Introduction

Scott & White Hospital – Brenham (“the Hospital” hereafter) participated in a community health needs assessment (a “CHNA”) of the community served by the Hospital pursuant to requirements of Section 501(r) of the Internal Revenue Code (“Section 1.501 (r)(3)”. The CHNA findings were published along with this document on the Hospital’s website at http://chna.sw.org in December 2013.

The implementation strategy outlines the actions through which the Hospital intends to address a number of identified needs that are aligned with the Hospital’s mission during its 2014–2016 fiscal years as part of its community benefit programs and services. Beyond the services discussed in the strategy, the Hospital is also addressing many other health needs through the daily commitment of providing care to all regardless of their ability to pay.

The Hospital anticipates the strategies may change because of resources and situations needing immediate action and therefore, intends to maintain
a flexible approach in developing this response to the 2013 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives previously identified by the Hospital in the strategy. Over the next three years, other community organizations may address certain needs, indicating that the hospital’s strategies should be refocused on alternative community health needs or assume a different focus on the needs identified in the 2013 CHNA. In addition, changes may be warranted based on the publication of final regulations by the Internal Revenue Service.¹

¹ Final guidance as to the substance and format of a CHNA and implementation strategy has not been published and has been provided only on an anticipatory basis as of the publication of this document.
Overview of the Strategy

The Strategy Document includes the following information:

1. Mission and Vision Statement  page 4
2. Community Served by the Hospital  page 7
3. Implementation Strategy Development  page 10
4. Priority Community Health Needs  page 14
6. Needs Beyond the Hospital’s Mission  
or Service Programs  page 25
7. Implementation Strategy Development Coordinators  page 26
1. Mission and Vision Statement

Scott & White Hospital – Brenham is part of Scott & White Healthcare and shares the System’s goal of empowering patients and communities to live better lives.

Our Mission
To provide the most personalized, comprehensive, and highest-quality health care, enhanced by medical education and research.

Our Vision
Scott & White will be the most Trusted and most Valued name in American Health Care.

Serving a great purpose: Scott & White's Community Benefit Program
For more than a century, Scott & White Healthcare has assembled the right resources to diagnose and treat thousands of patients, earning our reputation as a comprehensive and dependable healthcare resource. We take very seriously our commitment to clinical patient care and academic advancement through medical training and scientific inquiry. In a rapidly changing healthcare environment, we bring each patient best-in-class medicine in convenient settings to ensure the best possible healthcare outcome and experience.
Yet, it’s not enough to care for one person at a time. We understand that the health of individuals is strongly influenced by personal behaviors, family and friends, and the broader environment in which they live day-to-day. To promote healthy living at the individual level, we must also promote the health of our community.

The goal of the Scott & White Healthcare Community Benefit Program is to improve access to healthcare and empower citizens to make healthy life choices. To help people live better lives, Scott & White maintains ongoing relationships with our community groups, businesses, and individuals; assessing and addressing local needs to improve the community’s health profile. We impact community health by increasing access to healthcare services for all, including at-risk and underserved people, and help community members make choices that enhance their well-being.

Scott & White helps remove barriers to care by sponsoring programs and forming partnerships with local community organizations who share the goal of improving community health. By leveraging resources effectively, we meet identified and emerging local health needs collaboratively. By expanding access to health information and services, we engage individuals in their own health management, and improve workplace and other environmental conditions that impact health.

As the largest non-profit organization and one of the largest employers in Central Texas, Scott & White Healthcare takes a leadership role in ensuring the health and well-being of our communities.
A National Reputation for Excellence

Committed to patient care, education and research, Scott & White Healthcare has earned a reputation for excellence in cancer, orthopedics, neuroscience, pediatrics and cardiovascular care. Our dedicated physicians have built a nationally–acclaimed healthcare organization, recognized by organizations including *U.S. News & World Report*, *Thomson Reuters* and *Newsweek*. 
2. Our Community Served

Scott & White Hospital–Brenham identifies Washington County as its primary community served because it is where the hospital facility is located and from where most of its patients reside.

The mean age of survey respondents from Washington County was 51.1 years. Washington County has a population age similar to other counties across the Brazos Valley. Compared to Texas and the U.S., Washington County has a smaller proportion of young adults and a larger proportion of adults 65 years and older.

A majority of Washington County survey respondents identified themselves as White/Caucasian (86.4%), 6.3 percent indicated Black/African American, and 6 percent indicated Hispanic/Latino. Other respondents identified themselves as Asian or Pacific Islander, Native American, and as more than one race. Because of these relatively small numbers, these last three categories were combined into a single group called “All Other Races” for the purpose of analysis (total of 1.3%). Comparing these figures to 2013 Census estimates indicates that minority groups are underrepresented in this survey sample.

<table>
<thead>
<tr>
<th>Race</th>
<th>% of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>73.89%</td>
</tr>
<tr>
<td>Black/Ai Amer</td>
<td>17.30%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>14.99%</td>
</tr>
<tr>
<td>Other Race</td>
<td>5.43%</td>
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<tr>
<td>2+ Races</td>
<td>1.70%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.33%</td>
</tr>
<tr>
<td>Am Ind/AK Native</td>
<td>0.31%</td>
</tr>
<tr>
<td>Native HI/PI</td>
<td>0.03%</td>
</tr>
</tbody>
</table>

2013 Census: Washington County Population by Race

2 Healthy Communities Institute. (2013) Claritas Inc., Retrieved on November 11, 2013. Retrieved from http://www.sw.org/community-benefit/community-health-needs-assessment?hcn=%2Findex.php%3Fmodule%3DDemographicData%26type%3Duser%26func%3Dddview%26varset%3D1%26pct%3D2%26levels%3D1%26hcnembedredirect%3D1
Poverty Status for survey respondents in Washington County, rural Brazos Valley counties, Brazos Valley region, Texas, and U.S. ³

The median household income for Washington County residents is $39,134 and the average household income is $56,878. Slightly less than 50% of the population has not received any education beyond high school.

³ [http://quickfacts.census.gov/qfd/states/48000.html](http://quickfacts.census.gov/qfd/states/48000.html)
Discussion group participants described Washington County as a laid back, conservative community that is a great, safe place to live. The generosity of community members and the beautiful natural scenery were often mentioned as attractive community features. Participants said that local residents are friendly and share a sense of community based on local history and family values. Community discussion participants also emphasized that the community is growing, and with this growth, Washington County is becoming more diverse. This growth is bringing larger populations of younger and older residents, long-term families as well as new transplants, and increased proportions of racial/ethnic minorities to the community.

Residents attributed the area’s stable economy to supportive local businesses and strong leadership. They also said that residents have good communication networks and are proactive in planning to meet future needs in areas such as health care, transportation, and the economy.
3. Implementation Strategy Development

Scott & White Healthcare established a Community Benefit and Community Health Needs Assessment (CHNA) Task Force to advise hospitals in the System, including Scott & White Hospital – Brenham, on the development of local Implementation Strategies to address unmet community health needs. The Task Force is responsible for overseeing the CHNA process including the integration of the community benefit priorities into the System-wide strategic planning process.

The Task Force objectives include:

- Review and provide support for local hospital community benefit plans
- Ensure alignment of plans to System culture and strategies
- Provide guidance on tactics to address community health needs
- Ensure compliance with federal and state guidelines, regulations and filings
- Oversee program evaluation and tracking
- Secure successful adoption of plan by hospital board of directors
The Task Force relied on valuable input from key hospital leaders throughout the process to support the Hospital in planning for implementation:

- The System CEO served as the Executive Sponsor
- VP of Strategic Planning served on the task force providing regular feedback between strategic planning process for the System and the needs identified by the CHNA
- The Hospital CEO stayed informed of deadlines and government regulations.
- Hospital representatives who had a deep understanding of hospital operations and strategic goals were appointed by the CEO to help develop and implement a plan to address identified community health needs.

The task force reviewed the CHNA findings for Washington County and recommended priority areas to address to representatives of Scott & White Hospital – Brenham.
In the Health Assessment, 8 areas of need were identified as needing particular attention and action.

1. **Obesity**
2. **Chronic Diseases:**
   (Type 2 Diabetes, Hypertension, High Cholesterol, Arthritis/Rheumatism)
3. **Transportation/ Access to Care**
4. **Mental Health Services:**
   (Depression, Anxiety, Alcohol and Substance Abuse)
5. **Risky Behavior of Young Adults**
6. **Services for the Elderly**
7. **Infrastructure to keep up with population growth**
8. **Disparities in access for low-income and minority populations**

The following criteria were utilized to determine the four priority areas to address:

- **Severity or prevalence of the issue**
- **Notable health disparities in specific populations**
- **Readiness of community population to change**
- **Resources available to impact the need**
- **Feasibility of possible interventions to affect change**
- **Ability to evaluate outcomes**
By stewarding existing resources, strengthening partnerships, and creating innovative programs both on the Hospital campus and within the community, the Hospital hopes to make a positive impact on the following 3 significant community health needs:

1. Obesity
2. Chronic disease
3. Resources for the elderly
4. Disparity in access for low-income and minority persons
4. Priority Community Health Needs

*Obesity & Chronic Disease*

Obesity is a prioritized need that is included as part of our System–wide plan to improve population health. Reaching and maintaining a healthy weight through physical activity and nutrition and potentially weight loss is one area of need that the Hospital will address in the community. According to the Texas Behavioral Risk Factor Surveillance System, 67.1 percent of adults living in Public Health Region 7 are overweight or obese. Texas Public Health Region 7 is comprised of 31 counties including Washington County. The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. This measurement is based on the Body Mass Index (BMI) which is calculated by taking a person’s weight and dividing it by their height squared in metric units. A BMI between 25 and 29.9 is considered overweight and a BMI greater than or equal to 30 is considered obese.

In Washington County, only 27.4% of residents were assessed to be at a normal weight for their height. The majority of survey respondents were overweight or obese; over one–third were overweight (38.4%), nearly one in four was obese (22.3%) and 11.6% were morbidly obese.

Being overweight or obese affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer. Losing weight helps to prevent and control these diseases as well as
reducing economic costs due to increased healthcare spending and lost earnings.

The 2013 assessment reports that the top chronic disease conditions in Washington County include

1) Hypertension (high blood pressure)
2) High Cholesterol
3) Arthritis/rheumatism
4) Type 2 Diabetes

**Resources for the Elderly**

As the population grows, the proportion of older adults is increasing, and the current resources and services available for the older adult population and their caregivers are insufficient. In community discussion groups, residents, community leaders, and service providers expressed concern for the unmet needs of older adults including:

- Gaps in coverage/services
- Transportation services
- Cost of available services
- Lack of adult day care and respite care for caretakers
- Inadequate financial resources forcing a choice among basic needs

Without adequate services located in the community, many residents are forces to travel outside the county for care. County residents say they do not have access to reliable public transportation as there are no bus or taxi services available locally, and the elderly population is specifically affected by this.
**Disparity in Access to Care**

Low-income and minority populations continue to face substantial disparities in access to resources and services, as well as health outcomes.

Washington County survey respondents expressed concern with communication and outreach, particularly in the inability to effectively reach the growing Hispanic population.

**Disparities in RHP 17 (Regional Health Partnership 17)**

<table>
<thead>
<tr>
<th></th>
<th>Minority</th>
<th>Uninsured</th>
<th>&lt;Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair or Poor health status</td>
<td>14.4%</td>
<td>22.2%</td>
<td>28.5%</td>
</tr>
<tr>
<td>No regular health provider</td>
<td>36.9%</td>
<td>62.4%</td>
<td>36%</td>
</tr>
<tr>
<td>Delayed medical care because of cost</td>
<td>17%</td>
<td>49.3%</td>
<td>32.9%</td>
</tr>
<tr>
<td>Fair/Poor/Very Poor access to medical care</td>
<td>23.9%</td>
<td>52.3%</td>
<td>34.6%</td>
</tr>
</tbody>
</table>

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4 Center for Community Health Development. (2013). Regional Health Partnership 17 Health Assessment Executive Report. College Station, TX: School of Rural Public Health. [Table 17.]

How Scott & White Hospital – Brenham will address specific community needs:

Priority Need #1: Obesity

Strategy #1: Expand efforts of educating the community on healthy living by working with nutritionists and physicians.

Expected Impact: Engage at least 250 people annually in community health programs.

Objectives/Actions

- Identify potential evidence-based programs to implement related to obesity including weight loss, nutrition and exercise.
- Expand current programs related to exercise and nutritional management. These include Texercise and Fit and Strong.
- Work with dietician to develop and distribute informational materials at the Wellness Center, Health Fairs, community presentations and programs.
- Identify additional strategies to affect hypertension in the community.

Strategy #2: Texercise—An evidence based program that includes instruction on physical activity and nutrition. The program helps people adopt their own exercise routines/habits and not be dependent on the others after leaving the class.

Expected Impact: Train up to 15 people per class annually to sustain lessons learned in Texercise.

Objectives/Actions

- Promote the program through communication with primary care providers and community resources.
• Encourage participants to establish and maintain objectives of healthy living.
• Host 1 – 2 courses annually.

Strategy #3: Health Fairs

Expected Impact: Participate in 12 Health Fairs annually.

Objectives/Actions
• Provide health prevention and screening to participants
• Identify appropriate staff to participate in health fair.
• Provide health education to participants as appropriate.

Priority Need #2: Chronic Disease Management

Strategy #1: Diabetes Education, Prevention, and Management

Expected Impact: Each month achieve 8 to 10 individual encounters through diabetes education, prevention and management programs.

Objectives/Actions
• Enhance certified ADA program through continued participation in the Diabetes Center.
• Encourage participation in Diabetes Refresh support group.
• Increase promotional efforts to expand outreach and target new participants.

Strategy #2: Community Education Health Fairs

Expected Impact: Participate in 12 health fairs annually.

Objectives/Actions
• Offer CBC and lipid profile screenings.
• Conduct PSA and TSH screenings.
Supply Educational Materials on hypertension, high-cholesterol, nutrition, weight management, thyroid disease, and stress management.

Offer free Lunch ‘N Learn events on the hospital campus for interested community members on a variety of health topics. Including women’s health screenings, diabetes, stress and depression, chronic pain management, and cardiac health.

Continue offering smoking cessation classes through the Wellness Center.

**Strategy #3: Providing arthritis management education**

**Expected Impact:** Offer 2 classes per year with 18 attendees.

**Objectives/Actions**
- **Fit & Strong:** Exercise and lifestyle changes that can be made to help manage arthritis pain
- **S&W staff will be trained to conduct this class through the School of Rural Public Health at Texas A&M**
- **Promote availability of program through Senior Activity Center, Wellness Center publications, physicians, and other community resources.**

**Strategy #4: Chronic Obstructive Pulmonary Disease**

**Expected Impact:** Hold monthly classes addressing variety of topics related to COPD

**Objectives/Actions**
- **Better Breathers Club associated with the American Lung Association provides information on:** travel, medications, lifestyle changes, breathing exercises, the disease process and more.
- **Increase regular participation in the class through better promotional efforts.**
## Priority Need #3: Resources for the Elderly

<table>
<thead>
<tr>
<th>Strategy #1: Partner with the Senior Activity Center (SAC)</th>
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<tbody>
<tr>
<td><strong>Expected Impact:</strong> Increase the number of people that take advantage of senior activity center services.</td>
<td></td>
</tr>
<tr>
<td><strong>Objectives/Actions</strong></td>
<td></td>
</tr>
<tr>
<td>• promote S&amp;W classes on the senior activity center calendar so they are able to provide transportation to classes</td>
<td></td>
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<tr>
<td>• explore option for class location at SAC for clients</td>
<td></td>
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<tr>
<td>• contribute to SAC capital campaign for construction of new building to enhance their ability to serve the community</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy #2: Matter of Balance – Evidence based program that addresses individuals' fear of falling. Instruction on perceptions of falling, exercises to prevent falls, and overall fall prevention.</th>
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<tbody>
<tr>
<td><strong>Expected Impact:</strong> Host 1–2 classes annually with up to 15 participants each.</td>
<td></td>
</tr>
<tr>
<td><strong>Objectives/Actions</strong></td>
<td></td>
</tr>
<tr>
<td>• Implement Matter of Balance program for community members at risk for falls.</td>
<td></td>
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<tr>
<td>• Promote the program through communication with primary care providers and community resources.</td>
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</table>
### Priority Need #4: Disparity in Access to Services

<table>
<thead>
<tr>
<th>Strategy #1: Addressing access to primary care services for the underinsured, and low-income members of the community through indigent care services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Impact:</strong> Increase the number of patient encounters at the clinic by 2% each year. (Nov.2011–Nov.2013 had 1744 total encounters.)</td>
</tr>
<tr>
<td><strong>Objectives/Actions</strong></td>
</tr>
<tr>
<td>● Collaborate with Washington County and Faith Mission of Brenham to improve access and services to the residents of Washington County.</td>
</tr>
<tr>
<td>● Improve primary care and supportive services at Scott &amp; White Hospital Brenham through continuous and rapid process improvement.</td>
</tr>
<tr>
<td>● Improve primary care and supportive services through service provided by the indigent care clinic for residents of Washington County.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy #2: Increase diabetes management services to the underinsured, and low-income members of the community through indigent care services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Impact:</strong> Increase the number of individuals actively managing diabetes through attendance in regular management classes or clinic visits.</td>
</tr>
<tr>
<td><strong>Objectives/Actions</strong></td>
</tr>
<tr>
<td>● Improve primary care and supportive services through diabetes education at the indigent care clinic for residents of Washington County.</td>
</tr>
<tr>
<td>● Provide diabetes group visits to the population served at the indigent care clinic for residents of Washington County.</td>
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Community Benefit Oversight

In order to ensure there is appropriate governance of the activities outlined in this implementation strategy for Community Benefit purposes, policies and procedures will be adhered to so that all community benefit activities remain aligned with Scott & White Healthcare System’s community benefit mission.

Additionally, regular evaluation of programs and activities will be conducted to ensure they remain an appropriate use of staff time and Scott & White resources. This will be managed with help from the Community Benefit Inventory for Social Accountability (CBISA) program in which community benefit program expenses and impact are tracked.

In an effort to support the hospital’s community benefit objectives, requests for contributions from outside organizations that are managed by the Community Benefit Department will be amply considered and those activities that address a priority need in the community will be given preference.
Population Health Management Strategy

As a not-for-profit healthcare organization, Scott & White Healthcare has a long history of meeting the needs of the residents of Central Texas. Each year as Scott & White begins its annual planning cycle, the Community Health Needs Assessment is reviewed to guide decision-making at the strategic level.

Scott & White has adopted System-wide strategic initiatives targeted at improving the care of diabetics. We’ve committed to reducing the rate of obesity in our communities, starting with our own employees as obesity is the leading cause of diabetes and other serious health issues.

Another critical initiative is improving access to health care. Many of our communities’ health issues can be controlled when caught in the earliest stages. Over the past year, we’ve achieved a dramatic improvement with nearly 80% of external referrals seen within 3 days of an appointment request.

With our ACO (Accountable Care Organization), which began January 1, 2013, as a partnership with Walgreens, we are targeting improvements in the care of patients with high blood pressure, COPD (Chronic Obstructive Pulmonary Disease) and CHF (Congestive Heart Failure). Recognizing that timely breast cancer screening has been an issue in our communities, we are putting in place processes to reach out to eligible women each Fall to coincide with breast cancer awareness month in October. And we are standardizing immunization practices to improve flu and pneumonia vaccination rates. Once these initiatives are in place, the ACO will focus on closing other gaps in care for the Medicare population based on predictive models that identify areas of the greatest risk and opportunity.
Over the next few years, Scott & White’s strategic plan will continue the work begun in 2013 and expand its focus on improving the health of its communities with a five year System strategy around Population Health. To support this strategy, Scott & White will establish processes for two-way conversations with community members to gather actionable ideas, solicit feedback to refine initiatives, and effectively connect patients to community resources in ways that will improve community health, reduce unnecessary healthcare costs and improve the care it delivers.

One of our newest strategic programs, CHASM (Coordinating Healthcare delivery Across a SysteM), will develop System wide, best practice clinical pathways for multi-disciplinary diseases. CHASM will use evidence based, best practice clinical guidelines to provide consistent care across all Scott & White sites of care. The program will initially concentrate on COPD, Lower Back Pain, and Colorectal Cancer. By establishing physician lead standardized clinical pathways, CHASM will improve efficiency of care, lower cost of care, and improve the health of populations. Each year, the CHASM Steering Committee will evaluate community health needs as it identifies the diseases to focus on in the coming year.
6. Identified Needs Beyond the Hospitals Mission or Service Programs

Community Needs Not Being Addressed and Reasons Why

The Hospital recognizes the importance of all needs identified in the community, but will not directly address the priority needs identified in the CHNA at this time as other organizations are better equipped to tackle them.

1. Transportation/ Access to Care
2. Mental Health Services
3. Risky Behavior of Young Adults
4. Infrastructure to keep up with population growth

These priorities did not meet the defined evaluation criteria, as described on page 12, and it was determined internally that the hospital does not have the ability to directly affect change within these needs nor are there resources available to influence change. It was also determined there are other community organizations better aligned to address these priorities.
7. Implementation Strategy

Development Coordinators

The following people were involved in the development and approval of the implementation strategy to address needs identified in the community health needs assessment. The same parties and others not named will work to ensure the outlined services and community benefit programs are implemented over the course of the coming years to impact change in our community and improve the overall health of the people that live here.

- Dr. Robert Pryor, President and CEO, Scott & White Healthcare
- Patricia Currie, Chief Operating Officer, Scott & White Healthcare
- Jason Jennings, Chief Executive Officer, Scott & White Hospital – Brenham
- Tara Stafford, Director of Community Benefit, Scott & White Healthcare
- Alicia Dunn, Chief of Staff to the President and CEO, Scott & White Healthcare
- Clayton Wilber, Director of Corporate Tax, Scott & White Healthcare
- Maureen Halligan, Vice President of Strategic Planning, Scott & White Healthcare
- Angela Hochhalter, PhD, Research Scientist, Quality and Safety, Scott & White Healthcare
- Jennifer Mertz, MSN, RN, Director, Education and Wellness Services, Scott & White Hospital – Brenham
- Suzanne Vickers, BSN, RN, Wellness Nurse, Scott & White Wellness Center – Brenham
- Lorie Thibodeaux, Program Manager, Patient Engagement & Safety
- Brittney Bernard, Student Worker, Patient Engagement & Safety