Community Health Needs Assessment

Lake Pointe Health Community

2022

- **Baylor Scott & White Medical Center – Lake Pointe**

Approved by: Baylor Scott & White Health – North Texas Operating, Policy and Procedure Board on May 31, 2022
Posted to **BSWHealth.com/CommunityNeeds** on June 30, 2022

BaylorScott&White
HEALTH

Table of contents

Baylor Scott & White Health mission ... 4

Community Health Needs Assessment (CHNA) report ... 5

Demographic and socioeconomic summary ... 7

Health community data summary ... 7

Priority health needs ... 8

Priority 1: Mentally unhealthy days ... 9

Priority 2: Access to primary healthcare ... 10

Priority 3: Utilization/emergency department use ... 12

Priority 4: Opioid involved accidental poisoning death ... 13

Priority 5: Transportation ... 14

Priority 6: Drug poisoning deaths ... 15

Priority 7: Number of unhealthy days ... 16

Priority 8: Physical inactivity/low exercise ... 17

Existing resources to address health needs ... 18

Next steps ... 20

Appendix A: CHNA requirement details ... 21

Appendix B: Key public health indicators ... 26

Appendix C: Community input participating organizations ... 32

Appendix D: Demographic and socioeconomic summary ... 33

Appendix E: Proprietary community data ... 40

Appendix F: 2019 Community health needs assessment evaluation ... 45

Baylor Scott & White Health mission

Our commitment to the communities we serve

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 51 hospitals, 1,100 access points, more than 7,300 active physicians, and over 49,000 employees and the Baylor Scott & White Health Plan.

Baylor Scott & White Health is a leading Texas healthcare provider with a proven commitment to patient and community health. Baylor Scott & White Health demonstrates this commitment through periodic community health needs assessments, then addresses those needs with a wide range of outreach initiatives.

These Community Health Needs Assessment (CHNA) activities also satisfy federal and state community benefit requirements outlined in the Patient Protection and Affordable Care Act and the Texas Health and Safety Code.

Baylor Scott & White Health conducts a thorough periodic examination of public health indicators and a benchmark analysis comparing communities it serves to an overall state of Texas value. In this way, it can determine where deficiencies lie and the opportunities for improvement are greatest.

Through interviews, focus groups and surveys, the organization gains a clearer understanding of community needs from the perspective of the members of each community. This helps it identify the most pressing needs a community is facing and develop implementation plans to focus on those prioritized needs.

The process includes input from a wide range of knowledgeable people who represent the myriad interests of the community in compliance with 501 (r)(3) regulations. The CHNA process overview can be found in **Appendix A**.

The CHNAs serve as the foundation for community health improvement planning efforts over the next three years, while the implementation plans will be evaluated annually.

Community Health Needs Assessment (CHNA) report

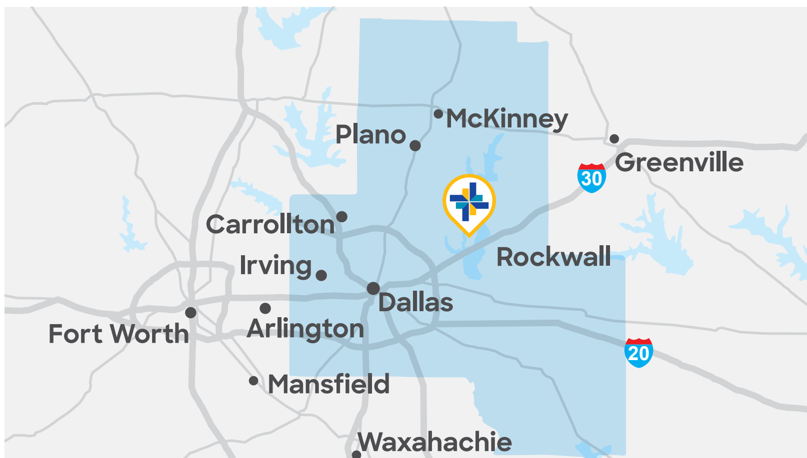
Baylor Scott & White Health (BSWH) owns and operates numerous individually licensed hospital facilities serving the residents of North and Central Texas.

The Lake Pointe Health Community is home to one of these hospitals:

- Baylor Scott & White Medical Center – Lake Pointe

The community served by the hospital facility listed above is Collin, Dallas, Kaufman and Rockwall Counties and was determined based on the contiguous ZIP codes within the associated counties that made up nearly 80% of the hospital facility's inpatient admissions over the 12-month period of FY20. The hospital completed a CHNA report in accordance with the Internal Revenue Code Section 501 (r) (3) and the US Treasury regulations thereunder.

Lake Pointe Health Community map



BSWH engaged with IBM Watson Health, a nationally respected consulting firm, to conduct a Community Health Needs Assessment (CHNA) in accordance with the federal and state community benefit requirements for the health communities they serve.

The CHNA process included:

- Gathering and analyzing more than 59 public and 45 proprietary health data indicators to provide a comprehensive assessment of the health status of the communities. The complete list of health data indicators is included in **Appendix B**.
- Creating a benchmark analysis comparing the community to overall state of Texas and United States (US) values.
- Conducting focus groups, key informant interviews and stakeholder surveys, including input from public health experts, to gain direct input from the community for a qualitative analysis.
  - Gathering input from state, local and/or regional public health department members who have the pulse of the community's health.
  - Identifying and considering input from individuals or organizations serving and/or representing the interests of medically underserved low-income and minority populations in the community to help prioritize the community's health needs.
  - The represented organizations that participated are included in **Appendix C**.

IBM Watson Health provided current and forecasted demographic, socioeconomic and utilization estimates for the community.

Demographic and socioeconomic summary

The most important demographic and socioeconomic findings for the Lake Pointe Health Community CHNA are:

- The community is growing at a rate higher than both the state of Texas and the US.
- The average age of the population is younger than the US and nearly the same as Texas overall.
- The median household income is higher than both the state and the US.
- The community served has a lower percentage of Medicaid beneficiaries and a lower percentage of uninsured and underinsured than the state of Texas.

Further demographic and socioeconomic information for the Lake Pointe Health Community is included in **Appendix D**.

Health community data summary

IBM Watson Health's utilization estimates and forecasts indicate the following for the Lake Pointe Health Community:

- Inpatient discharges in the community are expected to grow by almost 10% by 2030 with the largest growing product lines to include:
  - Pulmonary medical
  - General medicine
  - Cardiovascular diseases
- Outpatient procedures are expected to increase by 34.5% by 2030 with the largest areas of growth including:
  - Labs
  - General & internal medicine
  - Physical & occupational therapy
  - Psychiatry
  - Hematology & oncology
- Emergency department visits are expected to grow by over 14% by 2025.
- Hypertension represents 73% of all heart disease cases.
- Cancer incidence is expected to increase by over 12% by 2025.

Further health community information for the Lake Pointe Health Community is included in **Appendix E**.

The community includes the following health professional shortage areas and medically underserved areas as designated by the US Department of Health and Human Services Health Resources Services Administration. **Appendix D** includes the details on each of these designations.

	Health professional shortage areas (HPSA)				Medically underserved area/ population (MUA/P)
County	Dental health	Mental health	Primary care	Grand total	MUA/P
Collin		1		1	
Dallas	7	14	9	30	10
Kaufman	na	na	na	na	na
Rockwall	na	na	na	na	na

Source: US Department of Health and Human Services, Health Resources and Services Administration, 2021

Total population

4,024,673

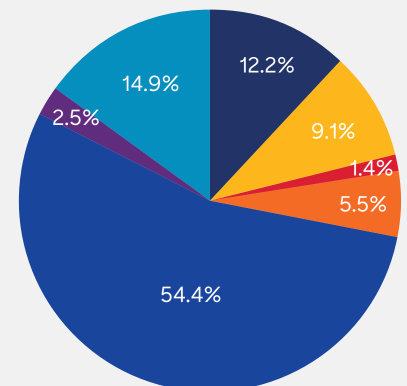
Average income

$77,724

Underserved ZIP codes

28

Insurance coverage



- Medicaid - pre-reform
- Medicare
- Medicare dual eligible
- Private - direct
- Private - ESI
- Private - exchange
- Uninsured

Priority health needs

Using the data collection and interpretation methods outlined in this report, BSWH has identified what it considers to be the community's significant health needs. The resulting prioritized health needs for this community are:

Priority	Need	Category of need
1	Mentally unhealthy days	Mental health
2	Access to primary healthcare	Access to care
3	Utilization/emergency department use	Utilization
4	Opioid involved accidental poisoning death	Mental health conditions/ diseases
5	Transportation	Environment (transportation)
6	Drug poisoning deaths	Health behaviors
7	Number of unhealthy days	Health status
8	Physical inactivity/low exercise	Health behaviors

Priority 1: Mentally Unhealthy Days

The following data indicates greater need in the area of mentally unhealthy days.

Category	Data shows greater need	Key informants indicate greater need
Mental health conditions/diseases	• Mentally unhealthy days	• Mental health issues in community

The **mentally unhealthy days** indicator is defined as **the average number of mentally unhealthy days reported in past 30 days (age-adjusted)** and is based on data from County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS).

Mental health conditions/diseases: mentally unhealthy days (number of mentally unhealthy days reported in past 30 days by county)

Greater or lesser need than state
- ◇ greater need
- ☐ same level of need or NA
- ○ lesser need

Counties are listed in alphabetical order within the NTX-Lake Pointe Health Community.
LEFT PANEL: Indicator Values horizontal bar and label shows the county score. Vertical dotted line shows the state benchmark. Solid line is US score. Orange colors indicate a greater need and potentially larger vulnerable population in the county relative to the state benchmark. Blue indicates a lesser need and potentially smaller vulnerable population. Darker intense colors indicate greater differences. **RIGHT PANEL:** Rank within county marks show how the indicator ranks compared to other indicators within the county. Indicators are ranked from 1 to 59, where low numbers show higher need and potentially larger vulnerable population relative to the state benchmark. Color and shape compare county performance to the state benchmark; orange diamonds show greater need and blue circles lesser need.

The focus group participants recognized that COVID impacted the community by increasing social isolation and loneliness, causing increased depression and mental health needs. They identified an opportunity to increase community awareness of services available through programs and informational campaigns, especially around mental health services. This will be important as they pointed out that future mental health patients will increase both in number and severity due to their needs being underserved during COVID.

In the prioritization session, the hospital and community leaders were in agreement that mental health is a huge issue in America and this community. Current local systems are challenged to keep up with the influx of mental health patients.

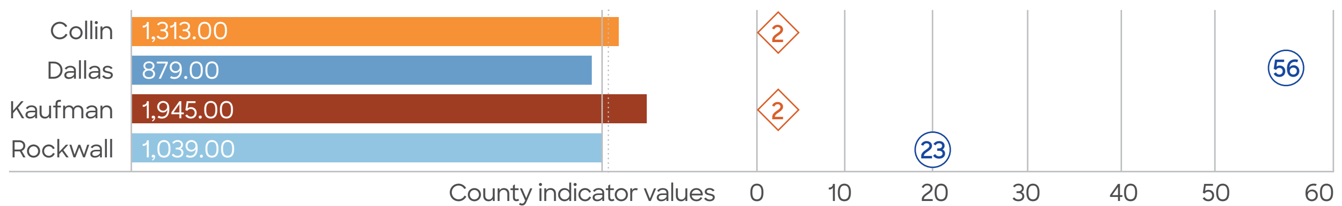
Priority 2: Access to Primary Healthcare

There is a greater need for access for the population to one non-physician primary care provider. The key informants also noted that there is a need in the area of population to one primary care physician.

Category	Data shows greater need	Key informants indicate greater need
Access to care	• Population to one non-physician primary care provider	• More social workers and care navigators need to be added to community

The data below indicates greater need for access for the **population to one non-physician primary care provider**. The indicator is defined as **the ratio of population to primary care providers other than physicians** and is based on data from County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES).

Access to care: population to one non-physician primary care provider (ratio of population to primary care providers other than physicians by county)



Greater or lesser need than state
- ◇ greater need
- ☐ same level of need or NA
- ○ lesser need

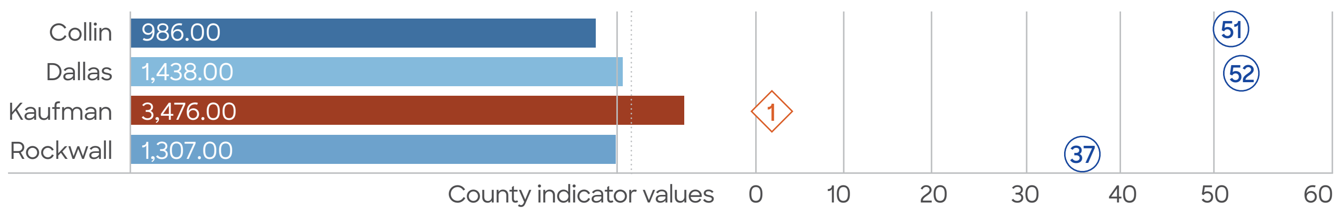
Counties are listed in alphabetical order within the NTX-Lake Pointe Health Community.
LEFT PANEL: Indicator Values horizontal bar and label shows the county score. Vertical dotted line shows the state benchmark. Solid line is US score. Orange colors indicate a greater need and potentially larger vulnerable population in the county relative to the state benchmark. Blue indicates a lesser need and potentially smaller vulnerable population. Darker intense colors indicate greater differences. **RIGHT PANEL:** Rank within county marks show how the indicator ranks compared to other indicators within the county. Indicators are ranked from 1 to 59, where low numbers show higher need and potentially larger vulnerable population relative to the state benchmark. Color and shape compare county performance to the state benchmark; orange diamonds show greater need and blue circles lesser need.

Although the data did not indicate a high need, the key informants did indicate a greater need for primary care physicians in the community.

Category	Data shows less need or no data	Key informants indicate greater need
Access to care	• Population to one primary care physician	• Lack of primary care resources

The **population to one primary care physician** indicator is defined as **the number of individuals served by one physician in a county, if the population was equally distributed across physicians** and is based on data from County Health Rankings & Roadmaps and Area Health Resource File/American Medical Association.

Access to care: population to one primary care physician (number of individuals served by one physician by county)



Greater or lesser need than state
greater need
same level of need or NA
lesser need

Counties are listed in alphabetical order within the NTX-Lake Pointe Health Community. **LEFT PANEL:** Indicator Values horizontal bar and label shows the county score. Vertical dotted line shows the state benchmark. Solid line is US score. Orange colors indicate a greater need and potentially larger vulnerable population in the county relative to the state benchmark. Blue indicates a lesser need and potentially smaller vulnerable population. Darker intense colors indicate greater differences. **RIGHT PANEL:** Rank within county marks show how the indicator ranks compared to other indicators within the county. Indicators are ranked from 1 to 59, where low numbers show higher need and potentially larger vulnerable population relative to the state benchmark. Color and shape compare county performance to the state benchmark; orange diamonds show greater need and blue circles lesser need.

The key informants of the focus group noted that there is a lack of primary care physicians in the community. High demand for primary care and a limited number of primary care providers lead to difficulty accessing primary services. Access is especially limited in rural areas.

The hospital and community leaders discussed issues regarding access to care and recognized a great need to expand social workers and navigators in partnership with the Baylor Scott & White Quality Alliance.

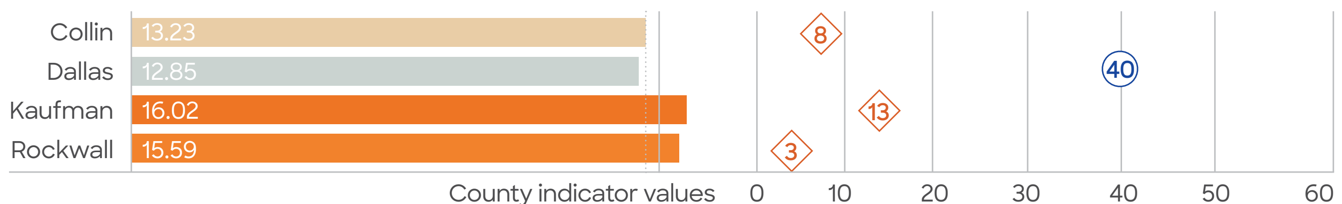
Priority 3: Utilization/Emergency Department Use

A greater need was identified in the area of Medicare population and their emergency department use rate.

Category	Data shows greater need	Key informants indicate greater need
Utilization	• Medicare population: emergency department use rate	• Disconnect for seniors on instructions for care after emergency services

The **Medicare population: emergency department use rate** indicator is defined as **the unique patients having an emergency department visit divided by the total beneficiaries** and is based on data from CMS Outpatient 100% Standard Analytical File (SAF) and CMS Standard Analytical Files (SAF) Denominator File.

Utilization: Medicare population: emergency department use rate (number of unique patients/total beneficiaries by county)



Greater or lesser need than state
◇ greater need
☐ same level of need or NA
○ lesser need

Counties are listed in alphabetical order within the NTX-Lake Pointe Health Community.
LEFT PANEL: Indicator Values horizontal bar and label shows the county score. Vertical dotted line shows the state benchmark. Solid line is US score. Orange colors indicate a greater need and potentially larger vulnerable population in the county relative to the state benchmark. Blue indicates a lesser need and potentially smaller vulnerable population. Darker intense colors indicate greater differences. **RIGHT PANEL:** Rank within county marks show how the indicator ranks compared to other indicators within the county. Indicators are ranked from 1 to 59, where low numbers show higher need and potentially larger vulnerable population relative to the state benchmark. Color and shape compare county performance to the state benchmark; orange diamonds show greater need and blue circles lesser need.

The key informants of the focus group recognized that emergency utilization is high and attributed it to the lack of after-hours physician office appointments.

The hospital and community leaders agreed that the overuse of the emergency department is an issue. They explained that a lack of post-discharge instructions contributes to the problem, as does the lack of accessibility to primary care physicians who accept Medicare patients.

Priority 4: Opioid Involved Accidental Poisoning Death

A greater need was identified in the area of opioid involved accidental poisoning death.

Category	Data shows greater need	Key informants indicate greater need
Mental health conditions/ diseases	• Opioid involved accidental poisoning death	• Negative life habits (smoking, drinking, etc.)

The **opioid involved accidental poisoning death** indicator is defined as **the annual estimates of the resident population accidental poisoning deaths where opioids were involved divided by 100,000 population** and is based on data from US Census Bureau, Population Division and Texas Health and Human Services Center for Health Statistics Opioid related deaths in Texas.

Mental health conditions/diseases: opioid involved accidental poisoning death annual estimates of accidental opioid positing deaths per 100,000 population by county)

Greater or lesser need than state
- greater need
- same level of need or NA
- lesser need

Counties are listed in alphabetical order within the NTX-Lake Pointe Health Community. **LEFT PANEL:** Indicator Values horizontal bar and label shows the county score. Vertical dotted line shows the state benchmark. Solid line is US score. Orange colors indicate a greater need and potentially larger vulnerable population in the county relative to the state benchmark. Blue indicates a lesser need and potentially smaller vulnerable population. Darker intense colors indicate greater differences. **RIGHT PANEL:** Rank within county marks show how the indicator ranks compared to other indicators within the county. Indicators are ranked from 1 to 59, where low numbers show higher need and potentially larger vulnerable population relative to the state benchmark. Color and shape compare county performance to the state benchmark; orange diamonds show greater need and blue circles lesser need.

The key informants of the focus group noted that the community has seen a rise in substance abuse. Unfortunately, they recognize that there are gaps in substance abuse services, and therefore, these patients have nowhere to seek help to avoid accidental poisoning deaths. They cited limited providers and insufficient accessible hours. They also noted a lack of a substance abuse treatment center for diversion under Texas Code of Criminal Procedure Art. 16.23.

In the prioritization session, the hospital and community leaders were in agreement that substance abuse is another huge issue in America and this community. They explained that the Rowlett Police Department is often the first to respond to community members experiencing substance abuse issues. Citizens experiencing these issues are arrested and put into the jail system since there is no access to a substance abuse facility within the city of Rowlett.

Priority 5: Transportation

Although the data did not illustrate a need, the focus group participants indicated the importance of prioritizing transportation needs especially in rural areas.

Category	Data shows less need or no data	Key informants indicate greater need
Environment (Transportation)	• No vehicle available	• Transportation is a challenge, especially in rural areas

The **no vehicle available** measure is defined as **the percent of households with no vehicle available**. The indicator is based on data from US Census Bureau, American Community Survey One-Year Estimates.

Environment: no vehicle available (% of households with no vehicle available by county)

Greater or lesser need than state
- greater need
- same level of need or NA
- lesser need

Counties are listed in alphabetical order within the NTX-Lake Pointe Health Community. **LEFT PANEL:** Indicator Values horizontal bar and label shows the county score. Vertical dotted line shows the state benchmark. Solid line is US score. Orange colors indicate a greater need and potentially larger vulnerable population in the county relative to the state benchmark. Blue indicates a lesser need and potentially smaller vulnerable population. Darker intense colors indicate greater differences. **RIGHT PANEL:** Rank within county marks show how the indicator ranks compared to other indicators within the county. Indicators are ranked from 1 to 59, where low numbers show higher need and potentially larger vulnerable population relative to the state benchmark. Color and shape compare county performance to the state benchmark; orange diamonds show greater need and blue circles lesser need.

According to key informants, transportation is a top health barrier across the community. Even though there are programs in place to assist in transporting the population, such as the Dallas Area Rapid Transit (DART), public transportation is cost-prohibitive, and logistics are difficult and must be planned in advance. Public transportation and current voucher programs are still inefficient in getting residents to their healthcare appointments, and more needs to be done. Transportation is especially challenging in rural areas.

In the prioritization session, the hospital and community leaders agreed that transportation is a top barrier for patients and community members. They noted that Rockwall has limited taxi services, and community members often call EMS for non-emergent issues.

Priority 6: Drug Poisoning Deaths

The following data indicates greater need in the area of drug poisoning deaths.

Category	Data shows greater need	Key informants indicate greater need
Health behaviors	• Drug poisoning deaths	• Negative life habits (smoking, drinking, etc.)

The **drug poisoning deaths** indicator is defined as **the number of drug poisoning deaths (drug overdose deaths) per 100,000 population**. Death rates are NULL when the rate is calculated with a numerator of 20 or less. The indicator is based on data from County Health Rankings & Roadmaps, CDC WONDER Mortality Data.

Health behaviors: drug poisoning deaths (number of drug poisoning deaths per 100,000 by county)

Greater or lesser need than state
- ◇ greater need
- ☐ same level of need or NA
- ○ lesser need

Counties are listed in alphabetical order within the NTX-Lake Pointe Health Community. **LEFT PANEL:** Indicator Values horizontal bar and label shows the county score. Vertical dotted line shows the state benchmark. Solid line is US score. Orange colors indicate a greater need and potentially larger vulnerable population in the county relative to the state benchmark. Blue indicates a lesser need and potentially smaller vulnerable population. Darker intense colors indicate greater differences. **RIGHT PANEL:** Rank within county marks show how the indicator ranks compared to other indicators within the county. Indicators are ranked from 1 to 59, where low numbers show higher need and potentially larger vulnerable population relative to the state benchmark. Color and shape compare county performance to the state benchmark; orange diamonds show greater need and blue circles lesser need.

The key informants of the focus group noted that the community has seen a rise in substance abuse. Just as noted earlier in the case of opioid accidental deaths, they recognize that there are gaps in substance abuse services, and therefore, these patients do not have a resource to seek help. They cited limited providers and insufficient accessible hours. They also noted a lack of a substance abuse treatment center for diversions under Texas Code of Criminal Procedure Art. 16.23.

In the prioritization session, the hospital and community leaders were in agreement that substance abuse is another huge issue in American and this community. Just as noted earlier in the case of opioid accidental deaths, they explained that the Rowlett Police Department is often the first to respond to community members experiencing substance abuse issues. Citizens experiencing these issues are arrested and put into the jail system since there is no access to a substance abuse facility within the city of Rowlett.

Priority 7: Number of Unhealthy Days

Category	Data shows greater need	Key informants indicate greater need
Health status	• Physically unhealthy days	• Low involvement in healthy exercise options/outdoor exercise

The **physically unhealthy days** indicator is defined as **the average number of physically unhealthy days reported in past 30 days (age-adjusted)** and is based on data from County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS).

Health status: physically unhealthy days (average number of physically unhealthy days reported in past 30 days by county)

Greater or lesser need than state
- greater need
- same level of need or NA
- lesser need

Counties are listed in alphabetical order within the NTX-Lake Pointe Health Community.
LEFT PANEL: Indicator Values horizontal bar and label shows the county score. Vertical dotted line shows the state benchmark. Solid line is US score. Orange colors indicate a greater need and potentially larger vulnerable population in the county relative to the state benchmark. Blue indicates a lesser need and potentially smaller vulnerable population. Darker intense colors indicate greater differences. **RIGHT PANEL:** Rank within county marks show how the indicator ranks compared to other indicators within the county. Indicators are ranked from 1 to 59, where low numbers show higher need and potentially larger vulnerable population relative to the state benchmark. Color and shape compare county performance to the state benchmark; orange diamonds show greater need and blue circles lesser need.

The focus group participants cited that residents of the community exhibit low involvement in healthy exercise options and outdoor exercise. There is also a lack of information in the community to increase their knowledge about healthy exercise habits and healthy diet.

In the prioritization session, the hospital and community leaders did not provide further insight on physically unhealthy days.

Priority 8: Physical Inactivity/Low Exercise

The following data indicates greater need in the area of physical inactivity.

Category	Data shows greater need	Key informants indicate greater need
Health behaviors	• Physical inactivity	• Low involvement in healthy exercise options/outdoor exercise

The indicator **physical inactivity** is defined as **the percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month**. The indicator is based on data from County Health Rankings & Roadmaps; CDC Diabetes Interactive Atlas, The National Diabetes Surveillance System.

Health behaviors: physical inactivity (% of adult reporting no leisure-time physical activity by county)

Greater or lesser need than state
- greater need
- same level of need or NA
- lesser need

Counties are listed in alphabetical order within the NTX-Lake Pointe Health Community.
LEFT PANEL: Indicator Values horizontal bar and label shows the county score. Vertical dotted line shows the state benchmark. Solid line is US score. Orange colors indicate a greater need and potentially larger vulnerable population in the county relative to the state benchmark. Blue indicates a lesser need and potentially smaller vulnerable population. Darker intense colors indicate greater differences. **RIGHT PANEL:** Rank within county marks show how the indicator ranks compared to other indicators within the county. Indicators are ranked from 1 to 59, where low numbers show higher need and potentially larger vulnerable population relative to the state benchmark. Color and shape compare county performance to the state benchmark; orange diamonds show greater need and blue circles lesser need.

As indicated earlier in relation to physically unhealthy days, the focus group participants cited that residents of the community exhibit low involvement in healthy exercise options and outdoor exercise. There is also a lack of information in the community to increase their knowledge about healthy exercise habits.

In the prioritization session, the hospital and community leaders did not provide further insight on physical inactivity or exercise specifically.

The Community Health Dashboards data referenced above can be found at **BSWHealth.com/About/Community-Involvement/Community-Health-Needs-Assessments**.

The prioritized list of significant health needs approved by the hospitals' governing body and the full assessment are available to the public at no cost. To download a copy, visit **BSWHealth.com/CommunityNeeds**.

Existing resources to address health needs

One part of the assessment process includes gathering input on potentially available community resources. The community is served by several large healthcare systems and multiple community-based health clinics. Below is a list of some of the community resources available to address identified needs in the community.

Lake Pointe community resources

Need	Organization	Address	Phone
Mentally unhealthy days	The Stewpot (mental healthcare)	1835 Young Street Dallas, TX 75201	214.746.2785
	Agape Medical Clinic (mental healthcare)	4104 Junius Street Dallas, TX 75246	972.707.7782
	Counseling Institute of Texas (reduced cost)	3200 Southern Drive Garland, TX 75040	972.271.4300
	Lakes Regional Community Centers	2435 Ridge Road Rockwall, TX 75087	972.722.2685
	The Center for Integrative Counseling and Psychology	1200 E. Yellow Jacket Lane Rockwall, TX 75087	214.526.4525
Access to primary healthcare	HHM Health (family practice)	5750 Pineland Drive Dallas, TX 75231	214.379.4393 ext. 450
	Mission East Dallas – Medical Care Clinic	4550 Gus Thomasson Road Mesquite, TX 75150	972.682.8917 ext. 7009
	Rockwall County Helping Hands	401 W. Rusk Street Rockwall, TX 75087	972.772.8194
	Primary Care Clinic of North Texas	4001 McEwen Road Dallas, TX 75231	214.378.6005
	Carevide	101 N. Houston Street Kaufman, TX 75142	903.455.5958
ED utilization	Mission East Dallas – Medical Care Clinic	4550 Gus Thomasson Road Mesquite, TX 75150	972.682.8917 ext. 7009
	ICNA Relief – Dallas (primary/specialty care for uninsured)	10874 Plano Road Dallas, TX 75238	469.291.7411
	Christ's Family Clinic (comprehensive care, specialty referrals)	6409 Preston Road Dallas, TX 75205	214.261.9500
	Texas HHSC (Medicaid/Medicare)	2020 N. Masters Drive Dallas, TX 75217	972.216.0087
	Rockwall County Helping Hands (primary care)	401 W. Rusk Street Rockwall, TX 75087	972.772.8194

Lake Pointe community resources

Need	Organization	Address	Phone
Opioid involved drug poisoning deaths	Garland Treatment Center (opioid treatment program)	6246 Broadway Boulevard, Suite 102, Garland, TX 75043	972.203.1141
	STEP Med (opioid treatment program)	1705 Martin Luther King Junior Boulevard Dallas, TX 75215	214.421.9100
	Life's Second Chance Treatment Center (opioid dependency treatment)	1451 Empire Central Drive Dallas, TX 75247	855.662.9310
	VHA SUD Program	4500 S. Lancaster Road Dallas, TX 75216	800.273.8255
	Cross Roads Recovery, Inc. (Medication-assisted therapy)	5552 S. Hampton Road Dallas, TX 75232	214.339.3181
Transportation	Dallas Area Rapid Transit (DART)	1401 Pacific Avenue Dallas, TX 75202	214.979.1111
	McKinney Avenue Transit Authority, Inc.	3153 Oak Grove Avenue Dallas, TX 75204	214.855.0006
	STAR Transit (reduced fair transportation for seniors)	500 Industrial Boulevard Terrell, TX 75160	877.631.5278
	Refugee and Immigration Center for Education and Legal Services (RAICES) - Texas	1910 Pacific Avenue Dallas, TX 75201	800.437.3071
	Metrocrest Services (transportation for seniors)	13801 Hutton Drive Farmers Branch, TX 75234	972.446.2100
Drug poisoning deaths	CitySquare (substance abuse counseling)	2835 Al Lipscomb Way Dallas, TX 75215	972.817.6000
	Youth 180 (addiction services)	201 S. Tyler Street Dallas, TX 75208	972.566.4680
	VHA SUD Program	4500 S. Lancaster Road Dallas, TX 75216	800.273.8255
	Homeward Bound (counseling/outpatient program)	315 Sunset Avenue Dallas, TX 75208	214.941.3500 ext.246
	HHM Health (substance abuse counseling)	8515 Greenville Avenue Dallas, TX 75243	214.221.0855

Lake Pointe community resources

Need	Organization	Address	Phone
Physical activity/ unhealthy days	Dallas Park and Recreation Department (recreation center)	16600 Park Hill Drive Dallas, TX 75248	214.670.6314
	YMCA of Metropolitan Dallas (fitness and recreation centers)	4332 Northaven Road Dallas, TX 75229	214.357.8431
	Adaptive Training Foundation	11837 Judd Court Dallas, TX 75243	214.432.1070
	MOVE! Weight Management Program	4500 S. Lancaster Road Dallas, TX 75216	800.849.3597
	J.E.R. Chilton YMCA at Rockwall	1210 N. Goliad Street Rockwall, TX 75087	972.772.9622

There are many other community resources and facilities serving the Lake Pointe area that are available to address identified needs and can be accessed through a comprehensive online resource catalog called Find Help (formerly known as Aunt Bertha). It can be accessed 24/7 at **BSWHealth.FindHelp.com**.

Next steps

BSWH started the Community Health Needs Assessment process in April 2021. 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.

Appendix A: CHNA requirement details

The Patient Protection and Affordable Care Act (PPACA) requires all tax-exempt organizations operating hospital facilities to assess the health needs of their community every three (3) years. The resulting Community Health Needs Assessment (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 used 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; and
- An evaluation of the impact of any actions that were taken since the hospitals' most recent CHNA to address the significant health needs identified in that report.
    - Hospitals also must adopt an implementation strategy to address prioritized community health needs identified through the assessment.

CHNA process

BSWH began the 2022 CHNA process in April of 2021. The following is an overview of the timeline and major milestones:

Consultant qualifications

IBM 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 to deliver comprehensive and actionable Community Health Needs Assessments.

Health needs assessment process overview

To identify the health needs of the community, the hospitals established a comprehensive method using all available relevant data including community input. They used the qualitative and quantitative data obtained when assessing the community to identify its community health needs. Surveyors conducted interviews and focus groups with individuals representing public health, community leaders/groups, public organizations and other providers. In addition, data collected from public sources compared to the state benchmark indicated the level of severity. The outcomes of the quantitative data analysis were compared to the qualitative data findings.

These data are available to the community via an interactive dashboard at **BSWHealth.com/CommunityNeeds**.

Data gathering: quantitative assessment of health needs – methodology and data sources

The IBM team used quantitative data collection and analysis garnered from public health indicators to assess community health needs. This included over 100 data elements grouped into over 11 categories evaluated for the counties where data was available. Recently, indicators expanded to include new categories addressing mental health, healthcare costs, opioids and social determinants of health. A table depicting the categories and indicators and a list of sources are in **Appendix B**.

A benchmark analysis of each indicator determined which public health indicators demonstrated a community health need. Benchmark health indicators included overall US values, state of Texas values and other goal-setting benchmarks, such as Healthy People 2020.

According to America's Health Rankings 2021 Annual Report, Texas ranks 22nd out of the 50 states in the area of Health Outcomes (which includes behavioral health, mortality and physical health) and 50th in the area of Clinical Care (which includes avoiding care due to cost, providers per 100,000 population and preventive services). When the health status of Texas was compared to other states, the team identified many opportunities to impact community health.

The quantitative analysis of the health community used the following methodology:

- The team set benchmarks for each health community using state value for comparison.
- They identified community indicators not meeting state benchmarks.
- From this, they determined a need differential analysis of the indicators, which helped them understand the community's relative severity of need.
- Using the need differentials, they established a standardized way to evaluate the degree that each indicator differed from its benchmark.
- This quantitative analysis showed which health community indicators were above the 25th percentile in order of severity—and which health indicators needed their focus.

The outcomes of the quantitative data analysis were compared to the qualitative data findings.

Information gaps

In some areas of Texas, the small population size has an impact on reporting and statistical significance. The team has attempted to understand the most significant health needs of the entire community. It is understood that there is variation of need within the community, and BSWH may not be able to impact all of the population who truly need the service.

Community input: qualitative health needs assessment - approach

To obtain a qualitative assessment of the health community, the team:

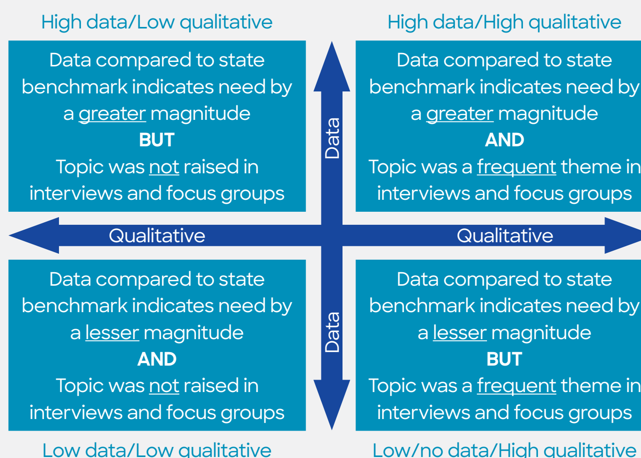
- Assembled a focus group representing the broad interests of the community served;
- Conducted interviews and surveys with key informants—leaders and representatives who serve the community and have insight into its needs; and
- Held prioritization sessions with hospital clinical leadership and community leaders to review collection results and identify the most significant healthcare needs based on information gleaned from the focus groups and key informants.

Focus groups helped identify barriers and social factors influencing the community's health needs. Key informant interviews gave the team even more understanding and insight about the general health status of the community and the various drivers that contributed to health issues.

Multiple governmental public health department individuals were asked to contribute their knowledge, information and expertise relevant to the health needs of the community. Individuals or organizations who served and/or represented the interests of medically underserved, low-income and minority populations in the community also took part in the process. NOTE: In some cases, public health officials were unavailable due to obligations concerning the COVID-19 pandemic.

The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website (**BSWHealth.com/CommunityNeeds**) or by emailing **CommunityHealth@BSWHealth.org**.

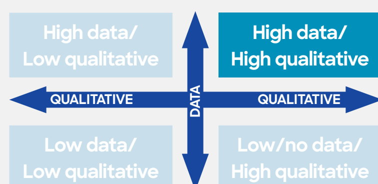
Approach to prioritizing significant health needs



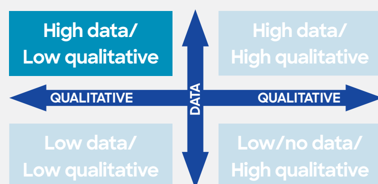
High data = Indicators worse than state benchmark by greater magnitude
High qualitative = Frequency of topic in interviews and focus groups

On December 13, 2021, a session was conducted with key leadership members from Baylor Scott & White along with community leaders to review the qualitative and quantitative data findings of the CHNA to date, discuss at length the significant needs identified, and complete prioritization exercises to rank the community needs. Prioritizing health needs was a two-step process. The two-step process allowed participants to consider the quantitative needs and qualitative needs as defined by the indicator dataset and focus group/interview/survey participant input.

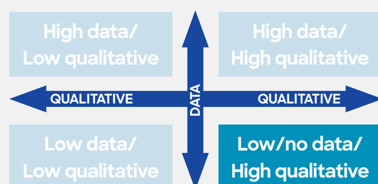
In the first step, participants reviewed the top health needs for their community using associated data-driven criteria. The criteria included health indicator value(s) for the community and how the indicator compared to the state benchmark.



High data and high qualitative: The community indicators that showed a greater need in the health community overall when compared to the state of Texas comparative benchmark and were identified as a greater need by the key informants.



High data and low qualitative: The community indicators showed a greater need in the health community overall when compared to the state of Texas comparative benchmark but were not identified as a greater need or not specifically identified by the key informants.



Low/no data and high qualitative:
The community indicators showed less need or had no data available in the health community overall when compared to the state of Texas comparative benchmark but were identified as a greater need by the key informants.

Participants held a group discussion about which needs were most significant, using the professional experience and community knowledge of the group. A virtual voting method was invoked for individuals to provide independent opinions.

This process helped the group define and identify the community's significant health needs. Participants voted individually for the needs they considered the most significant for this community. When the votes were tallied, the top identified needs emerged and were ranked based on the number of votes.

Prioritization of significant needs

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

- **Severity (outcome if ignored):** The problem results in disability or premature death or creates burdens on the community, economically or socially.
- **Root cause:** The need is a root cause of other problems. If addressed, it could possibly impact multiple issues.
- **Feasibility/cost:** Is the problem amenable to interventions? What technology, knowledge or resources are necessary to effect a change? Is the problem preventable? Is it too expensive for the community to tackle?
- **Social justice:** Is the problem more concentrated to a specific vulnerable population? Does addressing this issue lead to unfair social benefit? Are we equitable to all vulnerable populations in our approach?

The group rated each of the eight significant health needs on each of the four identified criteria, using a scale of 1 (low) to 10 (high). The criteria score sums for each need created an overall score.

They prioritized the list of significant health needs based on the overall scores. The outcome of this process was the list of prioritized health needs for this community.

Priority	Need	Category of need
1	Mentally unhealthy days	Mental health
2	Access to primary healthcare	Access to care
3	Utilization/emergency department use	Utilization
4	Opioid involved accidental poisoning death	Mental health conditions/ diseases
5	Transportation	Environment (transportation)
6	Drug poisoning deaths	Health behaviors
7	Number of unhealthy days	Health status
8	Physical inactivity/low exercise	Health behaviors

Appendix B: key public health indicators

IBM Watson Health collected and analyzed fifty-nine (59) public health indicators to assess and evaluate community health needs. 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 US and the state of Texas.

The indicators used and the sources are listed below:

Indicator name	Indicator source	Indicator definition
Adult obesity	2021 County Health Rankings & Roadmaps; CDC Diabetes Interactive Atlas, The National Diabetes Surveillance System	2017 Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Adults reporting fair or poor health	2021 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)	2018 Percentage of adults reporting fair or poor health (age-adjusted)
Binge drinking	2021 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)	2018 Percentage of a county's adult population that reports binge or heavy drinking in the past 30 days
Cancer incidence: all causes	State Cancer Profiles National Cancer Institute (CDC)	2013 - 2017 Age-adjusted cancer (all) incidence rate cases per 100,000 (all races, includes Hispanic; both sexes; all ages. Age-adjusted to the 2000 US standard population)
Cancer incidence: colon	State Cancer Profiles National Cancer Institute (CDC)	2013 - 2017 Age-adjusted colon and rectum cancer incidence rate cases per 100,000 (all races, includes Hispanic; both sexes; all ages. Age-adjusted to the 2000 US standard population). Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of three is shown, the total number of cases for the time period is 16 or more, which exceeds suppression threshold (but is rounded to three).
Cancer incidence: female breast	State Cancer Profiles National Cancer Institute (CDC)	2013 - 2017 Age-adjusted female breast cancer incidence rate cases per 100,000 (all races, includes Hispanic; female; all ages. Age-adjusted to the 2000 US standard population). Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of three is shown, the total number of cases for the time period is 16 or more, which exceeds suppression threshold (but is rounded to three).

Indicator name	Indicator source	Indicator definition
Cancer incidence: lung	State Cancer Profiles, National Cancer Institute (CDC)	2013 - 2017 Age-adjusted lung and bronchus cancer incidence rate cases per 100,000 (all races, includes Hispanic; both sexes; all ages. Age-adjusted to the 2000 US standard population)
Cancer incidence: prostate	State Cancer Profiles, National Cancer Institute (CDC)	2013 - 2017 Age-adjusted prostate cancer incidence rate cases per 100,000 (all races, includes Hispanic; males; all ages. Age-adjusted to the 2000 US standard population)
Children in poverty	2021 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau	2019 Percentage of children under age 18 in poverty.
Children in single-parent households	2021 County Health Rankings & Roadmaps; American Community Survey (ACS), Five-Year Estimates (United States Census Bureau)	2015 - 2019 Percentage of children that live in a household headed by single parent
Children uninsured	2021 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau	2018 Percentage of children under age 19 without health insurance
Diabetes admission	2018 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations	Number observed/adult population age 18 and older. Risk-adjusted rates not calculated for counties with fewer than five admissions.
Diabetes diagnoses in adults	CMS.gov Chronic Conditions 2007 - 2018	Prevalence of chronic condition across all Medicare beneficiaries
Diabetes prevalence	County Health Rankings (CDC Diabetes Interactive Atlas)	2017 Prevalence of diagnosed diabetes in a given county. Respondents were considered to have diagnosed diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diabetes.
Drug poisoning deaths	2021 County Health Rankings & Roadmaps, CDC WONDER Mortality Data	2017 - 2019 Number of drug poisoning deaths (drug overdose deaths) per 100,000 population. Death rates are null when the rate is calculated with a numerator of 20 or less.
Elderly isolation	2018 American Community Survey Five-Year Estimates, US Census Bureau - American FactFinder	Percent of non-family households - householder living alone - 65 years and over
English spoken "less than very well" in household	2015 - 2019 American Community Survey Five-Year Estimates, US Census Bureau - American FactFinder	2019 Percentage of households that 'speak English less than "very well"' within all households that 'speak a language other than English'
Food environment index	2021 County Health Rankings & Roadmaps; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, United States Department of Agriculture (USDA)	2015 and 2018 Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)
Food insecure	2021 County Health Rankings & Roadmaps; Map the Meal Gap, Feeding America	2018 Percentage of population who lack adequate access to food during the past year

Indicator name	Indicator source	Indicator definition
Food: limited access to healthy foods	2021 County Health Rankings & Roadmaps; USDA Food Environment Atlas, United States Department of Agriculture (USDA)	2015 Percentage of population who are low-income and do not live close to a grocery store
High school graduation	Texas Education Agency	2019 A four-year longitudinal graduation rate is the percentage of students from a class of beginning ninth graders who graduate by their anticipated graduation date or within four years of beginning ninth grade.
Household income	2021 County Health Rankings (Small Area Income and Poverty Estimates)	2019 Median household income is the income where half of households in a county earn more and half of households earn less.
Income inequality	2021 County Health Rankings & Roadmaps; American Community Survey (ACS), Five-Year Estimates (United States Census Bureau)	2015 - 2019 Ratio of household income at the 80th percentile to income at the 20th percentile. Absolute equality = 1.0. Higher ratio is greater inequality.
Individuals below poverty level	2018 American Community Survey Five-Year Estimates, US Census Bureau - American FactFinder	Individuals below poverty level
Low birth weight rate	2019 Texas Certificate of Live Birth	Number low birth weight newborns /number of newborns. Newborn's birth weight - low or very low birth weight includes birth weights under 2,500 grams. Blanks indicate low counts or unknown values. A null value indicates unknown or low counts. The location variables (region, county, ZIP) refer to the mother's residence.
Medicare population: Alzheimer's disease/ dementia	CMS.gov Chronic Conditions 2007 - 2018	Prevalence of chronic condition across all Medicare beneficiaries. A null value indicates that the data have been suppressed because there are fewer than 11 Medicare beneficiaries in the cell or for necessary complementary cell suppression.
Medicare population: atrial fibrillation	CMS.gov Chronic Conditions 2007 - 2018	Prevalence of chronic condition across all Medicare beneficiaries. A null value indicates that the data have been suppressed because there are fewer than 11 Medicare beneficiaries in the cell or for necessary complementary cell suppression.
Medicare population: COPD	CMS.gov Chronic Conditions 2007 - 2018	Prevalence of chronic condition across all Medicare beneficiaries. A null value indicates that the data have been suppressed because there are fewer than 11 Medicare beneficiaries in the cell or for necessary complementary cell suppression.
Medicare population: depression	CMS.gov Chronic Conditions 2007 - 2018	Prevalence of chronic condition across all Medicare beneficiaries
Medicare population: emergency department use rate	CMS 2019 Outpatient 100% Standard Analytical File (SAF) and 2019 Standard Analytical Files (SAF) Denominator File	Unique patients having an emergency department visit/total beneficiaries, CY 2019

Indicator name	Indicator source	Indicator definition
Medicare population: heart failure	CMS.gov Chronic Conditions 2007 - 2018	Prevalence of chronic condition across all Medicare beneficiaries. A null value indicates that the data have been suppressed because there are fewer than 11 Medicare beneficiaries in the cell or for necessary complementary cell suppression.
Medicare population: hyperlipidemia	CMS.gov Chronic Conditions 2007 - 2018	Prevalence of chronic condition across all Medicare beneficiaries
Medicare population: hypertension	CMS.gov Chronic Conditions 2007 - 2018	Prevalence of chronic condition across all Medicare beneficiaries
Medicare population: inpatient use rate	CMS 2019 Inpatient 100% Standard Analytical File (SAF) and 2019 Standard Analytical Files (SAF) Denominator File	Unique patients being hospitalized/total beneficiaries, CY 2019
Medicare population: stroke	CMS.gov Chronic Conditions 2007 - 2018	Prevalence of chronic condition across all Medicare beneficiaries. A null value indicates that the data have been suppressed because there are fewer than 11 Medicare beneficiaries in the cell or for necessary complementary cell suppression.
Medicare spending per beneficiary (MSPB) index	CMS 2019 Medicare Spending Per Beneficiary (MSPB), Hospital Value-Based Purchasing (VBP) Program	Medicare spending per beneficiary (MSPB): for each hospital, CMS calculates the ratio of the average standardized episode spending over the average expected episode spending. This ratio is multiplied by the average episode spending level across all hospitals. Blank values indicate missing hospitals or missing score. Associated to the hospitals
Mentally unhealthy days	2021 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)	2018 Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
Mortality rate: cancer	Texas Health Data, Center for Health Statistics, Texas Department of State Health Services	2017 Cancer (all) age-adjusted death rate (per 100,000 - all ages. Age-adjusted using the 2000 US Standard population). Death rates are null when the rate is calculated with a numerator of 20 or less.
Mortality rate: heart disease	Texas Health Data, Center for Health Statistics, Texas Department of State Health Services	2017 Heart disease age-adjusted death rate (per 100,000 - all ages. Age-adjusted using the 2000 US Standard population). Death rates are null when the rate is calculated with a numerator of 20 or less.
Mortality rate: infant	2021 County Health Rankings & Roadmaps, CDC WONDER Mortality Data	2013 - 2019 Number of all infant deaths (within one year), per 1,000 live births. Blank values reflect unreliable or missing data.
Mortality rate: stroke	Texas Health Data, Center for Health Statistics, Texas Department of State Health Services	2017 Cerebrovascular disease (stroke) age-adjusted death rate (per 100,000 - all ages. Age-adjusted using the 2000 US Standard population). Death rates are null when the rate is calculated with a numerator of 20 or less.

Indicator name	Indicator source	Indicator definition
No vehicle available	US Census Bureau, 2019 American Community Survey One-Year Estimates	2019 Households with no vehicle available (percent of households). A null value entry indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates fall in the lowest interval or upper interval of an open-ended distribution, or the margin of error associated with a median was larger than the median itself.
Opioid involved accidental poisoning death	US Census Bureau, Population Division and 2019 Texas Health and Human Services Center for Health Statistics Opioid related deaths in Texas	Annual estimates of the resident population: April 1, 2010, to July 1, 2017. 2019 Accidental poisoning deaths where opioids were involved are those deaths that include at least one of the following ICD-10 codes among the underlying causes of death: X40 - X44, and at least one of the following ICD-10 codes identifying opioids: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6. Blank values reflect unreliable or missing data.
Physical inactivity	2021 County Health Rankings & Roadmaps; CDC Diabetes Interactive Atlas, The National Diabetes Surveillance System	2017 Percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month
Physically unhealthy days	2021 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)	2018 Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Population to one dentist	2021 County Health Rankings & Roadmaps; Area Health Resource File/National Provider Identification file (CMS)	2019 Ratio of population to dentists
Population to one mental health provider	2021 County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES)	2020 Ratio of population to mental health providers
Population to one non-physician primary care provider	2020 County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES)	2020 Ratio of population to primary care providers other than physicians
Population to one primary care physician	2021 County Health Rankings & Roadmaps; Area Health Resource File/American Medical Association	2018 Number of individuals served by one physician in a county, if the population was equally distributed across physicians
Population under age 65 without health insurance	2021 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau	2018 Percentage of population under age 65 without health insurance
Prenatal care: first trimester entry into prenatal care	2020 Texas Health and Human Services - Vital statistics annual report	2016 Percent of births with prenatal care onset in first trimester

Indicator name	Indicator source	Indicator definition
Renter-occupied housing	US Census Bureau, 2019 American Community Survey One-Year Estimates	2019 Renter-occupied housing (percent of households). A null value entry indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates fall in the lowest interval or upper interval of an open-ended distribution, or the margin of error associated with a median was larger than the median itself.
Severe housing problems	2021 County Health Rankings & Roadmaps; Comprehensive Housing Affordability Strategy (CHAS) data, US Department of Housing and Urban Development (HUD)	2013 – 2017 Percentage of households with at least one of four housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
Sexually transmitted infection incidence	2021 County Health Rankings & Roadmaps; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)	2018 Number of newly diagnosed chlamydia cases per 100,000 population
Smoking	2021 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)	2018 Percentage of the adult population in a county who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime
Suicide: intentional self-harm	Texas Health Data Center for Health Statistics	2019 Intentional self-harm (suicide) (X60 – X84, Y87.0). Death rates are null when the rate is calculated with a numerator of 20 or less.
Teen birth rate	2021 County Health Rankings & Roadmaps; National Center for Health Statistics – Natality files, National Vital Statistics System (NVSS)	2013 – 2019 Number of births to females ages 15 – 19 per 1,000 females in a county (The numerator is the number of births to mothers ages 15 – 19 in a seven-year time frame, and the denominator is the sum of the annual female populations, ages 15 – 19.)
Teens (16 – 19) not in school or work – disconnected youth	2021 County Health Rankings (Measure of America)	2015 – 2019 Disconnected youth are teenagers and young adults between the ages of 16 and 19 who are neither working nor in school. Blank values reflect unreliable or missing data.
Unemployment	2021 County Health Rankings & Roadmaps; Local Area Unemployment Statistics (LAUS), Bureau of Labor Statistics	2019 Percentage of population ages 16 and older unemployed but seeking work

Appendix C: community input participating organizations

Representatives from the following organizations participated in the focus group and a number of key informant interviews/surveys:

- American Heart Association
- Baylor Scott & White Health
- Baylor Scott & White Heart & Vascular Hospital
- Baylor University Medical Center
- Bridge Breast Network
- Brighter Tomorrows
- Baylor Scott & White – McKinney
- Baylor Scott & White – Plano
- Callier Center for Communication Disorders
- Collin County RHP 18
- Church of Jesus Christ of LDS
- City of Rowlett
- Collin College Homeless Coalition
- Collin County Coalition Charitable Clinics
- Collin County Health Care Services
- Collin County Health Department
- Collin County Public Health
- Community Lifeline Center
- Community Services, Inc.
- Crossroads
- Dallas Area Interfaith
- Dallas Area Rape Crisis Center (DARCC)
- Dallas Area Rapid Transit (DART)
- Eligibility Consultants Inc.
- Empowering the Masses
- Family Promise of Living
- First United Methodist, Richardson
- For Oak Cliff
- Frazier Revitalization
- Golden SEEDS
- Goodwill Dallas
- Health Services of North Texas
- Julia's Center
- Methodist Dallas Medical Center
- Methodist Health System
- Methodist Health System Golden Cross Academic Clinic
- Metrocare Services
- My Possibilities
- North Central Texas Health Care Center Comm.
- North Texas Food Bank
- Plano Fire-Rescue
- Regional Healthcare Partnership 18
- Sharing Life
- South Dallas Fair Park Faith Coalition
- Southern Methodist University
- State Fair of Texas
- Texas Health Resources
- The Bridge Homeless Recovery Center
- The Concilio
- The Stewpot
- United Way
- United Way of Metropolitan Dallas (UWMD)
- Visiting Nurse Association (VNA)
- Visiting Nurse Association of Texas – Dallas/Fort Worth
- Wellness Center for Older Adults
- YMCA Dallas

Appendix D: demographic and socioeconomic summary

According to population statistics, the community served is similar to Texas in terms of projected population growth, and both outpace the country. The median age is similar to Texas but younger than the United States. Median income is higher than both the state and the country. The community served has a lower percentage of Medicaid beneficiaries and a lower percentage of uninsured individuals than the state of Texas.

Demographic and socioeconomic comparison: community served and state/US benchmarks

Geography		Benchmarks		Community served
		United States	Texas	Lake Pointe health community
Total current population		330,342,293	29,321,501	4,024,673
Five-year projected population change		3.3%	6.6%	7.3%
Median age		38.6	35.2	35.6
Population 0 - 17		22.4%	25.7%	25.9%
Population 65+		16.6%	13.2%	11.5%
Women age 15 - 44		19.5%	20.5%	21.2%
Hispanic population		19.0%	40.7%	33.5%
Insurance coverage	Uninsured	9.9%	18.8%	14.9%
	Medicaid	20.9%	13.0%	12.2%
	Private market	8.3%	8.4%	8.0%
	Medicare	13.8%	12.7%	10.5%
	Employer	47.2%	47.1%	54.4%
Median HH income		$65,618	$63,313	$77,724
No high school diploma		12.2%	16.7%	16.6%

Source: IBM Watson Health Demographics, Claritas, 2020, Insurance Coverage Estimates, 2020.

The community served expects to grow 7.3% by 2025, an increase of over 293,000 people. The projected population growth is higher than the state's five-year projected growth rate (6.6%) and higher than the national projected growth rate (3.3%). The ZIP codes expected to experience the most growth in five years are:

- 75052 Grand Prairie – growth of 8,690 people
- 75002 Allen – growth of 7,402 people
- 75035 Frisco – growth of 7,244 people
- 75098 Wylie – growth of 7,020 people

The community's population is younger with 51% of the population ages 18 – 54 and 26% under age 18. The age 65-plus cohort is expected to experience the fastest growth (26%) over the next five years. Growth in the senior population will likely contribute to increased utilization of services as the population continues to age.

Population statistics are analyzed by race and by Hispanic ethnicity. The community was primarily white non-Hispanic followed by Hispanic, but diversity in the community will increase due to the projected growth of minority populations over the next five years. The expected growth rate of the Hispanic population (all races) is over 155,000 people (11.5%) by 2025. The non-Hispanic white population is expected to decline by -2%.

Population distribution

	Age distribution				
Age group	2020	% of total	2025	% of total	USA 2020 % of total
0 – 14	866,239	21.5%	886,577	20.5%	18.5%
15 – 17	177,963	4.4%	191,442	4.4%	3.9%
18 – 24	377,239	9.4%	417,277	9.7%	9.5%
25 – 34	573,753	14.3%	563,523	13.1%	13.5%
35 – 54	1,110,952	27.6%	1,168,548	27.1%	25.2%
55 – 64	453,851	11.3%	505,043	11.7%	12.9%
65+	464,676	11.5%	585,266	13.6%	16.6%
Total	**4,024,673**	**100.0%**	**4,317,676**	**100.0%**	**100.0%**

Household Income distribution

	Income distribution		
2020 Household income	HH count	% of total	USA % of total
<$15K	112,407	7.8%	10.0%
$15 – 25K	102,492	7.1%	8.6%
$25 – 50K	285,514	19.9%	20.7%
$50 – 75K	244,585	17.0%	16.7%
$75 – 100K	183,454	12.8%	12.4%
Over $100K	506,716	35.3%	31.5%
Total	**1,435,168**	**100.0%**	**100.0%**

Education level

	Education level distribution		
2020 Adult education level	Pop age 25+	% of total	USA % of total
Less than high school	226,335	8.7%	5.2%
Some high school	205,015	7.9%	7.0%
High school degree	549,480	21.1%	27.2%
Some college/assoc. degree	684,176	26.3%	28.9%
Bachelor's degree or greater	938,226	36.0%	31.6%
Total	**2,603,232**	**100.0%**	**100.0%**

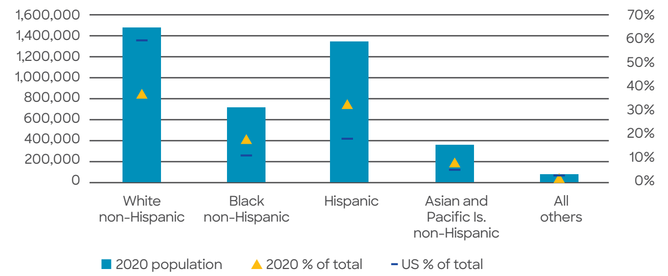
Race/ethnicity

	Race/ethnicity distribution		
Race/ethnicity	2020 pop	% of total	USA % of total
White non-Hispanic	1,483,933	36.9%	59.3%
Black non-Hispanic	739,089	18.4%	12.4%
Hispanic	1,348,429	33.5%	19.0%
Asian & Pacific is. non-Hispanic	359,888	8.9%	6.0%
All others	93,334	2.3%	3.3%
Total	**4,024,673**	**100.0%**	**100.0%**

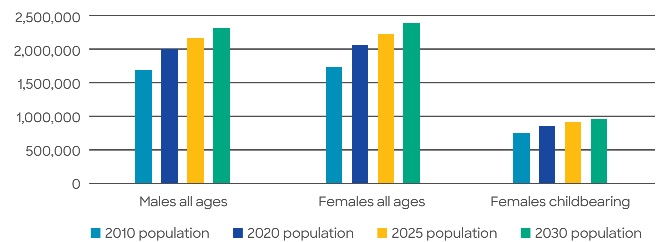
Population estimates		
Population	National	Selected area
2010 total	308,745,538	3,357,671
2020 total	330,342,293	4,024,673
2025 total	341,132,738	4,317,676
2030 total	353,513,931	4,660,428
% change 2020 - 2025	3.27%	7.28%
% change 2020 - 2035	7.01%	15.80%

Population	Males all ages	Females all ages	Females childbearing
2010 total	1,657,450	1,700,221	742,881
2020 total	1,983,497	2,041,176	851,624
2025 total	2,127,878	2,189,798	881,620
2030 total	2,295,577	2,364,851	931,217
10Y %	15.73%	15.86%	9.35%
National	7.02%	7.01%	4.01%

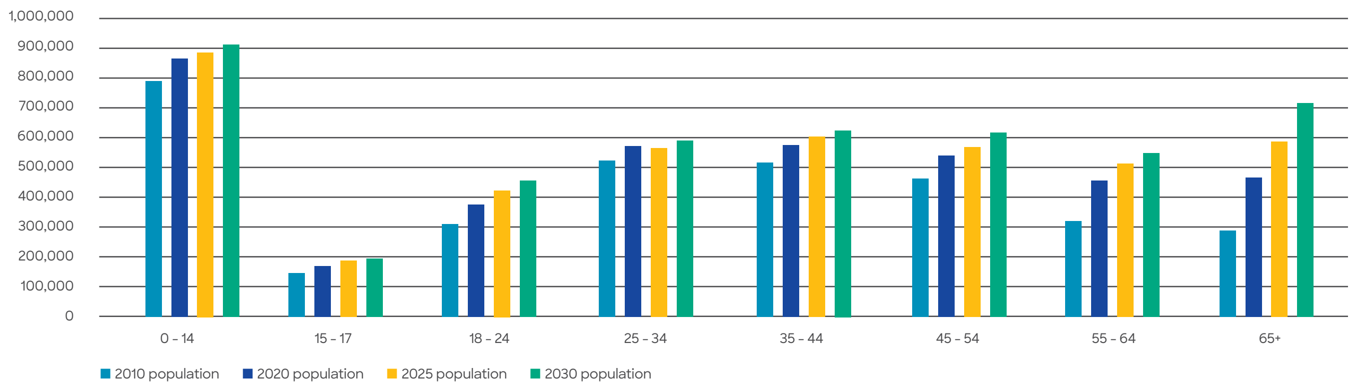
2020 race and ethnicity with total population



Population by sex 2010 - 2030



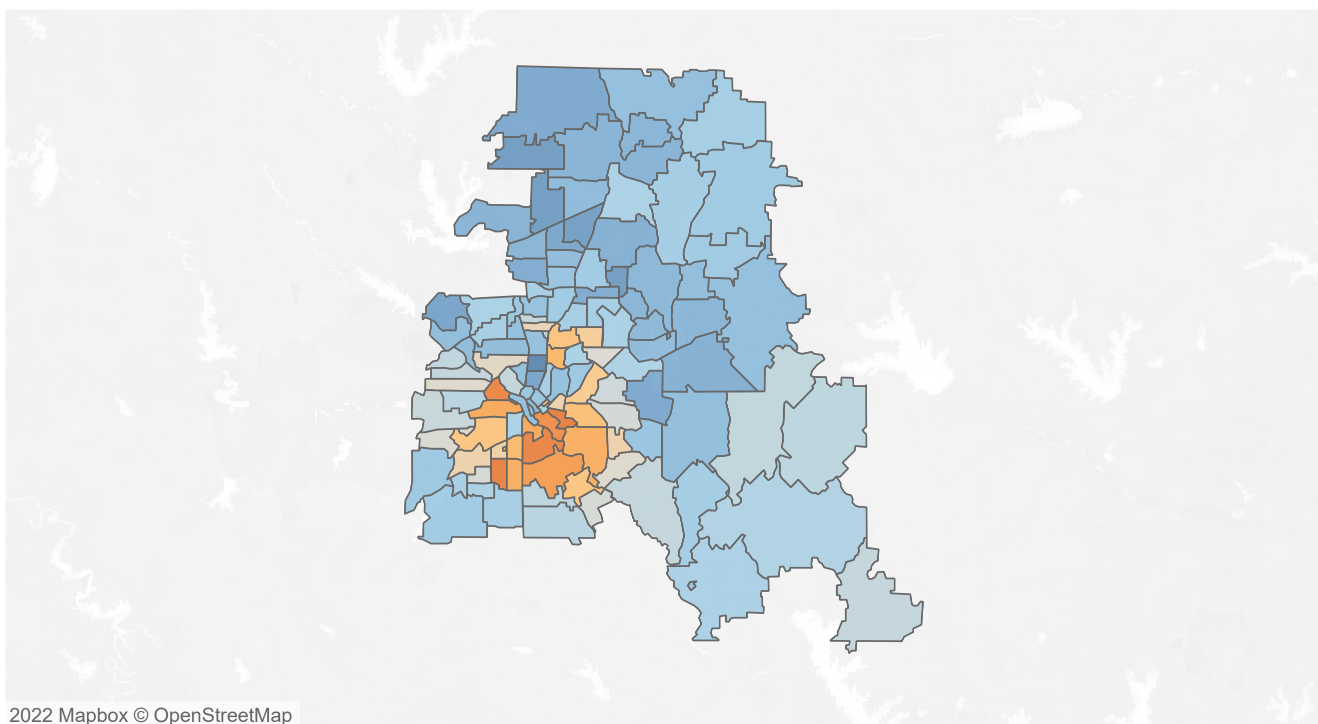
Population by age group 2010 - 2030



The 2020 median household income for the United States was $65,618 and $63,313 for the state of Texas. The median household income for the ZIP codes within this community ranged from $165,935 for 75225 Dallas to $28,568 for 75210 Dallas. There were twenty-eight (28) additional ZIP codes with median household incomes less than $52,400—twice the 2020 federal poverty limit for a family of four.

- 75237 Dallas – $29,268
- 75216 Dallas – $29,597
- 75247 Dallas – $30,500
- 75215 Dallas – $32,769
- 75241 Dallas – $36,275
- 75212 Dallas – $38,781
- 75203 Dallas – $39,065
- 75232 Dallas – $39,858
- 75217 Dallas – $40,232
- 75231 Dallas – $42,480
- 75224 Dallas – $42,765
- 75227 Dallas – $44,287
- 75246 Dallas – $44,654
- 75243 Dallas – $45,233
- 75141 Hutchins – $45,664
- 75211 Dallas – $45,676
- 75228 Dallas – $47,041
- 75042 Garland – $47,486
- 75233 Dallas – $48,070
- 75180 Balch Springs – $48,349
- 75236 Dallas – $48,377
- 75223 Dallas – $48,438
- 75240 Dallas – $48,980
- 75220 Dallas – $49,634
- 75061 Irving – $50,025
- 75253 Dallas – $50,074
- 75041 Garland – $50,823
- 75051 Grand Prairie -$50,969

The median household income ZIP code map below illustrates ZIP codes that are lower or higher than twice the federal poverty level for a family of four in 2020.



A majority of the population (54%) was insured through employer sponsored health coverage. 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).

Federally designated health professional shortage areas and medically underserved areas and populations

Health professional shortage areas (HPSA)				
County	HPSA ID	HPSA name	HPSA discipline class	Designation type
Collin	7485109304	LI - MHCA - Collin County	Mental health	Low-income population HPSA
Dallas	1487790622	OFAC - Parkland Center for Internal Medicine (PCIM)	Primary care	Other facility
Dallas	7486259744	LI - Irving	Mental health	Low-income population HPSA
Dallas	7482835384	LI - South Central Dallas	Mental health	Low-income population HPSA
Dallas	7482563929	LI - Southeast Dallas	Mental health	Low-income population HPSA
Dallas	7486982533	LI - Grand Prairie-West Dallas	Mental health	Low-income population HPSA
Dallas	7483797081	LI - Central Dallas County	Mental health	Low-income population HPSA
Dallas	7484799626	LI - North Dallas County	Mental health	Low-income population HPSA
Dallas	7482166324	LI - Northeast Dallas County	Mental health	Low-income population HPSA
Dallas	14899948OZ	Mission East Dallas and Metroplex Project	Primary care	Federally qualified health center
Dallas	74899948MN	Mission East Dallas and Metroplex Project	Mental health	Federally qualified health center
Dallas	64899948MO	Mission East Dallas and Metroplex Project	Dental health	Federally qualified health center
Dallas	14899948Q0	Healing Hands Ministries, Inc.	Primary care	Federally qualified health center
Dallas	74899948O2	Healing Hands Ministries, Inc.	Mental health	Federally qualified health center
Dallas	64899948NX	Healing Hands Ministries, Inc.	Dental health	Federally qualified health center
Dallas	148999485F	Martin Luther King Jr. Family Clinic Inc.	Primary care	Federally qualified health center
Dallas	748999481V	Martin Luther King Jr. Family Clinic Inc.	Mental health	Federally qualified health center
Dallas	6489994897	Martin Luther King Jr. Family Clinic Inc.	Dental health	Federally qualified health center
Dallas	14899948P6	Dallas County Hospital District	Primary care	Federally qualified health center
Dallas	748999482V	Dallas County Hospital District	Mental health	Federally qualified health center
Dallas	64899948C2	Dallas County Hospital District	Dental health	Federally qualified health center
Dallas	1488622370	Urban Inter-Tribal Center of Texas	Primary care	Indian health service, tribal health and urban Indian health organizations
Dallas	7485754448	Urban Inter-Tribal Center of Texas	Mental health	Indian health service, tribal health and urban Indian health organizations
Dallas	6485188079	Urban Inter-Tribal Center of Texas	Dental health	Indian health service, tribal health and urban Indian health organizations

Health professional shortage areas (HPSA), continued				
County	HPSA ID	HPSA name	HPSA discipline class	Designation type
Dallas	14899948D3	Los Barrios Unidos Community Clinic, Inc.	Primary care	Federally qualified health center
Dallas	748999481L	Los Barrios Unidos Community Clinic, Inc.	Mental health	Federally qualified health center
Dallas	6489994889	Los Barrios Unidos Community Clinic, Inc.	Dental health	Federally qualified health center
Dallas	1489814978	FCI - Seagoville	Primary care	Correctional facility
Dallas	6481843658	FCI - Seagoville	Dental health	Correctional facility
Dallas	7483425946	FCI - Seagoville	Mental health	Correctional facility
Dallas	1487991263	LI - Central Dallas County	Primary care	Low-income population HPSA

Medically underserved areas and populations (MUA/P)				
County	MUA/P source identification number	Service area name	Designation type	Rural status
Dallas	1485024236	Dallas County - Dallas South	Medically underserved area	Non-rural
Dallas	03469	Dallas service area	Medically underserved area	Non-rural
Dallas	1487043129	East Dallas County	Medically underserved area	Non-rural
Dallas	05213	Forest Glenn service area	Medically underserved area	Non-rural
Dallas	07959	Lillycare Dallas	Medically underserved area	Non-rural
Dallas	1484709099	Southeast Dallas County	Medically underserved area	Non-rural
Dallas	1486572106	Dallas County - Dallas Southwest	Medically underserved population	Non-rural
Dallas	1489157042	LI - Grand Prairie	Medically underserved population	Non-rural
Dallas	1483247641	LI - Irving	Medically underserved population	Non-rural
Dallas	07753	Mission East Dallas area	Medically underserved population	Non-rural

Community Needs Index

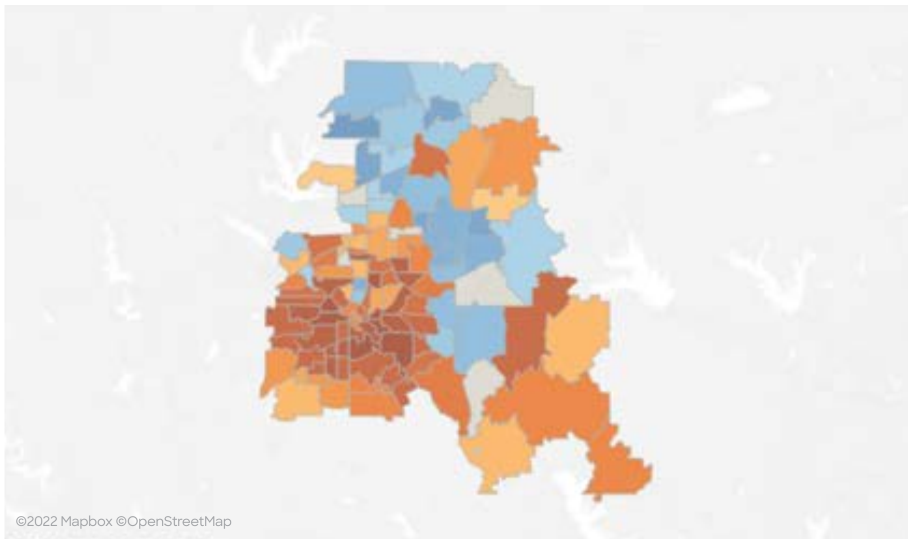
The IBM Watson Health Community Need Index (CNI) is a statistical approach that identifies areas within a community where there are likely gaps in healthcare. The CNI takes into account vital socio-economic factors, including income, culture, education, insurance and housing, about a community to generate a CNI score for every population ZIP code in the US.

The CNI is strongly linked to variations in community healthcare needs and is a good indicator of a community's demand for a range of healthcare services. Not-for-profit and community-based hospitals, for whom community need is central to the mission of service, are often challenged to prioritize and effectively distribute hospital resources. The CNI can be used to help them identify specific initiatives best designed to address the health disparities of a given community.

The CNI score by ZIP code shows specific areas within a community where healthcare needs may be greater.

Lake Pointe Health Community

Composite CNI: high scores indicate high need.



ZIP map where color shows the 2020 Community Need Index on a scale of 1 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).

Composite CNI score
3.74

Texas CNI score
3.85

US composite CNI score
3.00

Barrier	State	US
Income	3.0	3.0
Culture	4.7	3.0
Education	3.5	3.0
Insurance	4.3	3.0
Housing	3.9	3.0

The overall CNI score for the Lake Pointe Health Community was 3.74. The difference in the numbers indicates both a strong link to community healthcare needs and a community's demand for various healthcare services. In portions of the community, the CNI score was greater than 4.5, indicating more significant health needs among the population.

Appendix E: proprietary community data

IBM Watson Health supplemented the publicly available data with estimates of localized inpatient demand discharges, outpatient procedures, emergency department visits, heart disease, as well as cancer incidence estimates.

Social determinants of health are the structural determinants and conditions in which people are born, grow, live, work and age. All of which can greatly impact healthcare utilization and play a major role in the shifting healthcare landscape. Social determinants, such as education, income and race, are factored into Inpatient Demand Estimates and Outpatient Procedure Estimates utilization rate creation methodologies.

Inpatient demand estimates

Inpatient demand estimates provide the total volume of annual acute care admissions by ZIP code and DRG Product Line for every market in the United States. IBM uses all-payor state discharge data for publicly available states and Medicare (MEDPAR) data for the entire US. These rates are applied to demographic projections by ZIP code to estimate inpatient utilization for 2020 through 2030.

The following summary is reflective of the inpatient utilization trends for Lake Pointe Health Community. Total discharges in the community are expected to grow by about 10% by 2030, with pulmonary medical, general medicine and cardiovascular diseases projecting the largest growth.

Product line	2020 discharges	2025 discharges	2030 discharges	2020 - 2025 discharges change	2020 - 2025 discharges % change	2020 - 2030 discharges change	2020 - 2030 discharges % change
Alcohol and Drug Abuse	4,343	4,426	4,869	82	1.9%	525	12.1%
Cardio-Vasc-Thor Surgery	10,754	11,431	12,033	677	6.3%	1,279	11.9%
Cardiovascular Diseases	22,148	24,228	27,761	2,080	9.4%	5,613	25.3%
ENT	1,874	1,718	1,635	(156)	-8.3%	(240)	-12.8%
General Medicine	55,025	57,754	62,219	2,729	5.0%	7,194	13.1%
General Surgery	24,567	24,818	26,106	251	1.0%	1,539	6.3%
Gynecology	2,110	1,045	615	(1,066)	-50.5%	(1,496)	-70.9%
Nephrology/Urology	13,752	14,693	16,133	942	6.8%	2,382	17.3%
Neuro Sciences	16,505	17,328	19,175	823	5.0%	2,671	16.2%
Obstetrics Del	44,964	41,334	41,141	(3,630)	-8.1%	(3,823)	-8.5%
Obstetrics ND	3,527	3,042	2,889	(485)	-13.8%	(639)	-18.1%
Oncology	6,639	6,796	7,162	157	2.4%	524	7.9%
Ophthalmology	390	368	353	(22)	-5.7%	(36)	-9.3%
Orthopedics	24,929	25,239	26,777	310	1.2%	1,848	7.4%
Psychiatry	3,630	3,814	4,040	184	5.1%	410	11.3%
Pulmonary Medical	22,050	25,776	29,705	3,726	16.9%	7,655	34.7%
Rehabilitation	248	279	324	31	12.6%	76	30.9%
TOTAL	**257,455**	**264,089**	**282,937**	**6,634**	**2.6%**	**25,482**	**9.9%**

Source: IBM Watson Health Inpatient Demand Estimates, 2020.

Outpatient procedures estimates

Outpatient procedure estimates predict the total annual volume of procedures performed by ZIP code for every market in the United States using proprietary and public health claims, as well as federal surveys. Procedures are defined and reported by procedure codes and are further grouped into clinical service lines. The Lake Pointe Health Community outpatient procedures are expected to increase by 34.5% by 2030 with the largest growth in the categories of labs, general & internal medicine, physical & occupational therapy, psychiatry and hematology & oncology.

Clinical service category	2020 procedures	2025 procedures	2020-2025 procedures % change	2030 procedures	2020 - 2030 procedures % change
Allergy & Immunology	964,582	1,058,157	9.7%	1,166,263	20.9%
Anesthesia	264,658	318,072	20.2%	370,166	39.9%
Cardiology	2,178,033	2,843,892	30.6%	3,737,426	71.6%
Cardiothoracic	2,248	2,633	17.1%	3,047	35.6%
Chiropractic	1,481,404	1,510,689	2.0%	1,517,912	2.5%
Colorectal Surgery	26,582	28,818	8.4%	31,311	17.8%
CT Scan	669,999	936,367	39.8%	1,291,137	92.7%
Dermatology	643,298	764,173	18.8%	901,499	40.1%
Diagnostic Radiology	3,843,035	4,288,835	11.6%	4,772,116	24.2%
Emergency Medicine	1,965,554	2,203,639	12.1%	2,478,261	26.1%
Gastroenterology	252,256	296,513	17.5%	344,613	36.6%
General & Internal Medicine	31,499,735	36,825,565	16.9%	42,039,320	33.5%
General Surgery	215,920	247,937	14.8%	284,813	31.9%
Hematology & Oncology	5,979,333	7,267,245	21.5%	8,510,289	42.3%
Labs	39,239,779	44,528,436	13.5%	50,559,089	28.8%
Miscellaneous	1,672,029	1,908,767	14.2%	2,160,846	29.2%
MRI	324,800	372,523	14.7%	426,225	31.2%
Nephrology	911,624	1,095,162	20.1%	1,294,285	42.0%
Neurology	541,210	594,943	9.9%	654,663	21.0%
Neurosurgery	15,922	23,589	48.2%	28,267	77.5%
Obstetrics/Gynecology	701,789	738,485	5.2%	800,004	14.0%
Ophthalmology	1,801,382	2,197,373	22.0%	2,620,979	45.5%
Oral Surgery	21,759	24,239	11.4%	27,288	25.4%
Orthopedics	514,144	587,055	14.2%	664,896	29.3%
Otolaryngology	1,318,902	1,466,972	11.2%	1,625,945	23.3%
Pain Management	306,405	350,048	14.2%	392,987	28.3%
Pathology	620	719	16.0%	833	34.3%
PET Scan	17,747	21,050	18.6%	24,549	38.3%
Physical & Occupational Therapy	10,371,650	12,473,344	20.3%	14,873,440	43.4%
Plastic Surgery	32,430	38,155	17.7%	44,826	38.2%
Podiatry	144,136	159,154	10.4%	173,152	20.1%
Psychiatry	4,969,606	6,419,719	29.2%	8,074,875	62.5%
Pulmonary	679,287	774,887	14.1%	888,533	30.8%
Radiation Therapy	291,583	335,115	14.9%	381,179	30.7%
Single Photon Emission CT Scan (SPECT)	42,283	48,735	15.3%	56,739	34.2%
Urology	209,893	250,617	19.4%	296,220	41.1%
Vascular Surgery	93,324	108,461	16.2%	124,517	33.4%
TOTAL	**114,208,942**	**133,110,083**	**16.5%**	**153,642,508**	**34.5%**

Source: IBM Watson Health Outpatient Procedure Estimates, 2020.

Emergency department visits

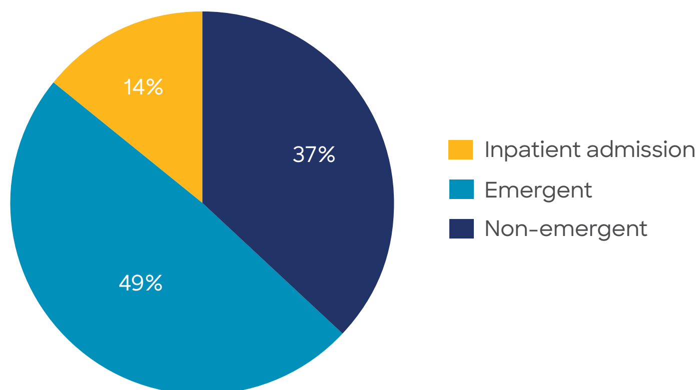
Emergency department estimates predict the total annual volume of emergency department (ED) visits by ZIP code and level of acuity for every market in the United States. IBM uses an extensive supply of proprietary claims, public claims and federal surveys to construct population-based use rates for all payors by age and sex. These use rates are then applied to demographic and insurance coverage projections by ZIP code to estimate ED utilization for 2020 through 2030.

Visits are broken out into emergent and non-emergent ambulatory visits to identify the volume of visits that could be seen in a less-acute setting, for example, a fast-track ED or an urgent care facility. In addition, visits which result in an inpatient admission are broken out into a third, separate category. In the Lake Pointe Health Community, ED visits are expected to grow by over 14% by 2025.

Emergent status	2020 visits	2025 visits	2020 - 2025 visits change	2020 - 2025 visits % change
Emergent	856,104	1,031,467	175,363	20.5%
Inpatient Admission	244,717	303,918	59,201	24.2%
Non-Emergent	758,529	791,242	32,713	4.3%
TOTAL	**1,859,351**	**2,126,627**	**267,277**	**14.4%**

Source: IBM Watson Health Emergency Department Visits, 2020.

Emergency department visit estimates 2025



Heart disease estimates

The heart disease estimates dataset predicts the number of cases by heart disease type and ZIP code for every market in the United States. IBM uses public and private claims data as well as epidemiological data from the National Health and Nutritional Examination Survey (NHANES) to build local estimates of heart disease prevalence for the current population. County-level models by age and sex are applied to the underlying demographics of specific geographies to estimate the number of patients with specific types of heart disease.

In Lake Pointe Health Community, the most common heart disease is hypertension at 73.2% of all heart disease cases.

Disease type	2020 prevalence	2020 % prevalence
Arrhythmia	172,449	12.2%
Heart Failure	76,843	5.5%
Hypertension	1,031,298	73.2%
Ischemic Heart Disease	127,943	9.1%
TOTAL	**1,408,533**	**100.0%**

Source: IBM Watson Heart Disease Estimates, 2020.

Cancer estimates

IBM Watson Health builds county-level cancer incidence models that are applied to the underlying demographics of specific geographies to estimate incidence (i.e., the number of new cancer cases annually) of all cancer patients. Cancer incidence is expected to increase by about 12% in the Lake Pointe Health Community by 2025.

Cancer type	2020 incidence	2025 incidence	2020 - 2025 change	2020 - 2025 % change
Bladder	739	880	141	19.1%
Brain	351	389	38	11.0%
Breast	4,039	4,649	610	15.1%
Colorectal	2,195	2,139	-56	-2.5%
Kidney	852	1,018	166	19.4%
Leukemia	621	723	102	16.4%
Lung	2,103	2,387	285	13.5%
Melanoma	844	994	149	17.7%
Non-Hodgkin's Lymphoma	982	1,145	163	16.6%
Oral Cavity	601	702	101	16.8%
Other	2,490	2,925	435	17.5%
Ovarian	325	360	35	10.6%
Pancreatic	535	651	116	21.7%
Prostate	2,478	2,483	4	0.2%
Stomach	356	400	45	12.5%
Thyroid	576	665	89	15.4%
Uterine Cervical	154	157	3	1.9%
Uterine Corpus	539	635	96	17.9%
TOTAL	**20,780**	**23,301**	**2,521**	**12.1%**

Source: IBM Watson Health Cancer Estimates, 2020.

Appendix F: 2019 community health needs assessment evaluation

It is Baylor Scott & White Health's privilege to serve faithfully in promoting the well-being of all individuals, families and communities. Our 2019 Implementation Strategy described the various resources and initiatives we planned to direct toward addressing the adopted health needs of the 2019 CHNA.

Following is a snapshot of the impact of actions taken by Baylor Scott & White to address the below priority health issues.

Dates: Fiscal Years 2020 – March 2022

Facilities: Baylor Scott & White Medical Center – Lake Pointe
Baylor Scott & White Emergency Hospital – Rockwall*

Community served: Collin, Dallas, Hunt, Kaufman and Rockwall Counties

Ratio of Population to Primary Care Providers (Physician/Non-Physician)

Baylor Scott & White Medical Center – Lake Pointe

Action/tactics	Anticipated outcome	Evaluation of impact
Enrollment services The hospital will conduct enrollment services to assist in the qualification of the medically underserved.	Increased access to primary care providers for programs enabling access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs.	• **Persons served: 655** • **$240,167 community benefit**
Community health outreach Provide free community education sessions on various health topics out in community, health fairs, health screenings, etc.	Increased access to care through health information including signs and symptoms for early intervention.	• **Persons served: 98** • **$4,822 community benefit** • Limited participation in community health outreach due to the COVID-19 pandemic.
Workforce development Recruitment of physicians and other health professionals for areas identified as medically underserved.	Increased access to care through the increased primary care workforce numbers.	• **$436,743 community benefit**
Cash and in-kind contributions Financial support for the expansion of community clinics for increasing access to care for underserved/underinsured populations.	Increased access to care through the provision of free or discounted healthcare services through community social service organizations.	• **Persons served: 583** • **$142,289 community benefit**
Clinical training program To help address the state's healthcare workforce shortage, the hospital provides a clinical training program to prepare nurses for the medical workforce.	Increased access to care through the preparation of nurses for the medical workforce.	• **Persons served: 285** • **$1,137,637 community benefit**

*Baylor Scott & White Emergency Hospital – Rockwall is included in the North & West Emergency Hospital 2022 CHNA Report as it now reports under the same facility license as the emergency hospitals in that health community.

Ratio of Population to Primary Care Providers (Physician/Non-Physician)

Baylor Scott & White Emergency Hospital – Rockwall*

Action/tactics	Anticipated outcome	Evaluation of impact
Charity care Provide free/discounted care to financially or medically indigent patients as outlined in the financial assistance policy.	Increased access to primary care and/or specialty care for indigent persons regardless of their ability to pay.	• **Persons served: unknown** • **$263,013 community benefit**

Percentage of Population Under Age 65 Without Health Insurance

Baylor Scott & White Medical Center – Lake Pointe

Action/tactics	Anticipated outcome	Evaluation of impact
Cash and in-kind contributions Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community.	Increased access to care through the provision of free or discounted healthcare services through community social service organizations.	• **Persons served: 583** • **$142,289 community benefit**
Enrollment services The hospital will conduct enrollment services to assist in the qualification of the medically underserved.	Increased access to primary care providers for programs enabling access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs.	• **Persons served: 655** • **$240,167 community benefit**
Charity care Provide free/discounted care to financially or medically indigent patients as outlined in the financial assistance policy. Healthcare infrastructure; supplies; staff.	Increased access to primary care and/or specialty care for indigent persons regardless of their ability to pay.	• **16.5 million community benefit**

Total investment in adopted community needs since 2019 CHNA

BSWMC – Lake Pointe	BSW Emergency Hospital – Rockwall
$18.8 million	**$263,000**

*Baylor Scott & White Emergency Hospital – Rockwall is included in the North & West Emergency Hospital 2022 CHNA Report as it now reports under the same facility license as the emergency hospitals in that health community.

Physicians provide clinical services as members of the medical staff at one of Baylor Scott & White Health's subsidiary, community or affiliated medical centers and do not provide clinical services as employees or agents of those medical centers or Baylor Scott & White Health. ©2022 Baylor Scott & White Health. 99-ALL-540615 BID