



Community Health Needs Assessment

Pre-Read Materials

Tyler
Health Community

Get Better

In Preparation for 1-25-22 at 2:00 p.m.

The purpose of the pre-read is to orient you with detailed background information in preparation for the upcoming discussion of prioritizing community health needs.

Up to this point, we have collected and analyzed public health data and collected community input on needs and challenges facing the populations we serve. In this session, we will review and prioritize those findings.

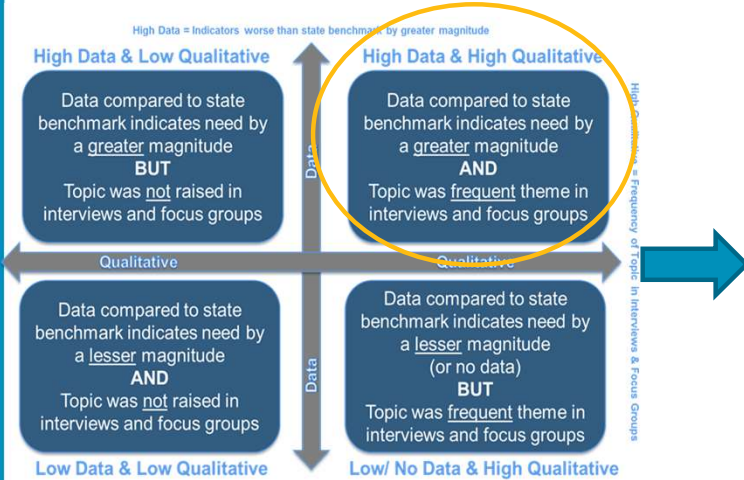
The information in the following graphs and charts was provided by IBM Watson Health consultants who are assisting with the community health needs assessment process.



Health Needs Matrix

Tyler
Health Community

High Data & High Qualitative



Color Coding Key for Column Headers

**Data Shows
Greater Need**

**Key Informants
Indicate
Greater Need**

Both Red=
Issues that we need to
address in the health
community because data and
key informants' input align.

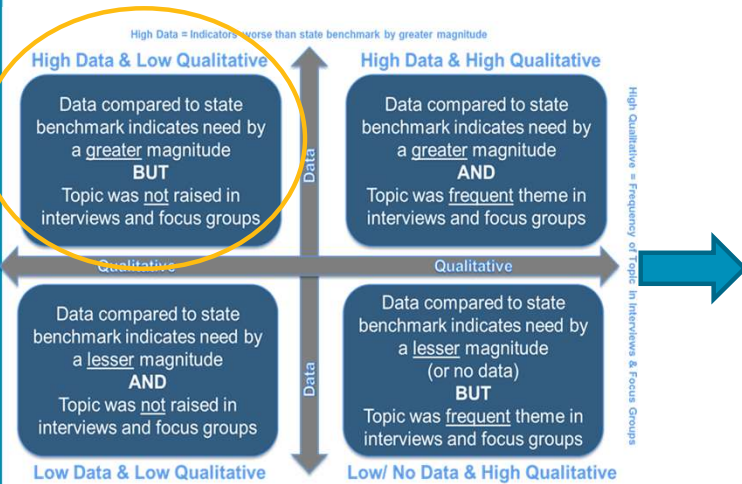
Category	Data Shows Greater Need	Key Informants Indicate Greater Need
Access to Care	- Children uninsured - Population to one dentist - Population to one primary care physician - Population to one mental health provider - Population under age 65 without health insurance	- Many residents disadvantaged with limited resources/lack of insurance - Limited access to dental care - Limited access to primary health care providers - Limited access to mental/behavioral health care
Conditions/ Diseases/ Health Behaviors/ Mental Health	- Adult obesity - Smoking	- Obesity is a barrier in the community - Smoking is a barrier in the community
Financial/ Income	Children in poverty	Poverty in community is a barrier
Food	Limited access to healthy foods	Need to improve access to healthy foods
Health Status/ Healthy Living	- Adults reporting fair or poor health - Physically unhealthy days	Lack of healthy culture
Housing/ Environment	Renter-occupied housing	Limited affordable housing options
Language/ Social	Elderly isolation	Social isolation



Health Needs Matrix

Tyler
Health Community

High Data & Low Qualitative



Color Coding Key for Column Headers

**Data Shows
Greater Need**

**Key Informants
Indicate
Less Need or
Not Mentioned**

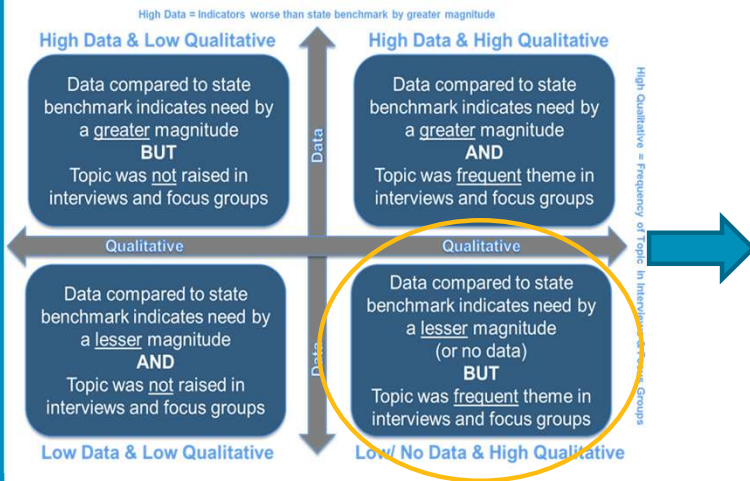
One Red & One Yellow=
Issues that we need to
review because there is a
mismatch between data
and key informants' input.

Category	Data Shows Greater Need	Key Informants Indicate Less Need or Not Mentioned
Access to Care	Population to one non-physician primary care provider	Not specifically mentioned
Conditions/ Diseases/ Health Behaviors/ Mental Health	- Binge drinking - Cancer incidence: All causes - Cancer incidence: Colon - Cancer incidence: Lung - Cancer incidence: Prostate - Diabetes prevalence - Medicare population: Alzheimer's Disease/Dementia - Medicare population: Atrial fibrillation - Medicare population: COPD - Medicare population: Depression - Medicare population: Heart failure - Medicare population: Hyperlipidemia - Medicare population: Hypertension - Medicare population: Stroke - Mentally unhealthy days - Physical inactivity - Suicide: Intentional self-harm - Teen birth rate	Not specifically mentioned
Financial/ Income	- Children in single-parent households - Household income - Individuals below poverty level - Unemployment	Not specifically mentioned
Food	Food insecure	Not specifically mentioned
Injury & Death	- Mortality rate: Cancer - Mortality rate: Heart disease - Mortality rate: Infant - Mortality rate: Stroke	Not specifically mentioned
Maternal & Child Health	Prenatal care: First trimester entry into prenatal care	Not specifically mentioned
Utilization	- Medicare population: Emergency department use rate - Medicare population: Inpatient use rate - Medicare spending per beneficiary (MSPB) index	Not specifically mentioned

Health Needs Matrix

Tyler
Health Community

Low/No Data & High Qualitative



Color Coding Key for Column Headers

**Data Shows
Less Need or No
Data**

**Key Informants
Indicate
Greater Need**

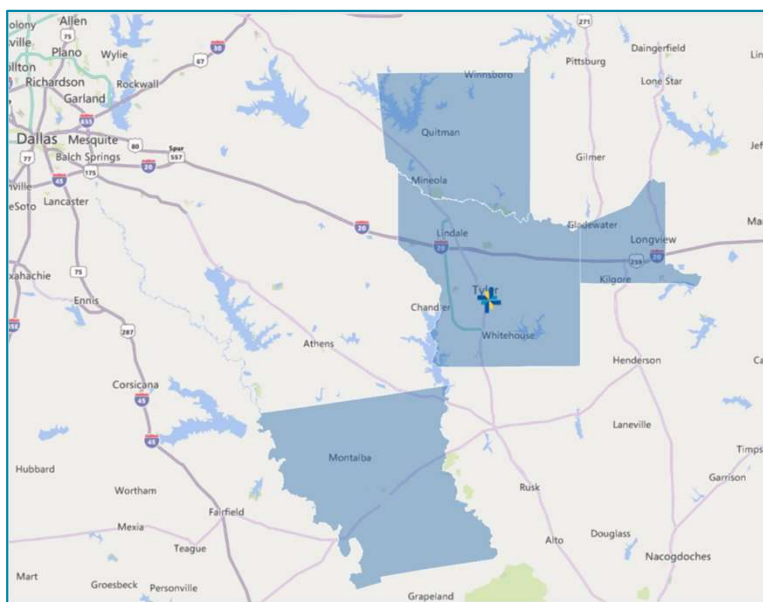
One Yellow=
Issues that we need to **review** because there is a mismatch between data and key informants' input.

Category	Data Shows Less Need or No Data	Key Informants Indicate Greater Need
Conditions/ Diseases/ Health Behaviors/ Mental Health	Drug poisoning deaths	Cited substance abuse problems
Digital Divide	No data	Poor high speed internet coverage
Government/ Organizations	No data	Poor coordination of efforts across agencies
Language/ Social	English spoken "less than very well" in household	Language barriers
Transportation	No vehicle available	Limited transportation



Tyler Health Community

The Health Community was determined based on the contiguous ZIP codes within the associated counties that make up more than 80 % of the hospitals' inpatient admissions over the 12- month period of FY20.



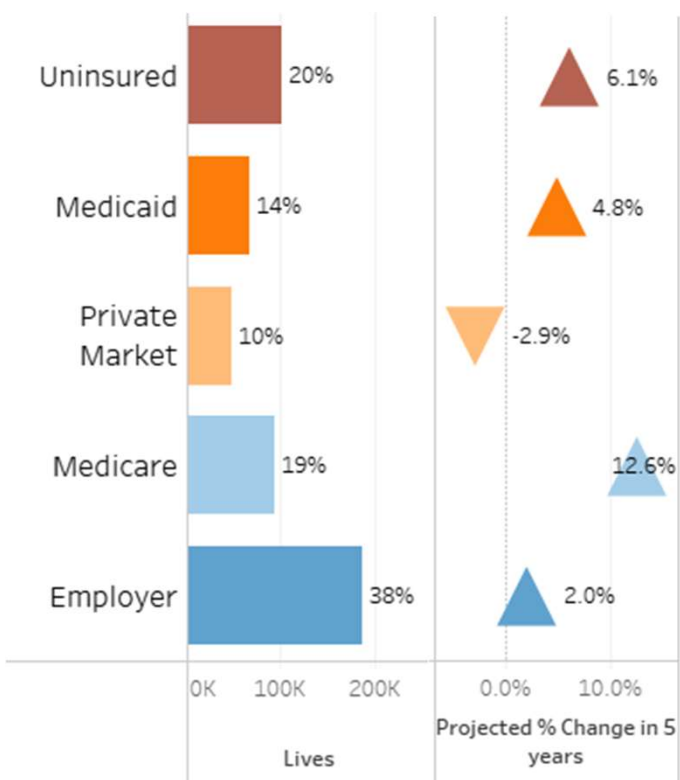
This Health Community is comprised of the following counties:

Anderson
Gregg
Smith
Wood

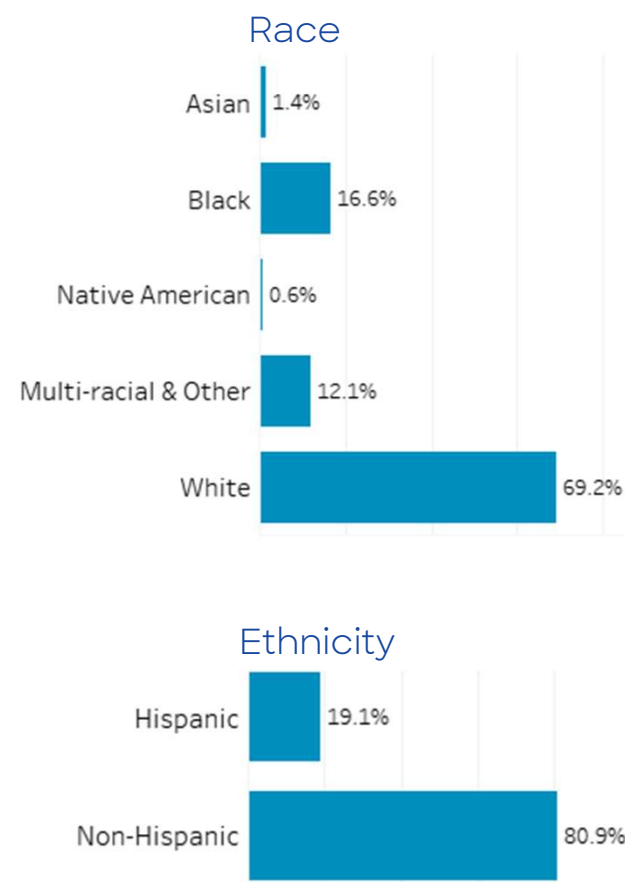
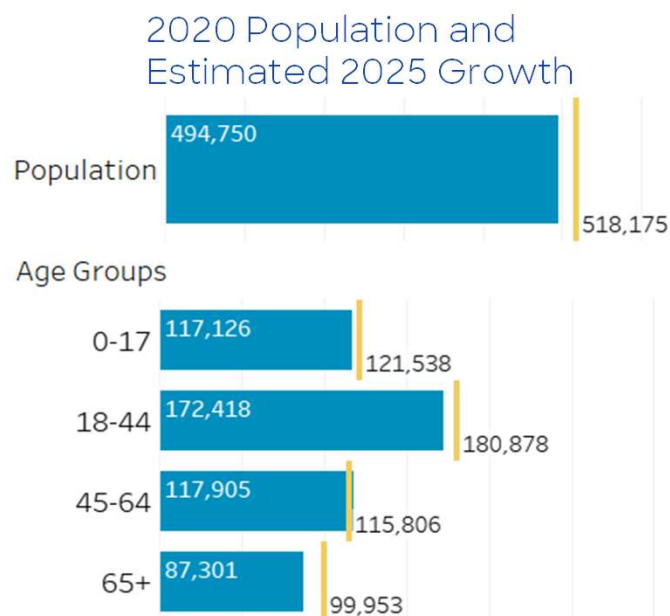
- Baylor Scott & White Texas Spine & Joint Hospital



Community Snapshot



2020 Estimated Insurance Coverage and 5-year Growth

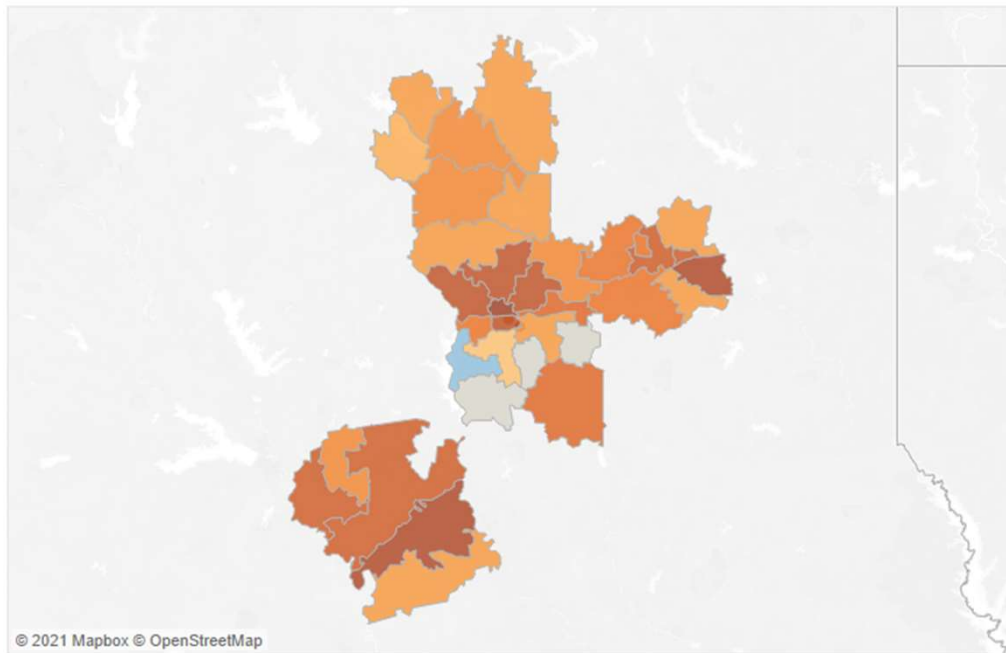


Community Needs Index

Composite CNI: high scores indicate **high need**.



ZIP Composite CNI Score NTX-Tyler Health Community



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ZIP Map where color shows the 2020 Community Need Index on a scale of 1 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).

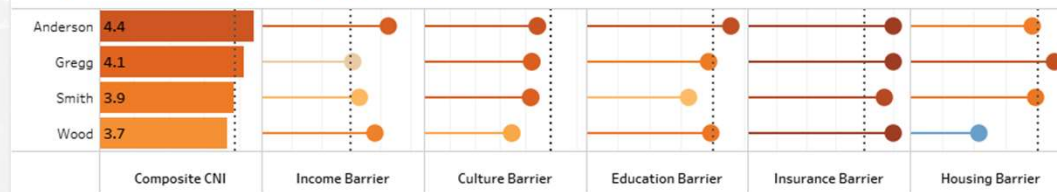
The CNI Score is an average of 5 different barrier scores that measure various **socio-economic** indicators of each community.

The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community's demand for various healthcare services.

Barriers: Income, Culture, Education, Insurance and Housing

CNI = 3.99

NTX-Tyler Health Community County Level - Composite CNI and Barrier Sub-scores



3.85



3.00



Community Health Indicators

Rank	Indicator Name	Denominator Description	County is worse than state when value is	Greater or Lesser Need than State	County Value	State Bench Value	USA Bench Value	Standardized Need Difference
1	Population to one Mental Health Provider	/provider	higher	greater need	2,846.0	827.00	380.00	-244.1%
2	Population to one Mental Health Provider	/provider	higher	greater need	2,309.0	827.00	380.00	-179.2%
3	Diabetes Prevalence	%	higher	greater need	20.9	10.00	8.50	-109.0%
4	Population to One Primary Care Physician	/provider	higher	greater need	3,056.0	1,642.00	1,320.00	-86.1%
5	Food: Limited Access to Healthy Foods	%	higher	greater need	15.5	8.67	8.00	-78.7%
6	Mortality Rate: Cancer	per 100k	higher	greater need	248.5	141.40	146.20	-75.7%
7	Elderly Isolation	%	higher	greater need	14.4	8.20	10.70	-75.6%
8	Suicide: Intentional Self-Harm	per 100k	higher	greater need	22.8	13.40	14.50	-70.1%
9	Population to One Dentist	/provider	higher	greater need	2,846.0	1,677.00	1,400.00	-69.7%
10	Smoking	%	higher	greater need	21.8	14.24	17.00	-53.1%
11	Cancer Incidence: Lung	per 100k	higher	greater need	76.9	50.60	58.30	-52.0%
12	Elderly Isolation	%	higher	greater need	12.4	8.20	10.70	-51.2%
13	Population to One Dentist	/provider	higher	greater need	2,510.0	1,677.00	1,400.00	-49.7%
14	Cancer Incidence: Lung	per 100k	higher	greater need	74.8	50.60	58.30	-47.8%
15	Medicare Population: Emergency Department Use Rate	%	higher	greater need	19.2	13.00	14.00	-47.4%
16	Teen Birth Rate	%	higher	greater need	46.0	31.41	21.00	-46.5%
17	Population to One Non-Physician Primary Care Provider	/provider	higher	greater need	1,650.0	1,128.00		-46.3%
18	Medicare Population: Emergency Department Use Rate	%	higher	greater need	19.0	13.00	14.00	-46.1%
19	Medicare Population: Emergency Department Use Rate	%	higher	greater need	19.0	13.00	14.00	-45.9%
20	Smoking	%	higher	greater need	20.5	14.24	17.00	-43.9%
21	Smoking	%	higher	greater need	20.0	14.24	17.00	-40.5%
22	Sexually Transmitted Infection Incidence	per 100k	higher	greater need	723.0	517.60	539.90	-39.7%
23	Diabetes Admission	per 100k	higher	greater need	55.1	39.50	46.30	-39.6%
24	Teen Birth Rate	%	higher	greater need	43.7	31.41	21.00	-39.2%
25	Population to One Primary Care Physician	/provider	higher	greater need	2,256.0	1,642.00	1,320.00	-37.4%

