



Baylor Scott & White

HEALTH

Implementation Strategy

For 2017 Community Health Needs Assessment

Baylor Scott & White Surgical Hospital at Sherman

*Approved by: Baylor Scott & White Health – North Texas Operating, Policy and Procedure Board on
October 31, 2017*

Posted to BaylorScottandWhite.com/CommunityNeeds on November 15, 2017

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BAYLOR SCOTT & WHITE HEALTH MISSION STATEMENT

Baylor Scott & 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 Baylor Scott & White Health’s (BSWH) commitment to develop innovative therapies and procedures focusing on predictive, preventive, and personalized care. For example, data from the electronic health record helps to predict the possibility of disease in a person or a population. And with that knowledge, measures can be put into place to either prevent the disease altogether or significantly decrease its impact on the patient or the population. Care is tailored to meet the individual medical, spiritual, and emotional needs of the patients.

“Wellness” refers to ongoing efforts to educate the people served by BSWH, helping them get healthy and stay healthy.

“Christian ministry” reflects the heritage of Baylor Health Care System’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

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

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 to meet the demands of health care reform, the changing needs of patients and extraordinary recent advances in clinical care.

Known for exceptional patient care for more than a century, the two organizations served adjacent regions of Texas and operated on a foundation of complementary values and similar missions. BSWH includes 48 licensed hospitals, more than 900+ patient care sites, more than 9,600 active physicians, 48,000+ employees and the Scott & White Health Plan.

BSWH is a member of the High Value Healthcare Collaborative, the Texas Care Alliance and is one of the best known, top-quality health care systems in the country, not to mention in Texas.

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

These values define the BSWH culture and should guide every conversation, decision, and interaction with each other and with 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

PURPOSE

2017 Community Health Needs Assessment Summary

As the largest not-for-profit health system in Texas, BSWH understands the importance of serving the health needs of its communities. In order to do that, a task force led by the community benefit, tax compliance and corporate marketing departments undertook the maintenance of a compliant assessment of the health needs of the communities served for Baylor Scott & White Surgical Hospital at Sherman, a hospital that recently become part of BSWH . Truven Health Analytics was engaged to help collect and analyze the data for this process and compile a final report outlining significant health needs. These significant needs were identified through the weight of qualitative and quantitative data obtained through the process of the community health needs assessment and that report was made publicly available in June of 2017.

The federal government also requires hospitals to adopt an implementation strategy to address prioritized community health needs identified through the assessment. Baylor Scott & White Surgical Hospital at Sherman has pinpointed specific needs to address and in fulfillment of the final 501(r) regulations. This written document serves as the implementation strategy addressing the significant community health needs identified through the CHNA for the community served by Baylor Scott & White Surgical Hospital at Sherman.

This formal written implementation strategy includes the following:

- List of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified

- Actions the hospital intends to take to address the chosen health needs
- The anticipated impact of these actions and the plan to evaluate such impact (e.g. identify data sources that will be used to track the plan’s impact)
- Identifies programs and resources the hospital plans to commit to address the health needs
- Describes any planned collaboration between the hospital and other facilities or organizations in addressing the identified health needs.

Description of Community Served

For the 2017 assessment, the hospital has defined its community to be the geographical area of Grayson County. The community served was determined based on the county that made up at least 75 percent of the hospital facility’s calendar year 2015 inpatient and outpatient discharges.

BSWH Community Health Needs Assessment
Map of Community Served



Demographic and Socioeconomic Summary

According to population statistics, Grayson County is expected to grow 5%, or 6,748 people in the next five years. That population growth rate is lower than Texas overall (7%) but higher than the United States growth rate (4%). The community had a lower median household income than both state and national benchmarks, along with a less racially diverse population. Grayson County has a greater proportion of seniors than both the state and the country. The community, overall, appears to have fewer social barriers experienced by its population except for a higher proportion of non-English speaking population and higher proportion of population without a high school degree than the state benchmark.

Grayson County is expected grow 5.2% (6,748 people) over the next five years. The ZIP codes with the highest expected growth in the next five years are:

- 75092 Sherman – 1,549 people (6.3%)
- 75090 Sherman – 961 people (3.9%)
- 75020 Denison – 763 people (3.4%)

Growth is projected for every ZIP code in the county, but there is significant variation in the expected change between age groups. The population of middle-aged adults aged 45-64 will decrease by 2.2%; however, Grayson County is expected to see a significant (18.3%) increase in the 65+ population over the next 5 years, approximately 4,300 people. This 65+ senior cohort is estimated to experience the most growth (15 %+) over the next five years in each ZIP code. Growth in this population will likely contribute to increased utilization of services as the population continues to age.

Diversity in the community is projected to increase. In Grayson County, 82% of the population was white (107,325 people) and 13% were of Hispanic ethnicity (17,342 people). The projected growth of minority populations, including Asian/Pacific Islanders and Hispanics, is expected to outpace all other groups. The Hispanic population will increase by 2,994 people by 2022.

The median household income for the community served is \$52,826, less than both the state and U.S. benchmarks. The current insurance coverage mix in the market will shift significantly by 2022. Unsurprisingly, Medicare insured residents will see the largest percentage increase of 17% driven by the projected age shift in the population. Fifty-two percent of the population currently has private (commercial) insurance which is projected to increase 2% (1,200 people) over the next five years. The increase will come from those purchasing insurance directly and through exchanges. There will also be projected increases in the uninsured (4%) and Medicaid populations (3%) over the next 5 years.

The community includes two (2) Health Professional Shortage Areas and two (2) Medically Underserved Area as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.

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.

The community served was above the CNI national average of 3.0, as the overall county had a CNI of 3.8. Several areas of Grayson County scored 4.0 or higher on the index, ZIP codes 75090 (Sherman), 75021 and 75020 (Denison).

Community Health Needs Findings

Prioritized Health Needs

To identify and prioritize the significant needs of the community, the hospital facility established a comprehensive method of considering all available relevant data including community input.

First, specific needs were pinpointed when an indicator for the community served did not meet state benchmarks. Then, an index of magnitude analysis was conducted on all those indicators to determine the degree of difference from the benchmark in order to indicate the relative severity of the issue. The outcomes of this quantitative analysis were aligned with the qualitative findings of the community interview sessions to bring forth a list of health needs in the community. These health needs were then classified into one of four quadrants within a health needs matrix; high data low qualitative, low data low qualitative, low data high qualitative, or high data high qualitative.

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 were also a frequent theme during interviews (those needs in the high data high qualitative quadrant of the health needs matrix), were determined to be significant.

These significant needs were prioritized based on input gathered from the benchmark analysis and the key informant interviews. Key informant interviewees were asked to identify the top health needs of the community based on the importance they placed on addressing the need. Through this process, the significant health needs were prioritized based on the frequency in which they were listed as the top healthcare needs.

Hospital leadership reviewed the quantitative and qualitative analysis of the data and the resultant rankings to arrive at a consensus prioritization of significant needs based on leadership's understanding of the quantitative and qualitative community data analyzed. Through this process, the health needs were prioritized. The prioritized health needs of this community are:

1. Chronic disease (heart disease/failure, hyperlipidemia, arthritis, chronic obstructive pulmonary disorder and chronic lower respiratory disease)
2. Economic status/poverty
3. Access to care: healthcare costs for the Un/underinsured
4. Un/underinsured population
5. Access to primary care providers (physician and non-physician)
6. Substance abuse
7. Mental health
8. Access to exercise opportunities

Description of Prioritized Health Needs

1. Chronic disease (heart disease/failure, hyperlipidemia, arthritis, chronic obstructive pulmonary disorder and chronic lower respiratory disease)

The U.S. National Center for Health Statistics defines a chronic illness or disease as a disease lasting three months or more. Chronic diseases generally cannot be prevented by vaccines or cured by medication. These conditions can significantly impact individual health and the overall health of a community. Interview participants expressed concerns over the impact of chronic diseases and conditions on the health of Grayson County residents.

Cumulatively, residents in Grayson County report poorer health than national statistics. The percentage of adults reporting fair or poor health is 17%, compared to national rates of 16.4%. The average number of physically unhealthy days reported in past 30 days is also higher in Grayson County at 4%, with statewide and national rates at 3.6%.

Heart disease/failure

Heart disease is the leading cause of death in America and it claims the lives of more than 610,000 Americans each year. The percentage of Medicare beneficiaries in Grayson County with Ischemic Heart Disease is 6.3% higher than rates reported statewide. Grayson County Medicare beneficiaries also have a higher prevalence of heart failure at 20.3% compared to statewide rates of 15.5% (and national rates of 13.5%).

Hyperlipidemia

Hyperlipidemia occurs when there is an excessive amount of fat in the blood. One in every six Americans is diagnosed with hyperlipidemia. People diagnosed with hyperlipidemia are at greater

risk for heart disease and strokes. Grayson County residents are 5% more likely to have been diagnosed with hyperlipidemia; incidence rates in Grayson County are 51%, compared to statewide rates of 44.6% and national rates 46.1%. Interview participants discussed community health events and education as opportunities to improve the impact of hyperlipidemia in the community.

Arthritis

Arthritis includes more than 100 diseases that are commonly associated with pain, swelling and the stiffening of joints. In the United States, more than 54 million adults are diagnosed with arthritis. At a rate of 37.8% among Medicare recipients, the rate in Grayson County is 6.2% higher than statewide and national rates (the Texas statewide rate is 31.6%, national rate is 30.0%).

Chronic Obstructive Pulmonary Disorder (COPD) and Chronic Lower Respiratory Disease (CLRD)

Chronic Obstructive Pulmonary Disorder (COPD) and Chronic Lower Respiratory Disease (CLRD) are respiratory or breathing disorders frequently associated with emphysema, chronic bronchitis, and asthma. COPD/CLRD are the third leading causes of death in the United States. The percentage of Medicare beneficiaries with COPD in Grayson County is 6.3% higher than rates reported statewide. Grayson County reports COPD diagnoses rates of 17.4% compared to statewide rates of 11.1% (and national rates of 11.2%). Grayson County Medicare residents also have higher death rates attributed to CLRD at 42.3 per 100,000 compared to the statewide rate of 36.0 the national of 40.5 per 100,000.

Interview participants discussed the impact of chronic conditions on the health of the community and believe there are opportunities to reduce the impact by encouraging healthy lifestyle choices as well as providing education on managing chronic conditions.

2. Economic status/poverty

Financial issues can create significant barriers to accessing healthcare. Interview participants indicated that some residents struggle with financial barriers related to poverty, shifts to lower wage jobs, lack of insurance, and the rising cost of healthcare services. Measuring the impact of these barriers can be challenging as they are not mutually exclusive and are frequently compounded, creating deeper disparities for the most vulnerable populations. Interview participants were concerned that Grayson County's healthcare system does not adequately serve residents impacted by poverty and lower socioeconomic status. While Grayson County reports unemployment rates at 4%, lower than both the statewide rate (4.5%) and the national rate (5.3%), interview participants noted that employment trends are shifting to lower wage jobs. The poverty level in Grayson County is 16.2%, while better than the state level (17.3%) is higher than the national level of 15.5%. Additionally, more than 23% of children live in poverty in Grayson County. This is consistent with the level of children living in Texas, but is higher than the national average at 21%.

3. Access to care: healthcare costs for the un/underinsured

Access to healthcare relates to an individual's ability to utilize healthcare services and the available goods or services required to support healthy lifestyles. Access to healthcare services includes physicians, inpatient and outpatient care, and specialty medical services. The growing cost of healthcare services creates a barrier for some individuals. Individuals living at a lower socioeconomic status often do not have health insurance and are unable to pay for healthcare services out of pocket. Many of these individuals do not qualify for government programs/subsidies given their income levels, yet still face challenges in their ability to pay for insurance or healthcare services. Additionally, individuals who do qualify for assistance in purchasing insurance, may not be able to afford the out-of-pocket costs associated with their health plans. In Texas, more people are unable to see a doctor due to cost than those living in other states. More than 18% of Texans report that healthcare costs have prevented them from seeing a doctor, a 5% increase over national rates. The percentage of residents avoiding care due to cost is not available at the county level, but other statistics indicate that Grayson County residents are faced with higher costs than those reported by other communities. The amount of price-adjusted Medicare reimbursements per enrollee in Grayson County is 14.1% higher than rates reported nationally, at \$12,482 versus \$10,942.

4. Un/underinsured population

Health insurance, or the lack there of, is another financial barrier to healthcare access. Grayson County residents are also much less likely to be insured. Like most of Texas, Grayson County has an alarming number of uninsured adults. Approximately 22% of residents under the age of 65 do not have health insurance. While this is similar to the uninsured rate for state of Texas (21%), it shows a large disparity when compared to national uninsured rates of 10.6%. These statistics do not include "underinsured" residents (those who have health insurance, but the coverage does not adequately cover required services). Insurance coverage is important to ensuring access to care, because individuals without coverage will often delay care in the face of other financial priorities.

5. Access to primary care providers (physician and non-physician)

Access to healthcare relates to an individual's ability to utilize healthcare services and the available goods or services required to support healthy lifestyles. Access to healthcare services includes physicians, inpatient and outpatient care, and specialty medical services. Interview participants identified access to primary care providers, especially for those without insurance, as an access barrier in Grayson County. Primary care providers are an important part of the healthcare system, addressing important functions related to coordinating care, ensuring adequate follow-up care, and maintaining continuity of care.

Provider to resident ratios are frequently used to evaluate the community's access to healthcare.

Grayson County reports a resident to primary care provider ratio of 2,030:1.

The county's available provider ratios are much lower than those reported at state and national levels, at 1,670:1 and 1,342:1, respectively. Availability of non-physician primary care providers can help alleviate access to primary care but Grayson County's resident to non-physician primary care provider ratio of 1,743:1 is also higher (5.6%) than the state of Texas ratio (1,646:1). Additionally, the county is a designated Health Professional Shortage Area (HPSA) for primary care providers.

6. Substance abuse

Interview participants expressed a concern over the rise in addiction and substance abuse in the community and its long-term effects on residents. Interview participants also expressed concern over inadequate services or funding for substance abuse treatment. Available statistics indicate that Grayson County has higher rates of binge drinking, alcohol related driving deaths and drug overdose deaths than those reported at the state level. Grayson County reported rates of binge drinking are 1% higher, alcohol related driving deaths are 3% higher and drug overdose deaths are 38.3% higher than rates reported by the state of Texas. ,

7. Mental health

Mental Health as a community health need was identified as a priority through the key informant interviews. Specifically, participants mentioned needing access to providers and support services, especially for the Medicaid and un/underinsured populations. The participants expressed a need for services to treat conditions other than "the big 3" (bi-polar disorder, schizophrenia, personality disorder). Grayson County reports potential gaps in mental health services with a mental health resident to provider ratio of 980:1 compared to the national ratio of 529:1. Additionally, the county is also a designated Health Professional Shortage Area (HPSA) for mental health providers. Grayson County also reports higher rates of mentally unhealthy days than the State of Texas. Grayson County reports mentally unhealthy days at 3.2 days per month. State rates for mentally unhealthy days are reported at 3.0 days per month.

8. Access to exercise opportunities

Interview participants noted the absence of a "healthy life" culture in the community. Exercise options remain limited and are not easily accessible or safe. The ability to choose walking or biking as transportation or exercise method are limited as the community infrastructure does not support these alternatives. Just 73% of Grayson County residents have access to locations for physical activity compared to more favorable rates of 84% of Texas residents and 85% of U.S. residents. Access to locations for physical activity may have an impact on the rates of adults that report physical inactivity. The percentage of adults aged 20 and above reporting no leisure-time physical activity in Grayson County is 25%, higher than the statewide and national rates of 23%.

Summary

Baylor Scott & White Surgical Hospital at Sherman conducted a Community Health Needs Assessment beginning early in 2017 to identify and begin addressing the health needs of the community they serve. Using both qualitative community feedback as well as publicly available and proprietary health indicators, Baylor Scott & White Surgical Hospital at Sherman identified and prioritized the health needs for the community served by their hospital. With the goal of improving the health of the community, this implementation plan with specific tactics and time frames has been developed for the health needs that Baylor Scott & White Surgical Hospital at Sherman has chosen to address for the community served.

IMPLEMENTATION STRATEGIES

This implementation strategy and corresponding CHNA are intended to meet the requirement for community benefit planning and reporting as set forth in state and federal laws, including but not limited to, Internal Revenue Code Section 501(r).

A Community Benefit and CHNA Task Force, made up of community benefit, tax compliance, and corporate marketing representatives was established to advise hospitals on the development of individual Implementation Strategies to address unmet community health needs. The Task Force was 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 governing bodies.

The Task Force relied on valuable input from key hospital, research, and strategic planning leaders throughout the process to support the Hospital in planning for implementation.

The following criteria were utilized to determine the 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*

Strategies Addressing Community Health Needs & Expected Impact (Measures)

By appropriately delegating resources within our hospitals, strengthening local partnerships, and creating innovative programs both on the Hospital campus and within the community, the hospital seeks to make a positive impact on the following significant community health needs:

- Chronic Disease
- Access to care: healthcare costs for the un/underinsured
- Un/underinsured population
- Access to primary care providers (physician and non-physician)
- Mental Health

The completed implementation strategy was adopted by the Baylor Scott & White Health North Texas Operating, Policy and Procedure Board on October 31, 2017.

NEED #1: Chronic Disease

Program Description: Community Health Screenings - Similar to national trends, residents in the Hospitals' service area exhibit increasing diagnoses of chronic conditions. It is common that the pathology for one condition may also affect other body systems, resulting in co-occurrence or multiple chronic conditions (MCC). The presence of MCC's adds a layer of complexity to disease management. The Hospital conducts screenings for MCC's including body fat analysis, BMI, and injury prevention.

Anticipated Impact:

- increased access to affordable care for uninsured populations

Committed Resources:

- financial donations

Measures:

- # of patients served
- Cost of service provision

NEED #3: Access to care: healthcare costs for the un/underinsured

NEED #4: Un/underinsured population

Program Description: Financial Assistance - As an affiliated for-profit joint venture hospital, the hospital expanded its provision of financial assistance to eligible patients by providing free or discounted care as outlined in the BSWH financial assistance policy.

Anticipated Impact:

- Increased access to affordable care for un-insured and under-insured individuals in the community

Committed Resources:

- unreimbursed cost of financial assistance

Measures:

- # of patients receiving free or discounted care
- amount of financial assistance provided
- # of un/under-insured patients receiving surgical procedures
- # of patients who were provided with free transportation to surgical follow-up appointments and surgeries

Program Description: Financial Donations – The hospital will support community partners in developing/delivering health services that address health care costs and affordability through the provision of financial support to address health care costs and affordability in the community.

Anticipated Impact:

- increased access to affordable care for uninsured populations

Committed Resources:

- financial donations

Measures:

- # of patients served
- # of free or reduced cost services provided

NEED #5: Access to primary care providers (physician and non-physician)

Program Description: Physician Recruitment – The hospital is collaborating with HealthTexas Provider Network and may provide initial income guarantee support for a physician who comes from outside its market and can satisfy a community need. Recruitment of physicians for areas identified as medically underserved (MUAs) or other community needs assessment aids in relieving the burden of lack of access to care for medically under-insured or un-insured populations. The age and characteristics of a state’s population has a direct impact on the health care system. The state’s population is growing at an explosive pace – twice as fast as the national average. During this 10 year period, Texas had the fourth highest percentage growth and ranked first in the number of residents added during this period. And, like the rest of the country, the Texas population is aging and in need of more health care services, which puts added demands on the system. The Hospital seeks to allay the physician shortage, thereby better managing the growing health needs of the community.

Anticipated Impact:

- Increased access to affordable care for uninsured populations

Committed Resources:

- financial donations

Measures:

- # of physicians recruited
- # of patients served
- # of free or reduced cost services provided

Need #7: Mental Health

Program Description: Mental Health First Aid – The hospital will partner with the Dallas Fort Worth Hospital Council to provide lay-person mental health first aid training in Grayson county. There is an expressed need for services to treat conditions other than “the big 3” (bipolar disorder, schizophrenia, personality disorder) in Grayson County. The County reports potential gaps in mental health services with a mental health resident to provider ratio of 980:1 compared to the national ratio of 529:1. Additionally, the county is a designated Health Professional Shortage Area (HPSA) for mental health providers. Grayson County reports higher rates of mentally unhealthy days than the State of Texas. Grayson County reports mentally unhealthy days at 3.2 days per month. State rates for mentally unhealthy days are reported at 3.0 days per month.

Anticipated Impact:

- Increased access to Mental Health care outside of clinical settings.
- Increased awareness of self-help Mental Health activities

Committed Resources:

- Financial support

Measures:

- # of lay-persons trained
- # of patients served
- # of free or reduced cost services provided

Collaboration with other Non-Hospital Facilities

The Baylor Scott & White Health system is comprised of many other non-hospital facilities including several nonprofit physician groups and other health care providers. Many of these organizations directly and/or indirectly contribute to these implementation strategies and the mission of the health system. These organizations include, but are not limited to, HealthTexas Provider Network and Baylor Scott & White Medical Center - McKinney.

Community Needs Not Addressed and Rationale for Not Addressing a Need

Baylor Scott & White is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization which continues to provide a wide range of important health care services and community benefits.

The hospitals will address significant community health needs based on the needs intersection with the hospital's stated mission and key clinical strengths. The following identified needs have not been addressed in the community benefit implementation plan because there are multiple other community and state agencies whose expertise and infrastructure are better suited for addressing the needs:

- Economic status/poverty
- Substance abuse
- Access to exercise opportunities

Any comments or suggestions in regard to the implementation strategy are greatly welcomed and may be addressed to Mark Devorsetz, Chief Executive Officer, Baylor Scott and White Surgical Hospital at Sherman, 3601 North Calais St. Sherman, Texas 75090.