Community Health Needs Assessment 2016

North Texas Zone 3

Baylor Scott & White All Saints Medical Center - Fort Worth

Baylor Scott & White Medical Center - Grapevine

Baylor Orthopedic and Spine Hospital at Arlington

Baylor Surgical Hospital at Fort Worth

Baylor Medical Center at Trophy Club

Baylor Institute for Rehabilitation at Fort Worth

Baylor Emergency Medical Center at Burleson

Baylor Emergency Medical Center at Mansfield

The prioritized list of significant health needs has been presented and approved by the hospital facilities' governing body, and the full assessment must be made available to the public at no cost for download on our website at BaylorScottandWhite.com/CommunityNeeds or upon request. Retain this document through the fiscal year ending June 30, 2020.

Approved by: Baylor Scott & White Health – North Texas Operations Board on May 31, 2016

Posted to BaylorScottandWhite.com/CommunityNeeds on June 30, 2016

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Baylor Scott & White Health Mission Statement

OUR MISSION

Baylor Scot & White Health exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.

“Personalized health” refers to our commitment to develop innovative therapies and procedures focusing on predictive, preventive and personalized care. For example, we’ll use data from our electronic health record to help us predict the possibility of disease in a person or a population. And with that knowledge, we can put measures in place to either prevent the disease altogether or significantly decrease its impact on the patient or the population. We’ll tailor our care to meet the individual medical, spiritual and emotional needs of our patients.

“Wellness” refers to our ongoing effort to educate the people we serve, helping them get healthy and stay healthy.

“Christian ministry” reflects the heritage of Baylor Health Care’s founders and Drs. Scott and White, who showed their dedication to the spirit of servanthood — to equally serve people of all faiths and those of none.

WHO WE ARE

In 2013, Baylor Health Care System and Scott & White Healthcare became one.

The largest not-for-profit health care system in Texas, and one of the largest in the United States, Baylor Scott & White Health (BSWH) was born from the 2013 combination of Baylor Health Care System and Scott & White Healthcare.

Known for exceptional patient care for more than a century, the two organizations serve adjacent regions of Texas and operated on a foundation of complementary values and similar missions. BSWH includes 41 licensed hospitals, more than 900+ patient care sites, more than 6,600 active physicians, 43,750+ employees and the Scott & White Health Plan.

Over the years, Baylor and Scott & White have worked together as members of the High Value Healthcare Collaborative, the Texas Care Alliance and Healthcare Coalition of Texas and were two of the best known, top-quality health care systems in the country, not to mention in Texas.

After years of thoughtful deliberation, the leaders of Baylor Health Care System and Scott & White Healthcare decided to combine the strengths of the two health systems and create a new model system able to meet the demands of health care reform, the changing needs of patients and extraordinary recent advances in clinical care.

With a commitment to and a track record of innovation, collaboration, integrity and compassion for the patient, BSWH stands to be one of the nation's exemplary health care organizations.

OUR CORE VALUES & QUALITY PRINCIPLES

Our values define our culture and should guide every conversation, decision and interaction we have with each other and with our patients and their loved ones:

- *Integrity*: Living up to high ethical standards and showing respect for others
- *Servanthood*: Serving with an attitude of unselfish concern
- *Teamwork:* Valuing each other while encouraging individual contribution and accountability
- *Excellence*: Delivering high quality while striving for continuous improvement
- *Innovation*: Discovering new concepts and opportunities to advance our mission
- *Stewardship*: Managing resources entrusted to us in a responsible manner

Executive Summary

As the largest not-for-profit health care system in Texas, BSWH understands the importance of serving the health needs of its communities. And in order to do that successfully, we must first take a comprehensive look at the issues our patients, their families, and neighbors face when it comes to making healthy life choices and health care decisions.

Beginning in the summer of 2015, a BSWH task force led by the community benefit, tax compliance, and corporate marketing departments began the process of assessing the current health needs of the communities we serve for all BSWH hospitals. Truven Health Analytics was engaged to help collect and analyze the data for this process and to compile a final report made publicly available in June of 2016.

BSWH owns and operates multiple individual licensed hospital facilities serving the residents of North and Central Texas. Certain of these hospital facilities have overlapping communities and have collaborated to conduct a joint community health needs assessment. This joint community health needs assessment applies to the following BSWH hospital facilities:

Baylor Scott & White All Saints Medical Center - Fort Worth
Baylor Scott & White Medical Center - Grapevine
Baylor Orthopedic and Spine Hospital at Arlington
Baylor Surgical Hospital at Fort Worth
Baylor Medical Center at Trophy Club
Baylor Institute for Rehabilitation at Fort Worth
Baylor Emergency Medical Center at Burleson
Baylor Emergency Medical Center at Mansfield

These facilities have defined their community to be the geographical area of Denton, Johnson and Tarrant counties. The community served was determined based on the counties that makes up at least 75 percent of the hospital facilities' inpatient and outpatient admissions over a period of the past 12 months. Once the counties were identified, those facilities with overlapping counties of patient origin collaborated to provide a joint CHNA report in accordance with the Treasury regulations. All of the collaborating hospital facilities included in this joint CHNA report define their community, for purposes of the CHNA report, to be the same.

With the aid of Truven Health Analytics, we examined nearly 70 public health indicators and conducted a benchmark analysis of this data comparing the community to overall state of Texas and U.S. values. For a qualitative analysis, and in order to get input directly from the community, we conducted focus groups that included representation of minority, underserved, and indigent populations' needs and interviewed several key informants in north Texas who were community leaders and public health experts.

Significant community health needs were identified through the weight of quantitative and qualitative data obtained when assessing the community. Needs which were supported by data showing the community to be worse than the state by a greater magnitude and also were a frequent theme during interviews and focus groups were determined to be significant.

These significant needs were prioritized based on input gathered from the focus groups and interviews. Participants of these focus groups and interviews were asked to rank the top three health needs of the community based on the importance they placed on addressing the need. Through this process, the health needs were prioritized based on the frequency they were listed as the top health care needs. The prioritized health needs of this community are below:

1. Access to care for middle to lower socio-economic status
2. MD and Non-MD primary care providers to population ratio
3. Mental/behavioral health
4. Chronic disease
5. Dentists to population ratio
6. Health & Wellness Promotion

Also, as part of the assessment process, both internal resources and community resources and facilities were distinguished that may be available to address the significant needs in the community. They are identified in the body of this report and will be included in the formal implementation strategy to address needs identified in this assessment that will be approved and made publicly available by the 15th day of the 5th month following the end of the tax year.

An evaluation of the impact and effectiveness of interventions and activities outlined in the implementation strategy drafted after the 2013 assessment was also completed and is included in Appendix C of this document.

The prioritized list of significant health needs has been presented and approved by the hospital facilities' governing body, and the full assessment is available to the public at no cost for download on our website at BaylorScottandWhite.com/CommunityNeeds.

This assessment and corresponding implementation strategies are intended to meet the requirements for community benefit planning and reporting as set forth in state and federal laws, including but not limited to: Texas Health and Safety Code Chapter 311 and Internal Revenue Code Section 501(r)

Community Health Needs Assessment Requirement

As a result of the Patient Protection and Affordable Care Act (PPACA), all tax-exempt organizations operating hospital facilities are required to assess the health needs of their community through a Community Health Needs Assessment (CHNA) once every three years. A CHNA is a written document developed for a hospital facility that defines the community served by the hospital facility; the process used to conduct the assessment including how the hospital took into account input from community members including those from public health department(s) and members or representatives of medically underserved, low-income, and minority populations; identification of any organizations with whom the hospital has worked on the assessment; and the significant health needs identified through the assessment process.

The written CHNA Report must include descriptions of the following:

- The community served and how the community was determined
- The process and methods used to conduct the assessment including sources and dates of the data and other information as well as the analytical methods applied to identify significant community health needs
- How the organization took into account input from persons representing the broad interests of the community served by the hospital, including a description of when and how the hospital consulted with these persons or the organizations they represent
- The prioritized community 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 health care facilities and other resources within the community available to meet the significant community health needs
- An evaluation of the impact of any actions that were taken, since the hospital facility(s) most recent CHNA, to address the significant health needs identified in that last CHNA

The PPACA also requires hospitals to adopt an Implementation Strategy to address prioritized community health needs identified through the assessment. An Implementation Strategy is a written plan that addresses each of the significant community health needs identified through the CHNA and is a separate but related document to the CHNA report.

The written Implementation Strategy must include the following:

- List of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified
- Actions the hospital intends to take to address the chosen health needs
- The anticipated impact of these actions and the plan to evaluate such impact (e.g. identify data sources that will be used to track the plan's impact)

- Identify programs and resources the hospital plans to commit to address the health needs
- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

A CHNA is considered conducted in the taxable year that the written report of its findings, as described above, is approved by the hospital's governing body and made widely available to the public. The Implementation Strategy is considered adopted on the date it is approved by the governing body. Organizations must approve and make public their Implementation Strategy by the 15th day of the 5th month following the end of the tax year. CHNA compliance is reported on IRS Form 990, Schedule H.

This assessment is also intended to meet the requirements for community benefit planning and reporting as set forth in the Texas Health and Safety Code Chapter 311 applicable to Texas nonprofit hospitals.

Baylor Scott & White Health: Community Health Needs Assessment Overview, Methodology and Approach

BSWH partnered with Truven Health Analytics (Truven Health) to complete a joint CHNA for the following hospital facilities:

Baylor Scott & White All Saints Medical Center – Fort Worth
Baylor Institute for Rehabilitation at Fort Worth
Baylor Medical Center at Trophy Club
Baylor Orthopedic & Spine at Arlington
Baylor Scott & White Medical Center – Grapevine
Baylor Surgical Hospital at Fort Worth
Baylor Emergency Medical Center at Burleson
Baylor Emergency Medical Center at Mansfield

Consultant Qualifications & Collaboration

Truven Health and its legacy companies have been delivering analytic tools, benchmarks, and strategic consulting services to the healthcare industry for over 50 years. Truven Health combines rich data analytics in demographics (including the Community Needs Index, developed with Catholic Healthcare West, now Dignity Health), planning, and disease prevalence estimates with experienced strategic consultants to deliver comprehensive and actionable Community Health Needs Assessments.

Defining the Community Served

BSWH owns and operates multiple individual licensed hospital facilities serving the residents of North and Central Texas. Certain of these hospital facilities have overlapping communities and have collaborated to conduct a joint community health needs assessment. The community served definitions used in this assessment differ from those used by the legacy Baylor Health Care System and the legacy Scott & White Healthcare in their previously conducted (2013) CHNAs. The current organization, BSWH, has chosen a common methodology and approach to define the communities served for each of its facilities.

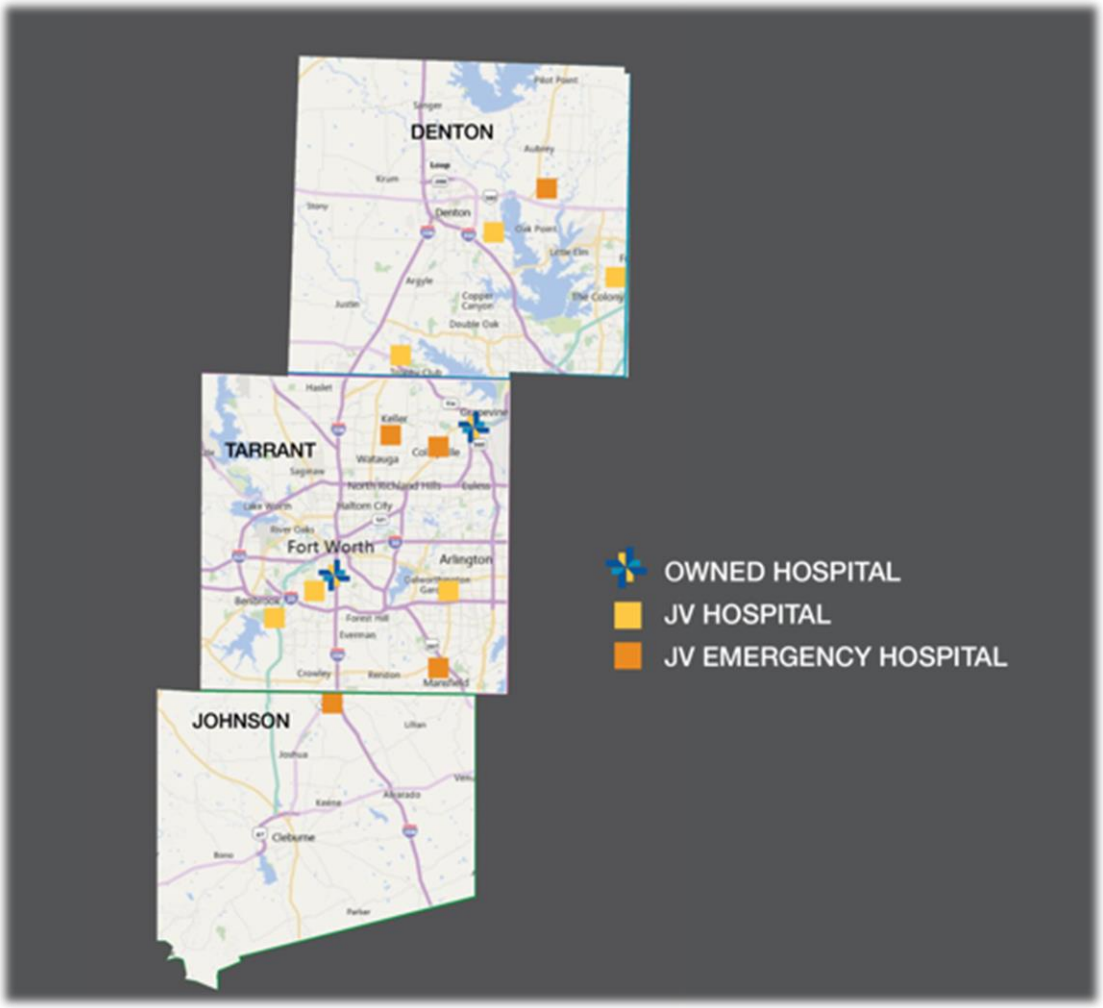
For the current assessment, to define the community served by the BSWH hospital facilities listed above, BSWH identified the counties accounting for at least 75 percent of each facility's total volume (based on the most recent 12 months of inpatient and outpatient data). Once the counties were identified, those facilities with overlapping counties of patient origin collaborated to produce a joint CHNA report, in accordance with the Treasury regulations. All of the collaborating hospital facilities included in this joint CHNA report define their community for purposes of the CHNA report to be the same.

BSWH Community Health Needs Assessment - Community Served Definition

For the 2016 assessment, the hospital facilities have defined their community to be the geographical area of Denton, Johnson and Tarrant counties. The community served

was determined based on the counties that make up at least 75 percent of each hospital's inpatient and outpatient admissions.

BSWH Community Health Needs Assessment
Map of Community Served



Assessment of Health Needs – Methodology and Data Sources

To assess the health needs of the community served, a quantitative and qualitative approach was taken. In addition to collecting data from a number of public and Truven Health proprietary sources, interviews and focus groups were conducted with individuals representing public health, community leaders/groups, public organizations, and other providers.

Quantitative Assessment of Health Needs

Quantitative data in the form of public health indicators were collected and analyzed to assess community health needs. Eight categories of seventy-nine indicators were collected and evaluated for the counties where data were available. The categories and indicators are included in the table below and the sources of these indicators can be found in ***Appendix A***.

.Population
- High School Graduation Rate
- High School Drop Outs
- Some College
- Births to Unmarried Women
- Children in Poverty
- Children in Single-Parent Households
- Income Inequality
- Poverty
- Disability
- Social Associations
- Children Eligible for Free Lunch
- Homicides
- Violent Crime

Injury & Death
- Heart Disease Death Rate
- Overall Cancer Death Rate
- Chronic Lower Respiratory Disease (CLRD) Death Rate
- Stroke Death Rate
- Infant Mortality
- Child Mortality
- Premature Death
- Motor Vehicle Crash Mortality Rate

Mental Health
- Mental Health Providers
- Poor Mental Health Days

Prevention
- Diabetic Screening
- Mammography Screening
- Flu Vaccine 65+

Health Outcomes
- Poor or Fair Health
- Average Number of Poor Physical Unhealthy Days in Past Month
- Cancer (all causes) Incidence
- Breast Cancer
- Colon Cancer
- Lung Cancer
- Prostate Cancer
- Diabetes
- Stroke
- Arthritis
- Alzheimer's/ Dementia
- Atrial Fibrillation
- COPD
- Kidney Disease
- Depression
- Heart Failure
- Hyperlipidemia
- Heart Disease
- Schizophrenia
- Osteoporosis
- HIV Prevalence
- Prenatal Care
- Smoking During Pregnancy
- Low Birth Rate
- Very Low Birth Rate
- Preterm Births

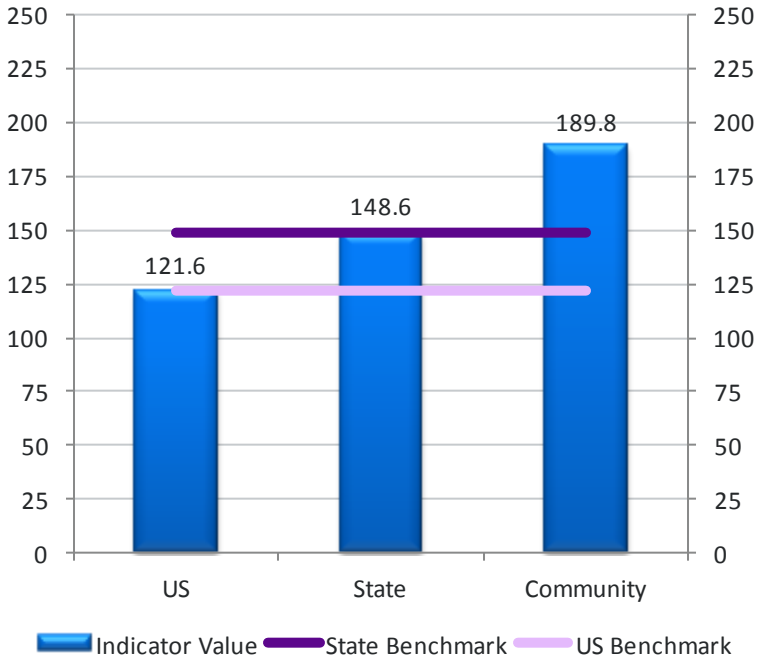
Health Behaviors
- Obesity
- Childhood Obesity
- Physical Inactivity
- No Exercise
- Adult Smoking
- Excessive Drinking
- Teen Birth Rate
- Sexually Transmitted Infections
- Alcohol Impaired Driving Deaths
- Drug Poisoning Deaths

Access to Care
- Uninsured
- Uninsured Children (<17)
- Could Not See a Doctor Due to Cost
- Other Primary Care Providers
- Dentists
- Preventable Hospital Stays
- Affordability of Healthcare
- Healthcare Costs

Environment
- Limited Access to Healthy Foods
- Food Insecurity
- Food Environment Index
- Access to Exercise Opportunities
- Air Quality/ Pollution
- Drinking Water
- Housing
- Commute/ Long
- Commute/ Alone

In order to determine which public health indicators demonstrate a community health need, a benchmark analysis was conducted for each indicator collected in the community served. Benchmark health indicators collected included (when available); overall US values, state of Texas values, and goal setting benchmarks such as Healthy People 2020 and/or County Health Rankings Best Performer values.

Health Indicator Benchmark Analysis Example



According the America's Health Rankings Texas ranks 34th out of the 50 states. The health status of Texas compared to other states in the nation identifies many opportunities to impact health within local communities, even for those communities that rank highly within the state. Therefore, the benchmark for the community served was set to the state value. Needs were identified when one or more of the indicators for the community served did not meet state benchmarks. An index of magnitude analysis was then conducted on those indicators that did not meet state benchmarks in order to understand to what degree they differed from the benchmark and in order to understand their relative severity of needs.

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

Qualitative Assessment of Health Needs (Community Input)

In addition to analyzing quantitative data, focus groups with ten (10) participants, as well as six (6) key informant interviews, were conducted September through November of 2015 in order to take into account the input of persons representing the broad interests of the community served. The focus groups and interviews were conducted to solicit feedback from leaders and representatives who serve the community and have insight into community needs.

The focus group was designed to familiarize participants with the CHNA process and gain a better understanding of priority health needs from the community's perspective. Focus groups were formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community.

Truven Health also conducted key informant interviews for the community served. The interviews were designed to help understand and gain insight into how participants felt about the general health status of the community and the various drivers which contributed to health issues.

In order to qualitatively assess the health needs for the community, participation was solicited from at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community; as well as individuals or organizations serving and/or representing the interests of medically underserved, low-income, and minority populations in the community.

In order to ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians).

In addition to soliciting input from public health and various interests of the community, hospitals are also required to take into consideration written input received on their most recently conducted CHNA and subsequent implementation strategies. The facilities each have an active portal on the website where the assessment has been made available asking for public comment or feedback on the report findings. This information is located at BaylorHealth.com/CommunityNeeds. To date we have not received such written input but continue to welcome feedback from the community.

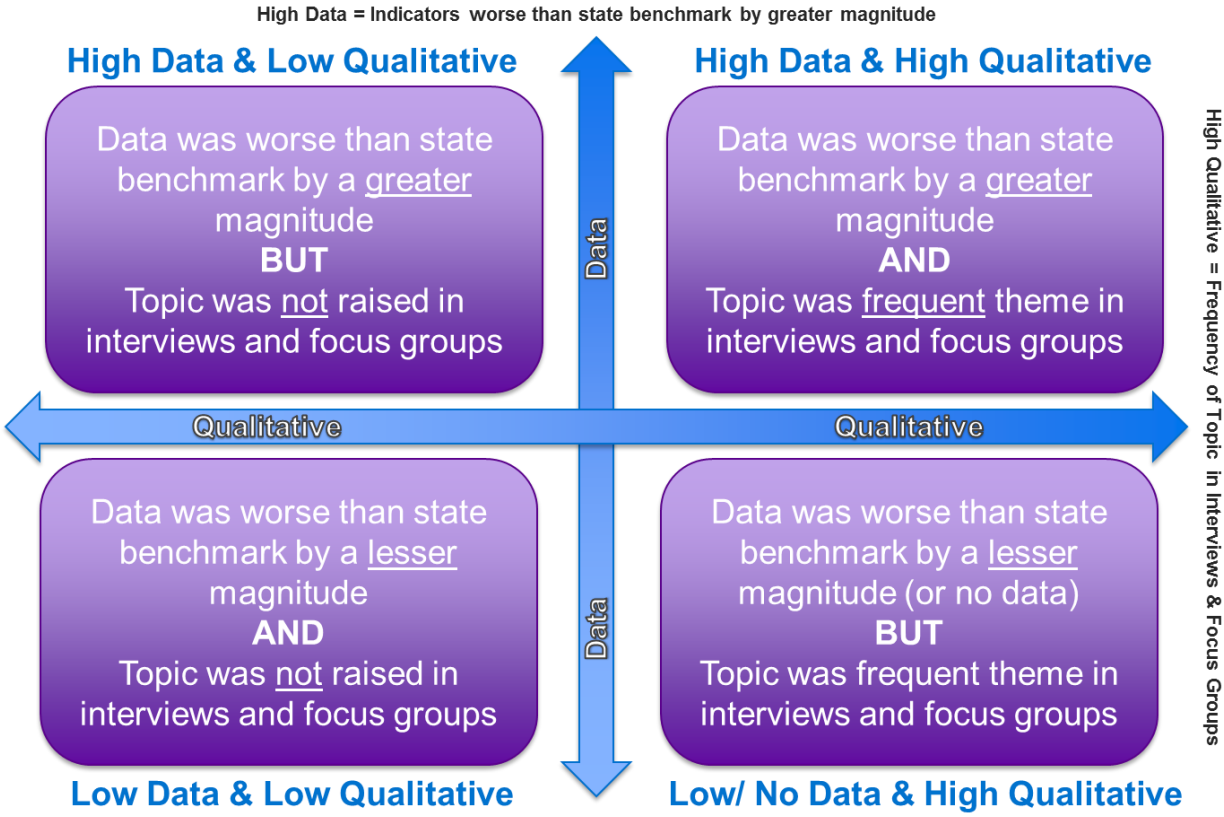
Input collected from the participants during the interviews and focus groups was organized into themes around community needs and compared to the quantitative data findings.

Methodology for Defining Community Need

Using qualitative feedback from the interviews and focus group, as well as the health indicator data, the issues currently impacting the community served were consolidated and assembled in the Health Needs Matrix below in order to identify the significant health needs for each community served.

The upper right quadrant of the matrix is where the qualitative data (interview and focus group feedback) and quantitative data (health indicators) converge. For the sake of this analysis, the upper right quadrant contains the most significant health needs identified

Putting It All Together: The Health Needs Matrix



Source: Truven Health Analytics, 2016

Information Gaps

The majority of public health indicators were only available at the county level; and in Texas, health indicators were not available for every county due to variation in population density. In evaluating data for entire counties versus more localized data, it was difficult to understand the health needs for specific population pockets within a county. It can also be a challenge to tailor programs to address community health needs as placement and access to those programs in one part of the county may or may not actually impact the population who truly need the service. Truven Health supplemented health indicator data with Truven Health's ZIP code estimates to assist in identifying specific populations within a community where health needs may be greater.

Existing Resources to Address Health Needs

Part of the assessment process included gathering input on community resources potentially available to address the significant health needs identified through the CHNA. A description of these resources is provided in ***Appendix B***.

Prioritizing Community Health Needs

The prioritization of community health needs identified through the assessment was based on the weight of quantitative and qualitative data obtained when assessing the community. A thorough description of the process can be found in the "Prioritizing Community Health Needs" section of the assessment.

Evaluation of Implementation Strategy Impact

As part of the current assessment, BSWH conducted an evaluation of the implementation strategies adopted as part of the 2013 CHNAs. In 2013, the facilities chose to address the following identified needs:

- Access to care for low income population/underserved
- Behavioral health
- Care coordination and care transitions
- Emergency and urgent care
- Dental care
- Multiple chronic conditions
- Prenatal care
- Preventive health screenings
- Co-morbid medical and behavioral health conditions
- Elderly at home, and nursing home patients
- Patient safety and hospital acquired conditions

An implementation strategy was put into place in 2013 to address the above needs. That strategy has been evaluated as to its effectiveness and impact. Details for that evaluation can be found in ***Appendix C***.

Demographic and Socioeconomic Summary

According to population statistics, the community served is growing at a rate that is slightly above the Texas benchmark; it is greater than that of the nation as well. The community served had a slightly higher median income than both state and national benchmarks along with a more racially diverse population. The proportion of the population over age 65 was below the state and national benchmarks. The community, overall, appeared to be at an advantage in terms of fewer social barriers experienced by its population.

Demographic and Socioeconomic Comparison: Community Served and State/US Benchmarks

Demographic / Socioeconomic Variable	Benchmarks		Community Served
	United States	Texas	
Total Current Population	319,459,991	27,037,393	2,874,584
5 Yr Proj Pop Chg	4%	7%	8%
Population 0-17	23%	26%	27%
Population 65+	15%	12%	10%
Women Age 15-44	20%	21%	21%
Non-White Population	29%	31%	31%
Median HH Income	$56,682	$56,653	$60,593
Limited English	5%	8%	6%
No High School Diploma	14%	19%	14%
Un-employed	10%	8%	8%
Insurance Coverage: Medicaid	19%	14%	11%
Insurance Coverage: Uninsured	10%	20%	16%
Poverty	16%	18%	Denton Co: 9% Johnson Co: 13% Tarrant Co: 15%

Source: Truven Health Analytics / The Nielsen Company, 2015

Over 2.8 million people resided in the community served by the hospital facilities. A majority (66%) of the population for this community is located in Tarrant County. The population of the community is expected to grow 8% (220,502 people) by 2020. The 8% population growth is slightly higher compared to the state growth rate (6.7%) and higher compared to the national growth rate (3.5%). Johnson County had the smallest population in the community and will experience the smallest growth (6%) by 2020. Denton County will grow the most (10%) over the next 5 years. The ZIP codes expected to experience the most growth in five years:

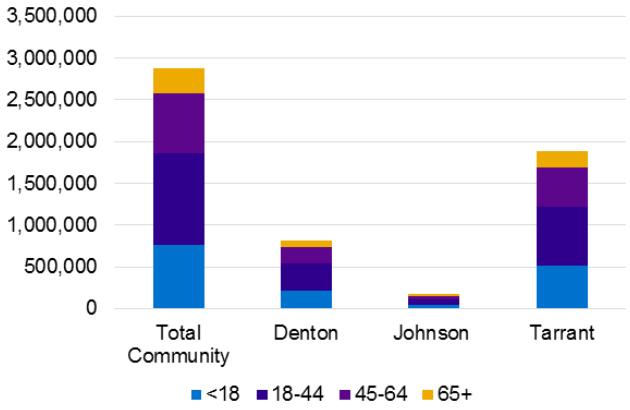
- 76063 Mansfield – 8,166 people
- 76179 Fort Worth – 6,909 people

None of the ZIP codes in this area are expecting a decline in population; however, several ZIP codes are not predicted to experience a population increase.

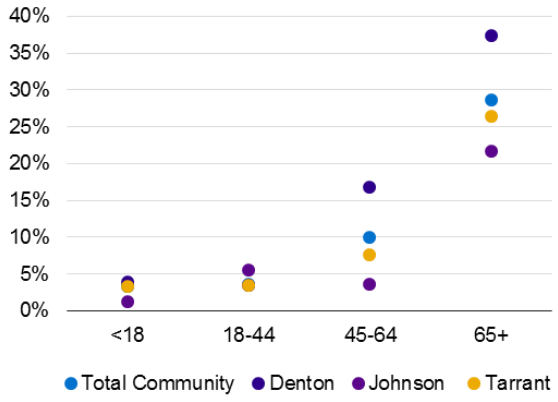
Denton County is predicted to have a larger amount of growth in two age groups when compared to the remaining community, those 45-64 and 65+ year of age. The age 65+ cohort is predicted to experience the largest increase in residents in Denton, Johnson and Tarrant counties, adding approximately 84,000 people. Those less than 18 years of age are predicted to experience the least amount of growth (25,483 people).

Population by Age Cohort

2015 Total Population



5 Year Projected Population Growth Rate



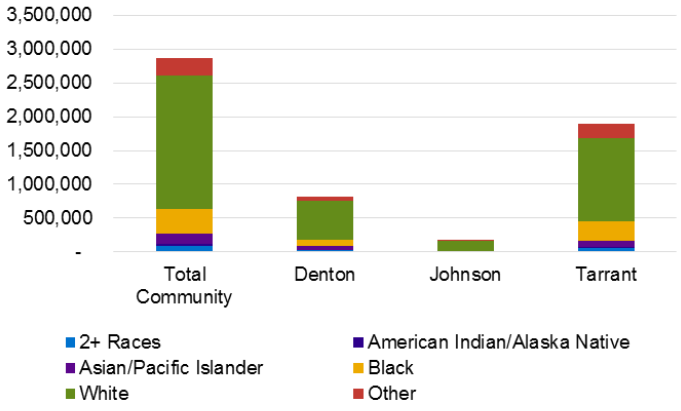
Source: Truven Health Analytics / The Nielsen Company, 2015

Total population can be analyzed by race or by Hispanic ethnicity. The graphs that follow display the community's total population breakdown by race (including all ethnicities) and also by ethnicity (including all races). Seventy percent (70%) of the community's population was white and Tarrant County made up a majority of white population for the community. However, diversity in the community is projected to increase over the next five years. Denton and Johnson counties will experience a growth in the African American and 2+ races populations of over 20%. The Hispanic population will grow approximately 14%, about 100,000 people, while the non-Hispanic population is expected to grow by only 6% over the next 5 years. Those of Hispanic

ethnicity comprised approximately 25% of the community's population - below the state's proportion of Hispanics.

Population by Race

2015 Total Population

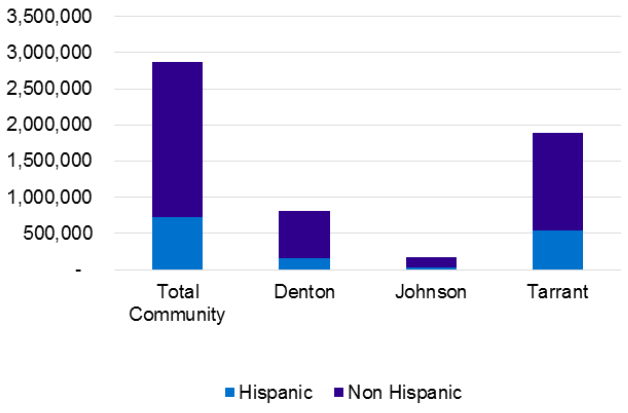


5 Year Projected Population Growth Rate

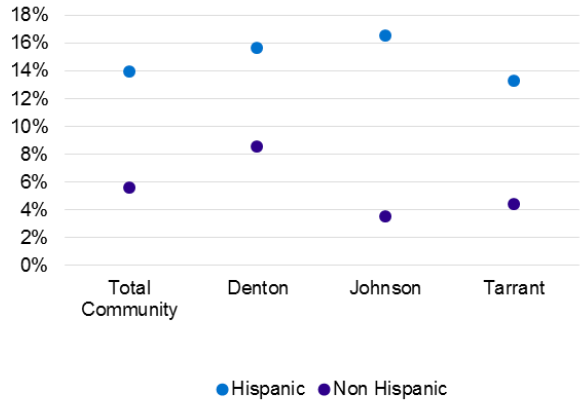
Source: Truven Health Analytics, 2015

Population by Hispanic Ethnicity

2015 Total Population



5 Year Projected Population Growth Rate

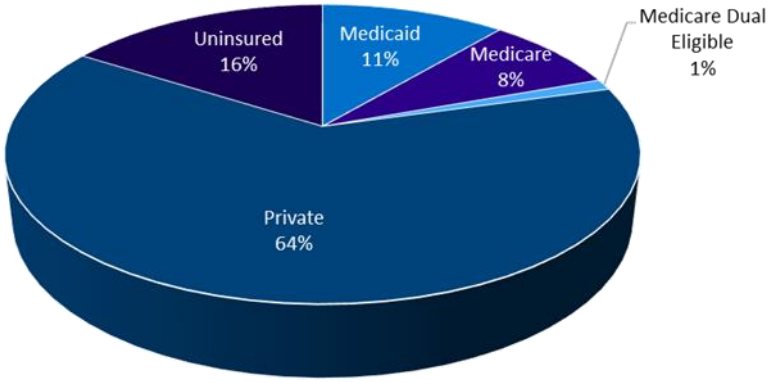


Source: Truven Health Analytics, 2015

The median household income for the community served was $60,593, greater than both the state and U.S. benchmarks. More than two-thirds of the population was commercially insured. Commercial covered lives are expected to grow 9% (155,000 people) by 2020. Medicare and dual eligible lives (those receiving both Medicare and Medicaid benefits) are expected to experience the largest percentage increases of 21% and 27%, respectively. The number of uninsured and Medicaid lives will show a modest

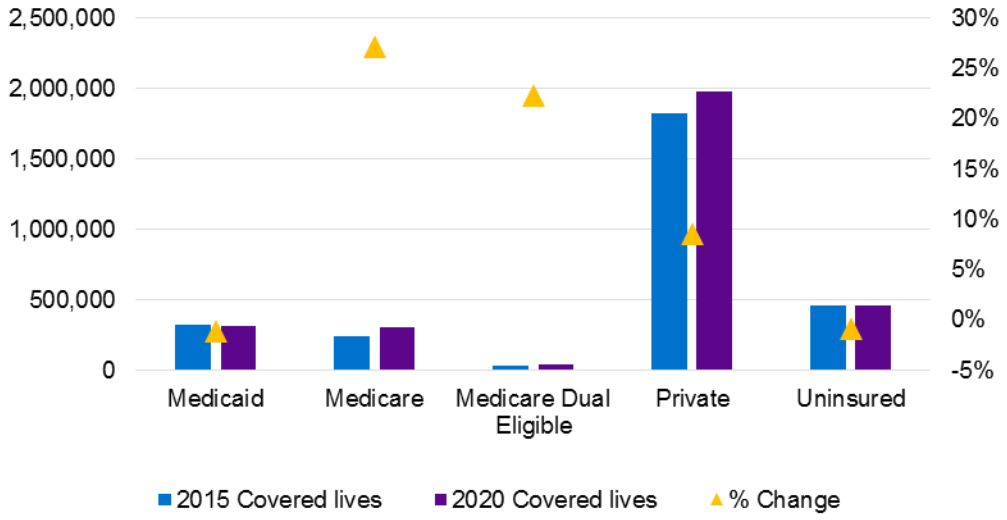
decrease. Johnson County is expected to experience a 5% decline in the number of uninsured and a 3% decline in Medicaid covered lives. Denton and Tarrant counties will decline by 1% in both uninsured and Medicaid covered lives. Medicare covered lives will experience the largest amount of growth in Denton County at 37%, compared to Johnson and Tarrant counties at a 20% and 25% increase.

2015 Estimated Distribution of Covered Lives by Insurance Category



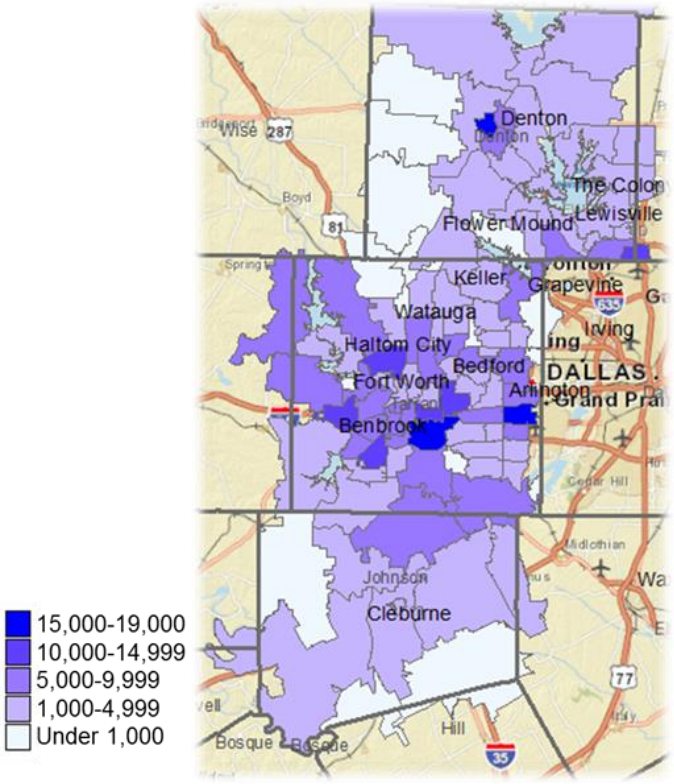
Source: Truven Health Analytics, 2015

Estimated Covered Lives and Projected Growth by Insurance Category



Source: Truven Health Analytics, 2015

2015 Estimated Uninsured Lives by ZIP Code



Source: Truven Health Analytics, 2015

The community includes eight (8) Health Professional Shortage Areas and five (5) Medically Underserved Area as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.[1] ***Appendix D*** includes the details on each of these designations.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

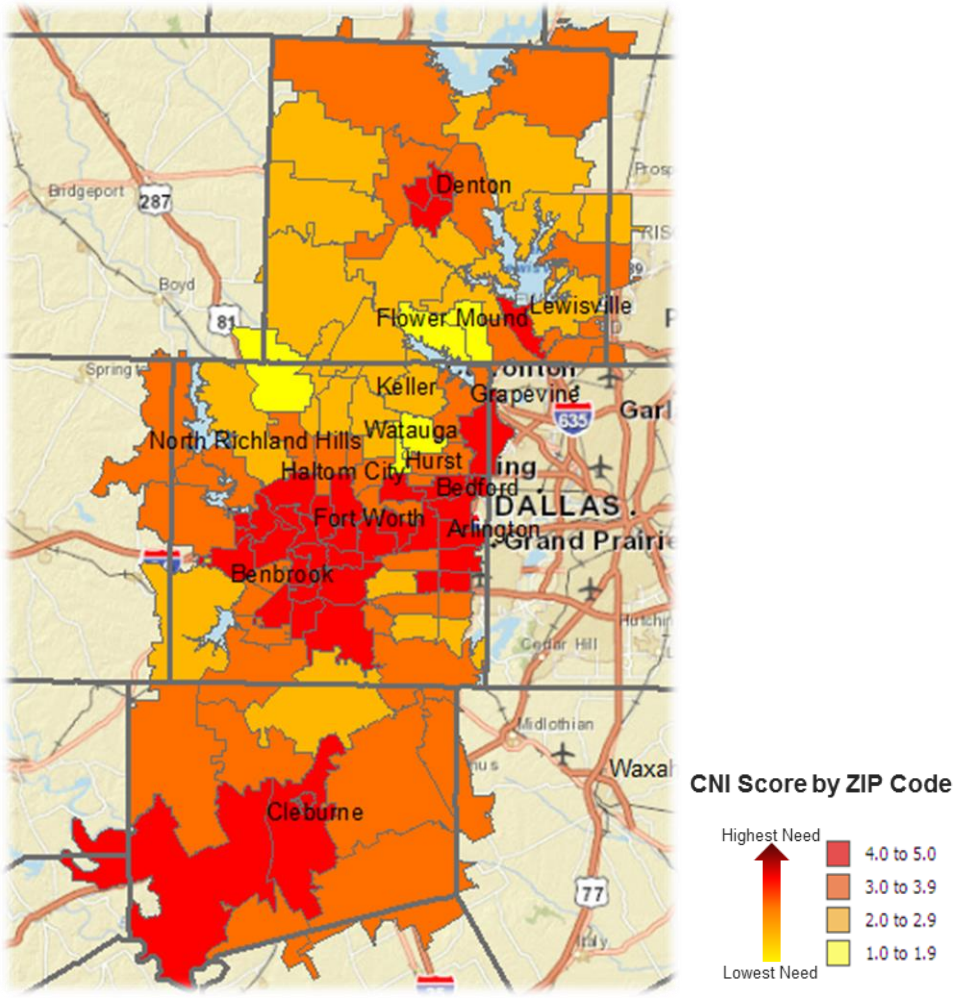
	Health Professional Shortage Area (HPSA)				Medically Underserved Area/Population (MUA/P)
COUNTY	Dental Health	Mental Health	Primary Care	TOTAL HPSA	TOTAL MUA/P
Denton County	1	1	1	3	1
Tarrant County	2	1	2	5	3
Johnson County	0	0	0	0	1
TOTAL	**3**	**2**	**3**	**8**	**5**

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

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

Overall, the community ranked slightly higher (3.4) on the CNI score when compared to the national average (3.0). The city of Denton in Denton County, Arlington and Ft Worth in Tarrant County, and Cleburne and Keene in Johnson County had the highest CNIs in the community.

2015 Community Need Index by ZIP Code



Source: Truven Health Analytics, 2015

Public Health Indicators

Public health indicators were collected and analyzed to assess community health needs. Sixty-nine indicators were evaluated for the community served. For each health indicator, a comparison was made between the most recently available community data and benchmarks for the same/similar indicators. Benchmarks were based on available data and included the United States and the State of Texas. Health needs were identified where the county indicator did not meet the State of Texas comparative benchmark. The indicators that did not meet the state benchmark for this community include the following:

Category	Indicator
Access To Care	Percentage of population under age 65 without health insurance
Access To Care	Percent Uninsured Children (<17)
Access To Care	Could not see doctor due to cost
Access To Care	Amount of price-adjusted Medicare reimbursements per enrollee
Access To Care	Ratio of population to one primary care physician
Access To Care	Ratio of population to one non-physician primary care provider
Access To Care	Ratio of population to one dentist
Access To Care	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
Environment	Food Insecure Households (percent)
Environment	Population with adequate access to locations for physical activity (percent)
Environment	Air pollution - particulate matter (daily density)
Environment	Driving alone to work (percent of workforce)
Environment	Long commute - driving alone (percent of workers who commute by car)
Health Behaviors	Adult Obesity (percent)
Health Behaviors	Physical Inactivity (percent)
Health Behaviors	No Exercise (percent)
Health Behaviors	Adult Smoking (percent)
Health Behaviors	Adults Engaging in Binge Drinking During the Past 30 Days (percent)
Health Behaviors	Driving deaths with alcohol involvement (percent)
Health Behaviors	Teen birth rate per 1,000 female population, ages 15-19
Health Outcomes	Percentage of adults reporting fair or poor health (age-adjusted)
Health Outcomes	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Health Outcomes	Cancer (all causes) Incidence
Health Outcomes	Female Breast Cancer Incidence
Health Outcomes	Colon Cancer Incidence (per 100,000)
Health Outcomes	Lung Cancer Incidence (per 100,000)
Health Outcomes	Prostate Cancer Incidence (per 100,000)
Health Outcomes	Adults Reporting Diagnosed w/ Diabetes (percent)
Health Outcomes	Hypertension: Medicare Population (percent)
Health Outcomes	Stroke: Medicare Population (percent)
Health Outcomes	Arthritis: Medicare Population (percent)
Health Outcomes	Alzheimer's Disease/Dementia: Medicare Population (percent)
Health Outcomes	Atrial Fibrillation: Medicare Population (percent)
Health Outcomes	COPD: Medicare Population (percent)
Health Outcomes	Chronic Kidney Disease: Medicare Population (percent)

Category	Indicator
Health Outcomes	Depression: Medicare Population (percent)
Health Outcomes	Heart Failure: Medicare Population (percent)
Health Outcomes	Hyperlipidemia: Medicare Population (percent)
Health Outcomes	Schizophrenia and Other Psychotic Disorders: Medicare Population (percent)
Health Outcomes	Osteoporosis: Medicare Population (percent)
Health Outcomes	Pediatric Diabetes Short-term Complications Admission Risk-Adjusted-Rate (per 100,000)
Health Outcomes	Pediatric Perforated Appendix Admission Risk-Adjusted-Rate (per 100 Admissions for Appendicitis)
Health Outcomes	First trimester entry into prenatal care
Health Outcomes	Births to Mothers Who Smoked During Pregnancy(New Birth Certificate)
Health Outcomes	Very Low Birth Weight (VLBW) (percent)
Injury & Death	Heart Disease Death Rate (per 100,000)
Injury & Death	Cancer Deaths total (per 100,000)
Injury & Death	Chronic Lower Respiratory Disease (CLRD) Death Rate (per 100,000)
Injury & Death	Stroke Death Rate (per 100,000)
Injury & Death	Premature Death (potential years lost)
Injury & Death	Infant Mortality (rate per 1,000)
Injury & Death	Child Mortality Rate (per 100,000)
Injury & Death	Motor Vehicle Crash Mortality Rate (per 100,000)
Mental Health	Ratio of population to one mental health provider.
Mental Health	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
Population	Some College (percent)
Population	Social associations (membership associations per 10,000 population)
Population	Violent Crime Rate (offenses per 100,000 pop)
Prevention	Mammography Screening: Medicare Enrollees
Prevention	Flu Vaccine 65+

Truven Health Community Data

Truven Health Analytics supplemented the publically available data with estimates of localized disease prevalence of heart disease and cancer as well as emergency department visit estimates.

Unsurprisingly, Truven Health Heart Disease estimates identified hypertension as the most prevalent heart disease, including 685,233 cases; more than half of the cases exist in Tarrant County alone. More than two-thirds of all heart disease (hypertension, arrhythmias, ischemic heart disease, and congestive heart failure) occur in Tarrant County, including 70% of congestive heart failure cases. More than 30% of the individuals with each heart disease reside in Ft. Worth.

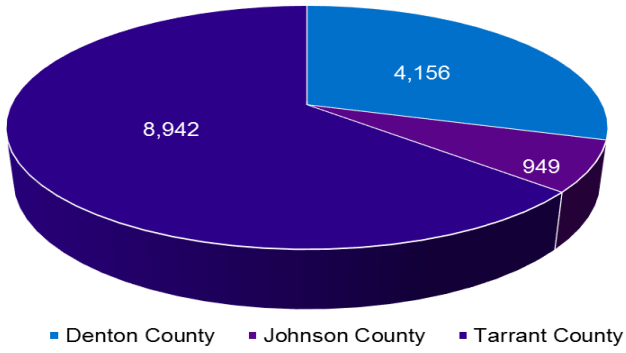
2015 Estimated Disease Heart Cases

Disease Type	Denton County	Johnson County	Tarrant County	Total Community
ARRHYTHMIAS	26,902	7,673	76,020	110,596
CONGESTIVE HEART FAILURE	12,258	4,293	38,484	55,035
HYPERTENSION	187,469	43,375	454,389	685,233
ISCHEMIC HEART DISEASE	24,518	7,747	67,342	99,607

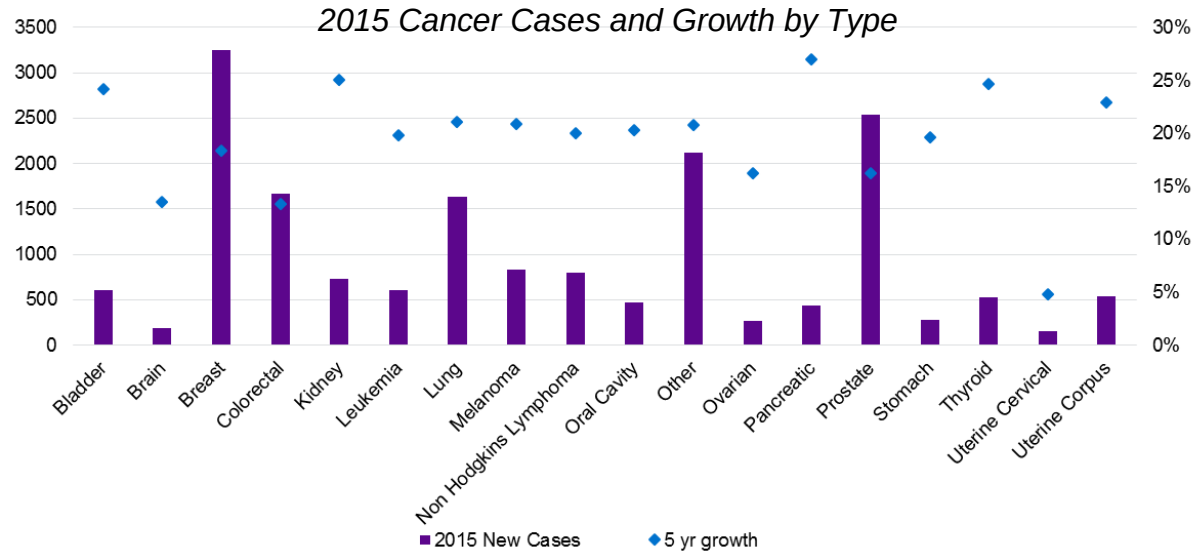
Source: Truven Health Analytics, 2015

The five-year projected growth of cancer incidence rates revealed the greatest increase for bladder, kidney, pancreatic and thyroid cancers. Over the next 5 years, new cancer cases will grow 13% in Johnson County, 24% in Denton County, and 16% in Tarrant County. Comparably, the growth rate in cancer incidence in Johnson County is expected to be lower than the state (14%). In Tarrant County, the growth in cancer incidence was projected to be slightly higher than the state's growth rate, but in Denton County's growth rate is much greater than the state. Colorectal cancer cases are expected to grow much faster in Denton County (18%) than in Tarrant County (9%) and Johnson County (5%) By 2020.

2015 Estimated New Cancer Cases

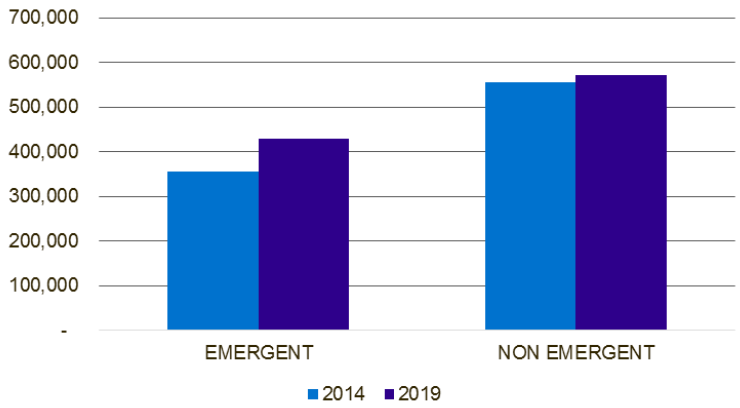


Source: Truven Health Analytics



Source: Truven Health Analytics, 2015

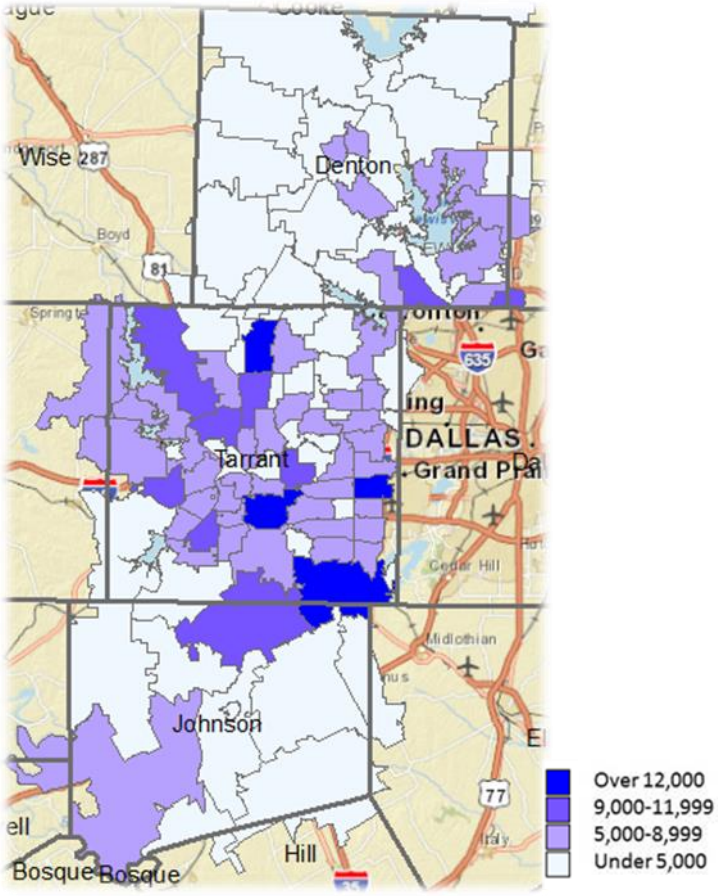
Outpatient emergency department (ED) visits are those which are treated and released and therefore, do not result in an inpatient admission. In terms of emergency department utilization, Truven Health estimates that outpatient ED visits are expected to increase 10% in the next five years. Non-emergent ED visits are lower acuity visits that present to the ED but can be treated in other more appropriate and less intensive outpatient settings. The ED visit growth rates differ by acuity, a 3% increase in non-emergent ED visits is projected, and a 21% increase in emergent ED visits. Non-emergent ED visits can be an indication that there are systematic issues with access to primary care or managing chronic conditions. The largest amount of outpatient ED visits originate in Tarrant County in the cities of Fort Worth, Keller and Mansfield as well as Lewisville in Denton County.



Source: Truven Health Analytics, 2015

Emergent and Non-Emergent ED Visits

2014 Estimated Non-Emergent Visits by ZIP Code



Source: Truven Health Analytics, 2015

Interviews & Focus Groups

In the interview sessions, the participants were asked what factors contributed to the current health status of the community. Factors the participants considered included access to care and providers, lack of preventative health and wellness among those in poverty, infant mortality rates, and challenges around serving those of different cultures.

For the community served, the top five health needs identified in the interview process included:

1. Prevalence of chronic conditions and diseases (diabetes, cardiac disease heart failure, vascular disease, obesity, hypertension, asthma)
2. Challenges with access to healthcare (affordability, provider capacity, behavioral/mental health services and resources, dental care, primary care, specialty care and medical homes)
3. Mental/behavioral health services (access and resources, service availability)
4. Community health and wellness (adult obesity)
5. Service integration between primary care and behavioral / mental health

Barriers to good healthcare in this community included socioeconomic status (poverty), lack of access to healthy food options, limited public transportation, delays in seeking/receiving care, and linguistic isolation.[2] The following populations were identified as vulnerable groups that will need special attention when addressing health needs:

- Seniors
- Homeless
- Immigrants / refugees
- Non-English speaking
- Working poor / indigent
- LGBT

Focus group participants were asked what factors contributed to the current health status of the community. Factors discussed by the group included significant uninsured and underinsured populations in the area and access to physicians for that population. Other problems identified were inadequate mental health services, challenges with managing the growing homeless population, and poor performance on most public health indicators.

The counties in north Texas ranged from low to high on the socioeconomic scale. All counties experienced significant population growth, with notable increases for the Hispanic, African American and Asian populations. Public transportation was identified as available but not meeting the needs of the indigent, low income, and senior populations. Transportation to medical appointments and to support of other aspects of

[2] A linguistically isolated household is one in which no member 14 years old and over speaks only English or speaks a non-English language and speak English "very well". In other works all household members 14 years old and over have at least some difficulty with English., U.S. Census Bureau, 2000

health (such as to stores for fruits and vegetables; to parks for exercise and recreation) was lacking.

While there are a growing number of clinics and Federally Qualified Health Clinics (FQHC's), the group identified access as a significant problem for the low income, under and uninsured populations. A shortage of mental health providers, primary care physicians and bi-lingual physicians exacerbates the problem. Many specialty physicians will not take underinsured or uninsured patients which magnifies the complexity of the issue. The lack of Medicaid expansion dollars has contributed to the low acceptance of Medicaid patients in Dallas, which caused a significant gap in the ability for the underinsured/uninsured to access quality medical care. The physician Medicaid acceptance rate was the lowest in the country at 18% (per the participants). The community was also seeing a rise in teen pregnancy rates, STD rates, and homelessness. The homeless population was facing significant challenges with limited or no transportation, access to medication and compliance, chronic illness, and comorbidities. Some had not seen a physician for five to ten years or more. Clinics face challenges with managing the care of the homeless population as they had no way to contact or follow up with patients because they had no permanent address.

The group believed that political parties in the area were not focused on the community health needs, and there was no influential "lobby" for healthcare issues that impacted the community. Additionally, there was polarization amongst political parties on certain health issues. For example, a very successful program was in place several years ago to reduce teen pregnancy. The program was very effective but unsustainable due to changing political agendas and diminishing resources around sex education. As a result, improved rates around teen pregnancy have regressed.

Some of the positive feedback included the community's movement towards safe and walkable neighborhoods and good hospitals. The group acknowledged efforts to retain new physicians in the local community after graduation from local medical schools.

The focus group identified the following community health needs:

- Mental health awareness – stigma and cultural barriers around seeking care
- Access to care – low to middle income population and seniors who lack transportation
- Preventative care – partnerships with community entities for education and awareness
- Preventative care – promote wellness and healthy living by creating safe, healthy, holistic environments
- Promoting health and wellness
- Transportation – access to care and in support of healthy lifestyles
- Diabetes
- Teens – pregnancies and drug abuse

Community resources were identified by the groups to address the health needs identified. ***Appendix B*** includes the list of existing community resources identified by the participants.

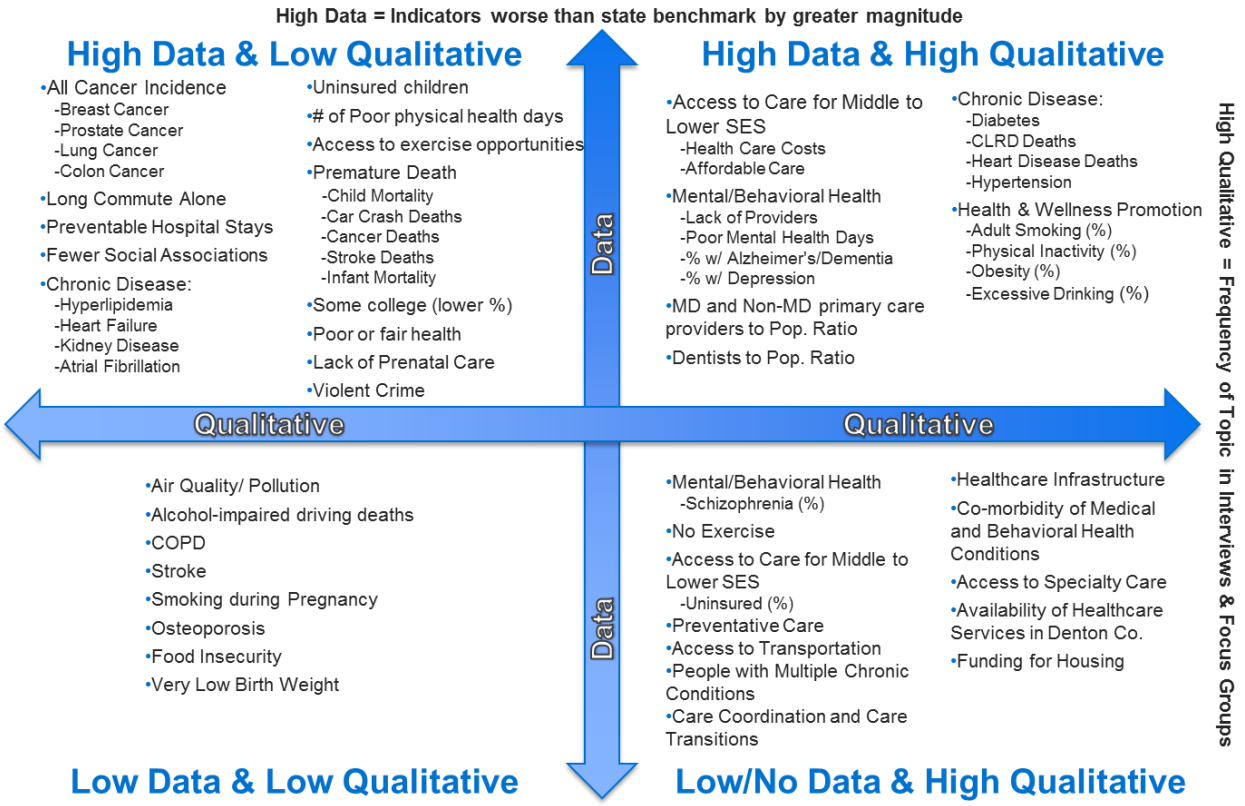
The interview and focus group participants, including the populations they serve for north Texas, are documented in the table below.

Focus Group and Key Informant Interview Participants					
Community Leaders/ Groups		**Public and Other Organizations**	**Other Providers**		
United Way of Tarrant County (Focus Group) PH	United Way of West Ellis County (Focus Group) PH	YWCA of Metropolitan Dallas (Focus Group) **MU**, LI	Metracrest Community Clinic (Focus Group) MP	Parkland Health & Hospital System (Interview) **MU**, LI	Christian Community Action (CCA) *2 participants* (Focus Group) LI
City Square (Interview) **MU**, LI	United Way of Denton County *2 participants* (Interview) PH	Collin County Health Care Services (Interview) PH, LI	Mental Health America of Greater Dallas (Focus Group) **MU**, LI, **CD**	JPS Health Network/ Regional Health Partnership District 10 (Interview) LI	AIDS Arms, Inc. (Focus Group) LI, **CD**
		Injury Prevention Center (IPC) of Greater Dallas, Parkland Health and Hospital System (Focus Group) **MU**, MP	Bridge-Breast Network (Focus Group) LI	Tarrant County Hospital District/ JPS Health Network Trinity Springs Pavilion for Psychiatric Services (Interview) **MU**, LI	Metrocare Services (Interview) **MU**, LI, **CD**, MP

Represents Public Health	Represents Medically Underserved Populations	Represents Low Income Populations	Represents Populations with Chronic Disease Needs	Represents Minority Populations
PH	MU	LI	CD	MP

Health Needs Matrix

Quantitative and qualitative data were analyzed and displayed as a health needs matrix to identify the most significant community health needs. Below is the matrix for the community served by the BSWH facilities in this community



Prioritizing Community Health Needs

Significant community health needs were identified through the weight of quantitative and qualitative data obtained when assessing the community. Needs which were supported by data showing the community to be worse than the state by a greater magnitude and also were a frequent theme during interviews and focus groups were determined to be significant.

These significant needs were prioritized based on input gathered from the focus groups and interviews. Participants of these focus groups and interviews were asked to rank the top three health needs of the community based on the importance they placed on addressing the need. Through this process, the health needs were prioritized based on the frequency they were listed as the top health care needs. The prioritized health needs of this community are below.

1. Access to care for middle to lower socio-economic status
2. MD and Non-MD primary care providers to population ratio
3. Mental/behavioral health
4. Chronic disease
5. Dentists to population ratio
6. Health & wellness Promotion

By addressing the above prioritized needs via an implementation strategy, BSWH aims to impact and elevate the overall health status of the community.

Description of the Significant Health Needs

<u>Access to Care for Middle to Lower Socio-Economic Status</u>

Access to healthcare was a top community health need identified through key informant interviews and focus group sessions. Specifically, the participants discussed barriers to health care access for those of low to middle socioeconomic status. The indigent, low income, and senior populations are challenged by limited reliable public transportation and the proximity of the transportations that does exist. The participants agreed that the lack of transportation within the community has contributed to the uninsured utilizing local hospitals for primary and preventative care instead of available charity clinics. The shortage of primary care, specialty, and bi-lingual physicians to serve these populations was identified as another root cause of the access issues. Many physicians will not take underinsured, uninsured, or Medicaid patients. The participants noted there is a large uninsured population that cannot afford coverage made available to them through the Affordable Care Act (PPACA). The participants suggested that local health systems can make an impact on these issues through outreach and programs serving the uninsured and the homeless.

Lack of insurance coverage is a recognized barrier to health care access. The proportion of the population under age 65 not covered by insurance was larger in Johnson and Tarrant counties, 26% and 24% respectively, than Tarrant County (18%) according to the Small Area Health Insurance Estimates. These rates are compared to 25% uninsured for the state of Texas and an 11% uninsured rate for the County Health

Rankings Top Performers.[3] The percent of uninsured children in Johnson County is 16% and in Tarrant County it is 14%, compared to 13% in Texas overall.[4]

Those who are uninsured, or covered by health plans with high deductibles, must pay for health care visits out-of-pocket. For many of these individuals, the cost of those health care visits is a barrier to seeking care. According to the Dartmouth Atlas of Healthcare, the cost of health care in all three counties was greater than that for the state. The state of Texas price adjusted Medicare reimbursements per enrollee (a comparative measure of health care costs) was $11,079. The price adjusted Medicare reimbursements per enrollee for each of the counties was as follows:

- Denton County, $12,477
- Tarrant County, $12,190
- Johnson County, $11,895

Cost of care may be a particular barrier for the residents of Johnson County, according to the Behavior Risk Factor Surveillance System (BRFSS), 23% of adults in the county could not see a doctor in the last 12 months due to cost, and this was compared to 19% in the state and 13% and 17% in Denton and Tarrant counties respectively.[5]

MD and Non-MD Primary Care Providers to Population Ratio

According to the Area Health Resource File/American Medical Association, Johnson County had 2,074 residents for each primary care physician, Tarrant County had 1,717 residents per primary care physician. Both counties population to physician ratio exceeded the Texas state-wide ratio of 1,708 residents per primary care physician.[6]

A shortage of primary care physicians and specialists was a top issue identified through the community input sessions. Specifically, a shortage of primary care physicians and bilingual physicians was noted. The quantitative analysis validated the findings from the community's input. The participants expressed a need for physicians to accept uninsured and under insured patients in order to provide access to health care for those populations. Currently, there are long appointment wait times due to the shortage of primary care physicians.

Non-physician primary care providers, such as nurse practitioners or physician assistants are one way to provide more access to primary care and at a lower cost. The Centers for Medicare & Medicaid Services (CMS) National Provider Identification File states there were 2,222 individuals for each non-physician primary care provider in

[3] Small Area Health Insurance Estimates, 2012 Percentage of population under age 65 without health insurance
[4] Small Area Health Insurance Estimates, 2012 Percentage of population under age 18 without health insurance
[5] Behavior Risk Factor Surveillance System (BRFSS), 2005-2012, Percent of adults who could not see a doctor in the past 12 months because of cost.
[6] Area Health Resource File/American Medical Association, 2012 Ratio of population to one primary care physician

Denton County, 3,773 in Johnson County, 1,953 in Tarrant County, and 1,893 in the state.[7]

Mental / Behavioral Health

Community input underscored mental and behavioral health as a top community health need. Specifically, there was a need to address the stigma and cultural barriers that surround mental health conditions and needs. The participants expressed a need to address all categories of mental health, including substance abuse, behavioral health, organic conditions (such as schizophrenia) and access to services to treat these conditions. Access to mental health services was significantly impacted by a shortage of mental health providers in the community. It was identified that delays in care and poor management of conditions often lead to crisis situations for patients and their families.

According to the CMS National Provider Identification File there were 1,088 individuals per mental health provider in Denton County, 1,664 per provider in Johnson County,1,076 per provider in Tarrant County, 1,034 per provider in Texas, and 386 individuals per provider for the County Health Rankings Top Performers.[8] Johnson County had an average of 4.1 poor mental health days; this is compared to the state's average of 3.3 days and the County Health Rankings Top Performers average of 2.3.[9] CMS reported that 13.7% of the community's Medicare population has Alzheimer's disease or dementia in Tarrant County compared 12% in the state. Both Johnson and Tarrant counties were above the state benchmark at 13% and 14%, respectively. Depression rates in all three counties were higher than the state (16%); Denton County was 17%, Tarrant and Johnson counties were each 20%. Rates identified for schizophrenia and other psychotic disorders within the Medicare population were 4% in Denton County, 5% in Johnson County, 4% in Tarrant County, and 4% in the state.

Chronic Disease

According to the Center for Disease Control's (CDC) Diabetes Interactive Atlas, the prevalence of adult diabetes in Johnson County was 12%, Tarrant County was 10%, and the state was 9%.[10] Risk-adjusted pediatric diabetes hospitalization rates per 100,000 admissions were 60.7 for Johnson County, 32.3 for Tarrant County, and 25.3 for Texas.[11] Adult uncontrolled diabetes hospitalizations were below the state's rate of 13.1 for Denton, Johnson and Tarrant counties. CMS measures hypertension prevalence by Medicare beneficiary; the Johnson County rate (59%) was slightly higher than the state (58%).[12]

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[7] CMS National Provider Identification File, 2014, Ratio of population to one non-physician primary care provider.

[8] CMS National Provider Identification File, 2014, Ratio of population to mental health providers.

[9] BRFSS/NCHS/CDC, 2006-2012 Average number of mentally unhealthy days reported in past 30 days (age-adjusted)

[10] CDC Diabetes Interactive Atlas, 2011 Percentage of adults aged 20 and above with diagnosed diabetes (as reported via BRFSS)

[11] Center for Health Statistics Texas Health Care Information Collection, Texas Department of State Health Services, 2013 Pediatric Diabetes Short-Term Complications Admission Risk-Adjusted-Rate (per 100,000 population) Texas Hospital Inpatient Discharge Public Use Data File.

[12] CMS, 2012 Percentage of Medicare FFS Beneficiaries

The National Vital Statistics System measures mortality by individual condition. Johnson County's mortality rates exceeded the state rate for the following chronic conditions.[13]

- Heart disease: mortality rate was 186 per 100,000 people compared to the 152 in Texas
- Chronic lower respiratory disease: mortality rate was 51 per 100,000 people compared to 37 in Texas

Chronic disease prevention and management were frequently discussed in the key informant interviews and focus group. Specifically, participants identified diabetes, heart disease and hypertension as priorities. The need for coordination of services was also identified as a need in the community; although numerous programs are in place, coordination and communication regarding resources and services was limited.

Dentists to Population Ratio

Dental Care was mentioned as a top health need in the key informant interviews and was a frequent topic in the focus groups. Specifically, the lack of free services at clinics and long wait times to access services. There were no resources for adults and limited resources for children. The participants expressed a need for access to affordable services as the downstream impacts include things such as truancy in the school age population and delayed care in receiving other services such as surgery.

According to the Health Resource Area File/National Provider Identification file, there were 1,970 residents per dentist in Denton County, 2,975 residents per dentist in Johnson County, 1,880 residents per dentist in Tarrant County, and 1,940 residents per dentist in the state. All three counties were below the County Health Rankings Top Performers rate of 1,377 residents per dentist.[14]

Health and Wellness Promotion

According to the CDC, the percentage of adults who were obese (report a BMI of 30 or more) in Johnson County is 33% compared to 29% in Texas.[15] The National Center for Health Statistics (NCHS) reported on physical inactivity in adults. In the state of Texas, 23% of adults were physically inactive. Johnson and Tarrant counties rates were higher at 27% and 24%, respectively.[16] Denton, Tarrant and Johnson counties' physical inactivity rates were higher than the County Health Rankings top performer value of 20%. The Behavioral Risk Factor Surveillance System (BRFSS) reported the percentage of adults who currently smoke cigarettes in Johnson County were 20% compared to 17% in the state. The County Health Rankings Top Performers' rate was 20% which was slightly lower than Denton County (21%). Both Johnson (27%) and Tarrant (24%) counties were considerably above the benchmark. The percentage of

[13] National Vital Statistics System-Mortality (NVSS-M) (CDC/NCHS), 2013, deaths per 100,000 people
[14] Area Health Resource File/National Provider Identification file, *2013,* Ratio of population to dentists
[15] CDC, 2011 Percentage of Adults that report BMI of 30 or more
[16] NCHS, 2011 Percentage of adults aged 20 and over reporting no leisure-time physical activity

adults who have engaged in binge drinking in the last 30 days in Johnson County was 19% compared to 16% in the state. The County Health Rankings Top Performers (10%) are below Denton County (13%) and Tarrant County (16%).[17]
Promoting health and wellness throughout the community with healthy lifestyle choices and increased activity is a community health need identified. Specifically, the need for sidewalks throughout the community, areas to exercise, and accessible options that promote health such as walking groups, availability of healthy food, and education focusing on how to take advantage of health promotions, resources, and services. The quantitative analysis validates the need for promoting health and wellness.

Summary

BSWH conducted its Community Health Needs Assessments beginning July 2015, to identify and begin addressing the health needs of the communities they serve. Using both qualitative community feedback as well as publically 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 has chosen to address for the community served.

[17] Behavioral Risk Factor Surveillance System (BRFSS), 2006-2012 Percentage of adults who are current smokers, Percentage of adults reporting binge or heavy drinking

Appendix A: Key Health Indicator Sources

Key Health Indicator Sources	
CMS Chronic condition Data Warehouse (CCW)	Center for Public Policy Priorities/ Texas Education Agency
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention	Texas Education Agency
Texas Department of state Health Services	2015 County Health Rankings
National Vital Statistics System	US Census Small Area Income and Poverty Estimates (SAIPE)
CDC Wonder mortality data Compressed Mortality File (CMF)	American Community Survey
Fatality Analysis Reporting System (FARS)	Bureau of Labor Statistics
Small Area Health Insurance Estimates	County Business Patterns
Dartmouth Atlas of Health Care	National Center for Education Statistics
Area Health Resource File/ American Medical Association	National Center for Health Statistics
CMS, National Provider Identification File	Uniform Crime Reporting, Federal Bureau of Investigation
Feeding America	Behavioral Risk Factor Surveillance System (BRFSS)
USDA Food Environment Atlas	National Cancer Institute
Safe Drinking Water Information System	CDC Diabetes Interactive Atlas
Comprehensive Housing Affordability Strategy (CHAS)	CMS

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

Resources Identified via Community Input

911 Services	Girls, Inc.	Mental Health Coalition	Obesity Coalition
Breast Bridge	Hospitals	Metrocrest	Public Health Departments
Catholic Charities	Injury Prevention Center of Greater Dallas	MHMR	Senior Source
CCA Community Clinics	Local Churches	NAMI Suicide Prevention	Transitional Care Services
City Governments	Meals on Wheels	Night Shelter	United Way
Free Clinics	Medstar	NTX Food bank	

Community Healthcare Facilities[18]

Hospitals –Sixty-five (65) hospitals serving the community

Facility Name	System	Type	Street Address	City	State	ZIP
Atrium Medical Center At Corinth	Vibra Healthcare	LT	3305 CORINTH PARKWAY	CORINTH	TX	76208
Baylor Emergency Medical Center - Aubrey	Baylor Scott & White	ST	26791 HIGHWAY 380	AUBREY	TX	76227
Baylor Emergency Medical Center - Burleson	Baylor Scott & White	ST	12500 SOUTH FREEWAY SUITE 100	BURLESON	TX	76028
Baylor Emergency Medical Center - Colleyville	Baylor Scott & White	ST	5500 COLLEYVILLE BOULEVARD	COLLEYVILLE	TX	76034
Baylor Emergency Medical Center - Keller	Baylor Scott & White	ST	620 SOUTH MAIN SUITE 100	KELLER	TX	76248
Baylor Emergency Medical Center - Mansield	Baylor Scott & White	ST	1776 NORTH US 287 SUITE 100	MANSFIELD	TX	76063
Baylor Institute For Rehabilitation At Fort Worth	Baylor Scott & White	LT	6601 HARRIS PARKWAY	FORT WORTH	TX	76132
Baylor Institute For Rehabilitation At Frisco	Baylor Scott & White	LT	2990 LEGACY DRIVE	FRISCO	TX	75034
Baylor Medical Center At Frisco	Baylor Scott & White	ST	5601 WARREN PARKWAY	FRISCO	TX	75034
Baylor Medical Center At Trophy Club	Baylor Scott & White	ST	2850 EAST STATE HWY 114	TROPHY CLUB	TX	76262
Baylor Orthopedic And Spine Hospital At Arlington	Baylor Scott & White	ST	707 HIGHLANDER BOULEVARD	ARLINGTON	TX	76015
Baylor Scott & White All Saints Medical Center - Fort Worth	Baylor Scott & White	ST	1400 EIGHTH AVENUE	FORT WORTH	TX	76104
Baylor Scott & White Medical Center - Carrollton	Baylor Scott & White	ST	4343 NORTH JOSEY LANE	CARROLLTON	TX	75010
Baylor Scott & White Medical Center At Grapevine	Baylor Scott & White	ST	1650 WEST COLLEGE STREET	GRAPEVINE	TX	76051
Baylor Surgical Hospital At Fort Worth	Baylor Scott & White	ST	1800 PARK PLACE AVENUE	FORT WORTH	TX	76110
Continuum Rehabilitation Hospital Of North Texas	Continuum	LT	3100 PETERS COLONY ROAD	FLOWER MOUND	TX	75022
Cook Children's Medical Center	Cook Children's	KID	801 SEVENTH AVENUE	FORT WORTH	TX	76104

[18] Texas Department of State Health Services, 12/23/2015

Facility Name	System	Type	Street Address	City	State	ZIP
Cook Children's Northeast Hospital	Cook Children's	KID	6316 PRECINCT LINE RD	HURST	TX	76054
Denton Regional Medical Center	Hospital Corporation of America	ST	3535 SOUTH I-35 EAST	DENTON	TX	76210
Ethicus Hospital DFW	Ethicus Healthcare	LT	4201 WILLIAM D TATE AVENUE	GRAPEVINE	TX	76051
Forest Park Medical Center At Fort Worth	Forest Park (Vibrant Healthcare)	ST	5400 CLEARFORK MAIN STREET	FORT WORTH	TX	76109
Forest Park Medical Center Southlake	Forest Park (Vibrant Healthcare)	ST	421 EAST HIGHWAY 114	SOUTHLAKE	TX	76092
Forest Park Medical Frisco	Forest Park (Vibrant Healthcare)	ST	5500 FRISCO SQUARE BLVD	FRISCO	TX	75034
Healthsouth City View Rehabilitation Hospital	HealthSouth	LT	6701 OAKMONT BOULEVARD	FORT WORTH	TX	76132
Healthsouth Rehabilitation Hospital Of Arlington	HealthSouth	LT	3200 MATLOCK ROAD	ARLINGTON	TX	76015
Healthsouth Rehabilitation Hospital Of Fort Worth	HealthSouth	LT	1212 WEST LANCASTER AVENUE	FORT WORTH	TX	76102
Healthsouth Rehabilitation Hospital Of The Mid-Cities	HealthSouth	LT	2304 STATE HIGHWAY 121	BEDFORD	TX	76021
Integrity Transitional Hospital	Freestanding	LT	2813 SOUTH MAYHILL ROAD	DENTON	TX	76208
John Peter Smith Hospital	JPS	ST	1500 SOUTH MAIN STREET	FORT WORTH	TX	76104
JPS - Trinity Springs North	JPS	ST	1000 ST LOUIS AVENUE	FORT WORTH	TX	76104
Kindred Hospital - Fort Worth	Kindred	LT	815 EIGHTH AVENUE	FORT WORTH	TX	76104
Kindred Hospital-Mansfield	Kindred	LT	1802 HIGHWAY 157 NORTH	MANSFIELD	TX	76063
Kindred Hospital-Tarrant County	Kindred	LT	1000 NORTH COOPER STREET	ARLINGTON	TX	76011
Kindred Hospital-Tarrant County	Kindred	LT	7800 OAKMONT BOULEVARD	FORT WORTH	TX	76132
Kindred Rehabilitation Hospital Arlington	Kindred	LT	2601 WEST RANDOL MILL ROAD #101	ARLINGTON	TX	76012
Lifecare Hospitals Of Fort Worth	LifeCare	LT	6201 OVERTON RIDGE BLVD	FORT WORTH	TX	76132
Mayhill Hospital	Universal Health Services	LT	2809 MAYHILL ROAD	DENTON	TX	76208
Medical Center Of Alliance	Hospital Corporation of America	ST	3101 NORTH TARRANT PARKWAY	FORT WORTH	TX	76177

Facility Name	System	Type	Street Address	City	State	ZIP
Medical Center Of Arlington	Hospital Corporation of America	ST	3301 MATLOCK ROAD	ARLINGTON	TX	76015
Medical Center Of Lewisville	Hospital Corporation of America	ST	500 WEST MAIN STREET	LEWISVILLE	TX	75057
Methodist Mansfield Medical Center	Methodist Health System	ST	2700 BROAD STREET	MANSFIELD	TX	76063
North Hills Hospital	Hospital Corporation of America	ST	4401 BOOTH CALLOWAY ROAD	NORTH RICHLAND HILLS	TX	76180
Parkway Surgical And Cardiovascular Hospital	Wise Regional Health System	ST	3200 NORTH TARRANT PARKWAY	FORT WORTH	TX	76177
Plaza Medical Center Of Fort Worth	Hospital Corporation of America	ST	900 EIGHTH AVENUE	FORT WORTH	TX	76104
Regency Hospital Of Fort Worth	Select Medical Corp	LT	6801 OAKMONT BLVD	FORT WORTH	TX	76132
Select Rehabilitation Hospital Of Denton	Select Medical Corp	LT	2620 SCRIPTURE STREET	DENTON	TX	76201
Select Specialty Hospital - Dallas	Select Medical Corp	LT	2329 PARKER RD	CARROLLTON	TX	75010
Texas Health Arlington Memorial Hospital	Texas Health Resources	ST	800 WEST RANDOL MILL ROAD	ARLINGTON	TX	76012
Texas Health Harris Methodist Hospital Alliance	Texas Health Resources	ST	10864 TEXAS HEALTH TRAIL	FT WORTH	TX	76244
Texas Health Harris Methodist Hospital Azle	Texas Health Resources	ST	108 DENVER TRAIL	AZLE	TX	76020
Texas Health Harris Methodist Hospital Cleburne	Texas Health Resources	ST	201 WALLS DRIVE	CLEBURNE	TX	76033
Texas Health Harris Methodist Hospital Fort Worth	Texas Health Resources	ST	1301 PENNSYLVANIA AVENUE	FORT WORTH	TX	76104
Texas Health Harris Methodist Hospital Hurst-Euless-Bedford	Texas Health Resources	ST	1600 HOSPITAL PARKWAY	BEDFORD	TX	76022
Texas Health Harris Methodist Hospital Southlake	Texas Health Resources	ST	1545 SOUTHLAKE BLVD	SOUTHLAKE	TX	76092
Texas Health Harris Methodist Hospital Southwest Fort Worth	Texas Health Resources	ST	6100 HARRIS PARKWAY	FORT WORTH	TX	76132
Texas Health Heart & Vascular Hospital Arlington	Texas Health Resources	ST	811 WRIGHT STREET	ARLINGTON	TX	76012

Facility Name	System	Type	Street Address	City	State	ZIP
Texas Health Huguley Hospital	Texas Health Resources	ST	11801 SOUTH FREEWAY	BURLESON	TX	76028
Texas Health Presbyterian Hospital Denton	Texas Health Resources	ST	3000 I-35	DENTON	TX	76201
Texas Health Presbyterian Hospital Flower Mound	Texas Health Resources	ST	4400 LONG PRAIRIE ROAD	FLOWER MOUND	TX	75028
Texas Health Specialty Hospital Fort Worth	Texas Health Resources	ST	1301 PENNSYLVANIA AVENUE 4TH FLOOR	FORT WORTH	TX	76104
Texas Rehabilitation Hospital Of Arlington	Texas Health Resources	LT	900 W ARBROOK BLVD	ARLINGTON	TX	76015
Texas Rehabilitation Hospital Of Fort Worth	Texas Health Resources	LT	425 ALABAMA AVENUE	FORT WORTH	TX	76104
The Heart Hospital Baylor Denton	Baylor Scott & White	ST	2801 SOUTH MAYHILL ROAD	DENTON	TX	76208
USMD Hospital At Arlington	Texas Health Resources	ST	801 WEST I-20	ARLINGTON	TX	76017
USMD Hospital At Fort Worth	Texas Health Resources	ST	5900 ALTAMESA BOULEVARD	FORT WORTH	TX	76132

**Type: ST=short-term; LT=long-term, PSY=psychiatric, KID = pediatric*

Free-Standing Emergency Departments

Facility Name	Street Address	City	State	ZIP
COMPLETE CARE CAMP BOWIE	6006 CAMP BOWIE	FORT WORTH	TX	76116
COMPLETE CARE CHISHOLM TRAIL	7445 OAKMONT BLVD	FORT WORTH	TX	76132
COMPLETE EMERGENCY CARE ARLINGTON	4700 LITTLE ROAD	ARLINGTON	TX	76017
COMPLETE EMERGENCY CARE PANTEGO LLC	1607 S BOWEN RD	PANTEGO	TX	76013
COMPLETE EMERGENCY CARE SOUTHLAKE LLC	321 W SOUTHLAKE BLVD SUITE E	SOUTHLAKE	TX	76092
ELITE CARE EMERGENCY CENTER	4780 STATE HIGHWAY 121	THE COLONY	TX	75056
ELITE CARE EMERGENCY CENTER	1710 N HIGHWAY 287 SUITE 300	MANSFIELD	TX	76063
ERCA LITTLE ELM LLC	2700 E. ELDORADO PARKWAY SUITE 104	LITTLE ELM	TX	75068
FIRST CHOICE EMERGENCY ROOM	2710 WESTERN CENTER BOULEVARD	FORT WORTH	TX	76131
FIRST CHOICE EMERGENCY ROOM	8020 MATLOCK ROAD	ARLINGTON	TX	76002
FIRST CHOICE EMERGENCY ROOM	5401 BASSWOOD BOULEVARD	FORT WORTH	TX	76137
FIRST CHOICE EMERGENCY ROOM	2650 FLOWER MOUND ROAD	FLOWER MOUND	TX	75022
FIRST CHOICE EMERGENCY ROOM	5000 SH 121	COLLEYVILLE	TX	76034
FIRST CHOICE EMERGENCY ROOM	4551 WESTERN CENTER BLVD	FORT WORTH	TX	76137
FIRST CHOICE EMERGENCY ROOM	995 N WALNUT CREEK DRIVE	MANSFIELD	TX	76063
FIRST CHOICE EMERGENCY ROOM	1596 MAIN STREET	LEWISVILLE	TX	75067
FIRST CHOICE EMERGENCY ROOM	2800 LITTLE ELM PKWY	LITTLE ELM	TX	75068
FIRST CHOICE EMERGENCY ROOM	4535 FRANKFORD RD	DALLAS	TX	75287
FIRST CHOICE EMERGENCY ROOM	6035 PRECINCT LINE ROAD	NORTH RICHLAND HILLS	TX	76180
FIRST CHOICE EMERGENCY ROOM	4600 FM 2181 SUITE 50	HICKORY CREEK	TX	75065

Facility Name	Street Address	City	State	ZIP
FIRST CHOICE EMERGENCY ROOM	13172 NW HWY 287	HASLET	TX	76052
FIRST CHOICE EMERGENCY ROOM	4747 LITTLE ROAD	ARLINGTON	TX	76017
FIRST CHOICE EMERGENCY ROOM	3160 JUSTIN RD	HIGHLAND VILLAGE	TX	75077
ICARE EMERGENCY ROOM	2955 EL DORADO PARKWAY	FRISCO	TX	75033
LEGACY ER	8950 N TARRANT PKWY	NORTH RICHLAND HILLS	TX	76182
LEGACY ER & URGENT CARE	1220 KELLER PARKWAY	KELLER	TX	76248
PINNACLE ER	824 W AIRPORT FREEWAY	HURST	TX	76054
SUREPOINT EMERGENCY CENTER DENTON	2426 LILLIAN MILLER PARKWAY	DENTON	TX	76205

Psychiatric Facilities

Facility Name	Street Address	City	State	ZIP
CARROLLTON SPRINGS	2225 PARKER ROAD	CARROLLTON	TX	75010
MESA SPRINGS	5560 MESA SPRINGS DRIVE	FORT WORTH	TX	76123
MILLWOOD HOSPITAL	1011 NORTH COOPER STREET	ARLINGTON	TX	76011
OCEANS BEHAVIORAL HOSPITAL OF FORT WORTH	6200 OVERTON RIDGE BLVD	FORT WORTH	TX	76132
SUNDANCE HOSPITAL	7000 US HIGHWAY 287	ARLINGTON	TX	76001
TEXAS HEALTH SPRINGWOOD HOSPITAL HURST-EULESS-BEDFORD	2717 TIBBETS DRIVE	BEDFORD	TX	76022
UNIVERSITY BEHAVIORAL HEALTH OF DENTON	2026 WEST UNIVERSITY	DENTON	TX	76201

Appendix C: Evaluation of Implementation Strategy Impact

As the largest not-for-profit health system in Texas, BSWH provides its patients and community with greater access to care directly through hospitals and in collaboration with other affiliates of BSWH through an array of initiatives that meet the identified community needs from the 2013CHNA.

Among the greatest need identified in the 2013CHNA was the need for access to more quality preventive health and sick care services to be provided in the communities served. These needs required improving the excellence of health care delivery through additional services with a continual focus on the patients, and compassion for their situation. These needs were met through the convenient locations across the community, and the cooperation and collaboration afforded the hospitals by the vast geography served through BSWH. BSWH affiliation makes a hospital a more robust service provider, including the advancement of medical education and research initiatives. Need is the basis for building new facilities and advancing and increasing services through physicians and caregivers drawn to BSWH in recognition of its quality standing in the community served. Categories of service in this Plan included:

- Community health education services
- Medical education
- Subsidized health services
- Research
- Financial and in kind donations
- Community benefit operations
- Health care support services

In addition to the tactics to meet the prioritized community health needs identified below, the community benefits from many BSWH initiatives which are funded and provided by both the hospitals and affiliates of the System.

- Access to Care for Low Income/Underserved
- Behavioral Health Services
- Care Coordination and Care Transitions
- Dental Care
- Emergency and Urgent Care
- Multiple chronic conditions
- Preventive health screenings
- Co-morbid medical and behavioral health conditions
- Elderly at home, and nursing home patients
- Prenatal care
- Patient safety and hospital acquired conditions

More in depth reporting for the period may be located at BaylorHealth.com/About/Community.

Categories of Outcomes and Impact:

Financial Donations - Through financial donations to the community at large whose missions complement the mission of the hospitals in the community the reach of the hospital is extended beyond its walls. These funds include gifts other not-for-profit organizations, contributions to charity events after subtracting fair market value of participation by employees or the organization. Gifts for the fiscal years beginning July 2013 through June 2015 totaled $167,018 and assisted in addressing the needs of:

- **Behavioral Health** –
    - Cancer Care Services to help clients relieve emotional stress through support groups, educational events, holiday adopt-a-family programs, care for caregivers, wellness programs, and many other activities;
    - providing funding to a local FQHC clinic for underserved and under-insured /uninsured people; donations to Mental Health America of Greater Tarrant County is to enhance the mental health of the community and improve the lives of those impacted by mental illness;
    - donations to National Alliance on Mental Illness (NAMI)- a grassroots, family and consumer, self-help, support, education and advocacy organization dedicated to improving the lives of persons with serious mental illnesses, also known as severe brain disorders
- **Multiple Chronic Conditions** -
    - funding research and creating awareness of cancer prevention and potential cures through donations to the American Cancer Society;
    - Alzheimer's – The Alzheimer's Association works on a global, national and local level to enhance care and support for all those affected by Alzheimer's and other dementias;
    - Funding for the American Heart Association which is devoted to fighting heart disease and stroke; nonprofit relief agency which provides food, clothing, financial assistance, and other vital necessities to people who are struggling with a limited income or recent emergency;
    - Lifestyle Improvement Challenge's goal is to engage communities in Northeast Tarrant County in a discussion of healthy communities.
    - MCCC is a non-profit organization established in 1981 with a mission "to preserve the independence of senior neighbors in Northeast Tarrant County";
    - Dr. Jared J. Grantham and Joseph H. Bruening started the PKD Foundation over 30 years ago with a vision to find treatments and a cure for polycystic kidney disease (PKD);
    - Hispanic Wellness Coalition (HWC) provided opportunities for access to health care and information through the Hispanic Wellness Fair and other programs.
    - JDRF is the leading global organization funding type 1 diabetes (T1D) research.
    - The March of Dimes Foundation works to improve the health of mothers and babies;
    - Mother's Milk Bank of North Texas is one of 16 non-profit donor human milk banks in North America; NICHQ (the National Initiative for Children's Healthcare Quality) is an independent, nonprofit organization working for more

than a decade to make children's health and healthcare better through quality improvement.;
    - The National Kidney Foundation is dedicated to the awareness, prevention and treatment of kidney disease for hundreds of thousands of healthcare professionals, millions of patients and their families, and tens of millions of Americans at risk;
- **Elderly at home, and nursing home patients**
    - Volunteers in Medicine provided a diverse menu of opportunities for employed physicians to participate in community service, furthering BSWH's mission to serve all people through exemplary patient care, medical education, research and community service.

In-Kind Donations – Through in-kind donations to the office of Faith in Actions Initiatives, 2nd Life program the hospitals provide monetary donations, and medical supplies and equipment re-purposed from the hospitals in the community. This initiative provides for the health care needs of populations locally whose needs cannot be met through their own organization. 2nd Life provides recycled medical equipment to underserved health care organizations, and provides monetary support for disaster situations through the shipment of medical equipment. In the fiscal years beginning July 2013 and ending June 2015 the hospitals provided Medical supplies and equipment valued at approximately $29,172. Through this effort, the following needs were addressed:

- Multiple chronic conditions
- Access to care for low income/underserved
- Patient Safety and hospital acquired conditions
- Dental care
- Elderly at home nursing care

The following projects were funded/supplied:

- City Square clinic and homeless services
- Texas De Peru
- Light and Life Ministries
- Baylor Housecalls
- the Leap Foundation
- Rockhaven Ministries
- Operation Community Care
- Duncan Hospital
- Helps International
- Gathering of the Remnant
- Hope Center
- Hope Medical and Dental Clinic

Hospitals providing funding/supplies:

- Baylor Scott & White All Saints Medical Center – Fort Worth - $18,777

- Baylor Regional Medical Center – Grapevine - $9,269
- Baylor Institute for Rehabilitation at Fort Worth - $1026

Community Health Improvement Services: The hospitals of BSWH provided health screenings, and services assisting the community in taking steps to help increase their chances for living a longer, healthier life. Through the provision of community health education and improvement services in including educational events, disease support groups and health screenings the following needs were addressed:

- Access to care for low income underserved
- Preventive health screenings
- Multiple chronic conditions
- Behavioral health
- Emergency and urgent care
- Prenatal care

In the fiscal years beginning July 1, 2013 and ending June 30, 2015 the hospitals in the community provided 89,991 persons with community health education or support. 3,136 health screenings were provided in multiple disease and wellness areas, and of that group 1,657 were identified as at risk and were referred to a physician or clinic for diagnosis. Through these efforts BSWH provided the following areas of services:

- Disease screenings – skin cancer; behavioral health; blood pressure; cholesterol; diabetes; glucose; heart disease, oncology; cerebrovascular; pulmonary function
- Community health education – advanced directives education; cancer education; medication management; safety; pain management; compassion fatigue; heart disease; teen alcohol use; atrial fibrillation; childbirth; stroke; heart attack; asthma; falls prevention; sleep apnea; smoking cessation; supportive and palliative care; nutrition; breast cancer, disease support groups; infant mortality review board.

In these efforts the hospitals expended $226,017 from the period beginning July 1, 2013-June 30, 2015.

Health Care Support Services are provided by BSWH to increase access and quality of care in health services to individuals, especially those living in poverty and those invulnerable situations. The hospitals provided staff to assist in the qualification of the medically underserved for programs that will enable their access to care, through Medicaid, Medicare, SCHIP and to other government programs or charity care programs for use in any hospital within or outside of BSWH. This service addressed the following need:

- Access to care for low income/underserved – in the fiscal years beginning July 1, 2013 and ending June 30, 2015 the community hospitals expended $669,351 in the commission of services including assistance to enroll in SCHIP & Medicaid.

Medical Education - The hospitals in the community are committed to assisting with the preparation of future physicians and nurses at entry and advanced levels of the profession to establish a workforce of qualified health care professionals in an underserved area. Through the System's relationships with many North Texas schools of nursing, the hospitals

maintain strong affiliations with schools of nursing. Like physicians, nursing graduates trained at community hospitals are not obligated to join the staff although many remain in the North Texas area to provide top quality nursing services to many health care institutions. Community hospitals also provide recruitment assistance to physicians in order to relocate their practice into the community to satisfy a documented shortage of physicians in the total service area and other medically underserved areas. Through this effort the following need was addressed:

- Access to care for low income/underserved – 1,080 nurses and 24 other health care professionals received training in fiscal year beginning July 2013 and ending June 2015; the hospitals in zone 3 expended $2,688,215 in the training effort. Community hospitals also expended $952,608 in the recruitment of physicians for the same period.

Subsidized Health Services - Hospitals in the community provide services to under-served/under-insured populations through staff support in free standing community clinics. In addition, clinics provided Community Health Workers (CHW's) who serves as liaisons and who provided cultural mediation between health care and social services, and the community. Through the **Specialty Care Project**, patients (including Medicaid and uninsured) in an established Primary Care Medical Home (PCMH) receive specialty care services at the Baylor Clinic, including office visits with specialists, wound care, and facility based procedures such as cardiac catheterizations, certain surgeries (i.e., gallbladder/hernia), excision of masses (breast, lymphoma), and cataract removal and excluding transplants, oncology and perinatal services. Specialty care referral and coordination comes from the PCMH clinic per request by the patient's PCP. Outcomes for the period include:

- 658 patients meeting criteria above were seen by a specialty care provider.

The **Patient Navigation Program** created a fluid care navigation program located in the Emergency Department for patients who were identified (or proclaim) to not have a primary care physician and/or patient centered medical home to address their post-acute care needs. By having staff in these locations, patients received real time assistance in finding a provider and ensuring they were connected with the appropriate resources required once discharged home. Weekend staff coverage ensured that patients were seen and connected to resources 7 days/week. Additionally, in order to close the loop, staff conduced follow-ups with patients to make sure they had an appointment and that they attended their appointment. The staff was also responsible for ensuring that other barriers such as transportation were addressed and patients were able to attend their follow-up visits. The Care Connect staff received e-mail notifications any time a patient revisited the hospital so they proactively visited with the patient to ensure the patient was able to access their PCP/PCMH appointment and/or recommended community resource(s). Care plans were developed for patients with high hospital utilization (especially patients with frequent emergency department visits) and complex needs. Care plans included involvement with Social Work Supervisor, Hospital Medical Director and other hospital staff. Patients with care plans were contacted as often as needed to ensure continuity of the care. Outcomes for the period for this program included:

- 7,376 patients who met the criteria above were screened by a Primary Care Connection community health worker.
- 29% of the patients referred to a Primary Care Connection community health worker had a primary care physician appointment scheduled and received follow up phone calls to ensure they attended their appointment.

The **Chronic Disease Management** program provided focused and dedicated education and care for patients with diabetes, cardiovascular diseases (CVD) (i.e.: congestive heart failure) and respiratory diseases (Asthma/Chronic Obstructive Pulmonary Disease) within the primary care setting of a clinic for underserved and underinsured patients. Specific staff comprised of Community Health Workers (CHW's) and Nurse Care Managers addressed the complex clinical and prevention needs of these patients and spent time specifically on management of these diseases. The focus of this time and education with patients not only entailed clinical counseling, but also included prevention components to focus on lifestyle issues and self-management. The other key advantages that patients received as part of this program was point of care testing for diabetes (HbA1c testing and glucose testing using test strips) and asthma (peak flow meter assessments). This assisted in overcoming barriers presented by patient non-compliance with completing lab orders and any financial or transportation issues that might arise in obtaining these important lab results. The expertise and experience of both the Diabetes Health and Wellness Institute and the clinic were leveraged to provide staff education, develop competencies, and create protocols that resulted in a complete and robust program tailored for multiple community settings. These successes and competencies were leveraged to create programs around CVD and respiratory illnesses. Outcomes for the period included:

- 352 patients meeting the above criteria were referred to and seen by a community health worker
- 26% of the patients meeting the criteria above were adherent to their treatment plan.

Needs addressed through these services are:

- Access to care for low income population/underinsured
- Care coordination and care transitions
- Multiple chronic conditions
- Preventive health screenings
- Dental care
- Co-morbid medical and behavioral health conditions
- Primary care access adults

Clinical Research - The Hospital provides financial support for Baylor Research Institute (BRI) operating expenses and capital purchases. Research at BRI is focused on the patient. This means the work involves more than microscopic studies - it brings the research to the patient's bedside. BRI helps to improve the understanding of the basis of a disease, to identify potential treatments or preventive therapies, and to enroll patients in research trials. In the fiscal years from 2013-2016, the hospital provided $421,078 to support research at BRI.

Needs addressed under the research include:

- Multiple Chronic Conditions

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

Health Professional Shortage Areas (HPSA)[19]

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Denton County	14899948PA	Health Services of North Texas, Inc.	Primary Care	Comprehensive Health Center
Denton County	64899948MR	Health Services of North Texas, Inc.	Dental Health	Comprehensive Health Center
Denton County	74899948MQ	Health Services of North Texas, Inc.	Mental Health	Comprehensive Health Center
Tarrant County	14899948H2	North Texas Area Community Health Center, Inc.	Primary Care	Comprehensive Health Center
Tarrant County	64899948F5	North Texas Area Community Health Center, Inc.	Dental Health	Comprehensive Health Center
Tarrant County	748999483N	North Texas Area Community Health Center, Inc.	Mental Health	Comprehensive Health Center
Tarrant County	148999484K	Federal Correctional Institution - Fort Worth	Primary Care	Correctional Facility
Tarrant County	6489994877	Federal Correctional Institution - Fort Worth	Dental Health	Correctional Facility

[19] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

Medically Underserved Areas and Populations (MUA/P)[20]

County Name	Service Area Name	MUA/P Source Identification Number	Designation Type
Denton County	Poverty Population	3463	Medically Underserved Area – Governor's Exception
Tarrant County	Diamond Hill Service Area	3509	Medically Underserved Area
Tarrant County	Low Inc - East Side	7382	Medically Underserved Population
Tarrant County	Central Service Area	7393	Medically Underserved Area
Johnson County	Johnson Service Area	3510	Medically Underserved Area

[20] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016