



# **Baylor Scott & White Health West Fort Worth Health Community**

**Community Health Implementation Strategies 2019**

An Action Plan for the Community Health Needs Assessment





# West Fort Worth Health Community Hospitals

- **Baylor Scott & White All Saints Medical Center – Fort Worth**
- **Baylor Scott & White Institute for Rehabilitation – Fort Worth**
- **Baylor Scott & White Surgical Hospital – Fort Worth**



# Table of Contents

Executive Summary	2
A Letter from the Presidents	4
West Fort Worth Community Health Implementation Strategies	5
West Fort Worth Health Community Needs	6
Implementation Strategies Addressing:	7
Ratio of Population to One Mental Health Provider	7
Uninsured Children	9
Ratio of Population to One Non-Physician Primary Care Provider	12
Depression in Medicare Population	16
Community Needs Not Addressed	19
Composite 2018 Community Need Index	20
Program Evaluation	21

# 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 served by these hospital facilities included multiple counties in the geographic area where at least 75% 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; 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 West Fort Worth Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The joint 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 Mental Health Provider**
- **Uninsured Children**
- **Ratio of Population to One Non-Physician Primary Care Provider**
- **Depression in Medicare Population**

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 West Fort Worth 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  
West Fort Worth Health Community

# West Fort Worth Community Health Implementation Strategies

The Community Health Implementation Strategies for West Fort Worth 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 collaborating BSWH hospital facilities include Hood, Tarrant, Johnson, and Parker counties and the geographic area is where at least 75% 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 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

## West Fort Worth 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 Mental Health Provider	Mental Health
2	Uninsured Children	Access to Care
3	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
4	Alzheimer's Disease/Dementia in Medicare Population	Mental Health
5	Depression in Medicare Population	Mental Health

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	Ratio of Population to One Mental Health Provider	Uninsured Children	Ratio of Population to One Non-Physician Primary Care Provider	Depression in Medicare Population
Baylor Scott & White All Saints Medical Center – Fort Worth	✓	✓	✓	✓
Baylor Scott & White Institute for Rehabilitation – Fort Worth				✓
Baylor Scott & White Surgical Hospital – Fort Worth			✓	

## Implementation Strategies

**Priority 1: Ratio of Population to One Mental Health Provider** – Access to mental health providers and services is an issue nationally. An estimated 9 million adults (or 1 in 5) report having an unmet mental health need and mental health provider shortages across the country continue to exist. Cities and rural areas both faced accessing mental health care services. While more rural areas may face additional issues in accessing providers, more urban areas may have a greater number of people impacted. Primary care providers (PCPs) are often relied upon to help identify patients with mental health needs. Communities that have a lack of primary care providers may face even more challenges in addressing the need.

According to the CMS National Provider Identification File, the ratio of residents in Parker County served by each mental health provider was 2,088, compared to the Texas state ratio of 1:1,012. Johnson County had a ratio of 1:1,471. These counties have a relative difference from the Texas state benchmark of 106.3% and 45.4% respectively.

**Priority 1: Ratio of Population to One Mental Health Provider**

BAYLOR SCOTT & WHITE ALL SAINTS MEDICAL CENTER – FORT WORTH				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (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 non-physician mental health providers through community organizations supporting mental health needs	Budget Staff time	Number of persons served	Community social service organizations
BSWH provides quality emergency and urgent care to all persons, insured or uninsured	Increased access to emergency mental health needs	Healthcare infrastructure Budget Supplies Staff	Number of visits Length of stay Number of referrals	Community mental health providers
Provide referrals for psychiatric consults for underserved and underinsured clinic patients with mental/behavioral health needs	Increased access to mental health care	Budget Staff evaluators	Number of referred Amount of donation provided	John Peter Smith Hospital

**Priority 2: Uninsured Children** – Lack of health insurance coverage is a significant barrier to accessing needed healthcare services and often places children in precarious and dangerous healthcare situations. Children are often the most vulnerable and at risk to changes in financial situations as they are most affected by lack of insurance, transportation, parental knowledge and secure housing.

The Kaiser Family Foundation released a report in 2017 concerning the uninsured crisis facing the nation. One key finding was that “Going without coverage can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems. Being uninsured can also have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt” The focus group participants discussed an increase in undocumented residents in the West Fort Worth Health Community. These groups often do not qualify for at-risk programs and parents are afraid of contact with healthcare entities, due to their status. Growing populations of uninsured in any community can easily stress social agencies and healthcare providers. Schools often become de facto primary care healthcare providers, which taxes the school system and its healthcare staff.

Uninsured children were one of the top 10 ranked needs for the West Fort Worth Health Community-based analysis of public indicator data. The percentage of uninsured children in Johnson County was 13.0%, which was 29.6% difference relative to the Texas state benchmark of 10.0% (relative difference). The portion of this community that includes Johnson County has a greater relative need and a potentially vulnerable population.

## Priority 2: Uninsured Children

### BAYLOR SCOTT & WHITE ALL SAINTS MEDICAL CENTER – FORT WORTH

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Improved access to care for uninsured children	Budget	Number of children served	Jewel Charities Mothers' Milk Bank March of Dimes
Provide a medical home for children needing comprehensive primary care services, chronic disease education and management, and community-based care coordination	Increased access to non-physician primary care	Budget Infrastructure	Number of patients served Number of referrals	Community Care Clinic
Provide education on the safest sleep habits for infants	Increased understanding of how to avoid sleep-related infant death for parents of uninsured children	Expert staff Budget	Number of attendance at education events Pre/post event evaluations	Safe Sleep Collaborative
Collaborate with the American College of Obstetricians and Gynecologists and the federal Maternal and Child Health Bureau	Increased understanding and strategic community efforts to avert fetal and infant mortalities	Expert staff Budget	Number of case reviews provided	Fetal and Infant Mortality Review Board

## Priority 2: Uninsured Children

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide wellness programs for children including vaccinations and health screenings and general fitness	Increased access to care for uninsured children	Staff time Supplies	Number of vaccinations provided Number screenings held Number of out-of-norm screenings Number of referrals made	FitWorth
Provide infant sleep sacks to underserved/underinsured children	Increased feelings of security and freedom of leg movement without danger of loose fabric around the infant head	Staff Supplies	Number sleep sacks provided to uninsured infants	
Provide access to health services through community care program	Improved access to care for uninsured children	Staff Community relationships	Number of children served Funds provided	

**Priority 3: 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.

Parker and Johnson counties have a need for non-physician primary care providers when compared to the overall Texas provider ratio of one provider to 1,497 residents. Johnson County has one provider to 2,592 residents. Parker County has one provider to 3,596. The values for these counties are 73.1% and 140.2% higher than the state of Texas benchmark.

### Priority 3: Ratio of Population to One Non-Physician Primary Care Provider

#### BAYLOR SCOTT & WHITE ALL SAINTS MEDICAL CENTER – FORT WORTH

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide health education and health screenings to a culturally diverse demographic	Increased access to non-physician primary care	Staff Community relationships	Number of events Number served	African American Health Expo Hispanic Wellness Coalition
Provide a medical home for patients needing comprehensive primary care services, chronic disease education and management, and community-based care coordination	Increased access to non-physician primary care	Budget Infrastructure	Number of patients served	Community Care Clinic
To help address the State's health care workforce shortage BSWH provides a clinical training program to prepare physicians and nurses for the medical workforce	Increased access to non-physician primary care	Education staff Supervisory staff	Number of referrals Number of nurses educated Number of ancillary service line students educated	Area colleges and universities
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Increased access to free healthcare through community social service agencies	Community Support Fund	Persons served Health outcomes	American Heart Association

### Priority 3: Ratio of Population to One Non-Physician Primary Care Provider

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Research including clinical and community health research and studies on healthcare delivery that are generalizable, shared with the public and funded by the government or a tax-exempt entity including any of the entities in this health community	Increased access to non-physician primary care providers through research healthcare delivery	Staff Budget	Research expense	Baylor Research Institute
Provide preventative health screenings and health education to vulnerable populations based on zip code through community outreach events	Increased access to non-physician primary care	Staff Budget Supplies	Number of events Number served Number screened Number of out-of-norm screenings Number of referrals to care	FitWorth
Provide CME's to physicians and staff in outlying areas	Increased licensure of primary care non-physician providers	Staff Experts Budget	Number of events Number of non-physician, non-Baylor employee primary care providers educated	
Charity Care provision	Access to care through provision of services to uninsured and underinsured in the community	Budget Staff	Number served	

**Priority 3: Ratio of Population to One Non-Physician Primary Care Provider**

BAYLOR SCOTT & WHITE SURGICAL HOSPITAL – FORT WORTH				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
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 assistance Unreimbursed cost of care	

**Priority 5: Depression in Medicare Population** – Depression is a true and treatable condition and not a normal result of aging. However, a number 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. 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 noted that the 65 and older population in the West Fort Worth Health Community is growing and a data analysis estimates this age cohort is estimated to grow by 23.8% by 2023, adding just over 43,087 seniors to the community. Johnson and Tarrant counties had higher percentages of depression in the Medicare population when compared to the Texas benchmark for this indicator. In Johnson County 19.0% of Medicare beneficiaries have depression; 27.7% higher than the Texas benchmark of 14.9%. Tarrant county had a rate of 17.9% which was 20.1% higher than state benchmark. These portions of the community demonstrated a higher relative need and potential vulnerable population among seniors.

### Priority 5: Depression in Medicare Population

BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION – FORT WORTH				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Implement a screening and order process for Neuro-psychologist's involvement on cases	Increased access to mental healthcare services	Staff Neuropsychologist	Number of screenings provided	
Begin providing a Brain Injury support group	Increased access to care for Medicare population suffering from depression following stroke	Staff expertise Budget	Number of patients served	
Support Group Referrals	Increased access to care for Medicare population suffering from depression	Staff time	Number of patients referred	Carter Fitness Center

**Priority 5: Depression in Medicare Population**

BAYLOR SCOTT & WHITE ALL SAINTS MEDICAL CENTER – FORT WORTH				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Support mental health and behavioral health issue through financial donations providing services to the target population	Increased access to care	Budget Staff	Number served Services provided	Mental Health Association
Provide referrals for psychiatric consults for underserved and underinsured clinic patients with mental/behavioral health needs	Improved access to mental health care services	Budget Infrastructure	Number referred Number served Services provided	John Peter Smith Hospital
Provide support groups and art therapy for cancer survivors and caretakers	Improved mental health	Staff Experts Budget	Number served Services provided	Joan Katz Breast Center SHINE On!

## 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.

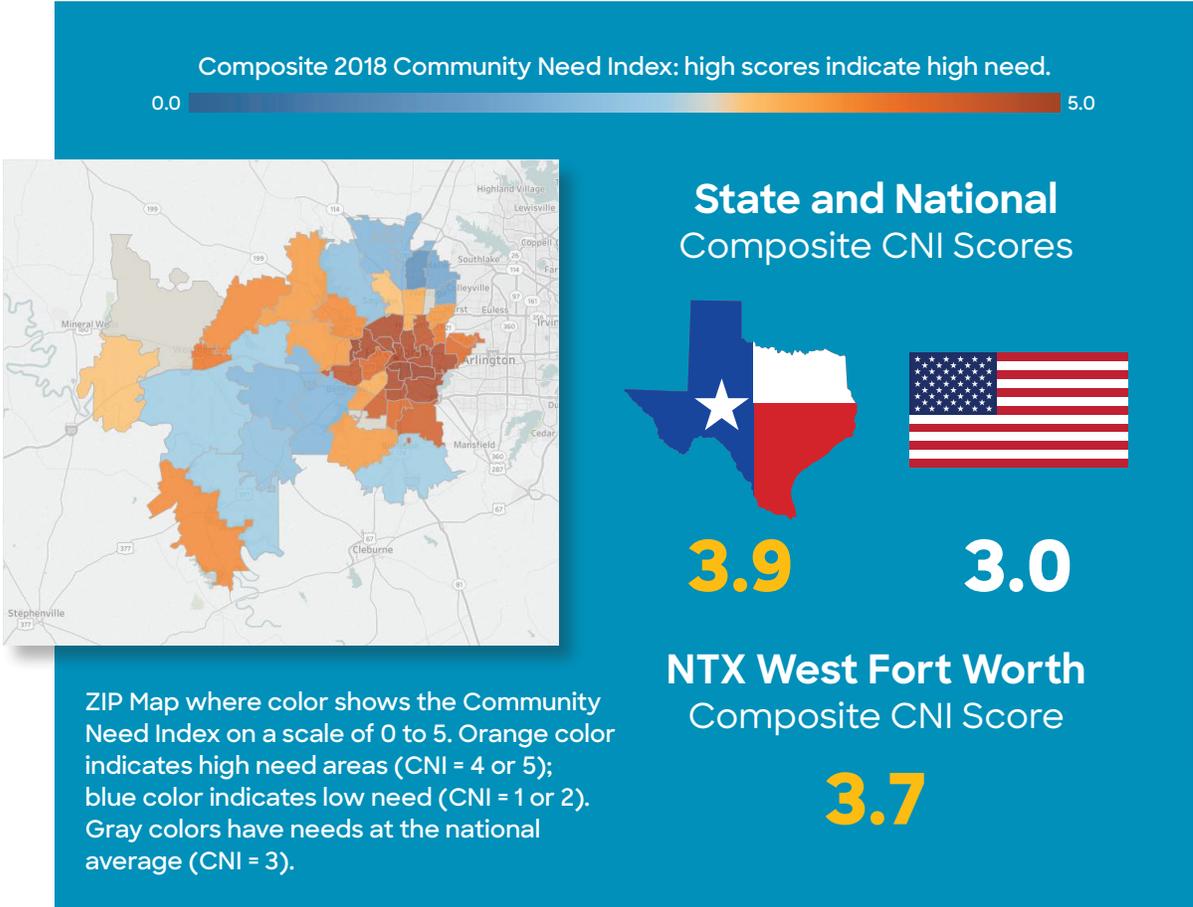
Need not addressed:

- **Alzheimer's Disease/Dementia in Medicare Population**

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 West Fort Worth 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>.