



# **Baylor Scott & White Health Dallas Metropolitan Health Community**

**Community Health Implementation Strategies 2019**

An Action Plan for the Community Health Needs Assessment





# Dallas Metropolitan Health Community Hospitals

- **Baylor Scott & White Institute for Rehabilitation – Dallas**
- **Baylor Scott & White Heart & Vascular Hospital – Dallas**
- **Baylor Scott & White Medical Center – Uptown**
- **Baylor University Medical Center**
- **North Central Surgical Center**
- **Baylor Scott & White Medical Center – Sunnyvale**



# Table of Contents

|  |    |
|--|----|
| Executive Summary  | 2  |
| A Letter from the Presidents                                   | 4  |
| Dallas Metropolitan Community Health Implementation Strategies | 5  |
| Dallas Metropolitan Health Community Needs                     | 7  |
| Implementation Strategies Addressing:                          | 9  |
| Ratio of Population to One Primary Care Physician Provider     | 9  |
| Ratio of Population to One Non-Physician Primary Care Provider | 14 |
| Ratio of Population to One Mental Health Provider              | 18 |
| No Vehicle Available   | 20 |
| Ratio of Population to One Dentist                             | 22 |
| Community Needs Not Addressed                                  | 23 |
| Composite 2018 Community Need Index                            | 24 |
| Program Evaluation   | 25 |

# Executive Summary

As the largest not-for-profit healthcare 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, the System is constantly surveying patients, their families and neighbors to understand the issues they face when it comes to making healthy life choices and healthcare decisions.

Earlier in 2019, a BSWH task force led by the community benefit, tax compliance and corporate marketing departments began assessing the current health needs of all the communities served by System hospitals. IBM Watson Health (formerly known as Truven Health Analytics) analyzed the data for this process and prepared a final report made publicly available in June 2019.


The community served by the collaborating BSWH hospital facilities spans multiple counties in the Dallas area and at least 70% of the admitted patients live in this community.

BSWH and IBM Watson Health examined more than 102 public health indicators and conducted a benchmark analysis of this data, comparing the community to overall state of Texas and U.S. values. A community focus group, including a representation of minority, underserved and indigent populations provided input for a qualitative analysis. Group Interviews with key community leaders and public health experts provided depth and context to the report.


Any community needs that did not meet state benchmarks were included in a magnitude analysis index. Understanding the degree of difference from benchmark helped determine the relative severity of the issue. The outcomes of this quantitative



analysis were aligned with the qualitative findings of the community input sessions to elicit a list of health needs in the community. These health needs fell into one of four quadrants within a health needs matrix: high data/low qualitative; low data/low qualitative; low data/high qualitative; or high data/high qualitative.



**A community focus group, including a representation of minority, underserved and indigent populations, provided input for a qualitative analysis.**



Hospital and clinic leadership, along with community leaders, reviewed the matrix in a session that established a list of significant prioritized needs. The session included an overview of the community demographics, a summary of health data findings and an explanation of the quadrants of the health needs matrix.

Those health needs falling into the “high data/high qualitative” quadrant were considered the most significant and in need of the most attention. Each session attendee identified and prioritized six needs. The most significant health needs emerged from this process.

## Dear Community Members:

Baylor Scott & White is committed to improving health in the communities we serve. As part of that commitment, every three years we conduct a Community Health Needs Assessment (CHNA) and report on our community's current health needs. We also provide the Community Health Implementation Strategies report, which is our plan for addressing the identified needs.

We are pleased to present the 2019 Implementation Strategies for Dallas Metropolitan Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The joint CHNA for the health community hospital facilities incorporates input from influencers such as key stakeholders, area residents, faith-based organizations, healthcare providers, neighborhood association leaders, elected officials, health professionals, hospital and System leaders, the medically underserved and others.

The Implementation Strategies address the most severe health concerns that negatively impact community health. Hospital leadership selected the following priorities to focus on in the Strategies:

- **Ratio of Population to One Primary Care Physician Provider**
- **Ratio of Population to One Non-Physician Primary Care Provider**
- **Ratio of Population to One Mental Health Provider**
- **No Vehicle Available**
- **Ratio of Population to One Dentist**

The full report can be found at <http://BSWHealth.com/CommunityNeeds>.

As part of the largest not-for-profit health system in Texas, we take our commitment to Dallas Metropolitan Health Community very seriously. By working with community organizations and residents, we have identified and will focus on some of the toughest problems plaguing our most vulnerable residents.

Sincerely,

Baylor Scott & White Facility Presidents  
Dallas Metropolitan Health Community

# Dallas Metropolitan Community Health Implementation Strategies

The Community Health Implementation Strategies for Dallas Metropolitan Health Community is the companion piece to the CHNA. Public and hospital data and input gleaned from stakeholders representing the broad interests of the community are the foundation for this report, which offers realistic solutions to the community's priority health needs (see CHNA Report [www.BSWHealth.com/CommunityNeeds](http://www.BSWHealth.com/CommunityNeeds)). All these hospital facilities are in the Dallas Metropolitan Health Community, which includes Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, Navarro, Rockwall, Tarrant and Van Zandt counties. BSWH has at least one hospital facility in each of these counties, and at least 70% of admitted patients live in this community. This written plan satisfies the requirements set forth in Internal Revenue Code (IRC) Section 501(r) (3) and the Texas Health and Safety Code Chapter 311 and is widely available to the public.

The overall purpose of the Implementation Strategies is to align the hospitals' charitable mission, program services and limited resources with the findings of the CHNA. To meet the requirements under IRC Section 501(r) (3), the written Implementation Strategies 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)

The focus group recommended using the following prioritization criteria to rank the most significant health needs:

1

**Magnitude:** the need impacts a large number of people, actually or potentially

2

**Root Cause:** the need is a root cause of other problems, thereby addressing it could possibly impact multiple issues

3

**Severity:** the problem results in disability or premature death or creates burdens on the community, economically or socially

4

**Vulnerable Populations:** there is a high need among vulnerable populations and/or vulnerable populations are adversely impacted

- 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



## Dallas Metropolitan Health Community Needs

The following health concerns are identified in priority order based on the results of the CHNA.

| Priority | Need   | Category of Need                   |
|----------|--|------------------------------------|
| 1        | Ratio of Population to One Primary Care Physician Provider     | Access to Care                     |
| 2        | Ratio of Population to One Non-Physician Primary Care Provider | Access to Care                     |
| 3        | Ratio of Population to One Mental Health Provider              | Mental Health                      |
| 4        | No Vehicle Available   | Access to Care                     |
| 5        | Ratio of Population to One Dentist                             | Access to Care                     |
| 6        | Accidental Poisoning Deaths Where Opioids Were Involved        | Health Behaviors - Substance Abuse |

# Dallas Metropolitan Health Community Needs

The hospital facilities listed below collaborated to conduct this joint implementation strategy and have reviewed the significant health needs identified above. Hospital leadership selected the following health needs as the most important to confront in collaboration with the community based on the anticipated impact to the community, hospital resources available, and the expertise of each respective hospital facility.

| COMMUNITY NEEDS ADDRESSED                                  |  |  |   |                      |                                    |
|--|--|--|---|----------------------|------------------------------------|
| Facility   | Ratio of Population to One Primary Care Physician Provider | Ratio of Population to One Non-Physician Primary Care Provider | Ratio of Population to One Mental Health Provider | No vehicle available | Ratio of Population to One Dentist |
| Baylor Scott & White Institute for Rehabilitation – Dallas |  |  | ✓   | ✓                    |                                    |
| Baylor Scott & White Heart & Vascular Hospital – Dallas    |  | ✓  |   | ✓                    |                                    |
| Baylor Scott & White Medical Center – Uptown               |  | ✓  | ✓   | ✓                    |                                    |
| Baylor University Medical Center                           | ✓  | ✓  | ✓   | ✓                    | ✓                                  |
| North Central Surgical Center                              | ✓  |  |   |                      |                                    |
| Baylor Scott & White Medical Center – Sunnyvale            | ✓  | ✓  |   | ✓                    |                                    |

## Implementation Strategies

**Priority 1: Ratio of Population to One Primary Care Physician Provider** – Primary care includes family medicine, internal medicine, nursing, nurse practitioners, pharmacy, pediatrics, general Ob/Gyn, gerontology, behavioral health, community health, and the other people and professions who fulfill the general medical needs of patient populations.

Primary care professionals serve on the front lines of healthcare. For many individuals, they 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 get 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 also important because it lowers costs. Access to primary care helps keep people out of emergency rooms, where care costs are much higher than outpatient care. Annual check-ups can catch and treat problems earlier, which is also less costly than treating severe or advanced illness.

Within the Dallas Metropolitan Health Community, Kaufman and Ellis counties had primary care physician-to-population ratios that are higher than the overall Texas benchmark of one primary care physician to every 1,670 residents. Kaufman County's ratio was one primary care physician to every 3,277 residents while the Ellis County ratio was 1:2,406. This was a difference of 96.2% and 44.1% (respectively) relative to the state value (relative difference).

## Priority 1: Ratio of Population to One Primary Care Physician Provider

| BAYLOR UNIVERSITY MEDICAL CENTER   |   |   |   |   |
|--|---|---|---|---|
| Action/Tactics   | Anticipated Impact  | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure   | Community Organization Collaborators<br>(if applicable) |
| Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community | Increased access to care through free or discounted healthcare services provided by community social service organizations  | Community Support Fund                                      | Number of persons<br>Outcomes as reported by recipients   | Community social service organizations                  |
| Provide quality emergency and urgent care to all persons, insured or uninsured   | Increased access to primary care for all persons, insured or uninsured, despite the financial loss so significant that negative margins remain after removing the effects of charity care, bad debt and Medicaid shortfalls | Healthcare infrastructure<br>Budget<br>Supplies<br>Staff    | Number of visits<br>Length of stay  |   |
| Provide medical supplies and equipment to local non-profits  | Increased access to care through physician and external organization volunteerism<br>Improved healthcare infrastructure   | Faith In Action Initiatives                                 | Number served   |   |
| Expanded coverage to low-income adults including through Medicaid  | Increased access to free/discounted care  | DSRIP funding   | Hepatitis outcomes<br>Cancer screen outcomes<br>Diabetes outcomes<br>BP control<br>ED visit reductions for diabetes | Community Clinics                                       |

## Priority 1: Ratio of Population to One Primary Care Physician Provider

| Action/Tactics   | Anticipated Impact  | Hospital Resources Contributed<br>(Programs, Staff, Budget)           | Outcomes to Measure  | Community Organization Collaborators<br>(if applicable)             |
|--|---|---|--|---|
| Recruitment of physicians and other health professionals for areas identified as medically   | Increased access to care through increased primary care workforce numbers                             | Administration  | Number of physicians recruited<br>Cost of physician acquisition  |   |
| Primary Care Connection Program/3 ZIP Project  | Increased referrals to healthcare professionals in the community                                      | Budget  | Number served  | Community Clinics   |
| Community Advocate Program   | 1 FTE and volunteers who make social needs referrals to non-profits in the Baylor Dallas service area | Staff<br>Community Relations  | Number served  | Community social service organizations<br>Faith-based organizations |
| Increase access to care through the Community Health Worker Program providing navigation, chronic disease education, community outreach, home visits and an innovative care team | Increased access to affordable quality care by non-physician providers                                | Training program<br>Texting platform<br>Budget<br>Class room<br>Staff | Number CHW's trained<br>Graduates placed in jobs<br>HbA1c reduction<br>BMI management<br>Enrollment<br>Patient re-engagement<br>Cost savings per patient | Health Coordinators   |
| Senior Health Fair at Fair Park  | Free access to quality healthcare services for seniors  | Hospital community benefit staff                                      | Number served  |   |

### Priority 1: Ratio of Population to One Primary Care Physician Provider

| Action/Tactics   | Anticipated Impact   | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure  | Community Organization Collaborators<br>(if applicable)         |
|--|--|---|--|---|
| To help address the State's health care workforce shortage BSWH provides a clinical training program to prepare physicians for the medical workforce | Increased access to care through preparation of physicians for the medical workforce   | Physician educators<br>Student supervisory staff<br>Budget  | Number students trained<br>Number specialties<br>Number total students trained | Texas A&M Health Science Center (TAMHSC)<br>College of Medicine |
| The hospital will conduct enrollment services to assist in the qualification of the medically underserved  | Enable 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 | Access Services   | Number served<br>Number of persons certified for insurance programs            |   |

**BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION – DALLAS  
BAYLOR SCOTT & WHITE MEDICAL CENTER – SUNNYVALE  
NORTH CENTRAL SURGICAL CENTER**

| Action/Tactics  | Anticipated Impact   | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure   | Community Organization Collaborators<br>(if applicable) |
|---|--|---|---|---|
| Provide free or discounted care as outlined in the BSWH financial assistance policy | Increased access to primary care and/or specialty care for indigent persons regardless of their ability to pay | Hospital infrastructure<br>Supplies<br>Staff                | Number of persons receiving assistance<br>Unreimbursed cost of care |   |

**Priority 1: Ratio of Population to One Primary Care Physician Provider**

| BAYLOR SCOTT & WHITE MEDICAL CENTER – UPTOWN   |   |   |   |   |
|--|---|---|---|---|
| Action/Tactics   | Anticipated Impact  | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure   | Community Organization Collaborators<br>(if applicable) |
| Provide free or discounted care as outlined in the BSWH financial assistance policy  | Increased access to primary care for all persons, insured or uninsured    | Hospital infrastructure<br>Supplies<br>Staff                | Number of persons receiving assistance<br>Unreimbursed cost of care |   |
| Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community | Link community members in need to resources (i.e. medical supplies, etc.) | Budget  | Number of persons served  | Operation Care Dallas                                   |

## **Priority 2: Ratio of Population to One Non-Physician Primary Care Provider – A**

nationwide scarcity of physicians exists 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 or near elderly populations increase the need for primary care access. Estimates of the scope of the provider shortage vary, however, thousands of additional Primary Care Providers (PCPs) may be needed to meet the current demand and 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) can help close the gap in access to primary care services when available in a community. Non-physician providers or physician extenders are typically licensed professionals such as Physician Assistants and Nurse Practitioners who treat and see patients, many in independent or physician-run practices. Physician extenders expand the scope of primary care providers within a geographic area and can help to bridge the gap to both access to care and managing healthcare costs.

Three of principal counties that make up the Dallas Metropolitan Health Community have a significant shortage of non-physician primary care providers when compared to the overall Texas state benchmark of one provider to 1,497 residents. Kaufman County had one provider to every 2,752 residents, Ellis County had one provider to every 2,308 residents, while Denton County had one provider to every 1,966 residents. These differences are 83.8%, 54.2%, and 31.3% higher relative to the overall state of Texas. The defined need for both primary care physicians and non-physician primary care providers exists in Dallas Metropolitan Health Care Community.



## Priority 2: Ratio of Population to One Non-Physician Primary Care Provider

| BAYLOR SCOTT & WHITE HEART & VASCULAR HOSPITAL – DALLAS  |  |  |  |  |
|--|--|--|--|--|
| Action/Tactics   | Anticipated Impact   | Hospital Resources Contributed<br>(Programs, Staff, Budget)        | Outcomes to Measure  | Community Organization Collaborators<br>(if applicable)      |
| The hospital will conduct enrollment services to assist in the qualification of the medically underserved  | Enable 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 | Access Services  | Number served<br>Number of persons certified for insurance programs  |  |
| Primary Care Connection Program/3 ZIP Project  | Increase referrals to healthcare professionals in the community  | Community Benefit  | Number served<br>Cost of service provision   | Community Clinics  |
| Community Health Worker Program  | Increased access to navigation, chronic disease education, community outreach, home visits and an innovative care team   | Training program<br>Texting platform<br>Budget<br>Class room Staff | Number of CHW-trained graduates placed in jobs<br>HbA1c reduction<br>BMI management<br>Enrollment<br>Patient re-engagement<br>Cost savings per patient<br>Cost of training | Health Coordinators  |
| To help address the State's health care workforce shortage BSWH provides a clinical training program to prepare nurses for the medical workforce | Increased access to care through preparation of nurses for the medical workforce   | Physician educators<br>Student supervisory staff<br>Budget         | Number of students trained<br>Number of specialties<br>Number of total students trained  | Texas A&M Health Science Center (TAMHSC) College of Medicine |
| Senior Health Fair at Fair Park  | Free access to quality healthcare services for Seniors   | Hospital community benefit staff                                   | Number served  |  |

## Priority 2: Ratio of Population to One Non-Physician Primary Care Provider

| BAYLOR UNIVERSITY MEDICAL CENTER  |  |   |  |   |
|---|--|---|--|---|
| Action/Tactics  | Anticipated Impact   | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure  | Community Organization Collaborators<br>(if applicable)             |
| Primary Care Connection Program/3 ZIP Project   | Increase referrals to healthcare professionals in the community  | Budget  | Number served  |   |
| Integrate faith communities with healthcare to increase effective patient navigation, education and support to create healthier communities | Increase effective patient navigation, education and support to create healthier communities                             | Faith Community Health Dept.<br>Volunteer Training          | Number of community partners developed<br>Number of training classes offered<br>Number of persons served | Faith Community Collaborators                                       |
| Community Advocate Program  | 1 FTE and volunteers who make referrals to non-profits in the Baylor Dallas service area                                 | Staff<br>Budget   | Number served<br>Cost of service provision   | Community social service organizations<br>Faith-based organizations |
| Senior Health Fair at Fair Park in conjunction with the heart hospital  | Free access to quality healthcare services for Seniors   | Hospital community benefit staff                            | Number served<br>Cost of service provision   | Baylor Scott & White Heart & Vascular Hospital – Dallas             |
| Cancer Education including free community events, chemotherapy class, lymphedema class and nutrition class                                  | Increased access to health care through free community events, chemotherapy class, lymphedema class, and nutrition class | Staff and Volunteers of Cancer Ed Center                    | Number served<br>Number of volunteers<br>Number of hours given   |   |

## Priority 2: Ratio of Population to One Non-Physician Primary Care Provider

| Action/Tactics  | Anticipated Impact  | Hospital Resources Contributed<br>(Programs, Staff, Budget)        | Outcomes to Measure  | Community Organization Collaborators<br>(if applicable) |
|---|---|--|--|---|
| Community Health Worker Program   | Increased access to navigation<br>chronic disease education<br>Community outreach<br>Home visits                            | Training program<br>Texting platform<br>Budget Class room<br>Staff | Number CHW's trained<br>Graduates placed<br>HbA1c reduction<br>BMI management<br>Enrollment<br>Patient re-engagement<br>Cost savings per patient | Health Coordinators                                     |
| Provide medical supplies and equipment to local non-profits             | Increased access to care through physician and external organization volunteerism<br>Improved healthcare infrastructure     | Faith In Action Initiatives  | Number served  |   |
| Senior citizens home visits, support groups and senior clinics          | Increased access to healthcare through non-physician health providers   | Geriatrics Chaplaincy Program                                      | Number served  |   |
| Train non-physicians and other clinicians to relieve workforce shortage | Increased access to care through preparation of nurses and ancillary health service line provider for the medical workforce | BUMC Nursing ED Dept./Ancillary service line ED Depts.             | Number served  | Area and state colleges and universities                |

**Priority 3: Ratio of Population to One Mental Health Provider** – 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. Both cities and rural areas are faced with difficulty accessing mental healthcare services. Primary Care Providers (PCPs), often relied upon to treat patients with mental health needs, find lack of expertise, time and financial reimbursement constraints. Communities that have a lack of primary care providers are particularly vulnerable.

Ellis County had the most significant shortage of mental health providers when compared to the state overall. The Texas state benchmark for mental health care providers was one provider to every 1,012 residents; Ellis County had one provider to 1,636 residents. This is a relative difference of 61.7% when compared to Texas overall and ranked among the top three needs for the Dallas Metropolitan Health Community. The data indicates a greater relative need and a vulnerable population potentially unable to access needed treatment.

**BAYLOR UNIVERSITY MEDICAL CENTER**

| Action/Tactics   | Anticipated Impact  | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure   | Community Organization Collaborators<br>(if applicable) |
|--|---|---|---|---|
| Provide mental health screening to ED patients   | Increased access to mental health care  | BUMC Emergency Dept.<br>ED Staff                            | Depression readmission at six months<br>Unhealthy alcohol use<br>Screening and grief counseling | BUMC ED<br>Community Clinics                            |
| Mental health referrals  | Increased access to mental health care  | BUMC Staff  | Number referrals provided   | Community Clinics<br>Local mental health providers      |
| Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community | Link community members in need to resources (i.e. medical supplies, food banks, etc.) | Budget  | Number of persons served  | Jewish Family Services                                  |

**Priority 3: Ratio of Population to One Mental Health Provider**

| Action/Tactics  | Anticipated Impact  | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure                             | Community Organization Collaborators<br>(if applicable) |
|---|---|---|---|---|
| Mental/behavioral health programs for cancer patients and their families<br>Arts in Medicine<br>Caregiver Coffee Break<br>Book Club<br>Look Good/Feel Better<br>Passing the Hat exercise/relaxation/medication classes, Pilates and numerous support groups | Reduced muscle tension<br>Decreased anxiety<br>Increased verbalization<br>Increased motivation<br>Successful and safe exploration of feelings | Staff and Volunteers of Cancer Ed Center                    | Number served<br>Patient/physician testimonials |   |
| Palliative Care Program   | Enhanced quality-of-life for patients facing chronic, complex or serious illnesses  | Budget<br>Staff   | Number served<br>Patient/physician testimonials |   |

**BAYLOR SCOTT & WHITE MEDICAL CENTER – UPTOWN**

| Action/Tactics      | Anticipated Impact                         | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure        | Community Organization Collaborators<br>(if applicable) |
|---------------------|--|---|----------------------------|---|
| Mental Health Fairs | Increased access to mental health services | Expert staff<br>Budget                                      | Number of persons referred | The Stewpot   |

**Priority 4: No Vehicle Available** – Transportation is a significant issue that impacts access to care. While there are many means of transportation available to residents of a community, there is limited data on how available and effective the various modes of transportation are. One way to understand the impact of transportation on a population is to understand a household’s access to a vehicle.

Within the Dallas County portion of the Dallas Metropolitan Health Community, 6.6% of the households did not have access to a vehicle, which was 24.5% higher than the value for the state. While there are other options for transportation available to those without access to a vehicle, the findings from community input sessions validated the impact lack of adequate transportation has on access to healthcare services for community residents.

**BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION – DALLAS**

| Action/Tactics   | Anticipated Impact       | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure   | Community Organization Collaborators<br>(if applicable) |
|--|--------------------------|---|---|---|
| Pre-admit transportation, discharge transportation, and follow-up appointment transportation | Improved health outcomes | Budget<br>Staff training                                    | Number of rides provided<br>Decrease in appt. cancellations | Vetted community vendor                                 |

**Priority 4: No Vehicle Available**

| BAYLOR SCOTT & WHITE HEART & VASCULAR HOSPITAL – DALLAS  |  |   |   |   |
|--|--|---|---|---|
| Action/Tactics   | Anticipated Impact                             | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure   | Community Organization Collaborators<br>(if applicable) |
| Pre-admit transportation, discharge transportation, and follow-up appointment transportation needs   | Improved health outcomes                       | Budget<br>Staff training                                    | Number of rides provided<br>Decrease in appt. cancellations | Vetted community vendor                                 |
| Baylor Heart & Vascular Ride Share App - explore the potential to develop a platform making ride appointments for patients in need within the Baylor Heart Center app. | Decreased no-shows<br>Improved health outcomes | Budget<br>Staff training                                    | Number of rides provided<br>Decrease in appt. cancellations | Heart Center App  |

| BAYLOR SCOTT & WHITE MEDICAL CENTER – SUNNYVALE  |                          |   |   |   |
|--|--------------------------|---|---|---|
| Action/Tactics   | Anticipated Impact       | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure   | Community Organization Collaborators<br>(if applicable) |
| Pre-admit transportation, discharge transportation, follow-up appointment transportation | Improved health outcomes | Budget<br>Staff training                                    | Number of rides provided<br>Decrease in appt. cancellations | Vetted community vendor                                 |

**Priority 5: Ratio of Population to One Dentist** – Economic disparity, whether through poor diet, food deserts, lack of insurance or funding, can result in poor oral health. Lack of appropriate dental hygiene and bad teeth also reinforce economic disadvantage. People with poor dental hygiene find it difficult obtain employment or impossible to get past the interview stages. Entry level jobs require service attitude and nice smiles, and immediate and often unfavorable assumptions, are made when encountering persons with poor dentition.

According to the U.S Census, Texas County Health Rankings and Roadmaps 2018, Ellis and Kauffman counties within the Dallas Metropolitan Health Community face challenges regarding access to dentists. The Ellis County dentist-to-population ratio (1:3,179) was nearly two times higher than the overall Texas ratio (1:1,792) and 2.5 times higher than the 90th percentile of U.S. counties (1:1,280). The Kauffman County ratio was 1:2,466. Social and economic constraints, such as insurance, transportation, etc. compound the access to dental care issue in the community.

| BAYLOR UNIVERSITY MEDICAL CENTER   |  |   |                           |   |
|--|--|---|---------------------------|---|
| Action/Tactics   | Anticipated Impact                         | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure       | Community Organization Collaborators<br>(if applicable) |
| Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community | Increased access to dental health provider | BSWH Community Benefit Fund                                 | Number of patients served | Agape Dental  |



## Community Needs Not Addressed

BSWH provides a wide range of needed healthcare services and community benefits through adherence to its mission, using its resources and capabilities and remaining a strong organization. By focusing on our strengths and allocating our resources appropriately, we can achieve a greater impact in the communities we serve.

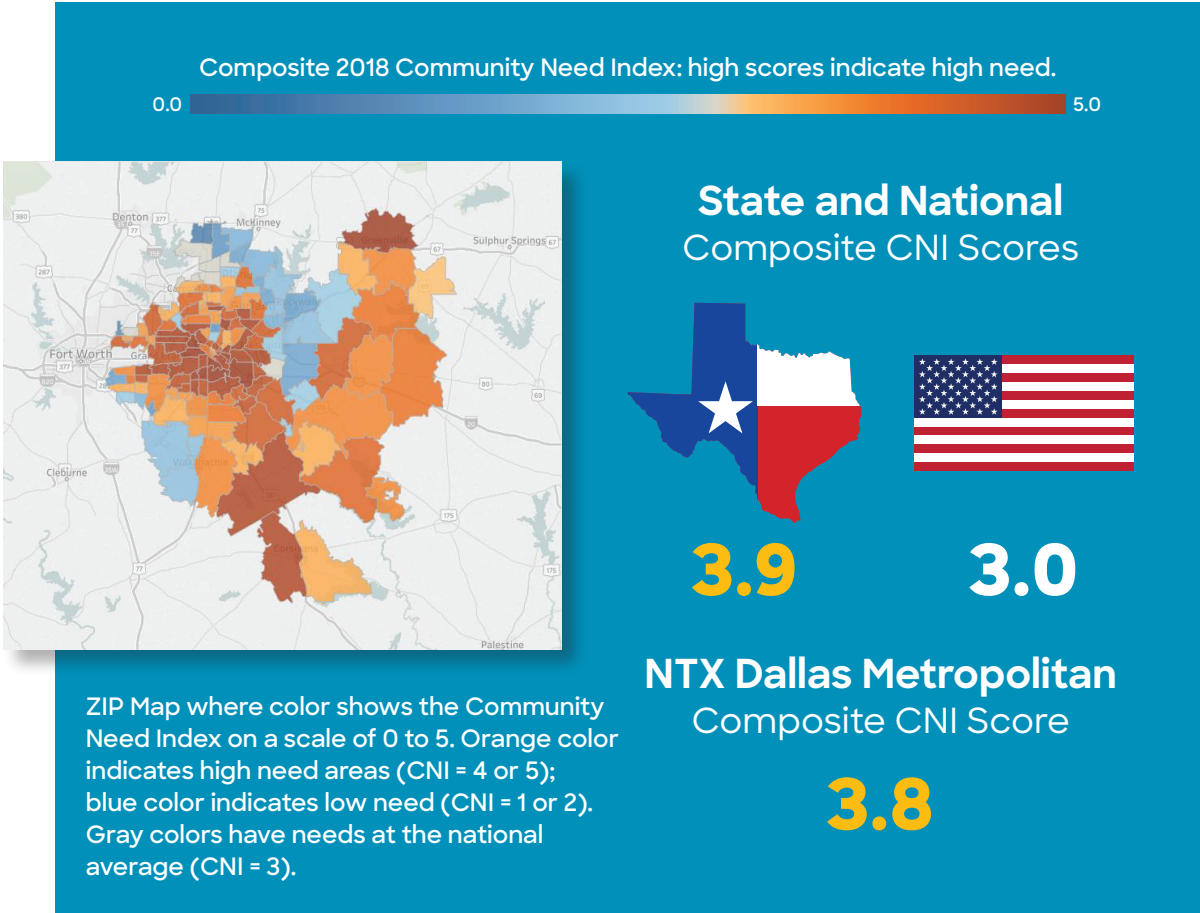
Need not addressed:

- **Accidental Poisoning Deaths Where Opioids Were Involved**

There are multiple community and state agencies whose expertise and infrastructure are better suited for meeting the needs not addressed in the Community Health Implementation Strategies. Therefore, BSWH leadership has opted to focus its resources on the listed priorities for the betterment of the community.

# Composite 2018 Community Need Index

The **Community Need Index** shows the high-need areas in Dallas Metropolitan Health Community in contrast to the state of Texas and the U.S.



IBM Watson Health created this CNI, which is a statistical approach to identifying areas within a community where health disparities may exist. The CNI takes into account vital socio-economic factors (income, cultural, education, insurance and housing) about a community to generate a CNI score for every populated ZIP code in the United States. The CNI strongly linked to variations in community healthcare needs and an indicator of a community’s demand for various healthcare services. The CNI score by ZIP code identifies specific areas within a community where healthcare needs may be greater.

## Program Evaluation

All community benefit activities align with community benefit goals by adhering to BSWH's policies and procedures. This ensures appropriate governance of the activities outlined in these Community Health Implementation Strategies. The hospitals evaluate programs and activities on a regular basis to ensure appropriate use of staff time and hospital resources.

To support the hospital's community benefit objectives, requests for contributions from other unrelated 501(c) (3) charitable organizations managed by the Community Benefit Department are considered alongside those activities addressing a priority need in the community given preference. All charitable giving is reviewed and approved annually by hospital leadership and the BSWH governing board.

BSWH regularly assesses, evaluates and reports on the programs addressing the significant needs found in identified communities. Regular conversations with community members, feedback on this plan and modifying programs and services enhance the opportunities patients have to connect to community resources. As a result, these hospital facilities achieve reduction in unnecessary healthcare costs and improved delivery of overall quality of care.

Please direct any feedback on the assessment or implementation plan to [CommunityHealth@BSWHealth.org](mailto:CommunityHealth@BSWHealth.org).

This document may be accessed at <http://BSWHealth.com/CommunityNeeds>.