


Baylor Scott & White Health Waco – McLennan County Health Community

Community Health Implementation Strategies 2019

An Action Plan for the Community Health Needs Assessment

Baylor Scott & White HEALTH

Waco – McLennan County Health Community Hospitals

- Baylor Scott & White Medical Center – Hillcrest
- Baylor Scott & White Clinic

Baylor Scott & White HEALTH

Approved by: Baylor Scott & White Medical Center – Hillcrest Board of Directors Oct. 25, 2019
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Table of Contents

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 health community served by Baylor Scott & White Medical Center – Hillcrest is Waco – McLennan County Health Community. This is the hospital's primary service area, where more than 80% of the hospital's 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. A community focus group, 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 increasing 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, which is our plan for addressing the identified needs.

We are pleased to present the 2019 Implementation Strategies for Waco – McLennan County Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The CHNA for Baylor Scott & White Medical Center – Hillcrest incorporates input from influencers such as key stakeholders, area residents, faithbased 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 three of those priorities to focus on in the Strategies, in partnership with the Baylor Scott & White Clinic:

- **Limited Access to Healthy Foods**
- **Average Number of Mentally Unhealthy Days Reported in Last 30 Days**
- **Uncontrolled Diabetes Admission**

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 Waco – McLennan County 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,

Glenn Robinson, FACHE
President
Baylor Scott & White Medical Center – Hillcrest
Waco – McLennan County Health Community

Waco – McLennan County Community Health Implementation Strategies

The Community Health Implementation Strategies for Waco – McLennan County 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 options for addressing the community's priority health needs (see CHNA Report **www.BSWHealth.com/CommunityNeeds**). This BSWH hospital facility is in McLennan County and more than 80% of the hospital's admitted patients live in the community. This written plan is intended to satisfy the requirements set forth in Internal Revenue Code (IRC) Section 501(r) (3) and the Texas Health and Safety Code Chapter 311 and will be made widely available to the public.

The overall purpose of the Implementation Strategies is to align the hospital's 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 Strategies include the following:

- A 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)
- Identification of programs and resources the hospital plans to commit to address the health needs
- Description of 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. **Vulnerable Populations:** there is a high need among vulnerable populations and/or vulnerable populations are adversely impacted
2. **Severity:** the problem results in disability or premature death or creates burdens on the community, economically or socially
3. **Root Cause:** the need is a root cause of other problems, thereby addressing it could possibly affect multiple issues

Waco – McLennan County 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	Individuals Living Below Poverty Level	SDH* – Income
2	Limited Access to Healthy Foods (Percent of Low Income)	Environment – Food
3	No Vehicle Available	Access to Care
4	Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Mental Health
5	Uncontrolled Diabetes Admission: Adult (Risk-Adjusted-Rate)	Chronic disease – Diabetes

*SDH – Social Determinant of Health

The facilities listed below collaborated to develop this joint implementation strategy addressing the significant health needs identified above. Hospital leadership selected the following health needs to confront in collaboration with the community and based on the anticipated impact, available hospital and clinic resources and the expertise of the respective facilities.

	COMMUNITY NEEDS ADDRESSED		
Facility	Limited Access to Healthy Foods (Percent of Low Income)	Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)	Uncontrolled Diabetes Admission
Baylor Scott & White Medical Center – Hillcrest	✓	✓	✓
Baylor Scott & White Clinic		✓	✓

Implementation Strategies

Priority 2: Limited Access to Healthy Food (Low Income) – In the United States, "food deserts" – neighborhoods and communities that have limited access to affordable and nutritious foods – tend to be located in urban and rural low-income neighborhoods. People who live in these areas are less likely to have access to supermarkets or grocery stores that provide healthy food choices. With limited or no access to food retailers or supermarkets that stock fresh produce, low-fat dairy, whole grains and other healthy foods, these populations may be more likely to suffer from high rates of diabetes, cardiovascular disease and obesity. The Texas state results for residents with limited access to healthy foods, due to the percent of low income, is 8.7%. McLennan County was statistically significant and nearly 2.5 times higher at 20.2%.

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Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Partner with local community organizations like Caritas of Waco that target the hungry	Consistent access to healthy foods; Positive medical outcomes and fewer instances of chronic health conditions	$1,250 in Program support	Number of clients served	• Caritas of Waco
Partnership with Mission Waco to offer the Jubilee Market, containing affordable fresh fruits and vegetables in a food desert of McLennan County	Regular provision of healthy food to low-income community resulting in improved health outcomes	$4,200 in program support	Meals provided; Clients served	• Mission Waco
Central Texas Food Bank Diabetes Box Program support	Diabetics receive diabetes-friendly meals, one-on-one support for disease management and connection to a primary care provider	$5,000 in program support	Program participants; A1C levels; Counseling sessions	• Central Texas Food Bank

Priority 2: Limited Access to Healthy Food (Low Income)

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Host a Farmer's Market for the community	Healthy produce is available to the community, patients and staff	In-kind donation of venue for the market; Staff time coordinating farmers and event logistics	Attendance at the market from May-September months	• Lawhon Farms
Meals on Wheels support for the homebound	Meals are provided on a regular basis to the homebound	$1,000 in program support; Staff time assisting with meal delivery	Number of people served	• Meals on Wheels
Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy	Increased access to primary care and/or specialty care for indigent persons regardless of their ability to pay	Healthcare infrastructure; Supplies; Staff	Number of persons receiving financial assistance; Unreimbursed Cost of Care	

Priority 4 : Average Number of Mentally Unhealthy Days* Reported in Past 30 Days (Age-Adjusted) – Mental health services are an area of need, especially for the most vulnerable children and seniors. Overall health depends on both physical and mental well-being. Measuring the number of days when people report poor mental health days represents an important facet of health-related quality of life. One study found that counties with more unhealthy days were likely to have higher unemployment, poverty, higher percentage of adults who did not complete high school, mortality rates and prevalence of disability. McLennan County residents reported an average of 3.8 mentally unhealthy days in the past 30. This was greater than the Texas benchmark by 12.1%.

*Mentally unhealthy days are a self-reported measure in response to the following questions:

1. Thinking about your mental health, which includes stress, depression and problems with emotions, how many days during the past 30 days was your mental health not good?
2. During the past 30 days, approximately how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

BAYLOR SCOTT & WHITE MEDICAL CENTER – HILLCREST

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Increased use of technology such as TelePsych to increase the number of targeted individuals who can access mental health professionals for treatment	Reduced number of reported mentally unhealthy days; Improved rate at which mental health consult is provided (less wait time for patient)	TelePsych program costs	Number of TelePsych visits; Reduced wait time for consult; Number of placements in mental health care facility	• TelePsych • MHMR
Local task force representation and advocacy for mental health resources	The community will have access to more resources for mental health	Hospital executives' time spent doing advocacy work	Number of people served by new programs; Reduced ED usage for non-urgent issues	• Chamber of Commerece • MHMR • Prosper Waco • United Way • Others

Priority 4 : Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Green Gown Initiative: Patients at high risk of having an urgent mental health need will be given a green gown to help identify them for healthcare workers to assist quickly and be able to refer them to wrap around services for continued assistance	Patients with an urgent mental health need will receive quicker access to a provider and will receive appropriate referrals to community resources	Staff time developing and implementing program	Number of patients screened; Numbers of referrals made	• MHMR • TelePsych • Law Enforcement
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to mental healthcare and services for the community	Improved access to care	Community Benefit fund budget; Management staff	Persons served; Cost of service provision; Health outcomes	• Community organizations applying for support
Faith Community Health: Members of the Faith Community are trained to connect community members to health and social services available in the area. This is an effort to integrate faith workers and healthcare through health educators, faith community nurses, home visits and church volunteer members	Help all populations reach optimal health by integrating faith communities with healthcare to increase effective patient navigation, education and support	Volunteer training; Staff time managing program	Number of community partners developed; Number of training classes offered; Number of persons served; Cost of program; Hospital readmissions rate	• Local churches

Priority 4 : Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)

BAYLOR SCOTT & WHITE CLINIC

Action/Tactics	Anticipated Impact	Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Clinics will ensure part-time to full-time placement of at least one behavioral health specialist in each primary care clinic to allow for referral treatment in the primary care setting	Reduced number of reported mentally unhealthy days; Improved rate at which mental health consult is provided (less wait time for patient)	Behavioral Health providers salary; LSW support staff salary	Tracking PHQ9 scores; GAD 7 scores, measured by eligible patients age 12 and older, not diagnosed with depression, who had a standard depression screening within the last 12 months	• Community partners that are referred to as needed
Group therapy sessions	Identify patients at risk for behavioral health issues that keep them from achieving good quality of life	Staff time	Patient volume; Participation in therapy sessions	
Faith Community Health: Members of the Faith Community are trained to connect community members to health and social services available in the area. This is an effort to integrate faith workers and healthcare through health educators, faith community nurses, home visits, and church volunteer members	Help all populations reach optimal health by integrating faith communities with healthcare to increase effective patient navigation, education and support	Volunteer training; Staff time managing program	Number of community partners developed; Number training classes offered; Number of persons served; Cost of program; Hospital readmissions rate	• Local churches

Priority 5 : Uncontrolled Diabetes Admissions – Hospital admissions for uncontrolled diabetes is considered an avoidable event. Diabetes, when properly controlled through health management and outpatient care, should not result in the need for inpatient care. When a community has elevated rates for hospital admissions due to uncontrolled diabetes, it points to challenges in health education, behavior modification and the outpatient care system.

McLennan County had a risk-adjusted rate of 50.7 adult admissions for uncontrolled diabetes per 100,000 population. This score was 25.5% higher than the Texas benchmark.

BAYLOR SCOTT & WHITE CLINIC

Action/Tactics	Anticipated Impact	Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Diabetes Education Seminar	Diabetic patients are better able to manage their disease; Lower hospital admissions	Staff time facilitating and lecturing	Hospital admission rates; A1C levels of participants	• Baylor Scott & White Research Institute • Hillcrest Family Health Center Clinical Research
Monthly group session offered by Waco Clinic free of charge on a variety of health topics	Diabetic patients are better able to manage their disease; Lower hospital admissions	Staff time	Support group participant number; A1C levels of participants; Diabetic admission rates	
Diabetic Research Studies at Bosque Clinic conducted with Baylor Scott & White Research Institute and the Hillcrest Family Health Center Clinical Research team	Ongoing research studies aim to identify better treatment options for patients with diabetes	Cost of participation covered for patients in research program; Staff time running program at Bosque Clinic	A1C levels of participants; Disease management success; Insulin side effects	

Priority 5 : Uncontrolled Diabetes Admissions

BAYLOR SCOTT & WHITE MEDICAL CENTER – HILLCREST				
Action/Tactics	**Anticipated Impact**	**Hospital Resources Contributed** (Programs, Staff, Budget)	**Outcomes to Measure**	**Community Organization Collaborators** (if applicable)
Getterman Center Diabetes program - free 4 week education program	Diabetic patients are better able to manage their disease;. Lower hospital admissions	Staff time; Program materials	Hospital admission rates; A1C levels of participants	
Inpatient Education Department training of new staff; Onboarding classes and refreshing policies on proper diabetic patient care and education	Reduction in hospital admission due to better diabetes management	Inpatient diabetic educator	Hospital admission rates; Number of staff trained/ retrained	
Continued enhancement of internal processes/ patient education to reduce diabetes admissions	Lower number of preventable admission due to poor diabetes management	Social work time pulling data	DRG admissions for diabetes and related conditions	
American Diabetes Association support in the local community	ADA resources are made available to the community and promoted so that community has better awareness of offerings	$5,000 donation to American Diabetes Association	Number reached through promotional efforts	• American Diabetes Association
Cash and in-kind contributions to other not-for-profit community organization existing to increase access to diabetic care for the community	Improved access to care	Community Benefit fund budget; Management staff	Persons served; Amount of contributions; Health outcomes	• Community organizations applying for support

Priority 5 : Uncontrolled Diabetes Admissions

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
In-kind medical supply and equipment donations to local non-profits supporting health care programs	Other non-profit organizations are better able to help patients at a first touch point rather than having to send to the hospital for care	Faith in Action Initiatives; Cost of donated supplies	Reduced readmissions; Number served; Cost of supplies	• Local community health care providers
Faith Community Health: Members of the Faith Community are trained to connect community members to health and social services available in the area. This is an effort to integrate faith workers and healthcare through health educators, faith community nurses, home visits, and church volunteer members	Help all populations reach optimal health by integrating faith communities with healthcare to increase effective patient navigation, education and support	Volunteer training; Staff time managing program	Number community partners developed; Number training classes offered; Number of persons served; Cost of program; hospital readmissions rate	• Local churches

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:

- **Individuals Living Below Poverty Level**
- **No Vehicle Available**

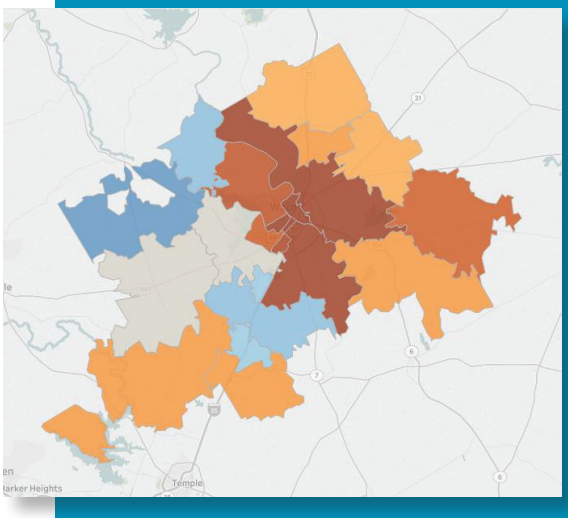
There are multiple community and state agencies whose expertise and infrastructure are better suited for meeting the needs not addressed in the Community Health Implementation Strategies. Therefore, BSWH leadership has opted to focus its resources on the listed priorities for the betterment of the community.

Composite 2018 Community Need Index

The Community Need Index shows the high-need areas in Waco – McLennan County Health Community in contrast to the state of Texas and the U.S.

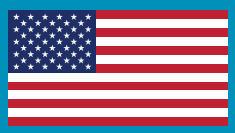
Composite 2018 Community Need Index: high scores indicate high need.

0.0 — 5.0



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).

State and National
Composite CNI Scores



3.9 **3.0**

CTX Waco – McLennan
Composite CNI Score

3.8

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**.

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