

CHRISTUS St. Michael 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 St. Michael Health System (CSMHS) is a non-profit hospital system serving the greater Texarkana, Texas region. Two acute care hospitals anchor the system — a 311-bed facility in Texarkana, and a 43-bed acute care hospital in Atlanta, Texas, 25 miles south of Texarkana — along with one rehabilitation hospital, two outpatient rehabilitation facilities, two health and fitness centers, an imaging center, a cancer center, two retail pharmacies, a mobile clinic, and 14 outpatient centers.¹ While the CSMHS family of facilities serves a multi-state region encompassing northeast Texas, southwest Arkansas, southeast Oklahoma, and northwest Louisiana, CSMHS defines its primary report area as Bowie County, Texas; Cass County, Texas; Little River County, Arkansas; and Miller County, Arkansas. These four counties constitute the report area for this Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

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," 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."² 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 2020-2022 CHNA and 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 2020-2022 CSMHS Community Health Needs Assessment (CHNA) Report, finalized in May 2019 (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.

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>.

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 POPULATION/AREA

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 report area centers on the Texarkana, AR – Texarkana, TX metropolitan area. The report area is home to a total population of 180,367 residents. Over three-fourths of the region's population reside in Bowie County and Miller County, and the remaining fourth reside in Cass County and Little River County. Eighty-three percent of residents in the report area live in Little River, Miller and Bowie Counties which are urban counties, while the remaining 17% live in Cass which is a rural county.³ This also mirrors the urban-rural breakdown of Texas population statewide.⁴ While 59% 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.

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

The CSMHS report 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 report area residents live on an income at or below 200% of Federal Poverty Level, and just over 5% of residents are

³ Little River County is classified as a metropolitan county but does have certain census tracts that are considered rural. 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>

⁴ Texas Demographic Center. (2017). Urban Texas. Available at https://demographics.texas.gov/Resources/publications/2017/2017_08_21_UrbanTexas.pdf

unemployed. Twenty- two percent of area residents have experienced food insecurity within the last year.

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 PRIORITIES

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	Mental Health
2	Chronic Illness
3	Health Systems Performance
4	Aging Population
5	Lack of Employment Opportunities

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 identify actions, sub-actions, and anticipated outcomes of improvement plan efforts.

SELECTED IMPLEMENTATION STRATEGIES

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.

1. Mental Health

During the needs prioritization, committee members emphasized the need to improve access to inpatient and outpatient mental health treatment. In response, CSMHS seeks to continue and enhance mental health collaborations.

Major Action(s)	Sub-actions
<p>Sustain and enhance collaborations and referral relationships with local mental/behavioral health service providers</p>	<p>1. Collaborate with local mental/behavioral health providers for patient assessments and referrals to community-based services for mental health crisis, chronic mental illness, and/or substance use disorders.</p> <p>Anticipated Outcome: CSMHS will coordinate monthly meetings with area community agencies involved in providing mental/behavioral services.</p>
	<p>2. Continue to support education and training resources for mental/behavioral health providers.</p> <p>Anticipated Outcome: CSMHS will continue to provide financial support for mental/behavioral health education and training resources for health care providers.</p>

2. Chronic Illness

CSHMS will aim to improve the understanding and management of chronic disease. This will include continuing support of the Transitional Care program, which CSHMS has been supporting since 2011. Other partnerships will focus on hypertension, diabetes and cancer.

Major Action(s)	Sub-actions
<p>Collaborate with Transitional Care program to reduce readmissions</p>	<p>1. Collaborate with Transitional Care program partner to expand program to for all diseases.</p> <p>Anticipated Outcome: CSMHS will work with Transitional Care program partner to continue program resulting in decreased readmissions by 2% at end of FY 2022.</p>
<p>Collaborate with Genesis PrimeCare to provide diabetes care services</p>	<p>1. Collaborate with Genesis PrimeCare (FQHC) to continue providing Diabetes care services and education.</p> <p>Anticipated Outcome: CSMHS will work with Genesis PrimeCare to provide diabetes care services; to include eye exam, foot exam, HbA1c, blood pressure monitoring and control and ED visits and education; resulting in improvement of diabetes outcomes at end of FY 2022.</p>
<p>Collaborate with Genesis PrimeCare to provide services to vulnerable patients with primary diagnosis of hypertension</p>	<p>1. Collaborate with Genesis PrimeCare (FQHC) to continue providing care to vulnerable patients with a primary diagnosis of hypertension.</p> <p>Anticipated Outcome: CSMHS will work with Genesis PrimeCare to continue providing services to patients with a primary diagnosis of hypertension to include primary care visits, prescription assistance, transportation assistance and health care education; resulting in improvement of hypertension outcomes at end of FY 2022.</p>
<p>Cancer outreach</p>	<p>1. CSMHS will continue to provide and support cancer care services collaborating with Komen Foundation and American Cancer Society and others.</p> <p>Anticipated Outcome: CSMHS continue to provide and support cancer services through direct care and education and collaboration with other providers/agencies, resulting in an increased number of clients receiving cancer care services at end of FY 2022.</p>

3. Health Systems Performance

Stakeholder mentioned residents having difficult navigating the healthcare system. CSHMS will address this by helping to improve access to health care and promote healthy behaviors in the community.

Major Action(s)	Sub-actions
<p>Collaborate with Genesis PrimeCare to provide primary care services</p>	<p>1. Collaborate with Genesis PrimeCare (FQHC) to continue to provide primary care services.</p> <p>Anticipated Outcome: CSMHS will work with Genesis PrimeCare to continue to provide primary care services, resulting in increased number of clients receiving primary care services by 5% at end of FY 2022.</p>
<p>Collaborate with Catholic Charities of East Texas to expand the Parish Nurse Program</p>	<p>1. Collaborate with Catholic Charities of East Texas to provide Parish Nurse Program.</p> <p>Anticipated Outcome: CSMHS will provide support of Parish Nurse Program, resulting in increased number of churches participating in the program at end of FY 2022.</p> <p>2. Continue to support Parish Nurse Program in participating churches.</p> <p>Anticipated Outcome: CSMHS will provide support of Parish Nurse Program to provide screenings, health education and fitness activities with members of participating churches, resulting in increased services provided to members. Free screenings and education provide vital information to those with limited access to care.</p>
<p>Collaborate with area school districts to increase physical activity</p>	<p>1. Collaborate with area school districts to utilize Go Noodle resources.</p> <p>Anticipated Outcome: CSMHS will provide support of Go Noodle resources in area school districts, resulting in increased number of school districts participating, resulting in increased use of resources.</p>

Major Action(s)	Sub-actions
	<p>2. Continue to support Go Noodle resources in area school districts.</p> <p>Anticipated Outcome: CSMHS will provide support of Go Noodle resources in area school districts, resulting in increased minutes of student physical activity by 3% from baseline by end of school year 2022.</p>

4. Aging Population

Stakeholders mentioned the growing elderly population within the community and a need to provide supportive services. CSHMS will address this by improving access to health care and provide health education for the aging population in the community. This will include will partnering with local senior events and continuing to operate the CSM Senior Health Center.

Major Action(s)	Sub-actions
<p>Sustain and enhance health care for the aging population</p>	<p>1. CSMHS will continue to operate the CSM Senior Health Center to provide primary care services to patients age 65 and older.</p> <p>Anticipated Outcome: CSMHS will track its efforts to provide primary care services to patients age 65 and older.</p>
	<p>2. Collaborate in annual senior area event and other community activities to provide education and free health screens.</p> <p>Anticipated Outcome: CSMHS will track participation in community events focused on the aging population.</p>

5. Lack of Employment Opportunities

During the needs prioritization meeting, stakeholders mentioned the lack of quality jobs that provide health insurance. CSHMS will collaborate with the newly formed AR-TEXI organization in order to increase business opportunities and economic prosperity within the region.

Major Action(s)	Sub-actions
Collaborate with the AR-TX Regional Economic Development Incorporation	<ol style="list-style-type: none"><li data-bbox="857 531 1455 638">1. Collaborate with AR-TX REDI organization to create job opportunities and other economic development. <p data-bbox="857 674 1438 842">Anticipated Outcome: CSMHS will continue to provide financial support and participate in area agency activities with AR-TX REDI to assist in job creation/development opportunities.</p>

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

