

CHRISTUS Good Shepherd Health System



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 Good Shepherd Health System (CGSHS) serves the health needs of communities in East Texas. CGSHS includes two medical centers: a 425-bed hospital in Longview, Gregg County and a 149-bed hospital in Marshall, Harrison County. CGSHS has Wound, Breast, Emergency, Endoscopy, Rehabilitation, Sleep, and Surgery Centers and two Home Health agencies located across Gregg, Harrison, and Rusk Counties. Outpatient facilities such as CHRISTUS Good Shepherd NorthPark Medical Plaza in Longview, and CHRISTUS Good Shepherd Emergency center in Kilgore offer programs and services in imaging, pediatrics, emergency care, and obstetrics and gynecology.

In addition to these medical services, CGSHS includes a Life Center, Institute for Healthy Living, and Spa to support prevention and disease management. CGSHS includes two foundations and helps train physicians, nurses, and allied health professionals. Its graduate medical education program, a partnership with the University of Texas Medical Center at Tyler, offers training opportunities for internal medicine residents to provide care to the patients CGSHS serves.

While CGSHS serves a wide swath of Upper East Texas, CGSHS defines the report area for its 2020-2022 Community Health Needs Assessment (CHNA) to include the following six Texas counties: Gregg, Harrison, Marion, Panola, Rusk, and Upshur Counties. The demography and socioeconomic conditions of these counties are broadly representative of the CGSHS service area. As such, they offer insight into the health needs of the patients of and communities surrounding the six counties for which this CHNA is conducted.

CHRISTUS Health is a Catholic health system formed in 1999 to strengthen the faith-based health care ministries of the Congregations of the Sisters of the Incarnate Word of Houston and San Antonio that began in 1866. In 2016, the Sisters of the Holy Family of Nazareth became the third sponsoring congregation to CHRISTUS Health. Today, CHRISTUS Health operates 25 acute care hospitals and 92 clinics in Texas. CHRISTUS Health facilities are also located in Louisiana, Arkansas, and New Mexico. It also has 12 international hospitals in Colombia, Mexico and Chile. As part of CHRISTUS Health's mission "to extend the healing ministry of Jesus Christ," CGSHS 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."¹

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 CGSHS.

¹ CHRISTUS Health. (2019). Our mission, values, and vision. Available at: <http://www.christushealth.org/OurMission>.

To produce the CHNA, CGSHS 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 CGSHS Community Health Needs Assessment (CHNA) Report, finalized in May 2019. 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 five 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) non-profit hospitals' community benefit requirements and will be made available to the public. The CHIP builds upon the CHNA findings by detailing how CGSHS 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 CGSHS receives patients from a very broad region of Northeast Texas, the report area includes the following six counties: Gregg, Harrison, Marion, Panola, Rusk, Upshur and Smith Counties. Consisting of a total population of 317,499 residents the report area reflects the diverse communities in Northeast Texas from which CGSHS patients could live while representing the bulk of individuals using CGSHS services. Nearly two-thirds of the region's population resides in Gregg County and Harrison County. Just over 75% percent of residents in the report area live in the urban counties of Gregg, Harrison, Rusk and Upshur while the remaining 15% live in the rural counties of Marion and Panola.² This also mirrors the urban-rural breakdown of the Texas population statewide. Individuals between ages 18 and 64 (working-aged adults) constitute 59% of total population. Of the remaining population,

CHRISTUS Good Shepherd Health System Report Area Counties
Gregg County, TX
Harrison County, TX
Marion County, TX
Panola County, TX
Rusk County, TX
Upshur County, TX

² 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>

17% are ages 65 and older, 18% are school age children, and 6% are in infancy or early childhood. Overall, the population ages 65 and older are slightly higher than that of the population of Texas (12%). When broken down by county, Marion County is significantly higher than the report area at 25% compared to the report area at 17%.

Compared to Texas, the population in the report area has a lower proportion of Hispanic residents. The Hispanic/Latino proportion in the report area more closely resembles that of the US than that of Texas — just over 14% of the report area is Hispanic/Latino, compared to 39% of Texans. The NH-African American population in the report area have a higher proportion of residents at 18% compared to Texas at 12%. The NH-Asian, NH-Native Hawaiian/Pacific Islander and NH-Native American/Alaska Native categories each comprise less than 3% of the report area population.

Poverty is widespread in the report area, with 40% of report area residents earning annual incomes at or below 200% FPL. This is slightly higher than the poverty for the state of Texas at 37%. When broken down by county, Marion County has the highest poverty at 46%.

Compared to Texas, the report area’s unemployment is similar while food insecurity is significantly higher. Twenty-one percent of report area residents experience food insecurity (i.e., uncertainty about whether they will be able to get enough nutritious food at some point during the year) compared to about 15% of Texas residents.

With a lengthy history of serving poor and at-risk populations in the region, CGSHS 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, new immigrant families, people living with HIV/AIDS 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. CGSHS’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

A needs prioritization committee of experts was tasked with reviewing the findings and distilling a broad list of ten indicators (from an even broader list) 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. External partners included representatives from the local health department as well as a variety of community-based organizations serving clients in the report area.

Rank	CGSHS Prioritized Health Needs 2020-2022
1	Mental Health
2	Primary Care Access
3	Health System Performance
4	Homelessness
5	Employment

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, CGSHS'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 above table. This priority list of health needs lays the foundation for CGSHS 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 CGSHS will undertake in the coming three-year period to respond to each of the five priority health needs 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 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. Mental Health

Mental Health is considered the number one community health need in northeast Texas, much like the rest of the State of Texas. Services for patients and their families have long wait times for appointments, little inpatient care availability, and few professionals in the region. The report area also has a growing number of young people and aging adults who need services with very little access or availability. Within the rural communities there is a recurring theme of drug abuse, particularly with meth and opioids.

CGSHS will work collaboratively with behavioral health providers and community organizations to by supporting the Gregg County Wellness Collaborative. CHRISTUS Good Shepherd Hospital will continue to provide current support and assistance to these programs and will work to increase access and expand services. As many social factors determine the need for behavioral health services and the ability to comply with treatment, CGSHS will partner with community-based organizations to address the social and environmental determinants of health.

Major Action(s)	Sub-Actions
<p>1. Support for the “Addicted to Hope Program” dba Wiseman Ministries.</p>	<p>1. Support the “Addicted to Hope Program” which is sponsored by Wiseman Ministries and Transform Care.</p> <p>Anticipated Outcome: Improved access to mental health and substance use treatment care for the indigent and underserved population in the Longview area and a 30% reduction in dual-diagnosis hospital admissions.</p>
	<p>2. Partner with CHRISTUS Trinity Mother Frances to sponsor a combined meeting of the Smith and Gregg County Wellness Collaborative, encompassing the service areas for each ministry.</p> <p>Anticipated Outcome: Establish collaboration between the two Wellness Collaborations in order to share resources and improve the health of the people in the Northeast Texas region.</p>
	<p>3. Work with members of the collaborative to expand education in the community (schools, businesses, and Churches) on Mental Health, addiction, etc.</p> <p>Anticipated Outcome: Increased awareness of early signs and symptoms of mental illness in the population served.</p>
	<p>4. On-going support of the mental health services provided by the CHRISTUS Trinity Internal Medicine Resident Clinic in Longview.</p> <p>Anticipated Outcome: Improved access to behavioral health services as evidenced by 75% of patients seen within 30 days.</p>

2. Primary Care Access

This priority is based on the observation that even insured in the report area lack a medical home, a continuum of care, routine preventative care, and care coordination. CGSHS will tackle these and other barriers to primary care by (1) support and expand access to FQHCs, (2) support the CHRISTUS Trinity Clinic; and (3) support the CHRISTUS Trinity Internal Medicine Resident Clinic to provide primary and psychiatric care to residents in the report area.

Major Action(s)	Sub-actions
<p>1. Support for Genesis Prime Care and Wellness Pointe FQHCs, CHRISTUS Trinity Clinic Urgent Care, and CHRISTUS Trinity Internal Medicine Resident Clinic in order to Enhance/Expand Medical Homes.</p>	<p>1. Provide on-going financial support for the Genesis PrimeCare and Wellness Pointe.</p> <p>Anticipated Outcome: Continued collaboration with Genesis PrimeCare and Wellness Point will result in a 10% increase in the number of patients receiving primary care services by the end of FY 2020.</p>
	<p>2. On-going operation of CHRISTUS Trinity Clinic Urgent Care.</p> <p>Anticipated Outcome: Continued operation will result in a 10% increase in the number of patients receiving primary care services by the end of FY 2020.</p>
	<p>3. On-going operations of the CHRISTUS Trinity Internal Medicine Resident Clinic to provide primary and psychiatric care.</p> <p>Anticipated Outcome: Continued operation will result in a 10% increase in the number of patients receiving primary care services by the end of FY 2020.</p>
	<p>4. Implement Equity of Care initiative aimed at improving care coordination for targeted at-risk patient populations.</p> <p>Anticipated Outcome: Decrease in patients presenting to ED without a primary care provider.</p>

3. Health System Performance

Stakeholders stated the need for increased coordination among local organizations to provide integrated care and increased access to services. Increasing the coordination within health systems will increase access to care and reduce overutilization of the emergency department. CGSHS will address this by supporting local non-profits and hospital services to provide increased comprehensive care to the service area.

Major Action(s)	Sub-actions
<p>1. Provide opportunities for prevention, education, and services that aim to reduce mortality rates and the prevalence of chronic conditions and unhealthy lifestyles in the communities we serve.</p>	<p>1. Provide financial support and work collaboratively with local non-profits on chronic disease prevention, management, and education.</p> <p>Anticipated Outcome: Overall reduction in blood pressure, weight, and hemoglobin A1c for scholarship recipients. (Scholarships are provided through the IHL; should we reference?)</p>
	<p>2. Implementation of a Sexual Assault Nurse Examiner (SANE) program to support adult and pediatric populations.</p> <p>Anticipated Outcome: Local access for SANE examinations resulting in improved patient care and services to adult and pediatric victims of sexual assault.</p>
	<p>3. CHRISTUS Good Shepherd Health System will collaborate with Catholic Charities of East Texas to expand the Parish Nursing Ministry program within the CGSHS Service area.</p> <p>Anticipated Outcome: Collaboration with the Parish Nurse program will increase the number of local faith communities participating in the program by the end of FY 2020.</p>

COMMUNITY NEEDS THAT CAN NOT BE ADDRESSED

We recognize both homelessness and employment are significant issues within the communities we serve. Ultimately, we recommended not including them in the CHIP as CGSHS is not optimally positioned to support these as major initiatives to address. However, CGSHS remains committed to supporting agencies and programs that directly address these needs by participating in several initiatives such as the Mayor's Task Force on Homelessness, annual Homeless Resource Day, and community job fairs. Additionally, CGSHS serves as the largest employer in Gregg County and remains committed to continued growth throughout the region.

CHRISTUS Good Shepherd Health System would like to thank residents and stakeholders who participated in the focus group to prioritize health needs in the community.

