CHRISTUS Santa Rosa
Community Health Improvement Plan (CHIP) FY17

CHRISTUS Santa Rosa Health System responds to the health care needs of the community through services provided at five campuses in San Antonio and New Braunfels, Texas. This Plan encompasses Community Health Improvement activities at the regional level in communities served by five facilities within the CHRISTUS Santa Rosa Health System.

- Children’s Hospital of San Antonio
- CHRISTUS Santa Rosa Hospital – Medical Center
- CHRISTUS Santa Rosa Hospital– Westover Hills
- CHRISTUS Santa Rosa Hospital– New Braunfels
- CHRISTUS Santa Rosa Hospital—Alamo Heights

Each of the facilities of CHRISTUS Santa Rosa Health System shares the mission of CHRISTUS Health which is to extend the healing ministry of Jesus Christ.

CHRISTUS Santa Rosa Health System serves Bexar and Comal counties as well as several counties located south of San Antonio extending to the border of Texas and Mexico. This area of the South Texas comprises a population of more than 2.8 million.

MISSION FOR IMPLEMENTATION
CHRISTUS Health, a Catholic, faith-based ministry’s mission is to extend the healing ministry of Jesus Christ. Our vision is 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.

ORGANIZATIONAL COMMITMENT
CHRISTUS Santa Rosa is a founding member of The Health Collaborative (formerly The Bexar County Health Collaborative) and the other healthcare systems that participate in the community needs assessment process every three years.

CHRISTUS Santa Rosa Health System Regional Vice President of Mission Integration has maintained membership on the Board of Directors of The Health Collaborative to support their work and participate in the process at all points including budgeting, content, design, and program management decisions.

In addition, the CHRISTUS Santa Rosa Director of Community Benefit has been appointed as proxy member. As such, the Director regularly attends board meetings and is a voting member in the absence of the Regional Vice President. CHRISTUS Santa Rosa Director of Community Benefit is also responsible for identification and reporting of all eligible Community Benefit Programs for CHRISTUS Santa Rosa Health System.
COMMUNITY HEALTH NEEDS ASSESSMENT

THE HEALTH COLLABORATIVE BOARD OF DIRECTORS MEMBERSHIP

- CHRISTUS Santa Rosa Health System
- University Health System
- San Antonio Metropolitan Health District
- Bexar County Department of Community Resources
- Methodist Healthcare Ministries of South Texas
- Methodist Healthcare Systems
- Baptist Health System
- YMCA of Greater San Antonio
- Appdiction Studios
- Community First Health Plans
- Our Lady of the Lake University
- University of the Incarnate Word
- UT Health Science Center – San Antonio
- (2) Unaffiliated Community Representatives

TARGET AREA/ POPULATION

Bexar County’s population has grown dramatically and shows no signs of slowing in coming decades. The population is projected to increase by nearly one million people from 2010 to 2050, a 56% increase. While partly a positive sign of a strong economy and low cost of living relative to most other major U.S. cities, rapid population growth can strain community infrastructure that impacts health, including housing, schools, transportation, and health care.

Short- and long-range planning for this growth is critical, as is a regional perspective. Texas’ population growth is expected to be strongest along the I-35 corridor and in the urban core counties of the “Texas triangle” between San Antonio, Dallas, and Houston. That growth pattern will almost certainly expand the functional boundaries of the “San Antonio region” as it is understood today. Local population growth is driven by both birth rates and in-migration.

Just over five percent of Bexar County residents lived outside of Bexar County one year ago, a figure that has held steady since 2010. Half of that in-migration is from other Texas counties; only 13% is from another country, primarily Mexico. The proportion of the Bexar County population who are non-U.S. citizens has remained flat over the past five years at about eight percent. Immigration status is one factor at the root of health disparities and inequality. Undocumented immigrants have poorer access to societal resources and greater exposure to harmful social and environmental conditions, putting them at greater risk for health conditions that could be avoided or managed with preventive care.

Bexar County’s population is roughly 59% Hispanic, 29% non-Hispanic white, 7% black or African-American, and 3% Asian. The remaining 2% are American Indian, Native Hawaiian, some other race, or multiple races.
STAKEHOLDER MEETINGS AND FOCUS GROUPS

The volunteer interview and discussion group participants were selected with an eye toward engaging meaningful and substantive input from medically underserved, low-income, and minority populations and from the service providers and advocates working with and for them. Representatives from programs and/service providers that addressed the following priority areas were invited to participate. The Community Voice provided qualitative data that highlighted challenges, pressing health concerns, as well as gaps and needs. They are as follows:

**Challenges**

1. Poverty
2. Low Levels of Educational Attainment
3. Lack of Affordable Housing
4. Lack of Childcare
5. Lack of Transportation
6. Violence
7. Built Environment

**Pressing Health Concerns**

1. Obesity and Chronic Disease
2. Behavioral Health
3. Maternal and Child Health
4. Communicable Disease
5. Access to Care

**Gaps and Needs**

1. Social Determinants of Health: Housing, Childcare, Job Opportunity, Education and Transportation
2. Healthy Living Programs
3. Enhanced Case Management
4. Sexual Health Programming
5. Behavioral Health Services
7. Greater Community Engagement
8. Greater Leadership for Collective Impact

**PRIORITY HEALTH NEEDS FOR COMMUNITY AT-LARGE**

The 2016 Community Health Needs Assessment has identified the following five focus areas as the community-identified priorities:

1. Healthy Eating and Active Living
2. Healthy Child and Family Development
3. Safe Communities
4. Behavioral Health and Mental Well-Being
5. Sexual Health
CHRISTUS SANTA ROSA IDENTIFIED PRIORITIES
Based on the data in the Community Health Needs Assessment produced June 2016 and feedback provided by CHRISTUS Santa Rosa Community Benefit Council, CHNA Advisory Board, CHRISTUS Health leadership, and the many community partners and organizations who participated in the CHNA process, the priority health needs for the communities served by CHRISTUS Santa Rosa Health System are:

1. Healthy Eating and Active Living
2. Health Child and Family Development
3. Behavioral and Mental Well-Being

SELECTED IMPLEMENTATION STRATEGY
The following implementation strategies outline actions CHRISTUS Santa Rosa Health System will take over the next three years to address the priority health needs listed above. 

PRIORITY STRATEGY STATEMENT: Improve access to appropriate care for the economically disadvantaged by reducing inappropriate admissions / readmissions to the emergency room.

<table>
<thead>
<tr>
<th>CHNA Priority Area</th>
<th>Major Actions</th>
<th>Description</th>
<th>Anticipated Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Eating and Active Living</td>
<td>Community Health Worker Program (promotoras)</td>
<td>Coordinated care management and navigation programs for the uninsured to increase access to health care services for those with chronic conditions and those without access to regular primary health care services</td>
<td>1. Document the number of persons who receive appropriate care in the appropriate setting as a percentage that contributes toward the goal of a 10% reduction in the inappropriate use of the ED by the economically disadvantaged.</td>
</tr>
<tr>
<td>Healthy Child and Family Development</td>
<td>Children’s Mobile Unit</td>
<td>Provide well child, sick child, and immunizations primarily in the Harlandale, Edgewood, and South San Antonio Independent School Districts. The Mobile Unit also attends targeted and strategic community-based wellness events to address lack of access among vulnerable populations</td>
<td>1. Document the number of persons who receive appropriate care in the appropriate setting as a percentage that contributes toward the goal of a 10% reduction in the inappropriate use of the ED by the economically disadvantaged.</td>
</tr>
</tbody>
</table>
Volunteers in Medicine
Free adult primary healthcare services in New Braunfels, Texas

1. Document the number of persons who receive appropriate care in the appropriate setting as a percentage that contributes toward the goal of a 10% reduction in the inappropriate use of the ED by the economically disadvantaged.

**PRIORITY STRATEGY STATEMENT: Improve health of children and promote healthy family development**

<table>
<thead>
<tr>
<th>CHNA Priority Area</th>
<th>Major Actions</th>
<th>Description</th>
<th>Anticipated Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy Child and Family Development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Women, Infant, and Children (WIC) Program   | Supplemental nutrition and breastfeeding education and support program that provides supplemental nutritious food products to participants through use of an Electronic Balance Transfer Card. Services are available for pregnant and breastfeeding women, infants up to one year old, and children five years of age and younger | 1. Document number of family participants  
2. Document number of families  
3. Achieve 99% breastfeeding rate  
4. Achieve 90% rate of mothers who receive services in 1st trimester of pregnancy |
| **Healthy Child and Family Development**    |               |             |                     |
| Every Baby Matters                          | Nurse home visitation program targeting every baby born at CSR-NB and their mothers in within 4-7 days after discharge from the hospital | 1. Document number of children assessed and referral action, if any |
| **Healthy Child and Family Development**    |               |             |                     |
| Center for Miracles                         | Provide the timely and accurate medical assessments of children who are suspected victims of abuse or neglect | 1. Document number of children assessed for abuse or neglect |
| **Healthy Eating and Active Living**        |               |             |                     |
| Culinary Health Education for Families Program (CHEF) | Teaches children and families common sense nutrition and practical cooking skills. Through engaging, hands-on experiences, CHEF educates and inspires individuals to adopt and sustain healthy eating | 1. Increase healthy eating and cooking behaviors among clients of the CHEF Program |
**Healthy Child and Family Development**

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Mobile Unit</td>
<td>Provide well child, sick child, and immunizations primarily in the Harlandale, Edgewood, and South San Antonio Independent School Districts. The Mobile Unit also attends targeted and strategic community-based wellness events to address lack of access among vulnerable populations.</td>
</tr>
</tbody>
</table>

1. **5% increase in immunizations provided at no cost to community members**

**Healthy Child and Family Development**

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Recruitment</td>
<td>Recruitment of physicians to fill need in Medically Underserved Area (MUA) and Health Professions Shortage Area (HPSA).</td>
</tr>
</tbody>
</table>

1. Document number and specialty of physicians recruited to fill need in MUA and HPSA

**PRIORITY STRATEGY STATEMENT:** Improve healthy eating and active living behaviors

<table>
<thead>
<tr>
<th>CHNA Priority Area</th>
<th>Major Actions</th>
<th>Description</th>
<th>Anticipated Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Eating and Active Living</td>
<td>Community Health Worker Program (promotoras)</td>
<td>Coordinated care management and navigation programs for the uninsured to increase access to health care services for those with chronic conditions and those without access to regular primary health care services</td>
<td>1. Document number and type of referral to community-based services including preventative, disease management, and education programs</td>
</tr>
</tbody>
</table>

| Healthy Eating and Active Living | Culinary Health Education for Families Program (CHEF) | Teaches children and families common sense nutrition and practical cooking skills. Through engaging, hands-on experiences, CHEF educates and inspires individuals to adopt and sustain healthy eating behaviors | 1. Increase healthy eating and cooking behaviors among clients of the CHEF Program |
### Health and Active Living

**Mobile Mammography Unit**
- Provides free mammograms to women without insurance or the ability to pay and serves as a link to the greater health care community by partnering with other organizations to provide education, outreach and access to treatment.

1. Document number of women who receive a mammogram at no cost
2. Document number of women referred to partner organizations

### Healthy Eating and Active Living

**Enroll SA Coalition**
- County-wide community-based coalition focused on maximizing enrollment in the Health Insurance Marketplace created by the Affordable Care Act.

3. Increase enrollment in the health insurance marketplace
4. Provide in-person assistance with applications to the Health Insurance Marketplace

### PRIORITY STRATEGY STATEMENT: Improve behavioral health mental well-being

<table>
<thead>
<tr>
<th>CHNA Priority Area</th>
<th>Major Actions</th>
<th>Description</th>
<th>Anticipated Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral and Mental Well-Being</td>
<td>Acute Care of the Elderly</td>
<td>Inpatient unit specially designed to meet the needs of patients over 65 with special floors, lights, furniture, and calming environment.</td>
<td>2. Provide interdisciplinary care led by nursing staff specifically designed to deliver geriatric and palliative care</td>
</tr>
</tbody>
</table>

In addition to these specific strategies for community health improvement, Community Health and Mission Integration staff represent the mission of CHRISTUS Santa Rosa Health System.
through local non-profit boards and committees. These board positions enable CHRISTUS Santa Rosa to participate in issue-based conversations and to serve as a collaborative partner in the community. The priority areas for these boards and committees include:

- Spiritual and Physical Health
- Obesity
- Workforce development
- Economic development
- Child abuse
- Health evaluation
- Health literacy

Examples of these organizations:
- San Antonio Hispanic Chamber of Commerce
- iCare San Antonio
- Ettling Center for Civic Leadership
- The Health collaborative
- Workforce Solutions Alamo
- SA2020
- Restore Education
- Enroll America

CHRISTUS Santa Rosa Health System continues to seek innovative strategies for improving the health of the San Antonio/Bexar County region. Within this document, the region reaffirms its commitment to population health and culturally appropriate interventions while remaining steadfastly faithful to the mission of extending the healing ministry of Jesus Christ. Reliable and rigorous impact evaluation enables CHRISTUS Santa Rosa Health System to continue to contribute to the health of the community and to provide effective stewardship of valuable ministry resources.