Community Health Improvement Plan
2017-2019

CHRISTUS SOUTHEAST TEXAS
Health System

About Texas Health Institute:

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

Developed by:
Texas Health Institute
8501 North Mopac Expressway, Suite 170
Austin, Texas 78759
(512) 279-3910

TABLE OF CONTENTS

MISSION FOR IMPLEMENTATION

The CHRISTUS Southeast Texas Health System is a non-profit, Catholic, integrated health care delivery system that includes three acute care hospitals — CHRISTUS Southeast Texas St. Elizabeth, CHRISTUS Southeast Texas St. Mary, and CHRISTUS Southeast Texas Jasper Memorial. CHRISTUS Southeast Texas Health System's dedicated staff provide specialty care that is tailored to the individual needs of every patient, aiming to deliver high-quality services with excellent clinical outcomes. 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. Today, CHRISTUS Health operates 25 acute care hospitals and 92 clinics across Texas, Louisiana, and New Mexico, and 12 international hospitals in Mexico and Chile. In addition, the CHRISTUS Dubuis Health System owns or manages eight long term acute care hospitals across the southern and midwestern United States.

As part of its mission "to extend the healing ministry of Jesus Christ," CHRISTUS Southeast Texas 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." In alignment with these values, all CHRISTUS Health hospitals work closely with the local community to ensure regional health needs are identified and incorporated into system-wide planning and strategy. To this end, CHRISTUS Health commissioned Texas Health Institute (THI) to produce the 2017-2019 Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) for CHRISTUS Southeast Texas Health System.

To produce the CHNA, CHRISTUS Southeast Texas Health System and THI analyzed data for over 40 different health indicators, spanning demographics, socioeconomic factors, health behaviors, clinical care, and health outcomes. The needs assessment process culminated in the 2017-2019 CHRISTUS Southeast Texas Health System Community Health Needs Assessment (CHNA) Report, finalized in July 2016 (see separate document). Report findings synthesize data from publicly available sources, internal hospital data, and input from those with close knowledge of the local public health and health care landscape to present a comprehensive overview of unmet health needs in the region. Through an iterative process of analysis, stakeholder debriefing, and refinement, the collection of indicators presented for initial review was distilled into a final list of five priority health needs requiring a targeted community response in the coming triennium.

The CHIP presented in this document fulfills federal IRS 990H requirements for 501(c)(3) non-profit hospitals' community benefit requirements and will be made available to the public. The CHIP builds upon the CHNA findings by detailing how CHRISTUS Southeast Texas Health System intends to

engage partner organizations and other local resources to respond to the priority health needs identified in the CHNA. It identifies a clear set of goals, actions, and interim benchmarks to monitor progress. Specific community assets are identified and linked to needs they can address, a step toward fostering the collaboration and accountability necessary to ensure goals enumerated within the CHIP are pursued with the community's full available capacity.

TARGET AREA/POPULATION

CHRISTUS Southeast Texas Health System Service Area Counties (TX)	
Jefferson	Tyler
Orange	Hardin
Newton	Jasper

CHRISTUS Southeast Texas Health System primarily receives patients from six counties in southeast Texas: Jefferson, Orange, Newton, Tyler, Jasper, and Hardin. The service region centers on the Beaumont-Port Arthur metropolitan statistical area, approximately 85 miles east of Houston and 25 miles west of the Texas-Louisiana state line. The service area is home to a total population of 462,119 residents. Over 50% of the region's population resides in Jefferson County, which contains Beaumont and Port Arthur, the service area's largest cities. Seven in 10 residents of the report area live in an urban environment, while the remaining 3 in 10 are rural. While 60% of persons living in the report area are working-age adults (age 18-64), the share of adults older than age 65 in the region (14.5%) has increased in recent years and represents the region's fastest growing demographic segment. The unique health challenges associated with the aging population were repeatedly explored during community stakeholder discussions and may be embedded in many of the planned responses to health needs outlined in this CHIP.

The CHRISTUS Southeast Texas Health System service area is home to a culturally, ethnically, and economically diverse population. Hispanic/Latino individuals comprise about 13% of the area's population, while Black/African American individuals represent about 23% of the population. Nearly 4 in 10 service area residents lives on an income at or below 200% of Federal Poverty Level, and just under 7% of residents are unemployed. Twenty-three percent of area residents have experienced food insecurity within the last year, and nearly two-thirds have limited or no access to healthy food outlets.

With a lengthy history of serving poor and at-risk populations in the region, CHRISTUS Southeast Texas Health System remains committed to planning proactively for the needs of those who may be medically vulnerable. Race/ethnicity, income, employment, and education are known to predict health risk and health outcomes, ultimately contributing to disparities in well-being across lines of social and economic opportunity. In addition, persons experiencing homelessness, veterans, people living with

HIV/AIDS, the LGBTQ population, and other hard-to-reach individuals experience unique medical challenges and vulnerabilities to which the health systems that receive them must be prepared to respond. CHRISTUS Southeast Texas Health System's CHIP for the upcoming triennium reflects the organization's ongoing pursuit of regional health equity, promoting conditions that allow every person to attain the highest possible standard of health.

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

COMMUNITY HEALTH PRIORTIES

CHRISTUS Southeast Texas Health System reviewed a draft CHNA report in June 2016. A committee of experts comprised of both hospital staff and external community health partners who participated in the CHNA formulation was tasked with reviewing the findings and distilling a broad list of ten indicators into a list of five priority health needs for targeted, near-term action.

Priorities were evaluated according to issue prevalence and severity, informed by county and regional secondary data. Input provided by key informants, focus group participants, and other community stakeholders was also heavily considered, especially for priority areas where secondary data are less available. The committee considered a number of criteria in distilling top priorities, including magnitude and severity of each problem, the hospital's organizational capacity to address the problem, the impact of the problem on vulnerable populations, existing resources already addressing the problem, and potential risk associated with delaying intervention on the problem. The committee's final list of five priority needs is presented in rank order in the table below. A series of meetings were convened in summer 2016 to identify resources, strategies, and activities aimed at driving improvement in each priority need area from the CHNA.

Rank	Health Need
1	Access to primary care services
2	Unhealthy behaviors
3	Preventable hospital stays
4	Access to mental health providers and services

5	Food insecurity

SELECTED IMPLEMENTATION STRATEGY

Presented in this section are a series of implementation strategies containing the detailed goals and actions CHRISTUS Southeast Texas Health System will undertake in the coming three year period to respond to each priority health need listed above. A priority strategy statement describes each objective and introduces major actions that will be pursued to deliver improvements. Major actions are presented with sub-actions identifying specific partners and resources to be engaged in the improvement effort. Actions and sub-actions are linked with anticipated outcomes, which present a vision of how the status of each health need will change when the actions are completed. Finally, each priority is accompanied by a resource inventory identifying assets, programs, and potential partners that might be engaged in efforts to address needs.

ACCESS TO CARE IMPROVEMENT STRATEGY

CHRISTUS Southeast Texas Health System will enhance access to primary care in the Southeast Texas region by collaborating with other providers, opening new clinics, conducting community outreach, and directing patients to the most appropriate sites and types of care.

Major Action(s)	Sub-actions
Collaborate with local providers to reduce barriers to care	1. Continue to build upon referral relationships with the Legacy Community Health Services and Gulf Coast Health Center federally qualified health centers (FQHCs) 2. Meet with local providers who participated in the Community Health Needs Assessment to prioritize needs and develop strategies for collaboration 3. Hospital will provide discharge follow-up, case management, and referrals to community clinics and providers ***Anticipated Outcome(s):*** - Efficient referral relationships and responsive case management/follow-up will assist patients with finding a medical home. - Increased networking and collaboration with providers in the community will drive reductions in duplicated services and improve continuity of care for populations who have traditionally experienced lower access.

Open new access points in areas of need	1. Expand Port Arthur outpatient services by opening a new large comprehensive facility 2. Open new outpatient clinics in Beaumont, Port Arthur, and Jasper areas ***Anticipated Outcome(s):*** - Increasing the number of primary care access points in convenient locations will encourage greater utilization. - New clinics in areas of need will attract more insured patients seeking covered services, including Medicaid obstetric care and commercially insured patients.
Continue to develop outreach services	1. Fund community health workers (CHWs), including a bilingual CHW for Hispanic outreach 2. Embed CHWs in workplaces to improve wellness and health outcomes in populations of employees 3. Restart Enroll Southeast Texas Coalition to enroll remaining uninsured in health coverage through the Affordable Care Act health insurance marketplace ***Anticipated Outcome(s):*** - Funding a cohort of CHWs will improve community participation in health fairs and increase capacity to conduct home visits and discharge follow up. - A CHRISTUS-affiliated CHW accessible in the workplace will encourage employers and employees to make use of CHRISTUS facilities to keep workers well. - Re-committing to outreach and enrollment efforts will lead to a decrease in the number of uninsured patients seeking care in the hospital.
Address frequent emergency department (ED) use among low-income populations by improving access to appropriate care alternatives	1. Refer more low-income patients to clinics, primary care providers, or other non-emergency care settings more appropriate to their medical situation ***Anticipated Outcome(s):*** - Achieve a 10% reduction in ED visits among the low-income population, and reduce disproportionality in ED revisit rates by race and ethnicity.

	- As diverse and vulnerable patient populations reduce cyclical ED use and are integrated into a medical home, measurable reductions in health disparities will be observed.
Resource Inventory: • DSRIP programs • 2 local FQHCs, including one sponsored by CHRISTUS • UTMB family practice clinic (opening soon) • Centers for Health Management disease management clinics • Minor/urgent care clinics • Jefferson County Indigent Clinic • Smart Clinic managed by Baptist Hospitals of Southeast Texas	• City health departments • Rural health clinics • Triangle Area Network • Local physician practices • Affordable Care Act health insurance marketplace • Clinics serving Hispanics/Latinos • Anayat Hospitality House • Patient navigation capabilities • Telemedicine capabilities • VA clinics

UNHEALTHY BEHAVIOR IMPROVEMENT STRATEGY

CHRISTUS Southeast Texas Health System will support the dissemination of healthy living resources and delivery of chronic disease management support in the Southeast Texas region, with targeted outreach to diverse and/or medically vulnerable populations.

Major Actions	Sub-actions
Improve unhealthy behaviors through chronic disease management	1. Continue to operate Centers for Health Management in Beaumont and Port Arthur, which assist patients with managing chronic diseases 2. Through Centers for Health Management, provide treatment, education, and behavior change support for chronic diseases to at least 300 patients annually ***Anticipated Outcome(s):*** - Congestive heart failure, COPD, diabetes, obesity, and smoking will have increased success managing these chronic diseases outside of a hospital setting. - Hospital readmission rates will trend down for those patients.
Continue to host LiveWell Women's Conference	1. Deliver health workshops, education, and free screenings to women in the community, featuring popular keynote speakers 2. Use contact information collected from conference attendees to conduct ongoing outreach to women, promoting improved health

	behaviors year-round ***Anticipated Outcome(s):*** Over 2,000 women will attend conference programming. Targeted outreach to conference attendees will promote continued engagement with CHRISTUS for health care needs.
Offer a sports medicine program to prevent and care for athletic injuries	1. Free helmet sensors will be provided to school athletic programs to promote concussion prevention. 2. Free sports medicine clinics will be offered to evaluate sports injuries. Clinic staff will educate patients on ways to reduce the likelihood of sports injury. ***Anticipated Outcome(s):*** Preventive resources and education will lead to reduced incidence of common sports injuries, particularly head injuries

Resource Inventory:

- Get Up and Move program
- Lay educators (FQHCs, CHWs)
- Health events hosted by community agencies (St. Katharine Drexel, FQHCs, Take Loved One to the Doctor Day, Southeast Texas Food Bank)
- Wellness Center
- YMCA activities
- LiveWell Women's Conference
- DSRIP programs
- Gift of Life health screenings
- Centers for Health Management health fairs and classes
- Employer-nurse navigator program
- Public health announcements
- Community gardens
- Athletic training programs in schools
- CHRISTUS pilot program for monitoring student physical activity at school
- Concussion protocol with high schools
- Beaumont Bone & Joint Clinic Saturday Sports Medicine Clinics

PREVENTABLE HOSPITAL STAYS REDUCTION STRATEGY

CHRISTUS Southeast Texas Health System will improve accessibility of chronic disease management, palliative care, and patient follow-up services to reduce the rate of preventable hospitalizations and readmissions in Southeast Texas.

Major Actions	Sub-actions
Target hospital readmissions through chronic disease management	1. Continue to grow patient volume and effectiveness of Centers for Health management 2. Follow up with patients not meeting their diet and exercise goals to deliver encouragement and support

programs	***Anticipated Outcome(s):*** - At least 300 patients will be treated annually in the clinics. - Frequent follow-up and positive reinforcement will result in greater patient adherence to treatment or lifestyle change plans.
Continue to develop a palliative care program	1. Hire a palliative care director and assemble a palliative care team 2. Educate community stakeholders, patients, and families on the benefits of palliative care ***Anticipated Outcome(s):*** - Physicians and families will request palliative care more frequently when appropriate to their medical circumstances - Preventable hospitalizations will decline as more patients opt for palliative care
Use discharge calling to educate patients and assess their well-being after discharge	1. Call patients recently discharged and confirm understanding of care plan. Provide clarifications to those in need of assistance 2. Include patient satisfaction questions in discharge calls to track effectiveness and patient experience ***Anticipated Outcome(s):*** - Discharge follow-up will reduce misunderstanding or non-compliance with discharge plans, resulting in fewer hospital readmissions. - Gathering feedback on patient satisfaction will promote continuous quality improvements, enhancing patient relationships and trust.

Resource Inventory:

- DSRIP programs readmissions (both general readmissions and readmissions specific to congestive heart failure)
- Educating patients on when to make ED or primary care visits
- Community agency referrals for ED patients
- Centers for Health Management
- Discharge follow-up by phone
- HOPE for medications at Baptist Hospitals of Southeast Texas
- STM Clinical Co-Management in third and final year – creating channels to help patients access most appropriate facilities
- Collaboration with FQHC to provide same-day appointments

INCREASING ACCESS TO MENTAL HEALTH SERVICES STRATEGY

CHRISTUS Southeast Texas Health System will collaborate with existing counseling and mental/behavioral health services in Southeast Texas to ensure patients with mental/behavioral health needs are connected to appropriate supports.

Major Actions	Sub-actions
Sustain and enhance collaborations and referral relationships with local mental/behavioral health service providers	1. Screen patients for mental health concerns, and refer those with need to community-based services serving persons with mental health crisis, chronic mental illness, and/or substance use disorders 2. Continue to pursue development of telemedicine resources for patients with neurological disorders ***Anticipated Outcome(s):*** - Screening and referring patients to community-based mental health resources will heighten awareness of available options, encouraging people to seek mental health counseling when needed. - Telemedicine will increase accessibility and convenience of neurological care.
Resource Inventory: • CHRISTUS telemedicine program • Licensed mental health professionals in community (counselors, clinical social workers) • Spindletop Mental Health Services • Fannin Behavioral Hospital • CHRISTUS eChaplain service • Samaritan Counseling Services	• Catholic Charities of Southeast Texas/Elijah's Place Grief Support Services • CHRISTUS *Living Life with Loss* bereavement program • Psychiatric facility rotations in ED, with Baptist Hospitals of Southeast Texas • Rape and Suicide Crisis Center • Transfer agreement with CHRISTUS Louisiana facility.

FOOD INSECURITY REDUCTION STRATEGY

CHRISTUS Southeast Texas Health System will contribute to ongoing community efforts to ensure all families in Southeast Texas have consistent access to healthy, balanced meals.

Major Actions	Sub-actions
Support community efforts in collection	1. Provide financial support for community organizations such as Southeast Texas Food Bank working to address food insecurity and

and distribution of nutritious food to food insecure families in the area	nutrition-related chronic disease (e.g., diabetes) 2. Consider establishing food pantry on hospital campus(es) to address nutritional needs of low-income or food insecure patients 3. Continue to support local food drives alongside community partners ***Anticipated Outcome(s):*** Efforts to improve food security in the region will result in fewer individuals experiencing hunger or relying on non-nutritious food items for a major portion of their diets, reducing risk for chronic disease linked to poor nutrition.
Resource Inventory: • Southeast Texas Food Bank • United Board of Missions • Salvation Army • Some Other Place • Orange Christian Services • Catholic Charities of Southeast Texas	• Local churches • Food drives • SNAP application assistance • Meals on Wheels • Southeast Texas Regional Planning Commission *Transition out of Poverty* program

COMMUNITY NEEDS THAT CANNOT BE ADDRESSED

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

- Aging population
- Unemployment and economic instability
- Lack of social or emotional support
- Cancer
- Infant mortality

Unemployment, cancer, infant mortality, lack of social/emotional support, and the aging population received the fewest high-priority votes from the data-based priority list. While the needs prioritization committee stressed that these needs remain pressing, they were not ranked high enough for inclusion in the final priority list because committee members either (a) did not feel CHRISTUS Southeast Texas Health System was optimally positioned to address the need in an impactful way, (b) perceived a relative abundance of capacity and resources already being directed at the need, or (c) favored the comparative value of pursuing prevention-focused efforts aimed at risky behaviors or systemic barriers, rather than intervening on particular health outcomes.