Baylor Scott & White Health
Community Health Needs Assessment

Grapevine/Trophy Club Health Community

Baylor Scott & White Medical Center – Grapevine
Baylor Scott & White Medical Center – Trophy Club

Approved by: Baylor Scott & White Health – North Texas Operating, Policy and Procedure Board on June 25, 2019

Posted to BSWHealth.com/CommunityNeeds on June 30, 2019

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Baylor Scott & White Health Mission Statement

Our Mission

Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

Our Ambition

To be the trusted leader, educator and innovator in value-based care delivery, customer experience and affordability.

Our Values

- We serve faithfully
- We act honestly
- We never settle
- We are in it together

Our Strategies

- Health – Transform into an integrated network that ambitiously and consistently provides exceptional quality care
- Experience – Achieve the market-leading brand by empowering our people to design and deliver a customer-for-life experience
- Affordability – Continuously improve our cost discipline to invest in our Mission and reduce the financial burden on our customers
- Alignment – Ensure consistent results through a streamlined leadership approach and unified operating model
- Growth – Pursue sustainable growth initiatives that support our Mission, Ambition, and Strategy

WHO WE ARE

As the largest not-for-profit healthcare system in Texas and one of the largest in the United States, Baylor Scott & White Health was born from the 2013 combination of Baylor Health Care System and Scott & White Healthcare. Today, Baylor Scott & White includes 50 hospitals, more than 900 patient care sites, more than 7,500 active physicians, and over 47,000 employees and the Scott & White Health Plan.


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Executive Summary

As the largest not-for-profit health care system in Texas, Baylor Scott & White Health (BSWH) understands the importance of serving the health needs of its communities. In order to do that successfully, we must first take a comprehensive look at the systemic and local issues our patients, their families and neighbors face when it comes to having the best possible health outcomes and well-being.

Beginning in June of 2018, a BSWH task force led by the Community Health, Tax Services, and Marketing Research departments began the process of assessing the current health needs of the communities served for all BSWH hospital facilities. IBM Watson Health (formerly Truven Health Analytics) collected and analyzed the data for this process and compiled a final report made publicly available in June of 2019.

BSWH owns and operates multiple individual licensed hospital facilities serving the residents of north and central Texas. Two hospitals with overlapping communities have collaborated to conduct this joint community health needs assessment. This joint community health needs assessment applies to the following BSWH hospital facilities:

- Baylor Scott & White Medical Center – Grapevine
- Baylor Scott & White Medical Center – Trophy Club

For the 2019 assessment, the community includes the geographic area where at least 75% of the hospital facilities' admitted patients live. These hospital facilities collaborated to conduct a joint CHNA report in accordance with Treasury Regulations and 501(r) of the Internal Revenue Code. 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.

The hospital facilities and IBM Watson Health (Watson Health) examined over 102 public health indicators and conducted a benchmark analysis of the data comparing the community to overall state of Texas and United States (U.S.) values. A qualitative analysis included direct input from the community through focus groups and key informant interviews. Interviews included input from state, local, or regional governmental public health departments (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community and individuals or organizations serving and/or representing the interests of medically underserved, low-income, and minority populations in the community.

Needs were first identified when an indicator for the community served was worse than the Texas state benchmark. A need differential analysis conducted on all the low performing indicators determined relative severity by using the percent difference from benchmark. The outcome of this quantitative analysis aligned with the qualitative findings of the community input sessions to create a list of health needs in the community. Each health need received assignment into one of four quadrants in a health needs matrix and clarified the assignment of severity rankings to the needs. The matrix shows the convergence of needs identified in the qualitative data (interview and focus group feedback) and quantitative data (health indicators) and identifies the top health needs for this community.

Hospital leadership and other invited community leaders reviewed the top health needs in a meeting to select and prioritize the list of significant needs in this health community. The meeting, moderated by Watson Health, included an overview of the CHNA process for BSWH, the methodology for determining the top health needs, the BSWH prioritization approach, and discussion of the top health needs identified for the community.

Participants identified the significant health needs through review of data driven criteria for the top health needs, discussion, and a multi-voting process. Once the significant health needs were established, participants rated the needs using prioritization criteria recommended by the focus groups. The sum of the criteria scores for each need created an overall score that became the basis of the prioritized order of significant health needs. The resulting prioritized health needs for this community include:

Priority	Need	Category of Need
1	Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care
2	Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health
3	Food Insecure	Environment - food
4	Depression in Medicare Population	Mental Health
5	Alzheimer's Disease/Dementia in Medicare Population	Mental Health

The assessment process identified and included community resources able to address significant needs in the community. These resources, located in the appendix of this report, will be included in the formal implementation strategy to address needs identified in this assessment. The approved report is 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 prior assessment is included in **Appendix F** of this document.

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

This assessment and corresponding implementation strategy 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.

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 significant health needs identified through the CHNA as well as a description of the process and criteria used in prioritizing the identified significant needs
- The existing healthcare facilities, organizations, and other resources within the community available to meet the significant community health needs
- 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

PPACA requires hospitals to adopt an Implementation Strategy to address prioritized community health needs identified through the assessment. An Implementation Strategy is a written plan addressing each of the significant community health needs identified through the CHNA in 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

CHNA Overview, Methodology and Approach

BSWH began the 2019 CHNA process in June of 2018; the following is an overview of the timeline and major milestones.

BSWH partnered with Watson Health to complete a CHNA for qualifying BSWH hospital facilities.

Consultant Qualifications & Collaboration

Watson Health delivers analytic tools, benchmarks, and strategic consulting services to the healthcare industry, combining rich data analytics in demographics, including the Community Needs Index, planning, and disease prevalence estimates, with experienced strategic consultants delivering comprehensive and actionable Community Health Needs Assessments.

Collaboration

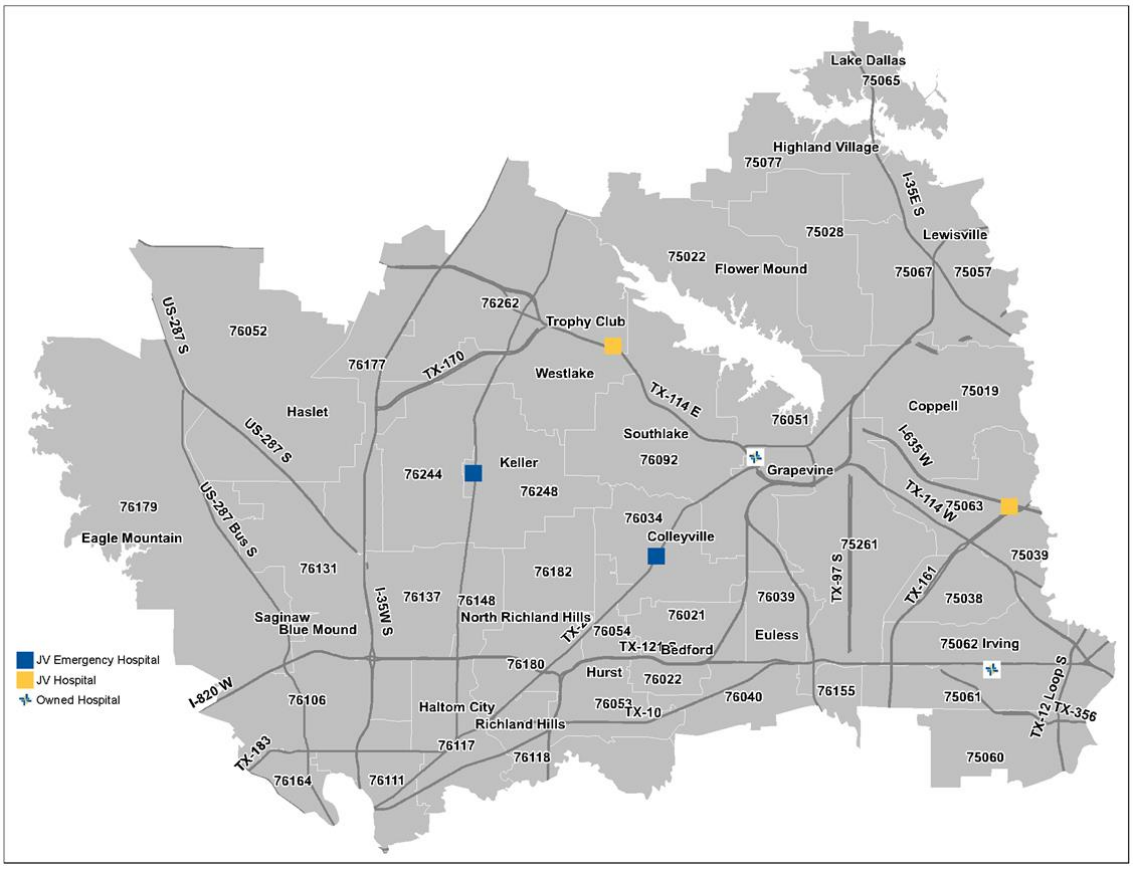
BSWH owns and operates multiple individually licensed hospital facilities serving the residents of north and central Texas. Two hospital facilities with overlapping communities have collaborated to conduct this joint community health needs assessment. This joint community health needs assessment applies to the following BSWH hospital facilities:

- Baylor Scott & White Medical Center – Grapevine
- Baylor Scott & White Medical Center – Trophy Club

Community Served Definition

The community served by the collaborating BSWH hospital facilities includes the ZIP codes listed below spanning multiple counties in the Grapevine/Trophy Club area of north Texas including: Dallas, Denton and Tarrant counties. The community includes the geographic area where at least 75% of the hospital facilities' admitted patients live.

BSWH Community Health Needs Assessment
Grapevine/Trophy Club Health Community Map



Source: Baylor Scott & White Health, 2019

76106, 76111, 76117, 76131, 76136, 76137, 76148, 76161, 76164, 76179, 76190, 76192, 75027, 75029, 75057, 75065, 75067, 76021, 76022, 76039, 76040, 76053, 76054, 76095, 76155, 75022, 75028, 75077, 76052, 76177, 76178, 76244, 76248, 76034, 76051, 76092, 76099, 76262, 76299, 75019, 75099, 76080, 76118, 76180, 76181, 76182, 75014, 75015, 75016, 75017, 75037, 75038, 75039, 75060, 75061, 75062, 75063, 75084, 75261, 75368

Assessment of Health Needs

To identify the health needs of the community, the hospital facility established a comprehensive method of accounting for all available relevant data including community input. The basis of identification of community health needs was the weight of qualitative and quantitative data obtained when assessing the community. Surveyors conducted interviews and focus groups with individuals representing public health, community leaders/groups, public organizations, and other providers. Data collected from several public sources compared to the state benchmark indicated the level of severity.

Quantitative Assessment of Health Needs – Methodology and Data Sources

Quantitative data collection and analysis in the form of public health indicators assessed community health needs, including collection of 102 data elements grouped into 11 categories, and evaluated for the counties where data was available. Since 2016, the identification of several new indicators included: addressing mental health, health care costs, opioids, and social determinants of health. The categories and indicators are included in the table below, the sources are in **Appendix A**.

This community was defined by ZIP codes. However, public health indicators are most commonly available by county. Therefore, a patient origin study determined which counties principally represent the community's residents receiving hospital services. The principal counties for the Grapevine/Trophy Club Health Community needs analysis are Tarrant and Denton counties.

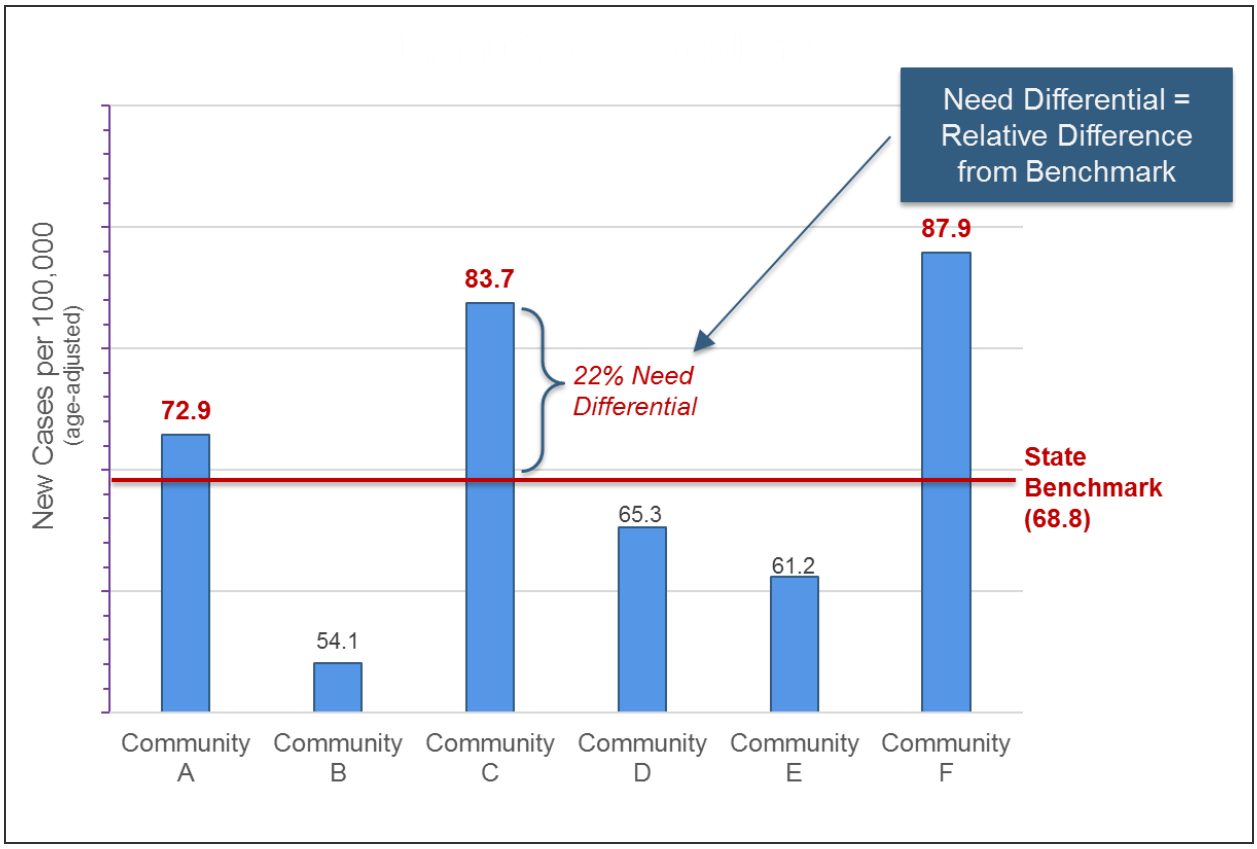
A benchmark analysis conducted for each indicator collected for the community served, determined which public health indicators demonstrated a community health need from a quantitative perspective. Benchmark health indicators collected included (when available): overall U.S. values; state of Texas values; and goal setting benchmarks such as Healthy People 2020.

According to America's Health Rankings 2018 Annual Report, Texas ranks 37th out of the 50 states. The health status of Texas compared to other states in the nation identified many opportunities to impact health within local communities, including opportunities for those communities that ranked highly. Therefore, the benchmark for the community served was set to the state value.

When the community benchmark was set to the state value, it was determined which indicators for the community did not meet the state benchmarks. This created a subset of indicators for further analysis. A need differential analysis clarified the relative severity of need for these indicators. The need differential standardized the method for evaluating the degree each indicator differed from its benchmark; this measure is called the need differential. Health community indicators with need differentials above the 50th percentile, ordered by severity, and the highest ranked indicators were the highest health needs from a quantitative perspective. These data are available to the community via an interactive Tableau dashboard at **BSWHealth.com/CommunityNeeds**.

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

Health Indicator Benchmark Analysis Example



Source: IBM Watson Health, 2018

Qualitative Assessment of Health Needs and Community Input – Approach

In addition to analyzing quantitative data, three (3) focus groups with a total of 31 participants, and two (2) key informant interviews, gathered the input of persons representing the broad interests of the community served. The focus groups and interviews solicited feedback from leaders and representatives who serve the community and have insight into community needs. Prioritization sessions held with hospital clinical leadership and other community leaders identified significant health needs from the assessment and prioritized them.

Focus groups familiarized participants with the CHNA process and solicited input to understand health needs from the community's perspective. Focus groups, formatted for individual as well as small group feedback, helped identify barriers and social determinants influencing the community's health needs. Barriers and social determinants were new topics added to the 2019 community input sessions.

Watson Health conducted key informant interviews for the community served by the hospital facilities. The interviews aided in gaining understanding and insight into participants concerns about the general health status of the community and the various drivers contributing to health issues.

Participation in the qualitative assessment included at least one state, local, 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 or representing the interests of medically underserved, low-income and minority populations in the community.

Participation from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians) ensured that the input received represented the broad interests of the community served. A list of the names of organizations providing input are in the table below.

Community Input Participants

Participant Organization Name	Public Health	Medically Under-served	Low-income	Chronic Disease Needs	Minority Populations	Governmental Public --Health Dept.	Public Health Knowledge --Expertise
Area Agency on Aging/United Way of Tarrant County	X	X	X	X	X		X
Arlington Life Shelter		X	X	X			
Baylor Scott & White Health	X	X	X	X	X		X
Cancer Care Services	X	X	X	X	X		X
City of Denton			X	X	X		
Denton Community Food Center			X				
Denton County Public Health	X	X	X	X	X	X	X
Eastside Ministries			X		X		
Epidemiology Associates							
First Refuge Ministries		X	X	X			
Fort Worth Housing Solutions			X		X		
Giving Hope, Inc.		X	X	X			X
Goodwill Industries of Fort Worth		X	X		X		
Grace Health Clinic		X	X	X	X	X	X
Grapevine Independent School District		X	X		X		
Health Services of North Texas		X	X	X	X		

Participant Organization Name	Public Health	Medically Under-served	Low-income	Chronic Disease Needs	Minority Populations	Governmental Public --Health Dept.	Public Health Knowledge --Expertise
JPS Health	X					X	X
Metrocare	X	X	X	X	X		X
MHMR Tarrant County	X	X	X	X	X		
Mount Olive Baptist Church					X		
My Health My Resources (MHMR) of Tarrant County	X	X	X	X	X		
North Texas Area Community Health Centers	X	X	X	X	X		X
Our Daily Bread		X	X				
Project Access Tarrant County		X	X		X		
Refuge for Women North Texas					X		
Salvation Army			X				
Serve Denton			X				
Tarrant Area Food Bank			X				
Tarrant County Public Health	X					X	X
Texas Rehabilitation Hospital of Fort Worth		X	X	X			
Union Gospel Mission		X	X				
United Way		X	X	X	X		
United Way of Tarrant County	X	X	X	X	X		
University of North Texas	X		X		X		X

Note: multiple persons from the same organization may have participated

In addition to soliciting input from public health and various interests of the community, the hospital facilities were required to consider written input received on their most recently conducted CHNA and subsequent implementation strategies. The assessment is available to receive public comment or feedback on the report findings on the BSWH website (**BSWHealth.com/CommunityNeeds**) or by emailing

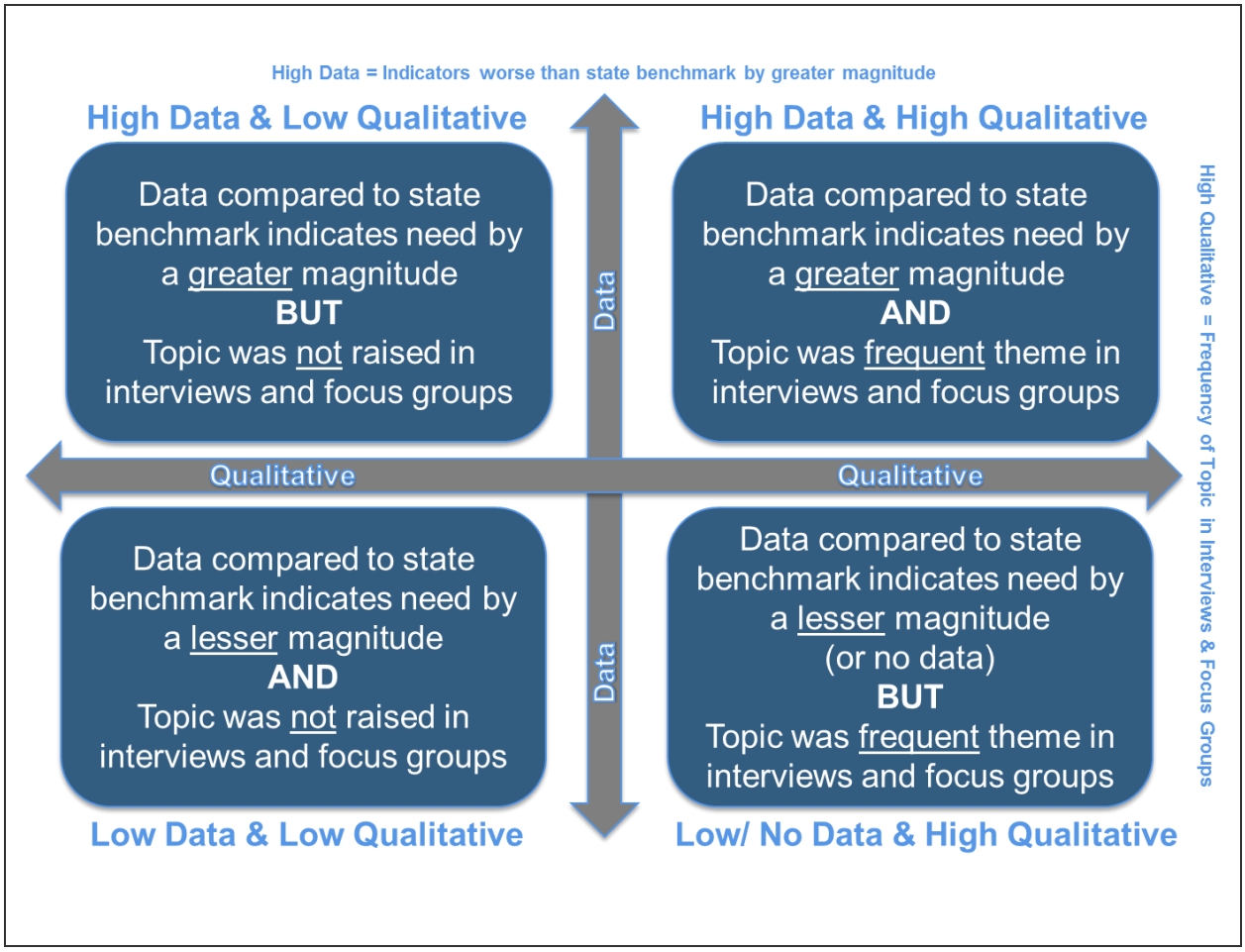
CommunityHealth@BSWHealth.org. To date BSWH has not received such written input but continues to welcome feedback from the community.

Community input from interviews and focus groups organized the themes around community needs and compared them to the quantitative data findings.

Methodology for Defining Community Need

Using qualitative feedback from the interviews and focus group, and the health indicator data, the consolidated issues currently affecting the community served assembled in the Health Needs Matrix below helps identify the health needs for each community. The upper right quadrant of the matrix is where the needs identified in the qualitative data (interview and focus group feedback) and quantitative data (health indicators) converge to identify the top health needs for this community.

The Health Needs Matrix



Source: IBM Watson Health, 2018

Information Gaps

In some areas of Texas, health indicators were not available due to the impact small population size has on reporting and statistical significance. Most public health indicators were available only at the county level. Evaluating data for entire counties versus more localized data, made it difficult to understand the health needs for specific population pockets within a county. It could also be a challenge to tailor programs to address community health needs, as placement and access to specific programs in one part of the county may or may not affect the population who truly need the service.

Approach to Identify and Prioritize Significant Health Needs

In a session held on November 6, 2018, Baylor Scott & White Medical Center – Grapevine and Baylor Scott & White Medical Center – Trophy Club leadership met with community leaders and identified and prioritized significant health needs.

The meeting, moderated by Watson Health, included an overview of the CHNA process for BSWH, the methodology for determining the top health needs, the BSWH prioritization approach, and discussion of the top health needs identified for the community.

Prioritization of the health needs took place in two steps. In the first step, participants reviewed the top health needs for their community with associated data-driven criteria to evaluate. The criteria included health indicator value(s) for the community, how the indicator compared to the state benchmark, and potentially preventable ED visit rates for the community (if available). Participants then leveraged the professional experience and community knowledge of the group via discussion about which needs were most significant. With the data-driven review criteria and the discussion completed, a multi-voting method identified the significant health needs. Participants voted individually for the five (5) needs they considered as the most significant for this community. With votes tallied, five (5) identified needs ranked as significant health needs, based on the number of votes.

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

1. Root Cause: the need is a root cause of other problems, thereby addressing it could possibly impact multiple issues
2. Severity: the problem results in disability or premature death or creates burdens on the community, economically or socially
3. Vulnerable Populations: there is a high need among vulnerable populations and/or vulnerable populations are adversely impacted

Through discussion and consensus, the group rated each of the five (5) significant health needs on each of the three (3) identified criteria utilizing a scale of 1 (low) to 10 (high). The criteria scores summed for each need created an overall score and became the basis for prioritizing the significant health needs. For the scores resulting in a tie, the need with the greater negative difference from the benchmark ranked above the other need. The

outcome of this process (the list of prioritized health needs for this community) is located in the “Prioritized Significant Health Needs” section of the assessment.

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

Existing Resources to Address Health Needs

Part of the assessment process included gathering input on community resources available to address the significant health needs identified through the CHNA. BSWH Community Resource Guides, and input from qualitative assessment participants, identified community resources that may assist in addressing the health needs identified for this community. A description of these resources is in **Appendix B**. An interactive asset map of various resources identified for all BSWH communities is located at **BSWHealth.com/CommunityNeeds**.

Grapevine/Trophy Club Health Community CHNA

Demographic and Socioeconomic Summary

According to population statistics, the community served was similar to Texas in terms of projected population growth both outpace the country. The median age was younger than Texas overall and younger than the United States. Median income was significantly above both the state and the Country. The community served had a smaller proportion of Medicaid beneficiaries and uninsured individuals than Texas but had a greater proportion of uninsured individuals than the U.S..

Demographic and Socioeconomic Comparison:
Community Served and State/U.S. Benchmarks

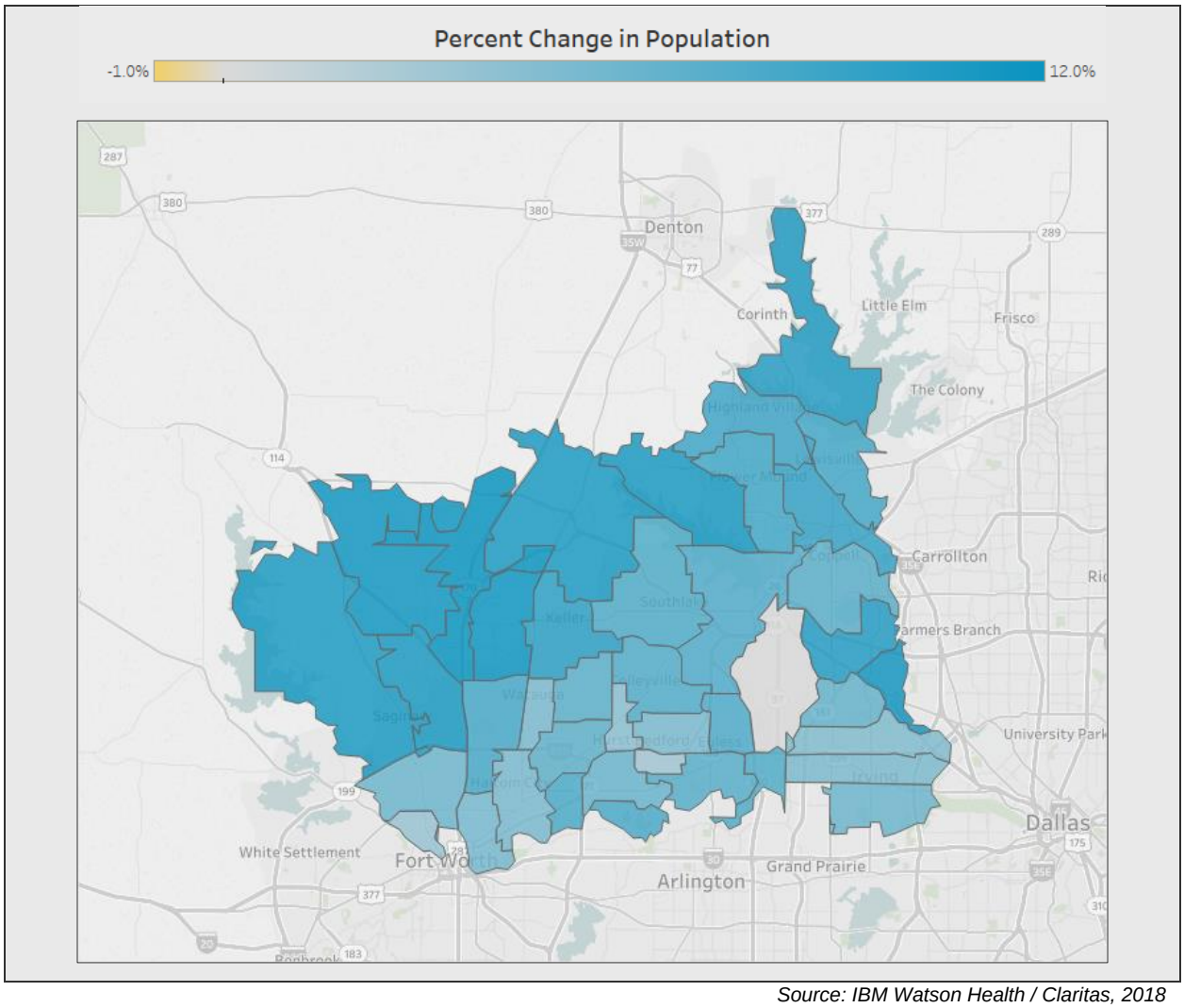
Geography		Benchmarks		Community Served
		United States	Texas	Grapevine/ Trophy Club Health Community
Total Current Population		326,533,070	28,531,631	1,371,676
5 Yr Projected Population Change		3.5%	7.1%	8.0%
Median Age		42.0	38.9	36.5
Population 0-17		22.6%	25.9%	25.9%
Population 65+		15.9%	12.6%	10.4%
Women Age 15-44		19.6%	20.6%	21.1%
Non-White Population		30.0%	32.2%	32.3%
Hispanic Population		18.2%	39.4%	27.4%
Insurance Coverage	Uninsured	9.4%	19.0%	11.1%
	Medicaid	14.9%	13.4%	8.4%
	Private Market	9.6%	9.9%	10.5%
	Medicare	16.1%	12.5%	9.6%
	Employer	45.9%	45.3%	60.4%
Median HH Income		$61,372	$60,397	$84,494
Limited English		26.2%	39.9%	35.8%
No High School Diploma		7.4%	8.7%	6.2%
Unemployed		6.8%	5.9%	4.4%

Source: IBM Watson Health / Claritas, 2018; US Census Bureau 2017 (U.S. Median Income)

The population of the community served projects to grow 8% by 2023, an increase by more than 107,000 people. The 8% projected population growth is slightly higher than the state's 5-year projected growth rate (7.1%) and higher still when compared to the national projected growth rate (3.5%). The ZIP Codes expected to experience the most growth in five years are:

- 76244 Alliance-Keller – 9,222 people
- 75067 Lewisville – 6,687 people
- 76179 Northside - Blue Mound – 6,648 people

2018 - 2023 Total Population Projected Change by ZIP Code

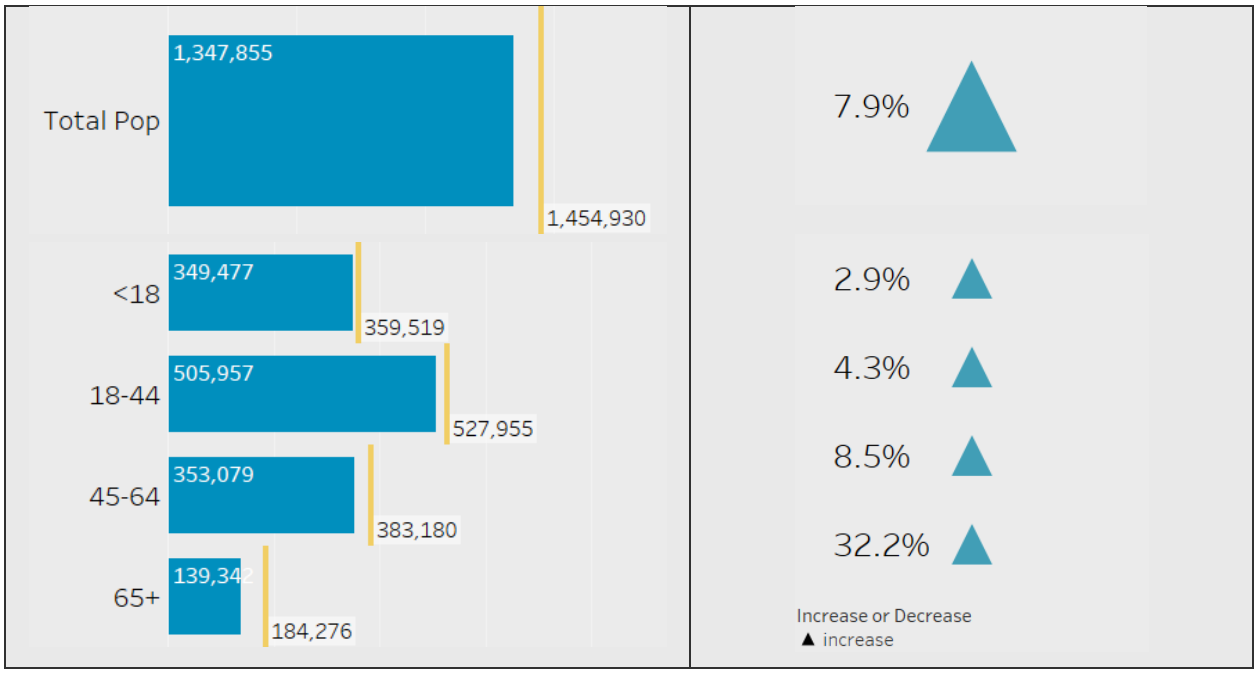


Source: IBM Watson Health / Claritas, 2018

The community's population skewed younger with 37.5% of the population ages 18-44 and 25.9% under age 18. The largest cohort (ages18-44) projects a growth of 21,998 people by 2023. The age 65 plus cohort was the smallest but is expected to experience the fastest growth (32.2%) over the next five years, adding 44,934 seniors to the community. Growth in the senior population will likely contribute to increased utilization of services as the population continues to age.

Population Distribution by Age

2018 Population by Age Cohort *Percent Change by 2023*

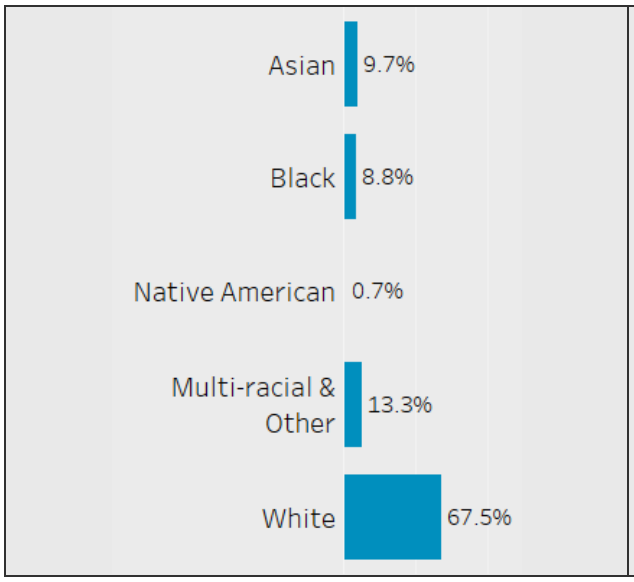


Source: IBM Watson Health / Claritas, 2018

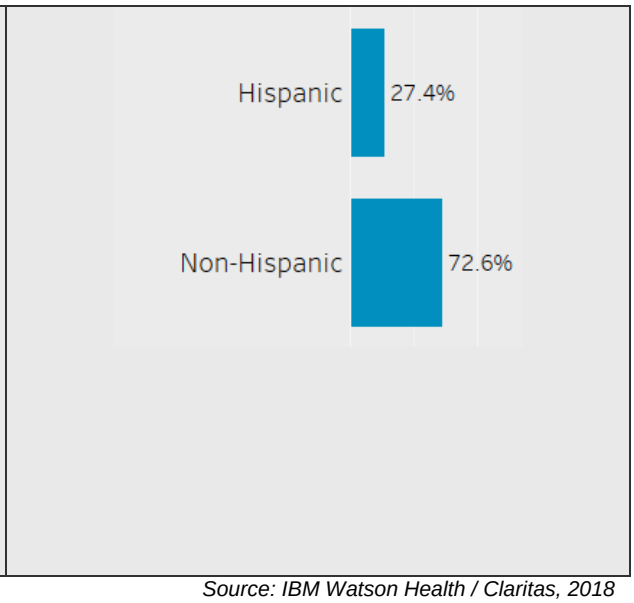
Population statistics are analyzed by race and by Hispanic ethnicity. The two largest groups in the community were non-Hispanic White (51.8%) and Hispanic White. The non-Hispanic population (all races) comprised 72.6% of the population and projects to grow by over 62,000 people (6.4%) by 2023. The Hispanic population (all races) comprised 27.4% of the population, and projects a high growth rate, increasing to over 44,000 people (12.1%) by 2023.

Population Distribution by Race and Ethnicity

2018 Population by Race

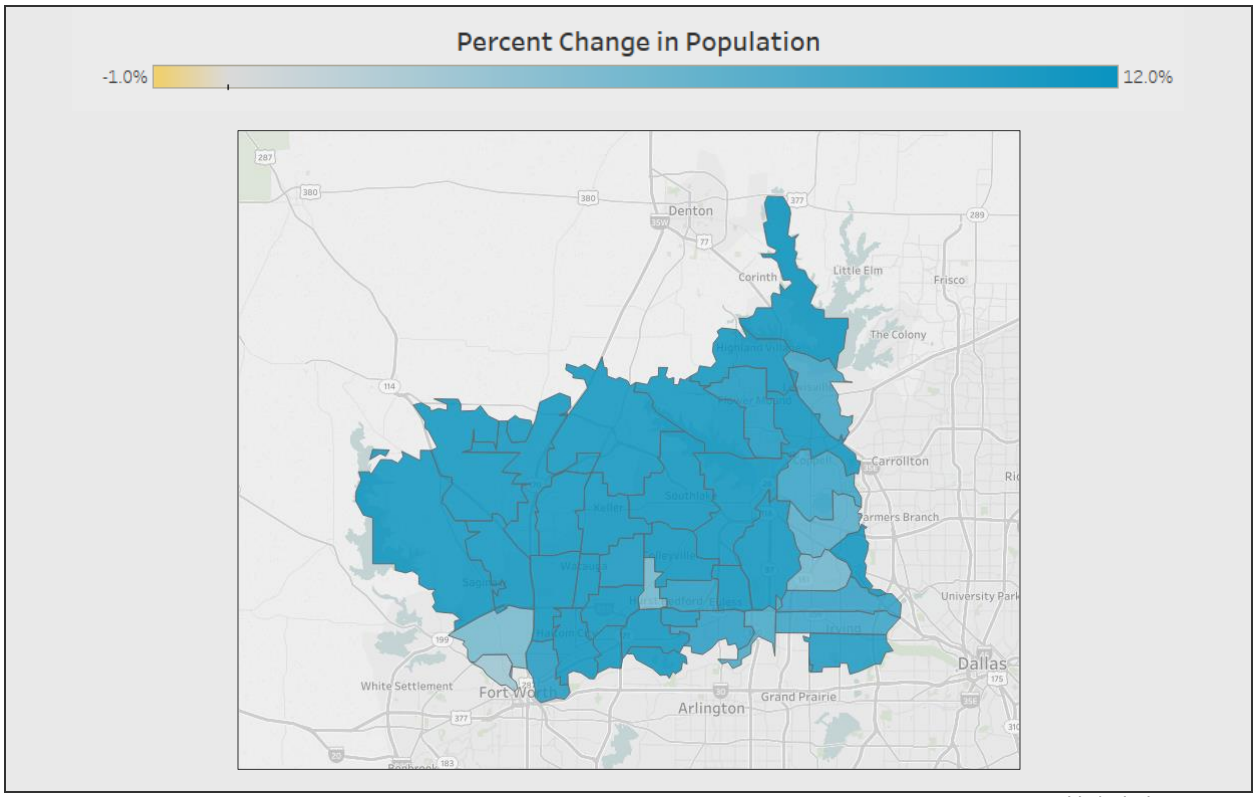


2018 Population by Ethnicity



Source: IBM Watson Health / Claritas, 2018

2018 - 2023 Hispanic Population Projected Change by ZIP Code

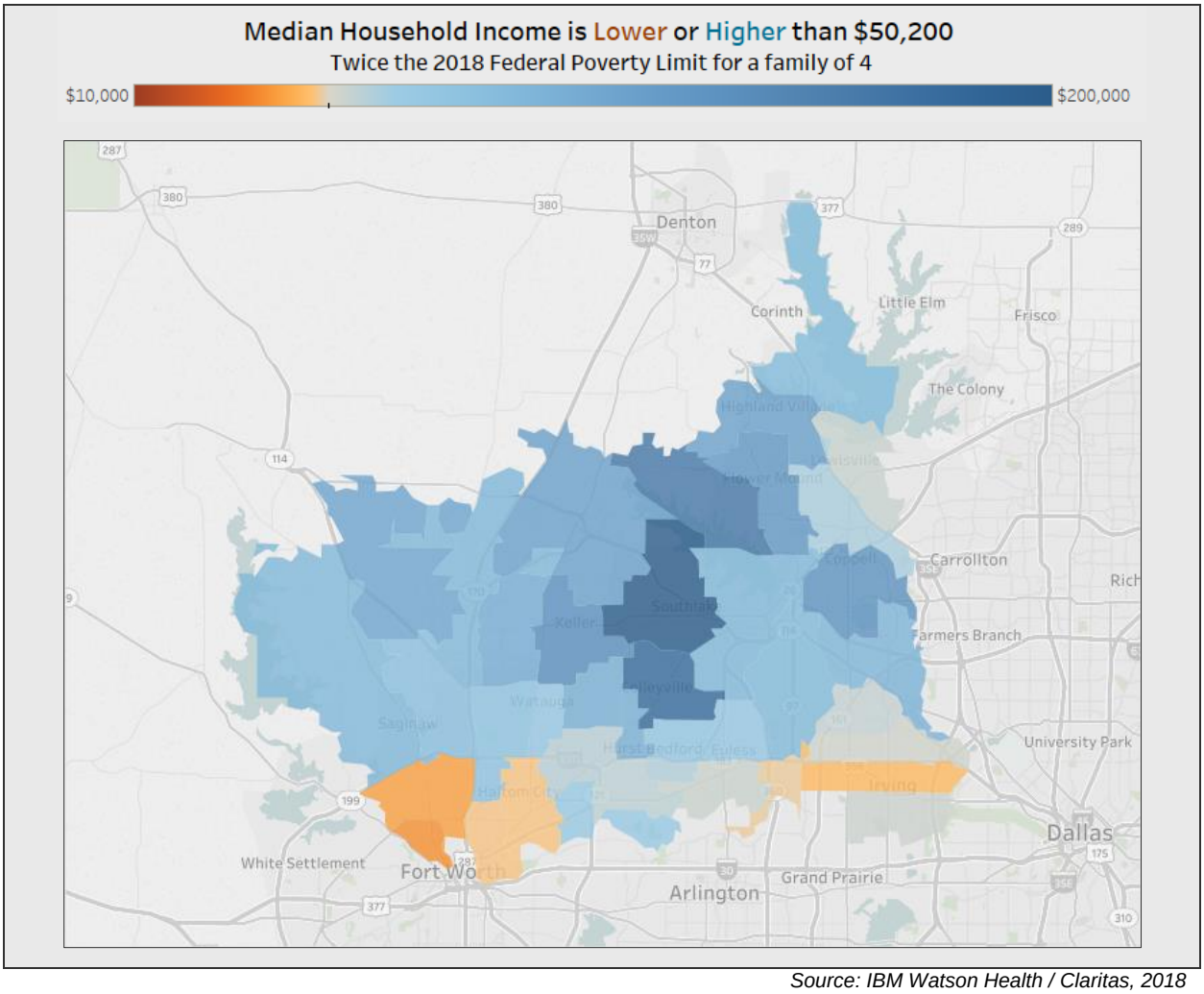


Source: IBM Watson Health / Claritas, 2018

The 2018 median household income for the United States was $61,372 and $60,397 for the state of Texas. The median household income for the ZIP codes within this community ranged from $36,716 for 76164 – Northside Blue Mound to $216,894 for 76092 – Colleyville-Southlake. Six (6) ZIP Codes had median household incomes less than $50,200 – twice the 2018 Federal Poverty Limit for a family of four:

- 76155 HEB - $48,452
- 76111 Northside - Blue Mound - $47,382
- 76117 Watauga-Haltom City - $47,265
- 75061 Irving - $44,965
- 76106 Northside - Blue Mound - $39,790
- 76164 Northside - Blue Mound - $36,716

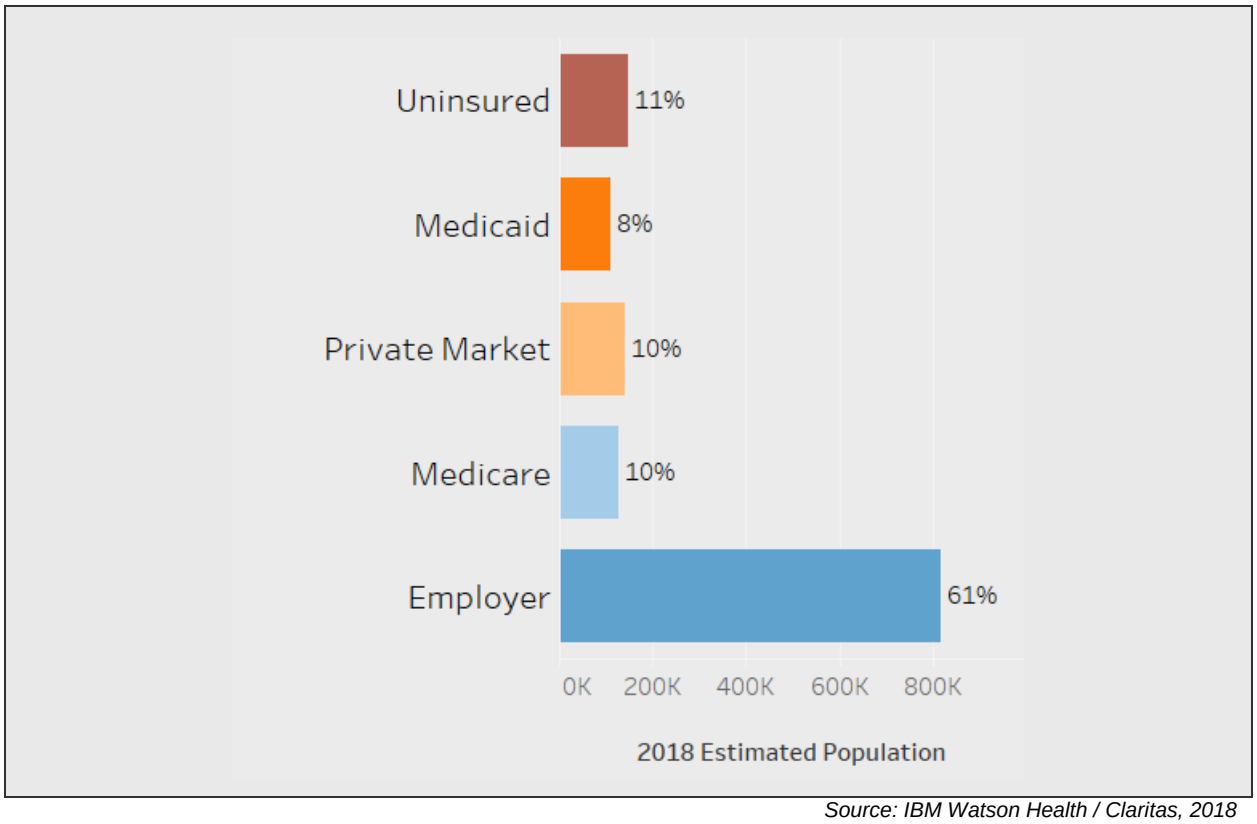
2018 Median Household Income by ZIP Code



Source: IBM Watson Health / Claritas, 2018

A majority of the population (61%) were insured through employer sponsored health coverage, 11% of the population did not have health insurance. The remainder of the population was fairly equally divided between Medicaid, Medicare, and private market (the purchasers of coverage directly or through the health insurance marketplace).

2018 Estimated Distribution of Covered Lives by Insurance Category



Source: IBM Watson Health / Claritas, 2018

The community includes eleven (11) Health Professional Shortage Areas and four (4) Medically Underserved Areas as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.[1] **Appendix C** includes the details on each of these designations.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

	Health Professional Shortage Areas (HPSA)				Medically Underserved Area/Population (MUA/P)
NTX Grapevine/Trophy Club Health Community	**Dental Health**	**Mental Health**	**Primary Care**	**Grand Total**	**MUA/P**
Denton	1	1	1	3	1
Tarrant	3	2	3	8	3
Total	**4**	**3**	**4**	**11**	**4**

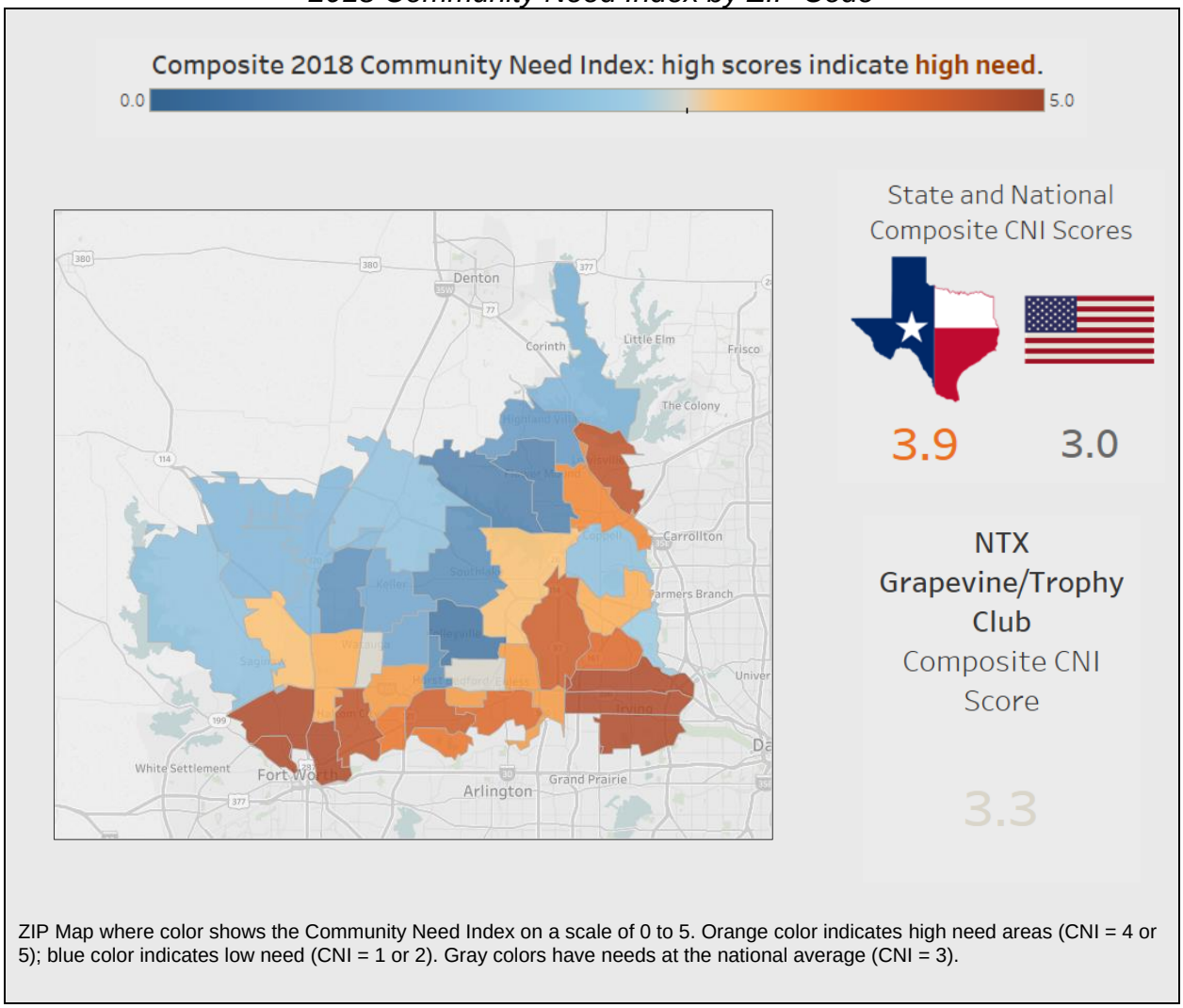
Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

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

Overall, the CNI score for the community served was 3.3, higher than the CNI national average of 3.0, potentially indicating greater health care needs in this community. In portions of the community (Irving, Lewisville, Northside - Blue Mound, Watauga-Haltom City) the CNI score was greater than 4.5, pointing to potentially more significant health needs among the population.

2018 Community Need Index by ZIP Code



ZIP Map where color shows the Community Need Index on a scale of 0 to 5. Orange color indicates high need areas (CNI = 4 or 5); blue color indicates low need (CNI = 1 or 2). Gray colors have needs at the national average (CNI = 3).

CNI High Need ZIP Codes

City	Community	County	ZIP Code	2018 CNI Score
Fort Worth	Northside - Blue Mound	Tarrant	76106	4.8
Fort Worth	Northside - Blue Mound	Tarrant	76111	4.8
Fort Worth	Northside - Blue Mound	Tarrant	76164	4.8
Irving	Irving	Dallas	75060	4.8
Irving	Irving	Dallas	75061	4.8
Irving	Irving	Dallas	75062	4.8
Haltom City	Watauga-Haltom City	Tarrant	76117	4.6
Lewisville	Lewisville	Denton	75057	4.6
Dallas	Irving	Tarrant	75261	4.4
Hurst	HEB	Tarrant	76053	4.4
Euless	HEB	Tarrant	76040	4.2
Irving	Las Colinas	Dallas	75038	4.2
Fort Worth	North Richland Hills	Tarrant	76118	4.0

Source: IBM Watson Health / Claritas, 2018

Public Health Indicators

The analysis of Public health indicators assessed community health needs. Evaluation for the community served used 102 indicators. For each health indicator, a comparison between the most recently available community data and benchmarks for the same/similar indicator was made. The basis of benchmarks was available data for the U.S. and the state of Texas.

Where the community indicators showed greater need when compared to the state of Texas comparative benchmark, the difference between the community values and the state benchmark was calculated (need differential). Those highest ranked indicators with need differentials in the 50th percentile of greater severity pinpointed community health needs from a quantitative perspective. These indicators are located in **Appendix D**.

Watson Health Community Data

Watson Health supplemented the publicly available data with estimates of localized disease prevalence of heart disease and cancer and emergency department visit estimates. This information is located in **Appendix E**.

Focus Groups & Interviews

BSWH worked jointly with Texas Health Resources and Methodist Health hospital facilities in collecting and sharing qualitative data (community input) on the health needs of this community.

In the focus group sessions and interviews participants identified and discussed the factors that contribute to the current health status of the community, and then identify the greatest barriers and strengths that contribute to the overall health of the community. For this community there were three (3) focus group sessions with a total of 31 participants and two (2) interviews conducted July through September 2018.

This health community was described as a diverse community with both great wealth and significant poverty, and portions had designation as a “Blue Zone Community”. The fast growing area had many communities that were described as affluent, family friendly, and very diverse. The population was described as well-educated, compassionate, artsy, diverse, but also fragmented. Part of the growth was driven by an increase in commuters, and participants noted that income disparity was high.

The group named multiple barriers to accessing health care, including gaps in services, shortage of behavioral health resources, access for uninsured, low health education and literacy, and need for more senior services. Participants noted the high rate of insured residents throughout the area, and the rate was further skewed by the requirement that all university and community college students have insurance. The statistic on insurance covered masked the fact that residents covered by Medicare or Medicaid often had trouble finding providers that accept those payers. Participants also said pediatric specialists were completely lacking in the Denton area, along with shortages for prenatal services, neonatal intensive care treatment, and OB/GYN care. Although the community offered preventative care, participants recommended expanding these services. Transportation was available in a few areas but severely lacking throughout most of the area.

The focus group discussed the challenges for low income and immigrant populations to access health resources. Low income residents often needed to prioritize basic needs over health needs and didn’t have access to affordable health insurance. Gaps in free and low-cost services were specifically noted for low-income African American moms until Medicaid eligibility kicked in for dental services, and preventive services. Many providers didn’t accept patients without insurance and healthcare resources were limited for the expanding low-wage workforce that commute into the community. Many workers were uninsured or undocumented and could not afford the prohibitive cost of care. Undocumented workers avoided using services due to fear of deportation and lack of translation services. Added translation services were needed in Spanish, Arabic, and Vietnamese to support the increasingly diverse community.

Participants discussed the high need for mental health services in the area. Funding for mental health has decreased and psychiatric care was only available as cash pay, making services unavailable even to those with insurance. Denton County had more mental health providers than other parts of the Dallas Ft Worth area, but that amount is still insufficient to meet demand. The community needed more behavioral health providers

and resources according to the participants. Wait times for psychiatric care often exceeded 6 months regardless of insurance status. Opioid addiction was on the rise and required additional counseling and support services in order to support area residents coping with addiction.

The focus group recognized their population was aging and as the population ages, there will be a growing need for navigation and support services that target seniors. The proportion of socially isolated seniors was increasing according to the participants, so more transportation, navigation, and mental health services are needed to better support this population. Elderly and/or disabled residents without a support network often miss appointments and are at increased risk of opioid addiction. Stigma around mental health conditions prevented this population from seeking help for depression and other common conditions.

Community Health Needs Identified

A Health Needs Matrix identified the health needs that resulted from the community health needs assessment (see Methodology for Defining Community Need section). The matrix shows the convergence of needs identified in the qualitative data (interview and focus group feedback) and quantitative data (health indicators) and identifies the top health needs for this community.

Top Community Health Needs Identified

Grapevine/Trophy Club Health Community		
Top Needs Identified	Category of Need	Public Health Indicator
Adult Smoking	Health Behaviors - Substance Abuse	2016 Percentage Adults Who Report that They Currently Smoke Every Day or Most Days and Have Smoked at Least 100 Cigarettes in Their Lifetime
Adults Engaging in Binge Drinking During the Past 30 Days	Health Behaviors - Substance Abuse	2016 Percentage of a County's Adult Population that Reports Binge or Heavy Drinking in the Past 30 Days
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Prevalence of chronic condition across all Medicare beneficiaries
Depression in Medicare Population	Mental Health	Prevalence of chronic condition across all Medicare beneficiaries
Food Insecure	Environment - Food	2015 Percentage of Population Who Lack Adequate Access to Food During the Past Year
Health care costs	Access To Care	2015 Health Care Costs are the price-adjusted Medicare reimbursements (Parts A and B) per enrollee.
Price-Adjusted Medicare Reimbursements per Enrollee	Access To Care	2015 Amount of Price-Adjusted Medicare Reimbursements per Enrollee
Ratio of Population to One Non-Physician Primary Care Provider	Access To Care	2017 Ratio of Population to Primary Care Providers Other than Physicians
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Prevalence of chronic condition across all Medicare beneficiaries
Social/Membership Associations	SDH - Social Isolation	2015 Number of Membership Associations per 10,000 Population

Note: Listed alphabetically, not in order of significance

Source: IBM Watson Health, 2018

Prioritized Significant Health Needs

Using the prioritization approach outlined in the overview section of this report, the following needs from the proceeding list were determined to be significant and then prioritized.

The resulting prioritized health needs for this community were:

Priority	Need	Category of Need
1	Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care
2	Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health
3	Food Insecure	Environment - food
4	Depression in Medicare Population	Mental Health
5	Alzheimer's Disease/Dementia in Medicare Population	Mental Health

Description of Health Needs

A CHNA for the Grapevine/Trophy Club Health Community identified several community health needs that can be categorized as issues related to access to care, mental health, and food environment. Regionalized health needs affect all age levels to some degree; however, it is often the most vulnerable populations that are often negatively affected. Community health gaps help to define the resources and access to care within the county or region. Health and social concerns were validated through key informant interviews, focus groups and county data. Access to care, specifically health care costs, mental illness prevalence, and food insecurity (hunger) are significant areas of concern and noted in the data results for Denton and Tarrant counties.

<u>Health Care Costs</u>

Nationally, the subject of health care costs is a topic of concern and ultimately affects all age ranges. The burden of rising healthcare costs on populations with limited incomes and resources is a global issue. Communities with growth in the elderly population will need to act proactively to ward off future economic and social crisis. The number of Americans aged 65 and older is projected to more than double, from 46 million in 2016 to over 98 million by 2060 across the United States.[2] Growth in the senior population will likely contribute to increased utilization of healthcare services and contribute to the national total of health care costs as the population continues to age.

Data on the cost of health care for the overall population can be difficult to gather. In some instances, only information about a subset of the population is available. For this community, reliable data about health care costs is available for the Medicare population. For the purposes of understanding health care costs, the CHNA utilized price-adjusted

[2] **Population Reference Bureau**, 2016

Medicare reimbursements (Parts A and B) per enrollee to understand the impact of health care costs.

Health Care costs per Medicare enrollee in Denton County were $11,956, this was 7.5% higher than the overall Texas per enrollee costs.[3] The U.S. median value was $9,603 and the value for the tenth percentile of counties in the nation was $7,821.[4]

These costs may be especially impactful on the Grapevine/Trophy Club Health Community. The community has been experiencing population growth and that growth is projected to continue through 2023. In 2018, the community was estimated to have 10% of its population covered by Medicare and that population is projected to have the most profound growth in the next five years. People over age 65 (those primarily enrolled in Medicare) are expected to grow by 32.2%, or almost 45,000 people by 2023.[5]

Schizophrenia and Other Psychotic Disorders in the Medicare Population

Data on mental health diagnoses for the overall population can be difficult to gather. In some instances, only information about a subset of the population is available. For this community, reliable data about mental health diagnoses is available for the Medicare population only. These results indicate a need among the Medicare population but can also be used as a proxy for need across the greater population as it relates to the prevalence of mental health conditions within the community.

As noted above, in this community, the population age 65 and older (seniors) was expected to experience significant growth by 2023. Growth among this age group will likely contribute to increased utilization of healthcare services. Over time, the community must be able to provide adequate services to care for the aging population, including services related to mental health.

Seniors, with either life-long mental health diagnoses or recent onset changes, face a multitude of challenges including; access to specialized services, insurance, transportation, etc. Individuals with long-term mental health issues who have had access to therapy and medications may now face additional concerns as an aging senior. Isolation for adults 65 and older who are living alone is a growing challenge for communities across the nation, this is compounded with serious mental health concerns. Integrated social services to engage, support and positively challenge their 65 and older populations may improve the overall health and well-being of the community.

In the Grapevine/Trophy Club Health Community, the percentage of Medicare beneficiaries diagnosed with Schizophrenia and other psychotic disorders was 2.6% in both Denton and Tarrant counties, this was 10.4% greater than the Texas state benchmark.[6]

[3] Dartmouth Atlas of Health Care, CMS; County Health Rankings & Roadmaps, 2018
[4] County Health Rankings & Roadmaps, 2018
[5] IBM Watson Health / Claritas, 2018
[6] CMS Chronic Conditions Warehouse, 2007-2015

Depression in the Medicare Population

Depression is a true and treatable condition and not a normal result of aging. However, a myriad of conditions such as: chronic illness, financial challenges, death, and a change of living situation, are some reasons why there are a growing number of people in the Medicare population with depressive diagnoses. 80% of older adults have at least one chronic health condition and 50% have two or more.[7] Healthcare providers may mistake an older adult's symptoms of depression as just a natural reaction to illness or the life changes that may occur as we age, and therefore not see the depression as a condition to be treated.

The focus group participants expressed concern regarding the compounding growth of older individuals within the Grapevine/Trophy Club Healthcare Community. These individuals are living longer than in any other time in history. Diversely, families are also smaller and more spread out geographically, this presents challenges in both social connectedness and the caring of older individuals. Historically, family groups have provided care to aging parents and grandparents however, that paradigm is changing across America.

The Texas state benchmark for depression within the Medicare population was 14.9%. Depression among Medicare population for Denton County was 17.6% and 17.9% in Tarrant County, placing it among the top ranked needs for the community based on public health indicators analyzed for the CHNA.[8]

Alzheimer's/Dementia in the Medicare Population

Worldwide, 50 million people are living with Alzheimer's disease and other dementias including 5.7 million in the United States. Alzheimer's is a degenerative brain disease and the most common form of dementia. Dementia is not a specific disease; it is an overall term that describes a group of symptoms associated with a decline in memory and thinking skills. Between 2000 and 2015 deaths from heart disease have decreased 11% while deaths from Alzheimer's have increased 123%. Early and accurate diagnosis could save up to $7.9 trillion in medical and care costs. In 2018, Alzheimer's and other dementias will cost the nation $277 billion, by 2050 these costs could rise as high as $1.1 trillion.[9]

Alzheimer's/Dementia occurs at a rate of 15.5% amongst the Medicare population in Tarrant County, 19% higher than the Texas state benchmark of 13%. From a data perspective, it is one of the top ten ranked needs for the Grapevine/Trophy Club Health Community. Concerns around availability of mental health services, especially for the elderly, was reinforced through community input.

The 65 and older population is living longer than previous generations due to improved healthcare outcomes and access. Advances in clinical care has allowed people to live longer, however, we are still at the infancy of understanding mental health conditions and how they affect us as we age. Geographic distances of families place more burden on

[7] **U.S. Center for Disease Control and Prevention**, 2019
[8] CMS Chronic Conditions Warehouse, 2007-2015
[9] **Alzheimer's Association**, 2019

social programs and long-term care facilities when patients are no longer safe to live in their homes.

While some dementias afflict those younger than age 65, Alzheimer's and other dementias primarily target the older than 65 population. The growing prevalence of these disorders place significant encumbrances on families, communities and health care providers. Health care systems and communities, who pro-actively identify their community needs, should plan and design for the projected increases in Alzheimer's patients' needs including: healthcare, support systems, and long-term living facilities.

Food Insecurity

Food insecurity is a measurement of the prevalence of hunger in the community; it reflects the percentage of the population who did not have access to a reliable source of food. Lacking consistent access to food is related to negative health outcomes such as weight-gain and premature mortality. Individuals and families with an inability to provide and eat balanced meals create additional barriers to healthy eating.[10]

It is equally important to eat a balanced diet that includes the consumption of fruits and vegetables as well as to have adequate access to a consistent supply of food. In Tarrant County 17.4% of the population lacked adequate access to food within the preceding year. This value was 11% higher than the state benchmark and may indicate a greater need or vulnerability within the population. The U.S. benchmark is 13%, this was lower than the state of Texas as well as Denton and Tarrant counties.[11]

Summary

BSWH conducted its Community Health Needs Assessments beginning June 2018 to identify and begin addressing the health needs of the communities they serve. Using both qualitative community feedback as well as publicly available and proprietary health indicators, BSWH was able to identify and prioritize community health needs for their healthcare system. With the goal of improving the health of the community, implementation plans with specific tactics and time frames will be developed for the health needs BSWH chooses to address for the community served.

[10] Gundersen C, Satoh A, Dewey A, Kato M, Engelhard E. Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2015
[11] Map the Meal Gap, Feeding America; County Health Rankings & Roadmaps, 2018

Appendix A: Key Health Indicator Sources

Category	Public Health Indicator	Source
Access to Care	Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS
	Percentage of Population under age 65 without Health Insurance	2018 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau
	Price-Adjusted Medicare Reimbursements per Enrollee **NEW 2019**	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS
	Ratio of Population to One Dentist	2018 County Health Rankings & Roadmaps; Area Health Resource File/National Provider Identification file (CMS)
	Ratio of Population to One Non-Physician Primary Care Provider	2018 County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES)
	Ratio of Population to One Primary Care Physician	2018 County Health Rankings & Roadmaps; Area Health Resource File/American Medical Association
	Uninsured Children	2018 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau
Conditions/Diseases	Adult Obesity (Percent)	2018 County Health Rankings & Roadmaps; CDC Diabetes Interactive Atlas, The National Diabetes Surveillance System
	Arthritis in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Atrial Fibrillation in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Cancer Incidence - All Causes	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
	Cancer Incidence - Colon	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
	Cancer Incidence - Female Breast	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
	Cancer Incidence - Lung	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
	Cancer Incidence - Prostate	2011-2015 State Cancer Profiles, National Cancer Institute (CDC)
	Chronic Kidney Disease in Medicare Population	CMS.gov Chronic conditions 2007-2015
	COPD in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Diabetes Diagnoses in Adults	CMS.gov Chronic conditions 2007-2015
	Diabetes prevalence	2018 County Health Rankings (CDC Diabetes Interactive Atlas)
	Frequent physical distress	2016 Behavioral Risk Factor Surveillance System (BRFSS)
	Heart Failure in Medicare Population	CMS.gov Chronic conditions 2007-2015
	HIV Prevalence	2018 County Health Rankings & Roadmaps; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
	Hyperlipidemia in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Hypertension in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Ischemic Heart Disease in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Osteoporosis in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Stroke in Medicare Population	CMS.gov Chronic conditions 2007-2015

Category	Public Health Indicator	Source
Environment	Air Pollution - Particulate Matter daily density	2018 County Health Rankings & Roadmaps; Environmental Public Health Tracking Network (CDC)
	Drinking Water Violations (Percent of Population Exposed)	2018 County Health Rankings & Roadmaps; Safe Drinking Water Information System (SDWIS), United States Environmental Protection Agency (EPA)
	Driving Alone to Work	2018 County Health Rankings & Roadmaps; American Community Survey, 5-Year Estimates, United States Census Bureau
	Elderly isolation. 65+ Householder living alone **NEW 2019**	U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
	Food Environment Index	2018 County Health Rankings & Roadmaps; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, United States Department of Agriculture (USDA)
	Food Insecure	2018 County Health Rankings & Roadmaps; Map the Meal Gap, Feeding America
	Limited Access to Healthy Foods (Percent of Low Income)	2018 County Health Rankings & Roadmaps; USDA Food Environment Atlas, United States Department of Agriculture (USDA)
	Long Commute Alone	2018 County Health Rankings & Roadmaps; American Community Survey, 5-Year Estimates, United States Census Bureau
	No vehicle available **NEW 2019**	U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates
	Population with Adequate Access to Locations for Physical Activity	2018 County Health Rankings & Roadmaps; Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files (ArcGIS)
	Renter-occupied housing **NEW 2019**	U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates
	Residential segregation - black/white **NEW 2019**	2018 County Health Rankings (American Community Survey, 5-year estimates)
	Residential segregation - non-white/white **NEW 2019**	2018.County Health Rankings (American Community Survey, 5-year estimates)
	Severe Housing Problems	2018 County Health Rankings & Roadmaps; Comprehensive Housing Affordability Strategy (CHAS) data, U.S. Department of Housing and Urban Development (HUD)
Health Behaviors	Adult Smoking	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)
	Adults Engaging in Binge Drinking During the Past 30 Days	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)
	Disconnected youth **NEW 2019**	2018 County Health Rankings (Measure of America)
	Drug Poisoning Deaths Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Insufficient sleep **NEW 2019**	2016 Behavioral Risk Factor Surveillance System (BRFSS)
	Motor Vehicle Driving Deaths with Alcohol Involvement	2018 County Health Rankings & Roadmaps; Fatality Analysis Reporting System (FARS)
	Physical Inactivity	2018 County Health Rankings & Roadmaps; CDC Diabetes Interactive Atlas, The National Diabetes Surveillance System
	Sexually Transmitted Infection Incidence	2018 County Health Rankings & Roadmaps; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
	Teen Birth Rate per 1,000 Female Population, Ages 15-19	2018 County Health Rankings & Roadmaps; National Center for Health Statistics - Natality files, National Vital Statistics System (NVSS)
Health Status	Adults Reporting Fair or Poor Health	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)
	Average Number of Physically Unhealthy Days Reported in Past 30 days (Age-Adjusted)	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)

Category	Public Health Indicator	Source
Injury & Death	Cancer Mortality Rate	2013 Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
	Child Mortality Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Chronic Lower Respiratory Disease (CLRD) Mortality Rate	2013 'Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
	Death rate due to firearms **NEW 2019**	2018 County Health Rankings (CDC WONDER Environmental Data)
	Heart Disease Mortality Rate	2013 Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
	Infant Mortality Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Motor Vehicle Crash Mortality Rate	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Number of deaths due to injury **NEW 2019**	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Premature Death (Potential Years Lost)	2018 County Health Rankings & Roadmaps; National Center for Health Statistics - Mortality Files, National Vital Statistics System (NVSS)
	Stroke Mortality Rate	2013 Texas Health Data, Center for Health Statistics, Texas Department of State Health Services
Maternal & Child Health	First Trimester Entry into Prenatal Care	2016 Texas Health and Human Services - Vital statistics annual report
	Low Birth Weight Percent	2018 County Health Rankings & Roadmaps; National Center for Health Statistics - Natality files, National Vital Statistics System (NVSS)
	Low Birth Weight Rate	2016 Texas Health and Human Services - Vital statistics annual report - Preventable Hospitalizations
	Preterm Births <37 Weeks Gestation	2015 Kids Discount Data Center
	Very Low Birth Weight (VLBW)	Centers for Disease Control and Prevention WONDER
Mental Health	Accidental poisoning deaths where opioids were involved **NEW 2019**	U.S. Census Bureau, Population Division and 2015 Texas Health and Human Services Center for Health Statistics Opioid related deaths in Texas
	Alzheimer's Disease/Dementia in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Average Number of Mentally Unhealthy Days Reported in Past 30 days (Age-Adjusted)	2018 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)
	Depression in Medicare Population	CMS.gov Chronic conditions 2007-2015
	Frequent mental distress	2016 Behavioral Risk Factor Surveillance System (BRFSS)
	Intentional Self-Harm; Suicide **NEW 2019**	2015 Texas Health Data Center for Health Statistics
	Ratio of Population to one Mental Health Provider	2018 County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES)
	Schizophrenia and Other Psychotic Disorders in Medicare Population	CMS.gov Chronic conditions 2007-2015

Category	Public Health Indicator	Source
Population	Children Eligible for Free Lunch Enrolled in Public Schools	2018 County Health Rankings & Roadmaps, The National Center for Education Statistics (NCES)
	Children in Poverty	2018 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau
	Children in Single-Parent Households	2018 County Health Rankings & Roadmaps; American Community Survey (ACS), 5 Year Estimates (United States Census Bureau)
	Civilian veteran population 18+ **NEW 2019**	U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
	Disabled population, civilian noninstitutionalized	U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
	High School Dropout	2016 Texas Education Agency
	High School Graduation	2017 Texas Education Agency
	Homicides	2018 County Health Rankings & Roadmaps, CDC WONDER Mortality Data
	Household income, median **NEW 2019**	2018 County Health Rankings (2016 Small Area Income and Poverty Estimates)
	Income Inequality	2018 County Health Rankings & Roadmaps; American Community Survey (ACS), 5 Year Estimates (United States Census Bureau)
	Individuals Living Below Poverty Level	2012-2016 US Census Bureau - American FactFinder
	Individuals Who Report Being Disabled	2012-2016 US Census Bureau - American FactFinder
	Non-English-speaking households **NEW 2019**	U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
	Social/Membership Associations	2018 County Health Rankings & Roadmaps; 2015 County Business Patterns, United States Census Bureau
	Some College	2018 County Health Rankings & Roadmaps; American Community Survey (ACS), 5 Year Estimates (United States Census Bureau)
	Unemployment	2018 County Health Rankings & Roadmaps; Local Area Unemployment Statistics (LAUS), Bureau of Labor Statistics
	Violent Crime Offenses	2018 County Health Rankings & Roadmaps; Uniform Crime Reporting (UCR) Program, United States Department of Justice, Federal Bureau of Investigation (FBI)
Preventable Hospitalizations	Asthma Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Diabetes Lower-Extremity Amputation Admission: Adult (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Diabetes Short-term Complications Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Gastroenteritis Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Perforated Appendix Admission: Adult (Risk-Adjusted-Rate per 100 Admissions for Appendicitis)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Perforated Appendix Admission: Pediatric (Risk-Adjusted-Rate for Appendicitis)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Uncontrolled Diabetes Admission: Adult (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations
	Urinary Tract Infection Admission: Pediatric (Risk-Adjusted-Rate)	2016 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations

Category	Public Health Indicator	Source
Prevention	Diabetic Monitoring in Medicare Enrollees	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS
	Mammography Screening in Medicare Enrollees	2018 County Health Rankings & Roadmaps; Dartmouth Atlas of Health Care, CMS

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

Below is a list of resources available in the community with the ability to address the significant health needs identified in the assessment. For a continually updated list of the resources available to address these needs as well as other social determinants of health, please visit our website (**BSWHealth.com/CommunityNeeds)**.

Resources Identified

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Discounted Healthcare	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Community Medical Clinic	1901 W Irving Blvd	Irving	214-570-0006
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Cornerstone Assistance Network	3500 Noble Avenue	Fort Worth	817-632-6000
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Denton County Public Health	359 Lake Park Road, Suite 113	Lewisville	972-221-1603
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Grace Grapevine	610 Shady Brook Drive	Grapevine	817-488-7009
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Irving Bible Church/2435 Clinic	2435 Kinwest Parkway	Irving	972-443-3328
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Irving Health Center - Parkland	1800 N Britain Rd	Irving	214-266-3000
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	JPS Health Center for Women & Children - Northwest	2200 Ephriham Ave.	Fort Worth	817-702-6500

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Mi Doctor Family Clinic - Irving	506 S. Nursery Rd. Ste. 101	Dallas	972-573-3288
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Muslim Community Center for Human Services Al-Shifa Clinic	7600 Glenview Drive	North Richland Hills	817-579-9165
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	My Children at Irving	1111 W. Airport Fwy, #143	Irving	469-488-4500
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Northside Community Health Center	2106 N. Main Street	Fort Worth	817-625-4254
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	PediPlace - Park Lane Village	502 S. Old Orchard Lane, Suite 126	Lewisville	972-436-7962
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Primary Care Clinic of NTX - Lewisville Clinic	570 South Edmonds Lane, #111	Lewisville	972-221-6005
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Valley Ranch Islamic Center	9940 Valley Ranch Pkwy W	Irving	972-827-7041
Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care	Primary Care	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Food Insecure	Environment - food	Child Life Services	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Food Insecure	Environment - food	Child Nutrition Programs	Denton County Public Health	359 Lake Park Road, Suite 113	Lewisville	972-221-1603
Food Insecure	Environment - food	Child Nutrition Programs	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Food Insecure	Environment - food	Child Welfare	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Food Insecure	Environment - food	Crisis Services	Salvation Army - Crisis Hotline	250 E. Grauwyler Road	Irving	214-424-7208
Food Insecure	Environment - food	Emergency Food	Battered Women's Foundation	4166 Willman Ave	North Richland Hills	817-284-8464
Food Insecure	Environment - food	Emergency Food	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Food Insecure	Environment - food	Emergency Food	Community Food Bank	3000 Galvez Ave.	Fort Worth	817-924-3333
Food Insecure	Environment - food	Food Insecurity Services	AIDS Outreach Center	400 North Beach Street, Suite 100	Fort Worth	817-795-3030
Food Insecure	Environment - food	Food Insecurity Services	Battered Women's Foundation	4166 Willman Ave	North Richland Hills	817-284-8464
Food Insecure	Environment - food	Food Insecurity Services	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Food Insecure	Environment - food	Food Insecurity Services	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Food Insecure	Environment - food	Food Insecurity Services	Community Food Bank	3000 Galvez Ave.	Fort Worth	817-924-3333
Food Insecure	Environment - food	Food Insecurity Services	Denton County Public Health	359 Lake Park Road, Suite 113	Lewisville	972-221-1603
Food Insecure	Environment - food	Food Insecurity Services	First United Methodist Church	211 W 3rd St	Irving	972-253-3531
Food Insecure	Environment - food	Food Insecurity Services	Good Shepherd Lutheran Church	2620 W. Grauwyler Road	Irving	972-790-2121
Food Insecure	Environment - food	Food Insecurity Services	Grace Grapevine	610 Shady Brook Drive	Grapevine	817-488-7009

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Food Insecure	Environment - food	Food Insecurity Services	Irving Church of Christ	210 East 6th St.	Irving	972-554-1962
Food Insecure	Environment - food	Food Insecurity Services	Many Helping Hands	2620 W Grauwyler Rd	Irving	469-730-6206
Food Insecure	Environment - food	Food Insecurity Services	Northgate United Methodist Church	3700 W. Northgate Dr.	Irving	972-252-8519
Food Insecure	Environment - food	Food Insecurity Services	St. Luke's Catholic Church	1015 Schulze Drive	Irving	972-259-3222
Food Insecure	Environment - food	Food Insecurity Services	Texas Dept of Human Services Benefit Office	440 S. Nursery Road, Suite 200	Irving	972-579-3080
Food Insecure	Environment - food	Food Insecurity Services	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Food Insecure	Environment - food	Food Pantry	AIDS Outreach Center	400 North Beach Street, Suite 100	Fort Worth	817-795-3030
Food Insecure	Environment - food	Food Pantry	Battered Women's Foundation	4166 Willman Ave	North Richland Hills	817-284-8464
Food Insecure	Environment - food	Food Pantry	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Food Insecure	Environment - food	Food Pantry	Good Shepherd Lutheran Church	2620 W. Grauwyler Road	Irving	972-790-2121
Food Insecure	Environment - food	Food Pantry	Grace Grapevine	610 Shady Brook Drive	Grapevine	817-488-7009
Food Insecure	Environment - food	Food Pantry	Irving Church of Christ	210 East 6th St.	Irving	972-554-1962
Food Insecure	Environment - food	Food Pantry	Northgate United Methodist Church	3700 W. Northgate Dr.	Irving	972-252-8519

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Food Insecure	Environment - food	Food Pantry	St. Luke's Catholic Church	1015 Schulze Drive	Irving	972-259-3222
Food Insecure	Environment - food	Free Meals	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Food Insecure	Environment - food	Free Meals	Bear Creek Community Church	2700 Finley Rd	Irving	972-257-0206
Food Insecure	Environment - food	Free Meals	First United Methodist Church	211 W 3rd St	Irving	972-253-3531
Food Insecure	Environment - food	Free Meals	Many Helping Hands	2620 W Grauwyler Rd	Irving	469-730-6206
Food Insecure	Environment - food	Free Meals	United Way of Tarrant County & Area Agency On Aging	1500 North Main, Suite 200	Fort Worth	817-258-8081
Food Insecure	Environment - food	Grocery Delivery	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Food Insecure	Environment - food	Help Hotlines	Salvation Army - Crisis Hotline	250 E. Grauwyler Road	Irving	214-424-7208
Food Insecure	Environment - food	Help Hotlines	United Way of Tarrant County & Area Agency On Aging	1500 North Main, Suite 200	Fort Worth	817-258-8081
Food Insecure	Environment - food	Help Understanding Government Programs	MedData	2022 W Northwest Hwy #210,	Grapevine	866-534-6699
Food Insecure	Environment - food	Help Understanding Government Programs	Texas Dept of Human Services Benefit Office	440 S. Nursery Road, Suite 200	Irving	972-579-3080
Food Insecure	Environment - food	Help Understanding Government Programs	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Food Insecure	Environment - food	Job Insecurity Services	BBMOI Crisis Ministries	114 E. Second St	Irving	972-891-8783
Food Insecure	Environment - food	Job Insecurity Services	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Food Insecure	Environment - food	Job Insecurity Services	Cornerstone Assistance Network	3500 Noble Avenue	Fort Worth	817-632-6000
Food Insecure	Environment - food	Job Insecurity Services	Irving Workforce Center	2520 W Irving Blvd #100,	Irving	972-573-3500
Food Insecure	Environment - food	Job Placement	Irving Workforce Center	2520 W Irving Blvd #100,	Irving	972-573-3500
Food Insecure	Environment - food	Social Services	AIDS Outreach Center	400 North Beach Street, Suite 100	Fort Worth	817-795-3030
Food Insecure	Environment - food	Social Services	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Food Insecure	Environment - food	Social Services	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Food Insecure	Environment - food	Social Services	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Food Insecure	Environment - food	Supplemental Nutrition Programs	Denton County Public Health	359 Lake Park Road, Suite 113	Lewisville	972-221-1603
Food Insecure	Environment - food	Supplemental Nutrition Programs	Women, Infants, Children	1111 W. Airport Frwy	Irving	214-670-7200
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Crisis Services	Salvation Army - Crisis Hotline	250 E. Grauwyler Road	Irving	214-424-7208
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Family Counseling	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Family Counseling	Recovery Resource Council	2700 Airport Freeway	Fort Worth	817-332-6329
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Long Term Housing	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Long Term Housing	Promise House	3500 Noble Avenue	Fort Worth	817-632-6012
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Mental Health Hospital Treatment	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Mental Health Outpatient Treatment	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Mental Health Outpatient Treatment	Valley Hope of Grapevine	2300 William Tate	Grapevine	817-424-1305
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Mental Health Residential Treatment	Valley Hope of Grapevine	2300 William Tate	Grapevine	817-424-1305
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Mental Health Services	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Short Term Housing	Grace Grapevine	610 Shady Brook Drive	Grapevine	817-488-7009
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Short Term Housing	New Life Center	3500 Noble Avenue	Fort Worth	817-632-6012
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Short Term Housing	Promise House	3500 Noble Avenue	Fort Worth	817-632-6012
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Social Services	AIDS Outreach Center	400 North Beach Street, Suite 100	Fort Worth	817-795-3030

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Social Services	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Social Services	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	Social Services	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Depression in Medicare Population	Mental Health	Crisis Services	Salvation Army - Crisis Hotline	250 E. Grauwyler Road	Irving	214-424-7208
Depression in Medicare Population	Mental Health	Family Counseling	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Depression in Medicare Population	Mental Health	Family Counseling	Recovery Resource Council	2700 Airport Freeway	Fort Worth	817-332-6329
Depression in Medicare Population	Mental Health	Help Hotlines	Salvation Army - Crisis Hotline	250 E. Grauwyler Road	Irving	214-424-7208
Depression in Medicare Population	Mental Health	Help Hotlines	United Way of Tarrant County & Area Agency On Aging	1500 North Main, Suite 200	Fort Worth	817-258-8081
Depression in Medicare Population	Mental Health	Mental Health Hospital Treatment	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Depression in Medicare Population	Mental Health	Mental Health Outpatient Treatment	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Depression in Medicare Population	Mental Health	Mental Health Outpatient Treatment	Valley Hope of Grapevine	2300 William Tate	Grapevine	817-424-1305
Depression in Medicare Population	Mental Health	Mental Health Residential Treatment	Valley Hope of Grapevine	2300 William Tate	Grapevine	817-424-1305

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Depression in Medicare Population	Mental Health	Mental Health Services	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Depression in Medicare Population	Mental Health	Social Services	AIDS Outreach Center	400 North Beach Street, Suite 100	Fort Worth	817-795-3030
Depression in Medicare Population	Mental Health	Social Services	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Depression in Medicare Population	Mental Health	Social Services	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Depression in Medicare Population	Mental Health	Social Services	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Crisis Services	Salvation Army - Crisis Hotline	250 E. Grauwyler Road	Irving	214-424-7208
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Family Counseling	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Family Counseling	Recovery Resource Council	2700 Airport Freeway	Fort Worth	817-332-6329
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Long Term Housing	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Long Term Housing	Promise House	3500 Noble Avenue	Fort Worth	817-632-6012
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Mental Health Hospital Treatment	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Mental Health Outpatient Treatment	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Mental Health Outpatient Treatment	Valley Hope of Grapevine	2300 William Tate	Grapevine	817-424-1305
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Mental Health Residential Treatment	Valley Hope of Grapevine	2300 William Tate	Grapevine	817-424-1305
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Mental Health Services	Excel Center of Lewisville	190 Civic Circle, Suite 170	Lewisville	972-906-5522
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Short Term Housing	Grace Grapevine	610 Shady Brook Drive	Grapevine	817-488-7009
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Short Term Housing	New Life Center	3500 Noble Avenue	Fort Worth	817-632-6012
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Short Term Housing	Promise House	3500 Noble Avenue	Fort Worth	817-632-6012
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Social Services	AIDS Outreach Center	400 North Beach Street, Suite 100	Fort Worth	817-795-3030
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Social Services	Children's Advocacy Center for Denton County	1854 Cain Drive	Lewisville	972- 317-281
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Social Services	Christian Community Action (CCA)	200 S. Mill Street Lewisville	Lewisville	972- 436-435
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	Social Services	Irving Community Clinic	1302 Lane Street	Irving	469-800-1000

Community Healthcare Facilities

Facility Name	Type	System	Street Address	City	State	ZIP
Baylor Emergency Medical Center	ED	Baylor Scott & White	5500 Colleyville Boulevard	Colleyville	TX	76034
Baylor Emergency Medical Center	ED	Baylor Scott & White	620 South Main Suite 100	Keller	TX	76248
Baylor Medical Center At Trophy Club	ST	Baylor Scott & White	2850 East State Hwy 114	Trophy Club	TX	76262
Baylor Scott & White Medical Center - Grapevine	ST	Baylor Scott & White	1650 West College Street	Grapevine	TX	76051
Baylor Scott & White Medical Center - Irving	ST	Baylor Scott & White	1901 North Macarthur Boulevard	Irving	TX	75061
Baylor Surgical Hospital At Las Colinas	ST	Baylor Scott & White	400 West Interstate 635	Irving	TX	75063
Complete Emergency Care Southlake LLC	ED	Complete Care	321 W Southlake Blvd Suite 140 E	Southlake	TX	76092
Cook Childrens Northeast Hospital	KID	Cook Childrens	6316 Precinct Line Rd	Hurst	TX	76054
Coppell ER	ED	Freestanding	720 N Denton Tap Rd Ste 100	Coppell	TX	75019
HealthSouth Rehabilitation Hospital Of The Mid-Cities	LT	HealthSouth	2304 State Highway 121	Bedford	TX	76021
Icare Rehabilitation Hospital	LT	Freestanding	3100 Peters Colony Road	Flower Mound	TX	75022
Legacy ER	ED	Legacy	330 Denton Tap Rd	Coppell	TX	75019
Legacy ER	ED	Legacy	8950 N Tarrant Pkwy	North Richland Hills	TX	76182
Medical City Alliance	ST	Hospital Corporation of America	3101 North Tarrant Parkway	Fort Worth	TX	76177

Facility Name	Type	System	Street Address	City	State	ZIP
Medical City Las Colinas	ST	Hospital Corporation of America	6800 North Macarthur Boulevard	Irving	TX	75039
Medical City Lewisville	ST	Hospital Corporation of America	500 West Main Street	Lewisville	TX	75057
Medical City North Hills	ST	Hospital Corporation of America	4401 Booth Calloway Road	North Richland Hills	TX	76180
Methodist Southlake Hospital	ST	Methodist Health System	421 E State Hwy 114	Southlake	TX	76092
Sagecrest Hospital Grapevine	LT	Freestanding	4201 William D Tate Avenue	Grapevine	TX	76051
Saint Camillus Medical Center	ST	Physician Synergy Group	1612 Hurst Town Center Dr	Hurst	TX	76054
Texas Emergency Care Center - Irving	ED	Texas Emergency Care Center	8200 North Macarthur Blvd	Irving	TX	75063
Texas Health Harris Methodist Hospital Alliance	ST	Texas Health Resources	10864 Texas Health Trail	Ft Worth	TX	76244
Texas Health Harris Methodist Hospital Hurst-Euless-Bedford	ST	Texas Health Resources	1600 Hospital Parkway	Bedford	TX	76022
Texas Health Harris Methodist Hospital Southlake	ST	Texas Health Resources	1545 Southlake Blvd	Southlake	TX	76092
Texas Health Presbyterian Hospital Flower Mound	ST	Texas Health Resources	4400 Long Prairie Road	Flower Mound	TX	75028
Texas Health Springwood Behavioral Health Hospital	PSY	Texas Health Resources	2717 Tibbets Drive	Bedford	TX	76022
Wise Health Surgical Hospital	ST	Wise Regional Health System	3200 North Tarrant Parkway	Fort Worth	TX	76177

**Type: ST=Short-Term; LT=Long-Term, PSY=Psychiatric, KID = Pediatric, ED = Freestanding ED*

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

Health Professional Shortage Areas (HPSA)[12]

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Denton	14899948PA	Health Services of North Texas, Inc.	Primary Care	Federally Qualified Health Center
Denton	64899948MR	Health Services of North Texas, Inc.	Dental Health	Federally Qualified Health Center
Denton	74899948MQ	Health Services of North Texas, Inc.	Mental Health	Federally Qualified Health Center
Tarrant	1485279877	Federal Medical Center-Carswell	Primary Care	Correctional Facility
Tarrant	6486448024	Federal Medical Center-Carswell	Dental Health	Correctional Facility
Tarrant	6489994877	Federal Correctional Institution - Fort Worth	Dental Health	Correctional Facility
Tarrant	7483623264	Federal Medical Center-Carswell	Mental Health	Correctional Facility
Tarrant	148999484K	Federal Correctional Institution - Fort Worth	Primary Care	Correctional Facility
Tarrant	14899948H2	North Texas Area Community Health Center, Inc.	Primary Care	Federally Qualified Health Center
Tarrant	64899948F5	North Texas Area Community Health Center, Inc.	Dental Health	Federally Qualified Health Center
Tarrant	748999483N	North Texas Area Community Health Center, Inc.	Mental Health	Federally Qualified Health Center

[12] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

Medically Underserved Areas and Populations (MUA/P)[13]

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

[13] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

Appendix D: Public Health Indicators Showing Greater Need When Compared to State Benchmark

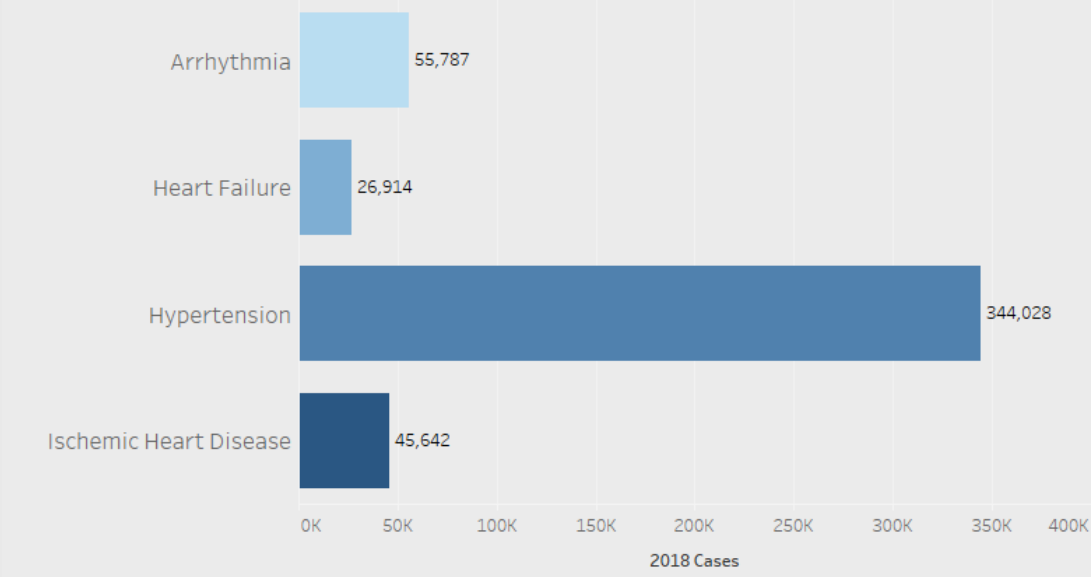
Grapevine/Trophy Club Health Community		
Public Health Indicator	Category	Indicator Definition
Air Pollution - Particulate Matter daily density	Environment	2012 Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5)
Ratio of Population to One Non-Physician Primary Care Provider	Access To Care	2017 Ratio of Population to Primary Care Providers Other than Physicians
Long Commute Alone	Environment	2012-2016 Among Workers Who Commute in Their Car Alone, the Percentage that Commute More than 30 Minutes
Perforated Appendix Admission: Pediatric (Risk-Adjusted-Rate for Appendicitis)	Preventable Hospitalizations	2016 Number Observed / Pediatric Population Under Age 18
Social/Membership Associations	Population	2015 Number of Membership Associations per 10,000 Population
Chronic Lower Respiratory Disease (CLRD) Mortality Rate	Injury & Death	2013 Chronic Lower Respiratory Disease (CLRD) Age Adjusted Death Rate (per 100,000 - All Ages. Age-adjusted using the 2000 U.S. Standard Population)
Depression in Medicare Population	Mental Health	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Alzheimer's Disease/Dementia in Medicare Population	Mental Health	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Infant Mortality Rate	Injury & Death	2010-2016 Number of All Infant Deaths (Within 1 year), per 1,000 Live Births
Cancer Incidence - Prostate	Conditions/Diseases	2011-2015 Age-Adjusted Prostate Cancer Incidence Rate Cases per 100,000.
Cancer Incidence - Female Breast	Conditions/Diseases	2011-2015 Age-Adjusted Female Breast Cancer Incidence Rate Cases Per 100,000
Food Insecure	Environment	2015 Percentage of Population Who Lack Adequate Access to Food During the Past Year

Grapevine/Trophy Club Health Community		
Public Health Indicator	Category	Indicator Definition
Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Chronic Kidney Disease in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Uncontrolled Diabetes Admission: Adult (Risk-Adjusted-Rate)	Preventable Hospitalizations	2016 Number Observed / Adult Population Age 18 and older
Adults Engaging in Binge Drinking During the Past 30 Days	Health Behaviors	2016 Percentage of a County's Adult Population that Reports Binge or Heavy Drinking in the Past 30 Days
Cancer Incidence - Lung	Conditions/Diseases	2011-2015 Age-Adjusted Lung & Bronchus Cancer Incidence Rate Cases per 100,000
Diabetes prevalence	Conditions/Diseases	2014 prevalence of self-reported diagnosed diabetes, not including pregnancy related
Cancer Incidence - All Causes	Conditions/Diseases	2011-2015 Age-Adjusted Cancer (All) Incidence Rate Cases Per 100,000
Price-Adjusted Medicare Reimbursements per Enrollee	Access To Care	2015 Amount of Price-Adjusted Medicare Reimbursements (Part A and B) per Enrollee
Adult Smoking	Health Behaviors	2016 Percentage of the Adult Population Report Currently Smoke Every Day/Most Days and Smoked at Least 100 Cigarettes in Their Lifetime
Arthritis in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Atrial Fibrillation in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries

Appendix E: Watson Health Community Data

Watson Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnoses; there were over 344,000 estimated cases in the community overall. The ZIP codes of HEB had the most estimated cases of each heart disease type. Further, the 76054 ZIP code of HEB had the highest estimated prevalence rates for Arrhythmia (706 cases per 10,000 population), Heart Failure (365 cases per 10,000 population), Hypertension (3,496 cases per 10,000 population), and Ischemic Heart Disease (648 cases per 10,000 population).

2018 Estimated Heart Disease Cases



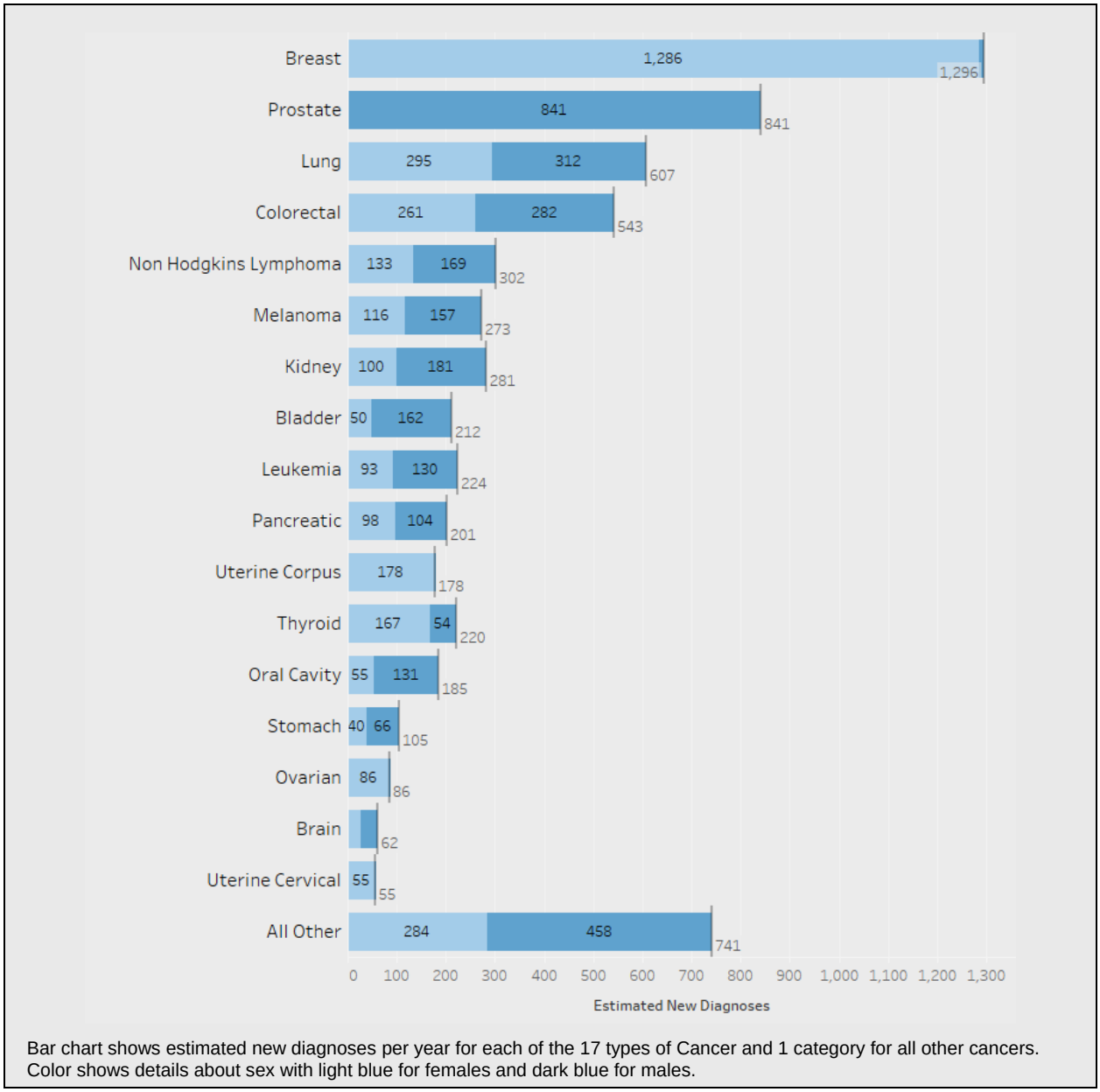
Bar chart shows total number of 2018 Estimated Heart Disease cases for each of four types: arrhythmia, heart failure, hypertension, and ischemic heart disease

Note: An individual patient may have more than one type of heart disease. Therefore the sum of all four heart disease types is not a unique count of individuals.

Source: IBM Watson Health, 2018

For this community, Watson Health's 2018 Cancer Estimates revealed the cancers projected to have the greatest rate of growth in the next five years were pancreatic, bladder, and kidney; based on both population changes and disease rates. The cancers estimated to have the greatest number of new cases in 2018 were breast, prostate, lung cancers and colorectal.

2018 Estimated New Cancer Cases



Bar chart shows estimated new diagnoses per year for each of the 17 types of Cancer and 1 category for all other cancers. Color shows details about sex with light blue for females and dark blue for males.

Source: IBM Watson Health, 2018

Estimated Cancer Cases and Projected 5 Year Change by Type

Cancer Type	2018 Estimated New Cases	2023 Estimated New Cases	5 Year Growth (%)
Bladder	212	260	22.6%
Brain	62	70	12.9%
Breast	1,296	1,515	16.9%
Colorectal	543	581	7.0%
Kidney	281	337	19.9%
Leukemia	224	265	18.3%
Lung	607	725	19.4%
Melanoma	273	322	17.9%
Non-Hodgkin's Lymphoma	302	360	19.2%
Oral Cavity	185	221	19.5%
Ovarian	86	99	15.1%
Pancreatic	201	252	25.4%
Prostate	841	950	13.0%
Stomach	105	125	19.0%
Thyroid	220	262	19.1%
Uterine Cervical	55	60	9.1%
Uterine Corpus	178	212	19.1%
All Other	741	890	20.1%
Grand Total	**6,412**	**7,506**	**17.1%**

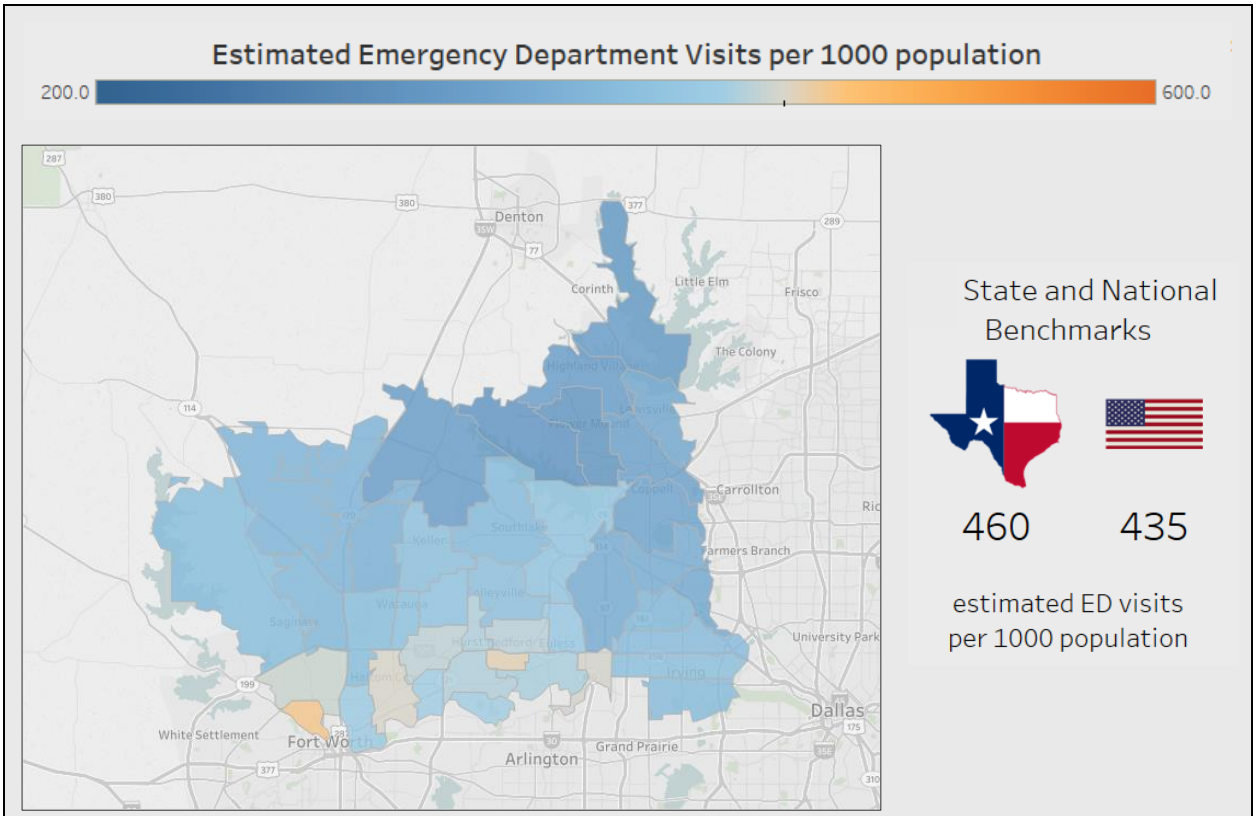
Source: IBM Watson Health, 2018

Based on population characteristics and regional utilization rates, Watson Health projected all emergency department (ED) visits in this community to increase by 9.0% over the next five years. The highest estimated ED use rates were in the ZIP codes of HEB; 425.8 to 465.7 ED visits per 1,000 residents compared to the Texas state benchmark of 460 visits and the U.S. benchmark 435 visits per 1,000.

These ED visits consisted of three main types: those resulting in an inpatient admission, emergent outpatient treated and released ED visits, and non-emergent outpatient ED visits that were lower acuity. Non-emergent ED visits present to the ED but can be treated in more appropriate and less intensive outpatient settings.

Non-emergent outpatient ED visits could be an indication of systematic issues within the community regarding access to primary care, managing chronic conditions, or other access to care issues such as ability to pay. Watson Health estimated non-emergent ED visits to increase by an average of 3.7% over the next five years in this community.

Estimated 2018 Emergency Department Visit Rate

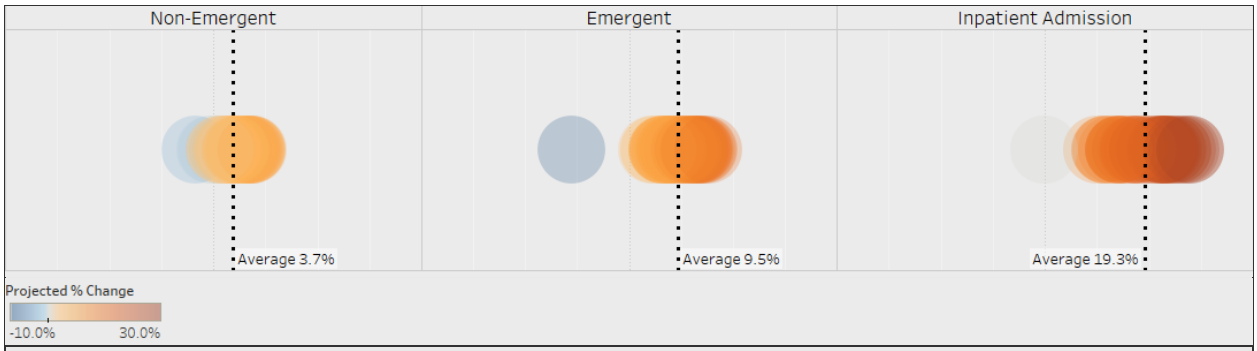


ZIP map color shows total Emergency Department visits per 1000 popultaion. Orange colors are higher than the state benchmark, blue colors are less than the state benchmark, and gray colors are similar.

Note: These are not actual BSWH ED visit rates. These are statistical estimates of ED visits for the population.

Source: IBM Watson Health, 2018

Projected 5 Year Change in Emergency Department Visits by Type and ZIP Code



Three panels show the percent change in Emergency Department visits by 2013 at the ZIP level. The average for all ZIPs in the Health Community is labeled. ED visits are defined by the presence of specific CPT® codes in claims. Non-emergency visits to the ED do not necessarily require treatment in a hospital emergency department and can potentially be reated in a fast-track ED, an uregent care treatment center, or a clinical or a physician's private office. Emergent visits require immediate treatment in a hospital emergency department due to the severity of illness. ED visits that result in inpatient admissions do not receive a CPT® code, but typically can be assumed to have resulted from an emergent encounter.

Note: These are not actual BSWH ED visit rates. These are statistical estimates of ED visits for the population.

Source: IBM Watson Health, 2018

Appendix F: Evaluation of Prior Implementation Strategy Impact

This section provides a summary of the evaluation of the impact of any actions taken since the hospital facilities finished conducting their immediately preceding CHNA.

Baylor Scott & White Medical Center - Grapevine
Baylor Scott & White Medical Center – Trophy Club

Prior Significant Health Needs Addressed by Facilities

Prior Identified Need Facility	Access to care for middle to lower socioecomic status	MD & non-MD primary care providers to population ratio	Mental/ Behavioral Health	Chronic Disease	Dentists to population ratio	Health & wellness promotion
Baylor Scott & White Medical Center - Grapevine	√	√	√	√	√	√
Baylor Scott & White Medical Center - Trophy Club	√					

Total Resources Contributed to Addressing Needs: $5,034,886

Identified Need Addressed: Access to Care for Middle to Lower Socio- Economic

Program: Donations - Financial
Entity Name: Baylor Scott & White Medical Center - Grapevine
Description:
The Hospital provides financial support to non-profit organizations that serve residents in the hospital's primary and secondary service area. The hospital supports organizations that address chronic health conditions, support education, and serve the poor and underserved.
Impact: 6,390 persons served; overcome access issues for under-served populations Community Partners and their reported outcomes: ▪ American Cancer Society ▪ March of Dimes, March for Babies ▪ Grapevine Relief and Community Exchange ▪ Southlake Women's Foundation ▪ Keller Women's Club ▪ Colleyville Women's Club
Committed Resources: staff time; $104,805 net community benefit

Program: Enrollment Services
Entity Name: Baylor Scott & White Medical Center - Grapevine
Description:
The hospital provides assistance to enroll in public programs, such as SCHIP and Medicaid. These health care support services provided by the hospital to increase access and quality of care in health services to individuals, especially persons living in poverty and those in vulnerable situations. The hospital provides staff to assist in the qualification of the medically under-served for programs that will enable their access to care, such as Medicaid, Medicare, SCHIP and other government programs charity care programs for use in any hospital within or outside the hospital.
Impact: unknown number served; overcome access issues for under-served populations
Committed Resources: Eligibility Consultants Inc. contract; $126,464 net community benefit

Program: Financial Assistance
Entity: Baylor Scott & White Medical Center – Trophy Club
Description:
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. The hospital has agreed to provide the same level of financial assistance as other BSWH nonprofit hospitals and to be consistent with certain state requirements applicable to nonprofit hospitals. Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospital to help the hospital treat indigent patients.
Impact: 642 persons served
Committed Resources: $1,411,605 net community benefit

Program: For Women For Life
Entity Name: Baylor Scott & White Medical Center - Grapevine
Description:
Regular health exams and tests can help find problems before they start. They also can help find problems early, when the chances for treatment and cure are better. Through For Women For Life, the Hospital provides health services, screenings, and treatments, assisting women in taking steps that help their chances for living a longer, healthier life. This annual event for women focusing on proactive health care including preventive health screenings, seminars and healthy lifestyle information.
Impact: 382 persons served; enhanced chronic disease prevention/disease management
Committed Resources: Staffing; supplies/equipment; 37,703 net community benefit

Program: Translation Services
Entity Name: Baylor Scott & White Medical Center - Grapevine
Description:
The Hospital provides translation/interpreter services that go beyond what is required by state or federal rules or law or for accreditation. For example, translation services for a group that comprises less than 15% of the population.
Impact: unknown number served; Improve systems for personal and public health.
Committed Resources: Translation service contract; $98,035 net community benefit

Identified Need Addressed: MD and Non MD Primary Care Providers to Population

Program: Medical Education - Allied Health Services
Entity: Baylor Scott & White Medical Center - Grapevine
Description:
This program includes educational programs for public school students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate, or training that is required by state law, accrediting body or health profession society. It involves a clinical setting for undergraduate training and internships for dietary professionals, technicians, chaplaincy/pastoral are, physical therapists, social workers, pharmacists, and other health professionals – when there is no work requirement tied to training. It might also include the training of health professionals in special settings, such as occupational health or outpatient facilities.
Impact: 64 students educated; aid in building a health professions workforce significant in numbers to allay shortages of these health professions.
Committed Resources: staff time; Supervisory staff; Equipment/supplies; $36,243 net community benefit

Program: Medical Education - Nursing
Entity: Baylor Scott & White Medical Center - Grapevine
Description:
The hospital is committed to assisting with the preparation of future nurses at entry and advanced levels of the profession to establish a workforce of qualified nurses thereby affecting the documented shortage of non-primary care nurses and health care providers. Through the System's relationships with many North Texas schools of nursing, the hospital maintains strong affiliations with schools of nursing. Like physicians, nursing graduates trained at the hospital are not obligated to join the staff although many remain in the Community to provide top quality nursing services to many health care institutions.
Impact: 674 nurses educated; increased quality and size of nursing work force in the North Texas area
Committed Resources: Nurse Educator; Supervisory staff; equipment/supplies; $1,312,211 net community benefit

Program: Scholarships/Funding Health Professional Education
Entity: Baylor Scott & White Medical Center - Grapevine
Description:
Baylor Grapevine strives to encourage the education of youth through scholarships. Deserving students receive higher education scholarships to pursue education in the health care field of study.
Impact: 12 student scholarships awarded; assist in their higher-level education in the field of healthcare.
Committed Resources: financial support; $36,000 net community benefit**.**

Program: Workforce Development
Entity: Baylor Scott & White Medical Center - Grapevine
Description:
The hospital recruits physicians and other health professionals for areas identified as medically under-served. The Hospital seeks to allay the physician shortage, thereby better managing the growing health needs of the community.
Impact: unknown number served; increased access to primary care health providers
Committed Resources: $314,066 net community benefit

Identified Need Addressed: Mental / Behavioral Health

Program: Child Life Services in Palliative Care
Entity: Baylor Scott & White Medical Center - Grapevine
Description:
Palliative Care Child Life Program helps children "navigate" the illness of someone they love. Serious illnesses not only drastically affect patients but also affect the children in their lives. As the largest program of its kind in the nation, our Palliative Care Child Life Program is a pioneer in helping kids navigate a loved one's illness. When patients experience a serious or life-limiting illness or injury, the effects reach far beyond just their physical health. For those who have children, grandchildren or another close child in their lives, it can be difficult for those children to understand and navigate the situation.
Impact: unknown number of persons served;
Committed Resources: clinical expert; staff time; travel; supplies/equipment; $377,038 net community benefit

Program: Community Support Groups
Entity: Baylor Scott & White Medical Center - Grapevine
Description:
Baylor Scott & White Medical Center – Grapevine offers free support groups for individuals living with certain medical conditions and their caregivers. The cost of community support groups includes staff and facilitator fees. Community support groups offered at The Hospital offers community support groups that focus on cancer, breast cancer, breastfeeding, pregnancy and infant loss.
Impact: 3,266 persons served; improve the quality of life of those living with, or providing care for those living with chronic illnesses and conditions, and those for whom depression alters their ability to function optimally.
Committed Resources: staff time; clinical expert; $44,614 net community benefit

Program: Donations In Kind - Faith in Action Initiatives
Entity: Baylor Scott & White Medical Center - Grapevine
Description:
Hospitals donate retired medical supplies and equipment to the office of Faith in Action Initiatives 2nd Life program to provide for the health care needs of populations in the community and nation with needs not met through their own organization.
Impact: increase infrastructure of healthcare access
Committed Resources: staff time; volunteers; shipping/delivery costs; $13,623 net benefit

Identified Need Addressed: Chronic Disease

Program: Community Health Education
Entity Name: Baylor Scott & White Medical Center - Grapevine
Description:
The hospital provided health and wellness education and resources to the community including the following: • Colon Cancer Presentation • Women's Heart Health Presentation to Grapevine Women's Division • Colon Cancer Presentation to the Grapevine Rotary • American Heart Association-Staying Alive

• Gauging GERD Seminar
Impact: 208 persons served; increased awareness of the importance of adopting a healthy lifestyle; increased awareness of behaviors constituting health risks
Committed Resources: staffing; supplies/equipment; $41,158 net community benefit (for all listed Needs)

Program: Donations - Financial
Entity Name: Baylor Scott & White Medical Center - Grapevine
Description:
Baylor Regional Medical Center at Grapevine provides financial support to non-profit organizations that serve residents in the hospital's primary and secondary service area. The hospital supports organizations that address chronic health conditions, support education, and serve the poor and underserved. Community Partners: • PKD Foundation FY 17 & 18 -100% of all dollars raised through the Walk for PKD go to fund research to help find treatments and a cure for PKD • March of Dimes, March for Babies FY17 & 18 • American Heart Association-Staying Alive - 22% decline in cancer mortality in the past 2 decades, preventing more than 1.5 million cancer deaths during that time
Impact: persons served reported under previous need; increased access to health care services and information through community partners
Committed Resources: staff time; (see Access to Care Donations – Financial for net community benefit)

Identified Need Addressed: Dentists to Population Ratio

Program: Health Screenings - Dental
Entity: Baylor Scott & White Medical Center - Grapevine
Description:
The hospital created partnerships with Cook's Childrens' Medical Center and Tarrant County College Dental Hygiene Program and providers to screen economically challenged populations within the community. Various health screenings include: • General dental cleanings and check ups • Identification of further dental care such as fillings and or oral surgery as needed • Oral disease screenings for teeth and gum health
Impact: 36 persons served; increased access to dental care
Committed Resources: staff time; Dentist

Identified Need Addressed: Health and Wellness Promotion

Program: Community Benefits Operations
Entity Name: Baylor Scott & White Medical Center - Grapevine
Description:
Community benefit operations include costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations. Staff costs for managing or overseeing community benefit program activities that are not included in other categories of community benefit. Staff costs for internal tracking and reporting community benefit.
Impact: 45,493 persons served; increased access to healthcare services and information

Committed Resources: Staff; CHNA; Supplies; Equipment; $961,275 net community benefit

Program: Community Health Education
Entity: Baylor Scott & White Medical Center - Grapevine
Description:
Community health education provided at the hospitals and in the community improve community health, and extend the reach of the hospitals beyond patient care activities. These services do not generate patient care bills and include such activities as community health education; community based clinical health services and screenings for under insured and uninsured persons, support groups, and self-help programs. • Navigating Menopause • Relief for Neck and Back Pain • Help for Hurting Knees and Shoulders • Northwest Metroport Health Care Panel • Knee Knowledge and Hip Advice • Back to Pools-Water Safety Fair • Girl Talk-Preparing for Puberty • City of Colleyville Health & Safety Fair • Surviving Menopause 101 • Walk Away from Hip or Knee Pain Seminar
Impact: 8,709 persons served;
Committed Resources: financial support (see Access to Care Community Health Education for net community benefit)

Program: Donations - Financial
Entity Name: Baylor Scott & White Medical Center - Grapevine
Description:
Baylor Regional Medical Center at Grapevine provides financial support to non-profit organizations that serve residents in the hospital's primary and secondary service area. The hospital supports organizations that address chronic health conditions, support education, and serve the poor and underserved. Community Partners: • Mid-Cities Care Corps • March of Dimes, March for Babies FY17 & 18 • American Heart Association-Staying Alive • Southlake Women's Club Foundation
Impact: unknown # persons served; increased access to health care services and information through community partners
Committed Resources: staff time; (see Access to Care Donations- Financial for net community benefit)

Program: Health Screenings - Cardiology
Entity Name: Baylor Scott & White Medical Center - Grapevine
Description:

The hospital will provide heart health education and screenings to economically challenged populations within the service area. Various health screenings include: • Blood pressure • Cholesterol • Vascular disease—ankle brachial index, carotid ultrasound and abdominal aortic aneurysm ultrasound
Impact: 10,295 persons served; enhanced chronic disease prevention/disease management
Committed Resources: Staff time; Clinical Expert; supplies/equipment; $65,381 net community benefit

Program: Community Health Education - Aramark/Nutrition
Entity: Baylor Scott & White Medical Center - Grapevine
Description:
Aramark provides a means to healthy living, disease prevention and disease management through nutrition education. The goals of this program include Aramark provides a means to healthy living, disease prevention and disease management through nutrition education.
Impact: 328 persons served; provoking life-long healthy eating and physical activity habits positively influence state of physical wellness, recovery from illness, disease prevention and chronic disease management through nutrition education; promote a healthy nutritional paradigm in the community
Committed Resources: staff time; supplies/equipment; subject experts; $424 net community benefit

Program: Lifestyle Improvement
Entity Name: Baylor Scott & White Medical Center - Grapevine**:**
Description:
Lifestyle Improvement Challenge's goal is to engage communities in Northeast Tarrant County in a discussion of healthy communities. The key objectives for the initiative were to create sustainable programs that promote wellness and disease prevention, develop healthy lifestyles directly affecting future health care needs and to challenge communities to take charge of their health offerings and services.
Impact: 1,200 persons served**;** create sustainable programs that promote wellness and disease prevention, develop healthy lifestyles directly impacting future health care needs and to challenge communities to take charge of their health offerings and services
Committed Resources: staff time; supplies/equipment; $50,000 net community benefit

Program: Stop the Bleed
Entity: Baylor Scott & White Medical Center - Grapevine**:**
Description:
"Stop the Bleed" is a public education campaign introduced by the White House in October 6, 2015. The purpose is to empower bystanders with basic knowledge and tools to be first responders in the event of an active shooter or disaster situation. In 2013, the American College of Surgeons and the Federal Bureau of Investigation jointly collaborated to discuss how to improve survival in the event of a mass shooting.
Impact: 181 persons served; access to, and training on, the use of bleeding control methods and devices.

Committed Resources: Staff time; clinical expert; equipment/supplies; $4,241 net community benefit

Program: Texas Ten Step Breast Feeding Program
Entity: Baylor Scott & White Medical Center – Grapevine
Description:
NICHQ is working with the Texas Women, Infants and Children (WIC) program and the Texas Department of State Health Services (DSHS) to run a team-focused quality project centered on learning, sustainable change and innovations.
Impact: improve infant health by helping facilities implement the 10 Steps to Successful Breastfeeding outlined by the World Health Organization.
Committed Resources: staff time;

All Needs Addressed