



# **Baylor Scott & White Health North & West Emergency Health Community**

**Community Health Implementation Strategies 2019**

An Action Plan for the Community Health Needs Assessment





# North & West Emergency Health Community Hospitals

- **Baylor Scott & White Emergency Hospital – Colleyville**
- **Baylor Scott & White Emergency Hospital – Keller**
- **Baylor Scott & White Emergency Hospital – Aubrey**
- **Baylor Scott & White Emergency Hospital – Murphy**



# Table of Contents

Executive Summary	2
A Letter from the Presidents	4
North & West Emergency Community Health Implementation Strategies	5
North & West Emergency Health Community Needs	6
Implementation Strategies Addressing:	7
Food Insecurity	7
Community Needs Not Addressed	8
Composite 2018 Community Need Index	9
Program Evaluation	10

## Executive Summary

As the largest not-for-profit healthcare 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, the System is constantly surveying patients, their families and neighbors to understand the issues they face when it comes to making healthy life choices and healthcare decisions.


Earlier in 2019, a BSWH task force led by the community benefit, tax compliance and corporate marketing departments began assessing the current health needs of all the communities served by System hospitals. IBM Watson Health (formerly known as Truven Health Analytics) analyzed the data for this process and prepared a final report made publicly available in June 2019.

For the 2019 assessment, the community spans multiple counties in the greater Dallas area and includes the geographic area where at least 80% of the hospital facilities' admitted patients live.


BSWH and IBM Watson Health examined more than 102 public health indicators and conducted a benchmark analysis of this data, comparing the community to overall state of Texas and U.S. values. Community focus groups, including a representation of minority, underserved and indigent populations provided input for a qualitative analysis. Group Interviews with key community leaders and public health experts provided depth and context to the report.

Any community needs that did not meet state benchmarks were included in a magnitude analysis index. Understanding the degree of difference from benchmark






helped determine the relative severity of the issue. The outcomes of this quantitative analysis were aligned with the qualitative findings of the community input sessions to elicit a list of health needs in the community. These health needs fell into one of four quadrants within a health needs matrix: high data/low qualitative; low data/low qualitative; low data/high qualitative; or high data/high qualitative.



**A community focus group, including a representation of minority, underserved and indigent populations, provided input for a qualitative analysis.**




Hospital and clinic leadership, along with community leaders, reviewed the matrix in a session that established a list of significant prioritized needs. The session included an overview of the community demographics, a summary of health data findings and an explanation of the quadrants of the health needs matrix.

Those health needs falling into the “high data/high qualitative” quadrant were considered the most significant and in need of the most attention. Each session attendee identified and prioritized five needs. The most significant health needs emerged from this process.

## Dear Community Members:

Baylor Scott & White is committed to improving health in the communities we serve. As part of that commitment, every three years we conduct a Community Health Needs Assessment (CHNA) and report on our community's current health needs. We also provide the Community Health Implementation Strategies report, which is our plan for addressing the identified needs.

We are pleased to present the 2019 Implementation Strategies for North & West Emergency Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The CHNA for the health community hospital facility incorporates input from influencers such as key stakeholders, area residents, faith-based organizations, healthcare providers, neighborhood association leaders, elected officials, health professionals, hospital and System leaders, the medically underserved and others.



**The Implementation Strategies address the most severe health concerns that negatively impact community health. Hospital leadership selected the following priority to focus on in the Strategies:**

- **Food Insecurity**
- 

The full report can be found at <http://BSWHealth.com/CommunityNeeds>.

As part of the largest not-for-profit health system in Texas, we take our commitment to North & West Emergency Health Community very seriously. By working with community organizations and residents, we have identified and will focus on some of the toughest problems plaguing our most vulnerable residents.

Sincerely,

Baylor Scott & White Facility Presidents  
North & West Emergency Health Community

# North & West Emergency Community Health Implementation Strategies

The Community Health Implementation Strategies for North & West Emergency Health Community is the companion piece to the CHNA. Public and hospital data and input gleaned from stakeholders representing the broad interests of the community are the foundation for this report, which offers realistic solutions to the community's priority health needs (see CHNA Report [www.BSWHealth.com/CommunityNeeds](http://www.BSWHealth.com/CommunityNeeds)). North & West Emergency Health Community spans multiple counties in the greater Dallas area including Collin, Dallas, Denton and Tarrant counties. The community includes the geographic area where at least 80% of the hospital facilities' admitted patients live. This written plan satisfies the requirements set forth in Internal Revenue Code (IRC) Section 501(r) (3) and the Texas Health and Safety Code Chapter 311 and is widely available to the public.

The overall purpose of the Implementation Strategies is to align the hospitals' charitable mission, program services and limited resources with the findings of the CHNA. To meet the requirements under IRC Section 501(r) (3), the written Implementation Strategy includes the following:

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

The focus group recommended using the following prioritization criteria to rank the most significant health needs:

1

**Root Cause:** the need is a root cause of other problems, thereby addressing it could possibly affect 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

## North & West Emergency Health Community Needs

The following health concerns are identified in priority order based on the results of the CHNA.

Priority	Need	Category of Need
1	Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care
2	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
3	Food Insecurity	Environment - Food
4	Alzheimer's Disease/Dementia in Medicare Population	Mental Health
5	Motor Vehicle Driving Deaths with Alcohol Involvement	Health Behaviors - Substance Abuse

The hospital facilities listed below collaborated to conduct this joint implementation strategy and have reviewed the significant health needs identified above. Hospital leadership selected the following health needs as the most important to confront in collaboration with the community based on the anticipated impact to the community, hospital resources available, and the expertise of each respective hospital facility.

COMMUNITY NEEDS ADDRESSED	
Facility	Food Insecurity
Baylor Scott & White Emergency Hospital – Colleyville	✓
Baylor Scott & White Emergency Hospital – Keller	✓
Baylor Scott & White Emergency Hospital – Aubrey	✓
Baylor Scott & White Emergency Hospital – Murphy	✓



# Implementation Strategies

**Priority 3: 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. The North & West Emergency community health needs assessment identified concerns around food insecurity for Tarrant County. 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.

It is equally important to eat a balanced diet that includes fruits and vegetables as well as to have adequate access to a consistent supply of food. Within Tarrant County 17.4% of the population lacked adequate access to food during the past year, indicating a potentially larger vulnerable population when compared to the overall Texas state benchmark at 15.7% (a 10.8% relative difference). It was notable that overall Texas proportion of food insecure population was also greater than the U.S benchmark of 13%.

BAYLOR SCOTT & WHITE NORTH & WEST EMERGENCY HEALTH COMMUNITY				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Assess food insecurity in the ED dept. and in-patient populations and provide a list of resources for community food banks/charity meal services for those identified with food insecurity	Increased awareness of community healthy food resources for food insecure populations	Staffing Budget	Number identified as at risk for food insecurity	
Community food drives	Increased awareness of community healthy food resources for food insecure populations	Staffing Budget	Amount of food donated	North Texas Food Bank

## Community Needs Not Addressed

BSWH provides a wide range of needed healthcare services and community benefits through adherence to its mission, using its resources and capabilities and remaining a strong organization. By focusing on our strengths and allocating our resources appropriately, we can achieve a greater impact in the communities we serve.

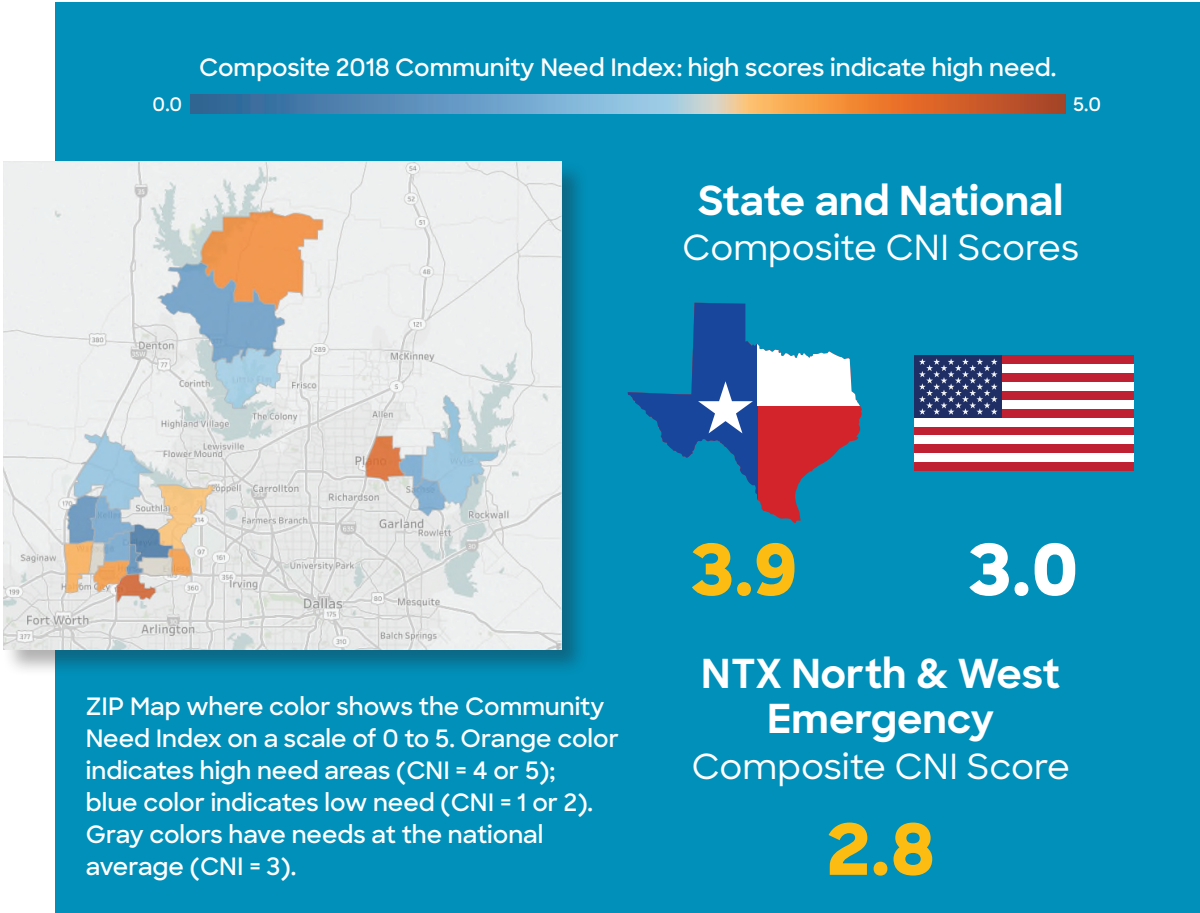
Needs not addressed:

- **Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)**
- **Ratio of Population to One Non-Physician Primary Care Provider**
- **Alzheimer's Disease/Dementia in Medicare Population**
- **Motor Vehicle Driving Deaths with Alcohol Involvement**

There are multiple community and state agencies whose expertise and infrastructure are better suited for meeting the needs not addressed in the Community Health Implementation Strategies. Therefore, BSWH leadership has opted to focus its resources on the listed priorities for the betterment of the community.

# Composite 2018 Community Need Index

The **Community Need Index** shows the high-need areas in North & West Emergency Health Community in contrast to the state of Texas and the U.S.



IBM Watson Health created this CNI, which is a statistical approach to identifying areas within a community where health disparities may exist. The CNI takes into account vital socio-economic factors (income, cultural, education, insurance and housing) about a community to generate a CNI score for every populated ZIP code in the United States. The CNI strongly linked to variations in community healthcare needs and 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.

## Program Evaluation

All community benefit activities align with community benefit goals by adhering to BSWH's policies and procedures. This ensures appropriate governance of the activities outlined in these Community Health Implementation Strategies. The hospitals evaluate programs and activities on a regular basis to ensure appropriate use of staff time and hospital resources.

To support the hospital's community benefit objectives, requests for contributions from other unrelated 501(c) (3) charitable organizations managed by the Community Benefit Department are considered alongside those activities addressing a priority need in the community given preference. All charitable giving is reviewed and approved annually by hospital leadership and the BSWH governing board.

BSWH regularly assesses, evaluates and reports on the programs addressing the significant needs found in identified communities. Regular conversations with community members, feedback on this plan and modifying programs and services enhance the opportunities patients have to connect to community resources. As a result, these hospital facilities achieve reduction in unnecessary healthcare costs and improved delivery of overall quality of care.

Please direct any feedback on the assessment or implementation plan to [CommunityHealth@BSWHealth.org](mailto:CommunityHealth@BSWHealth.org).

This document may be accessed at <http://BSWHealth.com/CommunityNeeds>.