

CHRISTUS Mother Frances Rehabilitation Hospital
a partner of *Encompass Health*



Community Health Improvement Plan
2020-2022

About Texas Health Institute:

Texas Health Institute (THI) is a non-profit, non-partisan public health institute. Since 1964, THI has served as a trusted, leading voice on public health and healthcare issues in Texas and the nation. THI's expertise, strategies, and nimble approach makes it an integral and essential partner in driving systems change efforts. THI works across and within sectors to lead collaborative efforts and facilitate connections to foster systems that provide the opportunity for everyone to lead a healthy life.

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MISSION FOR IMPLEMENTATION

CHRISTUS Trinity Mother Frances Rehabilitation Hospital (CTMFRH) is a 94-bed facility that delivers inpatient rehabilitation care that helps patients achieve life-changing results. This facility is a partner with Encompass Health. Key services include stroke and cardiac rehabilitation and joint replacement recovery. Key leaders of care include not only providers but rehabilitation nurses, physical therapists, and occupational therapists. The hospital remains dedicated to guiding each patient through recovery and committed to changing their life for the better. This is evidenced by their industry-leading performance scores. For example, hospital ratings are a 4.7 out of 5 for patient satisfaction.

CTMFRH is a part of the CHRISTUS Trinity Mother Frances Health System (CTMFHS), a non-profit health system. CTMFHS includes a 402-bed CHRISTUS Trinity Mother Frances Hospital and 51-bed CHRISTUS Louis and Peaches Owen Heart Hospital in Tyler, Texas, acute hospitals and inpatient facilities in Jacksonville, South Tyler, Sulphur Springs, and Winnsboro. Furthermore, CTMFHS includes a long-term acute care hospital in Tyler; clinics and outpatient centers spread across Tyler, Jacksonville, Canton, Lindale, and Flint; physician partnerships, PHOs, and MSOs; several collaborative ventures and affiliations; and the CHRISTUS Trinity Mother Frances Foundation.¹

As part of CHRISTUS Health's mission "to extend the healing ministry of Jesus Christ," CTMFHS strives to be, "a leader, a partner, and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love."² In alignment with these values, all CHRISTUS Health hospitals work closely with the community to ensure regional health needs are identified and incorporated into system-wide planning and strategy. To this end, CHRISTUS Health commissioned Texas Health Institute (THI) to produce the 2020-2022 CHNA and this Community Health Improvement Plan (CHIP) for CTMFRH.

While CTMFRH serves a wide swath of Upper East Texas, CTMFRH defines the report area for this Community Health Needs Assessment to include the following seven Texas counties: Delta, Franklin, Hopkins, Rains, Wood, Smith, and Cherokee. The demography and socioeconomic conditions of these counties are broadly representative of the CTMFRH service area. As such, they offer insight into both the health needs of the patients and communities surrounding the seven hospitals within the CHRISTUS Trinity Mother Frances Health System.

To produce the CHNA, CTMFRH and THI analyzed data for over 40 different health indicators, spanning demographics, socioeconomic factors, health behaviors, clinical care, and health outcomes. The needs assessment process culminated in the 2020-2022 CTMFRH Community

¹ CHRISTUS Health. (2018). *System Profile 2018*. Available at: https://www.christushealth.org//media/files/Homepage/About/2018_SysProfile.ashx.

² CHRISTUS Health. (2019). Our mission, values, and vision. Available at: <http://www.christushealth.org/OurMission>

Health Needs Assessment report, finalized in February 2020. Report findings synthesize data from publicly available sources, internal hospital data, and input from those with close knowledge of the local public health and health care landscape to present a comprehensive view of unmet health needs in the region. Through an iterative process of analysis, stakeholder debriefing, and refinement, the collection of indicators presented for initial review was distilled into a final list of three priority health needs requiring a targeted community response in the coming triennium.

The CHIP presented in this document fulfills federal IRS 990H regulations for 501(c)(3) nonprofit hospitals' community benefit requirements and will be made available to the public. The CHIP builds upon the CHNA findings by detailing how CTMFRH intends to engage partner organizations and other local resources to respond to priority health needs identified in the CHNA. It identifies a set of actions to address prioritized health needs while clarifying benchmarks to monitor progress. Specific community assets are identified and linked to needs they can address, a step toward fostering the collaboration and accountability necessary to ensure goals enumerated within the CHIP are pursued with the community's full available capacity.

TARGET POPULATION/AREA

While CTMFRH receives patients from a very broad region of Northeast Texas, the report area includes the following seven counties: Cherokee, Delta, Franklin, Hopkins, Rains, Smith and Wood Counties. Consisting of a total population of 388,604 residents, the report area reflects the diverse communities in Northeast Texas from which CTMFHS patients could live while representing the bulk of individuals using CTMFRH services. Nearly 75% of the report area's population resides in Smith and Cherokee County. Fifty-nine percent of residents in the report area live in Smith County, the only urban county, while the remaining 41% live in the rest of the report area rural counties.³

CHRISTUS Mother Frances Rehabilitation Hospital Report Area Counties
Cherokee County, TX
Delta County, TX
Franklin County, TX
Hopkins County, TX
Rains County, TX
Smith County, TX
Wood County, TX

Individuals between ages 18 and 64 (working-aged adults) constitute 56% of total population. Of the remaining population, 21.6% are ages 65 and older, 22.4% are a combination of school age children, infancy or early childhood. Overall, the population ages 65 and older are higher than that of the population of Texas (12.2%). Rains (26.5%) and Wood (29.3%) Counties have an even higher population of individuals aged 65 and older.

³ Health Services and Resources Administration. (2016). List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties. Available at <https://www.hrsa.gov/sites/default/files/ruralhealth/resources/forhpeligibleareas.pdf>

Compared to Texas, the population in the report area have a lower proportion of Hispanic residents. Just over 17% of the report area is Hispanic/Latino, compared to 39% of Texans. African Americans constitute 14% of the report area, while the NH-Asian, NH-Native Hawaiian/Pacific Islander and NH-Native American/Alaska Native categories each comprise less than 4% of the report area population. The report area population is almost evenly distributed by gender (49% male, 51% female), mirroring the gender distribution of Texas and the US.

Poverty is widespread in the report area, with 41% of report area residents earning annual incomes at or below 200% FPL. Cherokee County has even higher poverty at 49%. Spanish-speaking populations have higher poverty rates than English-speaking populations for each county. The poverty levels within both populations mirror the Texas and US poverty levels.

With a lengthy history of serving poor and at-risk populations in the region, CTMFRH along with CTMFHS remains committed to planning proactively for the needs of those who may be medically vulnerable. Race/ethnicity, education, employment, and income are known to predict health risk and health outcomes, ultimately contributing to disparities in well-being across lines of social and economic opportunity. Individuals often experience unique medical challenges and vulnerabilities to which the health systems that receive them must be prepared to respond. CTMFRH's CHIP for the upcoming triennium reflects the organization's ongoing pursuit of regional health equity and commitment to promote conditions that allow every person to attain the highest possible standard of health.

COMMUNITY HEALTH PRIORITIES

The CHNA formulation included a needs prioritization committee of experts tasked with reviewing the findings and distilling a broad list of six indicators into a list of three priority health needs for targeted, near-term action. This committee was comprised of hospital staff who also engage in dual community advocacy roles. For example, they serve in community-based organizations that advocate for or directly support the needs of individuals with disabilities or chronic disease.

Rank	CTMFRH Prioritized Health Needs 2020-2022
1	Patient and Primary Care Physician Education
2	Chronic Illness
3	Opportunities for Physical Activity

Priorities were evaluated according to issue prevalence and severity, based on county and regional secondary data. Input provided by key informants, focus group participants, and other community stakeholders was also heavily considered, especially for priority areas where secondary data are less available. The committee considered a number of criteria in distilling top priorities, including the following: magnitude and severity of each problem, CTMFRH's organizational capacity to address the problem, impact of the problem on vulnerable populations, existing resources already addressing the problem, and potential risk associated with delaying intervention on the problem. The committee's final list of three priority needs is presented in rank order in the above table. This priority list of health needs lays the foundation for CTMFRH to remain an active, informed partner in population health in the region for years to come.

Following the needs prioritization committee meeting, hospital staff convened to strategize planned responses to priority health needs, identify potential community partners for planned

initiatives, and specifying major actions, sub-actions, and anticipated outcomes of improvement plan efforts. These actions and sub-actions form the basis of a targeted implementation strategy to address the health needs identified in the Community Health Needs Assessment report.

SELECTED IMPLEMENTATION STRATEGIES

Presented in this section are a series of implementation strategies containing the detailed goals and actions CTMFRH will undertake in the coming three-year period to respond to each of the three priority health needs aforementioned. A priority strategy statement describes each objective and introduces major actions that will be pursued to deliver improvements. Major actions are presented with sub-actions identifying specific partners or resources to be engaged in the improvement effort. Actions and sub-actions are linked with anticipated outcomes, which present a vision of how the status of each health need will change when the actions are completed.

1. Patient and Primary Care Physician Education

Stakeholders highlighted a need to increase patient and primary care physician education and awareness about available patient resources that are provided by CTMFRH. In response, CTMFRH seeks to (1) increase outreach efforts to educate the community about the benefits of utilizing rehabilitative services, and (2) provide community education training for local physicians and specialists.

Major Action(s)	Sub-Actions
<p>1. Educate providers within the community about the available patient resources that are provided by the rehabilitation hospital.</p>	<p>1. Provide community education training events for physicians, specialists, and etc.</p> <p>2. Equip physicians with a CTMFRH resource document so that they can distribute it to patients within the community.</p> <p>Anticipated Outcome:</p> <ul style="list-style-type: none"> • At least 36 physicians, specialists, and other relevant health professionals will be aware of available resources at CTMFRH by the end of 2022. • A document of resources will be made available on the website and in a hard copy format to physicians by 2021.
<p>2. Educate the community about the benefits and resources that are provided by the rehabilitation hospital.</p>	<p>1. Engage in focused outreach efforts to the dedicated population to educate the community about preventive care.</p> <p>Anticipated Outcome:</p> <ul style="list-style-type: none"> • At least 1,000 individuals in the service area will receive education about the benefits of resources offered in the rehabilitation hospital by the end of 2022. Education may include activities such as health fairs, Chamber of Commerce, senior programs, physician education seminars, and senior living information.

2. Chronic Illness

Chronic illness has remained a consistent area of need within the report area and has created difficult barriers, especially for individuals over the age of 65. For example, in comparison to the US and state of Texas, all counties within the report area have higher rates of disability within their overall population. Such disabilities impact a person’s ability to engage in self-care, independent living, or walking. In response, CTMFRH plans to improve collaborations with local nonprofit organizations as well as CHRISTUS Mother Frances Health System by supporting chronic disease prevention and management programs, participating in local community health events, and providing chronic disease education.

Major Action(s)	Sub-Actions
<p>1. Support ongoing and new chronic disease prevention and health programs.</p>	<ol style="list-style-type: none"> 1. Provide support and work collaboratively with local non-profits and with CHRISTUS Mother Frances Health System on chronic disease prevention, management and education. 2. Participate in health workshops, special events and health fairs within the community. <p>Anticipated Outcome:</p> <ul style="list-style-type: none"> • Participate and document working with local non-profits to determine ways to coordinate or collaborate to support chronic disease prevention by the end of 2021. • Participate in appropriate chronic disease prevention collaborative. • At least 1,000 persons will be reached and connected with health promotion materials at workshops, events, and fairs by the end of 2022.
<p>2. Ensure more educators are available to teach about chronic diseases.</p>	<ol style="list-style-type: none"> 1. Ensure patient education includes information about preventative care and chronic illness management. <p>Anticipated Outcome:</p> <ul style="list-style-type: none"> • By the end of 2021, all patient education material will be assessed for and updated to include prevention and disease management content. • By 2022, all patient education programs will include the new content.

3. Opportunities for Physical Activity

Quantitative and qualitative data presented in the CHNA revealed that all counties in the report area generally appear less healthy than the state of Texas. Stakeholders identified a need to provide more opportunities for physical activity as an effort to prevent unhealthy lifestyles. In response, CHRISTUS Trinity Mother Frances Rehabilitation Hospital plans to provide a community resource guide to increase awareness about pre-existing physical activity programs and enhance community collaborations with local parks/recreation.

Major Action(s)	Sub-Actions
<p>1. Educate the public on local facilities and/or places that are available to the broader community to prevent unhealthy lifestyles.</p>	<ol style="list-style-type: none"> 1. Create and provide a resource document that includes information about physical activity programs that are available throughout the community. 2. Collaborate with the local parks/recreations and other non-profits to provide programs and resources that create opportunities for physical activity. <p>Anticipated Outcome:</p> <ul style="list-style-type: none"> • By the end of 2021, develop hard copy of resources document, make available online, and promote material with community partners. • By the end of 2022, support at least 3 current or new programs in collaboration with the Parks and Recreation departments of counties and municipalities in the service area such as Public Health District, Texas Agriculture Programs, and Senior Living Programs. • By the end of 2022, support at least 2 current or new programs in collaboration with non-profits in the service area.

CHRISTUS Trinity Mother Frances Rehabilitation Hospital would like to thank residents and stakeholders from the community who contributed to this community health needs assessment.

