Baylor Scott & White Health
Community Health Needs Assessment

Lake Pointe/Rockwall Health Community

Baylor Scott & White Medical Center - Lake Pointe
Baylor Scott & White Emergency Hospital - Rockwall

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

Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.
Mission
Strategies
Health
Experience
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Values
To be the trusted leader, educator and innovator in value-based care delivery, customer experience and affordability.
Ambition

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 that applies to the following BSWH hospital facilities:

- Baylor Scott & White Medical Center - Lake Pointe
- Baylor Scott & White Emergency Hospital - Rockwall

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 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, this clarified the assignment of severity rankings of 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/or 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 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	Ratio of Population to One Dentist	Access to Care
2	Ratio of Population to One Primary Care Physician	Access to Care
3	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
4	Percentage of Population Under Age 65 Without Health Insurance	Access to Care
5	No Vehicle Available	Access to Care
6	Severe Housing Problems	Environment - Housing

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 also 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

BSHW 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

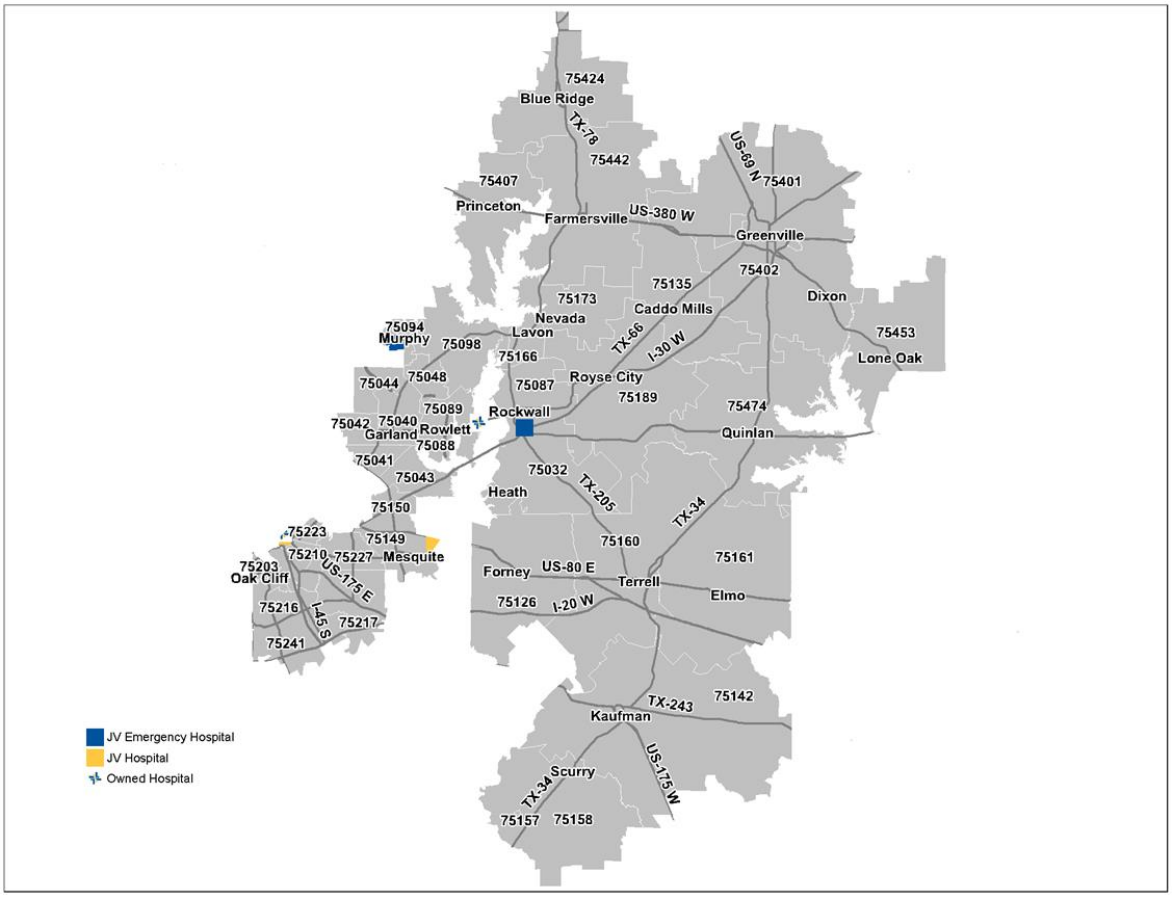
BSWH owns and operates multiple individually licensed hospital facilities serving the residents of North and Central Texas. Two hospital facilities with overlapping communities have collaborated to conduct this joint community health needs assessment. This joint community health needs assessment applies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

- Baylor Scott & White Medical Center - Lake Pointe
- Baylor Scott & White Emergency Hospital - Rockwall

Community Served Definition

The community served by the collaborating BSWH hospital facilities includes the ZIP codes listed below and spans multiple counties in the Lake Pointe and Rockwall areas of north Texas including Collin, Dallas, Hunt, Kaufman, and Rockwall counties. The community includes the geographic area where at least 75% of the hospital facilities' admitted patients live.

BSWH Community Health Needs Assessment
Lake Pointe/Rockwall Health Community Map



Source: Baylor Scott & White Health, 2019

75004 75018 75031 75064 75073 75096 75121 75164 75166 75173 75407 75424 75442 75203 75210 75215 75216 75217 75223 75226 75227 75241 75246 75277 75303 75315 75339 75353 75371 75142 75157 75158 75040 75041 75042 75043 75044 75045 75046 75047 75049 75389 75126 75118 75160 75161 75149 75150 75185 75187 75030 75032 75087 75088 75089 75132 75401 75402 75403 75404 75453 75005 75066 75135 75189 75474 75048 75094 75098

Assessment of Health Needs

To identify the health needs of the community, the hospital facilities established a comprehensive method 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 Lake Pointe /Rockwall Health Community needs analysis are Dallas, Kaufman, and Rockwall counties.

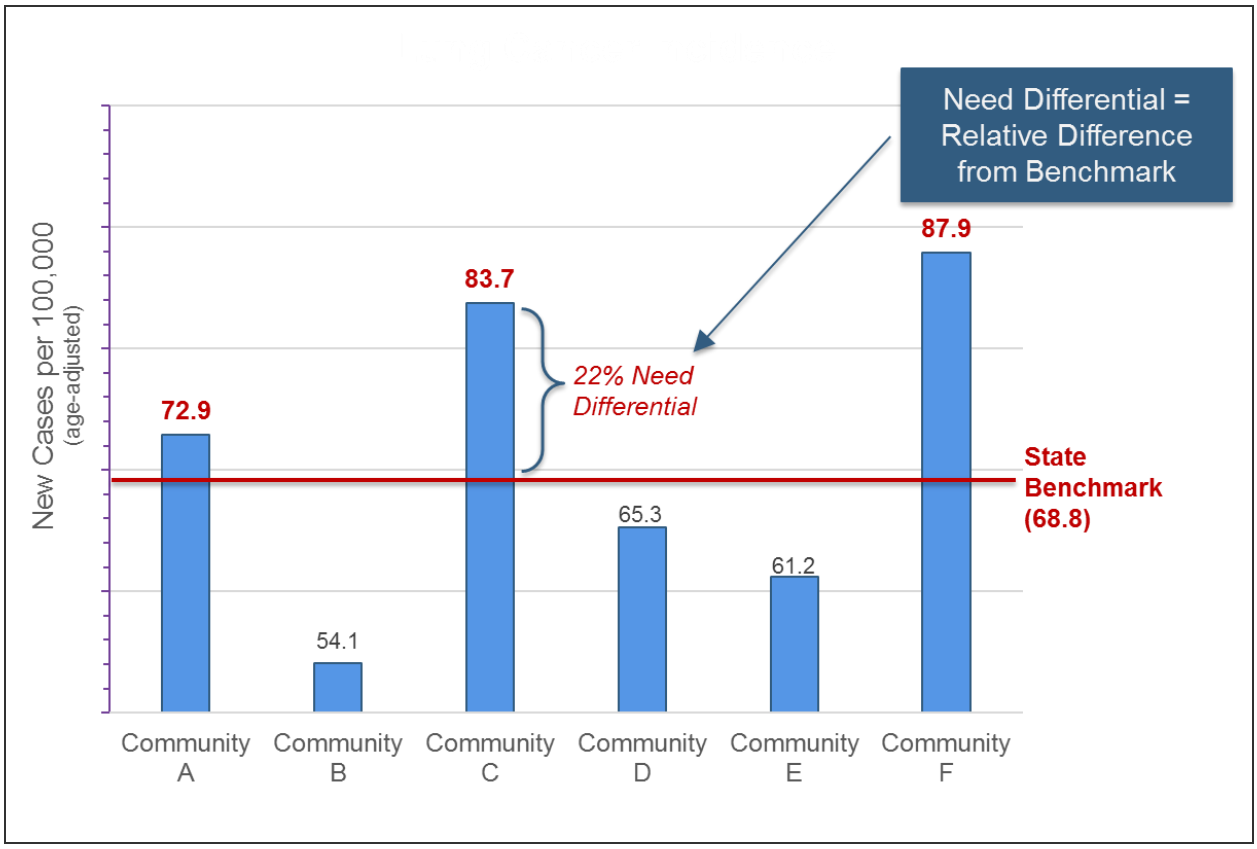
A benchmark analysis conducted for each indicator collected for the community served, determined which public health indicators demonstrated a community health need from a quantitative perspective. Benchmark health indicators included (when available): overall U.S. values; state of Texas values; and 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 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, two (2) focus groups with a total of 23 participants, and three (3) 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.

The focus group 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 facility. The interviews aided in gaining understanding and insight into participants concerns about the general health status of the community and 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.

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
Agape Clinic		X	X	X	X		X
Baylor Scott & White Health	X	X	X	X	X		X
Bridge Breast Network		X	X		X		X
Cancer Care Services	X	X	X	X	X		X
Citysquare	X	X	X	X	X		X
Cornerstone Baptist Church	X	X	X	X	X		X
Dallas County Health and Human Services	X		X				
Legal Aid of Northwest Texas			X				
Metrocare	X	X	X	X	X		X
North Texas Food Bank			X				X
Office of The County Judge - Dallas County	X	X	X	X	X		X
Sharing Life Community Outreach Inc			X				
Society of St. Vincent De Paul of North Texas		X	X	X	X		
United Way Metropolitan Dallas		X	X	X	X		
Urban Inter-Tribal Center of Texas		X	X	X	X		X

Note: multiple persons from the same organization may have participated

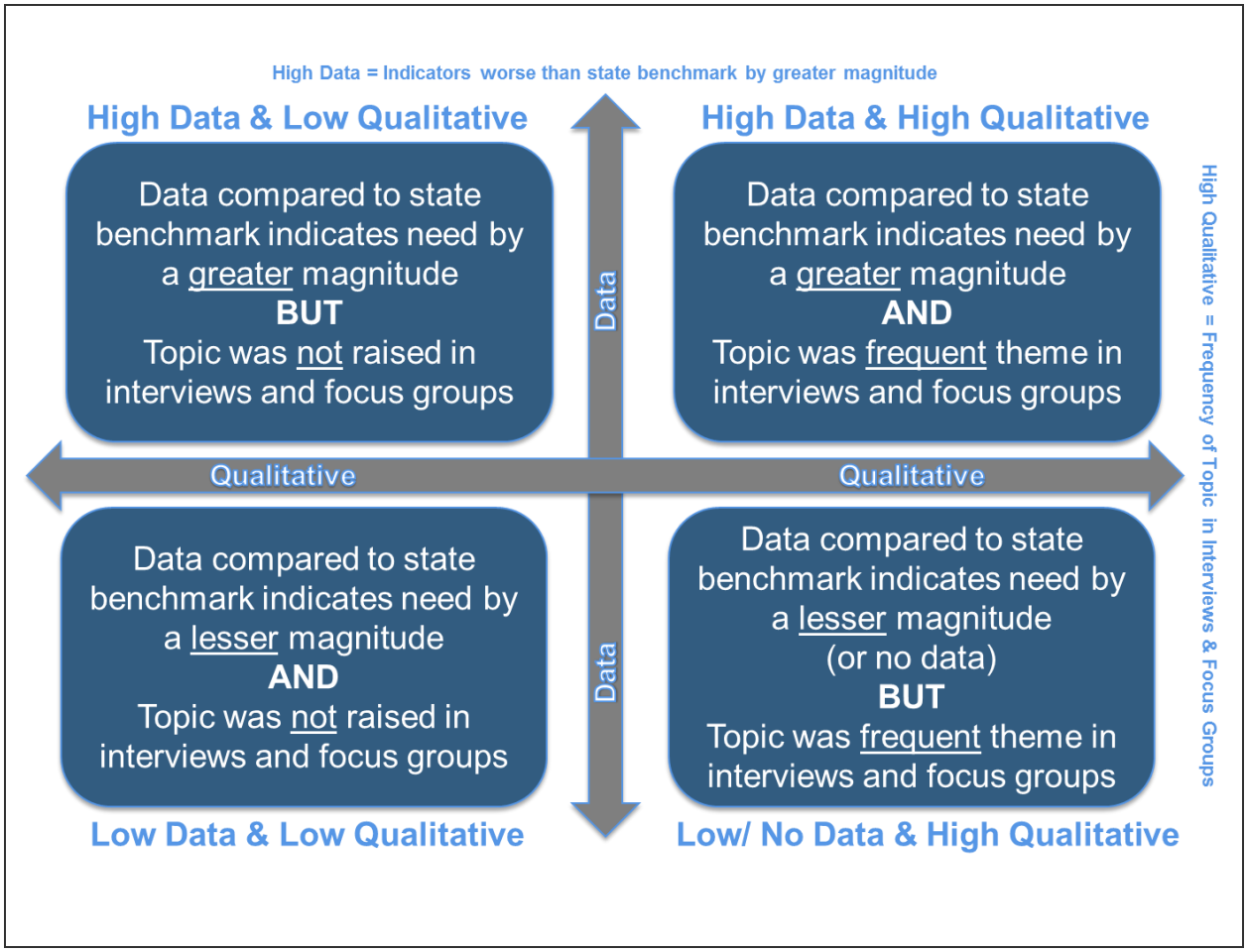
In addition to soliciting input from public health and various interests of the community, the hospital facilities were also required to consider written input received on their most recently conducted CHNA and subsequent implementation strategies. The assessment is available to receive public comment 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 hospital facility 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, six (6) 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 group 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. Community Strength: extent that initiatives to address the issue can build on existing community strengths and resources
3. Severity: the problem results in disability or premature death or creates burdens on the community, economically or socially
4. 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 four (4) identified criteria utilizing a scale of one (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 proved 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**.

Lake Pointe/Rockwall Health Community CHNA

Demographic and Socioeconomic Summary

According to population statistics, the community served projects a faster growth rate than Texas and the United States. The median age was younger, and the median income was higher than Texas overall and the country. The community served had more Medicaid beneficiaries than Texas and more uninsured individuals than Texas and the U.S.

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

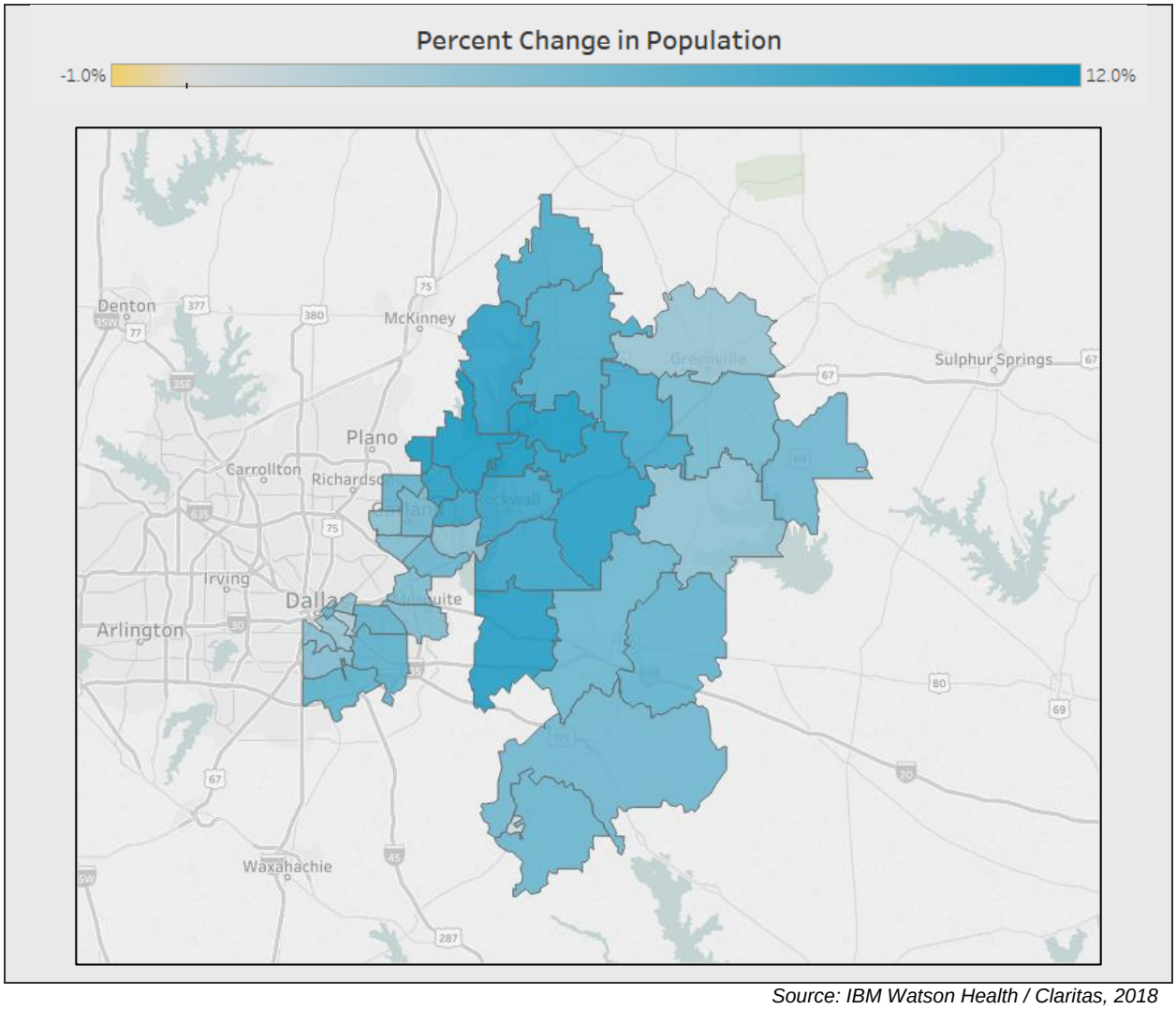
Geography		Benchmarks		Community Served
		United States	Texas	Lake Pointe/ Rockwall Health Community
Total Current Population		326,533,070	28,531,631	1,152,969
5 Yr Projected Population Change		3.5%	7.1%	7.5%
Median Age		42.0	38.9	36.8
Population 0-17		22.6%	25.9%	27.4%
Population 65+		15.9%	12.6%	11.5%
Women Age 15-44		19.6%	20.6%	20.7%
Non-White Population		30.0%	32.2%	44.3%
Hispanic Population		18.2%	39.4%	33.9%
Insurance Coverage	Uninsured	9.4%	19.0%	19.4%
	Medicaid	14.9%	13.4%	14.7%
	Private Market	9.6%	9.9%	9.3%
	Medicare	16.1%	12.5%	12.0%
	Employer	45.9%	45.3%	44.7%
Median HH Income		$61,372	$60,397	$61,901
Limited English		26.2%	39.9%	39.6%
No High School Diploma		7.4%	8.7%	11.1%
Unemployed		6.8%	5.9%	6.6%

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

The community served expects to grow 7.5% by 2023, an increase of more than 86,000 people. The 7.5% projected population growth is slightly higher than the state's 5-year projected growth rate (7.1%) and higher compared to the national projected growth rate (3.5%). The ZIP codes projected to experience the most growth in five years are:

- 75098 Sachse-Wylie-Murphy – 7,536 people
- 75217 Southeast Dallas – 6,525 people
- 75126 Forney – 5,200 people

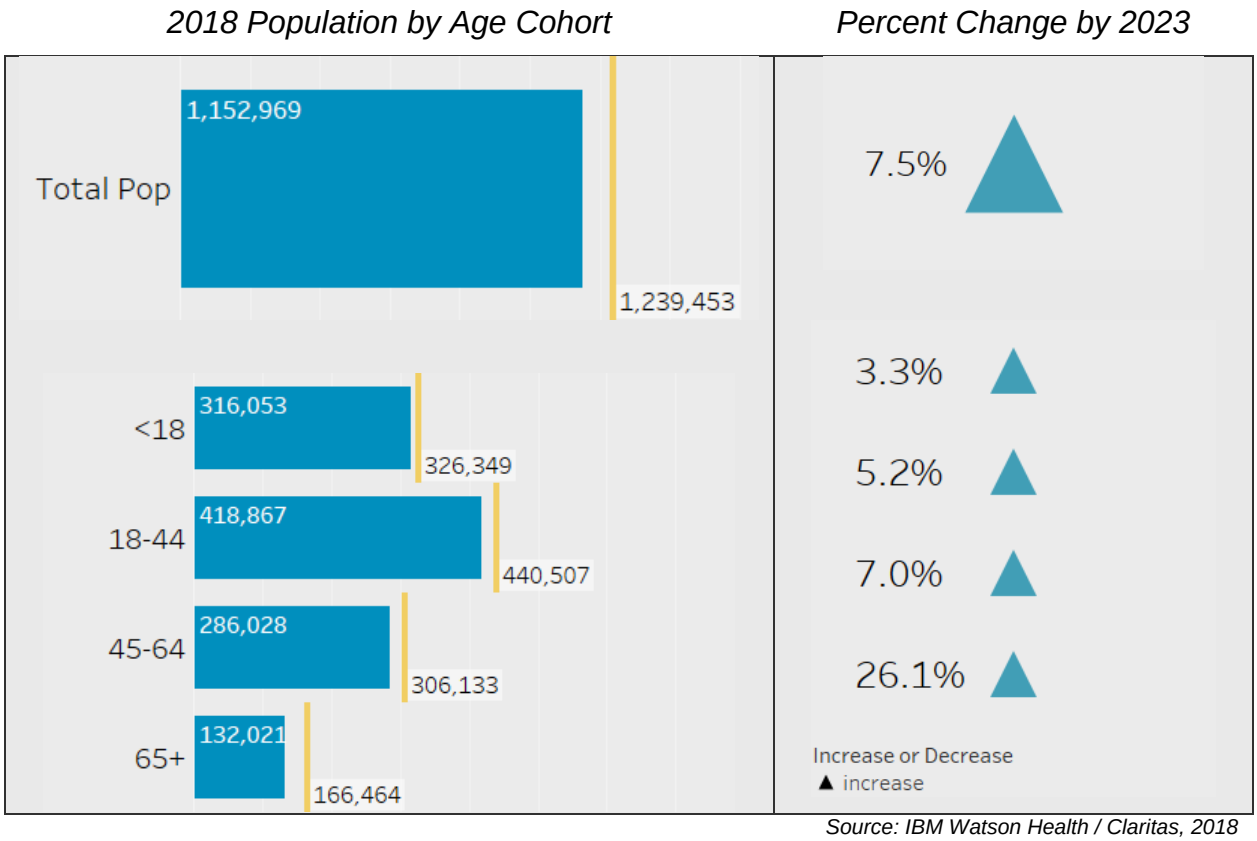
2018 - 2023 Total Population Projected Change by ZIP Code



Source: IBM Watson Health / Claritas, 2018

The community's population is 36.3% ages 18-44, with 27.4% under age 18. The largest cohort (ages 18-44) projects to grow by 21,640 people by 2023 (5.2%). The age 65 plus cohort was the smallest (11.5% of the 2018 population), but projects the fastest growth (26.1%) over the next five years adding 34,443 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

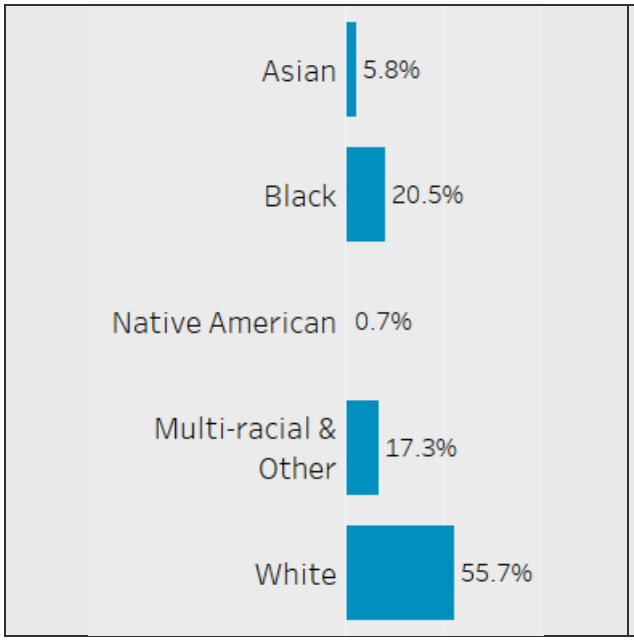


Source: IBM Watson Health / Claritas, 2018

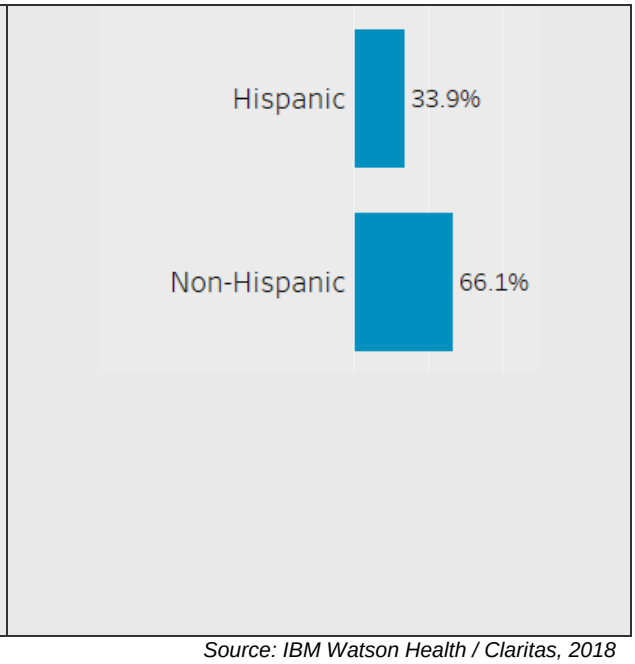
Population statistics are analyzed by race and by Hispanic ethnicity. The community was primarily White and non-Hispanic, but diversity in the community will increase due to the projected growth of minority populations over the next five years. The White non-Hispanic population is projected to decline in the next 5 years (-0.4%) while the expected growth rate of the Hispanic population (all races) is over 50,000 people (12.9%) by 2023. The non-Hispanic population is expected to have slower growth (4.7%), adding about 36,000 people to the community. The Asian population (all ethnicity) is expected to experience the highest percentage growth (25.8%) adding 17,193 people in the next 5 years. The Black population (all ethnicities) also makes up a significant portion of the population (20.5%) and is expected to grow by 7.2%, increasing by 17,062 people in the same timeframe.

Population Distribution by Race and Ethnicity

2018 Population by Race

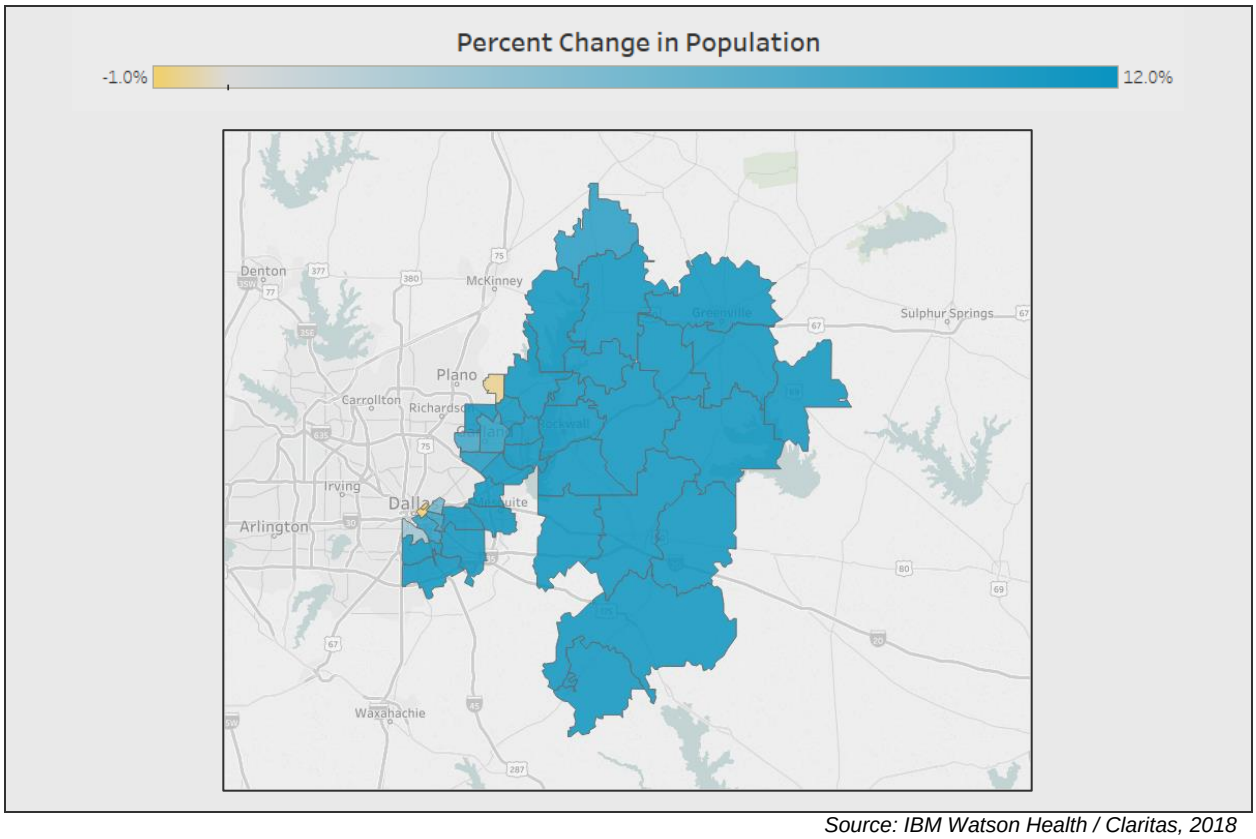


2018 Population by Ethnicity



Source: IBM Watson Health / Claritas, 2018

2018 - 2023 Hispanic Population Projected Change by ZIP Code

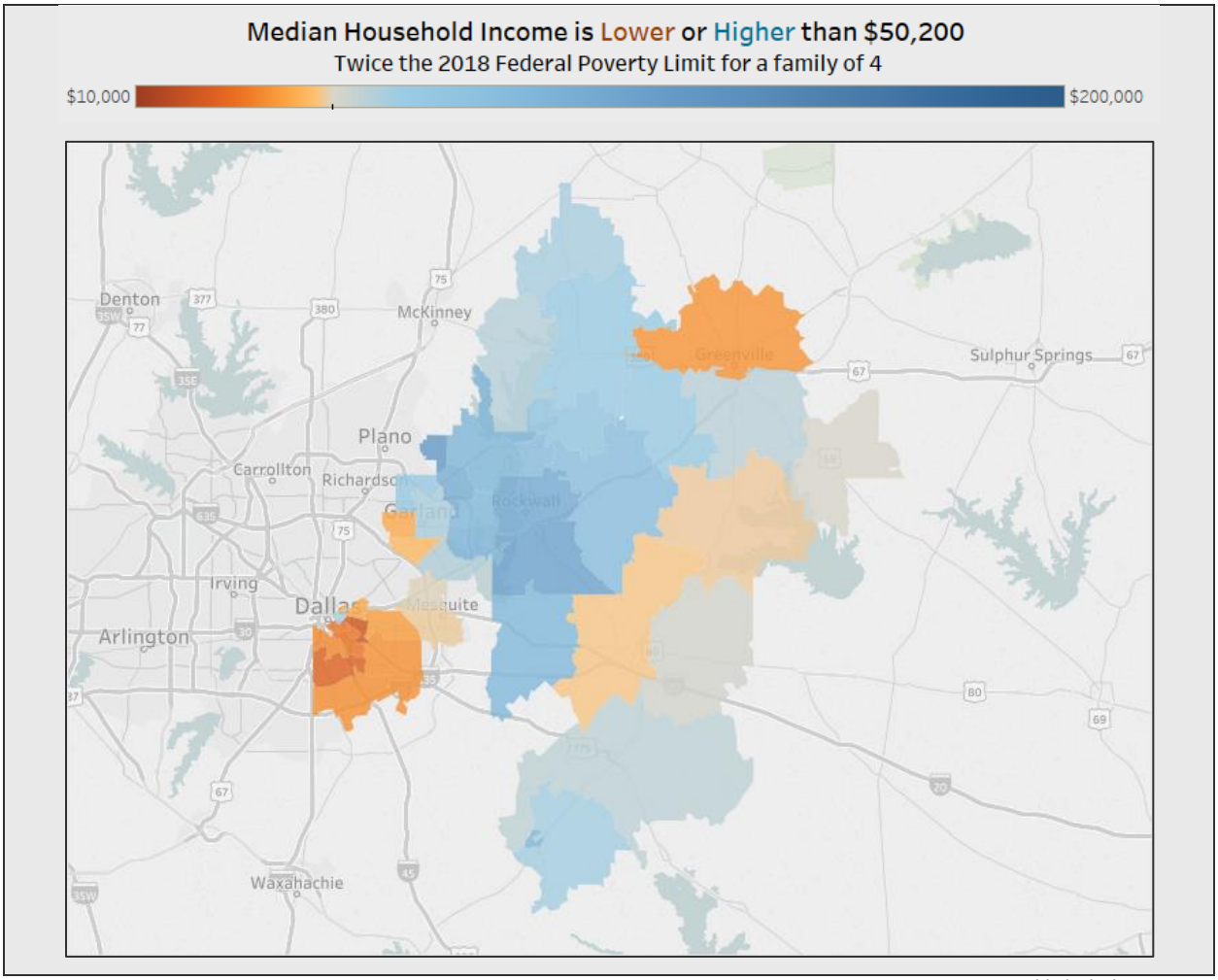


Source: IBM Watson Health / Claritas, 2018

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 $21,940 for 75210 – Southeast Dallas to $120,638 for 75094 – Sachse-Wylie-Murphy. There were sixteen ZIP codes with median household incomes less than $50,200, twice the 2018 Federal Poverty Limit for a family of four:

- 75150 North Mesquite - $49,678
- 75149 West Mesquite - $48,436
- 75474 Quinlan-Caddo Mills - $48,370
- 75160 Terrell - $47,506
- 75041 Garland - $44,881
- 75246 Southeast Dallas - $43,992
- 75042 Garland - $42,226
- 75223 Southeast Dallas - $41,798
- 75227 Southeast Dallas - $39,505
- 75401 Greenville - $37,708
- 75217 Southeast Dallas - $36,886
- 75241 Southeast Dallas - $36,316
- 75203 Southeast Dallas - $35,177
- 75215 Southeast Dallas - $31,213
- 75216 Southeast Dallas - $26,240
- 75210 Southeast Dallas - $21,940

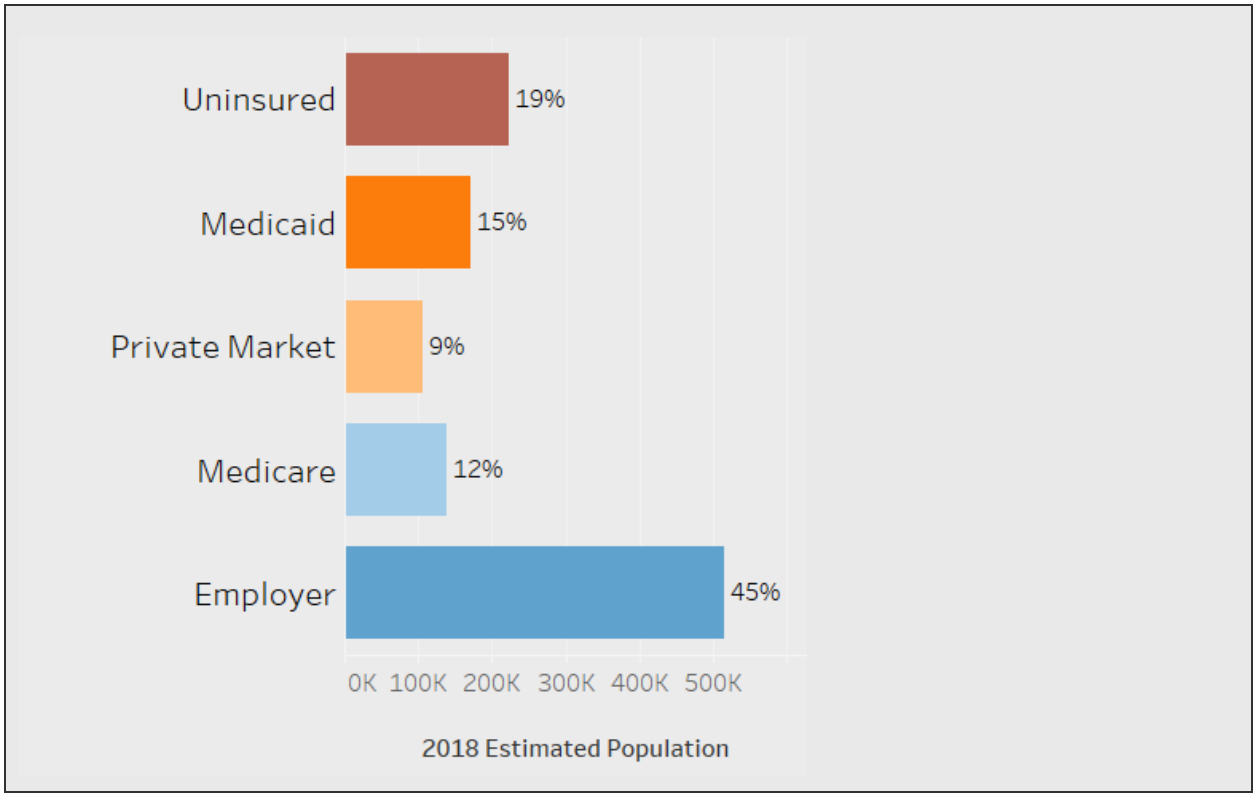
2018 Median Household Income by ZIP Code



Source: IBM Watson Health / Claritas, 2018

A large portion of the population (45%) had insurance through employer sponsored health coverage, followed by 19% without health insurance. The remainder of the population was divided between Medicaid (15%), Medicare (12%), and private market (the purchasers of coverage directly or through the health insurance marketplace) (9%).

2018 Estimated Distribution of Covered Lives by Insurance Category



Source: IBM Watson Health / Claritas, 2018

The community includes 31 Health Professional Shortage Areas and 21 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 Lake Pointe/Rockwall Health Community	**Dental Health**	**Mental Health**	**Primary Care**	**Grand Total**	**MUA/P**
Dallas	10	9	12	31	19
Kaufman	0	0	0	0	2
Total	**10**	**9**	**12**	**31**	**21**

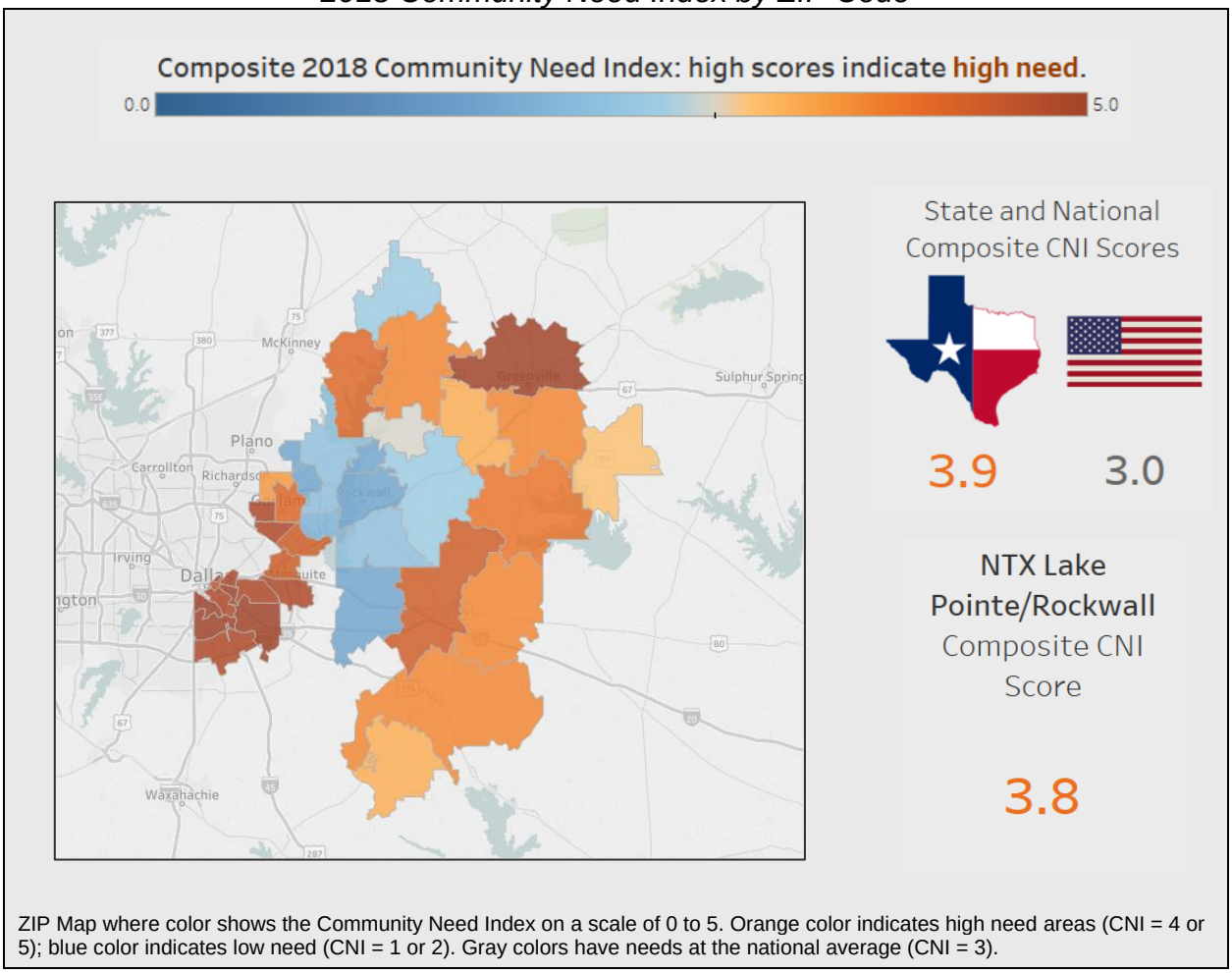
Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

[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 3.8, this is higher than the CNI national average of 3.0, potentially indicating greater health care needs in this community. There were portions of the community (Southeast Dallas, Garland, West Mesquite, and Greenville) where CNI score was greater than 4.5, pointing to potentially more significant health needs among the population residing in those ZIP codes.

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
Dallas	Southeast Dallas	Dallas	75203	5.0
Dallas	Southeast Dallas	Dallas	75210	5.0
Dallas	Southeast Dallas	Dallas	75216	5.0
Dallas	Southeast Dallas	Dallas	75217	5.0
Dallas	Southeast Dallas	Dallas	75246	5.0
Greenville	Greenville	Hunt	75401	5.0
Dallas	Southeast Dallas	Dallas	75215	4.8
Dallas	Southeast Dallas	Dallas	75223	4.8
Dallas	Southeast Dallas	Dallas	75227	4.8
Dallas	Southeast Dallas	Dallas	75241	4.8
Garland	Garland	Dallas	75041	4.8
Garland	Garland	Dallas	75042	4.8
Mesquite	West Mesquite	Dallas	75149	4.8
Dallas	Southeast Dallas	Dallas	75226	4.6
Garland	Garland	Dallas	75043	4.4
Mesquite	North Mesquite	Dallas	75150	4.4
Terrell	Terrell	Kaufman	75160	4.4
Garland	Garland	Dallas	75040	4.2
Princeton	East Collin Co	Collin	75407	4.2
Quinlan	Quinlan-Caddo Mills	Hunt	75474	4.0

Source: IBM Watson Health / Claritas, 2018

Public Health Indicators

The collection of public health indicators helped assess 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 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 Parkland Health & Hospital System, 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 identified the greatest barriers and strengths that contribute to the overall health of the community. For this health community there was one (1) focus group with 11 participants and 3 interviews conducted July through September 2018.

This heath community was a diverse area, a melting pot of ethnicities and neighborhoods, each with different assets and health care needs. Companies were moving into the northern areas like Frisco and Plano, but the downtown area south of I40 lacked resources and was characterized by concentrated poverty and segregation. The area included urban areas with high poverty levels and growing homelessness; there were many non-profits and service organizations, but services were often uncoordinated and underutilized. The potential for infrastructure investment and coordination was high in this transitioning community.

Public transportation was extremely limited and compounded challenges to residents without a car. The focus group described a local culture of generational habits and limited knowledge about healthy eating habits. The food pantries were working to alleviate hunger and working to provide healthier and fresh food options, but language and culture were barriers to developing trust and increased access. This health community also had a shortage of providers and services, including primary care and dental, especially for low income and uninsured residents.

Focus groups shared that the diversity in the community also presented barriers to good health. Cultural and historical habits in the immigrant populations and lack of cultural sensitivity in providers contributed to a culture of distrust of outsiders. Combined with very limited public transportation, food deserts, and lack of insurance, many residents had no access to preventive services or primary care and used the ED for medical services.

One of the primary barriers to good health in this community was the lack of living wage jobs to pay for insurance, health services, and healthy food. Lack of insurance was often mentioned by the focus group as a big issue in the area. Many residents worked but didn't have health insurance, part of the "working poor" population. Participants identified gaps in service in all clinical areas; primary, maternal, vision, dental, specialty, and behavioral health care were the most acute. The needs for mental health services were frequently mentioned as a high need area; there was limited coordination of available services, the topic was highly stigmatized, very few services were available, and it affected all age groups.

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

Lake Pointe/Rockwall Health Community		
Top Needs Identified	Category of Need	Public Health Indicator
Children Eligible for Free Lunch Enrolled in Public Schools	SDH - Income	2015-2016 Percentage of Children Enrolled in Public Schools that are Eligible for Free or Reduced Price Lunch
Children in Single-Parent Households	SDH	2012-2016 Percentage of Children that Live in a Household Headed by Single Parent
Food Insecure	Environment - Food	2015 Percentage of Population Who Lack Adequate Access to Food During the Past Year
No vehicle available	Access To Care	2017 Households with no vehicle available (percent of households)
Percentage of Population under age 65 without Health Insurance	Access To Care	2015 Percentage of Population Under Age 65 Without Health Insurance
Ratio of Population to One Dentist	Access To Care	2016 Ratio of Population to Dentists
Ratio of Population to One Non-Physician Primary Care Provider	Access To Care	2017 Ratio of Population to Primary Care Providers Other than Physicians
Ratio of Population to One Primary Care Physician	Access To Care	2015 Number of Individuals Served by One Physician in a County, if the Population was Equally Distributed Across Physicians
Renter-occupied housing	Environment - Housing	2017 Renter-occupied housing (percent of households)
Severe Housing Problems	Environment - Housing	2010-2014 % of Households with at Least 1 of 4 Housing Problems: Overcrowding, High Housing Costs, or No Kitchen or Plumbing Facilities

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	Ratio of Population to One Dentist	Access to Care
2	Ratio of Population to One Primary Care Physician	Access to Care
3	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
4	Percentage of Population Under Age 65 Without Health Insurance	Access to Care
5	No Vehicle Available	Access to Care
6	Severe Housing Problems	Environment - Housing

Description of Health Needs

A CHNA for the Lake Pointe/Rockwell Health Community identified several significant community health needs that can be categorized as issues related to access to care as well as housing. Regionalized health needs affect all age levels to some degree; however, it is often the most vulnerable populations that are 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, insurance coverage, transportation and provider availability as well as severe housing problems were identified as significant areas of concern and noted in the data results for Dallas, Rockwall and Kaufman counties.

<u>Population under age 65 without Health Insurance</u>

Health Insurance coverage for adults not covered by Medicare has been a volatile topic for the last ten years. Health insurance coverage continues to be a major topic in recent elections and among voters. The passage of the Affordable Care Act (ACA) created options that increased the number of insured citizens in the under 65 categories. However, recent repeals of sections of the ACA may change coverage for millions in this age group. Lack of health insurance is a significant barrier in accessing health care and overall financial security. A key finding from a recent Kaiser Foundation paper included; "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."[2]

The Dallas County proportion of those under age 65 without health insurance was 22.8% or nearly 18% higher than the rate for the state of Texas overall. According to the 2018 County Health Rankings, the rate of uninsured population under age 65 across Texas was 19.2%, as compared to an overall U.S. rate of 11% and top performing U.S. counties rate of 6%.[3] The Dallas County rate indicates need for a portion of the greater Lake Pointe/Rockwall Health Community.

No Vehicle Available

One issue that impacts access to care is transportation. While there are many means of transportation available to residents of a community, there is limited data on the availability and effectiveness of the various modes of transportation. One way to understand the impact of transportation on a population is to understand a household's access to a vehicle. Within the Dallas County portion of the Lake Pointe/Rockwall Health Community 6.6% of the households did not have access to a vehicle, this was 24% higher than the value for the state.[4] While there are other options for transportation available to those without access to a vehicle, the data findings from community input sessions validated the impact lack of adequate transportation has had on access to health care services for community residents.

Primary Care Physician Providers

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 who fulfill 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. They are often 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 also 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 and is less costly than treating severe or advanced illness.[5]

The community input participants expressed perceived lack of health care providers including primary care physicians and non-physicians as well and dentists within the Lake Pointe/Rockwall Health Community. The community has rural components that can

[2] Kaiser Family Foundation. The Uninsured: A Primer - Key Facts about Health Insurance and the Uninsured Under the Affordable Care Act. December 2017.
[3] Small Area Health Insurance Estimates (SAHIE), United States Census Bureau, U.S. County Health Rankings & Roadmaps, 2018
[4] U.S. Census Bureau, American Community Survey 1-Year Estimates, 2017
[5] **Primary Care Progress**, The Case for Primary Care, 2019

present additional challenges to access to care. Transportation to disparate care sites across the counties may be difficult, if not impossible.

While Dallas and Rockwall counties had primary care physician access that was outperforming the Texas average of one primary care physician to every 1,670 residents, Kaufman County's ratio was one provider to every 3,277 residents. The Kaufman County value was 96% higher than the state making access to primary care physician providers one of the top ranked needs for the community.

Non-Physician Primary Care Providers

There is a nationwide scarcity of physicians, particularly in small towns and cities. This shortage accentuates in rural areas across the country. Only about 11% of the nation's physicians work in rural areas, despite nearly 20% of Americans living there.[6] Demographic shifts, such as growth in the elderly or near elderly populations increase the need for primary care access. Estimates of the scope of the provider shortage in rural America vary, however it is generally agreed upon that thousands of additional Primary Care Providers are needed to meet the current demand in rural America and tens of thousands of additional caregivers will be needed to meet the growing rural population. Recruiting physicians to rural areas is particularly challenging and it could take years to secure a vacant position.

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. Non-physician providers or physician extenders are typically licensed professionals such as Physician Assistants or Nurse Practitioners who treat and see patients. Dependent upon state regulations, extenders may practice independently, or in physician run practices. Physician extenders expand the scope of primary care providers within a geographic area and help to bridge the gap to both access to care and management of healthcare costs.

Non-physician primary care provider access in Kaufman County of one provider to every 2,752 residents was 84% higher than the Texas state threshold of one provider to 1,497 residents.[7] The defined need for both primary care physicians and non-physician primary care providers exists in Kaufman county.

Access to Dentists

Economic disparity, whether through poor diet, food deserts, lack of insurance or funding, may impact dental hygiene. Lack of appropriate dental hygiene and bad teeth reinforces economic disadvantage. People with poor dental hygiene find it difficult find employment or impossible to get past the interview stages. Entry-level jobs require service attitude and nice smiles, and immediate and often unfavorable assumptions are made when encountering persons with poor dentition. Oral health could contribute to various diseases

[6] J. Cromartie, Population & Migration (Washington, D.C,: **U.S. Department of Agriculture, Economic Research Service, May 26, 2012**)
[7] CMS, National Provider Identification Registry (NPPES), County Health Rankings & Roadmaps, 2018

and conditions such as endocarditis, cardiovascular disease, premature birth, and low birth weight.[8]

According to the County Health Rankings and Roadmaps 2018, the counties within the Lake Pointe/Rockwall Healthcare Community faced challenges regarding the supply of dentists. Kaufman County ratios of residents to dentists was 2,466 to one as compared to the overall Texas ratio of 1,790 to one, and top U.S. performers of 1,280 to one.[9] Kaufman County dentist to population ratio was nearly two times higher than the overall Texas ratio. Social and economic constraints, such as insurance, transportation, etc. compounds the access to dental care issue in the community.

Severe Housing Problems

There is strong evidence characterizing housing's relationship to health as housing stability, quality, safety, and affordability all affect health outcomes. The impact of housing on health is now being widely considered by policy makers and healthcare providers. Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs.[10]

The community input sessions for this community, and throughout the region BWHS serves, expressed that lack of affordable housing was becoming a prevalent concern in their communities. Texas communities are growing at double digit rates that highlight the need for stable and affordable housing. Also, the growing elderly population is transitioning from their life long homes to smaller, affordable, and more manageable housing. The challenge in managing the need for housing in growing communities is relevant across both Texas, and the nation.

Within the Lake Pointe/Rockwall Health Community, 22% of Dallas County households had at least one of four severe housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. The rate for Dallas County households was 21% higher than the overall Texas value, making safe and affordable housing an issue within this community.[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.

[8] **Mayo Clinic**, 2019
[9] Area Health Resource File/National Provider Identification file (CMS), County Health Rankings & Roadmaps, 2018
[10] Health Affairs, **Housing and Health: An Overview of the Literature**, 2018
[11] Comprehensive Housing Affordability Strategy (CHAS) data, U.S. Department of Housing and Urban Development (HUD); 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
No Vehicle Available	Access to Care	Social Services	Baylor Family Medicine at Worth Street	4001 Worth Street	Dallas	214-828-1746
No Vehicle Available	Access to Care	Social Services	Baylor Scott & White Health and Wellness Center	4500 Spring Ave	Dallas	214-915-3200
No Vehicle Available	Access to Care	Social Services	Foremost Family Health Center - MLK Jr.	2922 Martin Luther King Jr Blvd	Dallas	214-670-8418
No Vehicle Available	Access to Care	Social Services	Hope's Door	218 North Tenth Street	Garland	972-276-0423
No Vehicle Available	Access to Care	Social Services	Housing Crisis Center	4210 Junius Street	Dallas	214-828-4244
No Vehicle Available	Access to Care	Social Services	Metrocare at Lancaster-Kiest — Center & Pharmacy	3330 S. Lancaster Road	Dallas	214-371-6639
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Discounted Healthcare	Baylor Family Medicine at Worth Street	4001 Worth Street	Dallas	214-828-1746
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Discounted Healthcare	Baylor Scott & White Health and Wellness Center	4500 Spring Ave	Dallas	214-915-3200
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Job Insecurity Services	Austin Street Shelter	2929 Hickory Street	Dallas	214-428-4242
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Vaccinations	Baylor Family Medicine at Worth Street	4001 Worth Street	Dallas	214-828-1746

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Vaccinations	Baylor Scott & White Health and Wellness Center	4500 Spring Ave	Dallas	214-915-3200
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Vaccinations	Garland Health Center	802 Hopkins Street	Garland	214-266-0700
Percentage of Population Under Age 65 Without Health Insurance	Access to Care	Vaccinations	Mission East Dallas	4550 Gus Thomasson Road Suite 46	Mesquite	972-682-8917
Ratio of Population to One Dentist	Access to Care	Dental Care	Agape Clinic	4104 Junius St	Dallas	972-707-7782
Ratio of Population to One Dentist	Access to Care	Dental Care	Baylor College of Dentistry	3302 Gaston Ave,	Dallas	214-828-8100
Ratio of Population to One Dentist	Access to Care	Dental Care	Community Dental Care- East Dallas	3910 Gaston Ave Ste 175	Dallas	214-257-1082
Ratio of Population to One Dentist	Access to Care	Dental Care	Dallas Life Foundation	1100 Cadiz Street	Dallas	214-421-1380
Ratio of Population to One Dentist	Access to Care	Dental Care	Foremost Family Health Center - MLK Jr.	2922 Martin Luther King Jr Blvd	Dallas	214-670-8418
Ratio of Population to One Dentist	Access to Care	Dental Care	Mission East Dallas	4550 Gus Thomasson Road Suite 46	Mesquite	972-682-8917
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Agape Clinic	4104 Junius St	Dallas	972-707-7782
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Baylor Family Medicine at Worth Street	4001 Worth Street	Dallas	214-828-1746

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Baylor Scott & White Health and Wellness Center	4500 Spring Ave	Dallas	214-915-3200
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Bluett Flowers Health Center	303 E. Overton Road	Dallas	214-266-4200
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Dallas Life Foundation	1100 Cadiz Street	Dallas	214-421-1380
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Foremost Family Health Center - MLK Jr.	2922 Martin Luther King Jr Blvd	Dallas	214-670-8418
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Garland Health Center	802 Hopkins Street	Garland	214-266-0700
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Hatcher Station Health Center	4600 Scyene Road	Dallas	214-266-1000
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Metrocare at Lancaster-Kiest — Center & Pharmacy	3330 S. Lancaster Road	Dallas	214-371-6639
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Mission East Dallas	4550 Gus Thomasson Road Suite 46	Mesquite	972-682-8917
Ratio of Population to One Non-Physician Primary Care Provider	Access to Care	Primary Care	Southeast Dallas Health Center	9202 Elam Road	Dallas	214-266-4000
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Agape Clinic	4104 Junius St	Dallas	972-707-7782
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Baylor Family Medicine at Worth Street	4001 Worth Street	Dallas	214-828-1746

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Baylor Scott & White Health and Wellness Center	4500 Spring Ave	Dallas	214-915-3200
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Bluett Flowers Health Center	303 E. Overton Road	Dallas	214-266-4200
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Dallas Life Foundation	1100 Cadiz Street	Dallas	214-421-1380
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Foremost Family Health Center - MLK Jr.	2922 Martin Luther King Jr Blvd	Dallas	214-670-8418
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Garland Health Center	802 Hopkins Street	Garland	214-266-0700
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Hatcher Station Health Center	4600 Scyene Road	Dallas	214-266-1000
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Metrocare at Lancaster-Kiest — Center & Pharmacy	3330 S. Lancaster Road	Dallas	214-371-6639
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Mission East Dallas	4550 Gus Thomasson Road Suite 46	Mesquite	972-682-8917
Ratio of Population to One Primary Care Physician	Access to Care	Primary Care	Southeast Dallas Health Center	9202 Elam Road	Dallas	214-266-4000
Severe Housing Problems	Environment - Housing	Help Find Housing	Housing Crisis Center	4210 Junius Street	Dallas	214-828-4244
Severe Housing Problems	Environment - Housing	Help Understanding Government Programs	Austin Street Shelter	2929 Hickory Street	Dallas	214-428-4242

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Severe Housing Problems	Environment - Housing	Housing Advice	Housing Crisis Center	4210 Junius Street	Dallas	214-828-4244
Severe Housing Problems	Environment - Housing	Housing Insecurity Services	Hope's Door	218 North Tenth Street	Garland	972-276-0423
Severe Housing Problems	Environment - Housing	Housing Insecurity Services	Housing Crisis Center	4210 Junius Street	Dallas	214-828-4244
Severe Housing Problems	Environment - Housing	Public Housing	Hope's Door	218 North Tenth Street	Garland	972-276-0423
Severe Housing Problems	Environment - Housing	Safe Housing	Dallas Life Foundation	1100 Cadiz Street	Dallas	214-421-1380
Severe Housing Problems	Environment - Housing	Safe Housing	Hope's Door	218 North Tenth Street	Garland	972-276-0423
Severe Housing Problems	Environment - Housing	Safe Housing: Children	Dallas Life Foundation	1100 Cadiz Street	Dallas	214-421-1380
Severe Housing Problems	Environment - Housing	Safe Housing: Children	Hope's Door	218 North Tenth Street	Garland	972-276-0423
Severe Housing Problems	Environment - Housing	Short Term Housing	Hope's Door	218 North Tenth Street	Garland	972-276-0423
Severe Housing Problems	Environment - Housing	Social Services	Baylor Family Medicine at Worth Street	4001 Worth Street	Dallas	214-828-1746
Severe Housing Problems	Environment - Housing	Social Services	Baylor Scott & White Health and Wellness Center	4500 Spring Ave	Dallas	214-915-3200

Community Health Need	Category	Service	Facility Name	Address	City	Phone Number
Severe Housing Problems	Environment - Housing	Social Services	Foremost Family Health Center - MLK Jr.	2922 Martin Luther King Jr Blvd	Dallas	214-670-8418
Severe Housing Problems	Environment - Housing	Social Services	Hope's Door	218 North Tenth Street	Garland	972-276-0423
Severe Housing Problems	Environment - Housing	Social Services	Housing Crisis Center	4210 Junius Street	Dallas	214-828-4244
Severe Housing Problems	Environment - Housing	Social Services	Metrocare at Lancaster-Kiest — Center & Pharmacy	3330 S. Lancaster Road	Dallas	214-371-6639
Severe Housing Problems	Environment - Housing	Temporary Shelter	AIDS Services of North Texas	834 N Marsalis Ave	Dallas	214-941-0523
Severe Housing Problems	Environment - Housing	Temporary Shelter	Austin Street Shelter	2929 Hickory Street	Dallas	214-428-4242
Severe Housing Problems	Environment - Housing	Temporary Shelter	Hope's Door	218 North Tenth Street	Garland	972-276-0423

Community Healthcare Facilities

Facility Name	Type	System	Street Address	City	State	Zip
Baylor Emergency Medical Center	ED	Baylor Scott & White	1975 Alpha Suite 100	Rockwall	TX	75087
Baylor Emergency Medical Center	ED	Baylor Scott & White	511 FM 544 Suite 100	Murphy	TX	75094
Baylor Scott & White Heart And Vascular Hospital - Dallas	ST	Baylor Scott & White	621 North Hall Street	Dallas	TX	75226
Baylor Scott & White Institute For Rehabilitation	LT	Baylor Scott & White	909 North Washington Avenue	Dallas	TX	75246
Baylor Scott & White Medical Center - Lake Pointe	ST	Baylor Scott & White	6800 Scenic Drive	Rowlett	TX	75088
Baylor University Medical Center	ST	Baylor Scott & White	3500 Gaston Avenue	Dallas	TX	75246
Code 3 ER At Mesquite	ED	Code 5	1080 E Cartwright	Mesquite	TX	75149
Dallas Regional Medical Center	ST	Prime Healthcare Services	1011 North Galloway Ave	Mesquite	TX	75149
Exceptional ER Sachse	ED	Exceptional Emergency Room	7545 Murphy Road	Sachse	TX	75048
Garland Behavioral Hospital	PSY	Universal Health Services	2300 Marie Curie Blvd 5th Floor	Garland	TX	75042
Glen Oaks Hospital	PSY	Universal Health Services	301 East Division Street	Greenville	TX	75402
Hunt Regional Medical Center Greenville	ST	Hunt County Hospital District	4215 Joe Ramsey Boulevard	Greenville	TX	75401
Mesquite Rehabilitation Institute	LT	Ernest Health. Inc	1023 North Belt Line Road	Mesquite	TX	75149
Mesquite Specialty Hospital	LT	Ernest Health. Inc	1024 North Galloway Avenue	Mesquite	TX	75149

Facility Name	Type	System	Street Address	City	State	Zip
Methodist Dallas Medical Center	ST	Methodist Health System	1441 North Beckley Avenue	Dallas	TX	75203
Select Specialty Hospital - Dallas (Downtown)	LT	Select Medical Corp	3500 Gaston Avenue 3rd And 4th Floors	Dallas	TX	75246
Sundance Hospital Dallas	PSY	Freestanding	2696 W Walnut St	Garland	TX	75042
Texas Health Presbyterian Hospital Kaufman	ST	Texas Health Resources	850 Ed Hall Drive	Kaufman	TX	75142
Texas Health Presbyterian Hospital Rockwall	ST	Texas Health Resources	3150 Horizon Road	Rockwall	TX	75032

**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
Dallas	1481414864	CF-Hutchins State Jail	Primary Care	Correctional Facility
Dallas	1482645075	Southeast Dallas	Primary Care	Geographic HPSA
Dallas	1487732421	Trinity Area	Primary Care	Geographic HPSA
Dallas	1487790622	Parkland Center for Internal Medicine (Pcim)	Primary Care	Other Facility
Dallas	1488147611	Simpson-Stuart	Primary Care	Geographic HPSA
Dallas	6486350827	West Dallas/Cliff Hall	Dental Health	High Needs Geographic HPSA
Dallas	6488063344	CF-Hutchins State Jail	Dental Health	Correctional Facility
Dallas	6488138803	Lisbon Service Area	Dental Health	Geographic HPSA
Dallas	6489994838	Federal Correctional Institution - Seagoville	Dental Health	Correctional Facility
Dallas	6489994889	Los Barrios Unidos Community Health Center	Dental Health	Federally Qualified Health Center
Dallas	6489994897	MLK Jr. Family Center	Dental Health	Federally Qualified Health Center
Dallas	7481857339	South Irving Service Area	Mental Health	Geographic HPSA
Dallas	7482132665	West Dallas	Mental Health	High Needs Geographic HPSA
Dallas	7487523613	CF-Hutchins State Jail	Mental Health	Correctional Facility

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

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Dallas	148999484M	Federal Correctional Institution - Seagoville	Primary Care	Correctional Facility
Dallas	148999485F	MLK Jr Family Center	Primary Care	Federally Qualified Health Center
Dallas	14899948D3	Los Barrios Unidos Community Health Center	Primary Care	Federally Qualified Health Center
Dallas	14899948OY	Urban Inter-Tribal Center of Texas	Primary Care	Native American/Tribal Facility/Population
Dallas	14899948OZ	Mission East Dallas (Medical) and Metroplex Project	Primary Care	Federally Qualified Health Center
Dallas	14899948P6	Dallas County Hospital District Homeless Programs	Primary Care	Federally Qualified Health Center
Dallas	14899948Q0	Healing Hands Ministries, Inc.	Primary Care	Federally Qualified Health Center
Dallas	64899948C2	Dallas County Hospital District Homeless Programs	Dental Health	Federally Qualified Health Center
Dallas	64899948MO	Mission East Dallas (Medical) and Metroplex Project	Dental Health	Federally Qualified Health Center
Dallas	64899948MP	Urban Inter-Tribal Center of Texas	Dental Health	Native American/Tribal Facility/Population
Dallas	64899948NX	Healing Hands Ministries, Inc.	Dental Health	Federally Qualified Health Center
Dallas	748999481L	Los Barrios Unidos Community Health Center	Mental Health	Federally Qualified Health Center
Dallas	748999481V	MLK Jr. Family Center	Mental Health	Federally Qualified Health Center
Dallas	748999482V	Dallas County Hospital District Homeless Programs	Mental Health	Federally Qualified Health Center
Dallas	74899948MN	Mission East Dallas (Medical) and Metroplex Project	Mental Health	Federally Qualified Health Center
Dallas	74899948MP	Urban Inter-Tribal Center of Texas	Mental Health	Native American/Tribal Facility/Population
Dallas	74899948O2	Healing Hands Ministries, Inc.	Mental Health	Federally Qualified Health Center

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

County Name	MUA/P Source Identification Number	Service Area Name	Designation Type	Rural Status
Dallas	03453	Pleasant Grove Service Area	Medically Underserved Area	Non-Rural
Dallas	03468	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	03469	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	03490	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	03491	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	03526	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	05210	Brooks Manor Service Area	Medically Underserved Area	Non-Rural
Dallas	05211	Cedar Glenn Service Area	Medically Underserved Area	Non-Rural
Dallas	05212	Cliff Manor Service Area	Medically Underserved Area	Non-Rural
Dallas	05213	Forest Glenn Service Area	Medically Underserved Area	Non-Rural
Dallas	05214	Cedar Glenn South Service Area	Medically Underserved Area	Non-Rural
Dallas	07294	Oak Cliff Service Area	Medically Underserved Area	Non-Rural
Dallas	07392	Grand Prairie	Medically Underserved Area	Non-Rural
Dallas	07631	Cockrell Hill Service Area	Medically Underserved Area	Non-Rural
Dallas	07753	Mission East Dallas Area	Medically Underserved Population	Non-Rural
Dallas	07921	Balch Springs	Medically Underserved Area	Non-Rural

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

County Name	MUA/P Source Identification Number	Service Area Name	Designation Type	Rural Status
Dallas	07942	Southwest Dallas	Medically Underserved Area	Non-Rural
Dallas	07959	Lillycare Dallas	Medically Underserved Area	Non-Rural
Dallas	07973	Hutchins-Wilmer	Medically Underserved Area	Non-Rural
Kaufman	3499	Kaufman Service Area	Medically Underserved Area	Partially Rural
Kaufman	3451	Kemp & Mabank Cities Service Area	Medically Underserved Area	Non-Rural

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

Lake Pointe/Rockwall Health Community		
Public Health Indicator	Category	Indicator Definition
HIV Prevalence	Conditions/Diseases	2015 Number of Persons Aged 13 Years and Older Living with a Diagnosis of Human Immunodeficiency Virus (HIV) Infection per 100,000 Population
Ratio of Population to One Primary Care Physician	Access To Care	2015 Ratio of Population to Primary Care Providers
Ratio of Population to One Non-Physician Primary Care Provider	Access To Care	2017 Ratio of Population to Primary Care Providers Other than Physicians
Perforated Appendix Admission: Adult (Risk-Adjusted-Rate for Appendicitis)	Preventable Hospitalizations	2016 Number Observed / Adult Population Age 18 and older
Chronic Lower Respiratory Disease (CLRD) Mortality Rate	Injury & Death	2013 Chronic Lower Respiratory Disease (CLRD) Age Adjusted Death Rate (Age-adjusted using the 2000 U.S. Standard Population)
Long Commute Alone	Environment	2012-2016 Among Workers Who Commute in Their Car Alone, the Percentage that Commute More than 30 Minutes
High School Dropout	Population	2016 A four-year longitudinal dropout rate is the percentage of students from the same class who drop out before completing their high school education.
Accidental poisoning deaths where opioids were involved	Mental Health	Annual Estimates of Accidental Poisoning Deaths where Opioids Were Involved Among Resident Population: April 1, 2010 to July 1, 2017.
Heart Disease Mortality Rate	Injury & Death	2013 Heart Disease Age Adjusted Death Rate (Per 100,000 - All Ages. Age-adjusted using the 2000 U.S. Standard Population)
Homicides	Population	2010-2016 Number of Deaths Due to Homicide, Defined as ICD-10 Codes X85-Y09, per 100,000 Population
Cancer Incidence - Lung	Conditions/Diseases	2011-2015 Age-Adjusted Lung & Bronchus Cancer Incidence Rate Cases per 100,000.
Motor Vehicle Crash Mortality Rate	Injury & Death	2010-2016 Number of Motor Vehicle Crash Deaths per 100,000 Population
Perforated Appendix Admission: Pediatric (Risk-Adjusted-Rate for Appendicitis)	Preventable Hospitalizations	2016 Number Observed / Pediatric Population Under Age 18
Ratio of Population to One Dentist	Access To Care	2016 Ratio of Population to Dentists
COPD in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Motor Vehicle Driving Deaths with Alcohol Involvement	Health Behaviors	2012-2016 Percentage of Motor Vehicle Crash Deaths that had Alcohol Involvement

Lake Pointe/Rockwall Health Community		
Public Health Indicator	Category	Indicator Definition
Renter-occupied housing	Environment	2017 Renter-occupied housing (percent of households)
Drug Poisoning Deaths Rate	Health Behaviors	2014-2016 Number of Drug Poisoning Deaths (Drug Overdose Deaths) per 100,000 Population
Death rate due to firearms	Injury & Death	2012-2016 number of deaths due to firearms, per 100,000 population.
Air Pollution - Particulate Matter daily density	Environment	2012 Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5)
No vehicle available	Environment	2017 Households with no vehicle available (percent of households)
Children Eligible for Free Lunch Enrolled in Public Schools	Population	2015-2016 Percentage of Children Enrolled in Public Schools that are Eligible for Free or Reduced Price Lunch
Sexually Transmitted Infection Incidence	Health Behaviors	2015 Number of Newly Diagnosed Chlamydia Cases per 100,000 Population
Severe Housing Problems	Environment	2010-2014 Percentage of Households with at Least 1 of 4 Housing Problems: Overcrowding, High Housing Costs, or Lack of Kitchen or Plumbing Facilities
Cancer Incidence - Female Breast	Conditions/Diseases	2011-2015 Age-Adjusted Female Breast Cancer Incidence Rate Cases Per 100,000
Non-English speaking households	Population	2012 Percent- Language other than English
Premature Death (Potential Years Lost)	Injury & Death	2014-2016 Premature Death; Years of Potential Life Lost Before Age 75 per 100,000 Population (Age-Adjusted)
Percentage of Population under age 65 without Health Insurance	Access To Care	2015 Percentage of Population Under Age 65 Without Health Insurance
Children in Single-Parent Households	Population	2012-2016 Percentage of Children living in a Household Headed by Single Parent
Infant Mortality Rate	Injury & Death	2010-2016 Number of All Infant Deaths (Within 1 year), per 1,000 Live Births
Food Insecure	Environment	2015 Percentage of Population Who Lack Adequate Access to Food During the Past Year
Cancer Mortality Rate	Injury & Death	2013 Cancer (All) Age Adjusted Death Rate (Age-adjusted using the 2000 U.S. Standard Population)
Population with Adequate Access to Locations for Physical Activity	Environment	2010 & 2016 Percentage of Population with Adequate Access to Locations for Physical Activity

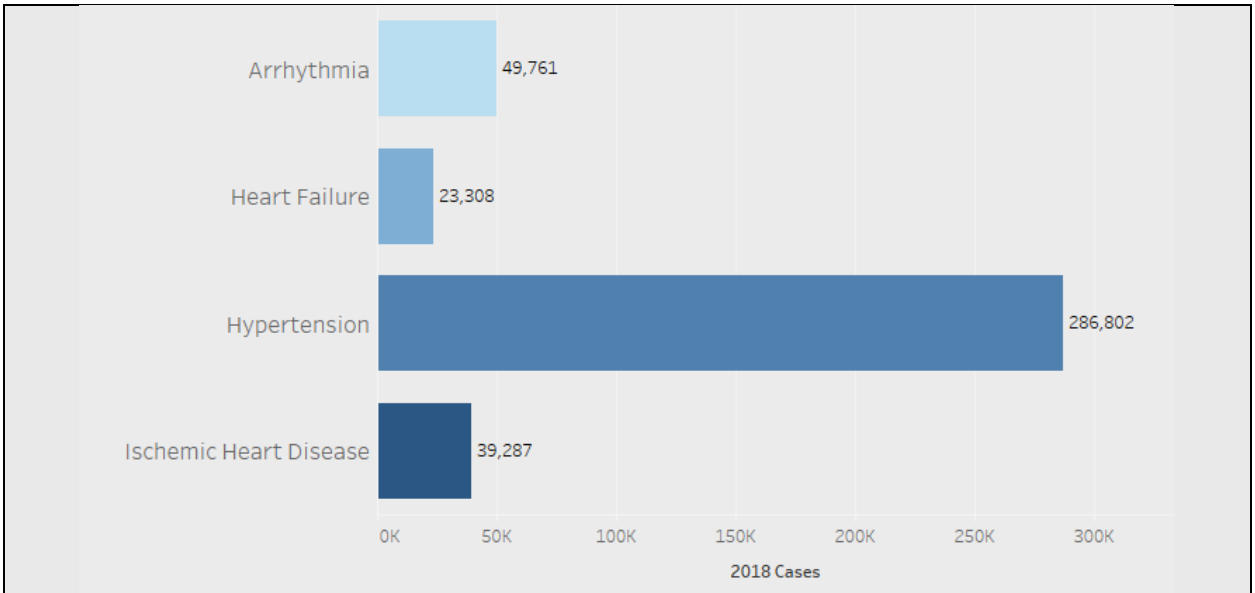
Lake Pointe/Rockwall Health Community		
Public Health Indicator	Category	Indicator Definition
Physical Inactivity	Health Behaviors	2014 Percentage of Adults Ages 20 and Over Reporting No Leisure-Time Physical Activity in the Past Month
Diabetes Short-term Complications Admission: Pediatric (Risk-Adjusted-Rate)	Preventable Hospitalizations	2016 Number Observed / Pediatric Population Under Age 18
Uninsured Children	Access To Care	2015 Percentage of Children Under Age 19 Without Health Insurance
Number of deaths due to injury	Injury & Death	2010-2016 Number of Motor Vehicle Crash Deaths per 100,000 Population
Cancer Incidence - All Causes	Conditions/Diseases	2011-2015 Age-Adjusted Cancer (All) Incidence Rate Cases Per 100,000.
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.
Hospital Stays for Ambulatory-Care Sensitive Conditions- Medicare	Access To Care	2015 Number of Hospital Stays for Ambulatory-Care Sensitive Conditions per 1,000 Medicare Enrollees
Teen Birth Rate per 1,000 Female Population, Ages 15-19	Health Behaviors	2010-2016 Number of Births to Females Ages 15-19 per 1,000 Females in a County.
Atrial Fibrillation in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Individuals Living Below Poverty Level	Population	2012-2016 American Community Survey 5-Year Estimates, Individuals below poverty level
Children in Poverty	Population	2016 Percentage of Children Under Age 18 in Poverty
Depression in Medicare Population	Mental Health	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Child Mortality Rate	Injury & Death	2013-2016 Number of Deaths Among Children under Age 18 per 100,000
Osteoporosis in Medicare Population	Conditions/Diseases	2007-2015 Prevalence of chronic condition across all Medicare beneficiaries
Stroke Mortality Rate	Injury & Death	2013 Cerebrovascular Disease (Stroke) Age Adjusted Death Rate (Per 100,000 - All Ages. Age-adjusted using the 2000 U.S. Standard Population)
Cancer Incidence - Colon	Conditions/Diseases	2011-2015 Age-Adjusted Colon & Rectum Cancer Incidence Rate Cases per 100,000
Violent Crime Offenses	Population	2012-2014 Number of Reported Violent Crime Offenses per 100,000 Population

Lake Pointe/Rockwall Health Community		
Public Health Indicator	Category	Indicator Definition
Ratio of Population to one Mental Health Provider	Mental Health	2017 Ratio of Population to Mental Health Providers

Appendix E: Watson Health Community Data

Watson Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnoses; there were over 286,000 estimated cases in the community overall. Southeast Dallas ZIP code 75217 and Garland ZIP code 75043 had the highest estimated cases of all heart disease types, driven in part by population size. However, despite a fewer number of cases, the ZIP codes in Terrell had some of the highest estimated prevalence rates for Arrhythmia (535 to 652 cases per 10,000 population), Hypertension (2,643 to 3,135 cases per 10,000 population), and Ischemic Heart Disease (490 to 637 cases per 10,000 population). While the ZIP codes in Quinlan-Caddo Mills had the highest estimated prevalence rates for Heart Failure (259 to 326 cases per 10,000 population).

2018 Estimated Heart Disease Cases



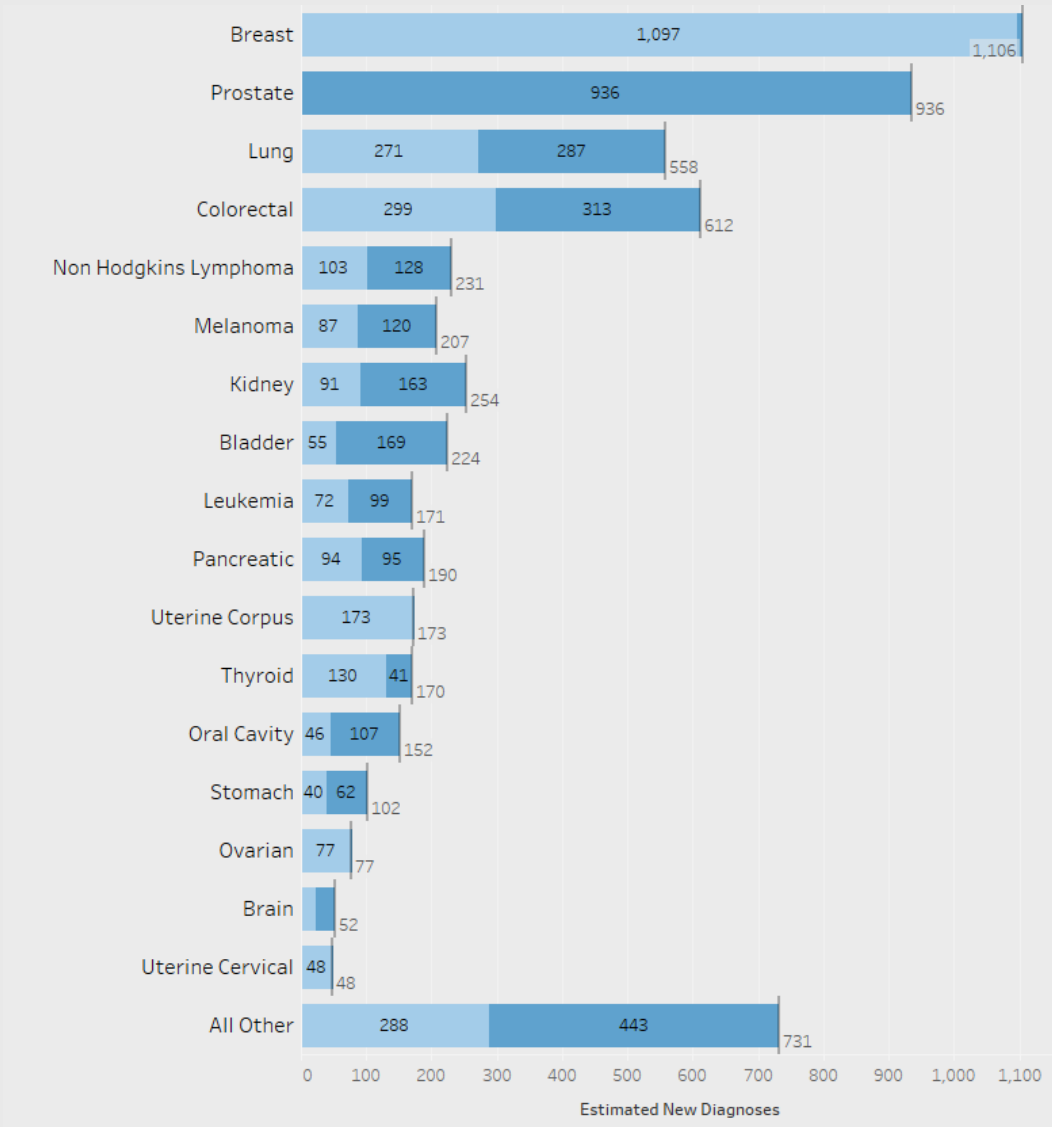
Bar chart shows total number of 2018 Estimated Heart Disease cases for each of four types: arrhythmia, heart failure, hypertension, and ischemic heart disease

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 and bladder. The highest number of new cancer cases in 2018 were estimated to be breast and prostate cancers.

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	224	269	19.9%
Brain	52	58	11.2%
Breast	1,106	1,269	14.7%
Colorectal	612	640	4.7%
Kidney	254	298	17.4%
Leukemia	171	199	16.2%
Lung	558	644	15.3%
Melanoma	207	243	17.4%
Non Hodgkins Lymphoma	231	269	16.8%
Oral Cavity	152	177	16.5%
Ovarian	77	86	12.9%
Pancreatic	190	228	20.5%
Prostate	936	1,012	8.2%
Stomach	102	118	15.2%
Thyroid	170	201	17.9%
Uterine Cervical	48	51	5.3%
Uterine Corpus	173	203	17.1%
All Other	731	856	17.1%
Grand Total	5,993	6,820	13.8%

Source: IBM Watson Health, 2018

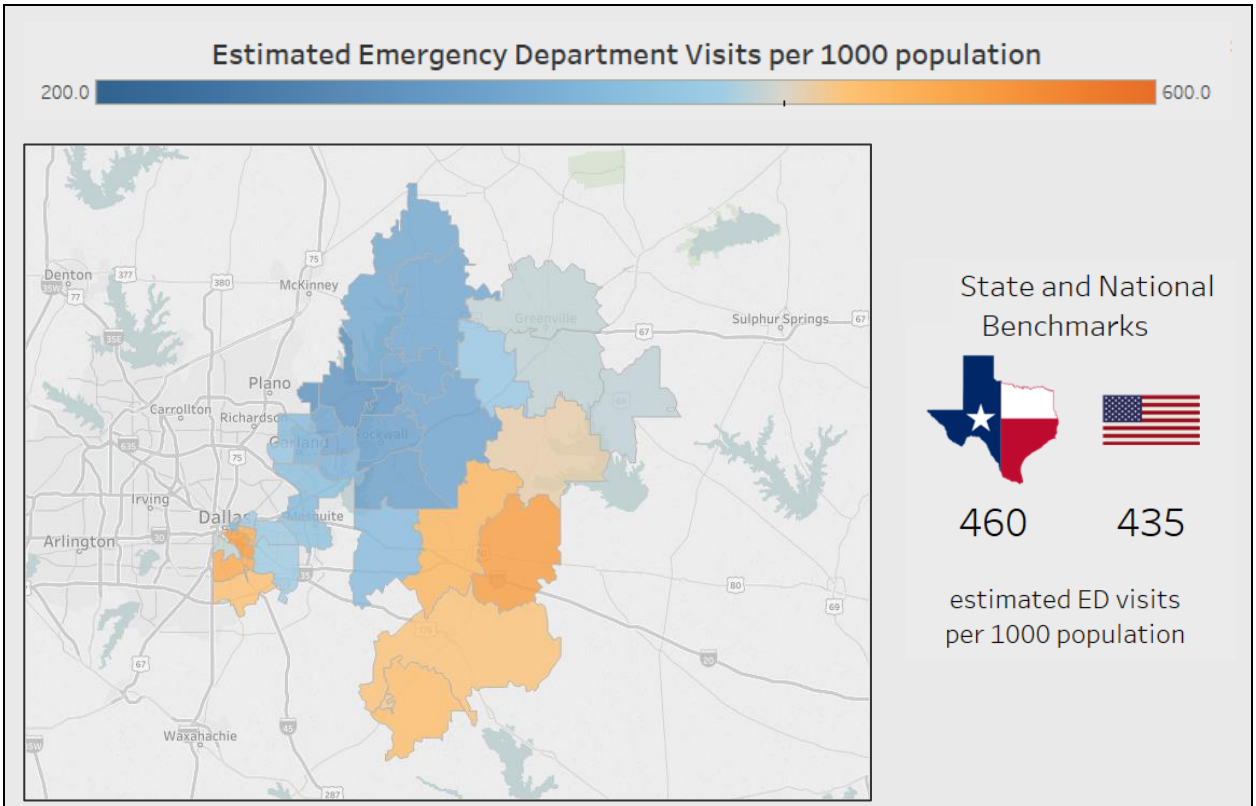
Based on population characteristics and regional utilization rates, Watson Health projected all emergency department (ED) visits in this community to increase by 8.2% over the next 5 years. Just under one-third of ED visits were generated by the residents of the Southeast Dallas ZIP codes. Several ZIP codes in Southeast Dallas and Terrell had the highest estimated ED use rates (498.5 to 534.0 ED visits per 1,000 residents) in this community 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 4.1% over the next five years in this community.

Estimated 2018 Emergency Department Visit Rate

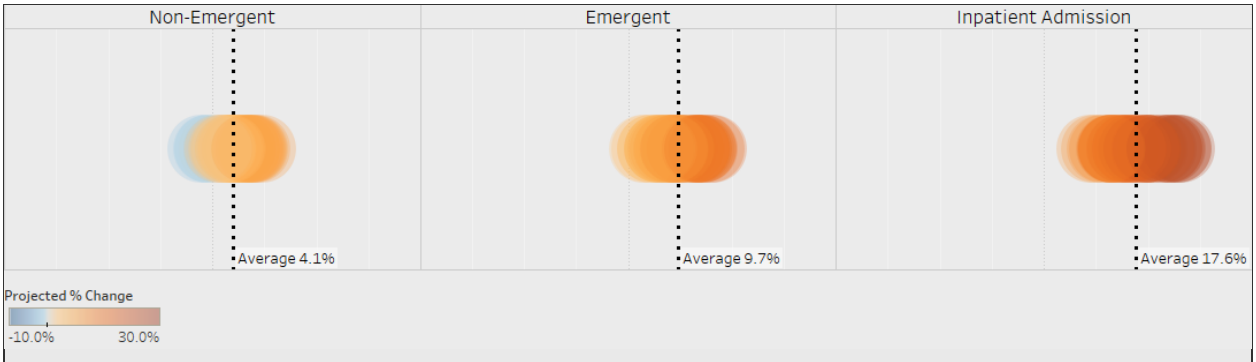


ZIP map color shows total Emergency Department visits per 1000 popultaion. Orange colors are higher than the state benchmark, blue colors are less than the state benchmark, and gray colors are similar.

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 –Lake Pointe
Baylor Scott & White Emergency Hospital – Rockwall

Prior Significant Health Needs Addressed by Facilities

Prior Identified Need / Facility	Health care costs; affordability - rate of uninsured	Mental health - depression	Preventable admissions: adult uncolntrolled diabetes	Chronic disease - (obesity), physical activity and adults who smoke	Lack of dentists	Teen births, and drug poisoning deaths.
Baylor Scott & White Medical Center - Lake Point	√	√	√	√		
Baylor Scott & White Emergency Hospital - Rockwall	√					

Total Resources Contributed to Addressing Needs: $3,668,234

Identified Need Addressed: Health care costs/affordability - Rate uninsured

Program: Enrollment Services
Entity: Baylor Scott & White Medical Center – Lake Pointe
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 enable their 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.
Impact: 18,400 persons served; Increased access to affordable care for uninsured populations
Committed Resources: Eligibility Consultants Inc., contract; $237,459 net community benefit

Program: Financial Assistance
Entity Name: Baylor Scott & White Emergency Hospital – Rockwall
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: 1,125 persons served
Committed Resources: $170,094 net community benefit

Program: Medical Education - Nursing Students
Entity: Baylor Scott & White Medical Center – Lake Pointe
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. Community Partners and their outcomes: • Texas A&M College of Nursing – Commerce • Trinity Valley College School of Nursing • TWU • WGU School of Nursing
Impact: 41 nursed educated; increased quality and size of nursing work force in the North Texas area
Committed Resources: Nurse Educator; staff time; $2,293,410 net community benefit

Program: Workforce Development
Entity: Baylor Scott & White Medical Center – Lake Pointe
Description:
The hospitals are collaborating with Health Texas Provider Network to recruit physician into the communities that would provide more access for Medicaid patients. Recruitment of physicians for areas identified as medically under-served (MUAs) or other community needs assessment aids in relieving the burden of lack of access to care for medically under-insured or un-insured populations. The Hospital seeks to
Impact: number recruited unknown; allay the physician shortage, thereby better managing the growing health needs of the community
Committed Resources: Physician recruitment; CHNA; $688,721 net community benefit

Identified Need Addressed: Mental Health (Depression)

Program: Cancer Behavioral Health Programs - Look Good/Feel Better
Entity: Baylor Scott & White Medical Center – Lake Pointe
Description:
Look good Feel Better is dedicated to improving the self-esteem and quality of life for people undergoing treatment for cancer. The aim of the program is to improve self-image and appearance through

complimentary group, individual and self-help beauty sessions that create a sense of support, confidence, courage and community.
Impact: # served unknown; improve coping abilities for those diagnosed with, surviving or providing care for cancer
Committed Resources: Staff time; supplies/equipment; clinical expert; $105 net community benefit

Program: Cancer Support Groups/ General Cancers
Entity: Baylor Scott & White Medical Center – Lake Pointe
Description:
Cancer education and support are an important part of the cancer treatment process. The Hospital offers several programs through the Virginia R. Cvetko Patient Education Center to help cancer patients, cancer survivors and loved ones understand and manage the physical, emotional and spiritual challenges of cancer. This program staff includes a medical director, program manager, nurse educator, chaplains, social workers, psychologist, music practitioner and trained cancer survivor volunteers.
Impact: 12 persons served; provide general information on healthy lifestyle choices, cancer prevention and surviving cancer
Committed Resources: Staff time; supplies/equipment; clinical expert; $237 net community benefit

Program: Community Education and Outreach - Behavioral Health
Entity: Baylor Scott & White Medical Center – Lake Pointe
Description:
The statistics concerning suicide, depression, eating disorders, binge drinking, drug use, bullying and other mental health issues are alarming. The Hospital provides access to behavioral health resources to assist with mental disorders and to offer effective tools for seeking treatment.
Impact: 627 person served; increased awareness of mental/behavioral health issues and treatment/management options
Committed Resources: Staff time; supplies/equipment; clinical expert;

Program: Community Education and Outreach - Trauma
Entity: Baylor Scott & White Medical Center – Lake Pointe
Description:
Community education activities provided at the Hospital, and in the community improve community health and extend 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.
Impact: 277 persons served; increased awareness of the impact of a trauma and how to avoid accidents
Committed Resources: Staff time; supplies/equipment; clinical expert; $690 net community benefit

Identified Need Addressed: Preventable Admissions: Adult Uncontrolled Diabetes

Program: Community Education and Outreach - Diabetes
Entity Name: Baylor Scott & White Medical Center – Lake Pointe
Description:
The hospital provides adult diabetes education and support groups for people and their families living with diabetes. Diabetes education is the cornerstone of diabetes management, because diabetes requires

day-today knowledge of nutrition, exercise, monitoring, and medication.
Impact: 147 persons served**;** Increased access to care; Increases awareness of the risks of undiagnosed diabetes
Committed Resources: Cost of staff and supplies; $873 net community benefit

Identified Need Addressed: Chronic Disease (Obesity), Physical Inactivity, Adults who Smoke

Program: Community Benefit Operations
Entity Name: Baylor Scott & White Medical Center – Lake Pointe
Description:
The Hospital provides dedicated staff for managing or overseeing community benefit program activities that are not included in other categories of community benefit. This staff provides internal tracking and reporting community benefit as well as managing or overseeing community benefit program activities.
Impact: 17,288; increased access to health care services and information
Committed Resources: staff time; supplies/equipment; $55,816 net community benefit

Program: Community Education and Outreach - Fall Prevention
Entity Name: Baylor Scott & White Medical Center – Lake Pointe
Description:
Fall-related injuries among older adults, especially among older women, are associated with substantial economic costs. As the number of older adults increases dramatically over the next few decades, so will economic burden of falls.
Impact: 116 persons served; reducing falls and helping older adults live better, longer lives.
Committed Resources: Cost of staff and supplies; $655 net community benefit

Program: Community Education and Outreach - Parkinson's
Entity Name: Baylor Scott & White Medical Center – Lake Pointe
Description:
Community education activities at the Hospital and in the community improve community health and extend 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.
Impact: 216 persons served; Increased access to care; Increases awareness of Parkinson’s
Committed Resources: Cost of staff and supplies; $631 net community benefit

Program: Donations -Financial
Entity Name: Baylor Scott & White Medical Center – Lake Pointe
Description:
The hospital will support community partners in developing/delivering health services that address health care costs and affordability through the provision of financial support to address health care costs and affordability in the community. Community Partners and their reported outcomes:

• American Cancer Society Relay For Life • Brookhaven College Radiology • Rowlett ISD HOSA
Impact: unknown # persons served; provide better access to the underserved within the community.
Committed Resources: Financial support; $131,570 net community benefit

Program: Medical Education–Allied Health Services
Entity Name: Baylor Scott & White Medical Center – Lake Pointe
Description:
The Hospital provides a clinical setting for student training and internships for dietary professionals, technicians, chaplaincy/pastoral care, physical therapists, social workers, pharmacists, and other health professionals. There is no work requirement tied to this training at the hospital.
Impact: 108 students trained; decrease medical staff shortages
Committed Resources: Medical Educators; Staff time; Supervision; $87,973 net community benefit

Needs Not Addressed:

The identified needs not addressed in the Community Benefit Implementation plan were addressed through multiple other community and state agencies whose expertise and infrastructure are better suited for addressing these needs.

- Lack of Dentists
- Teen Births
- Drug Poisoning Deaths