CHRISTUS St. Michael Health System

Community Health Improvement Plan

2017-2019

About Texas Health Institute:

Texas Health Institute (THI) is a nonpartisan, nonprofit organization with a mission to improve the health of Texans and their communities. Based in Austin, Texas, THI has operated at the forefront of public health and health policy in the state for over 50 years, serving as a trusted, leading voice on issues of health care access, health equity, workforce development, planning, and evaluation. Core and central to THI's approach is engaging communities in participatory, collaborative approaches to improving population health, bringing together the wisdom embedded within communities with insights, innovations, and guidance from leaders across the state and nation.

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MISSION FOR IMPLEMENTATION

CHRISTUS St. Michael Health System (CSMHS) is a non-profit, Catholic integrated health care delivery system primarily serving the greater Texarkana, Texas region. The system includes two acute care hospitals, one rehabilitation hospital, two outpatient rehabilitation facilities, two health and fitness centers, an imaging center, a cancer center, and two retail pharmacies. CSMHS's dedicated staff provide specialty care that is tailored to the individual needs of every patient, aiming to deliver high-quality services with excellent clinical outcomes. CSMHS is owned by CHRISTUS Health, which operates 25 acute care hospitals and 92 clinics across Texas, Louisiana, and New Mexico, and 12 international hospitals in Colombia, Mexico, and Chile.

As part of CHRISTUS Health's mission 'to extend the healing ministry of Jesus Christ,' CSMHS 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." In alignment with these values, all CHRISTUS Health hospitals work closely with the local 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 2017-2019 Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) for CSMHS.

To produce the CHNA, CSMHS 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 2017-2019 CSMHS Community Health Needs Assessment (CHNA) Report, finalized in August 2016 (see separate document). 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 overview 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 five priority health needs requiring a targeted community response in the coming triennium.

The CHIP presented in this document fulfills federal IRS 990H requirements for 501(c)(3) non-profit hospitals' community benefit requirements and will be made available to the public. The CHIP builds upon the CHNA findings by detailing how CSMHS intends to engage partner organizations and other local resources to respond to priority health needs identified in the CHNA. It identifies a clear set of goals, actions, and 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 AREA/POPULATION

CHRISTUS St. Michael Health System Service Area Counties
Bowie County, TX
Cass County, TX
Miller County, AR
Little River County, AR

While CSMHS receives patients from a multi-state region encompassing northeast Texas, southwest Arkansas, southeast Oklahoma, and northwest Louisiana, CSMHS primarily serves four counties: Bowie County, Texas, Cass County, Texas, Little River County, Arkansas, and Miller County, Arkansas. The service region centers on the Texarkana, AR – Texarkana, TX metropolitan area. The service area is home to a total population of 179,807 residents. Over two-thirds of the region's population reside in Bowie County and Miller County, and the remaining third reside in Cass County and Little River County. Fifty-five percent of report area residents live in an urban environment, while the remaining 45% are rural. While 60% of persons living in the report area are working-age adults (age 18-64), adults age 65 and older in the region represent the region's fastest growing demographic segment. The unique health challenges associated with the aging population were repeatedly explored during community stakeholder discussions and may be embedded in many of the planned responses to health needs outlined in this CHIP.

The CSMHS service area is home to a culturally, ethnically, and economically diverse population. Hispanic/Latino individuals comprise about 5% of the area's population, while Black/African-American individuals represent about 23% of the population. Over 4 in 10 service area residents live on an income at or below 200% of Federal Poverty Level, and just over 4% of residents are unemployed. Twenty-three percent of area residents have experienced food insecurity within the last year, and roughly two-thirds have limited or no access to healthy food outlets.

With a lengthy history of serving poor and at-risk populations in the region, CSMHS remains committed to planning proactively for the needs of those who may be medically vulnerable. Race/ethnicity, income, employment, and education are known to predict health risk and health outcomes, ultimately contributing to disparities in well-being across lines of social and economic opportunity. In addition, persons experiencing homelessness, veterans, pregnant or parenting teens, people living with HIV/AIDS, the LGBTQ population, and other hard-to-reach individuals experience unique medical challenges and vulnerabilities to which the health systems that receive them must be prepared to respond. CSMHS's CHIP for the upcoming triennium reflects the organization's ongoing pursuit of regional health equity, promoting conditions that allow every person to attain the highest possible standard of health.

While health equity and opportunity is not an explicit health need presented in this CHIP, actions aligned with driving health equity improvements are embedded throughout the plan. These may include diversity in recruitment and hiring of personnel, monitoring of cultural and linguistic competence across different aspects of the clinical experience, pursuit of cross-sector partnerships with trusted community groups serving diverse populations, and outreach efforts targeted at harder-to-reach groups that may be chronically disengaged from health care resources.

COMMUNITY HEALTH PRIORTIES

A committee of experts was tasked with reviewing the findings and distilling a broad list of ten indicators into a list of five priority health needs for targeted, near-term action. This committee was comprised of both hospital staff and external community health partners who participated in the CHNA formulation.

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 magnitude and severity of each problem, CSMHS'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 five priority needs is presented in rank order in the table below. This priority list of health needs lays the foundation for CSMHS to remain an active, informed partner in population health in the region for years to come.

Rank	Health Need
1	Access to healthy living resources
2	Unhealthy behaviors
3	Access to care
4	Social/emotional supports
5	Chronic disease

CSMHS reviewed a draft CHNA report in July 2016. Following the needs prioritization committee meeting, a four-hour convening of hospital staff and community stakeholders took place in late July to strategize planned responses to priority health needs, identify potential community partners for planned initiatives, and identify actions, sub-actions, and anticipated outcomes of improvement plan efforts.

SELECTED IMPLEMENTATION STRATEGY

Presented in this section are a series of implementation strategies containing the detailed goals and actions CSMHS will undertake in the coming three year period to respond to each priority health need listed above. 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 and 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.

ACCESS TO HEALTHY LIVING RESOURCES IMPROVEMENT STRATEGY

In the CHNA, needs prioritization committee members emphasized the need for a coordinated effort to improve access to screenings and other healthy living resources. In response, CSMHS seeks to enhance availability of free screenings, health education, patient navigation, and fitness activities in the community by expanding its existing partnership with Catholic Charities of East Texas' Parish Nursing Ministry.

Major Action(s)	Sub-actions
Expand reach of the Parish Nursing Ministry program through the CSMHS service area	1. CSMHS will collaborate with Catholic Charities of East Texas to deliver Parish Nurse Program. ***Anticipated Outcome:*** Collaboration with Parish Nurse program will increase number of local faith communities participating in the program at the end of FY 2019.
	2. CSMHS will sustain support for Parish Nurse Program in participating churches. ***Anticipated Outcome:*** CSMHS will provide support for the Parish Nurse Program to provide screenings, health education, and fitness activities with members of participating churches, resulting in a higher volume of services provided to members. Free screenings and education will deliver vital information to those with limited access to care.

UNHEALTHY BEHAVIOR IMPROVEMENT STRATEGY

CSMHS seeks to address unhealthy behaviors in the community by collaborating with area school districts to reduce obesity and increase physical activity among area students. CSMHS will build upon its successful implementation of GoNoodle and HealthTeacher interactive health education modules in area school districts, which resulted over 5.2 million minutes of cumulative physical activity among local schoolchildren during the 2015-16 academic year.

Major Actions	Sub-actions
Partner with area school districts to implement instructional activities that promote physical activity in schools	1. Collaborate with area school districts to utilize GoNoodle and HealthTeacher resources. ***Anticipated Outcome:*** CSMHS's support for GoNoodle and Health Teacher school-based physical activity curricula will result in widespread uptake and participation among area school districts.
	2. Sustain support for GoNoodle and Health Teacher resources in area school districts. ***Anticipated Outcome:*** Ongoing support of GoNoodle and Health Teacher resources will result in increased implementation of resources, resulting in a 3% increase in minutes of student physical activity from baseline to the end of the 2019 academic year.

ACCESS TO PRIMARY CARE IMPROVEMENT STRATEGY

In the CHNA, the needs prioritization committee noted the potential for community-based primary care resources like federally qualified health centers (FQHCs) to play a key role in expanded access to primary care. CSMHS seeks to collaborate with Genesis Primecare, a local FQHC, to support their continued delivery and expansion of primary care services.

Major Actions	Sub-actions
Partner with Genesis Primecare to continue to provide and expand primary care services	1. Collaborate with Genesis Primecare to strategize expansion of primary care services in community-based settings. ***Anticipated Outcome:*** An enhanced collaboration with Genesis Primecare will result in a 10% increase in number of patients receiving primary care services by the end of FY 2019.

SOCIAL AND EMOTIONAL SUPPORT IMPROVEMENT STRATEGY

Needs prioritization committee members emphasized the potential for community-based organizations to serve as hubs for local residents who may experience a lack of social or emotional support, and encouraged coordination between CSMHS and community agencies to lead people to assistance. To this end, CSMHS aims to improve access to available health-related resources in identified community areas through creation of a community resource call center.

Major Actions	Sub-actions
Explore opportunity to create a community resource call center	1. Assess potential to participate in 2-1-1 database for identified community areas, with particular attention to reaching residents with less social support who may be chronically disengaged from health resources. ***Anticipated Outcome:*** Should there be a role for CSMHS to participate in the local 2-1-1 database, CSMHS plans to assume a more active role in arranging referrals and disseminating information about community resources to local callers who identify social, financial, health-related, or emotional needs.

CHRONIC DISEASE REDUCTION STRATEGY

Since 2011, CSMHS has coordinated a successful Transitional Care program to assist patients diagnosed with certain chronic diseases with managing their conditions outside of a hospital setting. In the upcoming three-year period, CSMHS seeks to expand access to this program by increasing the number of chronic diseases the program's staff and technology are equipped support.

Major Actions	Sub-actions
Increase access to transitional care programs to reduce readmissions.	1. Collaborate with Transitional Care program partner to expand program for all chronic diseases ***Anticipated Outcome:*** CSMHS's efforts to broaden the number of diagnoses under its Transitional Care Program will lead to an increase in the number of patients that can be served, with the goal of reducing hospital readmissions by 2% by the end of FY 2019.

COMMUNITY NEEDS THAT CANNOT BE ADDRESSED

In an effort to maximize any resources available for the priority areas listed above, leaders and staff at CSMHS determined that the following issues would not be explicitly included in their CHIP:

- Prenatal care
- Unemployment
- Heart disease
- Diabetes
- Cancer
- Suicide/Mental Health
- Obesity

Heart disease, cancer, diabetes, suicide/mental health, and obesity received few high-priority votes from the data-based priority list individually. However, the needs prioritization committee of local stakeholders coalesced these priorities into a single Chronic Disease category, which this CHIP does address. The rationale for this decision was the relative value of pursuing prevention-focused efforts aimed at upstream risky behaviors or systemic barriers, rather than intervening on particular health outcomes. In addition, the committee stressed that unemployment, prenatal care, and suicide/mental health needs remain pressing but ultimately recommended against including them in the CHIP, primarily because CSMHS may not be as optimally positioned to address these needs.