



# **Baylor Scott & White Health Waxahachie Health Community Community Health Implementation Strategies 2019**

An Action Plan for the Community Health Needs Assessment





# Waxahachie Health Community Hospital

- **Baylor Scott & White Medical Center – Waxahachie**



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# 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 hospital facility has defined its community to include Dallas and Ellis counties. At least 80% of the hospital's admitted patients live in this geographic area.


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 Waxahachie 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 priorities to focus on in the Strategies:

- **Ratio of Population to One Non-Physician Primary Care Provider**
- **Ratio of Population to One Primary Care Physician**

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 Waxahachie 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 President  
Waxahachie Health Community

# Waxahachie

## Community Health Implementation Strategies

The Community Health Implementation Strategies for Waxahachie 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)). The Waxahachie Health Community spans an area of north Texas including Dallas and Ellis counties, where at least 80% of the hospital's 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 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 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

**Magnitude:** the need impacts a large number of people, actually or potentially

2

**Vulnerable Populations:** there is a high need among vulnerable populations and/or vulnerable populations are adversely impacted

3

**Feasibility:** the problem is amenable to interventions; technology, knowledge, or resources can effect a change; or the problem is preventable

## Waxahachie 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        | Ratio of Population to One Non-Physician Primary Care Provider | Access to Care   |
| 2        | Ratio of Population to One Primary Care Physician              | Access to Care   |
| 3        | Ratio of Population to One Mental Health Provider              | Mental Health    |
| 4        | Uninsured Children   | Access to Care   |
| 5        | Ratio of Population to One Dentist                             | Access to Care   |

The hospital collaborated to conduct this implementation strategy and has 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 the hospital facility.

| COMMUNITY NEEDS ADDRESSED                        |  |   |
|--|--|---|
| Facility   | Ratio of Population to One Non-Physician Primary Care Provider | Ratio of Population to One Primary Care Physician |
| Baylor Scott & White Medical Center – Waxahachie | ✓  | ✓   |



## Implementation Strategies

**Priority 1: Ratio of Population to One Non-Physician Primary Care Provider** – There is a nationwide scarcity of physicians across the United States. While particularly challenging in small towns and cities, metropolitan areas are not exempt. Demographic shifts, such as growth in the elderly or near elderly populations increase the need for primary care access. Estimates vary, however, it is agreed that thousands of additional primary care providers (PCPs) are needed to meet the current demand and that tens of thousands of additional caregivers will be needed to meet the growing aging population across the country.

Primary care physician extenders (e.g. nurse practitioners, physician assistants and clinical nurse specialists) could help close the gap in access to primary care services when they are located in a community. Physician extenders expand the scope of primary care providers within a geographic area and help bridge the gap to both access to care and management of healthcare costs.

**Priority 1: Ratio of Population to One Non-Physician Primary Care Provider**

| BAYLOR SCOTT & WHITE MEDICAL CENTER – WAXAHACHIE  |   |   |  |   |
|---|---|---|--|---|
| Action/Tactics  | Anticipated Impact  | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure  | Community Organization Collaborators<br>(if applicable) |
| Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community  | Increased access to care in the community                                   | BSWH Community Support Fund                                 | Number of persons served<br>Impact as stated by recipient organization | Community social service organizations                  |
| Train non-physicians and other non-physician staff to relieve the identified workforce shortage   | Number of nurses and ancillary service line staff educated in the community | Staff expert trainers<br>Cost of supervision                | Number served<br>Number of school/university partners                  | Area colleges & universities                            |
| Workforce Development - plans for additional staff to manage the identified medically underserved areas of nursing, nurse practitioners, behavioral health and community health | Number of nurses and ancillary service line staff hired                     | Budget  | Number of persons hired  |   |

**Priority 2: Ratio of Population to One Primary Care Physician** – Primary care includes family medicine, internal medicine, nursing, nurse practitioners, pharmacy, pediatrics, general obstetrics/gynecology, gerontology, behavioral health, community health, and the other people and professions fulfilling the general medical needs of patient populations.

Primary care professionals serve on the front lines of healthcare. For many individuals, they are the first point of contact with the healthcare system, and often are the first to recognize signs of depression, early signs of cancer or chronic disease, and other health concerns. Primary care providers ensure patients receive the right care, in the right setting, by the most appropriate provider, and in a manner consistent with the patient’s desires and values. Primary care is important because it lowers costs. Access to primary care helps to keep people out of emergency rooms, where care costs are much higher than other outpatient care. Annual check-ups can catch and treat problems earlier; this is less costly than treating severe or advanced illness.

Ellis County had primary care physician access of one physician to every 2,406 county residents. The Texas average of one primary care physician to every 1,670 residents means Ellis County was performing worse than the Texas state benchmark by 44%. Primary care physician access was ranked in the top 10 needs for the community when public health indicators were analyzed for the CHNA. Due to the length of time, effort and expense in recruiting physicians, it would serve the community to identify physicians in the community that are over 50 years old and then develop a comprehensive physician succession plan.

## Priority 2: Ratio of Population to One Primary Care Physician

| BAYLOR SCOTT & WHITE MEDICAL CENTER – WAXAHACHIE   |   |   |   |   |
|--|---|---|---|---|
| Action/Tactics   | Anticipated Impact  | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure                             | Community Organization Collaborators<br>(if applicable) |
| Workforce Development<br>- plans for additional staff to manage the identified medically underserved areas of family medicine, internal medicine, general obstetrics/ gynecology , gerontology, behavioral health and community health | Increased number of physicians available to the community | Budget  | Number of physicians recruited                  |   |
| BSWH provides quality emergency and urgent care to all persons   | Increased number of physicians available to the community | Healthcare infrastructure<br>Budget<br>Supplies<br>Staff    | Number of uninsured ED visits<br>Length of stay |   |
| Discounted care as outlined in the BSWH financial assistance policy. The hospital will provide the level of financial assistance consistent with certain state requirements applicable to nonprofit hospitals                          | Increased access to healthcare for uninsured populations  | Hospital infrastructure<br>Supplies<br>Staff                | Length of stay                                  |   |

## Priority 2: Ratio of Population to One Primary Care Physician

| Action/Tactics  | Anticipated Impact  | Hospital Resources Contributed<br>(Programs, Staff, Budget) | Outcomes to Measure  | Community Organization Collaborators<br>(if applicable) |
|---|---|---|--|---|
| The hospital will conduct enrollment services to assist in the qualification of the medically underserved for programs enabling access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs for use in any hospital within or outside the hospital | Increased access through qualifications for provision of services by those accepting means-tested government programs | Access Services   | Number enrolled  |   |
| Community Health Education programs for underserved and underinsured populations  | Increased awareness of health conditions/ illnesses, signs and symptoms   | Staff time<br>Expert staff<br>Budget                        | Expert staff<br>Number of persons served<br>Cost of provision of service |   |
| Workforce Development – plans for additional staff to manage the identified medically underserved areas of family medicine, internal medicine, general obstetrics/ gynecology, gerontology, behavioral health and community health  | Increased physician access in the medically underserved community   | Staff time  | Number of Physicians hired   |   |

## 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.

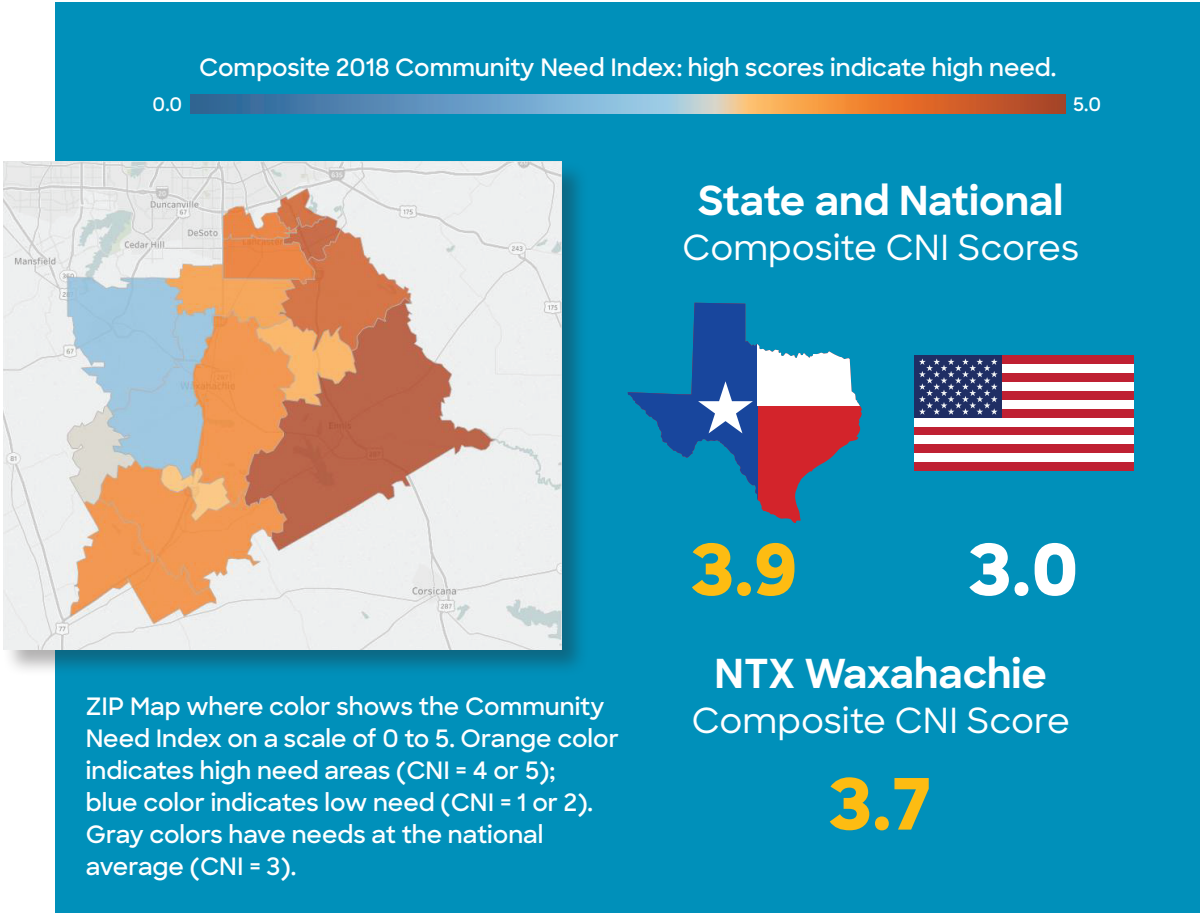
Needs not addressed:

- **Ratio of Population to One Mental Health Provider**
- **Uninsured Children**
- **Ratio of Population to One Dentist**

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 Waxahachie 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>.