Baylor Scott & White Health
Community Health Needs Assessment

Irving/Las Colinas Health Community

Baylor Scott & White Medical Center - Irving
Baylor Surgical Hospital at Las Colinas

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

Table of Contents

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. Two hospitals with overlapping communities have collaborated to conduct this joint community health needs assessment that applies to the following BSWH hospital facilities:

- Baylor Scott & White Medical Center – Irving
- Baylor Surgical Hospital at Las Colinas

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

The hospital 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 to the community, and individuals or organizations serving or representing the interests of medically underserved, low-income, and minority populations in the community.

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

Hospital leadership and 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	Food Insecure	Environment - food
2	Individuals Living Below Poverty Level	SDH - Income
3	Percentage of Population Under Age 65 Without Health Insurance	Access to Care
4	No Vehicle Available	Access to Care
5	Severe Housing Problems	Environment - Housing

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

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

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

Consultant Qualifications & Collaboration

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

Collaboration

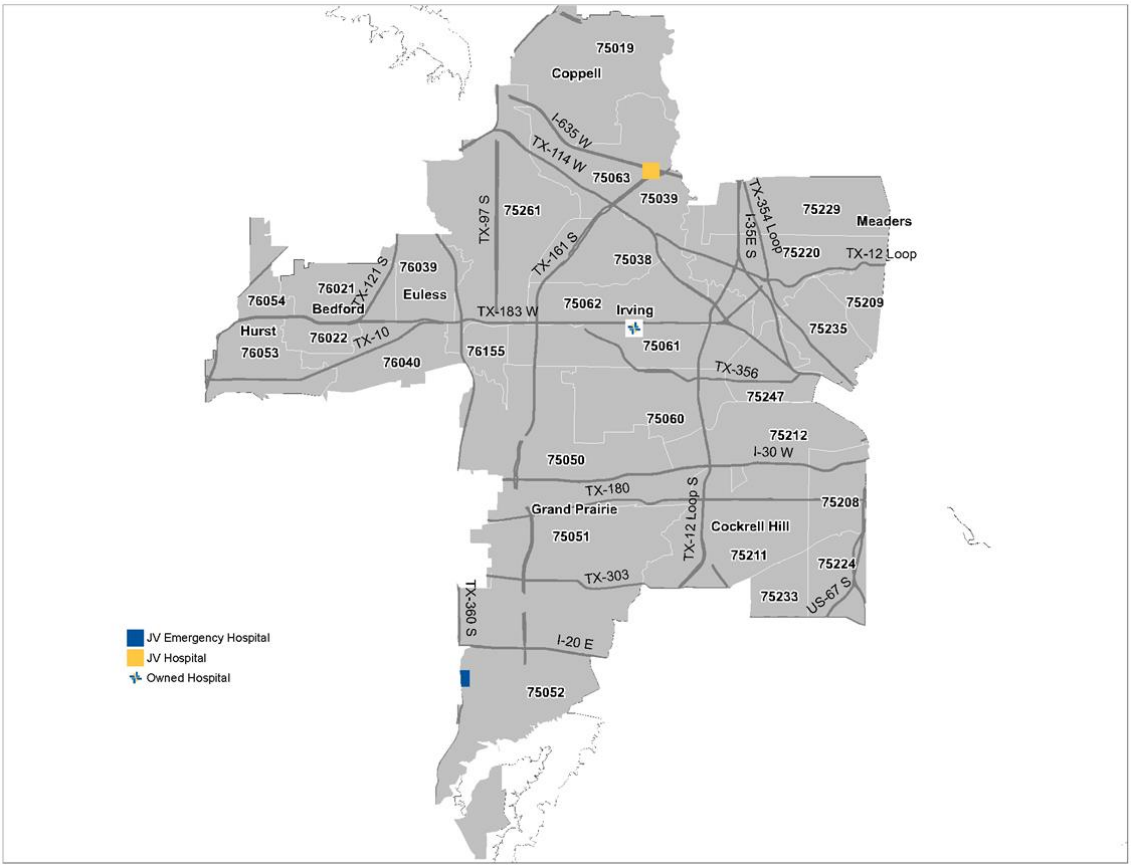
BSWH owns and operates multiple individually licensed hospital facilities serving the residents of north and central Texas. Two hospital facilities with overlapping communities have collaborated to conduct this joint community health needs assessment. This joint community health needs assessment applies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

- Baylor Scott & White Medical Center – Irving
- Baylor Surgical Hospital at Las Colinas

Community Served Definition

The community served by the collaborating BSWH hospital facilities includes Dallas and Tarrant counties. The community includes the geographic area where at least 75% of the hospital facilities' admitted patients live.

BSWH Community Health Needs Assessment
Irving/Las Colinas Health Community Map



Source: Baylor Scott & White Health, 2019

75209, 75212, 75220, 75229, 75235, 75245, 75247, 75281, 75342, 75346, 75354, 75356, 75358, 75378, 75390, 75208, 75211, 75222, 75224, 75233, 75260, 75262, 75263, 75264, 75265, 75266, 75267, 75283, 75284, 75285, 75286, 75312, 75320, 75323, 75326, 75334, 75340, 75343, 75344, 75363, 75364, 75369, 75373, 75376, 75386, 75392, 75396, 75397, 75398, 76021, 76022, 76039, 76040, 76053, 76054, 76095, 76155, 75019, 75099, 75014, 75015, 75016, 75017, 75037, 75038, 75039, 75060, 75061, 75062, 75063, 75084, 75261, 75368, 75050, 75051, 75052, 75053, 75054

Assessment of Health Needs

To identify the health needs of the community, the hospital facilities 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 was conducted to determine which counties principally represent the community's residents receiving hospital services. The principal county for the Irving/Las Colinas Health Community needs analysis is Dallas county.

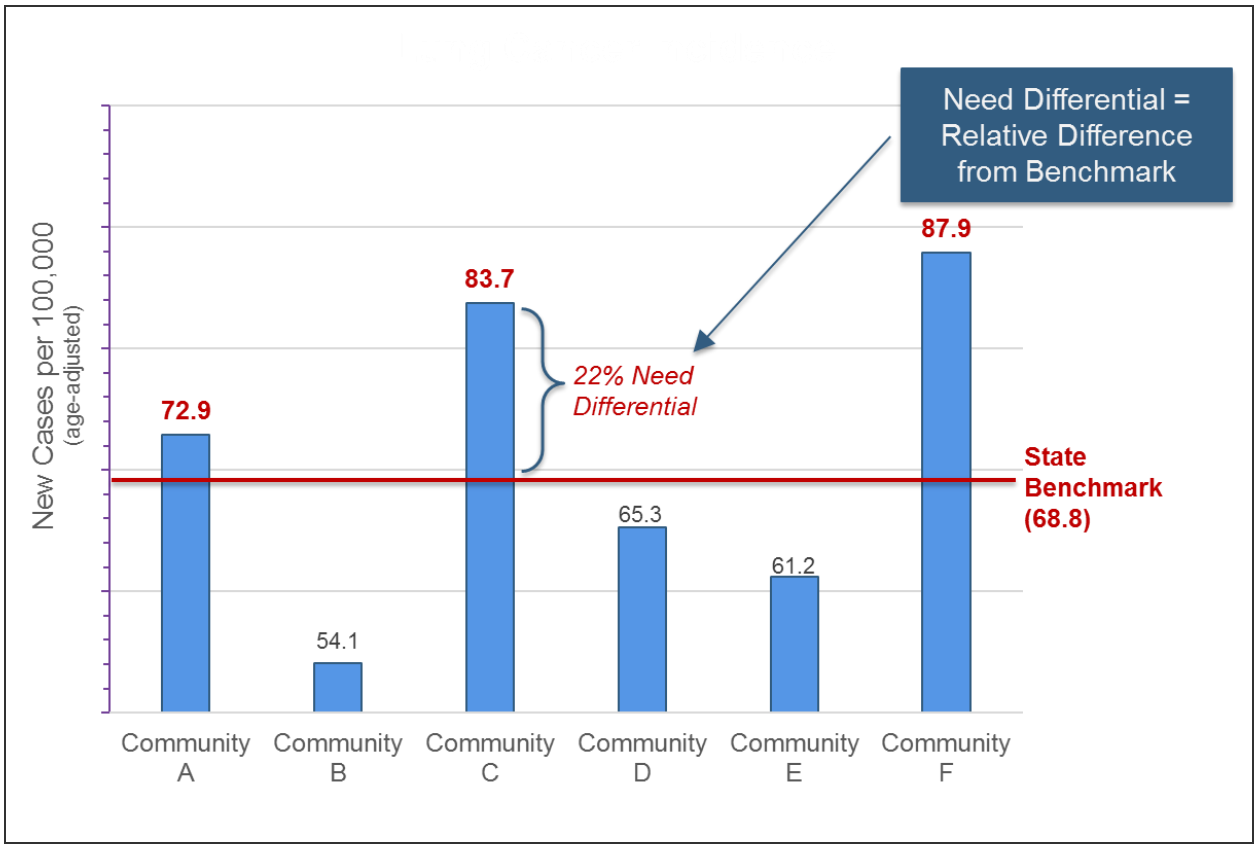
A benchmark analysis conducted for each indicator collected for the community served, determined which public health indicators demonstrated a community health need from a quantitative perspective. Benchmark health indicators collected included (when available): overall U.S. values; state of Texas values; 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 established a standardized way to evaluate the degree each indicator differed from its benchmark; this measure is called the need differential. Health community indicators with need differentials above the 50th percentile, ordered by severity, and the highest ranked indicators were the highest health needs from a quantitative perspective. These data are available to the community via an interactive Tableau dashboard at **BSWHealth.com/CommunityNeeds**.

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 22 participants, and five (5) 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/or other community leaders identified significant health needs from the assessment and prioritized them.

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

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

Participation in the qualitative assessment included at least one state, local, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations serving or representing the interests of medically underserved, low-income and minority populations in the community.

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

Community Input Participants

Participant Organization Name	Public Health	Medically Under-served	Low-income	Chronic Disease Needs	Minority Populations	Governmental Public --Health Dept.	Public Health Knowledge --Expertise
Agape Clinic		X	X	X	X		X
Baylor Scott & White Health	X	X	X	X	X		
Bridge Breast Network		X	X		X		X
Cancer Care Services	X	X	X	X	X		X
Citysquare	X	X	X	X	X		X
Community Council							
Cornerstone Baptist Church	X	X	X	X	X		X
Dallas Area Interfaith		X	X		X		X
Dallas County Health and Human Services	X		X				
Dallas/Ft. Worth Hindu Temple Society					X		
Family Promise of Irving	X	X	X		X		X
Genesis Women's Shelter & Support		X	X		X		X
Goodwill Industries of Dallas			X	X			
Hope Clinic		X	X	X	X		
Legal Aid of Northwest Texas			X				
Los Barrios Unidos Community Clinic	X	X	X	X	X		X

Participant Organization Name	Public Health	Medically Under-served	Low-income	Chronic Disease Needs	Minority Populations	Governmental Public --Health Dept.	Public Health Knowledge --Expertise
Many Helping Hands Ministry	X	X	X	X			
Metrocare	X	X	X	X	X		X
North Texas Food Bank			X				X
Office of The County Judge - Dallas County	X	X	X	X	X		X
Sharing Life Community Outreach Inc			X				
Society of St. Vincent De Paul of North Texas		X	X	X	X		
United Way Metropolitan Dallas		X	X	X	X		
Urban Inter-Tribal Center of Texas		X	X	X	X		X
YMCA	X	X	X	X	X		X

Note: multiple persons from the same organization may have participated

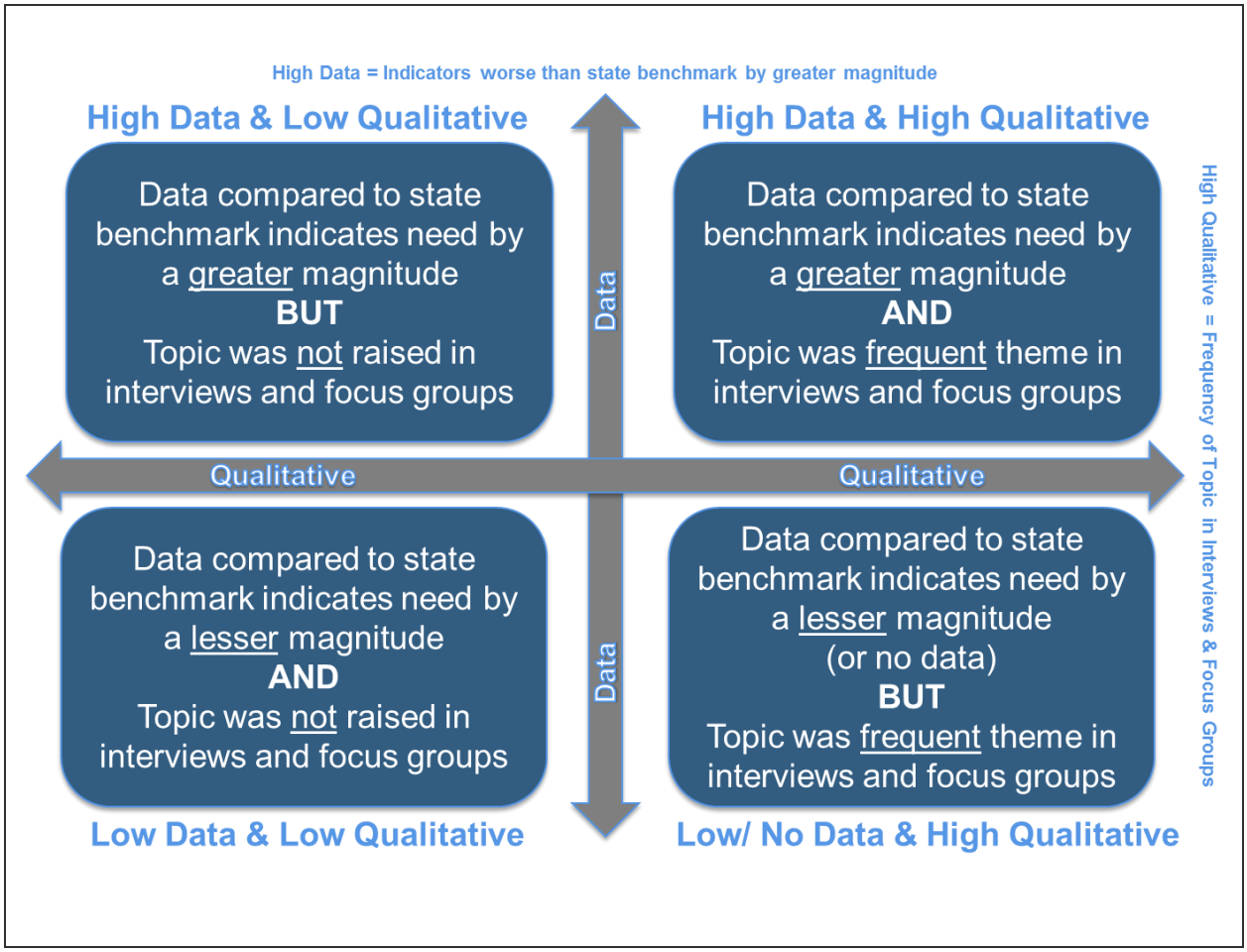
In addition to soliciting input from public health and various interests of the community, the hospital facilities were required to consider written input received on their most recently conducted CHNA and subsequent implementation strategies. The assessment is available to receive public comment or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

Community input from interviews and focus groups organized the themes around community needs, and compared them to the quantitative data findings.

Methodology for Defining Community Need

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

The Health Needs Matrix



Source: IBM Watson Health, 2018

Information Gaps

In some areas of Texas, health indicators were not available due to the impact small population size has on reporting and statistical significance. Most public health indicators were available only at the county level. Evaluating data for entire counties versus more localized data made it difficult to understand the health needs for specific population pockets within a county. It could also be a challenge to tailor programs to address

community health needs, as placement and access to specific programs in one part of the county may or may not actually affect the population who truly need the service.

Approach to Identify and Prioritize Significant Health Needs

In a session held on November 6, 2018, Baylor Scott & White hospital facility leadership met with community leaders, and identified and prioritized significant health needs. The meeting, moderated by Watson Health, included an overview of the CHNA process for BSWH, the methodology for determining the top health needs, the BSWH prioritization approach, and discussion of the top health needs identified for the community.

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

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

1. Root Cause: the need is a root cause of other problems, thereby addressing it could possibly impact multiple issues
2. Vulnerable Populations: there a high need among vulnerable populations and/or vulnerable populations are adversely impacted
3. Community Capacity: the community has the capacity to act on the issue, including any economic, social, cultural, or political consideration
4. Community Strength: extent that initiatives to address the issue can build on existing community strengths and resources

Through discussion and consensus, the group rated each of the five (5) significant health needs on each of the four (4) identified criteria utilizing a scale of one (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**.

Irving/Las Colinas Health Community CHNA

Demographic and Socioeconomic Summary

According to population statistics, the population in this health community projects to grow 6.7% in five years, just below the Texas growth rate of 7.1%. The median age was younger than the Texas and national benchmarks. Median income was above both the state and the country. The community served had a higher proportion of Medicaid beneficiaries than Texas.

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

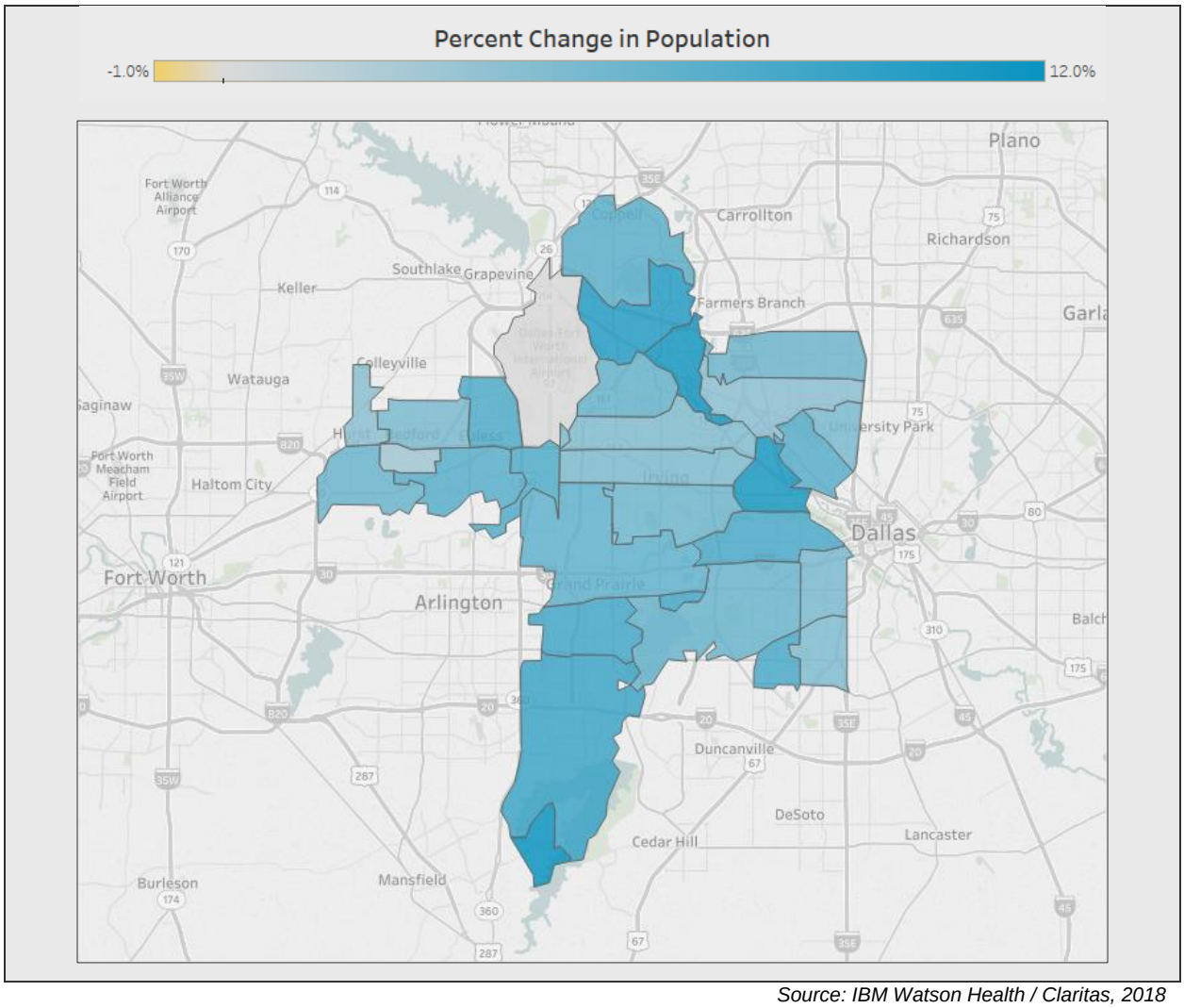
Geography		Benchmarks		Community Served
		United States	Texas	Irving/Las Colinas Health Community
Total Current Population		326,533,070	28,531,631	956,015
5 Yr Projected Population Change		3.5%	7.1%	6.7%
Median Age		42.0	38.9	34.7
Population 0-17		22.6%	25.9%	27.2%
Population 65+		15.9%	12.6%	9.9%
Women Age 15-44		19.6%	20.6%	21.7%
Non-White Population		30.0%	32.2%	45.0%
Hispanic Population		18.2%	39.4%	45.5%
Insurance Coverage	Uninsured	9.4%	19.0%	17.6%
	Medicaid	14.9%	13.4%	14.0%
	Private Market	9.6%	9.9%	9.9%
	Medicare	16.1%	12.5%	10.2%
	Employer	45.9%	45.3%	48.4%
Median HH Income		$61,372	$60,397	$64,520
Limited English		26.2%	39.9%	53.1%
No High School Diploma		7.4%	8.7%	10.2%
Unemployed		6.8%	5.9%	5.7%

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

The population of the community served is expected to grow 6.7% by 2023, an increase of more than 63,000 people. The 6.7% projected population growth is slightly less than the state's 5-year projected growth rate (7.1%) but higher when compared to the national projected growth rate (3.5%). The ZIP codes expected to experience the most growth in five years are:

- 75052 South Grand Prairie – 9,059 people
- 75211 Oak Cliff – 4,776 people
- 75063 Valley Ranch – 4,286 people

2018 - 2023 Total Population Projected Change by ZIP Code

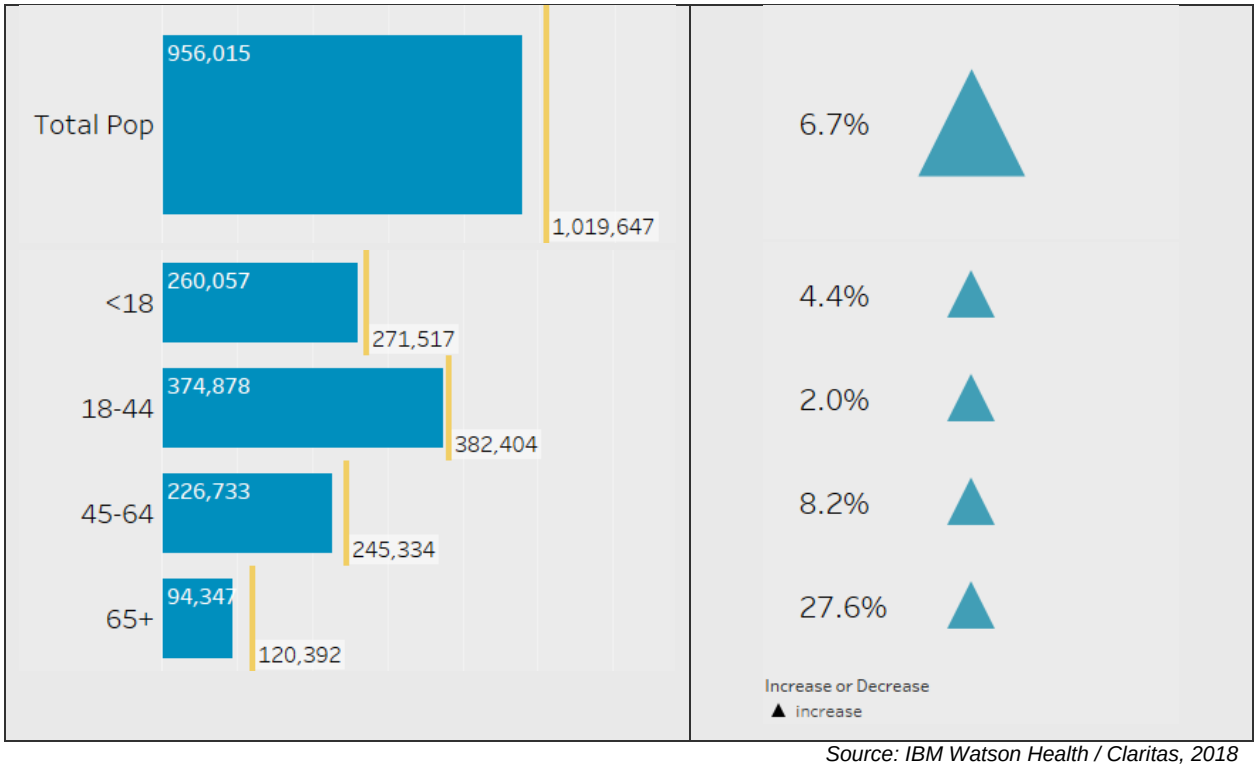


Source: IBM Watson Health / Claritas, 2018

The community's population skewed younger with 39.2% of the population ages 18-44 and 27.2% under age 18. The largest cohort (ages 18-44) predicts to grow by 7,526 people by 2023. The age 65 plus cohort was the smallest, but is expected to experience the fastest growth (27.6%) over the next five years, adding 26,045 seniors to the community. Growth in the senior population will likely contribute to increased utilization of services as the population continues to age.

Population Distribution by Age

2018 Population by Age Cohort *Percent Change by 2023*

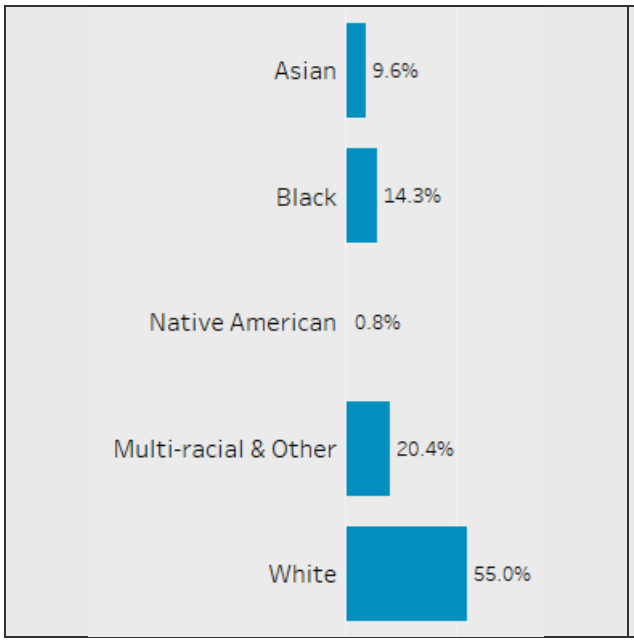


Source: IBM Watson Health / Claritas, 2018

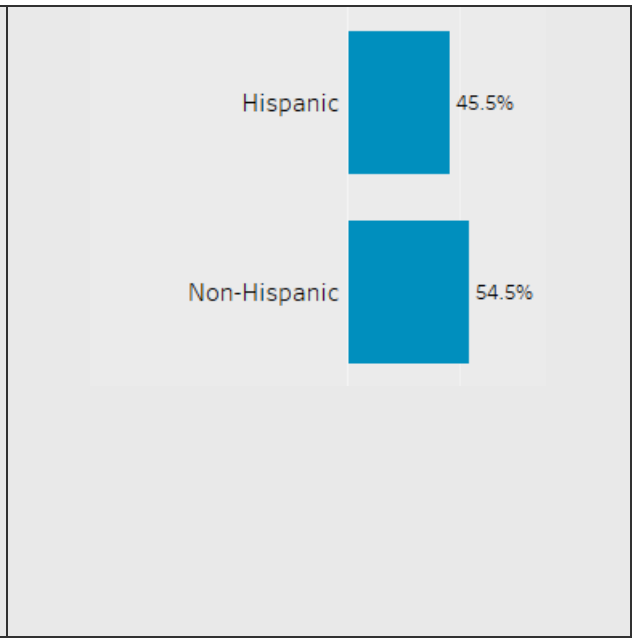
Population statistics are analyzed by race and by Hispanic ethnicity. The largest groups in the community were non-Hispanic White (29.1%), Hispanic White (25.9%), other Hispanic (16.7%), non-Hispanic Black (13.8%), and non-Hispanic Asian/Pacific Islander (9.5%). The expected growth rate of the Hispanic population (all races) is over 37,000 people (8.7%) by 2023, while the non-Hispanic population (all races) is expected to grow by over 25,000 people (5.0%) by 2023.

Population Distribution by Race and Ethnicity

2018 Population by Race

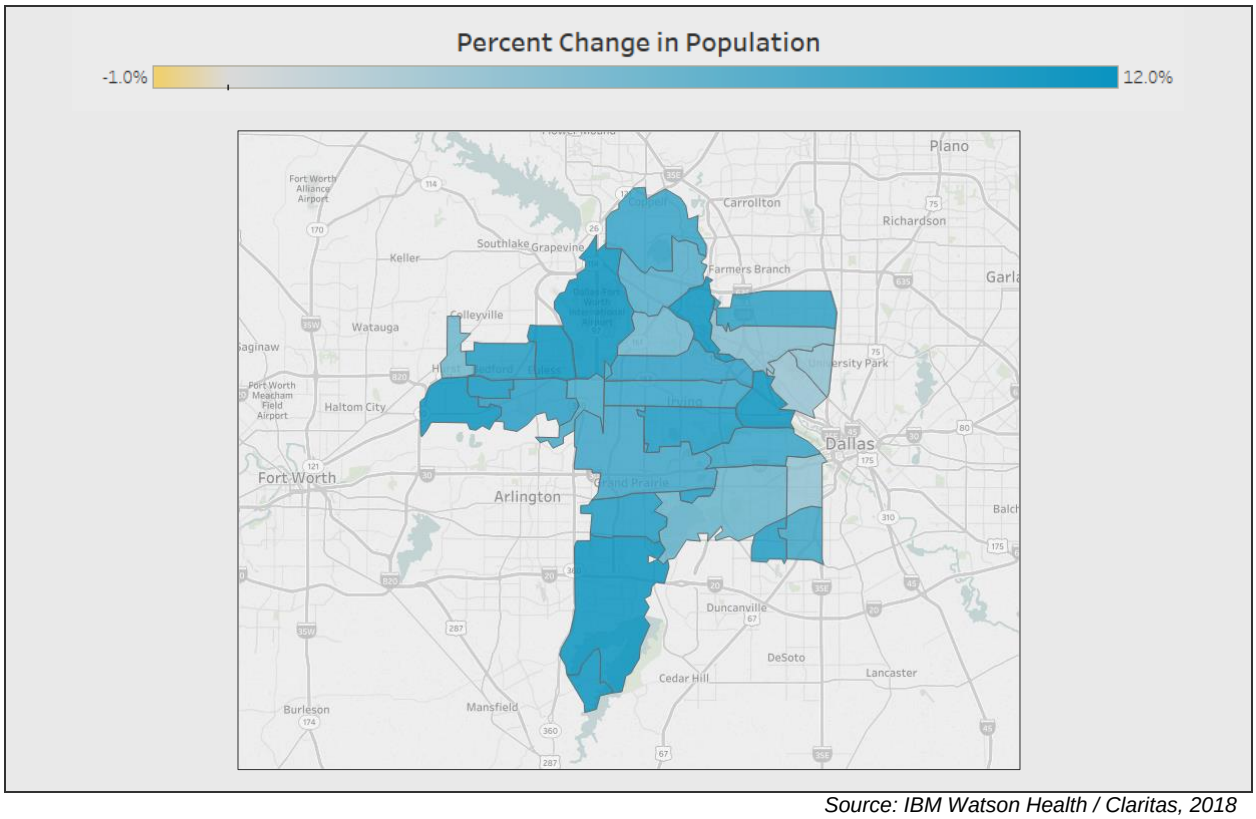


2018 Population by Ethnicity



Source: IBM Watson Health / Claritas, 2018

2018 - 2023 Hispanic Population Projected Change by ZIP Code

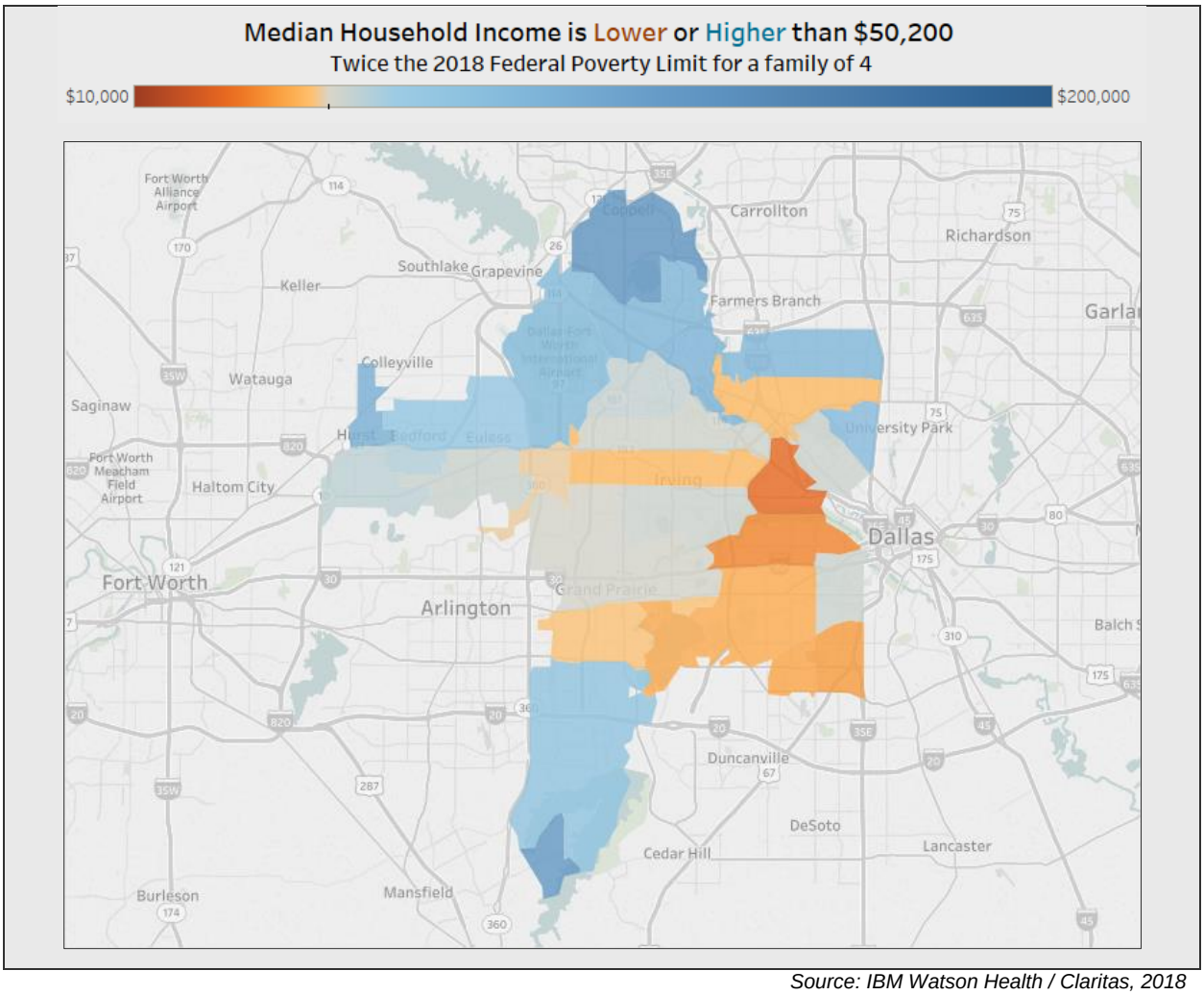


Source: IBM Watson Health / Claritas, 2018

The 2018 median household income for the United States was $61,372 and $60,397 for the state of Texas. The median household income for the ZIP codes within this community ranged from $28,750 for 75247 – West Dallas to $127,667 for 75019 – Coppell. There were nine (9) ZIP Codes with median household incomes less than $50,200 – twice the 2018 Federal Poverty Limit for a family of four:

- 76155 HEB - $48,452
- 75051 Central Grand Prairie - $46,798
- 75220 West Dallas - $45,016
- 75061 Irving - $44,965
- 75211 Oak Cliff - $42,165
- 75233 Oak Cliff - $40,741
- 75224 Oak Cliff - $39,096
- 75212 West Dallas - $34,787
- 75247 West Dallas - $28,750

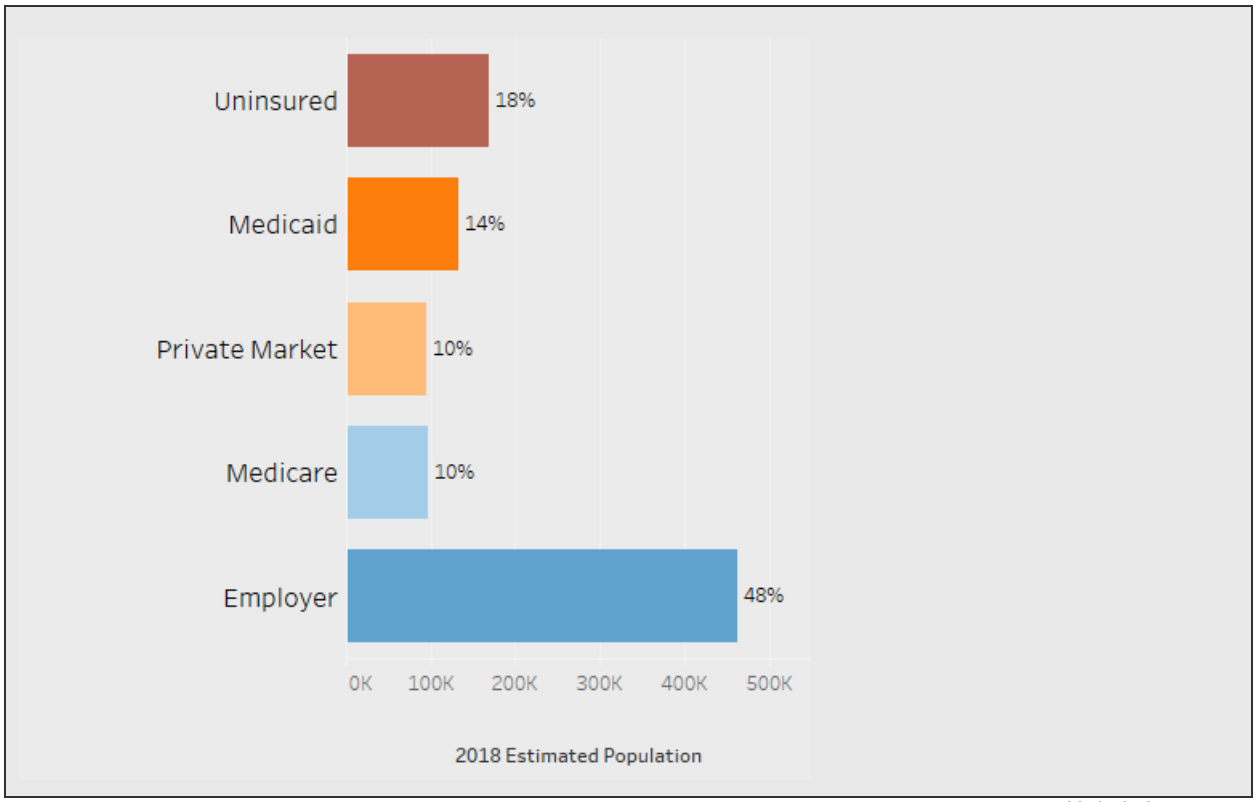
2018 Median Household Income by ZIP Code



Source: IBM Watson Health / Claritas, 2018

A majority of the population (48%) were insured through employer sponsored health coverage followed by those without health insurance (18%). The remainder of the population was fairly equally divided between Medicaid, Medicare, and private market (the purchasers of coverage directly or through the health insurance marketplace).

2018 Estimated Distribution of Covered Lives by Insurance Category



Source: IBM Watson Health / Claritas, 2018

The community includes 31 Health Professional Shortage Areas and 19 Medically Underserved Areas as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.[1] **Appendix C** includes the details on each of these designations.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

	Health Professional Shortage Areas (HPSA)				Medically Underserved Area/Population (MUA/P)
NTX Irving/Las Colinas Health Community	**Dental Health**	**Mental Health**	**Primary Care**	**Grand Total**	**MUA/P**
Dallas	10	9	12	31	19
Total	**10**	**9**	**12**	**31**	**19**

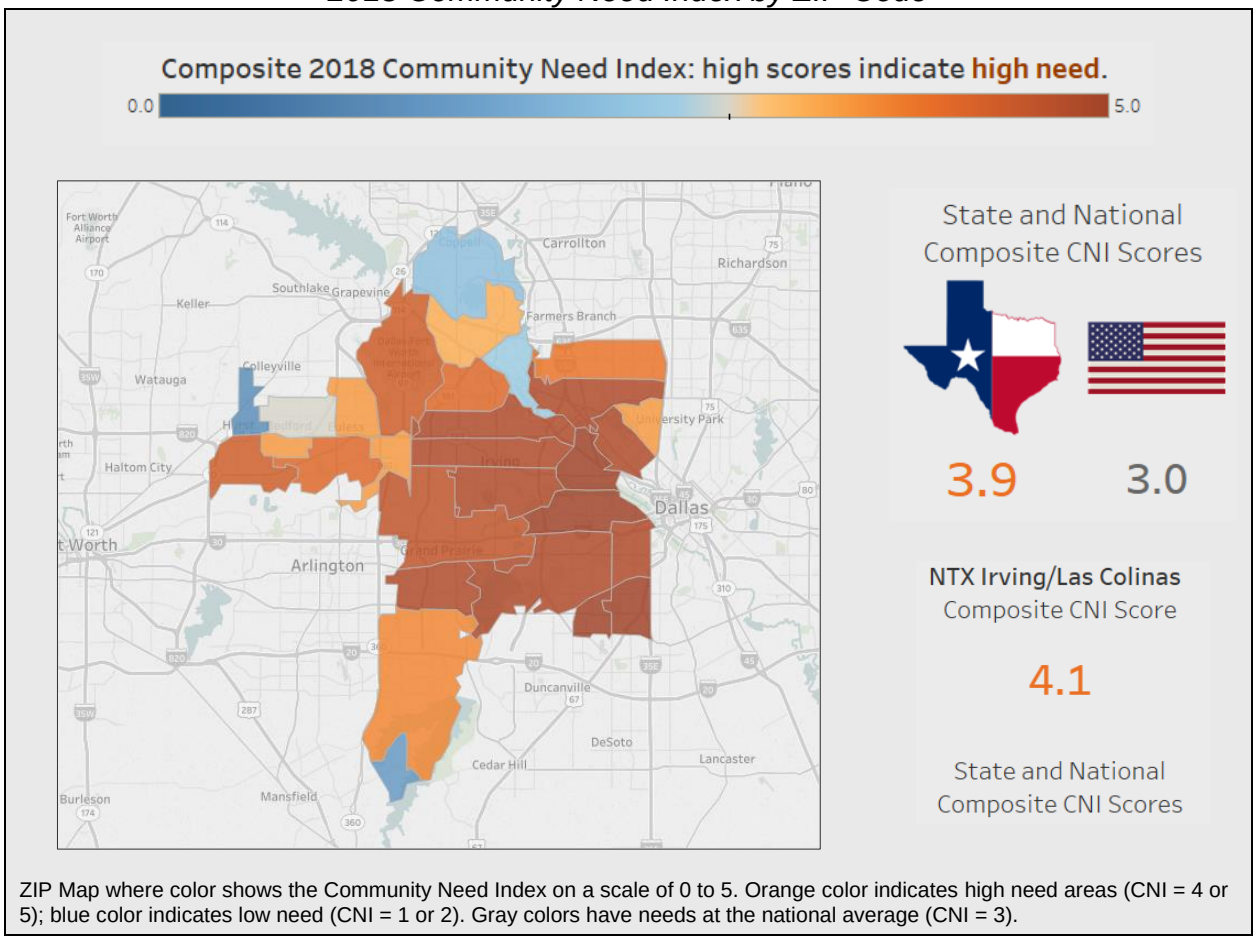
Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

[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 4.1, higher than the CNI national average of 3.0, potentially indicating greater health care needs in this community. In portions of the community (Central Grand Prairie, Irving, North Grand Prairie, Oak Cliff, West Dallas) the CNI score was greater than 4.5, pointing to potentially more significant health needs among the population.

2018 Community Need Index by ZIP Code



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

CNI High Need ZIP Codes

City	Community	County	ZIP Code	2018 CNI Score
Dallas	Oak Cliff	Dallas	75224	5.0
Dallas	Oak Cliff	Dallas	75233	5.0
Dallas	West Dallas	Dallas	75212	5.0
Dallas	West Dallas	Dallas	75247	5.0
Dallas	Oak Cliff	Dallas	75208	4.8
Dallas	Oak Cliff	Dallas	75211	4.8
Dallas	West Dallas	Dallas	75220	4.8
Dallas	West Dallas	Dallas	75235	4.8
Grand Prairie	Central Grand Prairie	Dallas	75051	4.8
Irving	Irving	Dallas	75060	4.8
Irving	Irving	Dallas	75061	4.8
Irving	Irving	Dallas	75062	4.8
Grand Prairie	North Grand Prairie	Dallas	75050	4.6
Dallas	Irving	Tarrant	75261	4.4
Hurst	HEB	Tarrant	76053	4.4
Euless	HEB	Tarrant	76040	4.2
Irving	Las Colinas	Dallas	75038	4.2
Dallas	West Dallas	Dallas	75229	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

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

In the focus group sessions and interviews, participants identified and discussed the factors that contribute to the current health status of the community, and then identified the greatest barriers and strengths that contribute to the overall health of the community. For this health community there were two focus group sessions with a total of 22 participants and three (3) interviews were conducted July through September 2018.

In this health community, the top health needs identified in the discussions included:

- Lack of access to government healthcare, no Medicaid expansion
- Access to jobs and availability of living wage for patients
- Collaboration between providers, accountability of population
- Safe public transportation
- Navigating services
- Language barriers/cultural differences

Dallas was a melting pot of ethnicities and neighborhoods, each with different assets and health care needs. The predominantly urban area was a culturally and economically diverse area with strong community and networks but challenged with high poverty levels and growing homelessness. Companies were moving into the northern areas like Frisco and Plano, but the downtown area south of I40 lacked resources and was characterized by concentrated poverty and segregation. The area was rich with non-profits and service organizations, but services were often uncoordinated and underutilized. The potential for infrastructure investment and coordination was high in this transitioning community.

Public transportation was extremely limited and compounded challenges to residents without a car. The focus group described a local culture of generational habits and limited knowledge about healthy eating habits. The food pantries were working to alleviate hunger and working to provide healthier and fresh food options; language and culture were barriers to developing trust and increased access. Culturally, the group noted that the Latino population would benefit from more nutritional education. There were food deserts in Dallas County, and some residents used local convenience stores and inexpensive fast food frequently, both poor nutrition options.

Focus groups shared that the diversity in the community also presented barriers to good health. Cultural and historical habits in the immigrant populations and lack of cultural sensitivity in providers contributed to a culture of distrust of outsiders. Combined with very limited public transportation, food deserts, and lack of insurance, many residents had no access to preventive services or primary care and used the ED for medical services.

One of the primary barriers to good health in this community was the lack of living wage jobs to pay for insurance, health services, and healthy food. The focus group pointed to many areas of South Dallas that were available for development and investment. Lack of

insurance was often mentioned by the focus group as a big issue in the area. Many residents worked but didn't have health insurance, part of the "working poor" population.

Participants identified gaps in service in all clinical areas; primary, maternal, vision, dental, specialty, and behavioral health care were the most acute. The needs for mental health services were frequently mentioned as a high need area; there was limited coordination of available services, the topic was highly stigmatized, very few services were available, and it affected all age groups. 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.

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

Irving/Las Colinas Health Community		
Top Needs Identified	Category of Need	Public Health Indicator
Accidental poisoning deaths where opioids were involved	Health Behaviors - Substance Abuse	Annual Estimates Accidental Poisoning Deaths where Opioids Were Involved
Children Eligible for Free Lunch Enrolled in Public Schools	SDH - Income	2015-2016 Percentage of Children Enrolled in Public Schools that are Eligible for Free or Reduced Price Lunch
Children in Poverty	SDH - Income	2016 Percentage of Children Under Age 18 in Poverty
Children in Single-Parent Households	SDH	2012-2016 Percentage of Children that Live in a Household Headed by Single Parent
Drug Poisoning Deaths Rate	Health Behaviors - Substance Abuse	2014-2016 Number of Drug Poisoning Deaths (Drug Overdose Deaths) per 100,000 Population
Food Insecure	Environment - Food	2015 Percentage of Population Who Lack Adequate Access to Food During the Past Year
Individuals Living Below Poverty Level	SDH - Income	2012-2016 American Community Survey 5-Year Estimates, Individuals below poverty level
Motor Vehicle Driving Deaths with Alcohol Involvement	Health Behaviors - Substance Abuse	2012-2016 Percentage of Motor Vehicle Crash Deaths that had Alcohol Involvement
No vehicle available	Access To Care	2017 Households with no vehicle available (percent of households)
Non-English speaking households	SDH - Language	2012 Percent- Language other than English
Percentage of Population under age 65 without Health Insurance	Access To Care	2015 Percentage of Population Under Age 65 Without Health Insurance
Renter-occupied housing	Environment - Housing	2017 Renter-occupied housing (percent of households)

Irving/Las Colinas Health Community		
Top Needs Identified	Category of Need	Public Health Indicator
Severe Housing Problems	Environment - Housing	2010-2014 % of Households with at Least 1 of 4 Housing Problems: Overcrowding, High Housing Costs, or No Kitchen or Plumbing Facilities
Uninsured Children	Access To Care	2015 Percentage of Children Under Age 19 Without Health Insurance

Note: Listed alphabetically, not in order of significance *Source: IBM Watson Health, 2018*

Prioritized Significant Health Needs

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

The resulting prioritized health needs for this community were:

Priority	Need	Category of Need
1	Food Insecure	Environment - food
2	Individuals Living Below Poverty Level	SDH - Income
3	Percentage of Population Under Age 65 Without Health Insurance	Access to Care
4	No Vehicle Available	Access to Care
5	Severe Housing Problems	Environment - Housing

Description of Health Needs

A CHNA for the Irving/Las Colinas Health Community identified several significant community health needs categorized as issues related to poverty, access to care and housing. Regionalized health needs affect all age levels to some degree; however, it is often the most vulnerable populations that are negatively affected. Community health gaps help to define the resources and access to care within the county or region. Health and social concerns received validation through key informant interviews, focus groups and county data. Access to care; specifically, insurance coverage, transportation, as well as poverty, food insecurity and severe housing problems were identified as significant areas of concern and noted in the data results for Dallas County.

Food Insecure

Food insecurity is a measurement of the prevalence of hunger in the community; it reflects the percentage of the population who did not have access to a reliable source of food. The Irving/Las Colinas Community Health Needs Assessment identified concerns around food insecurity. Lacking consistent access to food is relative to negative health outcomes such as weight-gain and premature mortality. Individuals and families with an inability to provide and eat balanced meals create additional barriers to healthy eating.[2]

It is equally important to eat a balanced diet that includes the consumption of fruits and vegetables as well as to have adequate access to a consistent supply of food. Dallas County, comprised of a major part of the Irving/Las Colinas Health Community, showed a need related to food insecurity. Within Dallas County 18.2% of the population lacked adequate access to food during the past year, indicating a potentially larger vulnerable population when comparted to the overall Texas state benchmark at 15.7%. It is notable that the overall Texas proportion of food insecure population was also greater than the U.S. benchmark of 13%.[3]

Individuals Living Below Poverty Level

The social and physical environments of those living below the poverty level affects a spectrum of factors such as housing, transportation and health outcomes. Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health while poor health, in turn, traps communities in poverty. Limited income and poverty often require individuals to make difficult choices on a routine basis; such as choosing to feed one's family over personal health needs. Marginalized groups and vulnerable individuals are often worst affected, deprived of the information, money or access to health services that would help them prevent and treat disease.[4] Moving beyond the limitations of poverty is challenging on nearly every level.

Within the Irving/ Las Colinas Health Community, 18.6% of the Dallas County population was living below the poverty level 11% higher than Texas state benchmark.[5] Indicating the Irving/Las Colinas Health Community had a more vulnerable population with potentially greater health and social needs.

Percentage of Population under age 65 without Health Insurance

Health Insurance coverage for adults not covered by Medicare has been a volatile topic for the last ten years. Health insurance coverage continues to be a major topic in recent elections and among voters. The passage of the Affordable Care Act (ACA) created options that increased the number of insured citizens in the under 65 categories. However, recent repeals of sections of the ACA may change coverage for millions in this age group. Lack of health insurance is a significant barrier in accessing healthcare and

[2] Gundersen C, Satoh A, Dewey A, Kato M, Engelhard E. Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2015
[3] Map the Meal Gap, Feeding America; County Health Rankings & Roadmaps, 2018
[4] Health Poverty Action, **Key Facts Poverty and Poor Health**, 2018
[5] American Community Survey 5-Year Estimates, Individuals below poverty level, 2012-2016

overall financial security. A key finding from a recent Kaiser Foundation paper included; "Going without coverage can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems. Being uninsured can also have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt."[6]

According to the 2018 County Health Rankings, the rate of uninsured population under age 65 across Texas is 19.2%, compared to an overall U.S. rate of 11% and top performing U.S. counties rate of 6%.[7] The Irving/Las Colinas Health Community is comprised primarily of Dallas County and had an uninsured rate for the population under age 65 of 22.6%, higher than the overall Texas rate by 18%.[8] The proportion of uninsured in Dallas County points to potential need and a larger vulnerable population for the greater Irving/Las Colinas Health Community.

No vehicle available

Transportation is an issue impacting access to care. While there are many means of transportation available to residents of a community, there is limited data on the availability and effectiveness of the various modes of transportation. 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 Irving/Las Colinas Health Community, 6.6% of the households did not have access to a vehicle, this was 25% higher than the value for the state of Texas overall.[9]

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 options had on access to health care services for community residents.

Severe Housing Problems

There is strong evidence characterizing housing's relationship to health as housing stability, quality, safety, and affordability all affect health outcomes. The impact of housing on health is now being widely considered by policy makers and healthcare providers. Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs.[10]

The community input sessions for this community, and throughout the region BWHS serves, expressed that lack of affordable housing was becoming a prevalent concern in their communities. Texas communities are growing, often at double digit rates, highlighting the need for stable and affordable housing. Also, the growing elderly

[6] Kaiser Family Foundation. The Uninsured: A Primer - Key Facts about Health Insurance and the Uninsured Under the Affordable Care Act. December 2017.
[7] Small Area Health Insurance Estimates (SAHIE), United States Census Bureau, U.S. County Health Rankings & Roadmaps, 2018
[8] Small Area Health Insurance Estimates (SAHIE), United States Census Bureau, U.S. County Health Rankings & Roadmaps, 2018
[9] U.S. Census Bureau, American Community Survey 1-Year Estimates, 2017
[10] Health Affairs, **Housing and Health: An Overview of the Literature**, 2018

population is transitioning from their life long homes to smaller, affordable, and more manageable housing. The challenge in managing the need for housing in growing communities is relevant across both Texas, and the nation.

Within the Irving/Las Colinas Health Community, 22.2% of Dallas County households had at least one of four severe housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. The rate for Dallas County households was 21% higher than the overall Texas value, making safe and affordable housing an issue within this community.[11]

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.

[11] Comprehensive Housing Affordability Strategy (CHAS) data, U.S. Department of Housing and Urban Development (HUD); County Health Rankings & Roadmaps 2018

Appendix A: Key Health Indicator Sources

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

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

Category	Public Health Indicator	Source
Injury & Death	Cancer Mortality Rate	2013 Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
	Child Mortality Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Chronic Lower Respiratory Disease (CLRD) Mortality Rate	2013 'Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
	Death rate due to firearms **NEW 2019**	2018 County Health Rankings (CDC WONDER Environmental Data)
	Heart Disease Mortality Rate	2013 Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
	Infant Mortality Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Motor Vehicle Crash Mortality Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Number of deaths due to injury **NEW 2019**	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Premature Death (Potential Years Lost)	2018 County Health Rankings & Roadmaps; National Center for Health Statistics - Mortality Files, National Vital Statistics System (NVSS)
	Stroke Mortality Rate	2013 Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
Maternal & Child Health	First Trimester Entry into Prenatal Care	2016 Texas Health and Human Services - Vital statistics annual report
	Low Birth Weight Percent	2018 County Health Rankings & Roadmaps; National Center for Health Statistics - Natality files, National Vital Statistics System (NVSS)
	Low Birth Weight Rate	2016 Texas Health and Human Services - Vital statistics annual report - Preventable Hospitalizations
	Preterm Births <37 Weeks Gestation	2015 Kids Discount Data Center
	Very Low Birth Weight (VLBW)	Centers for Disease Control and Prevention WONDER
Mental Health	Accidental poisoning deaths where opioids were involved **NEW 2019**	U.S. Census Bureau, Population Division and 2015 Texas Health and Human Services Center for Health Statistics Opioid related deaths in Texas
	Alzheimer's Disease/Dementia in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Average Number of Mentally Unhealthy Days Reported in Past 30 days (Age-Adjusted)	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)
	Depression in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Frequent mental distress	2016 Behavioral Risk Factor Surveillance System (BRFSS)
	Intentional Self-Harm; Suicide **NEW 2019**	2015 Texas Health Data Center for Health Statistics
	Ratio of Population to one Mental Health Provider	2018 County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES)
	Schizophrenia and Other Psychotic Disorders in Medicare Population	CMS.gov Chronic conditions 2007-2015

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

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

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

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

Resources Identified

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
No Vehicle Available	Access to Care	Community Transportation Programs	123EasyRides	1111 W Mockingbird Ln	Dallas	214-972-1493
No Vehicle Available	Access to Care	Food Delivery	Meals on Wheels of Dallas County	1440 W Mockingbird Ln	Dallas	214-631-7554
No Vehicle Available	Access to Care	Grocery Delivery	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
No Vehicle Available	Access to Care	Social Services	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
No Vehicle Available	Access to Care	Social Services	Metrocare at Grand Prairie — Center & Pharmacy	832 S. Carrier Pkwy	Grand Prairie	214-330-2488
No Vehicle Available	Access to Care	Social Services	Metrocare at Westmoreland — Center & Pharmacy	1350 N. Westmoreland	Dallas	214-330-0036
No Vehicle Available	Access to Care	Social Services	Metrocare Child & Adolescent Center at Westmoreland	1353 N. Westmoreland	Dallas	214-331-0107
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Citizenship and Immigration	Catholic Charities	1421 Mockingbird Lane	Dallas	866-223-7500
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Discounted Healthcare	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Discounted Healthcare	Prism Health-Administrative Office	351 W. Jefferson Blvd Ste 300	Dallas	214-521-5191

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Job Insecurity Services	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Job Insecurity Services	Irving Workforce Center	2520 W Irving Blvd #100,	Irving	972-573-3500
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Job Insecurity Services	North Dallas Shared Ministries	2875 Merrell Rd	Dallas	214-358-8700
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Vaccinations	deHaro-Saldivar Health Center	1400 N. Westmoreland Rd	Dallas	214-266-0500
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Vaccinations	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Vaccinations	North Dallas Shared Ministries	2875 Merrell Rd	Dallas	214-358-8700
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Vaccinations	Pediatric Primary Care Center	6300 Harry Hines Blvd., Suite 110	Dallas	214-266-0100
Food Insecure	Environment - food	Child Nutrition Programs	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Food Insecure	Environment - food	Child Welfare	The Family Place	PO Box 7999	Dallas	214-559-1991
Food Insecure	Environment - food	Crisis Services	Salvation Army - Crisis Hotline	250 E. Grauwyler Road	Irving	214-424-7208
Food Insecure	Environment - food	Crisis Services	The Family Place	PO Box 7999	Dallas	214-559-1991
Food Insecure	Environment - food	Emergency Food	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Food Insecure	Environment - food	Food Delivery	Meals on Wheels of Dallas County	1440 W Mockingbird Ln	Dallas	214-631-7554
Food Insecure	Environment - food	Food Insecurity Services	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Food Insecure	Environment - food	Food Insecurity Services	Catholic Charities	1421 Mockingbird Lane	Dallas	866-223-7500
Food Insecure	Environment - food	Food Insecurity Services	First United Methodist Church-Thursday evenings meals	211 W 3rd St	Irving	972-253-3531
Food Insecure	Environment - food	Food Insecurity Services	Good Shepherd Lutheran Church	2620 W. Grauwyler Road	Irving	972-790-2121
Food Insecure	Environment - food	Food Insecurity Services	Irving Church of Christ	210 East 6th St.	Irving	972-554-1962
Food Insecure	Environment - food	Food Insecurity Services	Many Helping Hands	2620 W Grauwyler Rd	Irving	469-730-6206
Food Insecure	Environment - food	Food Insecurity Services	Meals on Wheels of Dallas County	1440 W Mockingbird Ln	Dallas	214-631-7554
Food Insecure	Environment - food	Food Insecurity Services	North Dallas Shared Ministries	2875 Merrell Rd	Dallas	214-358-8700
Food Insecure	Environment - food	Food Insecurity Services	Northgate United Methodist Church	3700 W. Northgate Dr.	Irving	972-252-8519
Food Insecure	Environment - food	Food Insecurity Services	St. Luke's Catholic Church	1015 Schulze Drive	Irving	972-259-3222
Food Insecure	Environment - food	Food Insecurity Services	Texas Dept of Human Services Benefit Office	440 S. Nursery Road, Suite 200	Irving	972-579-3080
Food Insecure	Environment - food	Food Insecurity Services	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Food Insecure	Environment - food	Food Pantry	Catholic Charities	1421 Mockingbird Lane	Dallas	866-223-7500
Food Insecure	Environment - food	Food Pantry	Good Shepherd Lutheran Church	2620 W. Grauwyler Road	Irving	972-790-2121
Food Insecure	Environment - food	Food Pantry	Irving Church of Christ	210 East 6th St.	Irving	972-554-1962

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Food Insecure	Environment - food	Food Pantry	North Dallas Shared Ministries	2875 Merrell Rd	Dallas	214-358-8700
Food Insecure	Environment - food	Food Pantry	Northgate United Methodist Church	3700 W. Northgate Dr.	Irving	972-252-8519
Food Insecure	Environment - food	Food Pantry	St. Luke's Catholic Church	1015 Schulze Drive	Irving	972-259-3222
Food Insecure	Environment - food	Free Meals	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Food Insecure	Environment - food	Free Meals	Bear Creek Community Church-Tuesday evenings meals	2700 Finley Rd	Irving	972-257-0206
Food Insecure	Environment - food	Free Meals	First United Methodist Church-Thursday evenings meals	211 W 3rd St	Irving	972-253-3531
Food Insecure	Environment - food	Free Meals	Many Helping Hands	2620 W Grauwyler Rd	Irving	469-730-6206
Food Insecure	Environment - food	Free Meals	Meals on Wheels of Dallas County	1440 W Mockingbird Ln	Dallas	214-631-7554
Food Insecure	Environment - food	Free Meals	Union Gospel Mission - UGM Center of Hope	4815 Cass Street	Dallas	214-638-2988
Food Insecure	Environment - food	Grocery Delivery	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Food Insecure	Environment - food	Help Hotlines	Greater Dallas Council on Alcohol and Drug Abuse	1349 Empire Central Dr #800	Dallas	214-522-8600
Food Insecure	Environment - food	Help Hotlines	Greater Dallas Council on Alcohol and Drug Abuse	1349 Empire Central Drive Suite 800	Dallas	214-522-8600
Food Insecure	Environment - food	Help Hotlines	Salvation Army - Crisis Hotline	250 E. Grauwyler Road	Irving	214-424-7208
Food Insecure	Environment - food	Help Hotlines	The Family Place	PO Box 7999	Dallas	214-559-1991

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Food Insecure	Environment - food	Help Understanding Government Programs	Los Barrios Unidos Community Clinic	809 Singleton Blvd	Dallas	214-651-8739
Food Insecure	Environment - food	Help Understanding Government Programs	Texas Dept of Human Services Benefit Office	440 S. Nursery Road, Suite 200	Irving	972-579-3080
Food Insecure	Environment - food	Help Understanding Government Programs	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Food Insecure	Environment - food	Job Insecurity Services	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Food Insecure	Environment - food	Job Insecurity Services	Irving Workforce Center	2520 W Irving Blvd #100,	Irving	972-573-3500
Food Insecure	Environment - food	Job Insecurity Services	North Dallas Shared Ministries	2875 Merrell Rd	Dallas	214-358-8700
Food Insecure	Environment - food	Job Placement	Irving Workforce Center	2520 W Irving Blvd #100,	Irving	972-573-3500
Food Insecure	Environment - food	Social Services	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Food Insecure	Environment - food	Social Services	Metrocare at Grand Prairie — Center & Pharmacy	832 S. Carrier Pkwy	Grand Prairie	214-330-2488
Food Insecure	Environment - food	Social Services	Metrocare at Westmoreland — Center & Pharmacy	1350 N. Westmoreland	Dallas	214-330-0036
Food Insecure	Environment - food	Social Services	Metrocare Child & Adolescent Center at Westmoreland	1353 N. Westmoreland	Dallas	214-331-0107
Food Insecure	Environment - food	Supplemental Nutrition Programs	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Severe Housing Problems	Environment - Housing	Child Welfare	The Family Place	PO Box 7999	Dallas	214-559-1991

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Severe Housing Problems	Environment - Housing	Crisis Services	Salvation Army - Crisis Hotline	250 E. Grauwyler Road	Irving	214-424-7208
Severe Housing Problems	Environment - Housing	Crisis Services	The Family Place	PO Box 7999	Dallas	214-559-1991
Severe Housing Problems	Environment - Housing	Help Find Housing	Metrocare at Westmoreland — Center & Pharmacy	1350 N. Westmoreland	Dallas	214-330-0036
Severe Housing Problems	Environment - Housing	Help Hotlines	Greater Dallas Council on Alcohol and Drug Abuse	1349 Empire Central Dr #800	Dallas	214-522-8600
Severe Housing Problems	Environment - Housing	Help Hotlines	Greater Dallas Council on Alcohol and Drug Abuse	1349 Empire Central Drive Suite 800	Dallas	214-522-8600
Severe Housing Problems	Environment - Housing	Help Hotlines	Salvation Army - Crisis Hotline	250 E. Grauwyler Road	Irving	214-424-7208
Severe Housing Problems	Environment - Housing	Help Hotlines	The Family Place	PO Box 7999	Dallas	214-559-1991
Severe Housing Problems	Environment - Housing	Help Understanding Government Programs	Los Barrios Unidos Community Clinic	809 Singleton Blvd	Dallas	214-651-8739
Severe Housing Problems	Environment - Housing	Help Understanding Government Programs	Texas Dept of Human Services Benefit Office	440 S. Nursery Road, Suite 200	Irving	972-579-3080
Severe Housing Problems	Environment - Housing	Help Understanding Government Programs	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Severe Housing Problems	Environment - Housing	Housing Insecurity Services	Dallas Housing Authority	3939 N. Hampton Rd	Dallas	214-951-8300
Severe Housing Problems	Environment - Housing	Housing Insecurity Services	Metrocare at Westmoreland — Center & Pharmacy	1350 N. Westmoreland	Dallas	214-330-0036
Severe Housing Problems	Environment - Housing	Public Housing	Dallas Housing Authority	3939 N. Hampton Rd	Dallas	214-951-8300

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Severe Housing Problems	Environment - Housing	Safe Housing	Carr P. Collins Social Services Center	5302 Harry Hines Blvd	Dallas	214-424-7000
Severe Housing Problems	Environment - Housing	Safe Housing	Center of Hope for Women and Children	4815 Cass Street	Dallas	214-638-2988
Severe Housing Problems	Environment - Housing	Safe Housing	The Family Place	PO Box 7999	Dallas	214-559-1991
Severe Housing Problems	Environment - Housing	Safe Housing: Children	Center of Hope for Women and Children	4815 Cass Street	Dallas	214-638-2988
Severe Housing Problems	Environment - Housing	Safe Housing: Children	Union Gospel Mission - UGM Center of Hope	4815 Cass Street	Dallas	214-638-2988
Severe Housing Problems	Environment - Housing	Social Services	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Severe Housing Problems	Environment - Housing	Social Services	Metrocare at Grand Prairie — Center & Pharmacy	832 S. Carrier Pkwy	Grand Prairie	214-330-2488
Severe Housing Problems	Environment - Housing	Social Services	Metrocare at Westmoreland — Center & Pharmacy	1350 N. Westmoreland	Dallas	214-330-0036
Severe Housing Problems	Environment - Housing	Social Services	Metrocare Child & Adolescent Center at Westmoreland	1353 N. Westmoreland	Dallas	214-331-0107
Severe Housing Problems	Environment - Housing	Temporary Shelter	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Severe Housing Problems	Environment - Housing	Temporary Shelter	Carr P. Collins Social Services Center	5302 Harry Hines Blvd	Dallas	214-424-7000
Severe Housing Problems	Environment - Housing	Temporary Shelter	Center of Hope for Women and Children	4815 Cass Street	Dallas	214-638-2988
Severe Housing Problems	Environment - Housing	Temporary Shelter	Promise House	224 West Page Avenue	Dallas	214-941-8578
Severe Housing Problems	Environment - Housing	Temporary Shelter	Union Gospel Mission- UGM Calvert Place Men's Shelter	3211 Irving Blvd.	Dallas	214-637-6117

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Individuals Living Below Poverty Level	SDH - Income	Clothing	Graceful Buys- Resale	700 West Euless Blvd.	Euless	817-283-0977
Individuals Living Below Poverty Level	SDH - Income	Clothing	North Dallas Shared Ministries	2875 Merrell Rd	Dallas	214-358-8700
Individuals Living Below Poverty Level	SDH - Income	Clothing	Northgate United Methodist Church	3700 W. Northgate Dr.	Irving	972-252-8519
Individuals Living Below Poverty Level	SDH - Income	Clothing	The Family Place Resale Shop	11722 Marsh Lane #3572	Dallas	214-358-0381
Individuals Living Below Poverty Level	SDH - Income	Community Transportation Programs	123EasyRides	1111 W Mockingbird Ln	Dallas	214-972-1493
Individuals Living Below Poverty Level	SDH - Income	Diapers	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Individuals Living Below Poverty Level	SDH - Income	Discounted Healthcare	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Individuals Living Below Poverty Level	SDH - Income	Discounted Healthcare	Prism Health-Administrative Office	351 W. Jefferson Blvd Ste 300	Dallas	214-521-5191
Individuals Living Below Poverty Level	SDH - Income	Education Assistance	Irving Workforce Center	2520 W Irving Blvd #100,	Irving	972-573-3500
Individuals Living Below Poverty Level	SDH - Income	Financial Aid and Loans	North Dallas Shared Ministries	2875 Merrell Rd	Dallas	214-358-8700
Individuals Living Below Poverty Level	SDH - Income	Financial Assistance	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Individuals Living Below Poverty Level	SDH - Income	Financial Assistance	Catholic Charities	1421 Mockingbird Lane	Dallas	866-223-7500
Individuals Living Below Poverty Level	SDH - Income	Financial Assistance	North Dallas Shared Ministries	2875 Merrell Rd	Dallas	214-358-8700
Individuals Living Below Poverty Level	SDH - Income	Financial Education	Catholic Charities	1421 Mockingbird Lane	Dallas	866-223-7500

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Individuals Living Below Poverty Level	SDH - Income	Formula	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Individuals Living Below Poverty Level	SDH - Income	Free Meals	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Individuals Living Below Poverty Level	SDH - Income	Free Meals	Bear Creek Community Church-Tuesday evenings meals	2700 Finley Rd	Irving	972-257-0206
Individuals Living Below Poverty Level	SDH - Income	Free Meals	First United Methodist Church-Thursday evenings meals	211 W 3rd St	Irving	972-253-3531
Individuals Living Below Poverty Level	SDH - Income	Free Meals	Many Helping Hands	2620 W Grauwyler Rd	Irving	469-730-6206
Individuals Living Below Poverty Level	SDH - Income	Free Meals	Meals on Wheels of Dallas County	1440 W Mockingbird Ln	Dallas	214-631-7554
Individuals Living Below Poverty Level	SDH - Income	Free Meals	Union Gospel Mission - UGM Center of Hope	4815 Cass Street	Dallas	214-638-2988
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Los Barrios Unidos Community Clinic	809 Singleton Blvd	Dallas	214-651-8739
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Texas Dept of Human Services Benefit Office	440 S. Nursery Road, Suite 200	Irving	972-579-3080
Individuals Living Below Poverty Level	SDH - Income	Help Understanding Government Programs	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Dallas Housing Authority	3939 N. Hampton Rd	Dallas	214-951-8300
Individuals Living Below Poverty Level	SDH - Income	Housing Insecurity Services	Metrocare at Westmoreland — Center & Pharmacy	1350 N. Westmoreland	Dallas	214-330-0036
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	Irving Workforce Center	2520 W Irving Blvd #100,	Irving	972-573-3500
Individuals Living Below Poverty Level	SDH - Income	Job Insecurity Services	North Dallas Shared Ministries	2875 Merrell Rd	Dallas	214-358-8700
Individuals Living Below Poverty Level	SDH - Income	Job Placement	Irving Workforce Center	2520 W Irving Blvd #100,	Irving	972-573-3500
Individuals Living Below Poverty Level	SDH - Income	Prescription Assistance	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Individuals Living Below Poverty Level	SDH - Income	Prescription Assistance	Los Barrios Unidos Community Clinic	809 Singleton Blvd	Dallas	214-651-8739
Individuals Living Below Poverty Level	SDH - Income	Prescription Assistance	Metrocare at Westmoreland — Center & Pharmacy	1350 N. Westmoreland	Dallas	214-330-0036
Individuals Living Below Poverty Level	SDH - Income	Prescription Assistance	Metrocare Child & Adolescent Center at Westmoreland	1353 N. Westmoreland	Dallas	214-331-0107
Individuals Living Below Poverty Level	SDH - Income	Public Housing	Dallas Housing Authority	3939 N. Hampton Rd	Dallas	214-951-8300
Individuals Living Below Poverty Level	SDH - Income	Safe Housing: Women	Carr P. Collins Social Services Center	5302 Harry Hines Blvd	Dallas	214-424-7000
Individuals Living Below Poverty Level	SDH - Income	Safe Housing: Women	Center of Hope for Women and Children	4815 Cass Street	Dallas	214-638-2988
Individuals Living Below Poverty Level	SDH - Income	Safe Housing: Women	The Family Place	PO Box 7999	Dallas	214-559-1991
Individuals Living Below Poverty Level	SDH - Income	Safe Housing: Women	Union Gospel Mission - UGM Center of Hope	4815 Cass Street	Dallas	214-638-2988
Individuals Living Below Poverty Level	SDH - Income	Social Services	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Individuals Living Below Poverty Level	SDH - Income	Social Services	Metrocare at Grand Prairie — Center & Pharmacy	832 S. Carrier Pkwy	Grand Prairie	214-330-2488

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Individuals Living Below Poverty Level	SDH - Income	Social Services	Metrocare at Westmoreland — Center & Pharmacy	1350 N. Westmoreland	Dallas	214-330-0036
Individuals Living Below Poverty Level	SDH - Income	Social Services	Metrocare Child & Adolescent Center at Westmoreland	1353 N. Westmoreland	Dallas	214-331-0107
Individuals Living Below Poverty Level	SDH - Income	Supplemental Nutrition Programs	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	Carr P. Collins Social Services Center	5302 Harry Hines Blvd	Dallas	214-424-7000
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	Center of Hope for Women and Children	4815 Cass Street	Dallas	214-638-2988
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	Promise House	224 West Page Avenue	Dallas	214-941-8578
Individuals Living Below Poverty Level	SDH - Income	Temporary Shelter	Union Gospel Mission- UGM Calvert Place Men's Shelter	3211 Irving Blvd.	Dallas	214-637-6117
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	deHaro-Saldivar Health Center	1400 N. Westmoreland Rd	Dallas	214-266-0500
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	North Dallas Shared Ministries	2875 Merrell Rd	Dallas	214-358-8700
Individuals Living Below Poverty Level	SDH - Income	Vaccinations	Pediatric Primary Care Center	6300 Harry Hines Blvd., Suite 110	Dallas	214-266-0100

Community Healthcare Facilities

Facility Name	Type	System	Street Address	City	State	ZIP
Advance ER	ED	Nutex Health	5201 Lovers Lane	Dallas	TX	75209
Baylor Scott & White Emergency Hospital - Grand Prairie	ED	Baylor Scott & White	3095 Kingswood Boulevard Suite 100	Grand Prairie	TX	75052
Baylor Scott & White Medical Center - Irving	ST	Baylor Scott & White	1901 North Macarthur Boulevard	Irving	TX	75061
Baylor Surgical Hospital At Las Colinas	ST	Baylor Scott & White	400 West Interstate 635	Irving	TX	75063
Childrens Medical Center Of Dallas	KID	Children's Medical	1935 Medical District Drive	Dallas	TX	75235
Cook Childrens Northeast Hospital	KID	Cook Childrens	6316 Precinct Line Rd	Hurst	TX	76054
Coppell ER	ED	Freestanding	720 N Denton Tap Rd Ste 100	Coppell	TX	75019
Healthsouth Rehabilitation Hospital Of The Mid-Cities	LT	HealthSouth	2304 State Highway 121	Bedford	TX	76021
Highland Park Emergency Room	ED	Highland Park ER	5150 Lemmon Avenue	Dallas	TX	75209
Legacy ER	ED	Legacy	330 Denton Tap Rd	Coppell	TX	75019
Lifecare Hospitals Of Dallas	LT	LifeCare	1950 Record Crossing Road	Dallas	TX	75235
Medical City Las Colinas	ST	Hospital Corporation of America	6800 North Macarthur Boulevard	Irving	TX	75039
Our Childrens House	KID	Children's Medical	1340 Empire Central Drive	Dallas	TX	75247
Parkland Memorial Hospital	ST	Parkland	5200 - 5201 Harry Hines Boulevard	Dallas	TX	75235
Pine Creek Medical Center	ST	Freestanding	9032 Harry Hines Boulevard	Dallas	TX	75235
Promise Hospital Of Dallas Inc	LT	Promise Healthcare	7955 Harry Hines Boulevard	Dallas	TX	75235
Saint Camillus Medical Center	ST	Physician Synergy Group	1612 Hurst Town Center Dr	Hurst	TX	76054

Facility Name	Type	System	Street Address	City	State	ZIP
Texas Emergency Care Center - Irving	ED	Texas Emergency Care Center	8200 North Macarthur Blvd	Irving	TX	75063
Texas General Hospital	ST	Dr. Hashmi	2709 Hospital Blvd	Grand Prairie	TX	75051
Texas Health Harris Methodist Hospital Hurst-Euless-Bedford	ST	Texas Health Resources	1600 Hospital Parkway	Bedford	TX	76022
Texas Health Springwood Behavioral Health Hospital	PSY	Texas Health Resources	2717 Tibbets Drive	Bedford	TX	76022
William P. Clements Jr University	ST	UTSW	6201 Harry Hines Blvd	Dallas	TX	75235
Zale Lipshy University Hospital	ST	UTSW	5151 Harry Hines Blvd	Dallas	TX	75235

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

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

Health Professional Shortage Areas (HPSA)[12]

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Dallas	1481414864	CF-Hutchins State Jail	Primary Care	Correctional Facility
Dallas	1482645075	Southeast Dallas	Primary Care	Geographic HPSA
Dallas	1487732421	Trinity Area	Primary Care	Geographic HPSA
Dallas	1487790622	Parkland Center for Internal Medicine (Pcim)	Primary Care	Other Facility
Dallas	1488147611	Simpson-Stuart	Primary Care	Geographic HPSA
Dallas	6486350827	West Dallas/Cliff Hall	Dental Health	High Needs Geographic HPSA
Dallas	6488063344	CF-Hutchins State Jail	Dental Health	Correctional Facility
Dallas	6488138803	Lisbon Service Area	Dental Health	Geographic HPSA
Dallas	6489994838	Federal Correctional Institution - Seagoville	Dental Health	Correctional Facility
Dallas	6489994889	Los Barrios Unidos Community Health Center	Dental Health	Federally Qualified Health Center
Dallas	6489994897	MLK Jr. Family Center	Dental Health	Federally Qualified Health Center
Dallas	7481857339	South Irving Service Area	Mental Health	Geographic HPSA
Dallas	7482132665	West Dallas	Mental Health	High Needs Geographic HPSA
Dallas	7487523613	CF-Hutchins State Jail	Mental Health	Correctional Facility

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

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Dallas	148999484M	Federal Correctional Institution - Seagoville	Primary Care	Correctional Facility
Dallas	148999485F	MLK Jr Family Center	Primary Care	Federally Qualified Health Center
Dallas	14899948D3	Los Barrios Unidos Community Health Center	Primary Care	Federally Qualified Health Center
Dallas	14899948OY	Urban Inter-Tribal Center of Texas	Primary Care	Native American/Tribal Facility/Population
Dallas	14899948OZ	Mission East Dallas (Medical) and Metroplex Project	Primary Care	Federally Qualified Health Center
Dallas	14899948P6	Dallas County Hospital District Homeless Programs	Primary Care	Federally Qualified Health Center
Dallas	14899948Q0	Healing Hands Ministries, Inc.	Primary Care	Federally Qualified Health Center
Dallas	64899948C2	Dallas County Hospital District Homeless Programs	Dental Health	Federally Qualified Health Center
Dallas	64899948MO	Mission East Dallas (Medical) and Metroplex Project	Dental Health	Federally Qualified Health Center
Dallas	64899948MP	Urban Inter-Tribal Center of Texas	Dental Health	Native American/Tribal Facility/Population
Dallas	64899948NX	Healing Hands Ministries, Inc.	Dental Health	Federally Qualified Health Center
Dallas	748999481L	Los Barrios Unidos Community Health Center	Mental Health	Federally Qualified Health Center
Dallas	748999481V	MLK Jr. Family Center	Mental Health	Federally Qualified Health Center
Dallas	748999482V	Dallas County Hospital District Homeless Programs	Mental Health	Federally Qualified Health Center
Dallas	74899948MN	Mission East Dallas (Medical) and Metroplex Project	Mental Health	Federally Qualified Health Center
Dallas	74899948MP	Urban Inter-Tribal Center of Texas	Mental Health	Native American/Tribal Facility/Population
Dallas	74899948O2	Healing Hands Ministries, Inc.	Mental Health	Federally Qualified Health Center

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

County Name	MUA/P Source Identification Number	Service Area Name	Designation Type	Rural Status
Dallas	03453	Pleasant Grove Service Area	Medically Underserved Area	Non-Rural
Dallas	03468	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	03469	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	03490	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	03491	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	03526	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	05210	Brooks Manor Service Area	Medically Underserved Area	Non-Rural
Dallas	05211	Cedar Glenn Service Area	Medically Underserved Area	Non-Rural
Dallas	05212	Cliff Manor Service Area	Medically Underserved Area	Non-Rural
Dallas	05213	Forest Glenn Service Area	Medically Underserved Area	Non-Rural
Dallas	05214	Cedar Glenn South Service Area	Medically Underserved Area	Non-Rural
Dallas	07294	Oak Cliff Service Area	Medically Underserved Area	Non-Rural
Dallas	07392	Grand Prairie	Medically Underserved Area	Non-Rural
Dallas	07631	Cockrell Hill Service Area	Medically Underserved Area	Non-Rural
Dallas	07753	Mission East Dallas Area	Medically Underserved Population	Non-Rural
Dallas	07921	Balch Springs	Medically Underserved Area	Non-Rural

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

County Name	MUA/P Source Identification Number	Service Area Name	Designation Type	Rural Status
Dallas	07942	Southwest Dallas	Medically Underserved Area	Non-Rural
Dallas	07959	Lillycare Dallas	Medically Underserved Area	Non-Rural
Dallas	07973	Hutchins-Wilmer	Medically Underserved Area	Non-Rural

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

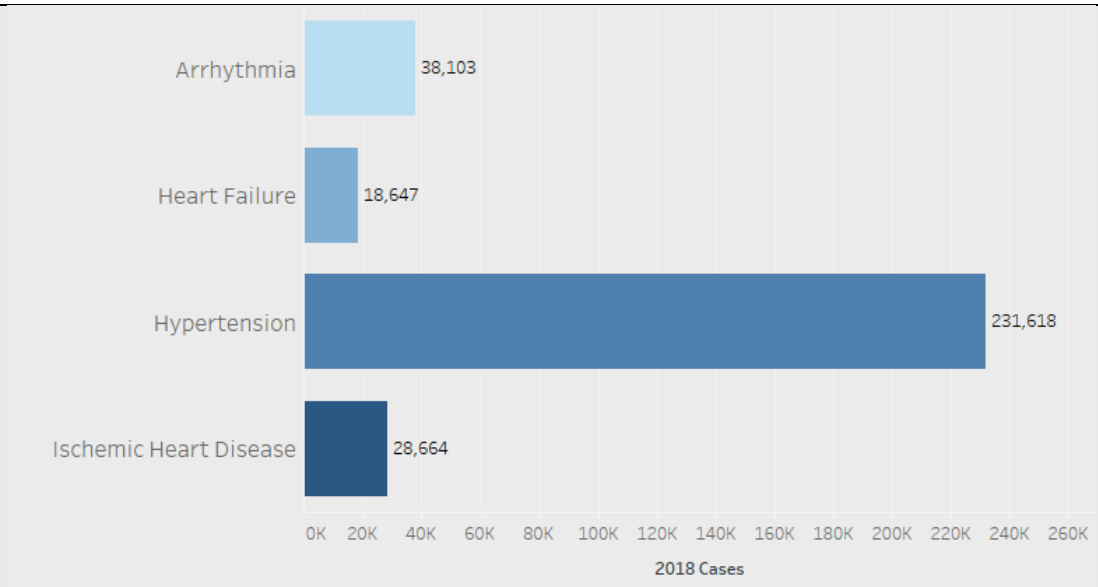
Irving/Las Colinas Health Community		
Public Health Indicator	Category	Indicator Definition
HIV Prevalence	Conditions/Diseases	2015 Number of Persons Aged 13 Years and Older Living with a Diagnosis of Human Immunodeficiency Virus (HIV) Infection per 100,000 Population
High School Dropout	Population	2016 A four-year longitudinal dropout rate is the percentage of students from the same class who drop out before completing their high school education.
Accidental poisoning deaths where opioids were involved	Mental Health	Annual Estimates of Accidental Poisoning Deaths where Opioids Were Involved Among Resident Population: April 1, 2010 to July 1, 2017.
Homicides	Population	2010-2016 Number of Deaths Due to Homicide, Defined as ICD-10 Codes X85-Y09, per 100,000 Population
Renter-occupied housing	Environment	2017 Renter-occupied housing (percent of households)
Drug Poisoning Deaths Rate	Health Behaviors	2014-2016 Number of Drug Poisoning Deaths (Drug Overdose Deaths) per 100,000 Population
Air Pollution - Particulate Matter daily density	Environment	2012 Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5)
No vehicle available	Environment	2017 Households with no vehicle available (percent of households)
Children Eligible for Free Lunch Enrolled in Public Schools	Population	2015-2016 Percentage of Children Enrolled in Public Schools that are Eligible for Free or Reduced Price Lunch
Sexually Transmitted Infection Incidence	Health Behaviors	2015 Number of Newly Diagnosed Chlamydia Cases per 100,000 Population
Perforated Appendix Admission: Pediatric (Risk-Adjusted-Rate for Appendicitis)	Preventable Hospitalizations	2016 Number Observed / Pediatric Population Under Age 18
Severe Housing Problems	Environment	2010-2014 Percentage of Households with at Least 1 of 4 Housing Problems: Overcrowding, High Housing Costs, or Lack of Kitchen or Plumbing Facilities
Motor Vehicle Driving Deaths with Alcohol Involvement	Health Behaviors	2012-2016 Percentage of Motor Vehicle Crash Deaths that had Alcohol Involvement
Non-English speaking households	Population	2012 Percent- Language other than English
Percentage of Population under age 65 without Health Insurance	Access To Care	2015 Percentage of Population Under Age 65 Without Health Insurance
Children in Single-Parent Households	Population	2012-2016 Percentage of Children that Live in a Household Headed by Single Parent

Irving/Las Colinas Health Community		
Public Health Indicator	Category	Indicator Definition
Infant Mortality Rate	Injury & Death	2010-2016 Number of All Infant Deaths (Within 1 year), per 1,000 Live Births
Food Insecure	Environment	2015 Percentage of Population Who Lack Adequate Access to Food During the Past Year
Diabetes Short-term Complications Admission: Pediatric (Risk-Adjusted-Rate)	Preventable Hospitalizations	2016 Number Observed / Pediatric Population Under Age 18
Uninsured Children	Access To Care	2015 Percentage of Children Under Age 19 Without Health Insurance
Teen Birth Rate per 1,000 Female Population, Ages 15-19	Health Behaviors	2010-2016 Number of Births to Females Ages 15-19 per 1,000 Females in a County.
Individuals Living Below Poverty Level	Population	2012-2016 American Community Survey 5-Year Estimates, Individuals below poverty level
Children in Poverty	Population	2016 Percentage of Children Under Age 18 in Poverty
Long Commute Alone	Environment	2012-2016 Among Workers Who Commute in Their Car Alone, the Percentage that Commute More than 30 Minutes
Child Mortality Rate	Injury & Death	2013-2016 Number of Deaths Among Children under Age 18 per 100,000
Osteoporosis in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Perforated Appendix Admission: Adult (Risk-Adjusted-Rate for Appendicitis)	Preventable Hospitalizations	2016 Number Observed / Adult Population Age 18 and older
Stroke Mortality Rate	Injury & Death	2013 Cerebrovascular Disease (Stroke) Age Adjusted Death Rate (Per 100,000 - All Ages. Age-adjusted using the 2000 U.S. Standard Population)
Violent Crime Offenses	Population	2012-2014 Number of Reported Violent Crime Offenses per 100,000 Population
Adults Reporting Fair or Poor Health	Health Status	2016 Percentage of Adults Reporting Fair or Poor Health (Age-Adjusted)
Cancer Incidence - Prostate	Conditions/Diseases	2011-2015 Age-Adjusted Prostate Cancer Incidence Rate Cases per 100,000.
Some College	Population	2012-2016 Percentage of Adults Ages 25-44 with Some Post-Secondary Education

Appendix E: Watson Health Community Data

Watson Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnoses; there were over 231,000 estimated cases in the community overall. The 75052 ZIP code of South Grand Prairie had the most estimated cases of each heart disease type. The 76054 ZIP code of HEB 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



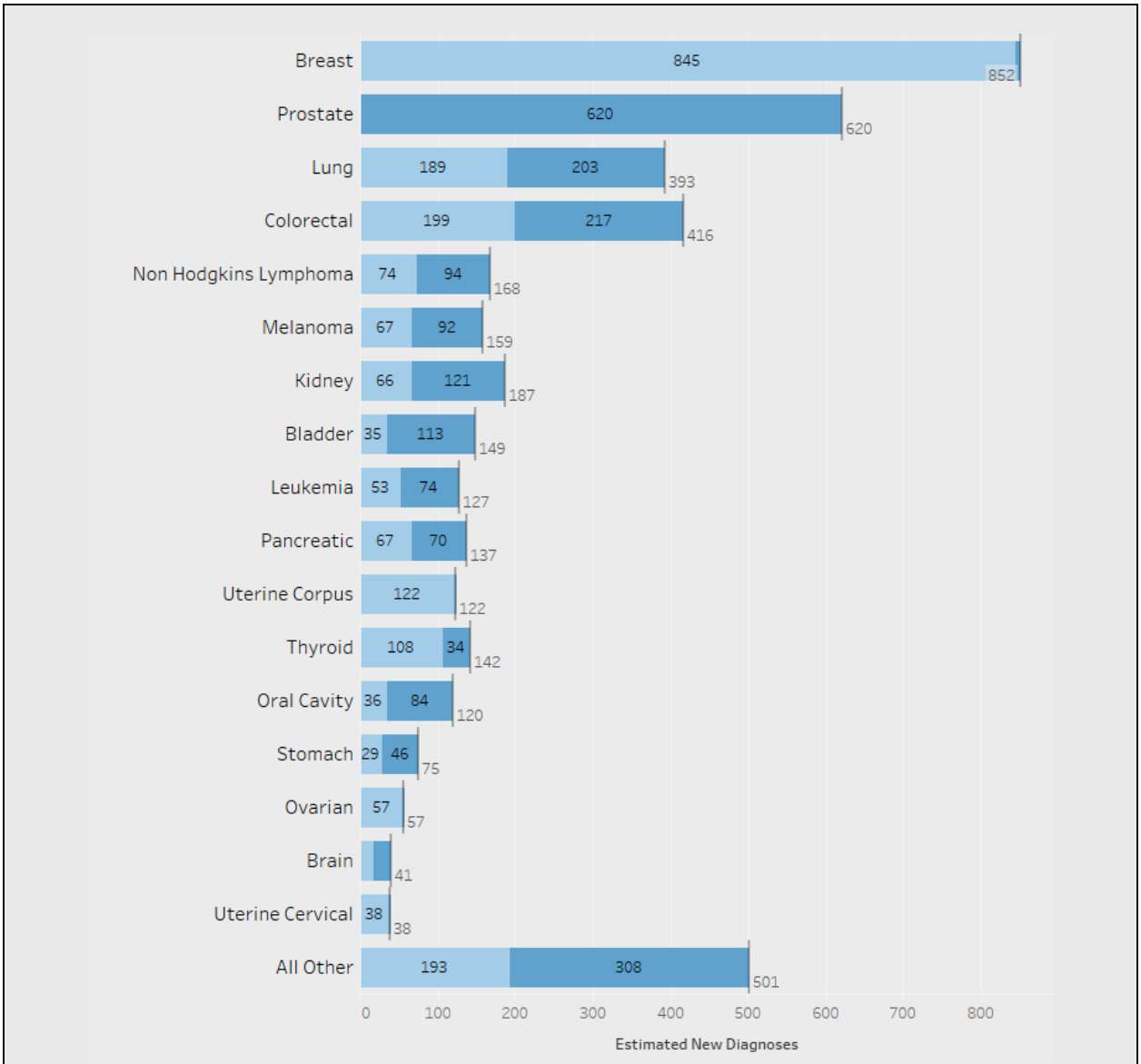
Bar chart shows total number of 2018 Estimated Heart Disease cases for each of four types: arrhythmia, heart failure, hypertension, and ischemic heart disease

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; based on both population changes and disease rates. The cancers estimated to have the greatest number of new cases in 2018 were breast, prostate, lung cancers and colorectal.

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	149	178	19.5%
Brain	41	45	9.8%
Breast	852	976	14.6%
Colorectal	416	440	5.8%
Kidney	187	220	17.6%
Leukemia	127	147	15.7%
Lung	393	457	16.3%
Melanoma	159	183	15.1%
Non Hodgkins Lymphoma	168	196	16.7%
Oral Cavity	120	140	16.7%
Ovarian	57	63	10.5%
Pancreatic	137	167	21.9%
Prostate	620	686	10.6%
Stomach	75	87	16.0%
Thyroid	142	165	16.2%
Uterine Cervical	38	40	5.3%
Uterine Corpus	122	143	17.2%
All Other	501	587	17.2%
Grand Total	4,303	4,921	14.4%

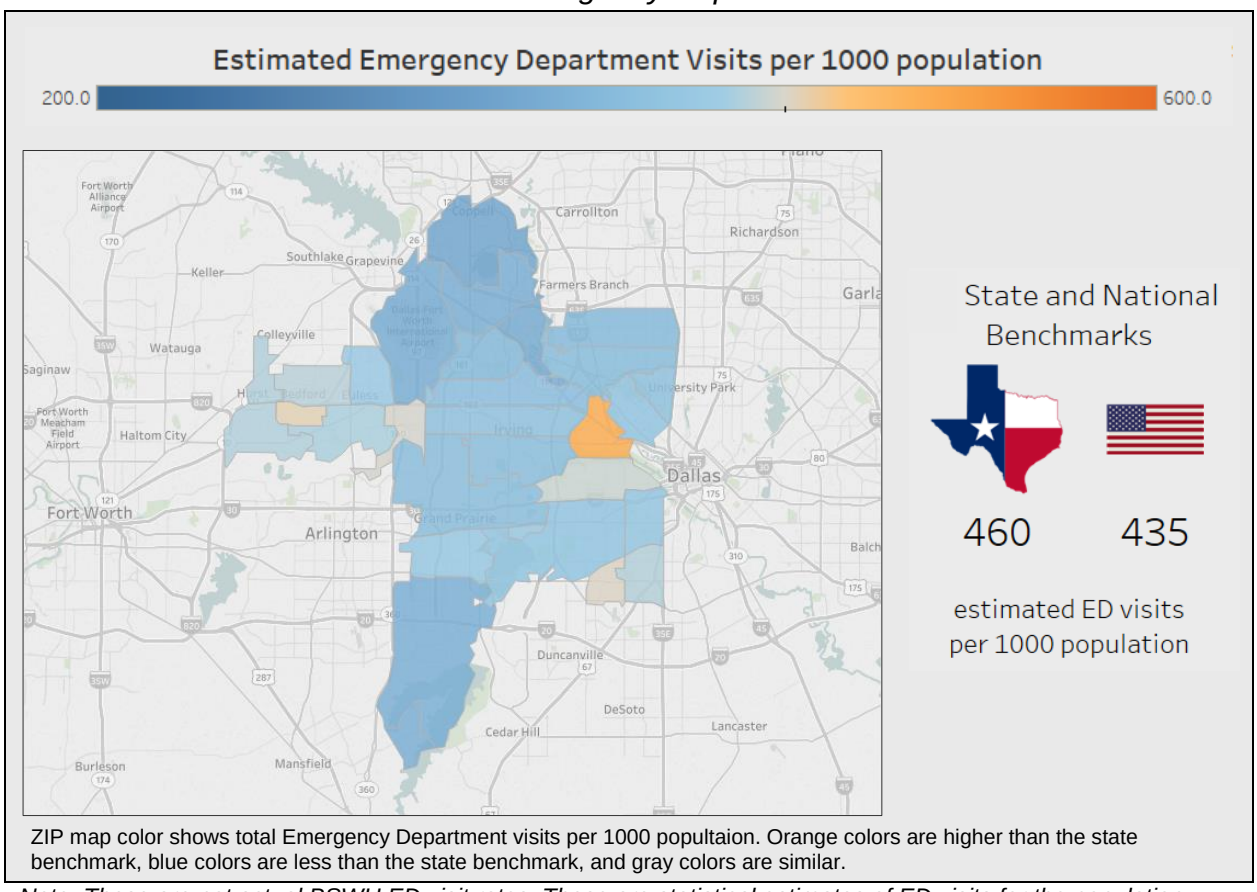
Source: IBM Watson Health, 2018

Based on population characteristics and regional utilization rates, Watson Health projected all emergency department (ED) visits in this community to increase by 7.1% over the next 5 years. The highest estimated ED use rates were in the ZIP codes of HEB; 425.8 to 465.7 ED visits per 1,000 residents compared to the Texas state benchmark of 460 visits and the U.S. benchmark of 435 visits per 1,000.

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

Non-emergent outpatient ED visits could be an indication of systematic issues within the community regarding access to primary care, managing chronic conditions, or other access to care issues such as ability to pay. Watson Health estimated non-emergent ED visits to increase by an average of 3.0% over the next five years in this community.

Estimated 2018 Emergency Department Visit Rate

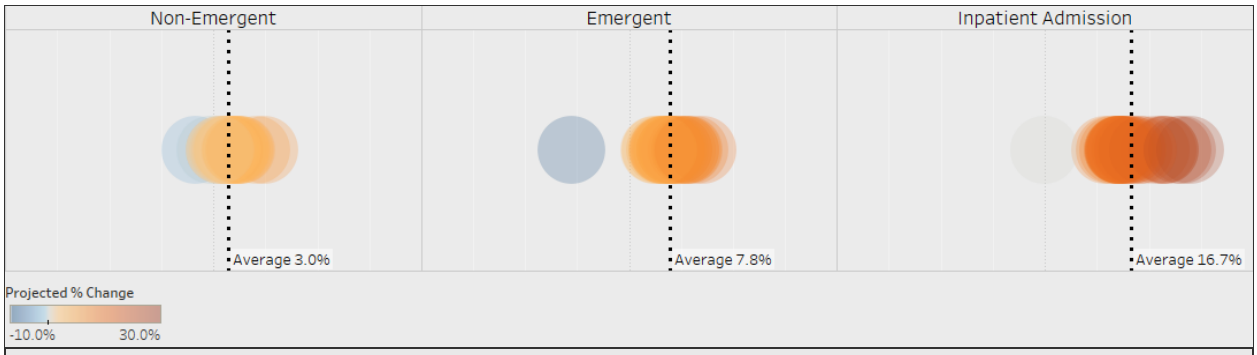


ZIP map color shows total Emergency Department visits per 1000 popultaion. Orange colors are higher than the state benchmark, blue colors are less than the state benchmark, and gray colors are similar.

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 Medical Center – Irving
Baylor Surgical Hospital at Las Colinas

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 Medical Center - Irving	√	√				
Baylor Surgical Hospital at Las Colinas	√					

Total Resources Contributed to Addressing Needs: $5,903,756

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

Program: Community Benefit Operations
Entity Name: Baylor Scott & White Medical Center – Irving
Description:
The Hospital produces a triennial Community Needs Assessment. The Hospital also 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. • Costs associated with community benefit evaluation. • Cost of fundraising for hospital sponsored and community sponsored community health imp. programs, including grant writing. • Grant writing and other fundraising costs related to equipment used for Hospital sponsored community benefit services and activities. • Costs associated with developing a community benefit plan, conducting community forums, and reporting community benefit. • Overhead and office expenses associated with community benefit operations.
Impact: 61,488 persons served; improved access to care for middle to low-income socio economic status
Committed Resources: Staff time; equipment/supplies; clinical experts; $488,371 net community benefit

Program: Faith Community Health
Entity Name: Baylor Scott & White Medical Center – Irving
Description:
Faith Community Health (FCH) is a branch of Faith In Action Initiatives in the Office of Mission and Ministries of Baylor Scott & White Health (BSWH). FCH helps high-risk patients through the provision of resources and support, encourages congregational wellness through programs and screenings, and community engagement through resource navigation.
Impact: improves health by combining the caring strengths of faith communities and the clinical expertise of trained Faith Community volunteers
Committed Resources: staff time; equipment/supplies; $300 net community benefit

Program: Community Health Education - Cancer
Entity Name: Baylor Scott & White Medical Center – Irving
Description:
These events provide education and outreach through support groups that teach residents in the community about living with chronic diseases and issues related to care givers of those living with serious life altering injury or chronic diseases to aid in maintaining a healthy lifestyle. This program improves the quality of life for those living with or providing care for those living with cancer, and hose for whom depression alters their ability to function optimally.
Impact: 370 persons served; educate the public on early detection/prevention of cancer
Committed Resources: staff time; supplies/equipment; $648 net community benefit

Program: Community Health Education Heart Disease
Entity Name: Baylor Scott & White Medical Center – Irving
Description:
These events provide education and outreach through support groups that teach residents in the Hospital's area about living with chronic diseases and issues related to care givers of those living with serious life altering injury or chronic diseases to aid in maintaining a healthy lifestyle. This program improves the quality of life for those living with or providing care for those living with heart disease, and those for whom depression alters their ability to function optimally.
Impact: 377 persons served; educate the public on early detection/prevention of heart disease
Committed Resources: staff time; supplies/equipment; $2,052 net community benefit

Program: Community Health Education - Joint Pain
Entity Name: Baylor Scott & White Medical Center – Irving
Description:
These events provide education and outreach through support groups that teach residents in the community about living with chronic diseases and issues related to care givers of those living with serious life altering injury or chronic diseases to aid in maintaining a healthy lifestyle.
Impact: 145 persons served; improves the quality of life for those living with or providing care for those living with chronic illnesses and conditions, and those for whom depression alters their ability to function optimally.
Committed Resources: staff time; supplies/equipment; $2,225 net community benefit

Program: Community Health Education - Other
Entity Name: Baylor Scott & White Medical Center – Irving
Description:
These events provide education and outreach through support groups that teach residents in the community about living with chronic diseases and issues related to care givers of those living with serious life altering injury or chronic diseases to aid in maintaining a healthy lifestyle. This program improves the quality of life for those living with or providing care for those living with chronic illnesses and conditions, and those for whom depression alters their ability to function optimally.
Impact: 16,970 persons served; improves the quality of life for those living with or providing care for those living with chronic illnesses and conditions, and those for whom depression alters their ability to function optimally.
Committed Resources: staff time; supplies/equipment; $16,434 net community benefit

Program: Community Health Education - School Based
Entity: Baylor Scott & White Medical Center – Irving
Description:
These events provide education and outreach through support groups that teach residents in the community about living with chronic diseases and issues related to care givers of those living with serious life altering injury or chronic diseases to aid in maintaining a healthy lifestyle. This program improves the quality of life for those living with or providing care for those living with chronic illnesses and conditions, and those for whom depression alters their ability to function optimally
Impact: 1,395 persons served**;** staff time; supplies/equipment; $16,434 net community benefit
Committed Resources: staff time; supplies/equipment; $1,315 net community benefit

Program: Donations - In Kind
Entity: Baylor Scott & White Medical Center – Irving
Description:
Baylor Irving supports area organizations through the donation of equipment, medical supplies and emergency medical care at community events. This provides a service to cities, municipalities, school districts and non-profit organizations otherwise not be provided.
Impact: 3,897 persons served;
Committed Resources: staff time; supplies/equipment; $27,997 net community benefit

Program: Donations In Kind - Faith in Action Initiatives
Entity: Baylor Scott & White Medical Center – Irving
Description:
The Hospital donates retired medical supplies and equipment to the office of Faith in Action initiatives 2nd Life program to provide for the health care needs of populations in the community, nation and world whose needs cannot be met through their own organization.
Impact: unknown number served; increase infrastructure of healthcare access
Committed Resources: staff time; warehouse; volunteers; shipping costs; supplies/equipment; $15,494 net community benefit

Program: DSRIP Care Connect
Entity: Baylor Scott & White Medical Center – Irving
Description:
This project creates a care navigation program located at the hospital Emergency Department for patients (including Medicaid/Uninsured) who are identified (or proclaim) to not have a primary care physician and/or patient centered medical home to address their post-acute care needs. Approximately 85% of new patients enrolled in this program are Medicaid/Uninsured. By having staff physically located in these locations, patients receive real time assistance in finding a provider and ensuring connection with the appropriate resources required once discharged to home. Staff coverage includes weekends to ensure that patients connect to resources 7 days/week. Additionally, staff follows-up with patients to make sure they have and attend appointments. Staff proactively visits ED returning patients to ensure they can access their PCP/PCMH appointment and/or recommended community resource(s). Care plans are developed for patients with high hospital utilization (especially patients with frequent emergency department visits) and complex needs. Care plans include involvement with Social Work Supervisor, Hospital Medical Director and other hospital staff. Patients with care plans are contacted as often as needed to ensure continuity of the care plan.
Impact: 2,935 persons served; enhanced access to care; reduced re-admissions
Committed Resources: Social work staff time; Care navigators; administrative time;

Program: DSRIP Chronic Disease Management
Entity: Baylor Scott & White Medical Center – Irving
Description:
This program houses a carved out chronic disease management program providing focused and dedicated education and care for low to middle socio-economic status patients with diabetes, cardiovascular diseases (CVD) (i.e. congestive heart failure) and respiratory diseases (asthma/chronic obstructive pulmonary disease) within a primary care setting. Specific staff, comprised of community health workers (CHW) and nurse care managers, address the complex clinical and prevention needs of these patients and spend time specifically on management of these diseases. The focus of this time and education with patients not only entails clinical counseling, but also includes prevention components focused on lifestyle issues and self-management. The other key advantage that patients receive as part of this program is point of care testing for diabetes (HbA1c testing and glucose testing using test strips) and asthma (Peak Flow Meter Assessments). This will help to overcome the barrier of patients' non-compliance with completing lab orders and any financial or transportation issues that arise in obtaining these important lab results.
Impact: 291 persons served; increased health literacy; serve a greater number of persons through a carved out focused care model; increase the number of patients served through point of care testing
Committed Resources: CHW; supplies/equipment;

Program: DSRIP Medication Management
Entity: Baylor Scott & White Medical Center – Irving
Description:
This project combines project options to implement interventions teams, technologies and processes to avoid medication errors and use evidenced based interventions to avoid medication errors. The project combines the components of both options but focuses on medication management and compliance in the ambulatory setting within patients. Based on current estimates by providers, more than 50% of clinic patients have five or more medications. Ensuring that these medications are 1) appropriate, 2) taken correctly, 3) managed and 4) accessible is important to improve clinical outcomes. Eligible patients who qualify for mediations and those patients who cannot afford prescriptions receive help obtaining the medications through a prescription assistance program. The project will provide medications at little to no cost for patients who are 150% below the federal poverty level, have one or more chronic diseases, and remain compliant with appointments and care regimens.

Impact: 1,268 persons served; adherence and compliance to medications will increase; comprehensive care management to address all of their needs in one care venue.
Committed Resources: clinical pharmacist; staff time; supplies/equipment

Program: DSRIP Primary Care Expansion
Entity: Baylor Scott & White Medical Center – Irving
Description:
This program expands current hospital capacity by opening patient panels to non-hospital lower and middle-income under-served patients and fully utilize the space and providers' capacity. Additional support staff coordinate patient care, ensure transition from the hospital to a Clinic and help to facilitate the care of the complex underserved patients. Through expanding the capacity of the current clinic, adding additional support staff and services, physicians may request ancillary services such as labs, imaging (i.e.: CT scans, MRI, mammograms, ultrasound, echocardiograms, and interventional radiology) and diagnostics (i.e.: colonoscopy, stress tests, esophageal diagnostic, retinal screens).
Impact: 7,232 persons served; a patient can receive comprehensive and complete services in one primary care location; improve patients' health outcomes and status; prevent re-admissions
Committed Resources: staff time; supplies/equipment;

Program: DSRIP Specialty Care
Entity: Baylor Scott & White Medical Center – Irving
Description:
Patients (including Medicaid and Uninsured) have an established primary care medical home (PCMH), and receive specialty care services such as outpatient procedures, specialty office visits, wound care, and facility based procedures such as cardiac catheterizations, certain surgeries (i.e.: gall bladder/hernia), excision of masses (breast, lymphoma), and cataract removal. The specialty care referral/coordination comes from the PCMH clinic per PCP's request. This project's value is in building relationships, contracts and a network with local specialty care providers that can be easily accessible to this population. Through utilizing our electronic health record and specialty care referral coordinator, specialists providing procedures will engage in the screening and educational needs of these patients.
Impact: 866 persons served; Category 3 outcomes around Asthma improvement, cervical and colo-rectal cancer screening; create a central repository of patient information;
Committed Resources: electronic health record and specialty care referral coordinator

Program: DSRIP Vulnerable Patient Network Home Visits
Entity: Baylor Scott & White Medical Center – Irving
Description:
The Vulnerable Patient Network (VPN) program provides home visits to the highest risk (clinically, economically and socially) and vulnerable Medicaid and uninsured patients. The top 5% of high-risk patients will be stratified and identified in the Medicaid and Uninsured population. Patient characteristics qualifiers for enrollment in this program include but are not limited to: home-bound, disabled, multiple chronic diseases, poly-pharmacy or any other medical or social conditions limiting the patients' ability to access care in an ambulatory care setting. A full spectrum of services will be available in the patient home ranging from examinations and clinical decision making to changing urinary catheters, labs, vaccinations and medication reconciliation, management and education.
Impact: 29 persons served.
Committed Resources: advanced nurse practitioner (APRN) and LVN; Care Coordinators; Medical Director

Program: Enrollment Services
Entity: Baylor Scott & White Medical Center – Irving
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: persons served unknown; increased access to care
Committed Resources: Eligibility Consultant Contract; $356,286 net community benefit

Program: Financial Assistance
Entity Name: Baylor Surgical Hospital at Las Colinas
Description:
As an affiliated for-profit joint venture hospital, the hospital expanded its provision of financial assistance to eligible patients by providing free or discounted care as outlined in the BSWH financial assistance policy. The hospital has agreed to provide the same level of financial assistance as other BSWH nonprofit hospitals and to be consistent with certain state requirements applicable to nonprofit hospitals. Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospital to help the hospital treat indigent patients.
Impact: 551 patients served
Committed Resources: $762,101 net community benefit

Program: For Women, For Life
Entity: Baylor Scott & White Medical Center – Irving
Description:
Regular health exams and tests can help find problems before they start. They also can help find problems early, when the chances for treatment and cure are better. Through For Women, For Life the Hospital provides health services, screenings, and treatments, assisting women in taking steps that help their chances for living a longer, healthier life. This annual event for women focusing on proactive health care including preventive health screenings, seminars and healthy lifestyle information.
Impact: 655 persons served; Reduce readmissions and create strategies centered on diabetes, congestive heart failure; serve female population who might not otherwise seek preventive health care.
Committed Resources: staff time; supplies/equipment; $18,888 net benefit

Program: Health Professions Education
Entity: Baylor Scott & White Medical Center – Irving
Description:
Through the educational services department, Baylor Irving hosts and provides other professional education to students to encourage them to enter the medical field, thereby allaying the documented shortage of health care professionals.
Impact: 782 persons served**;** allaying the documented shortage of health care professionals.
Committed Resources: staff time; supplies/equipment; $21,708 net benefit

Program: Health Screenings - Cancer
Entity: Baylor Scott & White Medical Center – Irving
Description:
The Hospital participates in community health screenings to aid in reducing the number of undiagnosed cancer cases, as well as illness, disability, and death caused by cancer. Screening tests can help find cancer at an early stage, before symptoms appear. When abnormal tissue or cancer is found early, it may be easier to treat or cure. Events include the Women's Health Day, Men's Health Day, community and corporate sponsored health fairs, seminars and screenings held throughout the year
Impact: 153 persons served; early detection; increased awareness of diagnosis, treatments, cures;
Committed Resources: staff time; supplies/equipment; $1,205 net community benefit

Program: Health Screenings - Heart Disease
Entity: Baylor Scott & White Medical Center – Irving
Description:
The Hospital provides blood pressure screenings to improve cardiovascular health and quality of life through prevention, detection and treatment of risk factors through focusing particularly on hypertension and cholesterol in men and women and minority groups at high risk for disease development.
Impact: 2,324 persons served; early detection; increased awareness of diagnosis, treatments, cures;
Committed Resources: staff time; supplies/equipment; $19,534 net community benefit

Program: Health Screenings - Pulmonary
Entity: Baylor Scott & White Medical Center – Irving
Description:
Pulmonary screening events focus on the provision of educational materials and screenings that affect lifestyle habits and on risk factors. Events include the Women's Health Day, Men's Health Day, community and corporate sponsored health fairs, seminars and screenings held throughout the year. Various health screenings include pulmonary function testing.
Impact: 281 persons served; early detection; increased awareness of diagnosis, treatments, cures;
Committed Resources: staff time; supplies/equipment; $1,610 net community benefit

Program: Health Screenings - Wellness
Entity: Baylor Scott & White Medical Center – Irving
Description:
Events focused on educational materials and screenings that affect lifestyle habits. The focus will be on risk factors. Events will include the Women's Health Day, Men's Health Day, community and corporate sponsored health fairs, seminars and screenings held throughout the year. Wellness health screenings include Body fat/Body Mass Index.
Impact: 2,558 persons served; early detection; increased awareness of diagnosis, treatments, cures;
Committed Resources: staff time; supplies/equipment; $5,426 net community benefit

Program: It's A Guy Thing
Entity: Baylor Scott & White Medical Center – Irving
Description
Regular health exams and tests can help find problems before they start. They also can help find problems

early, when the chances for treatment and cure are better. Through For It's A Guy Thing, the Hospital provides health services, screenings, and treatments, assisting men in taking steps that help their chances for living a longer, healthier life. This annual event for men focusing on proactive health care including preventive health screenings, seminars and healthy lifestyle information.
Impact: 76 persons served; early detection; increased awareness of diagnosis, treatments, cures;
Committed Resources: staff time; supplies/equipment; $11,910 net community benefit

Program: Medical Education - Nursing Students
Entity: Baylor Scott & White Medical Center – Irving
Description:
The hospital is committed to assisting with the preparation of future nurses at entry and advanced levels of the profession to establish a workforce of qualified nurses. Through the System's relationships with many North Texas schools of nursing, the hospital maintains strong affiliations with schools of nursing. Like physicians, nursing graduates trained at the hospital are not obligated to join the staff although many remain in the North Texas area to provide top quality nursing services to many health care institutions.
Impact: 548 persons served; helped to allay medical professional shortages in Texas
Committed Resources: Nurse Educator; supervisory staff; supplies/equipment; $1,730,380 net community benefit

Program: Medical Education–Allied Health Services
Entity: Baylor Scott & White Medical Center – Irving
Description:
Baylor Irving provides a clinical setting for student training and internships for dietary professionals, technicians, chaplaincy/pastoral care, physical therapists, social workers, pharmacists, and other health professionals. There is no work requirement tied to this training at the hospital.
Impact: 334 persons served; helped to allay medical professional shortages in Texas
Committed Resources: Nurse Educator; supervisory staff; supplies/equipment; $1,670,656 net community benefit

Program: Translation Services
Entity: Baylor Scott & White Medical Center – Irving
Description:
The Hospital provides translation/interpreter services that go beyond what is required by state or federal rules or law or for accreditation. For example, translation services for a group that comprises less than 15% of the population.
Impact: unknown persons served; increased access to health care;
Committed Resources: Contract services; $282,118 net community benefit

Program: Transportation
Entity: Baylor Scott & White Medical Center – Irving
Description:
The Transportation Program is a partnership with CitySquare to provide the Baylor Community Care Clinic and Healing Hands patients with transportation to appointments.
Impact: 2,048 persons served; increased access to health care;
Committed Resources: Vehicle; Driver; $9,095 net community benefit

Program: Workforce Development
Entity: Baylor Scott & White Medical Center – Irving
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: unknown persons served; allay the physician shortage
Committed Resources: Supervisory staff; $458,003 net community benefit

Identified Need Addressed: Mental / Behavioral Health

Program: DSRIP Mental/ Behavioral Health Clinics
Entity: Baylor Scott & White Medical Center – Irving
Description:
This project co-locates and integrates behavioral health services into the outpatient primary care setting. The model provides a Licensed Clinical Social Worker (LCSW) for basic counseling services. The LCSW addresses behavioral health needs such as anxiety, depression, and substance abuse issues. The screening tools used are evidence based and include PHQ2 or 9, GAD-7 and alcohol and substance abuse screens. Additionally, the LCSW, supported by a Community Health Worker (CHW), helps with the screening and referral processes. This staff and be triaged to clinics and community locations to provide behavioral health services.
Impact: 1,766 persons served; reduced transportation needs due to co-location of services
Committed Resources: Licensed Clinical Social Worker; CHW

Identified Need Addressed: Preventable Admits: Adult Uncontrolled Diabetes

Program: DSRIP Diabetes Bundle
Entity: Baylor Scott & White Medical Center – Irving
Description:
This chronic disease-management intervention program improves management of diabetes and comorbidities.
Impact: 4,205 persons served; improves health outcomes and quality of life, preventing disease complications, and reducing unnecessary acute and emergency care utilization
Committed Resources:

Needs Not Addressed:

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

- Preventable Admits: Adult Uncontrolled Diabetes*
- Lack of Dental Providers
- Teen Pregnancies

- Drug Abuse

*See – DSRIP Diabetes Bundle