CHRISTUS®
TRINITY MOTHER FRANCES
Health System

Community Health Needs Assessment

2023 - 2025





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Executive Summary

CHRISTUS Trinity Mother Frances Health System (CTMFHS) which includes the CHRISTUS Mother Frances Hospital – Tyler, CHRISTUS Mother Frances Hospital – Jacksonville, CHRISTUS Mother Frances Hospital – Winnsboro, CHRISTUS Mother Frances Hospital – Sulphur Springs and CHRISTUS Trinity Mother Frances Rehabilitation Hospital conducted a Community Health Needs Assessment (CHNA) to assess areas of greatest need, which guides the hospitals on selecting priority health areas and where to commit resources that can most effectively improve community members' health and wellness. To complete the 2023-2025 CHNA, CTMFHS partnered with Metopio, health departments, and regional and community-based organizations. The CHNA process involved engagement with multiple stakeholders to prioritize health needs. Stakeholders also worked to collect, curate, and interpret the data. Stakeholder groups provided insight and expertise around the indicators to be assessed, types of focus group questions to be asked to the community, interpretation of results, and prioritization of areas of highest need. Primary data for the CHNA was collected via community input surveys, resident focus groups, key informant interviews. The process also included an analysis of secondary data from federal sources, local and state health departments, and community-based organizations.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

Health Need Priorities

Based on community input and analysis of a myriad of data, the priorities for the communities served by CTMFHS for Fiscal Years 2023-2025 fall into two domains underneath an overarching goal of achieving health equity (Figure 1). The two domains and corresponding health needs are:

A. Advance Health and Wellbeing by addressing
   1. Specialty Care and Chronic Disease Management
      - Obesity
      - Heart Disease
      - Diabetes
      - Cancer
   2. Behavioral Health
      - Mental Health
      - Substance Abuse
   3. Primary Care
   4. Education

B. Build Resilient Communities and Improve Social Determinants by
   1. Improving Food Access
   2. Reducing Smoking and Vaping

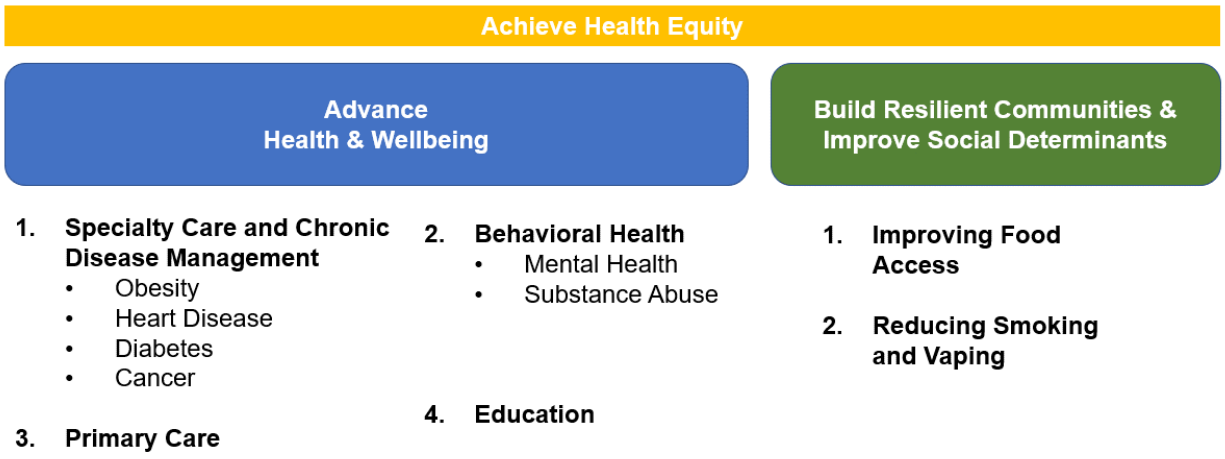


Figure 1. CHRISTUS Trinity Mother Frances Health System Priority Areas

This report provides an overview of the CTMFHS process involved in the CHNA, including data collection methods, sources, and CTMFHS's primary service area. The body of the report contains results by service area zip codes, or counties when zip code granularity is not possible, where health needs for the entire service area are assessed.

Introduction: What is a Community Health Needs Assessment?

The Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determine the health needs in the service area of the CTMFHS. In this process, CTMFHS directly engages community members and stakeholders to identify the issues of greatest need as well as the largest impediments to health. With this information, CTMFHS can better allocate resources towards efforts to improve community health and wellness.

Directing resources toward the greatest needs in the community is critical to CTMFHS's work as a nonprofit hospital. The important work of CHNAs was codified in the Patient Protection and Affordable Care Act added Section 501(r) to the Internal Revenue Service Code, which requires nonprofit hospitals, including CTMFHS, to conduct a CHNA every three years. CTMFHS completed similar needs assessments in 2013, 2016 and 2019.

The process CTMFHS used was designed to meet federal requirements and guidelines in Section 501(r), including:

- clearly defining the community served by the hospital, and ensuring that defined community does not exclude low-income, medically underserved, or minority populations in proximity to the hospital;
- providing a clear description of the CHNA process and methods; community health needs; collaboration, including with public health experts; and a description of existing facilities and resources in the community;
- receiving input from persons representing the broad needs of the community;
- documenting community comments on the CHNA and health needs in the community; and
- documenting the CHNA in a written report and making it widely available to the public.

The following report provides an overview of the process used for this CHNA, including data collection methods and sources, results for CTMFHS's service area, historical inequities faced by the residents in the service area, and considerations of how COVID-19 has impacted community needs. A subsequent strategic implementation plan will detail the strategies that will be employed to address the health needs identified in this CHNA.

When assessing the health needs for the entire CTMFHS service area, the CHNA data is presented by zip code and county depending on the available data. Providing localized data brings to light the differences and similarities within the communities in the CTMFHS service area.

Included in Appendix 1 is an evaluation of CTMFHS's efforts to address the community needs identified in the 2020-2022 CHNA.

CHRISTUS Trinity Mother Frances Health System Overview

In 1937, the Sisters of the Holy Family of Nazareth came to Tyler from the Sacred Heart Province in Chicago to help open a new hospital. Mother Frances Hospital opened a day earlier than planned due to a major tragedy that struck a neighboring community – the New London gas explosion. The Sisters and staff at Mother Frances Hospital were able to care for the victims of the explosion and set the legacy of this Ministry in motion.

What began as a 60-bed not-for-profit hospital has grown to a health system comprised of eight hospitals with a total of 852 beds and over 4,681 Associates. Additionally, this health system includes 47 CHRISTUS Trinity Clinic locations, the largest multi-specialty medical group in the area with more than 470 providers.

In 2016, CHRISTUS Trinity Mother Frances Health System entered into a partnership with CHRISTUS Health to begin a period of extraordinary growth built on the values of dignity, integrity, excellence, compassion, and stewardship. In joining the CHRISTUS Health family, CHRISTUS Trinity Mother Frances Health System joined a legacy of caring and compassion that goes back to the mid-19th century. The Sisters of the Holy Family of Nazareth joined the two founding congregations of the Sisters of Charity of the Incarnate Word of San Antonio and the Sisters of Charity of the Incarnate Word of Houston to continue the sacred mission of extending the healing ministry of Jesus Christ. This is the Mission of our founders; it remains unchanged.

In 2017, CHRISTUS Trinity Mother Frances – South Tyler opened to expand emergency care access to the residents of southern Tyler and surrounding areas.

In 2020, CHRISTUS Mother Frances Hospital – Tyler opened the Bradley-Thompson Tower, the massive new expansion increasing the Emergency and intensive care capabilities of the system.

In 2020, CHRISTUS Trinity Mother Frances Health System unveiled 24/7 emergency care center in Canton, Texas as an expansion of the CHRISTUS Trinity Mother Frances HealthPark.

In 2021, CHRISTUS Trinity Mother Frances Health System opened the Orthopedic and Sports Medicine Institute (OSMI)

Northeast Texas Cancer & Research Institute (in partnership with Texas Oncology) – Opening Fall 2022

24/7 Emergency Care Center in Lindale, TX as an expansion of CHRISTUS Trinity Mother Frances HealthPark – Opening Fall of 2022

24/7 Emergency Care Center in Athens, TX as an expansion of CHRISTUS Trinity Clinic – Opening Spring of 2023

CTMFHS exemplifies the founders' vision and mission in the everyday business and in collaborative community activities of the hospital, providers' offices, rural clinics, volunteers,

and community leaders. The administration and staff of CHRISTUS Mother Frances Hospitals, CHRISTUS Trinity Clinics, and the founding congregations have a shared vision and a shared mission. The vision is that, as a Catholic health ministry, they will 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. Our Mission is to extend the healing ministry of Jesus Christ.

Representing the integrated health system, the executive team has vowed that CTMFHS will be a leading health care system throughout the region, state, and country in promoting the health and quality of life in the communities they serve. It is a part of the history and tradition of not-for-profit hospitals that they exist to serve community needs – that is their heritage. They work in partnership with the regional communities to address the most critical and difficult issues from early intervention programs for children, teenage health issues, community needs, rural health care issues, the plight of the elderly, and primary access issues.

CTMFHS makes targeted investments in programs, services and events that benefit all people throughout the communities, not just patients or members based on community needs. Innovative in finding solutions to difficult community issues, they do more than just make cash contributions and instead are involved in the community as a caring partner and participant. CTMFHS's community commitment is embodied in their mission and carried out by their family of employees.

CHRISTUS MOTHER FRANCES HOSPITAL – *Tyler*

Serving east Texas since March 18, 1937, CHRISTUS Mother Frances Hospital – *Tyler* (CMFH-T) is a 457-bed acute care facility located in the heart of Tyler, Texas, offering a wide range of services including emergency and trauma care, medical and surgical care, Tyler's ONLY Level III neonatal intensive care unit, Level III Maternal unit, pediatrics, advanced neurosurgical, orthopedic, and cardiac care. In 2012, the hospital expanded to add the CHRISTUS Trinity Mother Frances Louis and Peaches Owen Heart Hospital with a total bed count of 96 which features some of the most innovative and advanced technology and healing concepts in the world. At CTMFHS our quality and safety efforts are evidence for the depth of work that is underway and ongoing, with the well-being of our patients as the ultimate goal. Our commitment to serving the east Texas region with compassion, excellence and efficiency has earned Mother Frances Hospital – Tyler national recognition.

We are a Level II Trauma Center, and the only Level III NICU and Level III Maternal Designation in Smith County. It is a distinguished honor to be the first hospital in the country to receive the American College of Cardiology HeartCARE Center of Excellence award, as well as numerous other distinctions, such as Blue Cross Blue Shield Blue Distinction Center+ for Hip and Knee Replacement, and the area's first Advanced Certification for Comprehensive Stroke Center by the Joint Commission. We are committed to delivering compassionate, quality care to our communities in which we serve.

A Tradition of Excellence

- American College of Cardiology Chest Pain Center Primary PCI with Resuscitation Accreditation
- American College of Cardiology Heart Failure Accreditation
- American College of Cardiology Cardiac Cath Lab Accreditation with PCI
- American Association of Cardiovascular and Pulmonary Rehabilitation Certified Program
- American College of Cardiology: HeartCARE Center of Excellence 2018-2021
- American College of College of Cardiology Certified Transcatheter Valve Accreditation
- U.S. News & World Report: Best Hospitals
- American College of Cardiology's NCDR Chest Pain – MI Registry Platinum Performance Achievement Award 2021
- American College of Cardiology's NCDR Chest Pain – MI Registry Gold Performance Achievement Award 2020
- Newsweek Best Maternity Hospitals
- Bishop Herzig Humanitarian Award
- Texas Department of State Health Services – Level III Maternal Care Facility
- NRC Health Top 100 Consumer Loyalty
- 5-Star Rating by Centers for Medicare & Medicaid Services
- American Heart Association/American Stroke Association's Get with the Guidelines Target: Stroke Honor Roll Silver Plus Quality Achievement Award – 2020
- Transcatheter Aortic Valve Replacement Accreditation

Previous Honors

- American College of Cardiology: First in U.S. HeartCARE Center of Excellence designation
- American Heart Association: First in Texas Cardiovascular Center of Excellence accreditation
- American College of Radiology Breast Imaging Center of Excellence
- American Medical Group Association (AMGA) Acclaim Award: #1 in Nation 2018 Acclaim Award
- Becker's Hospital Review: Recognized as "100 Great Community Hospitals" in the U.S. five years
- Blue Cross Blue Shield Distinction Center+: Cardiac Care, Bariatric Care, Spine Care
- CareChex: #1 in Texas for Clinical Excellence in Overall Hospital Care 2018; Recognized seven consecutive years
- CNOR® Strong for excellence in perioperative nursing – 2015
- Healthgrades: Recognized for 15 years in more than 40 categories for clinical excellence and safety
- Healthcare Financial Management Association: 2017 MAP Award for High Performance in Revenue Cycle
- The Joint Commission: 1st in Texas to achieve Gold Seal for "Advanced" Certification in Total Hip| Knee Replacement; 2018 Advanced Certification for Comprehensive Stroke Centers Designee
- LeapFrog Group: "A" Hospital Safety Ratings seven years; Twice named Top Hospital

- Magnet Designation: American Nurses Credentialing Center (ANCC) Magnet® facilities – Gold Standard in Nursing and Patient Care
- National Committee for Quality Assurance (NCQA) designation since 2014
- Studer Group: Excellence in Patient Care 2017
- Truven Health Analytics:100 Top Hospitals 2017; recognized seven times
- U.S. News & World Report: 2013-2018 Best Regional Hospitals Northeast Texas; Recognized in more than six specialties
- American College of Cardiology's NCDR Chest Pain - MI Registry Gold Performance Achievement Award
- American College of Cardiology Chest Pain Center Primary PCI with Resuscitation Accreditation
- American College of Cardiology Cardiac Cath Lab Accreditation with PCI
- American College of Cardiology Heart Failure Accreditation
- American Association of Cardiovascular and Pulmonary Rehabilitation Certified Program
- American Association of Critical – Care Nurses Beacon Award for Excellence

CHRISTUS Mother Frances Hospital is licensed by the Texas Department of Health and accredited by the Joint Commission of Healthcare Organizations.

CHRISTUS MOTHER FRANCES HOSPITAL – *Jacksonville*

Responding to community requests and identified needs for expanded health care services for the entire community in a not-for-profit environment, CHRISTUS Mother Frances Hospital – *Jacksonville* (CMFH-J) opened in 2001 as a critical access hospital with 25 beds. CMFH-J has expanded clinic access to physicians and provided them within the same medical complex as the hospital itself. This proximity provides better communication of medical information and offers patients more advanced care options.

Services at the hospital include a Level IV Trauma Center, bone densitometry, cardiology, gastroenterology, general surgery, mammography, gynecology, vascular, oncology, orthopedic and joint replacement capabilities, interventional pain management, podiatry, pulmonologist, sleep medicine, radiology, laboratory, and other diagnostic services. CHRISTUS Mother Frances Hospital – *Jacksonville* provides patients with primary care, urgent care, cardiac and pulmonary rehabilitation, dental surgery, urology, physical therapy, and a hospitalist program. Optometry services are now available in the CHRISTUS Trinity Optical Center.

CHRISTUS Mother Frances Hospital – *Jacksonville* is accredited by The Joint Commission.

CHRISTUS Mother Frances Hospital – *Jacksonville* 2014 – Hospital Quality Improvement Award – Gold Award

CHRISTUS Mother Frances Hospital receives 2021 Team DAISY award

CHRISTUS MOTHER FRANCES HOSPITAL – *Winnsboro*

Civic-minded citizens-built Winnsboro Memorial Hospital in 1960 to serve the people of Northeast Texas and particularly those in Wood, Franklin, and Camp counties. Over the years, the hospital has worked to bring rural clinics and physicians to the community to provide better access to medical services to the area.

In December 1983, the hospital merged with Presbyterian Medical Center, Dallas, and two years later a new facility opened and served the community for more than 20 years.

Winnsboro Hospital enjoyed a rich history of serving as the acute care hospital of choice for the residents of its surrounding area. In 2010, the hospital joined the CHRISTUS Trinity Mother Frances Health System and is now known as CHRISTUS Mother Frances Hospital – *Winnsboro* (CMFH-W). CHRISTUS Mother Frances Hospital-*Winnsboro,* a 25-bed hospital, has received the status of a critical access hospital.

The primary service area for CHRISTUS Mother Frances Hospital -- *Winnsboro* is Wood County and the surrounding rural counties. The primary referral hospital for the patients in the service area is CHRISTUS Mother Frances Hospital-*Tyler.*

CHRISTUS Mother Frances Hospital – *Winnsboro* 2014 – Hospital Quality Improvement Award – Gold Award

CHRISTUS MOTHER FRANCES HOSPITAL – *Sulphur Springs*

We are proud to have served the residents of Hopkins County and surrounding areas since 1949. CHRISTUS Mother Frances Hospital – *Sulphur Springs* is a licensed 96-bed, Level IV Trauma and Primary Stroke Center with a full-service Emergency Department and 24/7 access to Intensivists, Hospitalists & a state-of-the-art Cath Lab.

Services at the hospital include a Level III NICU (Neonatal Intensive Care Unit), Level II Maternal Designation, 10-bed ICU, 10-bed Inpatient Rehab, Ruth & Jack Gillis Women's Center, 2 Hyperbaric Chambers and Outpatient Therapy. EMS award Lifeline Gold Plus by AHA for excellent STEMI care, Primary Stroke Center recognized with the Joint Commission Gold Seal of Approval for Stroke.

CHRISTUS Mother Frances Hospital has a medical staff of more than 350 providers including most specialties and 10 CHRISTUS Trinity Clinic locations including Primary Care and Urgent care, plus several specialties.

CHRISTUS MOTHER FRANCES Rehabilitation Hospital

CHRISTUS Trinity Mother Frances Rehabilitation Hospital, a partner of Encompass Health, is committed to helping patients regain independence after a life-changing illness or injury. Located in Tyler and serving east Texas, this hospital is a leading provider of inpatient rehabilitation for stroke, hip fracture, and other complex neurological and orthopedic conditions.
This is a 94-bed inpatient rehabilitation hospital uses an interdisciplinary team approach that includes physical, speech and occupational therapists, rehabilitation physicians, rehabilitation nurses, case managers, dietitians and more, combined with advanced technology and expertise, to help patients achieve their goals.

Our rehabilitation hospital proudly displays the Joint Commission's Gold Seal of Approval for Disease-Specific Care Certification in stroke rehabilitation, cardiac rehabilitation, hip fracture rehabilitation and amputee rehabilitation, as well as the Stroke Center of Excellence award by Encompass Health.

CHRISTUS Health

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," CHRISTUS Trinity Mother Frances Health System 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."

Community Benefit

CTMFHS implements strategies to promote health in the community and provide equitable care in the hospitals, clinics, urgent care centers, standing ED's (emergency departments), and community education. CTMFHS builds on the assets that are already found in the community and mobilizes individuals and organizations to come together to work toward health equity.

CHRISTUS Trinity Mother Frances Service Area

Following IRS guidelines, 501(r) rules as required by the Affordable Care Act, CTMFHS's total primary service area includes 38 zip codes covering over 475,000 individuals (Table 1). The primary service area (PSA) is the geographic region with 80% of hospital utilization. The primary service area zip codes are located in the following counties: Anderson, Cherokee, Delta, Franklin, Henderson, Hopkins, Rains, Rusk, Smith, Van Zandt, and Wood (Figure 2).

While the hospital is dedicated to providing exceptional care to all of the residents in East Texas, CTMFHS will use the information in this assessment to strategically establish priorities and commit resources to address the key health issues for the zip codes, counties and municipalities that comprise the region.

CHRISTUS Trinity Mother Frances Health System PSA			
Anderson County	**Cherokee County**	**Delta County**	**Franklin County**
75763	75757	75432	75457
75801	75766		
75803	75785		
Henderson County	**Hopkins County**	**Rains County**	**Rusk County**
75751	75420, 75431, 75433	75440	75654
75758	75437, 75482		
Smith County	**Van Zandt County**	**Wood County**	
75701, 75702, 75703	75103	75494, 75497	
75704, 75706, 75707	75140	75765, 75773	
75708, 75709, 75762	75754	75783	
75771, 75789, 75791	75790		

Table 1. Primary Service Area Zip Codes for CTMFHS

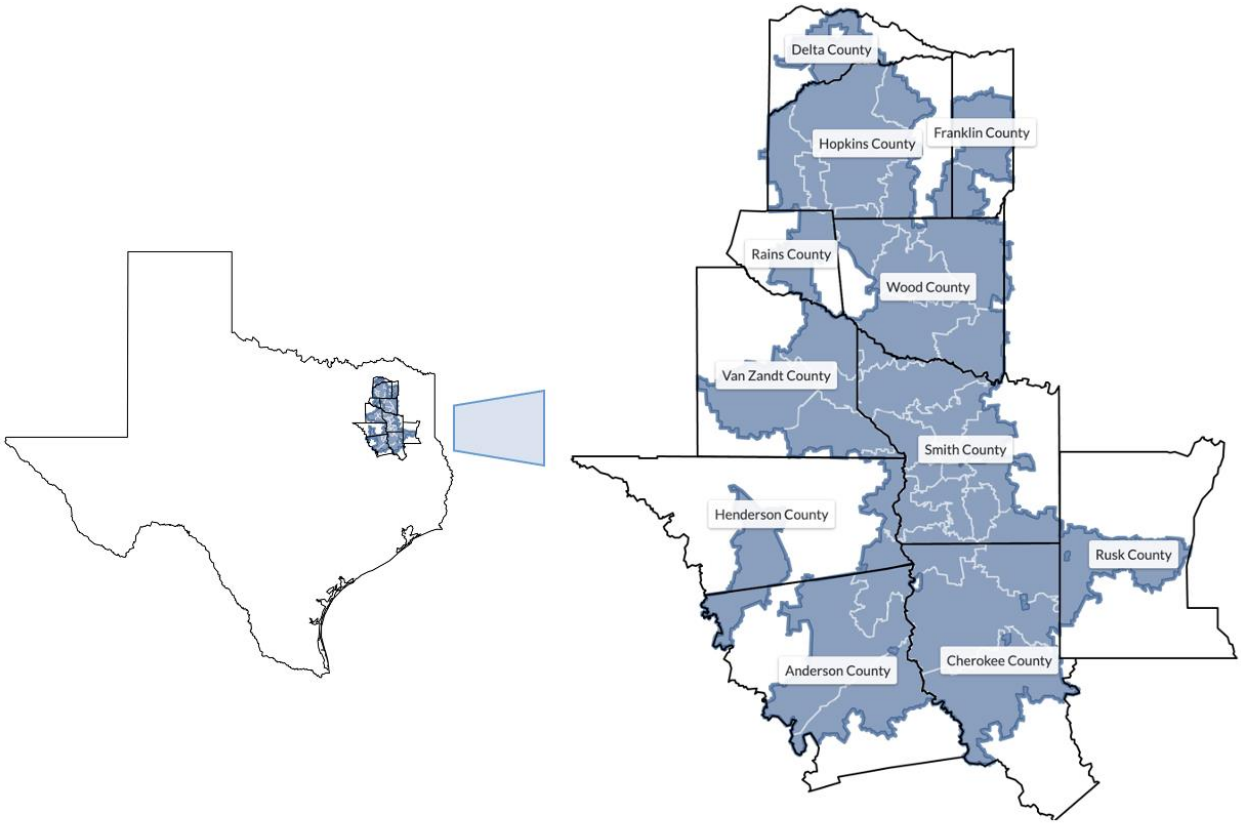


Figure 2. Primary Service Area of CTMFHS

CHNA Process

Stakeholder Engagement

The CHNA process involved engagement with several internal and external stakeholders to collect, curate and interpret primary and secondary data. That data was then used to prioritize the health needs of the community. For this component, CTMFHS worked with Metopio, a software and services company that is grounded in the philosophy that communities are connected through places and people. Metopio's tools and visualizations use data to reveal valuable, interconnected factors that influence outcomes in different locations.

Leaders from the CTMFHS guided the strategic direction of Metopio through roles on various committees and workgroups.

CTMFHS and Metopio relied on the expertise of community stakeholders throughout the CHNA process. The health system's partners and stakeholder groups provided insight and expertise around the indicators to be assessed, types of focus group questions to be asked, interpretation of results and prioritization of areas of highest need.

The Community Benefit Team is composed of key staff with expertise in areas necessary to capture and report CTMFHS community benefit activities. This group discusses and validates identified community benefit programs and activities. Additionally, the team monitors key CHNA policies, provides input on the CHNA implementation strategies and strategic implementation plan, reviews and approves grant funding requests, provides feedback on community engagement activities.

Input from community stakeholders was also gathered from CTMFHS's community partners. These partners played a key role in providing input to the survey questions, identifying community organizations for focus groups, survey dissemination and ensuring diverse community voices were heard throughout the process.

"As a collaborative partner with CHRISTUS Mother Frances Hospital – Sulphur Springs and Christus Trinity Clinic, it is a pleasure to work with so many like-minded individuals to further health equity, increase access, and help serve the Hopkins County community… In each of these committees, we have been welcomed with open arms, treated as family, and our opinions have an equal voice in each conversation. We are truly honored to work with everyone at CHRISTUS!"
- Community Partner

The CTMFHS leadership team developed parameters for the 2023-2025 CHNA process that help drive the work. These parameters ensure that:

- the CHNA builds on the prior CHNA from 2020-2022 as well as other local assessments and plans;
- the CHNA will provide greater insight into community health needs and strategies for ongoing community health priorities;

- the CHNA leverages expertise of community residents and includes a broad range of sectors and voices that are disproportionately affected by health inequities;
- the CHNA provides an overview of community health status and highlights data related to health inequities;
- the CHNA informs strategies related to connections between community and clinical sectors, anchor institution efforts, policy change, and community partnerships; and
- health inequities and their underlying root causes are highlighted and discussed throughout the assessment.

Data Collection

CTMFHS conducted its CHNA process between September 2021 and March 2022 using an adapted process from the Mobilizing for Action through Planning and Partnerships (MAPP) framework. This planning framework is one of the most widely used for CHNAs. It focuses on community engagement, partnership development and seeking channels to engage people who have often not been part of decision-making processes. The MAPP framework was developed in 2001 by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

Primary data for the CHNA was collected through four channels:

- Community resident surveys
- Community resident focus groups
- Health care and social service provider focus groups
- Key informant interviews

Secondary data for the CHNA were aggregated on Metopio's data platform and included:

- Hospital utilization data
- Secondary sources including, but not limited to, the American Community Survey, the Decennial Census, the Centers for Disease Control, the Environmental Protection Agency, Housing and Urban Development, and the Texas Department of State Health Services

Community Resident Surveys

Between October and December of 2021, 1,365 residents in the CTMFHS service are provided input to the CHNA process by completing a community resident survey. The survey was available online and in paper form in English and Spanish. Survey dissemination happened through multiple channels led by CTMFHS and its community partners. The survey sought input from priority populations in the CTMFHS PSA that are typically underrepresented in assessment processes, including communities of color, immigrants, persons with disabilities, and low-income residents. The survey was designed to collect information regarding:

- Demographics of respondents
- Health needs of the community for different age groups
- Perception of community strengths
- Utilization and perception of local health services

The survey was based on a design used extensively for CHNAs and by public health agencies across the country. The final survey included 26 questions. The full community resident survey is included in Appendix 2. Table 2 summarizes the demographics of survey respondents in the CTMFHS PSA.

Demographic	**%**
Age (N=1,140)	
18-24	0.7
25-44	21.5
45-64	46.7
65 and older	31.0
Gender (N=1,139)	
Male	28.4
Female	70.0
Other	0.1
Choose not to answer	1.5
Orientation (N=1,124)	
Straight or heterosexual	94.4
Bisexual	1.5
Lesbian or gay or homosexual	1.0
Choose not to disclose	2.6
Race (N=1,140 (multiple answers allowed))	
American Indian or Alaska Native	2.2
Asian	0.8
Black or African American	6.7
White	83.9
Hispanic/Latino(a)	5.7
Choose to not disclose	7.3
Education (N=1,139)	
Some high school	0.6
High school graduate or GED	6.5
Vocational or technical school	20.7
Some college, no degree	7.0
College graduate	38.9
Advanced degree	26.3
Current Living Arrangements (N=1,120)	
Own my home	84.8
Rent my home	11.3
Living with a friend or family	3.0
Other	0.9
Disability in Household (N=1,108)	25.3
Income (N=1,106)	
Less than $10,000	1.9

$10,000 to $19,999	3.9
$20,000 to $39,999	12.8
$40,000 to $59,999	13.0
$60,000 to $79,999	17.0
$80,000 to $99,999	15.1
Over $100,000	36.3
Average Number of Children in Home (#) (N=1,068)	0.5

Table 2. Demographics of Community Resident Survey Responses in CTMFHS

Community Focus Groups and Key Informant Interviews

A critical part of robust, primary data collection for the CHNA involved speaking directly to community members, partners and leaders that live in and/or work in the CTMFHS PSA. This was done through focus groups and key informant interviews.

During this CHNA, CTMFHS held four local focus groups, two covering Adult health, two on Maternal and Child health, and joined two systemwide focus groups. All focus groups were coordinated by CTMFHS and the CHRISTUS system office and facilitated by Metopio. CTMFHS sought to ensure groups included a broad range of individuals from underrepresented, priority populations in the CTMFHS. Focus group health topic areas are listed below:

- Adult health
- Maternal and child health
- Health care and social service providers
- Behavioral health

CTMFHS conducted its focus groups in person. Focus groups lasted 90 minutes and had up to 15 community members participate in each group. The following community members participated in the focus groups:

Organization	Role	Community
Alzheimer's Alliance of Smith County	Executive Director	Tyler
Bethesda Clinic	Executive Director	Tyler
Tyler Junior College	Professor - Medical Office Mgmt./ Department Chair - Health Admin Services/ Board Member Tyler Family Circle of Care	Tyler
CHRISTUS Trinity Mother Frances Health System	TISD Board Member/ Hispanic Business Alliance / Grounds Manager	Tyler
Tyler Legacy HS	Student	Tyler
Tyler High	Student	Tyler
Tyler Family Circle of Care (FQHC)	Board President	Tyler

CHRISTUS Trinity Mother Frances Health System	Director of Sports Medicine	Tyler
CHRISTUS Trinity Clinic Administration	Family Physician	Tyler
North Tyler Developmental Academy	Community Activist	Tyler
CHRISTUS Trinity Mother Frances Health System	Clinical Director - 4 Dawson	Tyler
CHRISTUS Trinity Clinic - Broadway Commons	Primary Physician	Tyler
Family Circle of Care	CEO - FQHC	Tyler
Family Circle of Care	Senior Administrator	Tyler
March of Dimes - Zeta Phi Beta Sorority, Inc.	2nd, Vice President	Tyler
Zeta Phi Beta Sorority, Inc	President	Tyler
St. Paul's Foundation	Executive Director	Tyler
NETHealth Public Health District-WIC	Community Resource Specialist	Tyler
CHRISTUS Trinity Mother Frances Health System	Board Member - CTE Advisory Boards for Local ISDs / Director of Volunteer Services	Tyler
Helping Others Pursue Enrichment (HOPE)	HOPE Board Member	Jacksonville
Jacksonville Chamber of Commerce	President	Jacksonville
Texas A*M AgriLife Extension Service	Family and Community Health Agent	Sulphur Springs
CAN Help	Director	Sulphur Springs
The Dinner Bell (First United Methodist Church)	Coordinator Dinner Bell	Sulphur Springs
CHRISTUS Mother Frances Hospital - SS	Trauma Coordinator	Sulphur Springs
Carevide - FQHC	Deputy CEO	Sulphur Springs
Carriage House Minor	Director and Intake Coordinator	Sulphur Springs
Cumby Food Bank	Director and Volunteer	Sulphur Springs
Lakes Regional MHMR	MCOT Team Lead	Sulphur Springs
Senior Citizen/Meals on Wheels	Director	Sulphur Springs

Glen Oaks Hospital	Outreach	Sulphur Springs
Lakes Regional MHMR	Director	Sulphur Springs
Sulphur Springs Independent School District	Social Worker	Sulphur Springs
Texas Department of Human Services	RN	Sulphur Springs
Heart of Hope	Nurse Manager	Sulphur Springs
Food Pantry in Como	Jehovah Jireh	Sulphur Springs
Texas Department of Health Services	LVN	Sulphur Springs
Sulphur Springs Independent School District	CIS Site Coordinator	Sulphur Springs
Texas Department of Health Services	RN	Sulphur Springs
Communities In Schools	CIS Site Coordinator	Sulphur Springs
First Baptist Church	Pastor, First Baptist Church	Winnsboro
The Pilot Club	Member of the Pilot Club	Winnsboro
CHRISTUS Mother Frances Hospital - Winnsboro	Chaplain	Winnsboro
CHRISTUS Mother Frances Hospital - Winnsboro	Chaplain	Winnsboro
Winnsboro ISD	School Nurse	Winnsboro
Winnsboro ISD	Counselor	Winnsboro
NETHealth	Director of WIC-Quitman Ofc	Winnsboro
CHRISTUS Trinity Mother Frances Health System	Vice President - Administrative Advisor	Tyler
CHRISTUS Trinity Mother Frances Health System	Executive Assistant	Tyler
CHRISTUS Trinity Mother Frances Health System	Program Manager, Community Benefits	Tyler
CHRISTUS Mother Frances Hospital - SS	Community Benefits | Radiology	Sulphur Springs

Table 3. Focus Group Participants

In addition to the focus groups, 20 key informants were identified by the CTMFHS Community Benefit team for one-on-one interviews. Key informants were chosen based on areas of expertise to further validate themes that emerged in the surveys and focus groups. Each interview was conducted virtually and lasted 30 minutes.

Secondary Data

CTMFHS used a common set of health indicators to understand the prevalence of morbidity and mortality in the CTMFHS and Sulphur Spring Hospital PSAs and compare them to benchmarks—the state of Texas and the full CHRISTUS Health service area, which covers regions of Texas, Louisiana, Arkansas, and New Mexico. When available in the data, the United States is also used as a benchmark. Building on previous CHNA work, these measures have been adapted from the County Health Rankings MAPP framework (Figure 3). Where possible, CTMFHS used data with stratifications so that health inequities could be explored and better articulated. Given the community input on economic conditions and community safety, CTMFHS sought more granular datasets to illustrate hardship. A list of data sources can be found in the Appendix 3.

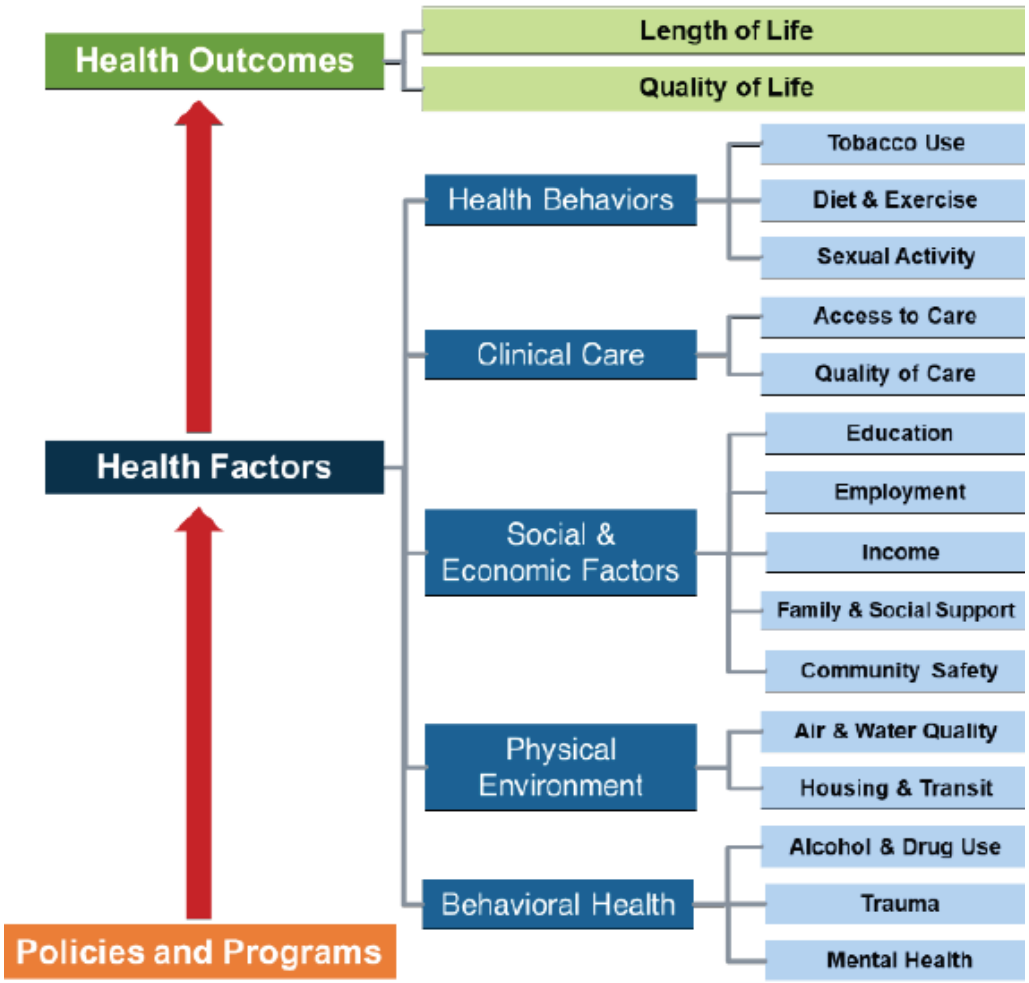


Figure 3. Illustration of the County Health Rankings MAPP Framework

Data Needs and Limitations

CTMFHS and Metopio made substantial efforts to comprehensively collect, review, and analyze primary and secondary data. However, there are limitations to consider when reviewing CHNA findings.

- Population health and demographic data are often delayed in their release, so data are presented for the most recent years available for any given data source.
- Variability in the geographic level at which data sets are available (ranging from census tract to statewide or national geographies) presents an issue, particularly when comparing similar indicators and collected at disparate geographic levels. Whenever possible, the most relevant localized data are reported.
- Due to variations in geographic boundaries, population sizes, and data collection techniques for suburban and city communities, some datasets are not available for the same time spans or at the same level of localization throughout the county.
- Gaps and limitations persist in data systems for certain community health issues such as mental health and substance use disorders (youth and adults), crime reporting, environmental health, and education outcomes. Additionally, these data are often collected and reported from a deficit-based framework that focuses on needs and problems in a community, rather than assets and strengths. A deficit-based framework contributes to systemic bias that presents a limited view on a community's potential.

With this in mind, CTMFHS, Metopio, and all stakeholders were deliberate in discussing these limitations throughout the development of the CHNA and selection of the 2022-2025 health priority areas.

Consideration of COVID-19

The COVID-19 pandemic touched all aspects of life for two of the last three years, which begs the question—should COVID-19 be considered its own health issue, or did it merely expose existing health inequities in the community?

The CTMFHS PSA has experienced fluctuations in case rates and case fatality rates but was especially hard hit during the Delta surge in 2021. While causal factors are hard to pinpoint, several important determinants of health are more pronounced in the CTMFHS PSA including a lack of access to care, higher rates of chronic disease and a lack of transportation options. These vulnerabilities certainly exacerbated the spread and impact of COVID-19.

> **"COVID created huge mental and emotional issues for many. I still see many affected and not able to shake it off and get back into their daily routines."**
>
> **-Focus Group Participant**

As demonstrated in the survey results in Table 4, a majority of respondents saw the pandemic as the biggest issue their community faced over the last two years. And while many community members did not delay care, over half did experience challenges with feelings of hopelessness and depression. The community's major emphasis in focus groups and key informant interviews was on addressing the barriers to health equity, not necessarily the pandemic itself. Because of this, the CHNA will focus more on COVID-19's impact on existing health disparities.

During the pandemic (March 2020-present) have you had any of the following (please check all that apply):	**% of respondents**
Visited a doctor for a routine checkup or physical	87.3
Dental exam	69.9
Mammogram	41.9
Pap test/Pap smear	26.7
Sigmoidoscopy or colonoscopy to test for colorectal cancer	15.8
Flu shot	66.7
Prostate screening	11.3
COVID-19 vaccine	74.4
Because of the pandemic, did you delay or avoid medical care?	
Yes	31.6
No	68.4
During this time period, how often have you been bothered by feeling down, depressed, or hopeless?	
Not at all	56.5
Several days every month	33.8
More than half the days every month	6.3
Nearly every day	3.4
What is the most difficult issue your community has faced during this time period?	
COVID-19	64.8
Natural disasters (for example, hurricanes, flooding, tornadoes, fires)	1.1
Extreme temperatures (for example, snowstorm of 2021)	23.5
Other:	10.6
	N=867

Table 4. Community Resident Survey Responses to COVID-19 Questions

CHNA Results

Demographic Characteristics

Over the past decade, the communities served by CTMFHS have experienced a moderate change in population. Changes between the 2010 and 2020 Census show that the population in the CTMFHS PSA grew by 7.9% over this period (Figure 4). The entire CHRISTUS Health service area had a somewhat larger growth rate of 12.1%, and Texas had a growth rate of 15.9% (Figure 4). In this report, the CHRISTUS Health service area refers to the geographic area that encompasses all primary service areas of CHRISTUS Health hospital systems in New Mexico, Texas, Louisiana and Arkansas. Based on the 2020 decennial Census, 475,942 people live in the CTMFHS PSA.

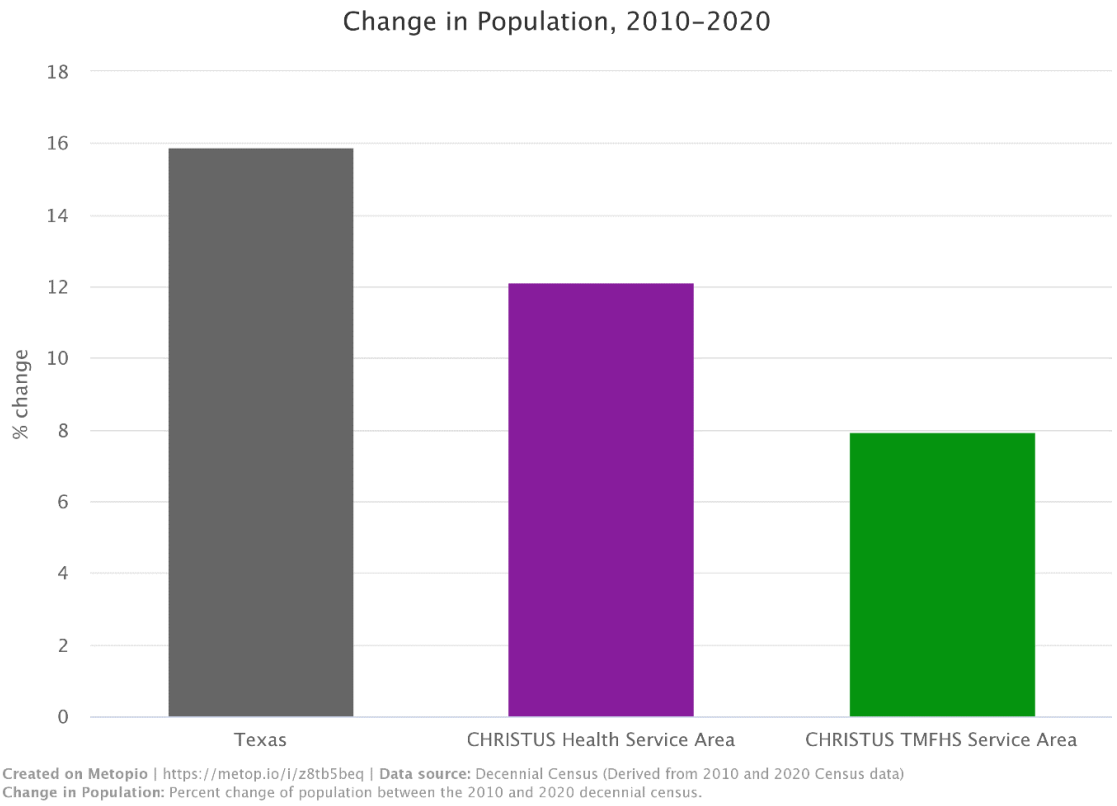


Figure 4. Change in Population in CTMFHS PSA

Figure 5 shows the demographics by race/ethnicity for the service area. Non-Hispanic White individuals make up the majority of the CTMFHS PSA population at 65.8%. This differs from the demographics of the CHRISTUS Health service area and Texas as a whole where non-Hispanic White people only make up 42.8% and 41.4% of the population, respectively. The second most prevalent racial/ethnic demographic is Hispanic/Latino people at 17.9% of the population. This is lower than the 38.8% of Hispanic/Latino residents in the CHRISTUS Health service area and 39.4% of residents in Texas.

The remaining racial/ethnic demographics in the PSA are similar to those in the region. In the CTMFHS PSA, non-Hispanic Black people make up 12.9% of the population compared to 14.2% in the CHRISTUS Health service area and 11.8% in Texas. Asian or Pacific Islander individuals make up 1.2% of the CTMFHS PSA compared to 1.9% of the CHRISTUS Health service area and 5.0% of the population of Texas. Native Americans account for 0.3% of the CTMFHS PSA, 0.4% of the CHRISTUS Health service area and 0.2% of the population in Texas. People who report belonging to two or more races make up 1.8% of the CTMFHS PSA, 1.8% of the CHRISTUS Health service area and 2.0% of the Texas population (Figure 5). Table 5 explores service area demographics by county.

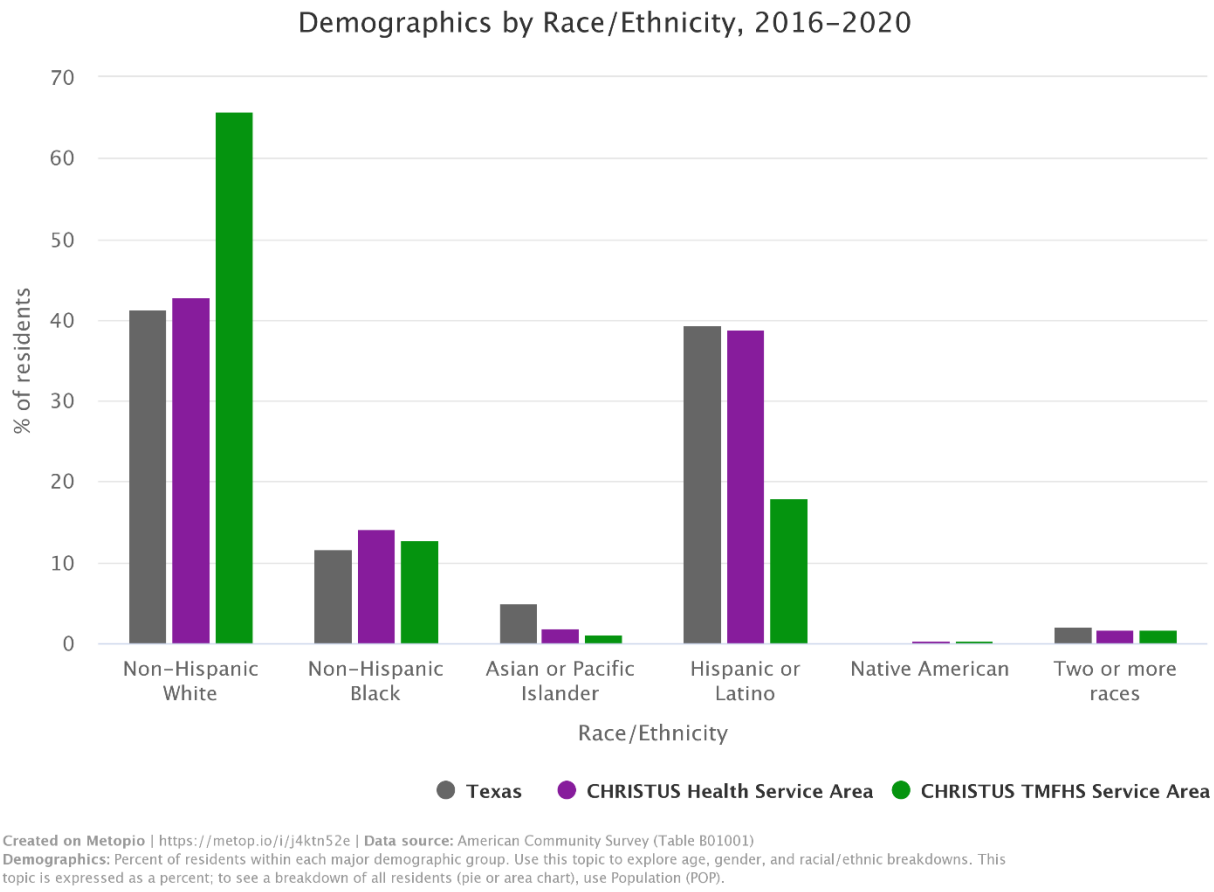


Figure 5. Demographics by Race/Ethnicity in CTMFHS PSA

Topic	Anderson County, TX	Cherokee County, TX	Rusk County, TX	Smith County, TX	Van Zandt County, TX	Wood County, TX
Change in Population *% change, 2010-2020*	-0.92	-0.85	-2.09	11.33	13.24	6.86
Population *residents, 2020*	57,922	50,412	52,214	233,479	59,541	44,843
Demographics *Non-Hispanic White* *% of residents, 2020*	57.14	59.70	61.33	57.59	80.59	80.07
Demographics *Non-Hispanic Black* *% of residents, 2020*	19.73	12.61	15.78	16.28	2.55	3.70
Demographics *Hispanic or Latino* *% of residents, 2020*	19.18	23.40	18.35	20.25	11.88	10.91
Demographics *Asian or Pacific Islander* *% of residents, 2020*	0.68	0.56	0.48	1.80	0.51	0.52
Demographics *Native American* *% of residents, 2020*	0.33	0.25	0.37	0.32	0.55	0.51
Demographics *Two or more races* *% of residents, 2020*	2.73	3.23	3.38	3.47	3.70	3.99

Topic	Delta County, TX	Franklin County, TX	Hopkins County, TX	Rains County, TX
Change in Population *% change, 2010-2020*	-0.02	-2.32	4.62	11.45
Population *residents, 2020*	5,230	10,359	36,787	12,164
Demographics *Non-Hispanic White* *% of residents, 2020*	80.10	76.03	70.61	83.28
Demographics *Non-Hispanic Black* *% of residents, 2020*	5.97	3.80	6.45	2.17
Demographics *Hispanic or Latino* *% of residents, 2020*	7.53	14.05	17.63	9.12
Demographics *Asian or Pacific Islander* *% of residents, 2020*	0.80	0.71	0.76	0.46
Demographics *Native American* *% of residents, 2020*	0.80	0.38	0.54	0.70
Demographics *Two or more races* *% of residents, 2020*	4.23	4.44	3.78	4.00

Table 5. Demographics by County in the CTMFHS PSA

Females represent 50.5% of the CTMFHS PSA population and males represent 49.5% (Figure 6). This ratio is similar to the entire CHRISTUS Health service area at 50.6% female and 49.4% male and the Texas population at 50.3% female and 49.7% male (Figure 6). The median age in the CTMFHS PSA is 39.1 years old, which is higher than the rest of the CHRISTUS Health service area (35.7 years old) and Texas overall (34.2 years old) (Figure 7).

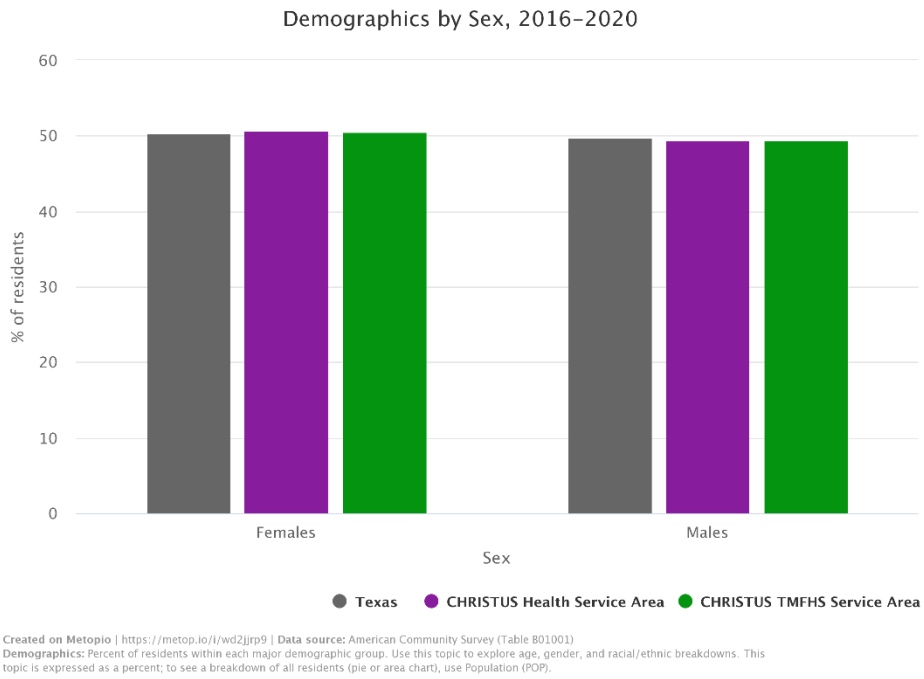


Figure 6. Demographics by Sex in CTMFHS PSA

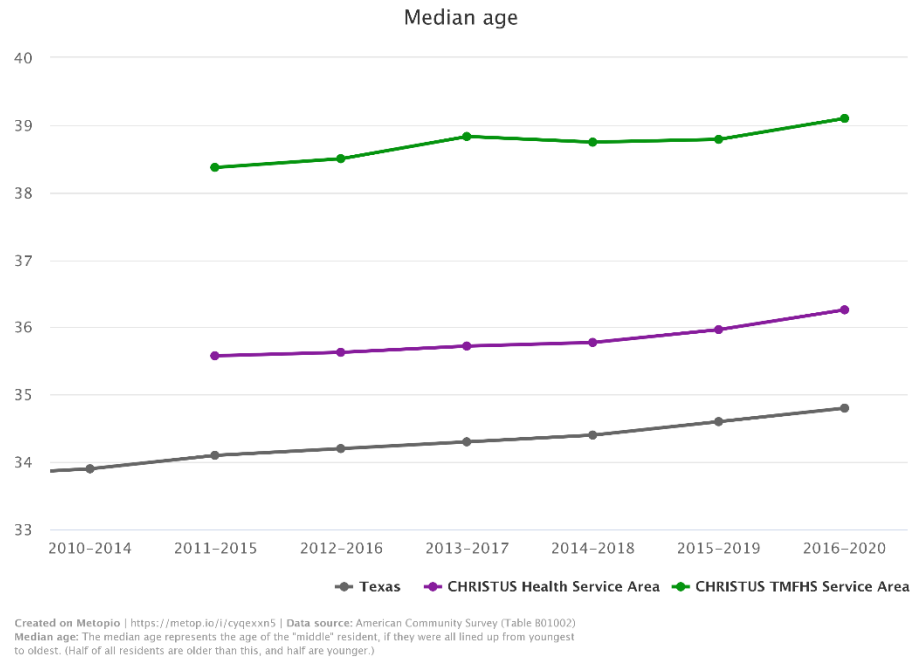


Figure 7. Median Age in CTMFHS PSA

In the CTMFHS PSA, 3.3% of residents have limited English proficiency (Figure 8). This is slightly lower than the full CHRISTUS Health service area with 4.0% of residents with limited English proficiency and much lower than the 7.3% of residents throughout Texas. The number of limited English households has been slightly decreasing in the CTMFHS PSA since at least 2014.

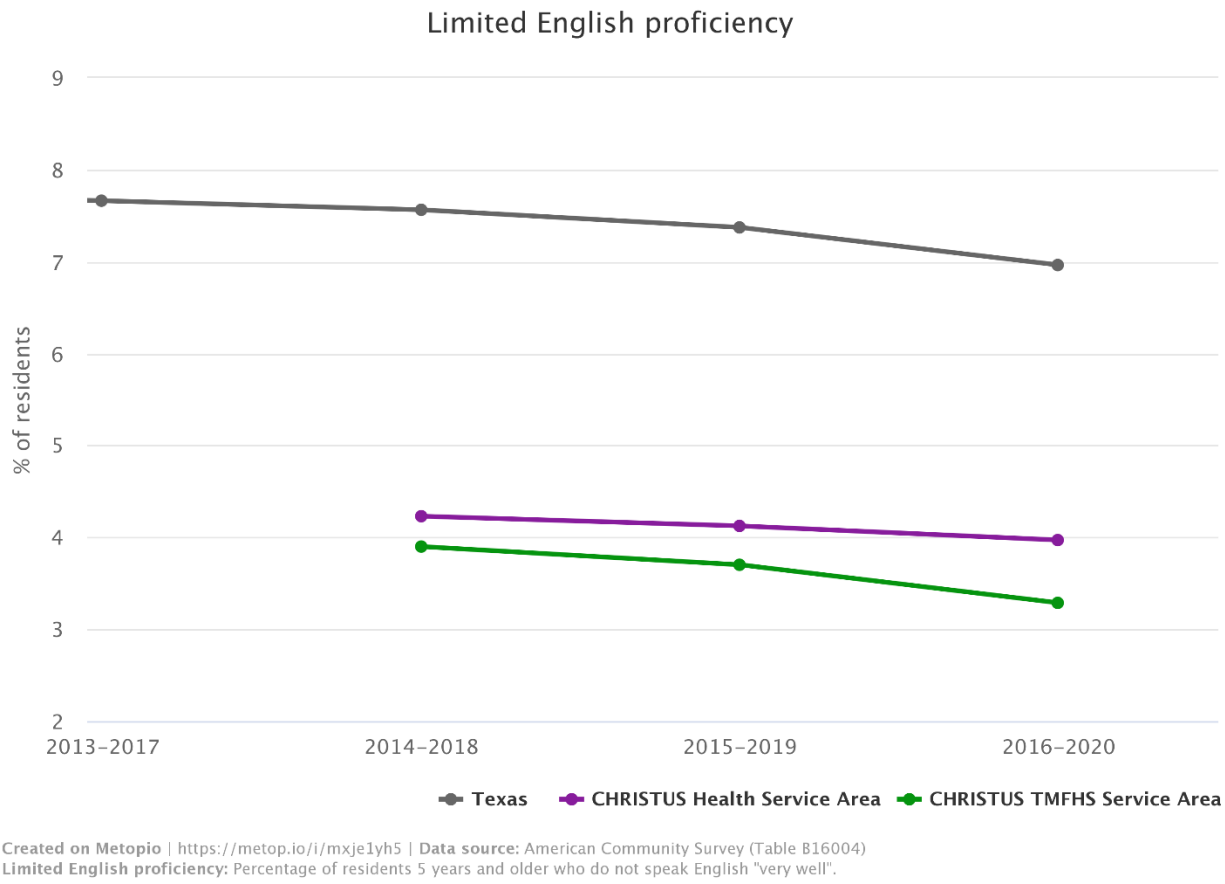


Figure 8. Limited English Proficiency in CTMFHS PSA

The percentage of residents with a disability in the CTMFHS PSA (14.5%) is slightly lower than the whole CHRISTUS Health service area (14.8%) (Figure 9). Both are higher than the disability percentage of the state (11.5%) (Figure 9). Disability here is defined as one or more sensory disabilities or difficulties with everyday tasks.

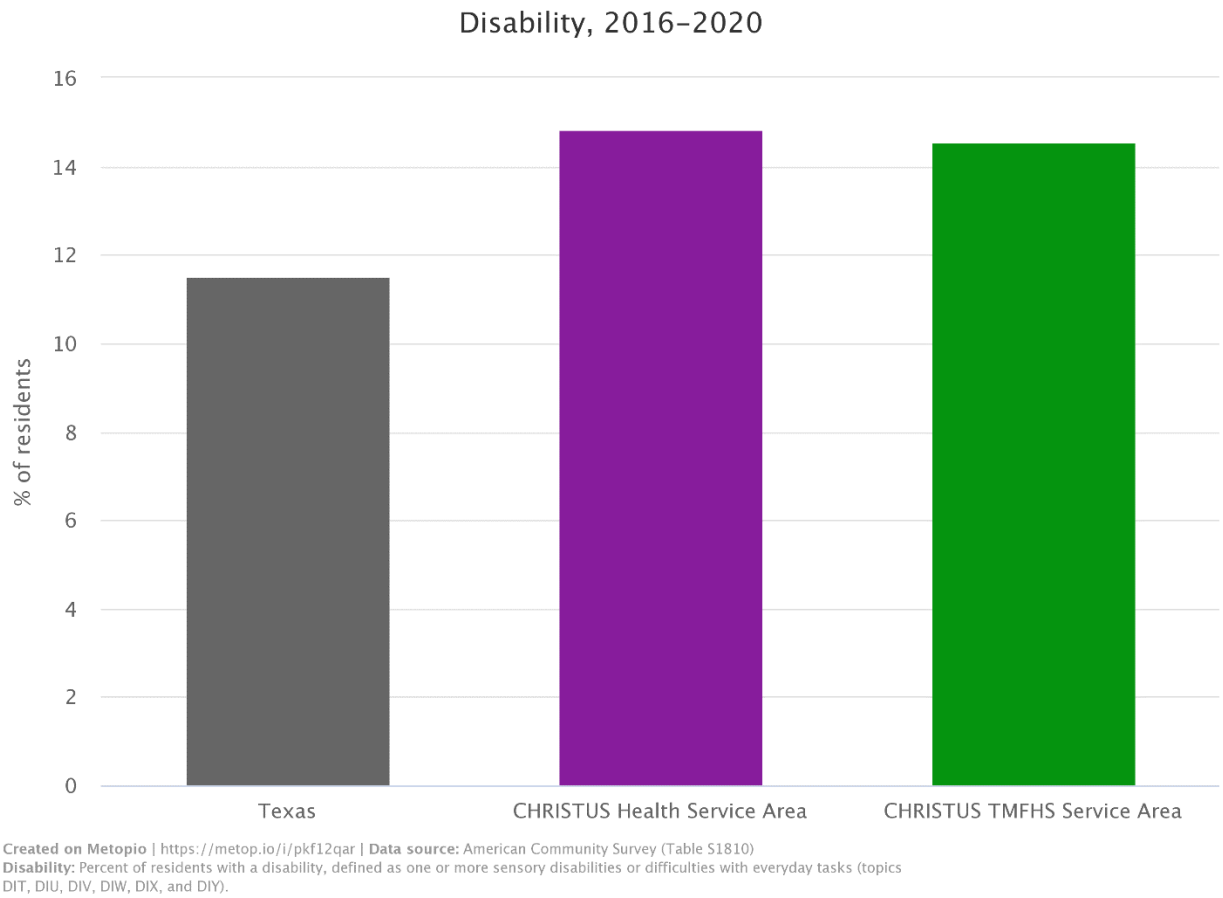


Figure 9. Disability in the CTMFHS PSA

Overall Community Input

Community residents who participated in focus groups, key informant interviews and the survey provided in-depth input about how specific health conditions impact community and individual health. Cross-cutting themes that emerged included:

- Access to care was a major issue that came up across the focus groups. Access is general limited by medication costs and disjointed health services, but participants expressed different access needs for different groups in the region:
    - Rural areas have limited options for primary care and dentists an also experience transportation challenges getting to providers in larger towns.
    - Hispanic populations need Spanish language health services and health education outreach to reduce delays in seeking care.

    - Senior citizen residents have difficulty scheduling appointments on technology-based platforms.
    - Expecting mothers who do not have insurance have limited options for care.

- Focus group participants shared that there is a large need for mental health care in the PSA. These issues have become more pronounced since the pandemic, especially for youth in the region. There are more mental health services available in Tyler, but it is still not enough to meet the current demand. Participants suggest partnering with community organizations, like churches, to educate the public about mental health. In Sulphur Springs the current mental health services do not meet the growing need to treat anxiety, depression and severe mental illnesses. Without these services, participants report that people self-medicate and abuse substances.

- Economic opportunity and poverty came up as an area of need. Many high school students drop out to care for their families. Participants expressed a need for more technical skills training so that residents without college degrees can find good jobs. Limited childcare options also make it difficult for parents to find work or further their education. There is particular financial strain on seniors with fixed incomes, who sometimes have to choose between medication, utilities and food

- Several survey respondents shared that elements of the built environment make it difficult to be healthy. Limited access to healthy foods and limited safe green space in some communities make it difficult to live a healthy lifestyle. Respondents also mentioned that farm work can contribute to COPD and congestive heart failure.

Survey respondents were asked to rank a number of health issues on a scale of 1 to 5, with 1 being “not significant” and 5 being “very significant.” Table 6 shows the top 10 issues from the survey in descending order.

Health Issue	% of respondents who ranked either 4 or 5
Obesity	56.1%
Mental health	48.2%
Diabetes	45.8%
Heart disease	43.5%
Chronic pain	43.3%
Cancer(s)	42.8%
Drug, alcohol, and substance abuse	42.4%
Smoking and vaping	42.0%
Exercise and physical activity	34.5%
Healthy eating	32.2%

Table 6. Ranking of Health Issues by Survey Respondents

The primary data covered many health issues that community members see in the PSAs, but data collection also included strengths that residents see in the community. Focus group participants and key informants shared that residents value community involvement and are always willing to help others.

Additionally, survey respondents were asked to select all things which they thought contributed to health and were available in the community (Figure 10). These represent the assets that community members can take advantage of to maintain their health.

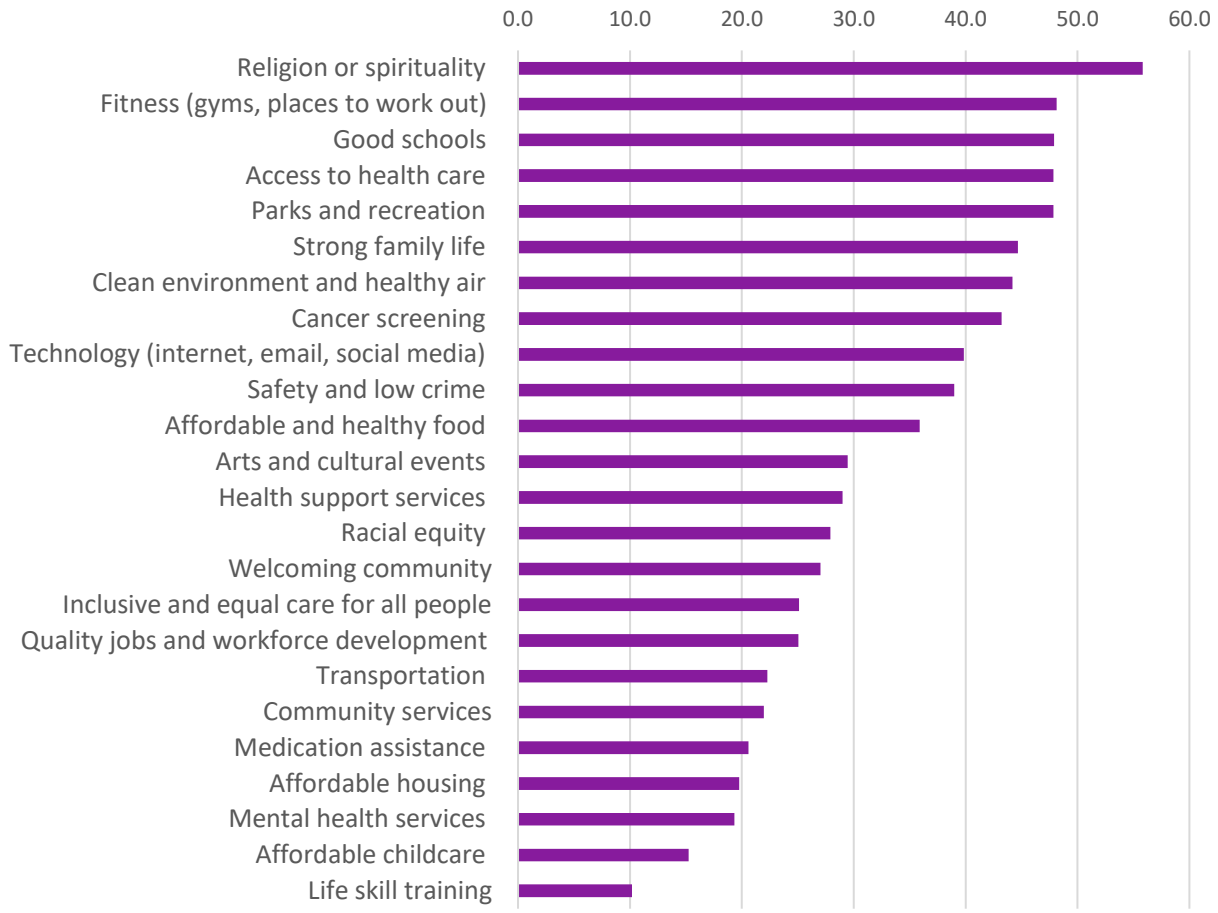


Figure 10. Survey Responses of Community Strengths that Support Health

Social and Structural Determinants of Health

Community residents who participated in focus groups and the community resident surveys also provided in-depth input about how social and structural determinants of health – such as education, economic inequities, housing, food access, access to community services and resources, and community safety and violence – impact community and individual health. The following sections review secondary data insights that measure the social and structural determinants of health.

Hardship

One way to measure overall economic distress in a place is with the Hardship Index (Figure 11). This is a composite score reflecting hardship in the community, where the higher values indicate greater hardship. It incorporates unemployment, age dependency, education, per capita income, crowded housing and poverty into a single score. The Hardship Index score for the CTMFHS PSA is 61.0, which is slightly higher than the measure of the full CHRISTUS Health service area (60.1) and the state (55.8). Within the CTMFHS PSA, hardship indicators are concentrated in the following zip codes: 75706 (84.4), 75708 (83.0) and 75766 (80.5).

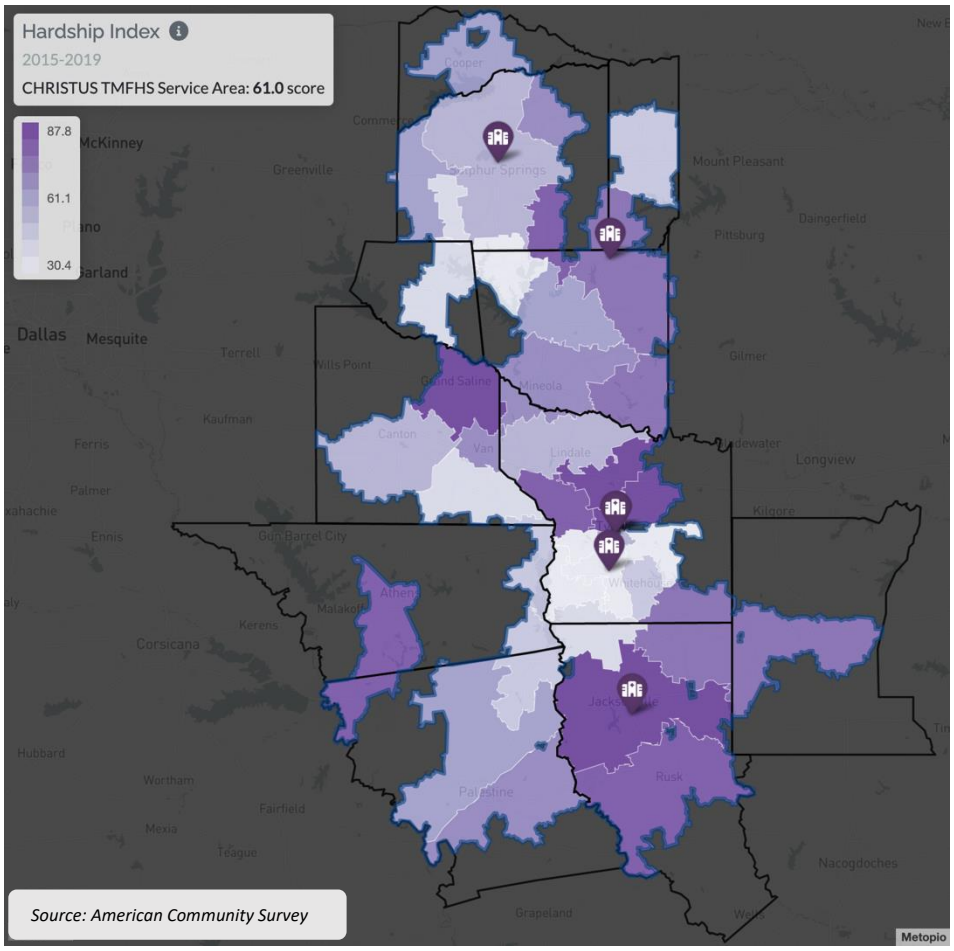


Figure 11. Hardship Index in CTMFHS PSA

Poverty

Poverty and its corollary effects are present in the CTMFHS PSA. In the CTMFHS PSA, the poverty rate is 13.7% (Figure 12) and the median household income is $59,078 (Figure 13). In comparison, the entire CHRISTUS Health service area has 16.8% of residents living in poverty and a median household income of $58,813, and Texas has 14.72% and $67,267, respectively. The poverty rate is even more pronounced for some people of color. Poverty rates for Non-Hispanic Black (19.3%) and Hispanic or Latino people (20.6) are much higher than those of Non-Hispanic White (10.7%) and Asian or Pacific Islander (8.1%).

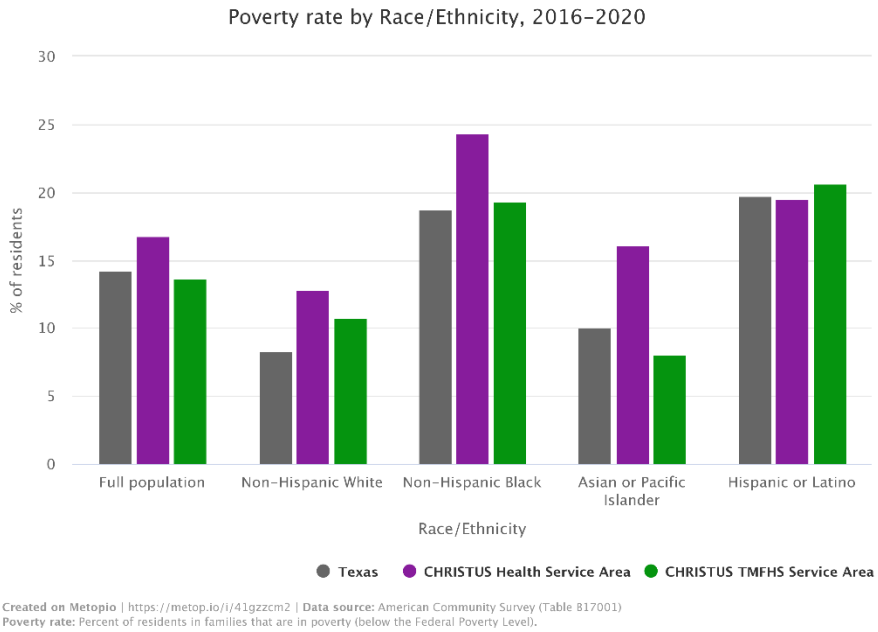


Figure 12. Poverty Rate by Race/Ethnicity in CTMFHS PSA

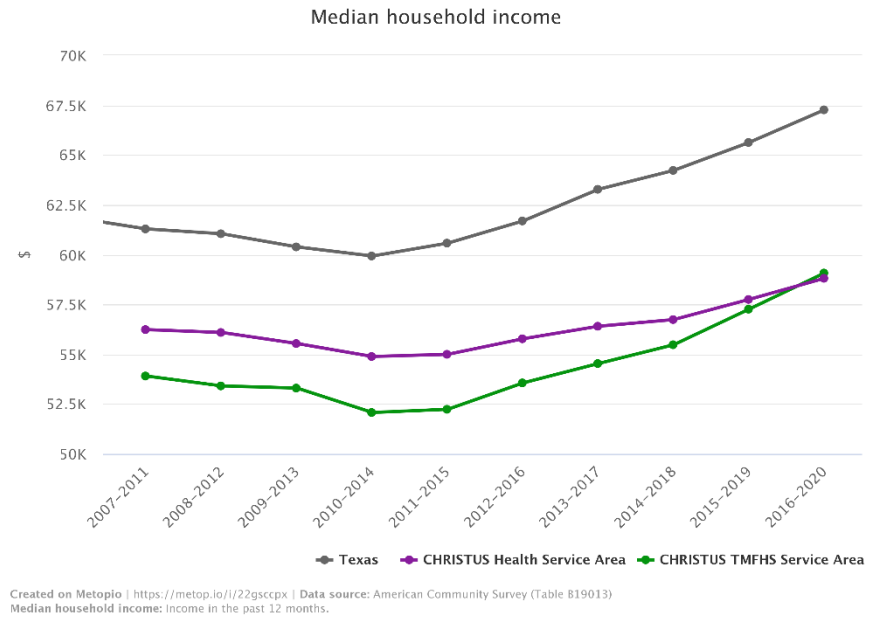


Figure 13. Median Household Income in the CTMFHS PSA

Housing

In the focus groups, community members shared disparities in resources limit the ability of all people to be healthy. Participants also shared that the expensive cost of childcare also puts a burden on working families, making them feel like they can't get ahead. Figure 14 shows that roughly 17.7% of residents in rental housing units are severely rent-burdened, meaning they spend more than 50% of their income on housing.

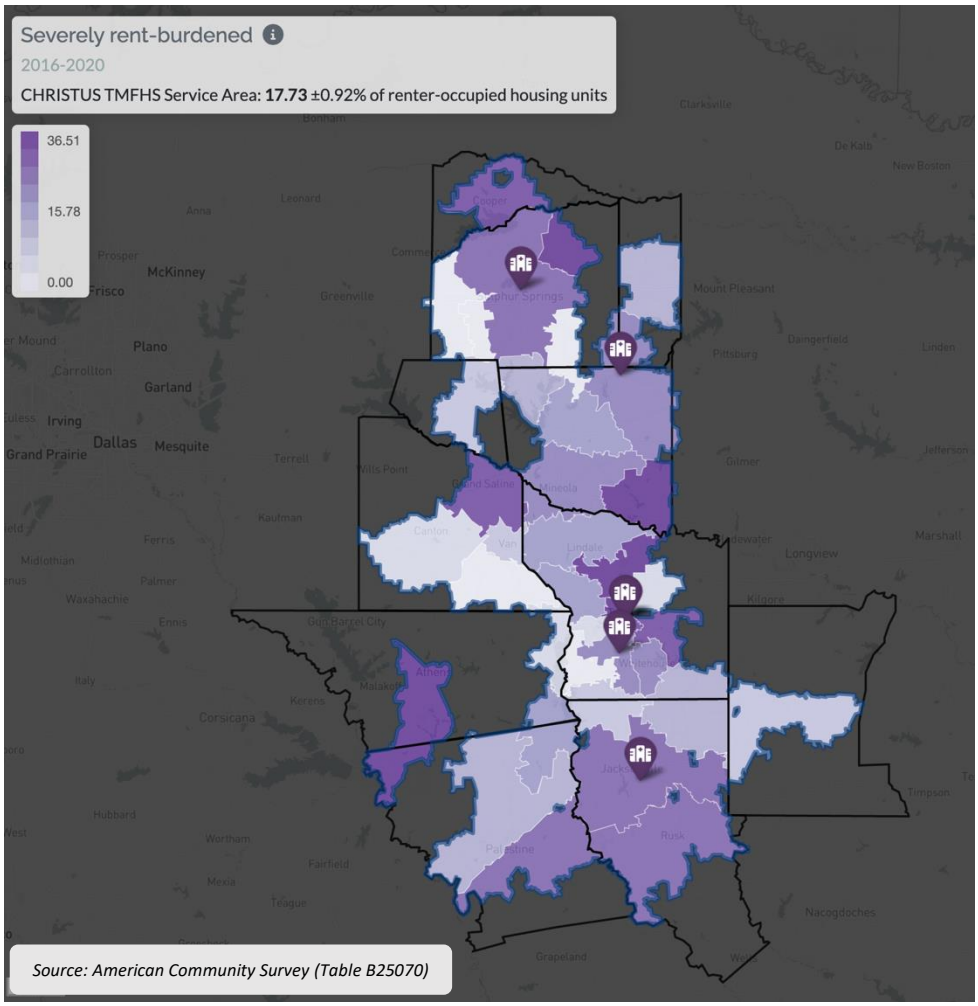
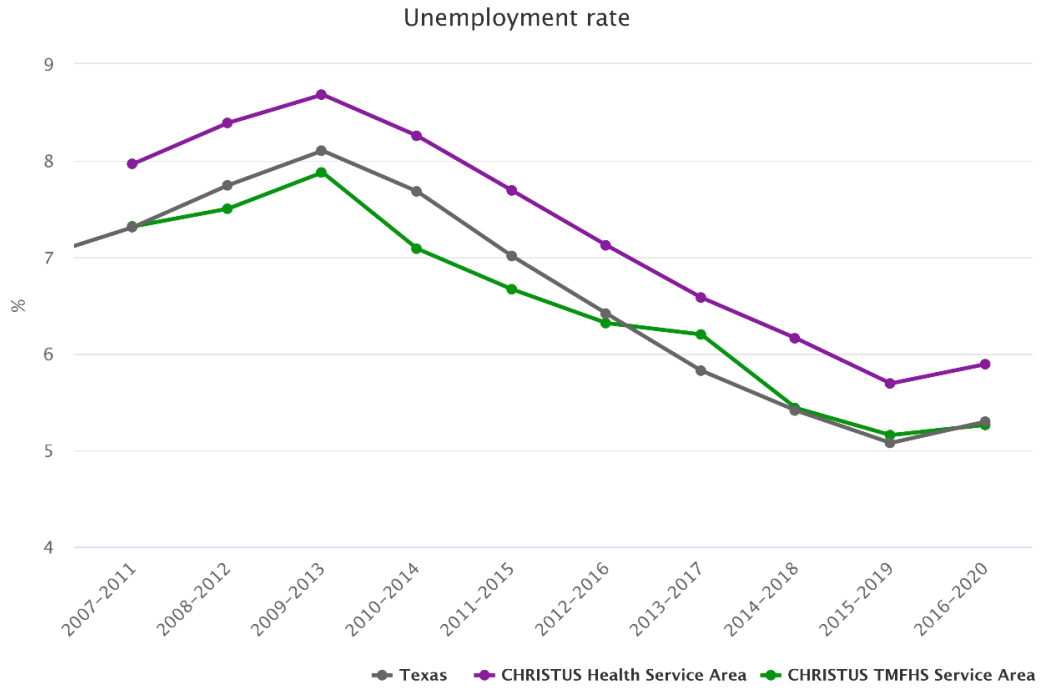


Figure 14. Housing Cost Burden in the CTMFHS PSA

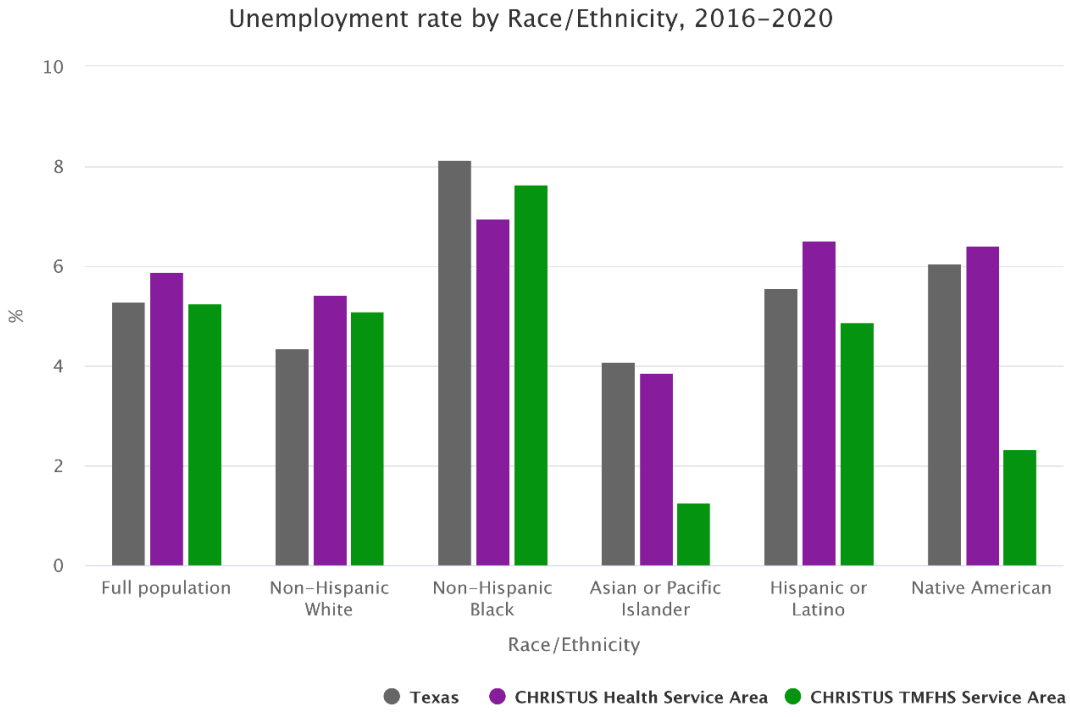
Unemployment

The overall unemployment rate in the CTMFHS PSA (5.3%) is similar to the rate of the CHRISTUS Health service are (5.9%) and Texas (5.3%) (Figure 15). When this data is stratified by race/ethnicity (Figure 16), there are some disparities in unemployment rates. In particular, the Non-Hispanic Blacks population in CTMFHS PSA (7.6%) has a higher rate of unemployment than the overall population. Over the past decade, the region had generally seen a decline in the unemployment rate until the 2016-2020 data period, which is likely due to the COVID-19 pandemic. Table 7 explores each of these socio-economic indicators by county for the service areas.



Created on Metopio | https://metop.io/i/tcn79nyt | **Data source:** American Community Survey (Tables B23025, B23001, and C23002)
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Figure 15. Unemployment Rate in CTMFHS PSA



Created on Metopio | https://metop.io/i/uhw9stbp | **Data source:** American Community Survey (Tables B23025, B23001, and C23002)
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Figure 16. Unemployment Rate with Stratifications in CTMFHS PSA

Topic	Anderson County, TX	Cherokee County, TX	Rusk County, TX	Smith County, TX	Van Zandt County, TX	Wood County, TX
Hardship Index *score, 2015-2019*	60.7	76.2	66.6	57.4	61.5	65.8
Poverty rate *% of residents, 2016-2020*	14.09	14.61	11.23	13.95	12.72	12.89
Median household income *2016-2020*	$48,319	$52,906	$59,254	$62,655	$60,287	$59,809
Severely rent-burdened *% of renter-occupied housing units, 2016-2020*	16.47	17.79	14.29	18.69	13.23	19.79
Unemployment rate *%, 2016-2020*	3.40	6.49	7.34	5.47	4.01	5.15

Topic	Delta County, TX	Franklin County, TX	Hopkins County, TX	Rains County, TX
Hardship Index *score, 2015-2019*	55.2	58.0	60.7	60.7
Poverty rate *% of residents, 2016-2020*	16.18	8.23	11.83	11.96
Median household income *2016-2020*	$52,557	$62,847	$57,544	$55,449
Severely rent-burdened *% of renter-occupied housing units, 2016-2020*	22.47	15.70	15.89	12.83
Unemployment rate *%, 2016-2020*	4.56	6.44	4.36	3.95

Table 7. Economic Indicators by County in CTMFHS PSA

Another measure of potential economic stress is disconnected youth, defined as residents aged 16-19 who are neither in school nor employed. For the CTMFHS PSA, the percentage is 9.7% compared to 10.3% in the whole CHRISTUS Health service area and 7.9% in Texas (Figure 17). Focus group participants shared that many young people, particularly in immigrant communities, drop out of high school to help care for their families. This may account for some of this measure in the PSA.

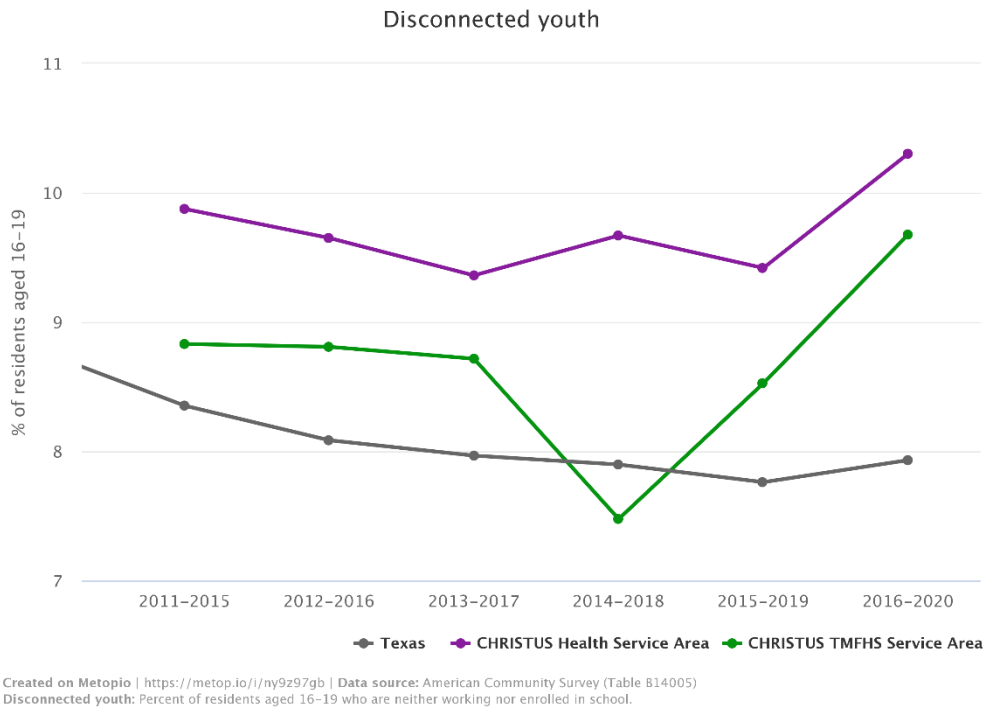


Figure 17. Disconnected Youth in CTMFHS PSA

Education

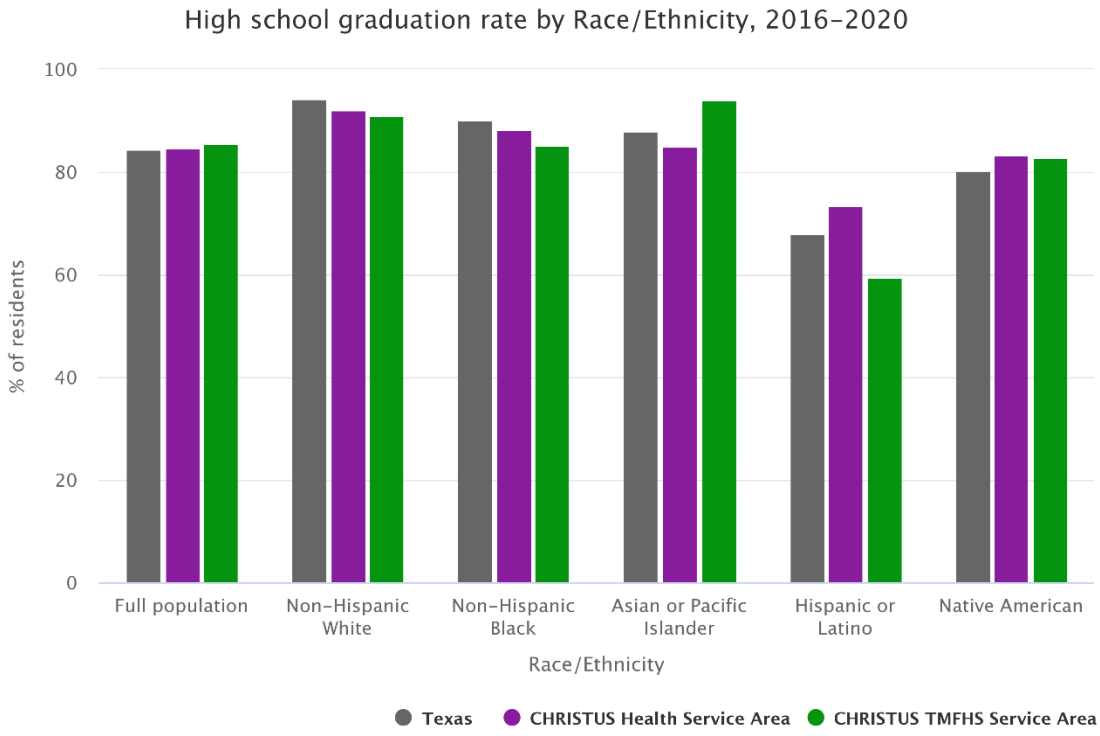
The high school graduation in the CTMFHS PSA is 85.6%, which is in line with the entire CHRISTUS Health service area and state averages (84.7% and 84.4% respectively) (Figure 18). Within the PSAs, there are some inequities in high school graduate rates for Hispanic and Latinos (59.6%) when compared to the overall population.

"We have to start younger with the kids and not wait until high school to start talking about health. And they need to understand that physical, mental, and spiritual health are interconnected."
-Focus Group Participant

Post-secondary education in the PSA is lower than in Texas (Figure 19). For residents 25 or older with any post-secondary education, the higher degree graduation rate in the CTMFHS PSA is 31.6% compared to 31.7% in the CHRISTUS Health service area and 38.1% in Texas. Table 8 provides additional education-related data for the service area counties.

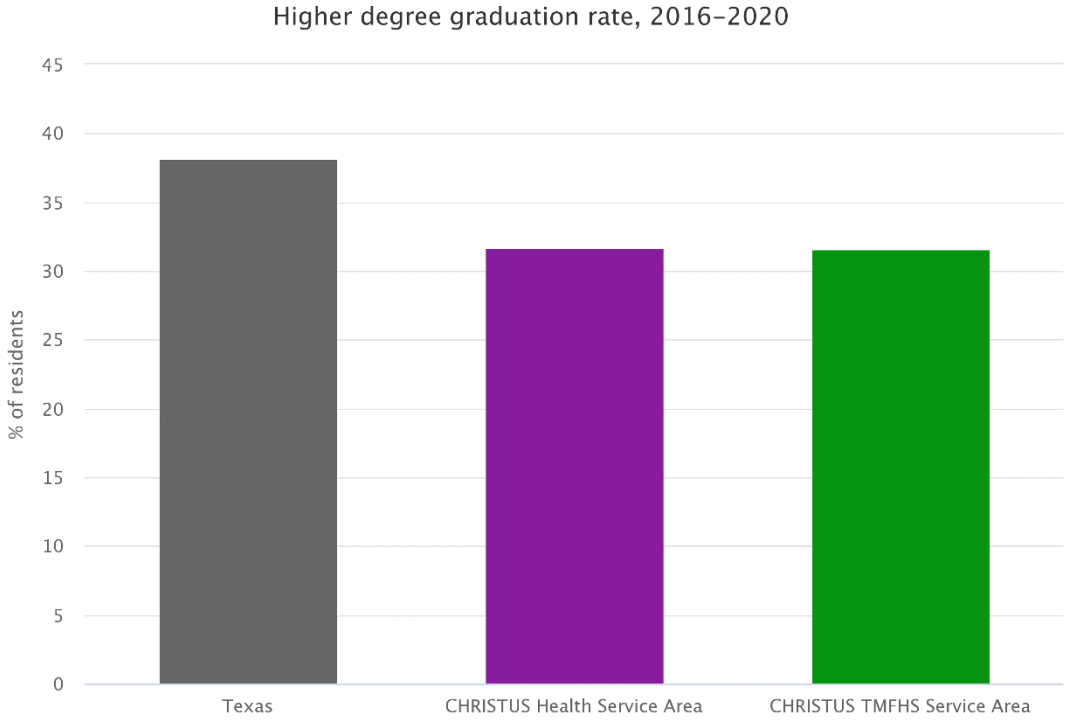
Education also came up as an issue in the focus groups. Participants shared that community members need more technical skills training and education to qualify for the jobs that are available. They also shared that limited childcare in the area makes it difficult for them to pursue higher education.

"We need to go where people are. Educate them directly in the community, not just when they go to the doctor or hospital. And give them hope, not shame."
-Focus Group Participant



Created on Metopio | https://metop.io/i/xdt15u4n | **Data source:** American Community Survey (Table B15002)
High school graduation rate: Residents 25 or older with at least a high school degree: including GED and any higher education

Figure 18. High School Graduation Rate with Stratifications in CTMFHS PSA



Created on Metopio | https://metop.io/i/ivhrgrsk | **Data source:** American Community Survey (Table B15002)
Higher degree graduation rate: Residents 25 or older with any post-secondary degree, such as an Associates or bachelor's degree or higher

Figure 19. Higher Degree Graduation Rate in CTMFHS PSA

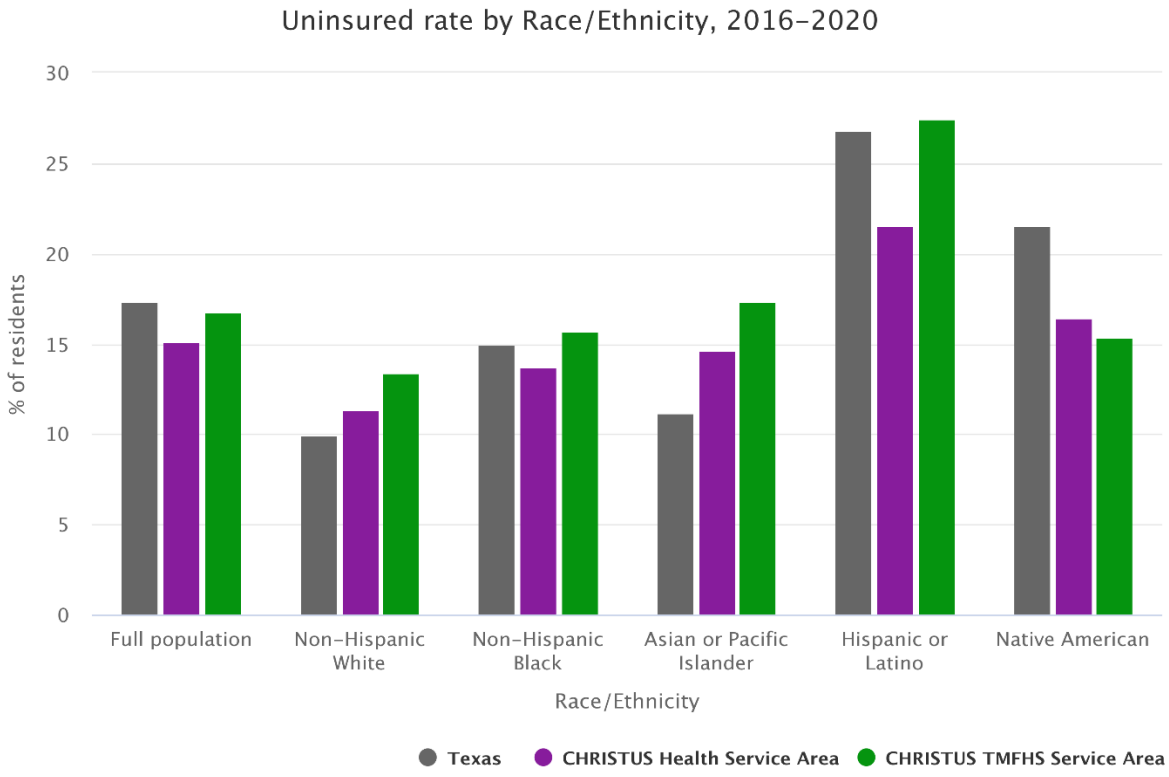
Topic	Anderson County, TX	Cherokee County, TX	Rusk County, TX	Smith County, TX	Van Zandt County, TX	Wood County, TX
Preschool enrollment *Infants (0-4 years)* *% of toddlers, 2016-2020*	27.10	40.52	40.71	44.38	31.45	15.59
Private school *Juveniles (5-17 years)* *% of grade school students, 2016-2020*	4.72	3.39	6.71	11.00	11.22	6.45
9th grade education rate *% of residents, 2016-2020*	94.36	91.29	93.38	94.62	94.65	94.15
High school graduation rate *% of residents, 2016-2020*	82.50	80.87	82.62	87.09	85.30	85.64
Any higher education rate *% of residents, 2016-2020*	43.47	49.35	50.42	63.58	52.30	52.59
Graduate education rate *% of residents, 2016-2020*	4.12	5.91	5.56	8.78	4.03	6.99

Topic	Delta County, TX	Franklin County, TX	Hopkins County, TX	Rains County, TX
Preschool enrollment *Infants (0-4 years)* *% of toddlers, 2016-2020*	56.48	49.59	38.43	48.13
Private school *Juveniles (5-17 years)* *% of grade school students, 2016-2020*	10.64	5.36	8.46	3.00
9th grade education rate *% of residents, 2016-2020*	96.17	96.15	93.69	92.26
High school graduation rate *% of residents, 2016-2020*	87.41	90.56	84.86	83.04
Any higher education rate *% of residents, 2016-2020*	53.54	65.60	50.54	45.35
Graduate education rate *% of residents, 2016-2020*	7.63	7.80	6.27	4.61

Table 8. Education Indicators by County in the CTMFHS PSA

Access to Care

Being able to reliably access the health system, whether for primary care, mental health, or specialists, is often dependent on one's insurance (Figure 20). The uninsured rate in the CTMFHS PSA (16.8%) is similar to the entire CHRISTUS Health service area (15.1%) and the state (17.3%). However, it is much higher in the Hispanic or Latino population (27.4%).



Created on Metopio | https://metop.io/i/abzcf6u9 | **Data source:** American Community Survey (Tables B27001/C27001)
Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Figure 20. Uninsured Rate with Stratification in CTMFHS PSA

The percentage of residents covered by Medicaid in the CTMFHS PSA (17.0%) is similar to Texas (16.5%). Both less than the full CHRISTUS Health service area (21.1%) (Figure 21).

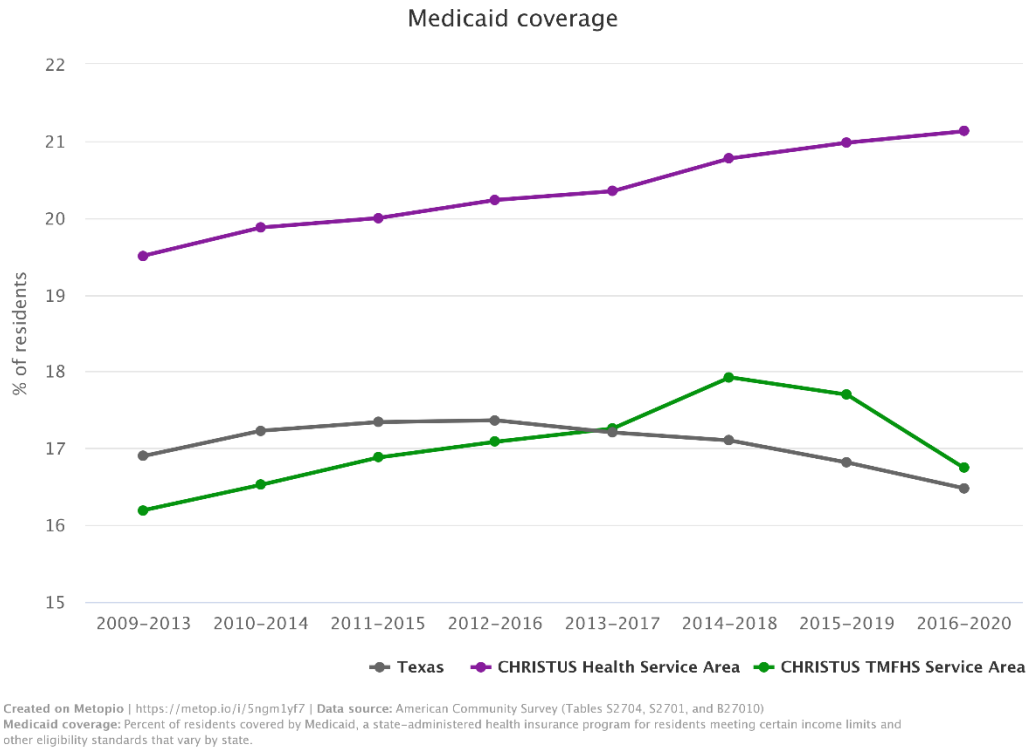


Figure 21. Medicaid Coverage in CTMFHS PSA

Mental health was raised as an issue through all channels of primary data collection. Figure 22 shows the percentage of adults in the CTMFHS PSA experiencing depression, which is over one-in-five. Many residents noted a lack of access to providers, regardless of a person's insurance.

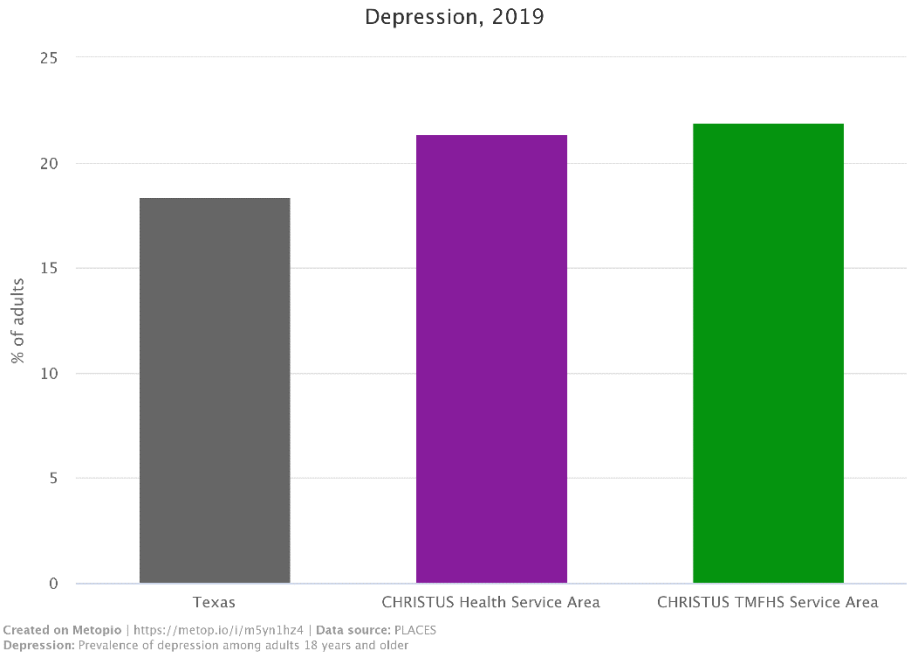


Figure 22. Depression in CTMFHS PSA

Table 9 shows the per capita rate for types of mental health providers in each of the service area counties, as well as other behavioral health indicators for comparison.

Topic	Anderson County, TX	Cherokee County, TX	Rusk County, TX	Smith County, TX	Van Zandt County, TX	Wood County, TX
Poor self-reported mental health *% of adults, 2019*	15.50	16.20	15.40	14.80	16.20	15.90
Poor mental health days *days per month, 2018*	4.6	5.0	4.7	4.4	4.8	4.8
Psychiatry physicians per capita *physicians per 100,000 residents, 2021*	8	33	0	18	2	0
Mental health providers per capita *providers per 100,000 residents, 2021*	56.9	113.8	41.7	174.5	39.6	35.4
Depression *% of adults, 2019*	19.70	21.90	20.10	20.30	22.80	22.40
Drug overdose mortality *deaths per 100,000, 2016-2020*	11.86	10.48	7.39	8.81	10.03	10.59

Topic	Delta County, TX	Franklin County, TX	Hopkins County, TX	Rains County, TX
Poor self-reported mental health *% of adults, 2019*	15.80	13.90	15.80	16.10
Poor mental health days *days per month, 2018*	4.9	4.4	4.8	4.8
Psychiatry physicians per capita *physicians per 100,000 residents, 2021*	0	0	0	0
Mental health providers per capita *providers per 100,000 residents, 2021*	62.6	39.6	87.6	46.6
Depression *% of adults, 2019*	22.50	20.80	21.90	22.90
Drug overdose mortality *deaths per 100,000, 2016-2020*	–	–	9.24	–

Table 9. Mental Health Access Indicators by County in CTMFHS PSA

Many low-income residents in the PSA rely on Federally Qualified Health Centers (FQHCs) for their care in addition to hospitals, outpatient centers and primary care offices (Figure 23). Table 10 includes the number of FQHC locations/offices by county along with other indicators that measure access to primary care including the per capita number of primary care physicians and nurse practitioners. FQHCs are defined based on the number of centers, community-based organizations recognized by the Centers for Medicare and Medicaid Services that provide comprehensive primary and preventive care to medically underserved areas and populations, regardless of ability to pay.

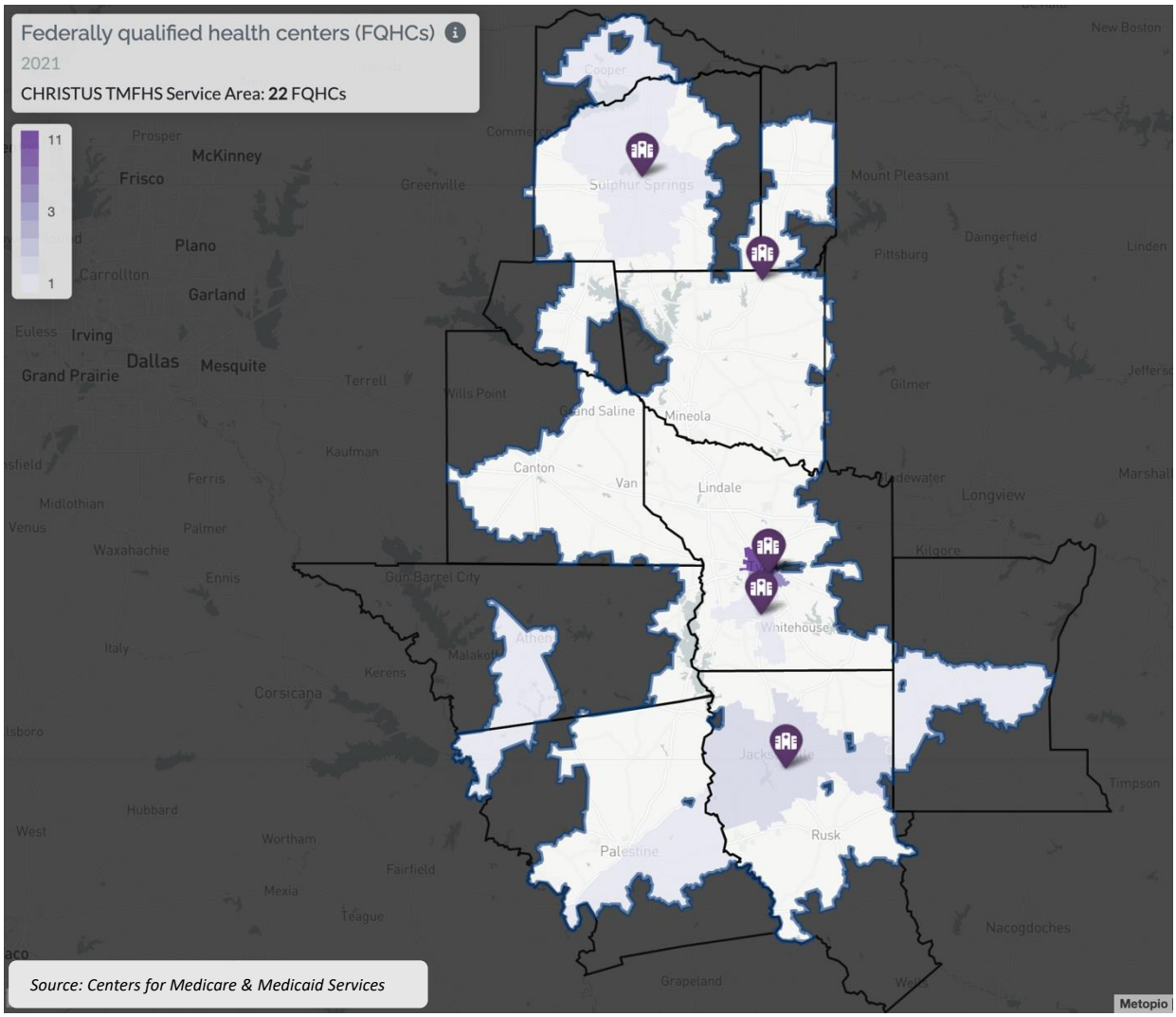


Figure 23. Heat Map of FQHC location in CTMFHS PSA

Topic	Anderson County, TX	Cherokee County, TX	Rusk County, TX	Smith County, TX	Van Zandt County, TX	Wood County, TX
Visited doctor for routine checkup *% of adults, 2019*	71.80	72.00	72.10	73.40	71.20	71.80
Primary care providers (PCP) per capita *physicians per 100,000 residents, 2018*	32.8	39.1	20.6	115.8	17.1	46.8
Nurse practitioners per capita *nurses per 100,000 residents, 2019*	48.35	60.59	28.06	136.98	24.65	67.90
Federally qualified health centers (FQHCs) *FQHCs, 2021*	5	2	2	15	–	–

Topic	Delta County, TX	Franklin County, TX	Hopkins County, TX	Rains County, TX
Visited doctor for routine checkup *% of adults, 2019*	72.20	71.90	71.70	71.20
Primary care providers (PCP) per capita *physicians per 100,000 residents, 2018*	19.1	28.3	30.9	9.1
Nurse practitioners per capita *nurses per 100,000 residents, 2019*	57.44	0.00	78.55	0.00
Federally qualified health centers (FQHCs) *FQHCs, 2021*	1	–	1	–

Table 10. Primary Care Access Indicators by County in CTMFHS PSA

Food Access

Both obesity and healthy eating were raised as top health issues by survey respondents. Often obesity is correlated with poor food access and about 8.7% of residents in CTMFHS PSA live in a food desert, meaning there isn't a grocery store with one mile for urban residents and five miles for rural residents (Figure 24). Without easy access to fresh, healthy foods, people sometimes rely on fast food and other unhealthy options. Figure 24 shows that food desert areas are spread across the PSA, but highest concentrations are found around Tyler. In addition to food deserts, just shy of 17.7% of residents are considered food insecure (Figure 25) which is an indicator that incorporates both economic and social barriers to food access. Table 11 breaks out various indicators of food access by counties in the service areas.

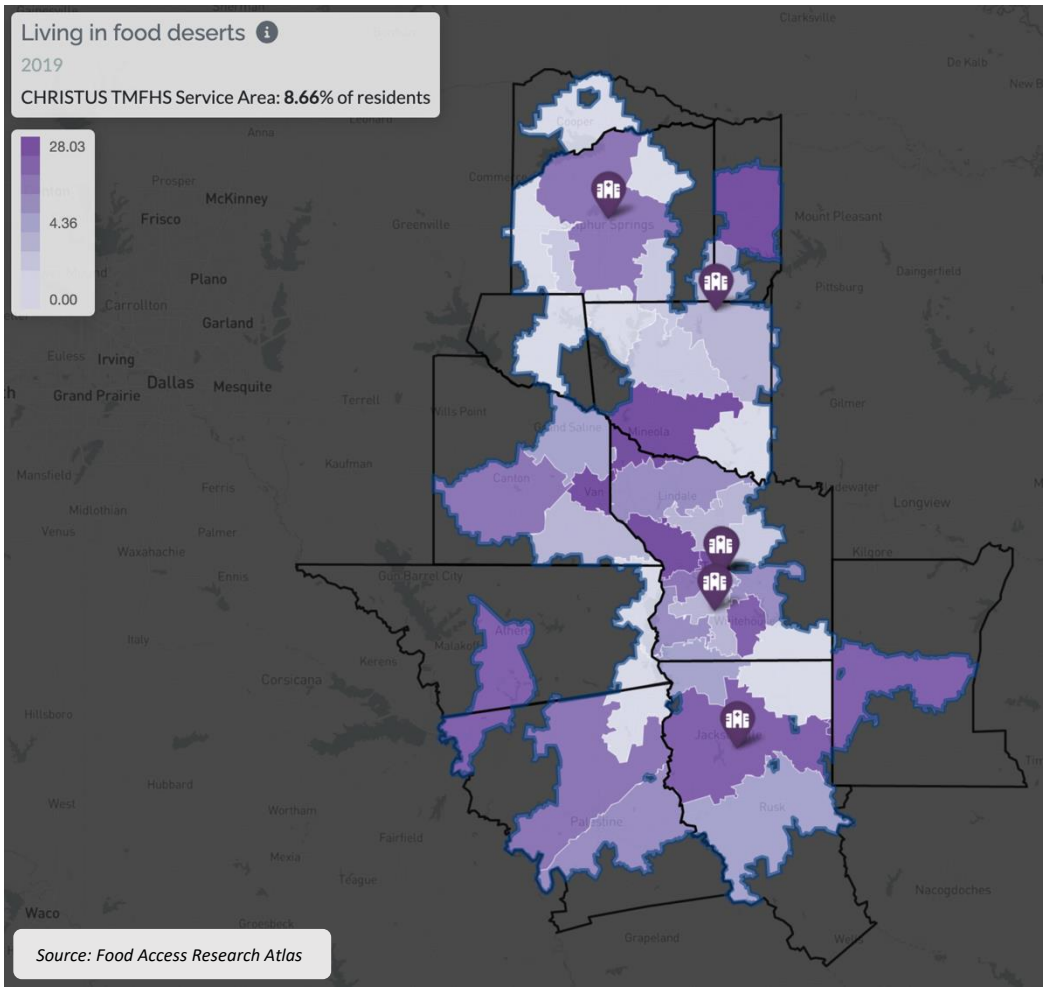


Figure 24. Map of Residents Living in Food Deserts in CTMFHS PSA

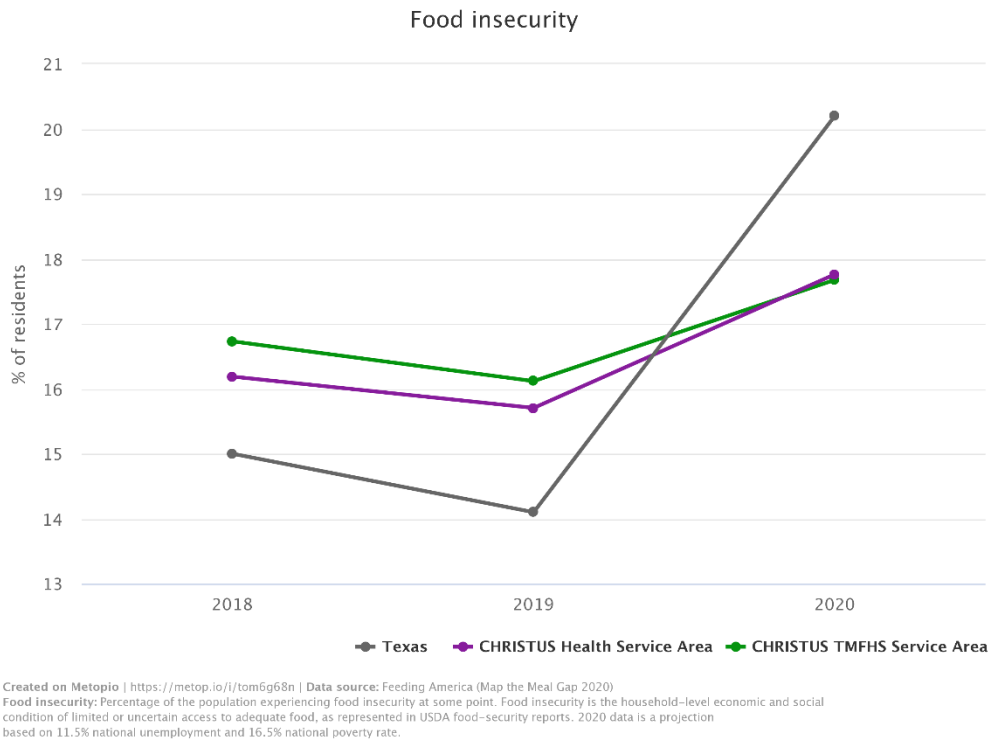


Figure 25. Percent of Residents who are Food Insecure in CTMFHS PSA

Topic	Anderson County, TX	Cherokee County, TX	Rusk County, TX	Smith County, TX	Van Zandt County, TX	Wood County, TX
Food insecurity *% of residents, 2020*	21.1	21.0	20.6	21.0	21.5	22.3
Low food access *% of residents, 2019*	52.84	49.50	36.13	43.28	40.91	36.12
Very low food access *% of residents, 2019*	11.19	26.19	16.98	19.86	24.02	19.94
Living in food deserts *% of residents, 2019*	5.94	9.31	6.98	7.89	8.77	8.34
Average cost per meal *2019*	$3.01	$2.99	$2.96	$3.13	$3.21	$3.30

Topic	Delta County, TX	Franklin County, TX	Hopkins County, TX	Rains County, TX
Food insecurity *% of residents, 2020*	24.6	19.7	21.7	20.2
Low food access *% of residents, 2019*	6.72	74.48	42.59	0.00
Very low food access *% of residents, 2019*	0.00	72.46	22.46	0.00
Living in food deserts *% of residents, 2019*	0.00	20.23	7.09	0.00
Average cost per meal *2019*	$2.95	$2.97	$3.02	$3.15

Table 11. Food Access Indicators by County in CTMFHS PSA

Violence and Community Safety

The rate of property crimes, which includes burglary, larceny, motor vehicle theft and arson crimes is lower in CTMFHS PSA than the rate in Texas and the United States (Figure 26). The same can be said for crimes related to violence, including homicide, criminal sexual assault, robbery, aggravated assault and aggravated battery (Figure 27). Table 12 shows specific crimes for each county in the service areas.

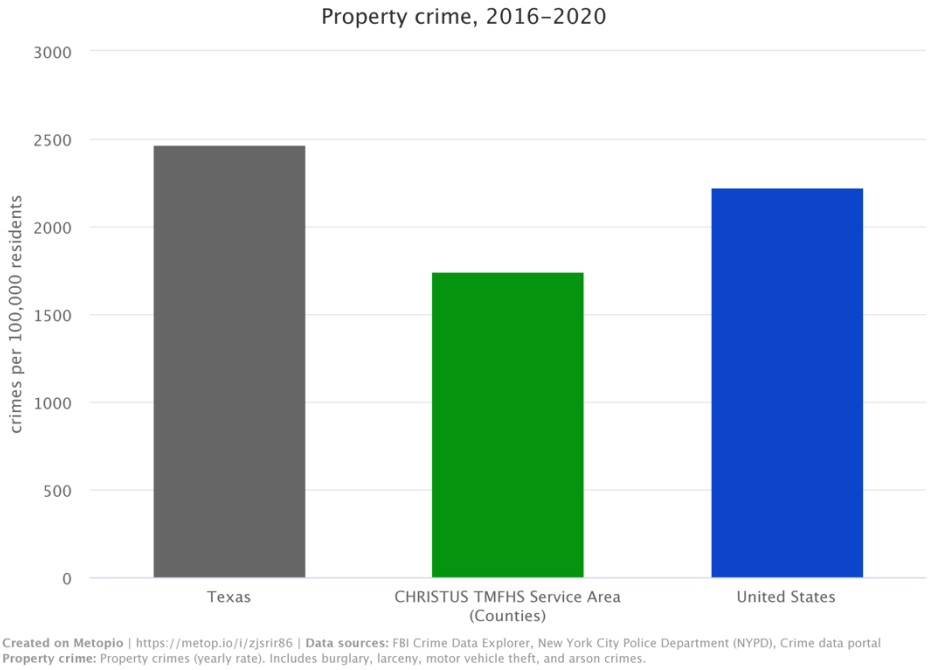


Figure 26. Property Crime Rate in CTMFHS PSA

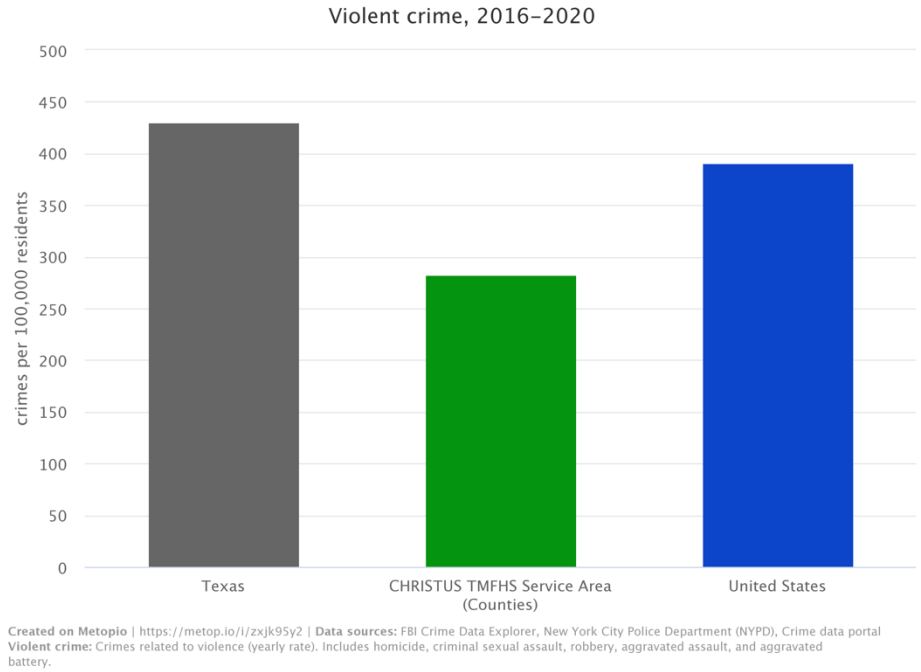


Figure 27. Violent Crime Rate in CTMFHS PSA

Topic	Anderson County, TX	Cherokee County, TX	Rusk County, TX	Smith County, TX	Van Zandt County, TX	Wood County, TX
Property crime *crimes per 100,000 residents, 2020*	1,265.6	1,487.3	2,076.4	2,334.2	584.0	915.4
Violent crime *crimes per 100,000 residents, 2020*	233.1	207.2	276.9	399.4	201.0	107.7
Arson *crimes per 100,000 residents, 2020*	1.7	3.9	13.1	6.9	0.0	0.0
Burglary *crimes per 100,000 residents, 2020*	359.1	422.1	441.5	454.6	161.2	285.6
Homicide *crimes per 100,000 residents, 2020*	6.9	2.0	1.9	8.3	3.8	4.7

Topic	Delta County, TX	Franklin County, TX	Hopkins County, TX	Rains County, TX
Property crime *crimes per 100,000 residents, 2020*	248.9	462.3	687.3	462.1
Violent crime *crimes per 100,000 residents, 2020*	38.3	179.3	193.6	163.1
Arson *crimes per 100,000 residents, 2020*	38.3	0.0	2.8	0.0
Burglary *crimes per 100,000 residents, 2020*	172.3	179.3	103.8	117.8
Homicide *crimes per 100,000 residents, 2020*	0.0	0.0	14.0	0.0

Table 12. Types of Crime by County in CTMFHS PSA

Health Data Analysis

Health Outcomes: Morbidity and Mortality

Chronic Disease

Community members noted that chronic conditions, especially heart disease and diabetes, had an outsized impact on the community. The rate of high blood pressure has been rising in the CTMFHS PSA and is significantly higher (37.3% of residents) than the full CHRISTUS Health service area (35.5%) and Texas (32.2%) (Figure 28). The rate of diabetes is similar to the rate in Texas (12.7%) and the entire CHRISTUS Health service area (13.1%) (Figure 29). More than 1 in 10 adults has diabetes in the CTMFHS service area (Figure 29). Chronic kidney disease affects 3.3% in CTMFHS PSA, which is slightly above both benchmarks (Figure 30). Lastly, 9.4% of the population in CTMFHS PSA is living with asthma, but trend data was not available (Figure 31). The following charts and line graphs illustrate these disease conditions.

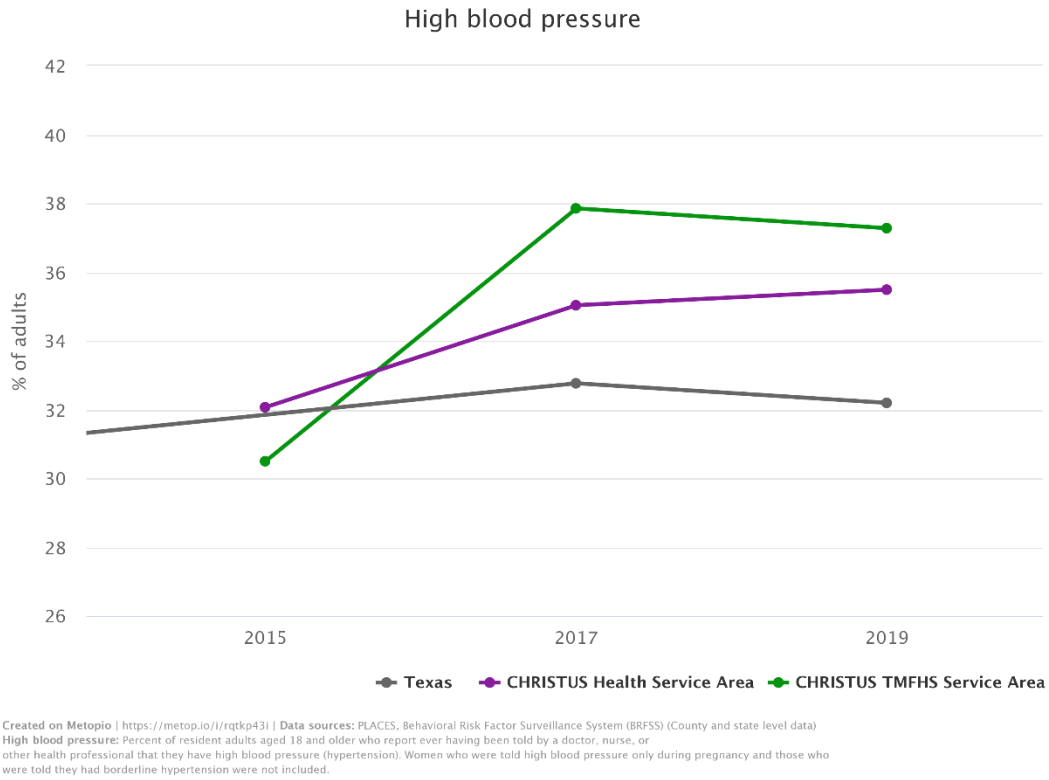
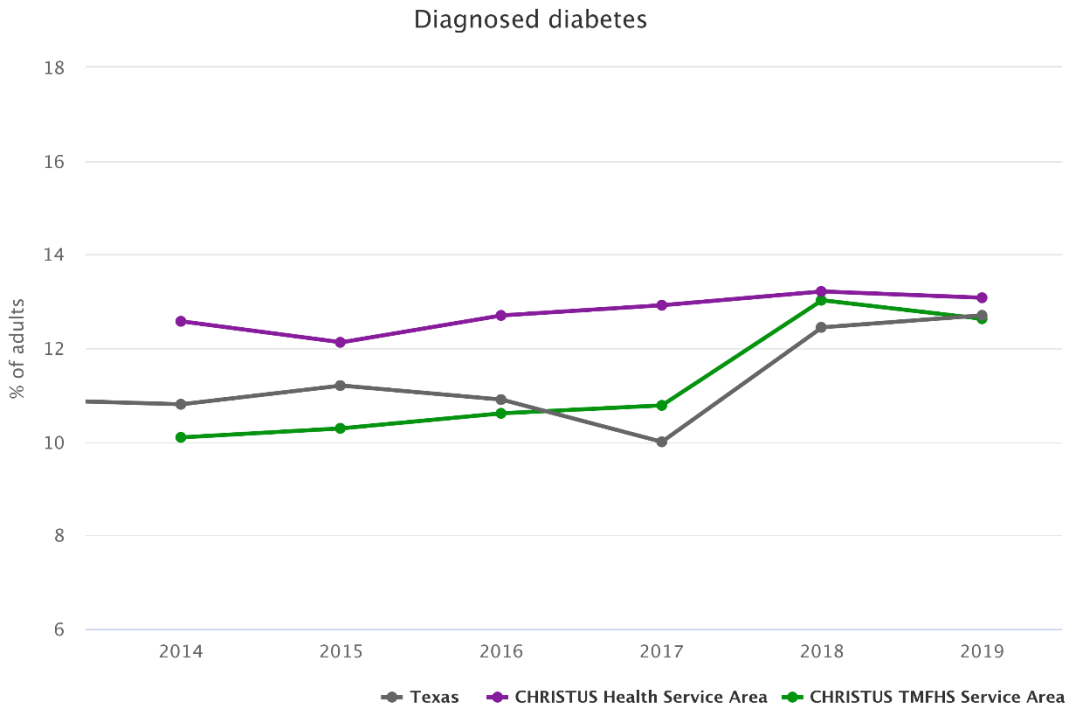
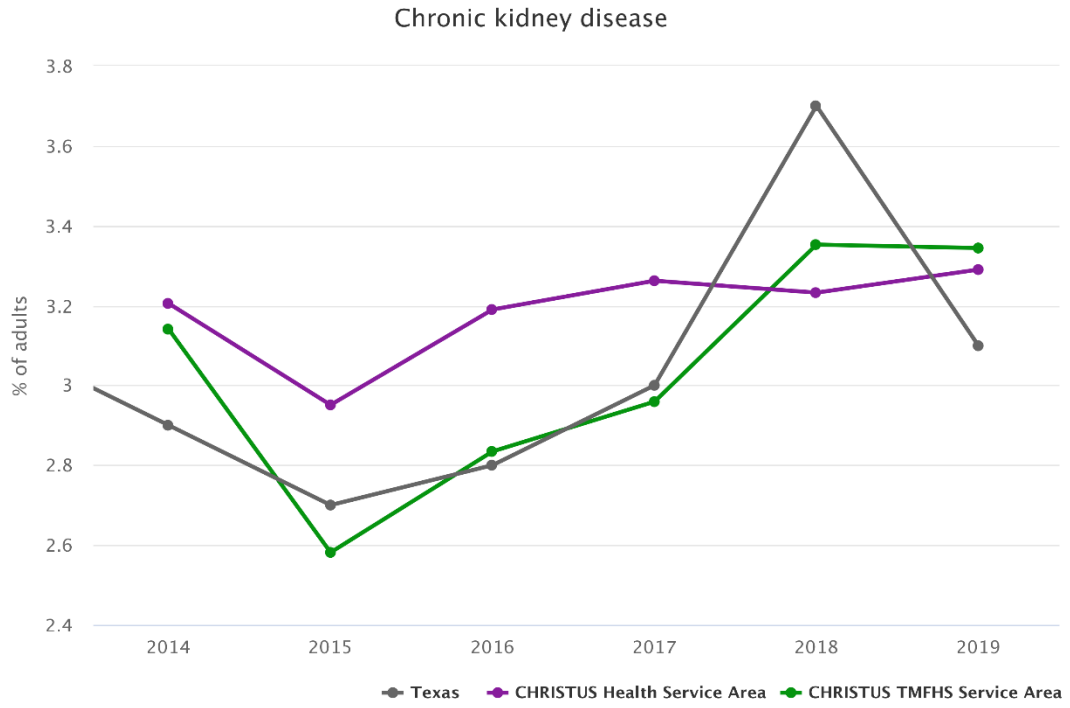


Figure 28. High Blood Pressure in CTMFHS PSA



Created on Metopio | https://metop.io/i/utdko9j9 | **Data sources:** Diabetes Atlas (County and state level data), PLACES
Diagnosed diabetes: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy.

Figure 29. Diagnosed Diabetes in CTMFHS PSA



Created on Metopio | https://metop.io/i/fkrxt2no | **Data sources:** Razzaghi, Wang, et al. (MMWR Morb Mortal Wkly Rep 2020) (county-level estimates modeled based on BRFSS data
Chronic kidney disease: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease.

Figure 30. Chronic Kidney Disease in CTMFHS PSA

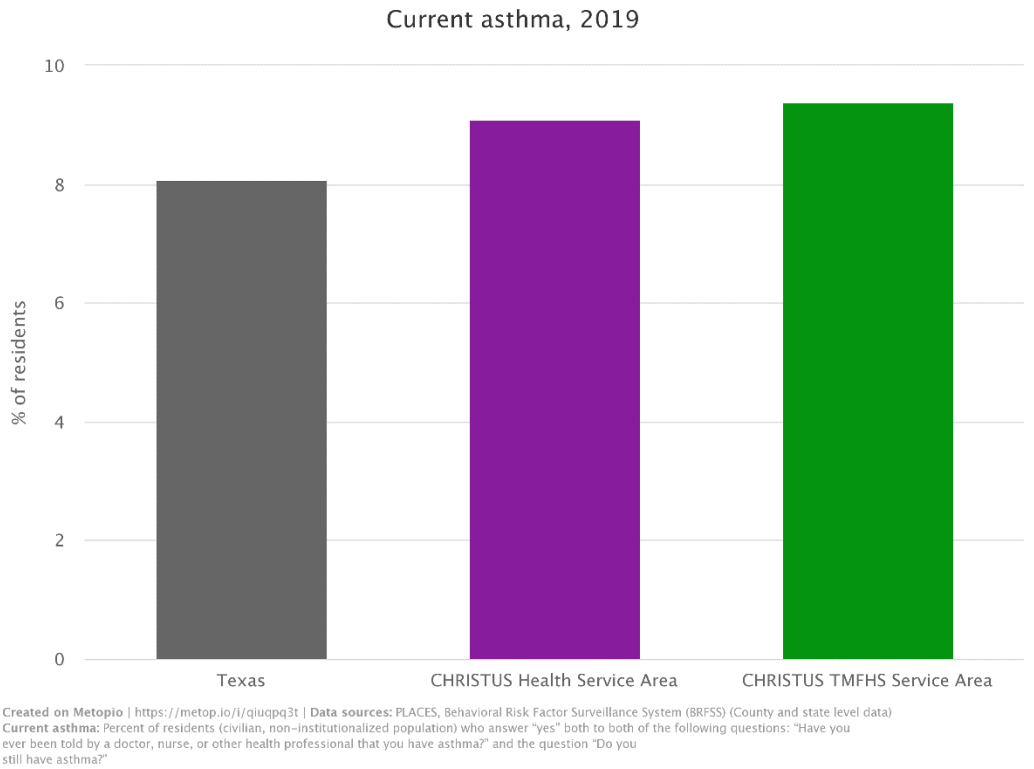


Figure 31. Residents with Asthma in CTMFHS PSA

Table 13 provides additional insight into the burden of chronic diseases by county in the CTMFHS service area.

Topic	Anderson County, TX	Cherokee County, TX	Rusk County, TX	Smith County, TX	Van Zandt County, TX	Wood County, TX
High blood pressure *% of adults, 2019*	37.40	35.30	35.30	33.50	33.50	33.30
Diagnosed diabetes *% of adults, 2019*	13.4	13.4	12.3	11.7	11.0	10.8
Coronary heart disease *% of adults, 2019*	6.80	6.80	6.30	5.90	6.20	6.10
Chronic kidney disease *% of adults, 2019*	3.3	3.4	3.1	3.0	2.9	2.9
Current asthma *% of residents, 2019*	8.50	9.10	8.80	9.00	9.20	9.00
Obesity *% of adults, 2019*	38.9	37.3	37.6	37.9	36.4	35.9

Topic	Delta County, TX	Franklin County, TX	Hopkins County, TX	Rains County, TX
High blood pressure *% of adults, 2019*	33.40	30.60	33.50	33.10
Diagnosed diabetes *% of adults, 2019*	10.9	9.8	11.6	10.6
Coronary heart disease *% of adults, 2019*	6.20	5.30	6.10	6.10
Chronic kidney disease *% of adults, 2019*	2.9	2.6	3.0	2.8
Current asthma *% of residents, 2019*	9.00	8.30	8.90	9.00
Obesity *% of adults, 2019*	36.3	33.4	37.3	35.2

Table 13. Chronic Disease Indicators by County in CTMFHS PSA

Maternal Health

The CTMFHS PSA ranks well in multiple measures of maternal health. Preterm births in the service area (11.7% of live births) occur at a similar rate to the United States (12.0%) but are significantly lower than Texas (14.0%) (Figure 32).

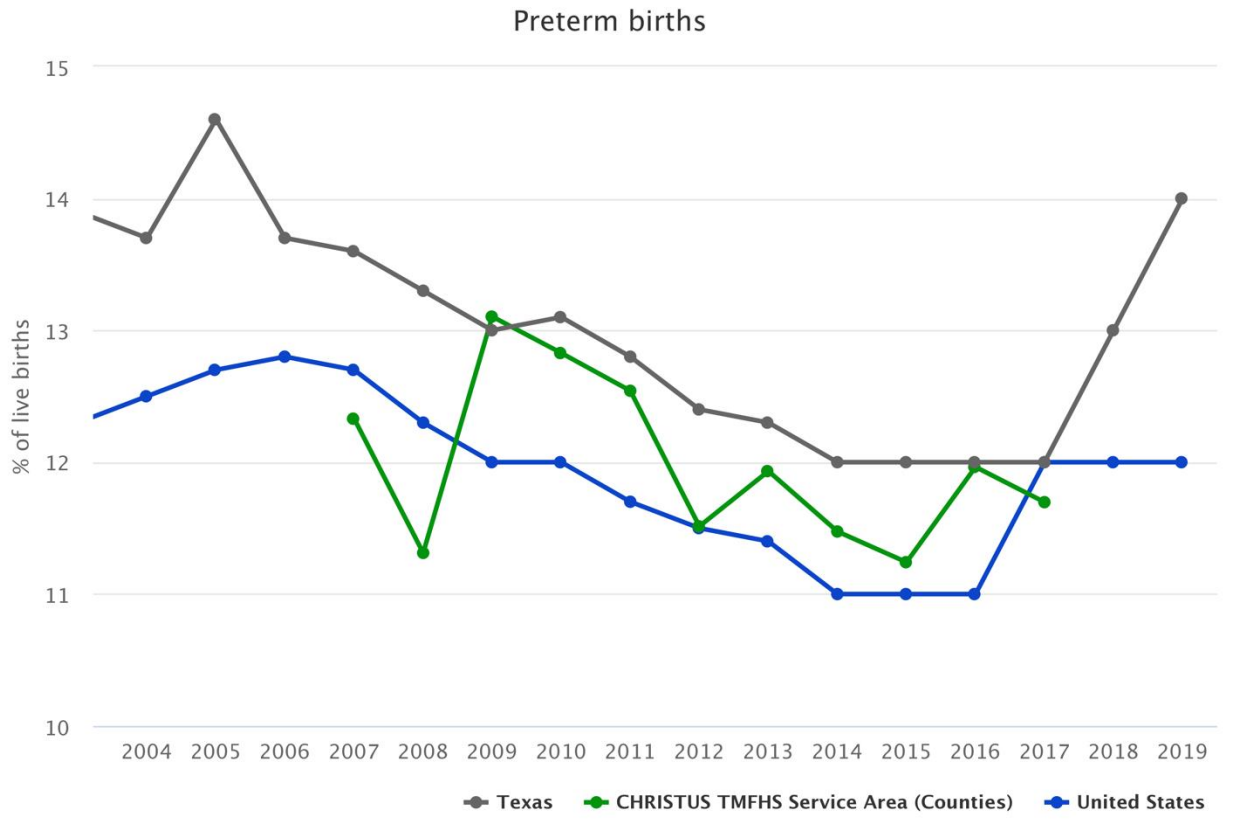


Figure 32. Percent of Births that are Preterm in CTMFHS PSA

The teen birth rate in the CTMFHS PSA has been declining over the last decade and is lower than both benchmarks (Figure 33). The rate of births with at least one maternal risk factor is significantly lower than both benchmarks for all race/ethnicity stratifications. The percentage for the full population is 10.9% of births in CTMFHS PSA versus 15.8% in Texas and 21.0% in the United States (Figure 34).

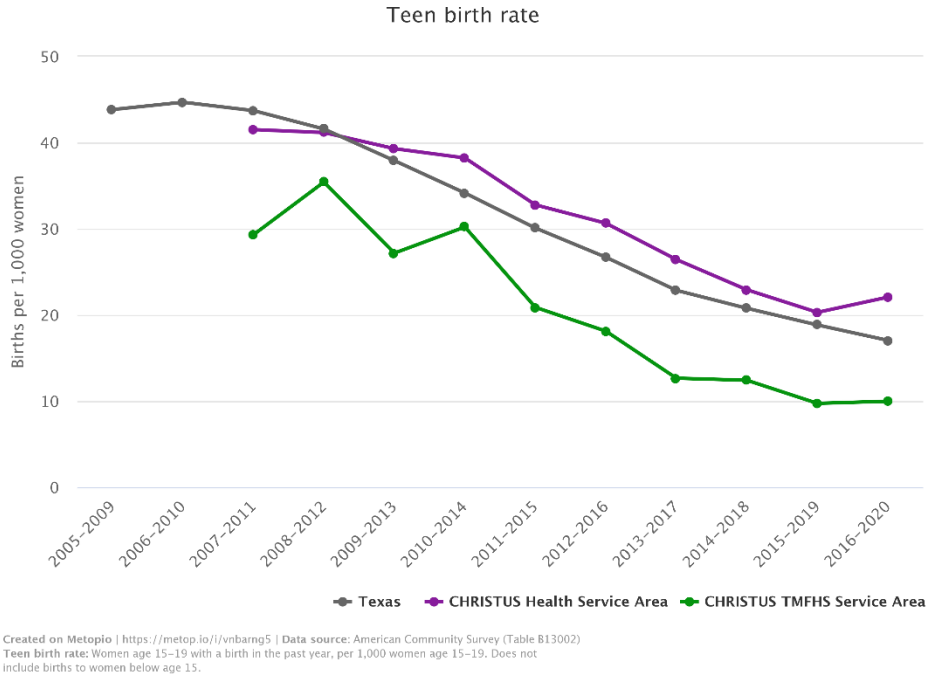


Figure 33. Teen Birth Rate in CTMFHS PSA

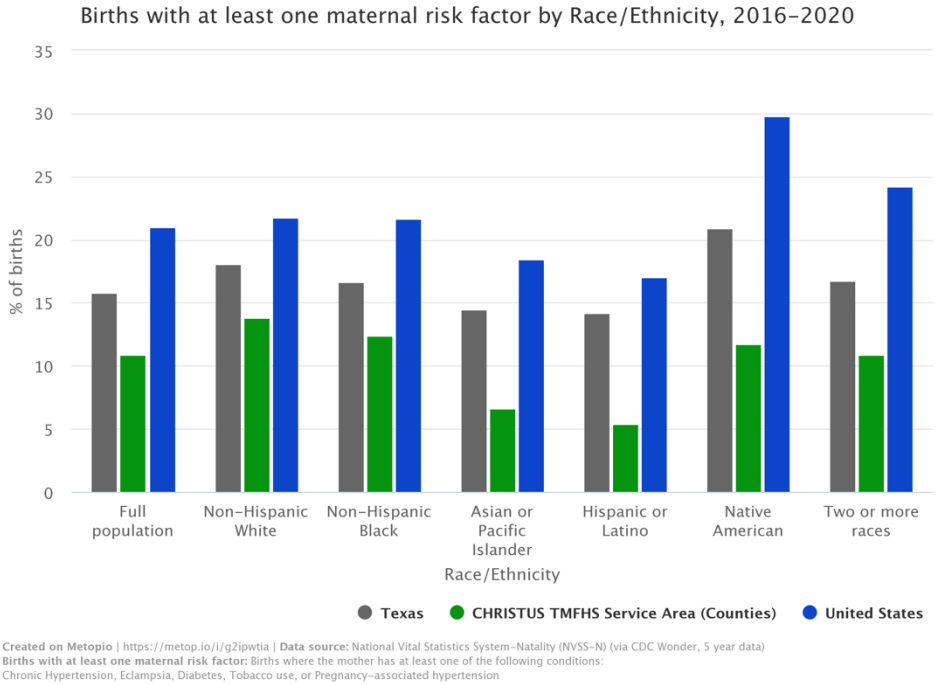
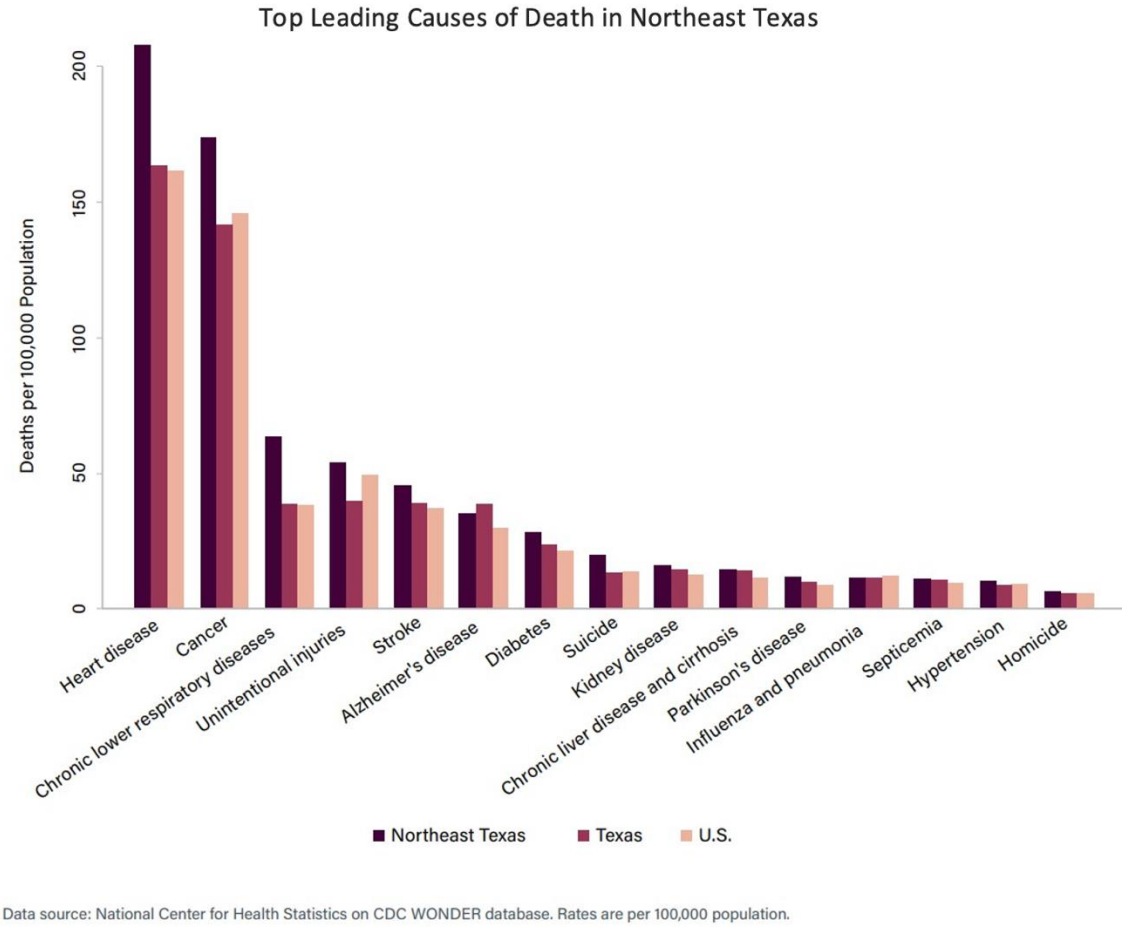


Figure 34. Births with At Least One Maternal Risk Factor in CTMFHS PSA

Leading Causes of Death

The top causes of death for Northeast Texas, also known as the Texas Health Service Region 4/5N by the Texas Department of State Health Services, can be found in Figure 35. Some of the leading causes of death will be explored further for the service areas in the following section. Many of the mortality topics are explored in more detail at the county level at the end of this section in Table 15.



Data source: National Center for Health Statistics on CDC WONDER database. Rates are per 100,000 population.

Figure 35. Leading Causes of Death in Northeast Texas

Heart Disease

Coronary heart disease makes up the largest contributor to the heart disease mortality rate, accounting for 122.0 deaths per 100,000 out of the total 229.5 per 100,000 deaths for heart disease overall in CTMFHS PSA (Figure 36). Heart disease mortality has a disproportionate impact on the non-Hispanic Black community in CTMFHS PSA. The mortality rate for non-Hispanic Black people is 277.6 deaths per 100,000 deaths in CTMFHS PSA, compared to 233.6 deaths for non-Hispanic White people (Figure 36). Hispanic or Latinos experience lower heart disease mortality rates at 121.5 deaths 100,000 deaths in CTMFHS PSA (Figure 36). Due to insufficient data, the heart disease mortality rate for Native Americans and Asian or Pacific Islanders was not available for the CTMFHS PSA.

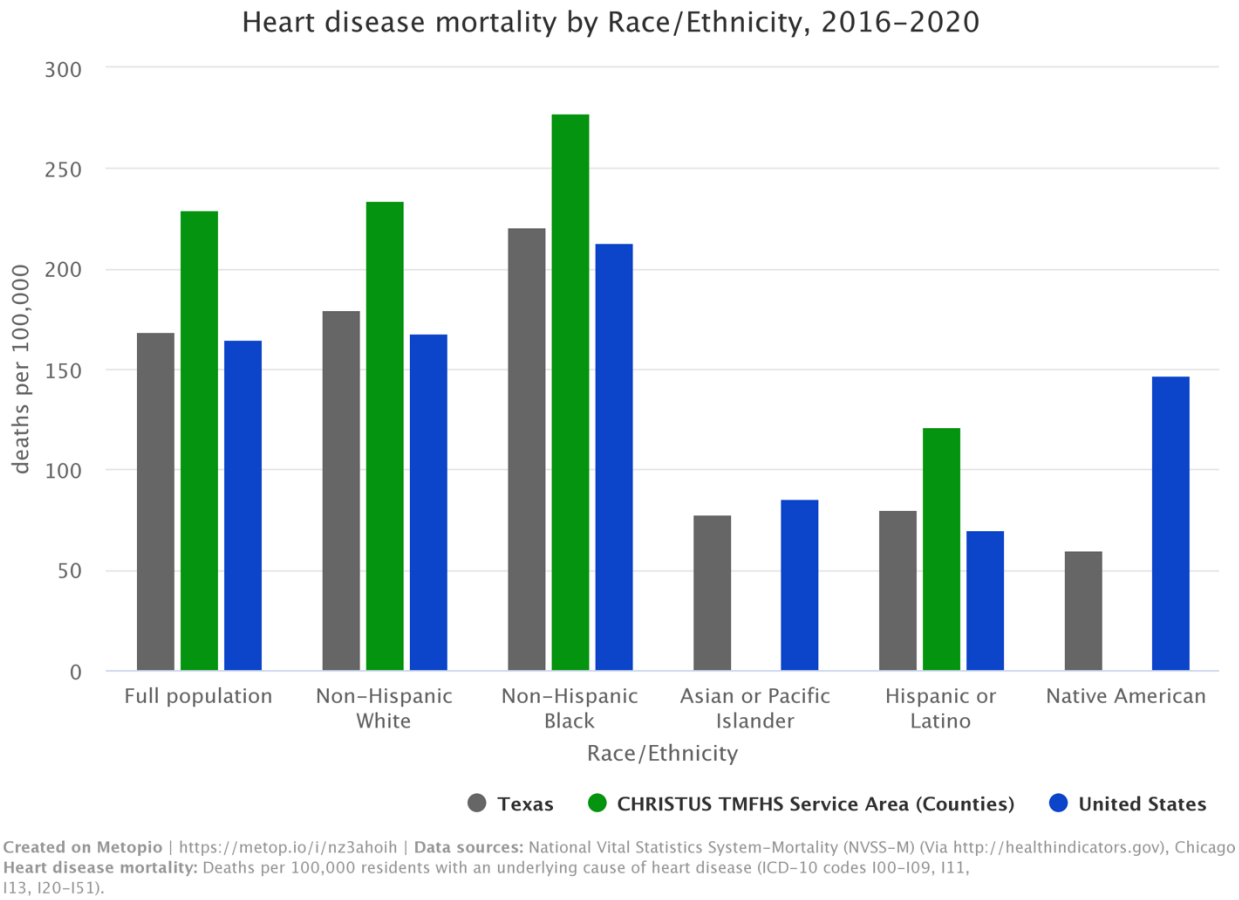


Figure 36. Heart Disease Mortality with Stratifications in CTMFHS PSA

Cancer

Cancer represents the second leading cause of death in CTMFHS PSA. Lung, trachea and bronchus cancer make up a large portion of cancer deaths, causing 42.5 deaths per 100,000 deaths in the CTMFHS PSA (Figure 37). Table 14 breaks out the mortality rate for some cancers. Due to insufficient data, the cancer mortality rate for Native Americans and Asian or Pacific Islanders was not available for the CTMFHS PSA.

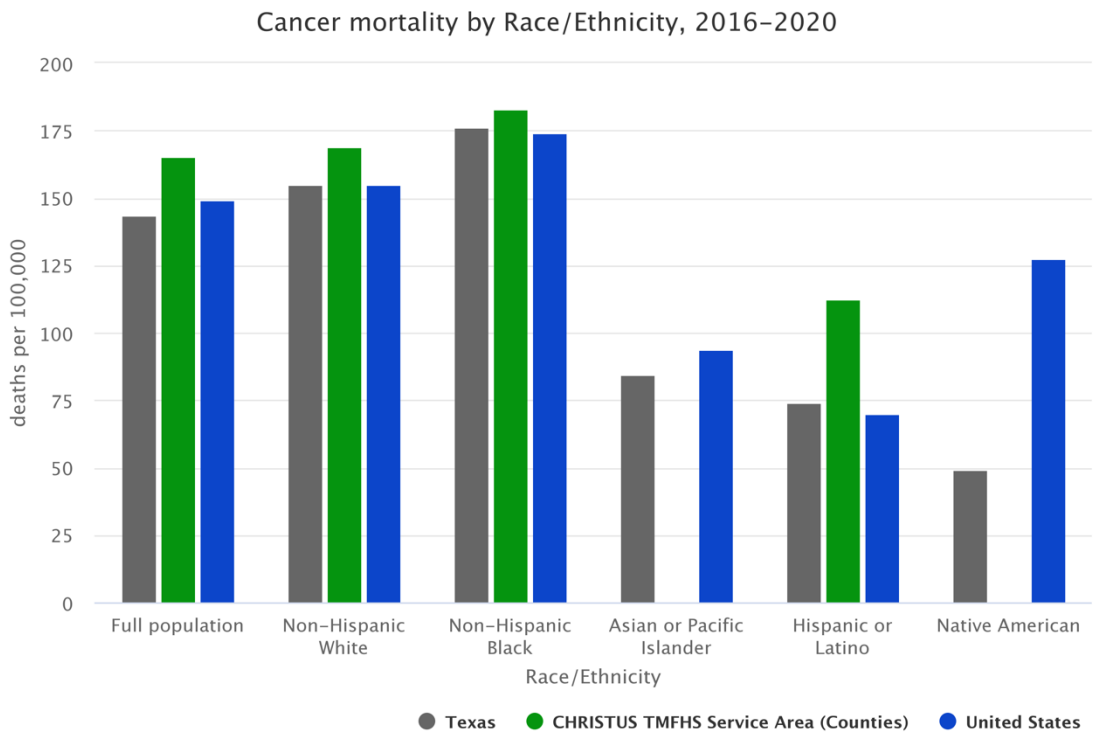


Figure 37. Cancer Mortality Rate with Stratifications in CTMFHS PSA

Topic	Anderson County, TX	Cherokee County, TX	Rusk County, TX	Smith County, TX	Van Zandt County, TX	Wood County, TX
Breast cancer mortality *deaths per 100,000, 2016-2020*	10.8	7.6	8.1	9.9	8.3	11.5
Lung, trachea, and bronchus cancer mortality *deaths per 100,000, 2016-2020*	48.4	40.9	40.4	36.1	48.9	45.2
Colorectal cancer mortality *deaths per 100,000, 2016-2020*	24.2	13.4	14.9	12.7	17.3	12.3

Topic	Delta County, TX	Franklin County, TX	Hopkins County, TX	Rains County, TX
Breast cancer mortality *deaths per 100,000, 2011-2015*	38.1	27.9	11.0	23.2
Lung, trachea, and bronchus cancer mortality *deaths per 100,000, 2016-2020*	59.1	43.4	42.8	38.5
Colorectal cancer mortality *deaths per 100,000, 2016-2020*	–	24.2	14.7	28.7

Table 14. Cancer Mortality Rates by County in CTMFHS PSA

Environmental factors may contribute to the lung cancer burden in the service areas. The Lifetime Inhalation Cancer Risk of the Environmental Protection Agency's Environmental Justice Index is a weighted index of vulnerability to lifetime inhalation cancer risk. It measures estimated lifetime risk of developing cancer as a result of inhaling carcinogenic compounds in the environment, per million people. In CTMFHS PSA, the Lifetime Inhalation Cancer Risk is 34.6 lifetime risk per million, which is higher than Texas (27.6 lifetime risk) and slightly lower than the entire CHRISTUS Health service area (35.0 lifetime risk) (Figure 38).

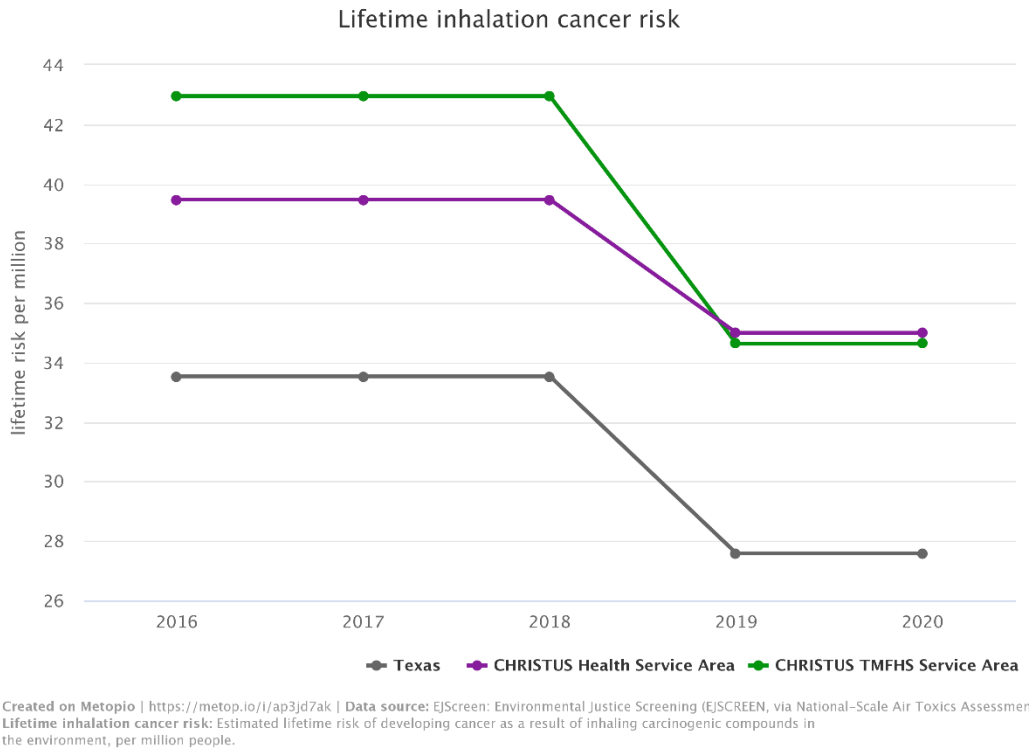


Figure 38. Lifetime Inhalation Cancer Risk in CTMFHS PSA

Chronic Lower Respiratory Disease

Figure 39 is a roll up of four major respiratory diseases—chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema and asthma. In this figure, there appears to be a disparity with the cause of mortality when comparing the CTMFHS PSA to the state and the U.S. for the full population. The rate in the CTMFHS PSA is 54.9 deaths per 100,000 for the full population, 60.4 for non-Hispanic Whites and 38.9 for non-Hispanic Blacks (Figure 39). Due to insufficient data, the chronic lower respiratory disease mortality rate for Native Americans, Hispanic or Latinos and Asian or Pacific Islanders.

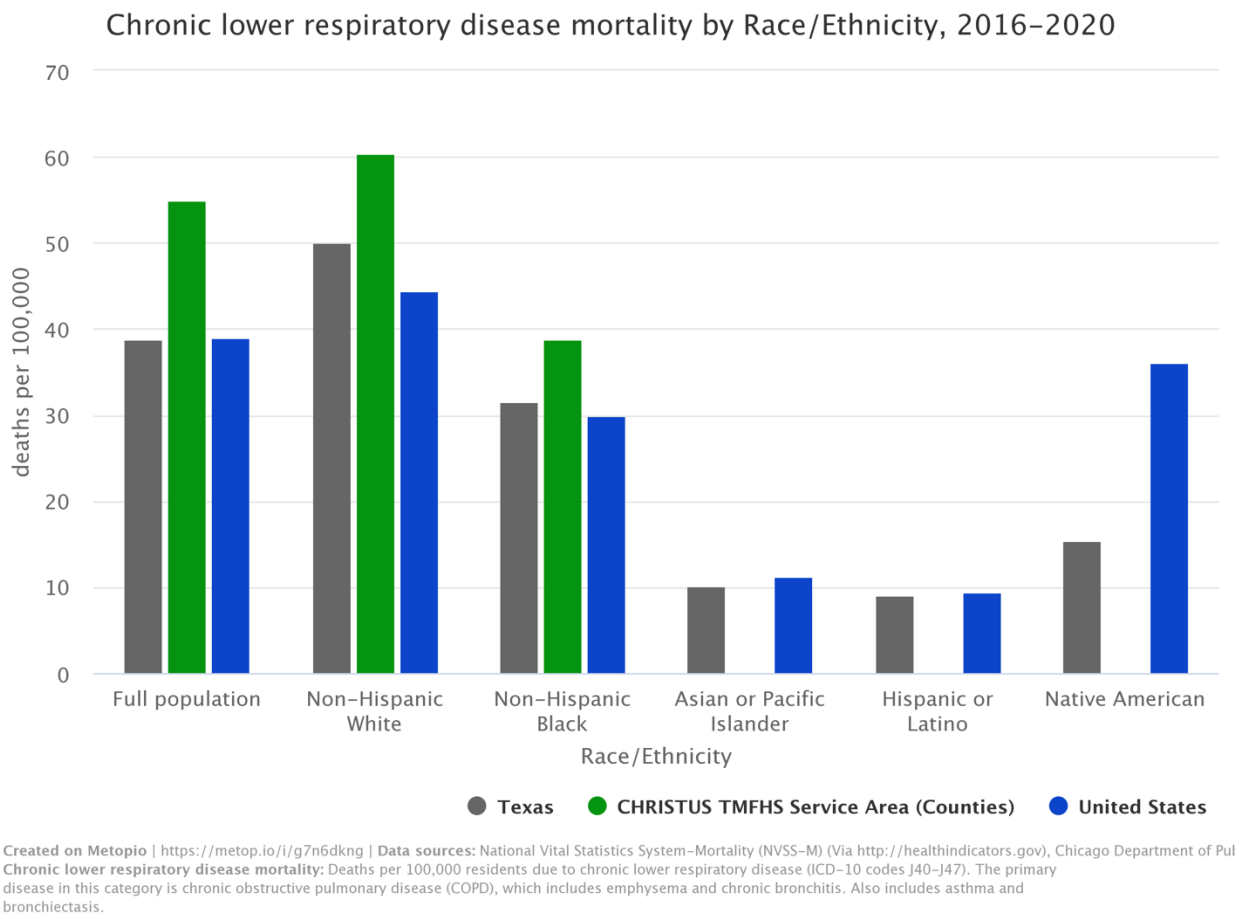


Figure 39. Chronic Lower Respiratory Disease Mortality with Stratification in CTMFHS PSA

Injury

Injuries account for the fourth highest cause of death in CTMFHS PSA. This is, in part, because this category includes many kinds of injury including unintentional injury mortality and motor vehicle traffic mortality and workplace mortality. This topic does not include homicide or suicide mortality. The rates for the full population in CTMFHS PSA (79.7 per 100,000) is higher than both in Texas (60.4) and the United States (72.6) (Figure 40). Due to insufficient data, the injury mortality rate for Native Americans and Asian or Pacific Islanders was not available for the CTMFHS PSA.

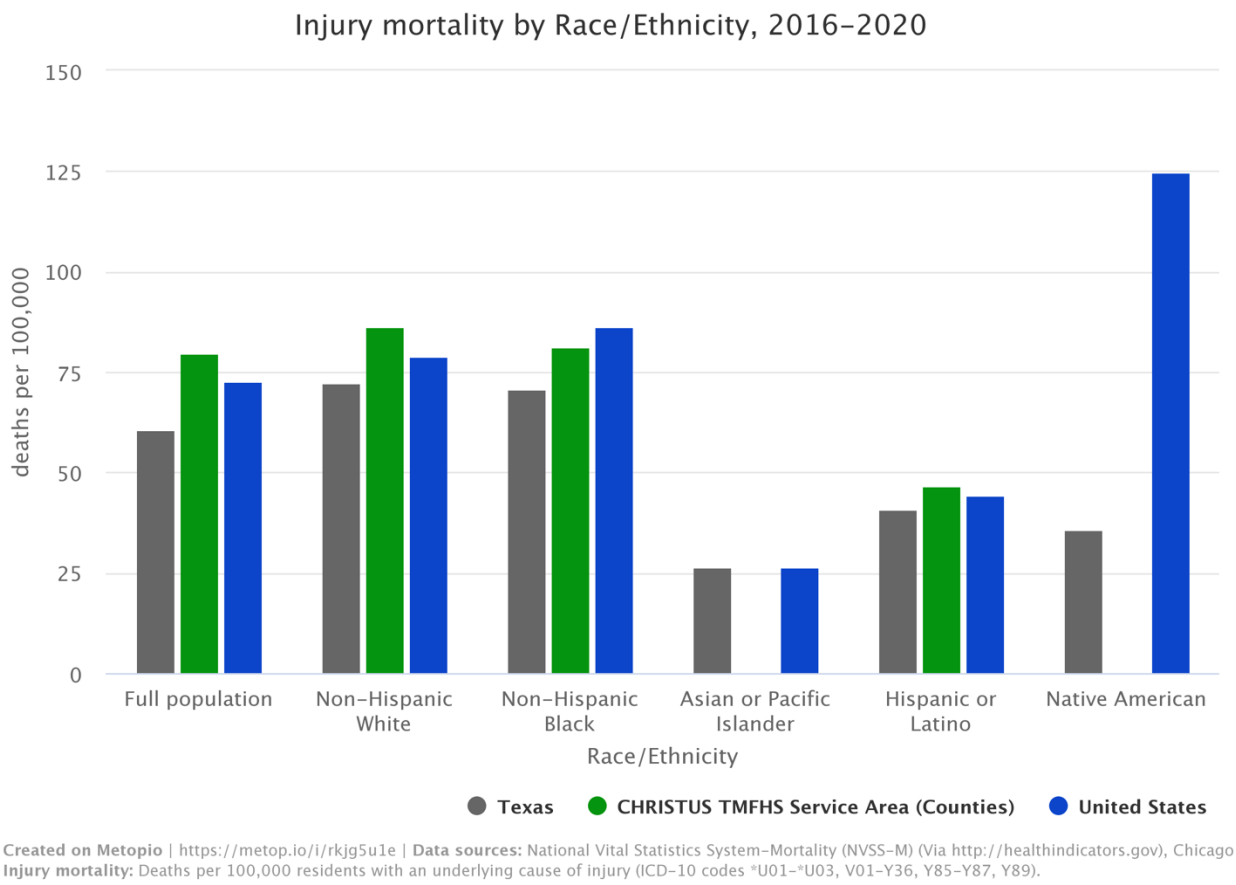


Figure 40. Injury Mortality with Stratification in CTMFHS PSA

Stroke

The mortality rate for stroke in CTMFHS PSA is in line with the Texas and U.S. benchmarks for the full population (Figure 41). However, the stroke mortality rate for non-Hispanic Whites in CTMFHS PSA (41.7 deaths per 100,000) is higher than Texas (40.2) and the U.S. (36.2) (Figure 41). Similarly, the stroke mortality rate for Hispanics/Latinos in CTMFHS PSA (25.2 deaths per 100,000) is higher than Texas (21.2) and the U.S. (19.3) (Figure 41). Due to insufficient data, the stroke mortality rate for Native Americans and Asian or Pacific Islanders was not available for the CTMFHS PSA.

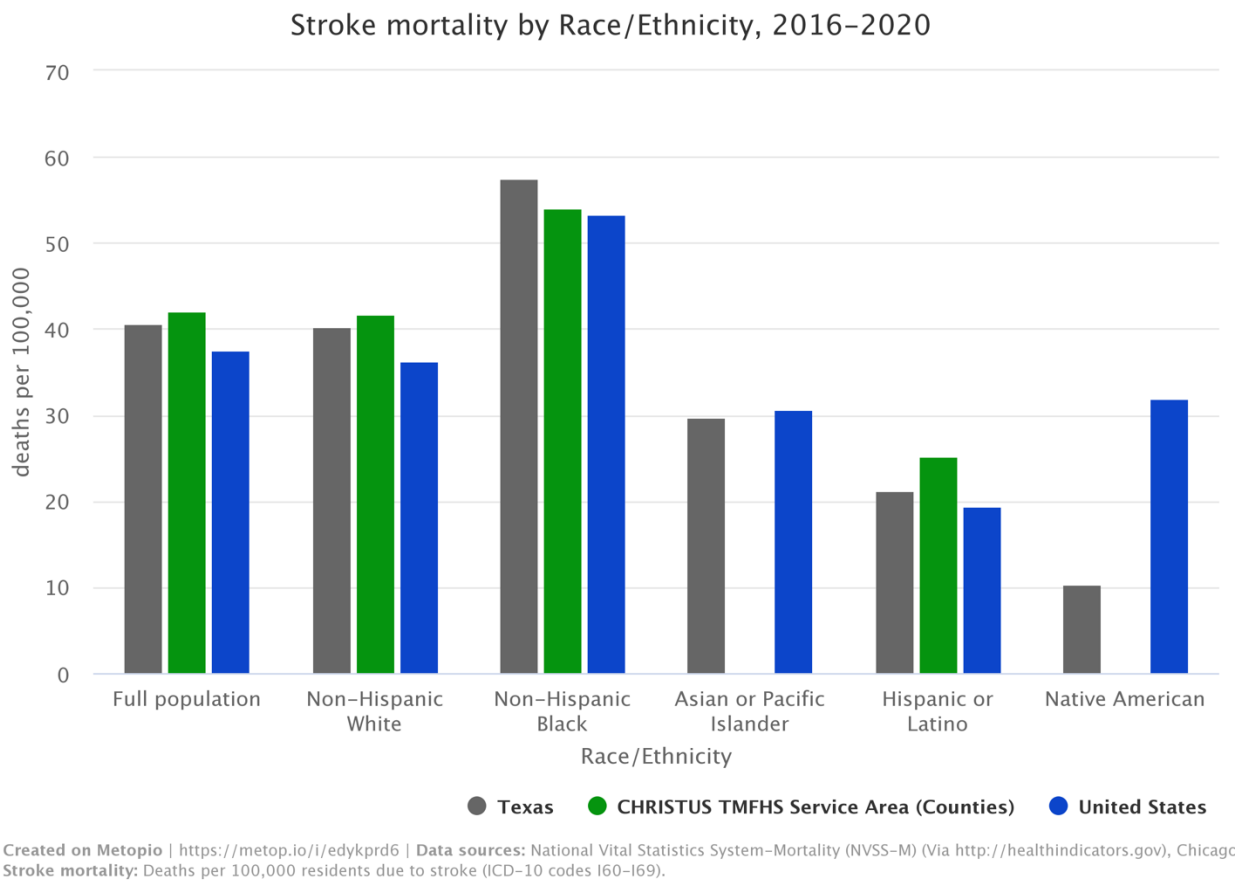


Figure 41. Stroke Mortality with Stratification in CTMFHS PSA

Alzheimer's Disease

The mortality rate for Alzheimer's has been rapidly increasing in Texas (39.7 deaths per 100,000) over the last several years (Figure 42). Similarly, the United States has been following a similar trend, albeit at a slower pace (30.8) (Figure 42). The CTMFHS PSA mortality rate began to decline after 2010 but has been slightly increasing after 2015. The most recent data mortality rate in CTMFHS PSA is 28.0 deaths per 100,000 (Figure 42).

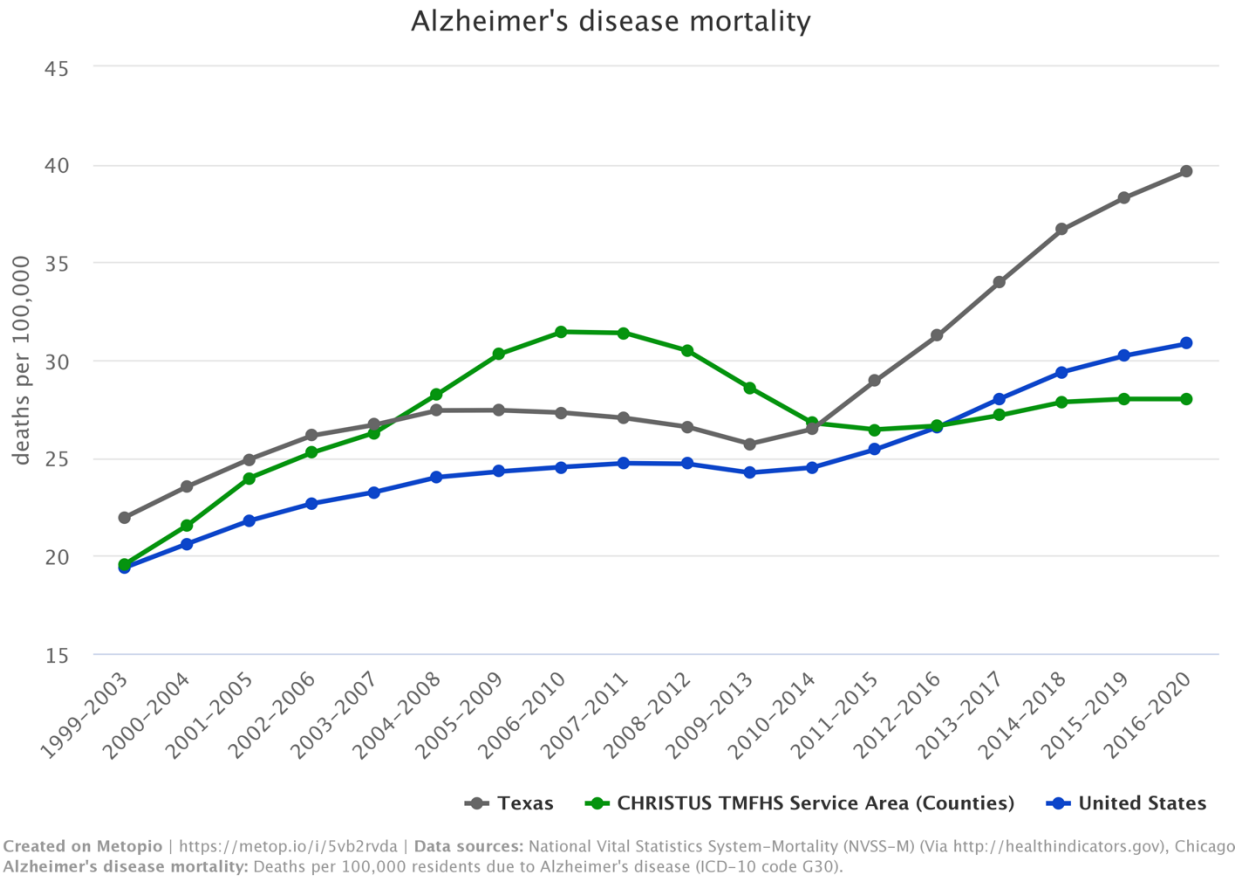


Figure 42. Alzheimer's Disease Mortality Rate in CTMFHS PSA

Diabetes

The diabetes mortality rate for the CTMFHS PSA (21.5 deaths per 100,000) is in line with the state (22.7) and national rates (22.1) for the full population (Figure 43). A significant disparity exists for the non-Hispanic Black population where the diabetes mortality rate in CTMFHS PSA is higher than the rate in Texas (48.5 compared to 37.1) (Figure 43). Among the Hispanic/Latino population, the diabetes mortality rate for CTMFHS PSA (23.9) is also higher than Texas (20.5) and the United States (16.8) (Figure 43). Due to insufficient data, the diabetes mortality rate for Native Americans and Asian or Pacific Islanders was not available for the CTMFHS PSA.

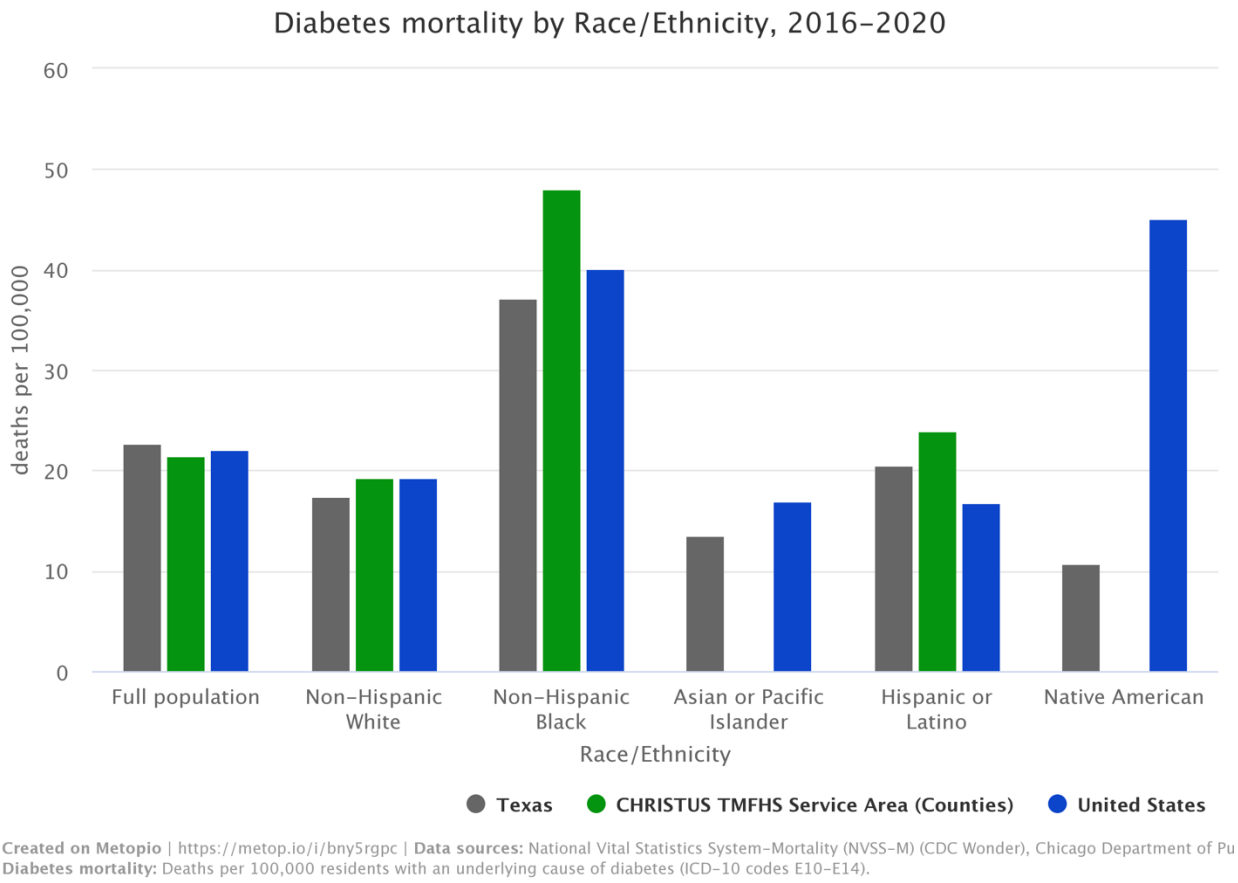


Figure 43. Diabetes Mortality Rate with Stratification in CTMFHS PSA

Suicide

The rate of death by suicide is much higher in CTMFHS PSA when compared to the mortality rates in Texas and the United States for the full population (Figure 44). In the CTMFHS PSA, the rate is 20.8 deaths per 100,000 (Figure 44). When looking at race/ethnicity stratifications, the Non-Hispanic White population has the highest suicide mortality rate (24.6) (Figure 44). And the rate is nearly double that of Texas for the non-Hispanic Black population (13.7 compared to 7.3) and Hispanic or Latino population (14.4 compared to 7.5) in the CTMFHS PSA (Figure 44). Due to insufficient data, the suicide mortality rate for Native Americans and Asian or Pacific Islanders was not available for the CTMFHS PSA.

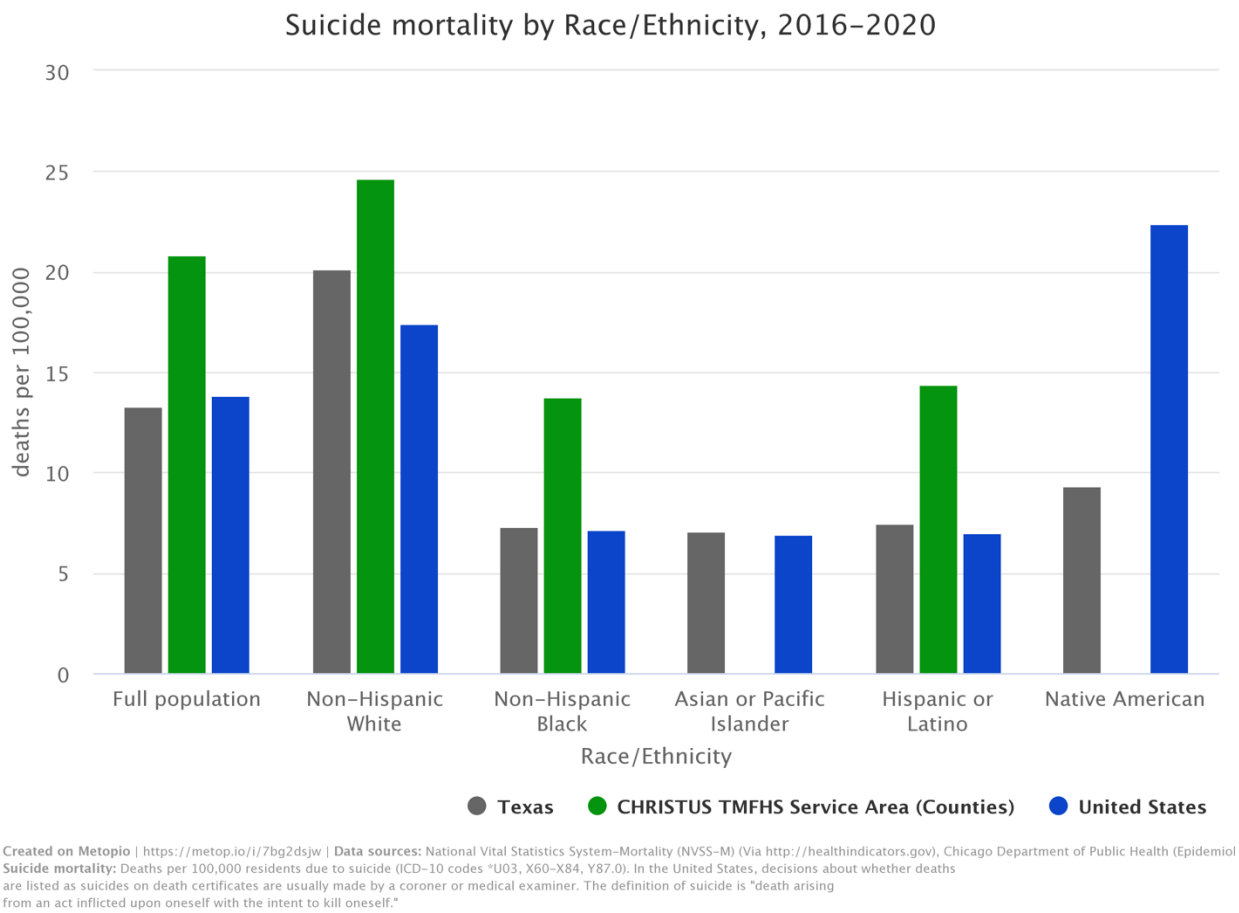


Figure 44. Suicide Mortality Rate with Stratification in CTMFHS PSA

Kidney Disease

The rate of death from kidney disease in CTMFHS PSA is higher than both benchmarks for the full population (Figure 45). The rate is 17.4 deaths per 100,000 in CTMFHS PSA compared to 15.6 in Texas and 12.9 in the United States. When investigating race/ethnicity stratifications, the rate is significantly higher among non-Hispanic Blacks in CTMFHS PSA (39.2) compared to the benchmarks and higher among non-Hispanic Whites in CTMFHS PSA (15.7) than the benchmarks. Due to insufficient data, the kidney disease mortality rate for Native Americans, Hispanic or Latinos and Asian or Pacific Islanders was not available for the CTMFHS PSA.

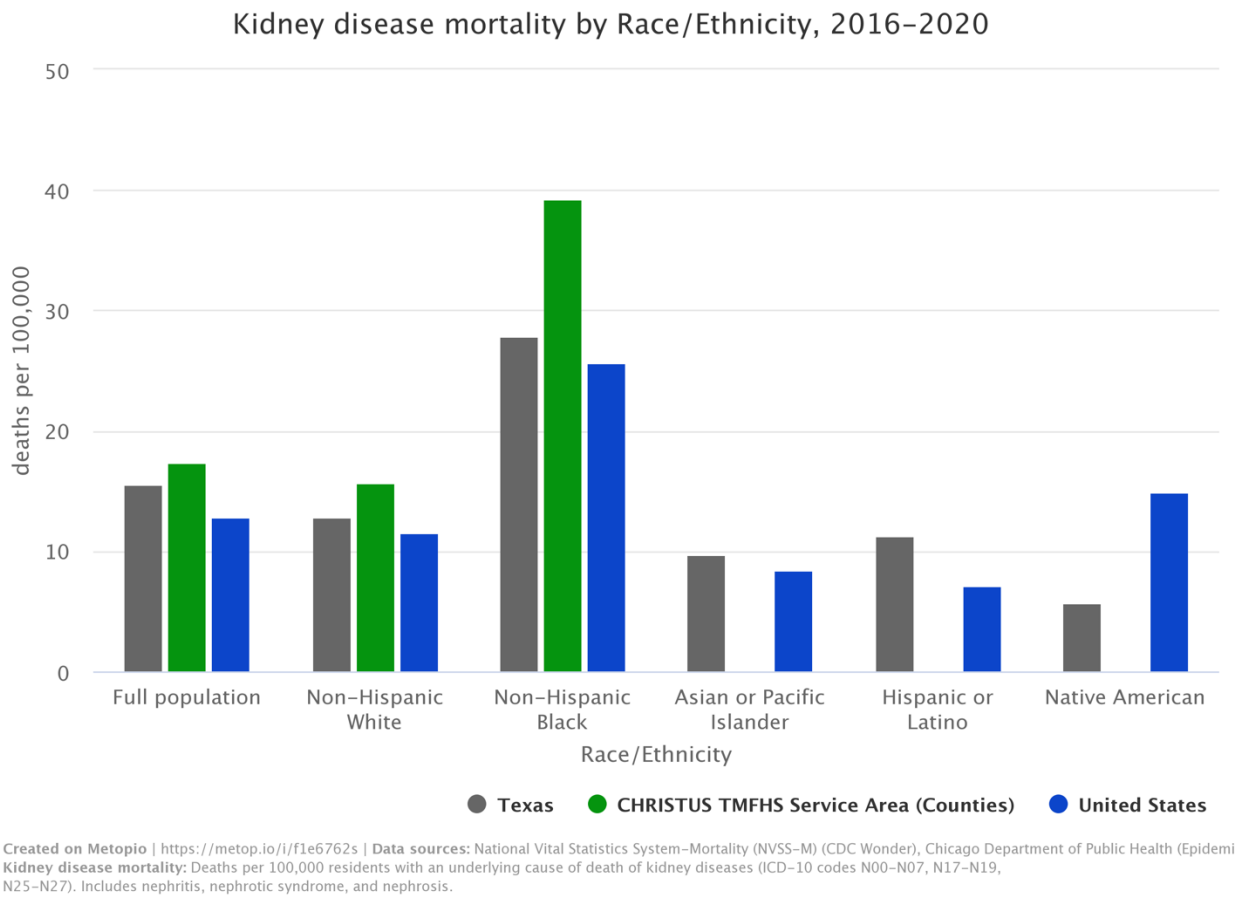


Figure 45. Kidney Disease Mortality Rate with Stratification in CTMFHS PSA

Drug Overdose

Deaths from drug overdoses has been a national story for several years. That said, the rate in CTMFHS PSA began to slightly rise in 2019, while the rate in the United States has risen drastically (Figure 46). In CTMFHS PSA the rate is 10.6 deaths per 100,000. For comparison, the rate in the United States is more than double at 22.4 deaths per 100,000.

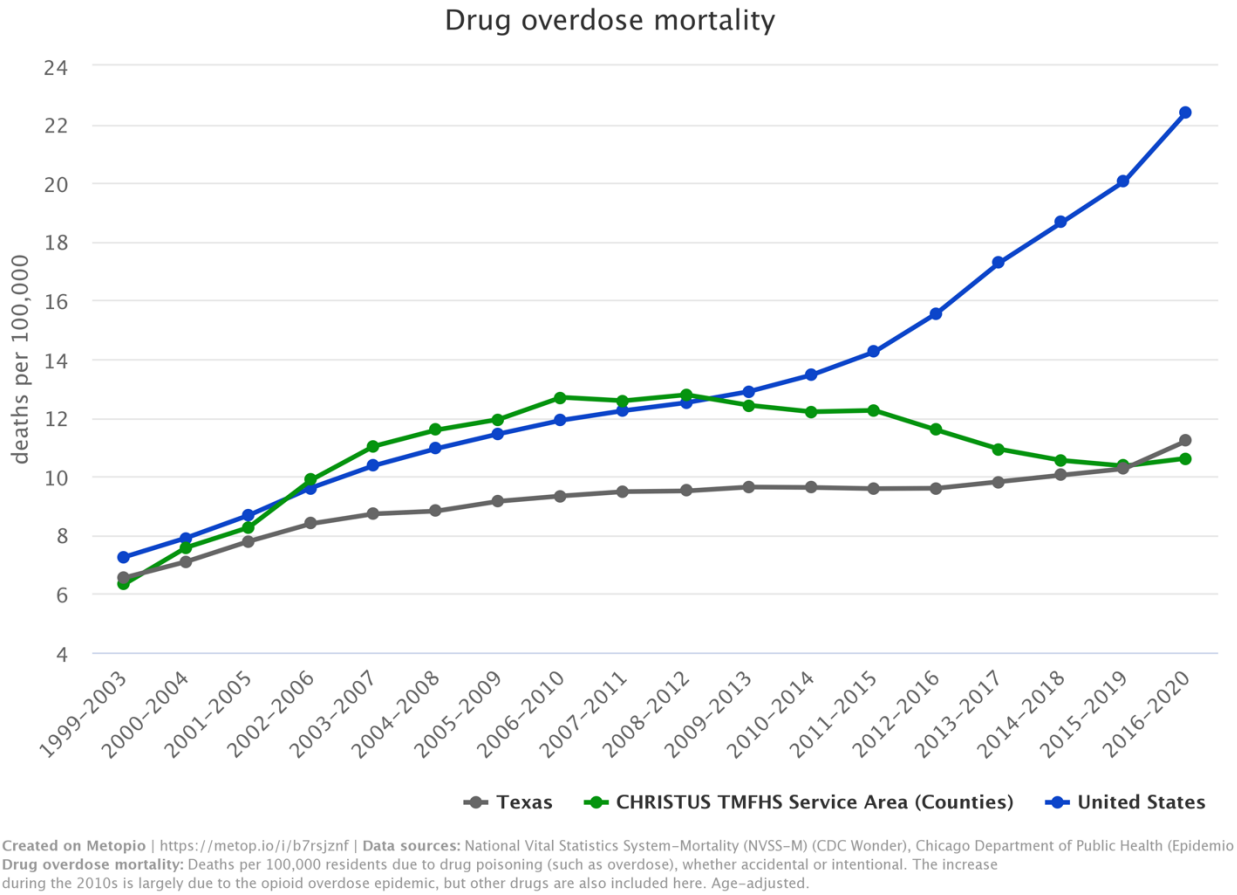


Figure 46. Drug Overdose Mortality Rate in CTMFHS PSA

Table 15 provides additional insight into the leading causes of death by county in the CTMFHS service area.

Topic	Anderson County, TX	Cherokee County, TX	Rusk County, TX	Smith County, TX	Van Zandt County, TX	Wood County, TX
Heart disease mortality *deaths per 100,000, 2016-2020*	260.5	231.6	216.4	220.4	225.1	216.0
Cancer mortality *deaths per 100,000, 2016-2020*	226.1	160.6	166.1	145.9	172.4	163.5
Injury mortality *deaths per 100,000, 2016-2020*	88.8	83.3	82.2	67.1	82.9	84.1
Chronic lower respiratory disease mortality *deaths per 100,000, 2016-2020*	56.6	60.3	56.9	45.2	55.8	58.8
Stroke mortality *deaths per 100,000, 2016-2020*	46.1	43.3	38.4	37.6	41.9	37.5
Alzheimer's disease mortality *deaths per 100,000, 2016-2020*	42.6	16.4	35.7	22.7	27.8	22.3
Diabetes mortality *deaths per 100,000, 2016-2020*	22.8	23.9	22.3	23.6	11.7	20.6
Kidney disease mortality *deaths per 100,000, 2016-2020*	24.1	21.2	14.5	16.4	14.4	16.3

Topic	Delta County, TX	Franklin County, TX	Hopkins County, TX	Rains County, TX
Heart disease mortality *deaths per 100,000, 2016-2020*	255.8	190.8	239.2	208.3
Cancer mortality *deaths per 100,000, 2016-2020*	224.1	179.1	162.9	154.9
Injury mortality *deaths per 100,000, 2016-2020*	88.2	66.5	86.4	90.1
Chronic lower respiratory disease mortality *deaths per 100,000, 2016-2020*	55.8	51.9	52.8	59.0
Stroke mortality *deaths per 100,000, 2016-2020*	64.0	40.8	52.7	70.4
Alzheimer's disease mortality *deaths per 100,000, 2016-2020*	49.0	35.7	23.4	35.9
Diabetes mortality *deaths per 100,000, 2009-2013*	45.8	26.7	20.2	28.2
Kidney disease mortality *deaths per 100,000, 2008-2012*	38.2	27.9	18.6	19.9

Table 15. Mortality Rates by County in CTMFHS PSA

Hospital Utilization

For this CHNA, CTMFHS looked at three years of utilization data (2019-2021). During the course of the COVID-19 pandemic, the health system saw Emergency Department utilization remain virtually unchanged between 2019 and 2020 at all facilities. But ED visits increased by 32% at CHRISTUS Mother Frances Hospital - *Tyler* between 2020 and 2021 (Figure 47). Generally, inpatient volumes had a small increase across at three facilities but there was a decline of 1% at Sulphur Springs Hospital over the three-year period (Figure 48).

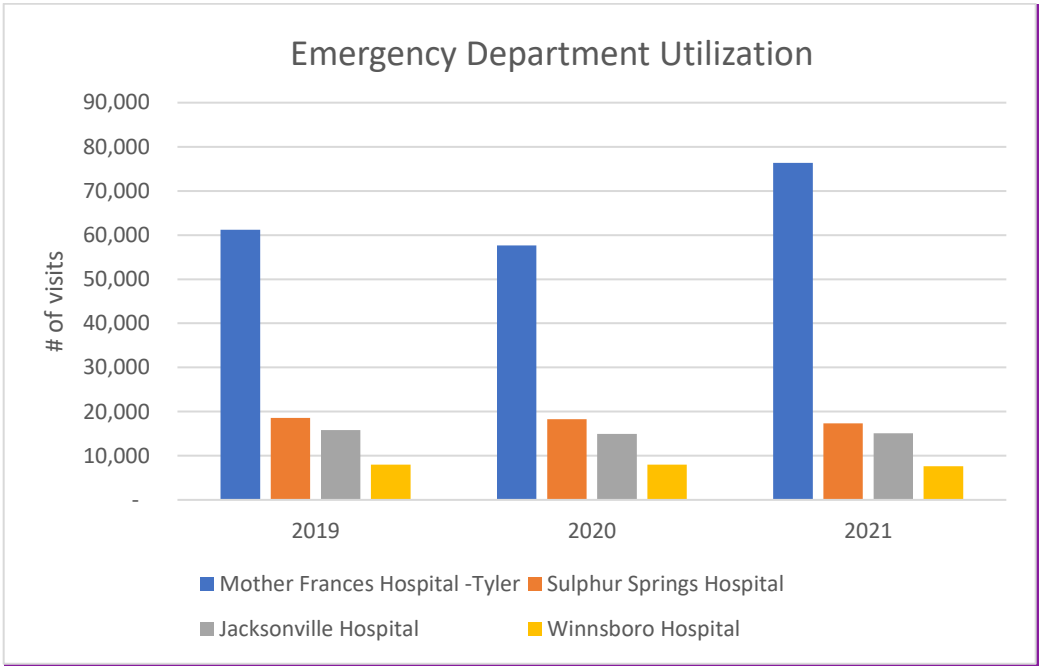


Figure 47. Emergency Department Utilization at CTMFHS PSA

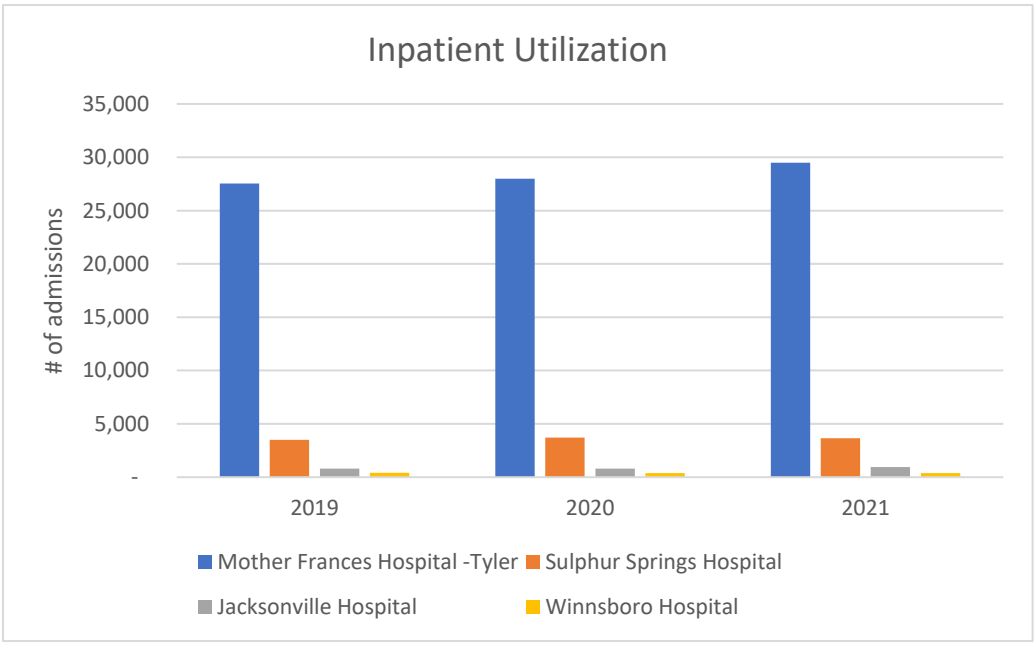


Figure 48. Inpatient Admissions at CTMFHS PSA

This increase in ED utilization at CHRISTUS Mother Frances Hospital – *Tyler* follows national patterns. Many residents delayed care or sought services via telehealth during the height of COVID-19. What remains to be seen, and is not apparent yet in the data, is if issues will be more severe due to delayed care as more people return to the system for care.

Regarding inpatient utilization, COVID-19 became the number three reason for admission in 2020 and 2021 in Tyler and Sulphur Springs (Table 16). Following COVID-19, the majority of the remaining top 10 are related to heart conditions, kidney disease or respiratory issue. The top cause for inpatient admissions was labor and delivery. At Jacksonville Hospital, COVID-19 was the number two diagnosis for inpatients during the last two years. Two other respiratory conditions—COPD and pneumonia, round out the top three. At Winnsboro Hospital, COVID-19 was the number four diagnosis for inpatients during the last two years, but pneumonia takes the top spot.

Top Inpatient Primary Diagnoses—Mother Frances Hospital – Tyler

1. Single liveborn infant delivered
2. Sepsis unspecified organism
3. COVID-19
4. Pneumonia
5. Hypertensive heart and chronic kidney disease with heart failure
6. Non-ST elevation (NSTEMI) myocardial infarction
7. Acute kidney failure
8. Hypertensive heart disease with heart failure
9. Maternal care for low transverse scar from previous cesarean delivery
10. Post-term pregnancy

Top Inpatient Primary Diagnoses—Sulphur Springs Hospital

1. Single liveborn infant delivered
2. Sepsis
3. COVID-19
4. Pneumonia
5. Hypertensive heart disease with heart failure
6. Maternal care for low transverse scar from previous cesarean delivery
7. Hypertensive heart and chronic kidney disease with heart failure
8. Non-ST elevation (NSTEMI) myocardial infarction
9. Acute kidney failure
10. Acute and chronic respiratory failure

Top Inpatient Primary Diagnoses—Jacksonville Hospital
1. Pneumonia
2. COVID-19
3. Chronic obstructive pulmonary disease
4. Urinary tract infection
5. Hypertensive heart disease with heart failure
6. Weakness
7. Acute kidney failure
8. Hypertensive heart and chronic kidney disease with heart failure
9. Cellulitis of left lower limb
10. Sepsis

Top Inpatient Primary Diagnoses—Winnsboro Hospital
1. Pneumonia
2. Sepsis
3. Urinary tract infection
4. COVID-19
5. Acute kidney failure
6. Hypertensive heart disease with heart failure
7. Hypertensive heart and chronic kidney disease with heart failure
8. Chronic obstructive pulmonary disease
9. Other malaise
10. Cellulitis of left lower limb

Table 16. Inpatient Primary Diagnoses by Hospital

Conclusion

The Community Benefit team worked with the hospital leadership and community partners to prioritize the health issues of community benefit programming for fiscal years 2023-2025. These groups of internal and external stakeholders were selected for their knowledge and expertise of community needs. Using a prioritization framework guided by the MAPP framework, the process included a multi-pronged approach to determine health issue prioritization.

1. The team reviewed health issue data selected by the community survey respondents.
2. The team scored the most severe indicators by considering existing programs and resources.
3. The team assigned scores to the health issue based on the Prioritization Framework (Table 17). The highest-scoring health issues were reconciled with previous cycles' selected priorities for a final determination of priority health issues.
4. The team discussed the rankings and community conditions that led to the health issues.

Size	How many people are affected?	Secondary Data
Seriousness	Deaths, hospitalizations, disability	Secondary Data
Equity	Are some groups affected more?	Secondary Data
Trends	Is it getting better or worse?	Secondary Data
Intervention	Is there a proven strategy?	Community Benefit team
Influence	How much can CTMFHS affect change?	Community Benefit team
Values	Does the community care about it?	Survey, Focus Groups, Key Informant Interviews
Root Causes	What are the community conditions?	Community Benefit team

Table 17. Prioritization Framework

CTMFHS Selected FY 2023 - 2025 Health Priority Areas

For this cycle, CTMFHS is using a new structure for its identified needs, categorizing them under two domains with the overarching goal of achieving health equity (Figure 49). While the prioritization structure is new, CTMFHS retained mental health as a priority issue from the 2020-2022 CHNA. In the previous CHNA, CTMFHS identified chronic disease as a priority. In this cycle, CTMFHS unpacked "chronic disease" and specifically calls out, obesity, heart disease, diabetes and cancer. Newly identified issues include substance abuse, food access and smoking and vaping.

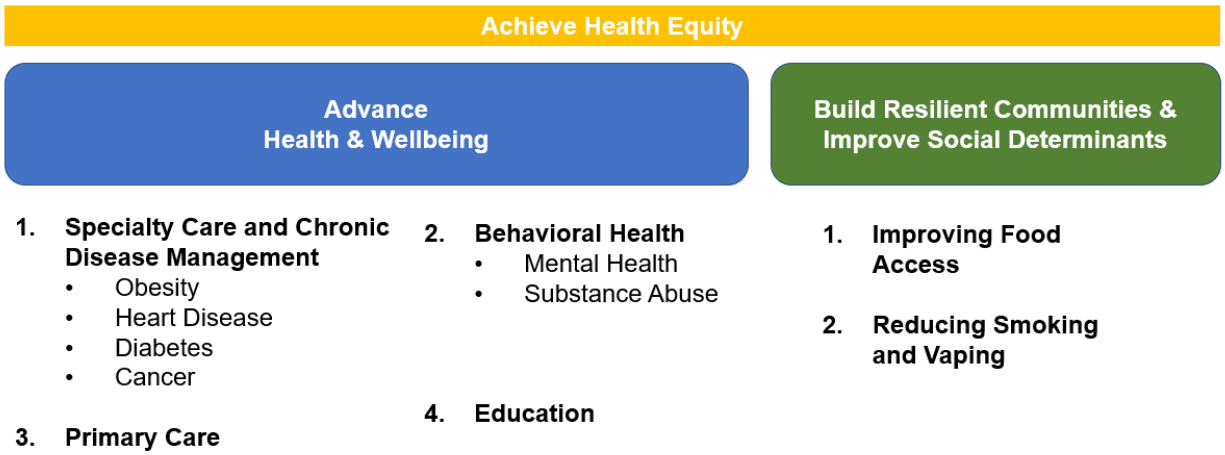


Figure 49. CHRISTUS Trinity Mother Frances Health System Priority Areas

These domains and corresponding issues will serve as the designated issue areas for official reporting and are the principal health concerns that CTMFHS community efforts will target.

ADOPTION BY THE BOARD

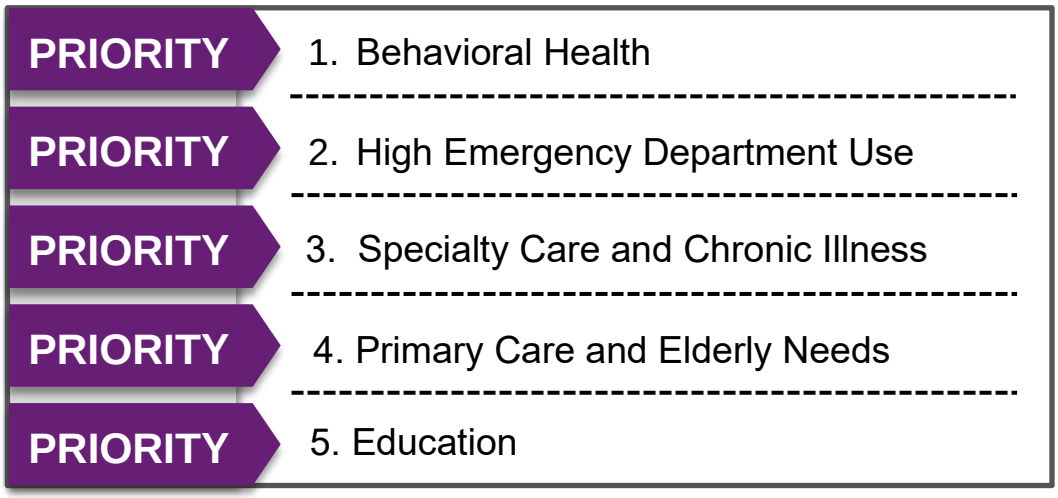
The Board of Directors received the 2023-2025 CHNA report for review and formally approved the documents on June 9th, 2022.

Appendix 1: Evaluation of Community Health Improvement Plan (CHIP) Activities

This evaluation is meant to capture the programmatic efforts undertaken by CHRISTUS Trinity Mother Frances Health System to meet priority health area goals and intended outcomes as outlined in the 2020-2022 Community Health Improvement Plan (CHIP).

Identified programs and services will share specific process and outcome metrics that demonstrate impact on the priority health areas and goals outlined in the table below.

CHRISTUS Trinity Mother Frances Health System Priority Health Area Goals (2020-2022)



BEHAVIORAL HEALTH

GOAL	**Behavioral Health** Expand and support behavioral health services in the community for individuals and families.
OBJECTIVES	1. Support local behavioral health providers (e.g., Alzheimer's Alliance, Samaritan Counseling, Andrews Center, Behavioral Health Leadership Council) to improve access to behavioral health services, including education, counseling, direct patient care, etc. 2. Encourage joint collaborative action among associates, local and state organizations, and government units to improve access to behavioral 5 Major Action(s) Sub-Actions health services for low income, vulnerable, and the underserved. 3. Offer financial and in-kind support to community organizations involved in the delivery of behavioral health services.

IMPACT	**Anticipated Outcome:** ***Improved access to care, information, and support services for people with or at risk of behavioral health problems; improved stability and effectiveness of behavioral health organizations; more collaborative efforts to improve access to behavioral health services.*** In Year 1 through Year 3 we awarded grants and in-kind support to non-profit facilities in our ministries service area. All projects require a grant form to be submitted and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders. For all Behavioral Health prioritization projects for grant and in-kind donations for Year 1 through Year 3 year to date was approximately $361,291.

GOAL	**Behavioral Health** Address social & environmental determinants of health.
OBJECTIVES	1. Partner with community-based organizations to address the social and environmental determinants of health in order to improve the physical, mental, social, and spiritual well-being of individuals and families. 2. Offer cash, in-kind, and other support to community-based organizations partnering to effect change in the social and environmental determinants of health
IMPACT	**Anticipated Outcome:** ***Improved capacity of community-based organizations to address social and environmental determinants of health; new collaborative efforts to address the root causes of ill health, improved community health; improved compliance with behavioral health treatment.*** In Year 1 through Year 3 we awarded grants and in-kind support to non-profit facilities in our ministries service area. All projects require a grant form to be submitted and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders.

HIGH EMERGENCY DEPARTMENT USE

GOAL	**High Emergency Department Use** Educate the public on the appropriate use of the Emergency Department and alternative community resources.
OBJECTIVES	1. Convene a new or work with an existing collaborative to place appropriate ED use as a collective action item. 2. Develop educational materials about appropriate options for different categories of care. This can include, for example, a "meeting-in-a-box" about inappropriate ED usage and resources for effective prevention and care. 3. Develop a brochure listing resources in the community with assistance from the collaborative. 4. Disseminate educational materials and brochure in coordination with the collaborative at health fairs and other venues. 5. Present using the meeting-in-a-box at multiple venues throughout the community.
IMPACT	**Anticipated Outcome:** ***The public is better educated about the appropriate use of the ER and community resources available for prevention and care.*** In Year 1 through Year 3 we awarded grants, in-kind support, and health education to non-profit facilities in our ministries service area. All projects are compiled in a form and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders. For all High Emergency Department Use prioritization projects for grant and in-kind donations for Year 1 through Year 3 year to date was approximately $1,392,582.

GOAL	**High Emergency Department Use** Support and expand access to FQHC services as a substitute for inappropriate ER use.
OBJECTIVES	1. Collaborate with FQHCs to develop and implement direct referrals of appropriate patients to FQHCs.

	2. Communicate through education (see above), social media, and direct advertising the services and programs offered at FQHCs—in collaboration with the FQHCs and other community partners.
IMPACT	**Anticipated Outcome:** ***More residents, particularly low income, uninsured, or those with high health needs, will be referred to an FQHC, which will become their medical home. Patients who otherwise would have visited the ER will receive needed care through their primary care provider. Patients who initially visit an ER will be less likely to visit the ER in the future because they will have a medical home.*** In Year 1 through Year 3 we awarded grants, in-kind support, and education to non-profits in our ministries service area. All projects are compiled in a form and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders.

GOAL	**High Emergency Department Use** Track referrals to FQHCs and inappropriate use of the ED.
OBJECTIVES	1. Provide financial and other support to support an electronic health record (EHR) services to all locations of Tyler Family Circle of Care. 2. Track referrals and patient follow-up for care to FQHC. 3. Monitor the impact of community events and education on uptake of new patients at FQHC.
IMPACT	**Anticipated Outcome:** ***Improved understanding of the impact of the education and referrals on FQHC enrollment. Improved strategies for increasing referrals and enrollment.*** In Year 1 through Year 3 we awarded grants and support to our local FQHC in our ministries service area. All projects are compiled in a form and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders.

SPECIALITY CARE AND CHRONIC ILLNESS

GOAL	**Specialty Care And Chronic Illness** Support ongoing and new chronic disease prevention and health promotion programs.
OBJECTIVES	1. Provide financial support and work collaboratively with local non-profits on chronic disease prevention, management, and education. 2. Participate in health workshops, special events and health fairs.
IMPACT	**Anticipated Outcome:** ***Improved opportunities for people with targeted health needs. Increased knowledge and awareness in the community about how to prevent disease, stay healthy, and seek care. Increase in the number of health promotion events mentioned in local and social media.*** In Year 1 through Year 3 we awarded grants, in-kind support, and health education to non-profit facilities in our ministries service area. All projects are compiled in a form and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders. For all Specialty Care and Chronic Illnesses prioritization projects for grant and in-kind donations for Year 1 through Year 3 year to date was approximately $1,060,000.

GOAL	**Specialty Care And Chronic Illness** Provide free orthopedic services to low-income schools, including (1) on-site services and screenings, and (2) free/subsidized orthopedic and sports medicine professionals as needed.
OBJECTIVES	1. Provide sports training to low-income school(s) including free pre-participation physicals in collaboration with school-based organizations. 2. Provide on-site support services for potential injuries as requested. 3. Provide areas of care regardless of the student's ability to pay.

IMPACT	**Anticipated Outcome:** ***Reduction in absenteeism and presenteeism. Early detection and treatment of injuries common in school age children: head injuries, spinal cord conditions, broken bones, etc. Improved overall health*** In Year 1 through Year 3 participated in Free Saturday Morning Clinics and Physician Volunteer coordination with local school organizations. All projects are compiled in a form and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders.

GOAL	**Specialty Care And Chronic Illness** Provide mammogram programs to low-income women in need of screening in the community through the mobile mammography unit or clinics.
OBJECTIVES	1. Work collaboratively with event organizers, churches, and community-based organizations to site mobile unit in locations amenable to use by low income patients. 2. Site mobile unit facilitate walk-in option in rural clinics and special events. 3. Track the number of low-income mammograms provided in the service area and refer patients as needed.
IMPACT	**Anticipated Outcome:** ***Early detection and treatment. Increased breast cancer education and awareness. Increased access to screenings at rural locations. Reduced breast cancer screening disparities.*** In Year 1 through Year 3 participated in Mobile Mammography Community Screening as well we did Sport Physicals in the community with our Sports Medicine Mobile Athletic Trailer. All projects are compiled in a form and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders.

ACCESS TO PRIMARY CARE AND ELDERLY NEEDS

GOAL	**Access To Primary Care And Elderly Needs** Support and expand access to FQHC services.
OBJECTIVES	1. Collaborate with FQHCs to develop and implement direct referrals of appropriate patients to FQHCs. 2. Communicate through education (see above), social media, and direct advertising the services and programs offered at FQHCs—in collaboration with the FQHCs and other community partners. 3. Encourage providers to participate with enrolling Medicare patients at the appropriate level.
IMPACT	**Anticipated Outcome:** ***More providers will accept Medicare patients. Newly eligible Medicare patients will have a medical home with an FQHC or at an appropriate level.*** In Year 1 through Year 3 we awarded grants, in-kind support, and community education to non-profits in our ministries service area. All projects are compiled in a form and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders. For all Access to Primary Care and Elderly Needs prioritization projects for grant and in-kind donations for Year 1 through Year 3 year to date was approximately $3,631,437.

GOAL	**Access To Primary Care And Elderly Needs** Provide community-based screening, assessments, and education to low income, uninsured, and special request populations.
OBJECTIVES	1. Offer primary care assessments, education, and evaluation to adults (e.g., parents and coaches) and youth at schools using a trainer program and assistance from other professionals. 2. Provide education about safety and injury prevention at schools using a trainer program and with assistance from other voluntary professionals.

IMPACT	**Anticipated Outcome:** ***Lower critical care issues for students from low-income schools. Faculty and staff support for CPR and Stop the Bleed programs.*** In Year 1 through Year 3 we provided in-kind support and community education to non-profits in our ministries service area, along with our Sports Medicine Training Program to local low-income school organizations. All projects are compiled in a form and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders.

GOAL	**Access To Primary Care And Elderly Needs** Conduct preliminary analysis and planning to secure vaccines for low-income patients and participate in community public health issues focusing on health disparities, hypertension, diabetes, etc. and provide leadership as requested
OBJECTIVES	1. Review data to estimate vaccine requirements and needed supplies. 2. Engage community to organize a collaborative to support future vaccination promotions and improve knowledge of patient needs and outcomes for other health issues.
IMPACT	**Anticipated Outcome:** ***New community collaborative. Greater public awareness of importance of vaccinations.*** In Year 1 through Year 3 we awarded grants, in-kind support, and community education to non-profits in our ministries sce area. In Year 3 we also participated in a community collaborative for vaccines. All projects are compiled in a form and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders.

EDUCATION

GOAL	**Education** Maintain and increase education and training opportunities for health professionals while encouraging youth and young adults to enter careers as health professionals or paraprofessionals.
OBJECTIVES	1. Support programs for nursing, pharmacy, allied health professions, and provider continuing education 2. Provide financial and other support for mentoring chaplain/pastoral care program 3. Provide financial and other support to improve fund-raising success for scholarship program 4. Offer job shadowing programs for youth and young adults 5. Support community programs to strengthen K-12 education 6. Support programs and projects in the region that help raise money for scholarships. 7. Provide mentoring opportunities for Associates or programs that provide support to at-risk students. 8. Support Associates to volunteer leadership time for educational programs in all areas.
IMPACT	**Anticipated Outcome:** ***Increase in number of youths entering job shadowing programs in the health profession. Greater school preparedness and increased financial support for students entering health fields. A greater number of health providers in the area. To provide a more diverse and well educated community and the ability to help support the needs of the East Texas Region in HealthCare. Ability to support volunteer opportunities with Associates and local non-profits.*** In Year 1 through Year 3 we awarded grants, in-kind support, community education along with job-shadowing opportunities to our ministries service area. All projects are compiled in a form and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings, end of the year community meetings with elected officials, stakeholders, and internal leaders. For all Education prioritization projects for grant and in-kind donations for Year 1 through Year 3 year to date was approximately $4,535,399

Appendix 2: Primary Data Tools

Primary data was collected through the main channels—community surveys, focus groups and key informant interviews. The instruments used for each are included in this appendix.

Community Survey

Community Health Needs Assessment Survey	
Welcome to the CHRISTUS Health Community Health Needs Assessment Survey. This survey will only take about 10 minutes. We will ask you questions about the health needs of your community. The information we get from the survey will help us: • Identify health problems that affect the people in your community. • Understand the needs of your community. • Work together to find a solution. The survey is voluntary and you do not have to participate. You can also skip any questions you do not want to answer or end the survey at any time. The answers you give are very important to us. Your answers will be private (we will not know who gave the answers) and we will protect the information you are giving. We will not share your personal information or survey answers to anyone outside of CHRISTUS Health. **We thank you for your help.**	
Your Information	
Your home zip code:_____	How many years have you lived here? _____

Community Health Needs Assessment Survey	
Community Health Questions	
Thinking about where you live (zip code, neighborhood, town), on a scale of 1 - 5 (with 1 - being not at all and 5- being serious), how much of a problem are each of the following health concerns? **Please consider how any of these issues affect you or a family member personally, impact others you know, or deal with in your profession. If you don't know, please leave blank/skip.**	
HEALTH CONCERN	**RATING (1-5)**
Abuse (child, emotional or physical abuse; neglect, sexual assault, domestic violence)	
Access to healthy food items	
Access to prenatal care (including insurance, medical provider, transportation)	
Alzheimer's and Dementia	
Arthritis	
Cancer (s)	
Chronic pain	
Dental disease (Dental Problems)	
Diabetes (high blood sugar)	
Drug, Alcohol and Substance Abuse (Prescription, Illegal Drugs)	
Healthy Eating (including preparing meals and cooking)	
Exercise and physical activity	
Hearing and vision loss	
Heart disease (hypertension, high blood pressure, heart attack, stroke)	
Infectious diseases (hepatitis, tuberculosis or TB, flu, COVID-19)	
Lung disease (asthma, chronic obstructive pulmonary disease or COPD)	
Maternal and child health (preterm birth, gestational diabetes, maternal hypertension, preeclampsia, maternal death, infant mortality)	
Mental health (ADHD, depression, anxiety, post-traumatic stress disorder or	
Motor vehicle crash injuries	
Obesity (Overweight)	
Property crime (theft, burglary and robbery, motor vehicle theft)	
Sexually Transmitted Infections (STIs and STDs), including Human Immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS)	
Smoking and vaping	
Teen Pregnancy	

Other than those included in the previous question, are there any additional concerns that you feel affect the health of our community? **If you, family members or others who you are in frequent contact with are impacted by any of these health concerns, please share the age group and the impact. (e.g., I am the primary caregiver for my aging parent who has Alzheimer's)**

Community Health Needs Assessment Survey

Community Resources Questions

What strengths and/or resources do you believe are available in your community? Check all that apply.

- ☐ Community services, such as resources for housing
- ☐ Access to health care
- ☐ Medication Assistance
- ☐ Health support services (diabetes, cancer, diet, nutrition, weight management, quit smoking, end of life care)
- ☐ Affordable and healthy food (fresh fruits and vegetables)
- ☐ Mental health services
- ☐ Technology (internet, email, social media)
- ☐ Transportation
- ☐ Affordable childcare
- ☐ Affordable housing
- ☐ Arts and cultural events
- ☐ Clean environment and healthy air
- ☐ Fitness (gyms place to work out)
- ☐ Good schools
- ☐ Inclusive and equal care for all people whatever race, gender identity or sexual orientation (LGBTQ)
- ☐ Life skill training (cooking, how to budget)
- ☐ Parks and recreation
- ☐ Cancer Screening (mammograms, colon cancer, HPV vaccine/Pap smear, prostate cancer)
- ☐ Quality Job Opportunities and Workforce Development
- ☐ Racial Equity (The elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race)
- ☐ Religion or spirituality
- ☐ Safety and low crime
- ☐ Strong community cohesion and social network opportunities (reword – Welcoming community and opportunities to join support groups)
- ☐ Strong family life
- ☐ Other, please specify: _____

Are there any additional services or resources that you would like to see in our community that would help residents maintain or improve their health?

Community Health Needs Assessment Survey

Questions About You

These questions are used to provide context to your previous answers and will not be used to identify individual survey takers.

As a Catholic-sponsored health care ministry, we are committed to providing for the health care needs of our community, particularly of the vulnerable or underserved. The questions below are intended solely to seek information that will help us compassionately accompany and appropriately treat and care for all of God's people on their journey toward healing and wholeness.

What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and older

What is your gender?

- ☐ Female
- ☐ Male
- ☐ Choose not to disclose
- ☐ Comments: _____

Do you think of yourself as?

- ☐ Straight or heterosexual
- ☐ Bisexual
- ☐ Lesbian or gay or homosexual
- ☐ Choose not to disclose
- ☐ Other, please specify: _____

Do you consider yourself Hispanic or Latino?

- ☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ Not Hispanic or Latino: A person is not of Hispanic or Latino ethnicity.
- ☐ Decline to answer: A person who is unwilling to choose/provide from the categories available

Which category best describes your race? (check all that apply)

- ☐ American Indian or Alaska Native: *A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*
- ☐ Asian: *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- ☐ Black or African American: *A person having origins in any of the black racial groups of Africa.*
- ☐ Native Hawaiian or Other Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- ☐ White: *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- ☐ Decline to answer

Is a language other than English spoken in your home?

☐ Yes ☐ No

If Yes: What language(s) other than English are spoken in your home?

☐ Spanish ☐ Vietnamese ☐ Mandarin ☐ Other, please specify: _____

What is the highest level of education you have completed?

- ☐ Less than high school
- ☐ Some high school
- ☐ High school graduate or graduate equivalency degree (GED)
- ☐ Some college, no degree
- ☐ Vocational or technical school
- ☐ College graduate (such as AA, AS, BA, BS, etc.)
- ☐ Advanced degree (such as MS, MA, MBA, MD, PhD, JD, etc.)

Community Health Needs Assessment Survey

Household Questions

What are your current living arrangements?

- ☐ Own my home
- ☐ Rent my home
- ☐ Living in emergency or transitional shelter
- ☐ Living with a friend or family
- ☐ Living outside (e.g., unsheltered, car, tent, abandoned building)
- ☐ Other: _____

How many people live in your household? _____

How many children (less than 18 years old) live with you in your home? _____

How often do you have access to a computer or other digital device with the internet?

☐ Always ☐ Often ☐ Sometimes ☐ Very Rare ☐ Never

Do you or anyone in your household have a disability?

☐ Yes ☐ No

What is the yearly household income? (The total income before taxes are deducted, of every person in the home who financially helps)

- ☐ Less than $10,000
- ☐ $10,000 - $19,999
- ☐ $20,000 to $39,999
- ☐ $40,000 to $59,999
- ☐ $60,000 to $79,999
- ☐ $80,000 to $99,999
- ☐ Over $100,000

Community Health Needs Assessment Survey
Questions about Your Health
Are you currently covered by health insurance? ☐ Yes ☐ No
Do you have a medical or healthcare professional that you see regularly (primary care provider/doctor/pediatrician/cardiologist, etc.)? ☐ Yes ☐ No
The following questions concern the time since the start of the pandemic (March 2020):
During this time period have you had any of the following (please check all that apply): ☐ Visited a doctor for a routine checkup or physical? (not an exam for a specific injury, illness or condition)? ☐ Dental exam ☐ Mammogram ☐ Pap test/pap smear ☐ Sigmoidoscopy or colonoscopy to test for colorectal cancer ☐ Flu shot ☐ Prostate screening ☐ COVID-19 vaccine
Because of the pandemic did you delay or avoid medical care? ☐ Yes ☐ No
During this time period, how often have you been bothered by feeling down, depressed, or hopeless? (Check only one answer). ☐ Not at all ☐ Several days every month ☐ More than half the days every month ☐ Nearly every day

What is the most difficult issue your community has faced during this time period?

- □ COVID-19
- □ Natural disasters (for example, hurricanes, flooding, tornadoes, fires)
- □ Extreme temperatures (for example, snowstorm of 2021)
- □ Other: _____

Other than those concerns included in the previous question, are there additional concerns that affected your community during this time period?

Focus Group Protocols

CHNA Focus Group Guide

Population:

Date and Time:

Location:

RSVPs:

FACILITATION PROTOCOLS

1. Establishing ground rules

- Establish purpose of the focus group.
  - We are meeting today to learn about your community. Specifically, we want to understand what you like about where you live and what you would like to see changed. We also want to understand the biggest health challenges your friends and families face.
  - You were selected to participate in this focus group because of the valuable insight you can provide.
  - We would like to understand how the hospital can partner to make improvements in your neighborhood.
- Establish confidentiality of participants' responses.
  - Our team will be taking notes about what is discussed, but individual names or identifying information will not be used.
- Establish guidelines for the conversation.
  - Keep personal stories "in the room".
  - Everyone's ideas will be respected.
  - One person talks at a time.
  - It's okay to take a break if needed or help yourself to food or drink (if provided).
  - Everyone has the right to talk.
  - Everyone has the right to pass a question.
  - There are no right or wrong answers.
- Explain to participants how their input will be used.
  - Your input will be part of the Community Health Needs Assessment process.
- Give participants estimated timeline of when results will be shared.
  - We expect to make the report available in 2022.
- Establish realistic expectations for what the hospitals and partners can do to address community needs.

2. Introductions

- When we speak about community, it can have different meanings. For example, it can mean your family, the people you live or go to school with, the neighborhood you live in, a group of people you belong to. We are interested in hearing about your community, no matter how you define it.
- The facilitator will go around the room and ask each participant:
    - Name?
    - How long have you lived in the community?
    - What one word would you use to describe your community?

3. Community Descriptions

- Can you describe your community?
    - What are things like?
    - What are things you would like to see changed?
        - Probe: Do you have ideas for how those things can be changed?

4. Health Questions

- What do you think are the biggest health challenges in your community?
    - Follow up on specifics – diabetes, heart disease, asthma/COPD, cancer, sickle cell, substance abuse
    - With chronic diseases answers prove on what are the specific challenges (i.e., managing diabetes, accessing medicine, getting screened, etc.)
    - If substance abuse comes up, follow up on types – alcohol, marijuana, opioids, other?
- What do you think could prevent these issues from being so challenging?
    - Follow up on specific ideas – access to preventative care? Education?
- How has COVID-19 impacted you and your community?
    - Follow up on specifics – job loss, homeschooling, severe illness, mental health, ability to access the internet and health information at home

5. Access and Education Questions

- How easy is it in your community to access health services?
    - Do they have a primary care provider?
    - Can they access Behavioral Health services?
    - Are they able to get cancer screenings and vaccinations?
    - Is telehealth an option? Why or why not?
    - Is transportation a barrier?
- How easy is it for adults in your community to maintain a healthy lifestyle?
    - Is there access to healthy foods?
    - Are there places to exercise?
    - Do you feel a sense of cohesion in your community?

6. Solutions and Strategies Questions

- What do you think a community needs to be healthy?
    - Depending on responses, follow up on specifics – jobs, housing, access to care, schools, parks, food access, etc.
- Who do you think can contribute to make a community healthy?
    - Probe: neighbors, doctors, hospitals, social service agencies, politicians, etc.

7. Final Questions

- What do you think CHRISTUS Health can do to help your community?
- Where do you get your health information now?
- What is the best way to communicate with you about health information?

8. Closing and Next Steps

- Explain how the notes will be synthesized and shared.
- Ask whether participants would like to be involved in future stages of the CHNA and set the process for continued engagement.
- Thank everyone for their participation

Key Informant Interview Protocols

CHNA Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

- Establish purpose of the interview
  - CHRISTUS Health is conducting a Community Health Needs Assessment and your input is an important part of the work.
  - We have collected thousands of surveys and held over two dozen focus groups. Now we are interviewing key informants like yourself.
  - You were selected to participate in this interview because of the valuable insight you can provide.
  - We would like to understand how the hospital can partner to improve the health of the community.
- Establish confidentiality of the conversation
  - I will be taking notes about what is discussed, but your name and identifying information will not be used.
- Give participants an estimated timeline of when results will be shared.
  - We expect to make the report available later this year.

2. Introductions

- During our time together, I'm interested in learning about your work and the needs of the people you serve.
- What is your:
  - Name?
  - Organization?
  - Work you do for that organization and/or the community?

3. Survey-alignment questions

- What are strengths you see with your patients/community members right now?
- What are the challenges they face?
  - How do you think those challenges can be addressed?
- What programs or partnerships have worked well? Why?

4. Health questions

- What do you think are the biggest health challenges your patients/constituents/community members face?
  - Follow up on specifics—diabetes, heart disease, asthma/COPD, cancer, sickle cell, substance abuse, mental health
  - With chronic disease answers probe on what are the specific challenges (i.e., managing diabetes, accessing medicine, getting screened, etc.)
  - For cancer ask about specifics
  - For substance abuse follow up on types—alcohol, marijuana, opioids, other?
- How has COVID-19 impacted you and your work?

5. Social Determinant questions

- What elements in the community make it hard for people to be healthy?
  - Follow up on food access, affordable housing, childcare, crime, access to care, etc.
- How can Christus help address these issues?

6. Next Steps

- Explain how the notes will be synthesized and shared.
- Thank them for their participation.

Appendix 3: Data Sources

Secondary data that was used throughout this report was compiled from Metopio's data platform. Underneath each graphic in this report, there is a label that cites the data source for that visual. Primary sources of this data come from:

- American Community Survey
- Behavioral Risk Factor Surveillance System
- Centers for Disease Control PLACES data
- Centers for Disease Control WONDER database
- Centers for Medicare and Medicaid Services: Provider of Services Files, National Provider Identifier
- Decennial Census (2010 and 2020 census data)
- Diabetes Atlas
- Environmental Protection Agency
- FBI Crime Data Explorer
- Housing and Urban Development
- National Vital Statistics System
- The New York Times
- State Health Department COVID dashboards
- Texas Department of State Health Services
- United States Department of Agriculture: Food Access Research Atlas