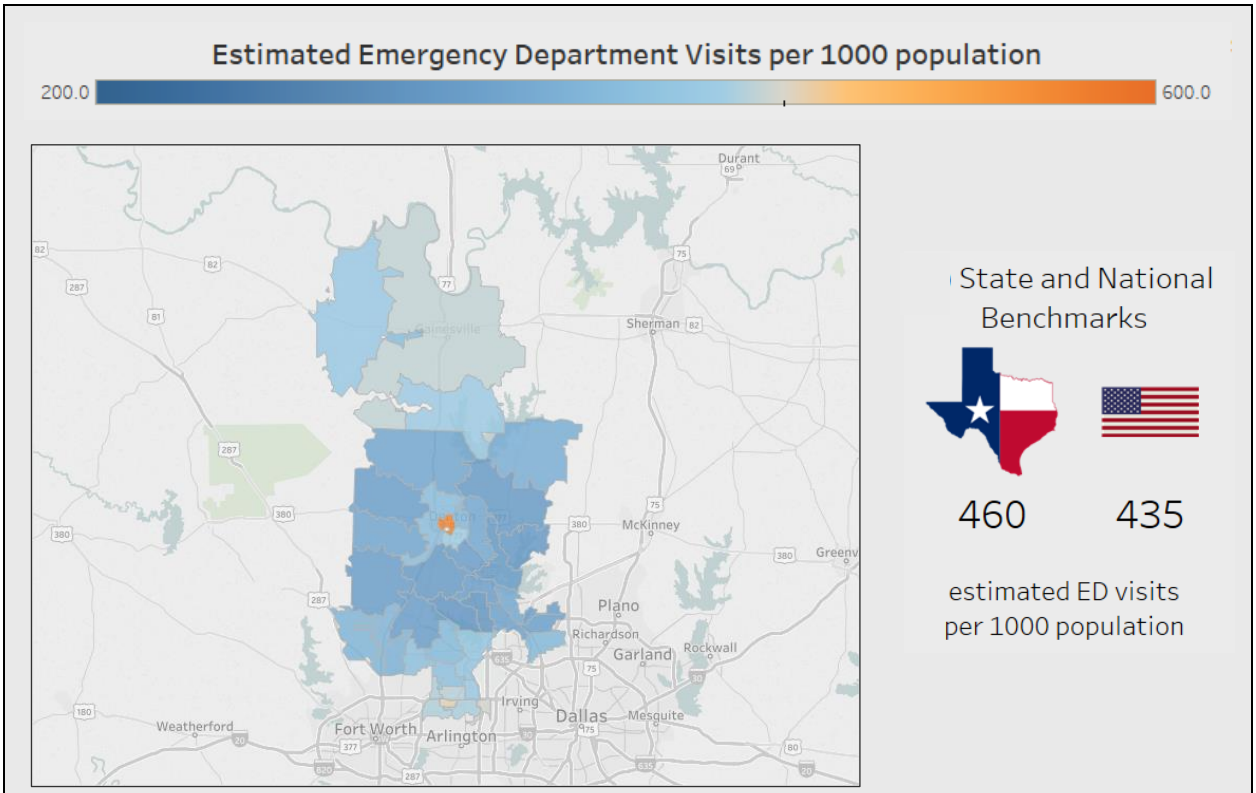
Source: IBM Watson Health, 2018

Based on population characteristics and regional utilization rates, Watson Health projected all emergency department (ED) visits in this community to increase by 9.8% over the next 5 years. Over half of ED visits were generated by the residents of Denton, Carrolton, Keller and Lewisville ZIP codes, but the highest estimated ED use rates were in the 76201 ZIP code of West Denton; 562.4 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 4.6% over the next five years in this community.

Estimated 2018 Emergency Department Visit Rate

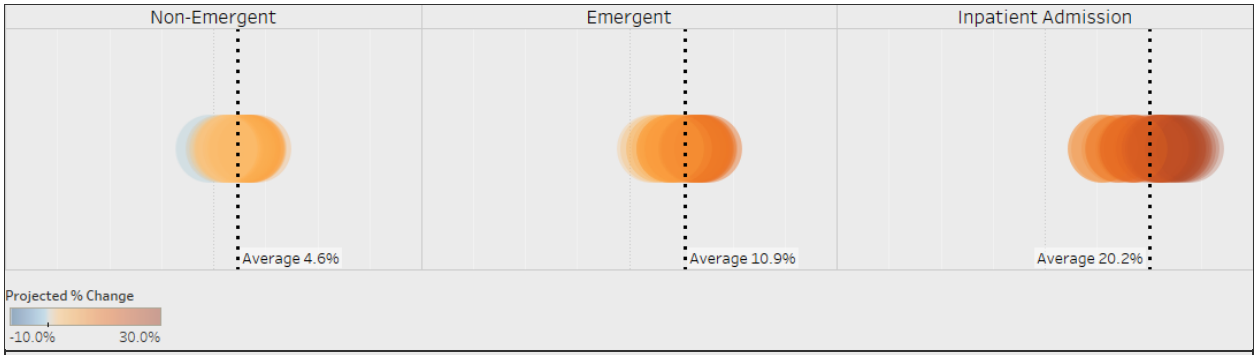


ZIP map color shows total Emergency Department visits per 1000 popultaion. Orange colors are higher than the state benchmark, blue colors are less than the state benchmark, and gray colors are similar.

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 Scott & White The Heart Hospital – Denton

Prior Significant Health Needs Addressed by Facilities

Prior Identified Need Facility	Access to care for middle to lower socioecomic status	Mental/ Behavioral Health	Preventable Admissions: adult uncolntrolled diabetes	Lack of Dental Providers	Teen Pregnancy	Drug Abuse
Baylor Scott & White The Heart Hospital - Denton	√					

Total Resources Contributed to Addressing Needs: $942,741

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

Program Name: Community Benefit Operations
Entity: Baylor Scott & White The Heart Hospital - Denton
Description:
The Hospital produces a triennial Community Needs Assessment, and provides dedicated staff for managing or overseeing community benefit program activities that are not included in other categories of community benefit. This staff provides internal tracking and reporting community benefit as well as managing or overseeing community benefit program activities.
Impact: 8,629 persons served; enhanced health information access
Resources Contributed: Staff time; $235,215 net community benefit

Program Name: Community Health Education
Entity: Baylor Scott & White The Heart Hospital – Denton
Description:
The Heart Hospital Baylor Denton participates in several major health fairs targeted at underserved communities. These events offered annually to the community free of charge, are coordinated through a collaborative effort. Representatives of the hospital participate on planning committees and numerous employees volunteer at events, providing screenings and educational information at each event. The hospital provides opportunities for the physicians on the medical staff to speak on cardiovascular disease symptoms and treatments of disease, prevention methods and wellness on local news stations. The

hospital maintains an educational website to provide resources on programming, events in the community, healthy coping methods, medication explanations, problem resolution to reduce risk, healthy eating and resources for those living with cardiovascular diseases.
Impact: 2,132 Persons served; Increased access to health care **Resources Contributed:** staff time; supplies and equipment, clinical experts; $5,708 net community benefit

Program Name: Donations - Financial
Entity: Baylor Scott & White The Heart Hospital - Denton
Description:
The Hospital provides funds to various not-for-profit community organizations who share the mission and vision of the Hospital. These donations include contributions to charity events and programs after subtracting the fair market value of participation by employees of the organization, contributions to individuals for emergency assistance and scholarships to community members.
Impact: increased access to health care provision and health care information Community Partners: • City of Lewisville • Serve Denton • First Refuge Ministries • American Heart Association • Denton Fire Traditions • Denton Kiwanis Club • Denton Community Health Clinic • One Hundred Club of Denton
Resources Contributed: Staff time; $88,900 net community benefit

Program Name: Enrollment Services
Entity: Baylor Scott & White The Heart Hospital - Denton
Description:
The hospital provides assistance to enroll in public programs, such as SCHIP and Medicaid. These health care support services provided by the hospital to increase access and quality of care in health services to individuals, especially persons living in poverty and those in vulnerable situations. The hospital provides staff to assist in the qualification of the medically under-served for programs that will enable their access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs for use in any hospital within or outside the hospital.
Impact: increased access to quality health care
Resources Contributed: Eligibility Contract Inc.**;** $9,542 net community benefit

Program Name: **For Women for Life**
Entity: Baylor Scott & White The Heart Hospital - Denton
Description:
This annual complimentary health event provides community health services of full lipid panel, blood pressure screens, physician presentations and other information for the greater community of women. The goal is to provide access to quality health care information, prevention, diagnosis and treatment to individuals who lack a primary care physician to raise awareness of heart disease among the public.
Impact: 269 persons served; increased access to preventive health care
Resources Contributed: staff time; supplies and equipment; clinical experts; $29,321 net community benefit

Program Name: Health Screenings Blood Pressure
Entity: Baylor Scott & White The Heart Hospital - Denton
Description:
The Heart Hospital Baylor Denton participates in providing screenings for blood pressure. It is one of the most important tests to detect the dangerous condition of high blood pressure, which usually has no symptoms. High blood pressure greatly increases The risk of heart disease and stroke. If your blood pressure is below 120/80 mm Hg, be sure to get it checked at least once every two years, starting at age 20. If your blood pressure is higher, your doctor may want to check it more often. Lifestyle changes or medication often controls blood pressure issues. After age 65, women have a higher risk of high blood pressure, and African American adults of all ages have a higher than average risk.
Impact: 5,870 persons served; increased access to preventive healthcare services
Resources Contributed: staff time; equipment/supplies; $14,038 net community benefit

Program Name: Program Name: Health Screenings - Cardiovascular Disease
Entity: Baylor Scott & White The Heart Hospital - Denton
Description:
The Heart Hospital Baylor Denton provides health screenings in the community in an effort to prevent disease and alert individuals to health risks at an earlier stage. Offer public service announcements in both English and Spanish languages, regarding the availability of preventive health screenings, and maintain an online calendar of community events at TheHeartHospitalBaylor.com/Denton. Hold preventive health screenings open to the community at locations across Denton County. The hospital provides preventive health education, such as stroke/heart disease screening profiles, to patients and the public to change health behaviors and reduce preventable hospital admissions or re admissions.
Impact: 229 persons served; increased access to preventive healthcare
Resources Contributed: staff time; supplies/equipment; clinical experts; $17,081 net community benefit

Program Name: Heart Health Education Series
Entity: Baylor Scott & White The Heart Hospital - Denton
Description:
The Heart Hospital Baylor Denton provides a five series seminar on topics related to heart health and treatment. Physicians who specialize in cardiology, present topics related to heart disease processes,

treatments and how to maximize heart health. The seminars are held at the hospital on Monday evenings from 6:00 p.m. to 7:00 p.m.
Impact: 256 persons served; increase awareness of heart health issues
Resources Contributed: staff time; equipment/supplies; clinical experts; $31,606 net community benefit

Program Name: **It's A Guy Thing**
Entity: Baylor Scott & White The Heart Hospital - Denton
Description:
This annual event provides preventive community health services to include a free, full lipid panel along with physician presentations and other information for the greater community of men. The hospital advertises the event approximately one month prior to the event via mailers, newspapers, and the website.
Impact: 40 persons served; early detection of heart disease
Resources Contributed: staff time; equipment/supplies; clinical experts; $12,822 net community benefit

Program Name: Living for Zachary
Entity: Baylor Scott & White The Heart Hospital - Denton
Description:
Living for Zachary is a program dedicated to raising awareness of Sudden Cardiac Arrest (SCA) in youth and saving lives through community education and awareness events, promoting youth heart screenings, awarding student scholarships and donating Automated External Defibrillators (AEDs) to youth based organizations.
Impact: 579 served; increased awareness of SCA
Resources Contributed: staff time; volunteers

Program Name: Workforce Development
Entity: Baylor Scott & White The Heart Hospital - Denton
Description:
Workforce Development Recruitment of physicians and other health professionals for areas identified as medically underserved areas (MUAs) or other community needs assessment. The age and characteristics of a state's population has a direct impact on the health care system. The hospitals seek to allay the physician shortage, thereby better managing the growing health needs of the community.
Impact: increased access to care
Resources Contributed: $498,508 net community benefit

Needs Not Addressed:

These identified needs not addressed in the Community Benefit Implementation Plan were addressed through multiple other community and state agencies whose expertise and infrastructure are better suited for addressing these needs.

- Mental/Behavioral Health

- Preventable Admissions Uncontrolled Diabetes
- Lack of Dental Providers
- Teen Pregnancy