



Baylor Scott & White Health Plano Health Community

Community Health Implementation Strategies 2019

An Action Plan for the Community Health Needs Assessment





Plano Health Community Hospitals

- **Baylor Scott & White Medical Center – Plano**
- **Baylor Scott & White The Heart Hospital – Plano**



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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 was defined as the geographical area served by Baylor Scott & White Medical Center – Plano and Baylor Scott & White The Heart Hospital – Plano. These BSWH hospital facilities are located in Collin County and include the geographic area where at least 70% of the hospital facilities' 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 aligned with the qualitative findings of the community input sessions to elicit a list of health needs in the community. The health needs fell into one of four quadrants within a health needs matrix: high data/low qualitative; low data/low qualitative; low data/high qualitative; or high data/high qualitative.



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



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

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

Dear Community Members:

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

We are pleased to present the 2019 Implementation Strategies for Plano Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The joint CHNA for the 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 these priorities to focus on in the Strategies:

- **Food Insecurity**
- **Children Eligible for Free Lunch Enrolled in Public Schools**
- **Drug Poisoning Death Rate and Accidental Poisoning Deaths Where Opioids were Involved**

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 Plano 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
Plano Health Community

Plano Community Health Implementation Strategies

The Community Health Implementation Strategies for Plano 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). The BSWH-owned hospital facilities are located in Collin County and serve multiple counties, including Collin, Dallas, Denton, Hunt, Kaufman, Rockwall and Tarrant counties. They include the geographic area where at least 70% 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 Strategies 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

Plano 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	Food Insecurity	Environment - Food
2	Children Eligible for Free Lunch Enrolled in Public Schools	SDH* - Income
3	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
4	Percentage of Population Under Age 65 Without Health Insurance	Access to Care
5	Drug Poisoning Death Rate	Health Behaviors - Substance Abuse
6	Accidental Poisoning Deaths Where Opioids Were Involved	Health Behaviors - Substance Abuse

*SDH – Social Determinant of 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.

Because Drug Poisoning Death Rate and Accidental Poisoning Deaths Where Opioids Were Involved require similar actions, they are confronting both priorities as one issue.

Facility	COMMUNITY NEEDS ADDRESSED		
	Food Insecurity	Children Eligible for Free Lunch Enrolled in Public Schools	Drug Poisoning Deaths Rate and Accidental Poisoning Deaths Where Opioids Were Involved
Baylor Scott & White Medical Center – Plano	✓	✓	✓
Baylor Scott & White The Heart Hospital – Plano	✓	✓	✓

Implementation Strategies

Priority 1: 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 food source in the past year. The focus groups identified consistent concerns around food insecurity. Lacking constant access to food is related to negative health outcomes such as weight gain and premature mortality. Individuals and families who are unable 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 and to have adequate access to a constant supply of food. Within the Plano Health Community, 18.2% of the Dallas County population did not have access to a reliable source of food in the past year. The Dallas County value was 15.9% higher than when compared to the state benchmark of 15.7%.

**BAYLOR SCOTT & WHITE MEDICAL CENTER – PLANO
BAYLOR SCOTT & WHITE THE HEART HOSPITAL – PLANO**

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Increased access to reliable food sources through community social service organizations	Community Support Fund	Persons served Health outcomes	North Texas Food Bank’s Nourishing Hope Program Meals on Wheels Collin County Minnie’s Food Pantry

Priority 2: Children Eligible for Free Lunch Enrolled in Public Schools – Children Eligible for Free Lunch is the percentage of children Enrolled in Public Schools, grades PK - 12, eligible for free (family income less than 130% of federal poverty level) or reduced price (family income less than 185% of federal poverty level) lunch. Under the National School Lunch Act, eligible children (based on family size and income) receive adequate nutrition to help support development and a healthy lifestyle. Eligibility for free or a reduced-price lunch is a useful indicator of family poverty and its impact on children. In addition, when combined with poverty data, this measure can be used to identify gaps in eligibility and enrollment.

Within the Plano Healthcare Community, Dallas County had 73.2% of enrolled students eligible for the free/reduced-price lunch program. This was 24.2% higher than the Texas state benchmark of 58.9% and indicates a need and potentially vulnerable population within this health community.

**BAYLOR SCOTT & WHITE MEDICAL CENTER – PLANO
BAYLOR SCOTT & WHITE THE HEART HOSPITAL – PLANO**

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Increased access to reliable food sources through community social service organizations	Community Support Fund	Persons served Health outcomes	Mendenhall Elementary School

Priority 5 – 6: Drug Poisoning Death Rate and Accidental Poisoning Deaths Where Opioids Were Involved

Drug Poisoning Deaths are the number of deaths due to drug poisoning per 100,000 population. Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137% nationwide.

Opioids, mainly synthetic opioids (other than methadone), are currently the main driver of drug overdose deaths. Since 2000, there has been a 20% increase in deaths involving opioids (opioid pain relievers and heroin). There were 70,237 drug overdose deaths in the United States in 2017. Opioids were involved in 47,600 of those overdose deaths (67.8% of all drug overdose deaths). Twenty-three of the 50 states in the U.S. have seen a statistically significant increase in opioid drug deaths from 2016 to 2017. While Texas was not one of the states with a statistically significant increase, one accidental drug overdose death is one too many for a community. The realization that over half of the overdose deaths are opioid-related is a key reason for states to address this issue in their community. The age-adjusted rate of overdose deaths increased significantly by 9.6% from 2016 (19.8 per 100,000) to 2017 (21.7 per 100,000).

Dallas County indicated a greater relative need within the health community. Dallas County had 6.3 accidental opioid poisonings per 100,000 people, which was nearly double the Texas average of 4.3 poisonings per 100,000. From a data perspective, the rate of opioid-related drug overdose deaths in Dallas County was the third top ranked need for the Plano Health Community. Opioid deaths remain a growing and significant concern across both Texas and the nation. Many social service agencies are impacted by the opioid epidemic burden and face challenges meeting the needs which present across all socioeconomic groups. The Texas benchmark for drug overdose deaths is 9.7 deaths per 100,000 population. Dallas County benchmark indicates a greater relative need and potentially larger vulnerable population at 12.4%. Drug poisoning death rates is in the top 10 ranked needs from a data perspective for this health community.

Priority 5 – 6: Drug Poisoning Death Rate and Accidental Poisoning Deaths Where Opioids Were Involved

**BAYLOR SCOTT & WHITE MEDICAL CENTER – PLANO
BAYLOR SCOTT & WHITE THE HEART HOSPITAL – PLANO**

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Community education and opportunities to reduce drug poisoning	Increased awareness of drug poisoning deaths Recognition of signs and symptoms of drug use and availability of resources for care in the community	Staff Budget	Number of persons served	LifePath Plano Paramedicine Plano Police Department Local hospice Plano Independent School District
Drop-off location for unused prescription meds	Decrease the likelihood of illicit use of remaining dosages of prescribed medicines	Staff	Amount of Rx turned in	National Drug Take Back Day
CME for physician data related to prescribing rates and decreasing prescribing	Increased awareness of best practices for Rx for area wide prescribers	Staff Budget	Number educated Changes in drug poisoning death statistics	

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.

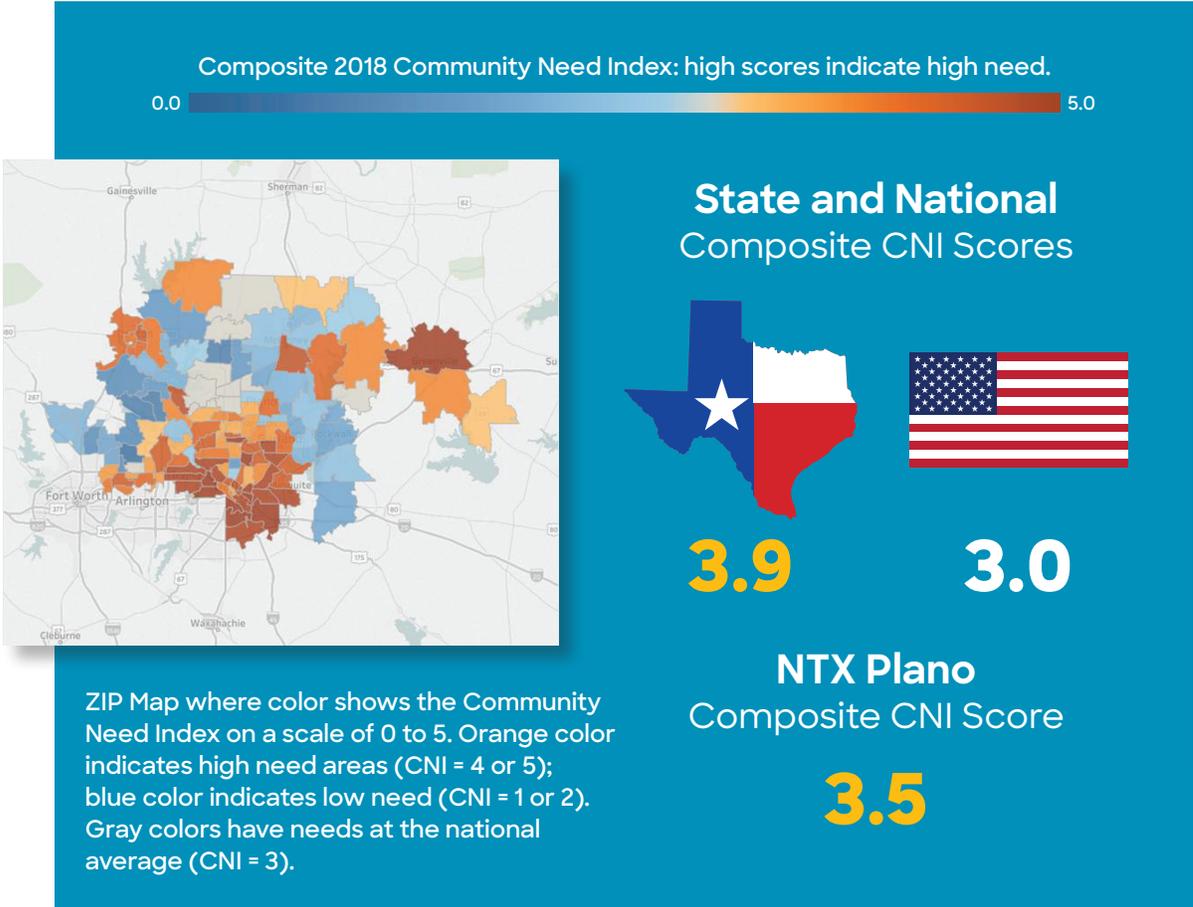
Needs not addressed:

- **Ratio of Population to One Non-Physician Primary Care Provider**
- **Percentage of Population Under Age 65 Without Health Insurance**

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 Plano 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>.