



Baylor Scott & White Health Grapevine/Trophy Club Health Community

Community Health Implementation Strategies 2019

An Action Plan for the Community Health Needs Assessment



Grapevine/Trophy Club Health Community Hospitals

- Baylor Scott & White Medical Center – Grapevine
- Baylor Scott & White Medical Center – Trophy Club



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Executive Summary

As the largest not-for-profit healthcare system in Texas, Baylor Scott & White Health (BSWH) understands the importance of serving the health needs of its communities. In order to do that successfully, the System is constantly surveying patients, their families and neighbors to understand the issues they face when it comes to making healthy life choices and healthcare decisions.

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

For the 2019 assessment, the community served by the collaborating BSWH hospital facilities spans multiple counties in the Grapevine/Trophy Club area of North Texas. This is the hospitals' primary service area, where at least 75% of the hospitals' admitted patients live.



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

Any community needs that did not meet state benchmarks were included in a magnitude analysis index. Understanding the degree of difference from benchmark

helped determine the relative severity of the issue. The outcomes of this quantitative analysis were aligned with the qualitative findings of the community input sessions to elicit a list of health needs in the community. These health needs fell into one of four quadrants within a health needs matrix: high data/low qualitative; low data/low qualitative; low data/high qualitative; or high data/high qualitative.



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



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

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

Dear Community Members:

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

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

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

- **Food Insecurity**
- **Depression in the Medicare Population**

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

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

Sincerely,

Baylor Scott & White Facility Presidents
Grapevine/Trophy Club Health Community

Grapevine/Trophy Club Community Health Implementation Strategies

The Community Health Implementation Strategies for Grapevine/Trophy Club Health Community is the companion piece to the CHNA. Public and hospital data and input gleaned from stakeholders representing the broad interests of the community are the foundation for this report, which offers realistic solutions to the community's priority health needs (see CHNA Report www.BSWHealth.com/CommunityNeeds). Grapevine/Trophy Club Health Community spans Dallas, Denton and Tarrant counties. The community includes the geographic area where at least 75% of the hospital facilities' admitted patients live. This written plan satisfies the requirements set forth in Internal Revenue Code (IRC) Section 501(r) (3) and the Texas Health and Safety Code Chapter 311 and is widely available to the public.

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

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

1

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

2

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

3

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

Grapevine/Trophy Club Health Community Needs

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

Priority	Need	Category of Need
1	Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care
2	Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health
3	Food Insecurity	Environment - Food
4	Depression in Medicare Population	Mental Health
5	Alzheimer's Disease/Dementia in Medicare Population	Mental Health

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

COMMUNITY NEEDS ADDRESSED		
Facility	Food Insecurity	Depression in Medicare Population
Baylor Scott & White Medical Center – Grapevine		✓
Baylor Scott & White Medical Center – Trophy Club	✓	

Implementation Strategies

Priority 3: Food Insecurity – 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. Lacking consistent access to food is related 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.

It is equally important to eat a balanced diet that includes fruits and vegetables as well as to have adequate access to a consistent supply of food. In Tarrant County 17.4% of the population lacked adequate access to food within the preceding year. This value was 11% higher than the state benchmark and may indicate a greater need or vulnerability within the population. The U.S. benchmark is 13%, this was lower than the state of Texas as well as Denton and Tarrant counties.

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Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
United Surgical Partners International partnership with Healthy Over Hungry for annual cereal drive	Improved access to healthy food sources	Staff time	Amount of food donated	Tarrant Area Food Bank
Annual internal Thanksgiving food drive	Improved access to healthy food sources	Staff time	Amount of food donated	GRACE's Grapevine Food Pantry

Priority 4: Depression in Medicare Population – Depression is a true and treatable condition and not a normal result of aging. Healthcare providers may mistake an older adult’s symptoms of depression as just a natural reaction to illness or the changes that may occur as we age, and therefore not see the depression as a condition to be treated. Individuals in the Grapevine/Trophy Club Health Community are living longer than in any other time in history while families are becoming smaller and more spread out geographically. This presents challenges in both social connectedness and the caring of older individuals. Historically, family groups have provided care to aging parents and grandparents; however, that paradigm is changing across America. The Texas state benchmark for depression within the Medicare population is 14.9%. Depression among the Medicare population for Denton County is 17.6% and 17.9% in Tarrant County, placing it among the top-ranked needs for the community based on public health indicators analyzed for the CHNA.

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Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Collaboration with Friends & Family Program	Increased access to mental health services	Care Coordination Budget	Number served Number referred	Grapevine Relief and Community Exchange
Team Member and community in-services/ seminars	Increased awareness of mental health/ depression issues	Staff Psychiatrist	Number of seminars provided Attendance numbers	
Quality emergency and urgent care to all persons, insured or uninsured	Increased access to emergent mental health crisis and provides referrals to mental health facilities/ resources	Healthcare infrastructure Budget Supplies Staff	Number of visits Length of stay	
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Increased access to mental health services through community collaboration	Community Support Fund	Health outcomes reported by recipient organizations	Community organizations providing mental health/ depression care

Priority 4: Depression in Medicare Population

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Free or low cost support groups	Increased likelihood of remaining mentally healthy	Staff time Staff expert Budget	Number of persons served	
Therapeutic aromatherapy program	Increased access to mental health services	Staff time Staff expert Budget	Number of persons served	Pastoral Care Chaplains

Community Needs Not Addressed

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

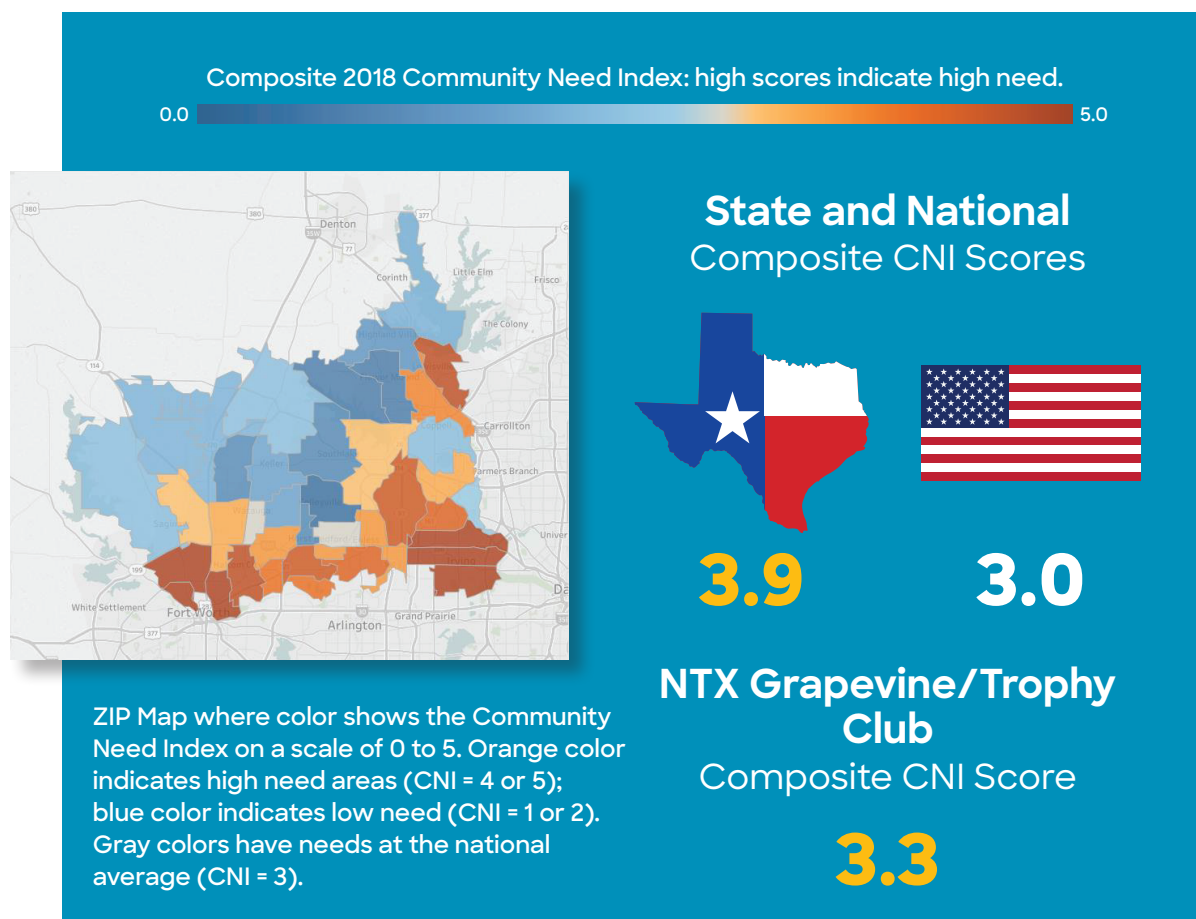
Needs not addressed:

- **Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)**
- **Schizophrenia and Other Psychotic Disorders in Medicare Population**
- **Alzheimer's Disease/Dementia in Medicare Population**

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

Composite 2018 Community Need Index

The **Community Need Index** shows the high-need areas in Grapevine/Trophy Club Health Community in contrast to the state of Texas and the U.S.



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

Program Evaluation

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

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

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

Please direct any feedback on the assessment or implementation plan to CommunityHealth@BSWHealth.org.

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