

## Table of Contents

<b>Introduction</b> .....	<b>2</b>
<b>General Description of the Medical Center</b> .....	<b>3</b>
<b>Identified Community Health Needs</b> .....	<b>4</b>
<b>Implementation Plan for Prioritized Community Health Needs</b> .....	<b>5</b>
Lack of Mental Health Providers/Services .....	5
Obesity, Diabetes, Heart Disease and other Chronic Health Disorders .....	5
Affordable Primary and Preventative Care Options .....	7
Healthy Behaviors/Lifestyle Choices.....	11
Lack of Health Knowledge/Education .....	12
Lack of Community Resources to Promote Health (facilities, outdoor spaces) .....	13
Uninsured/Limited Insurance due to Lack of Medicaid Expansion or High Deductible Plans .....	14
Adult Smoking/Tobacco Use .....	14
<b>Community Health Needs Not Addressed</b> .....	<b>15</b>
Substance Abuse .....	12
Poor Nutrition/Limited Access to Healthy Food Options.....	13
Unemployment and Decrease in Income in the Community Due to Economic Downturn .....	15
Crime and Violence .....	15

## **Introduction**

The Patient Protection and Affordable Care Act established Internal Revenue Section 501(r) that imposed requirements on 501(c)(3) organizations, such as CHRISTUS Good Shepherd Medical Center, that operate one or more hospital facilities. Each 501(c)(3) hospital organization is required to conduct a community needs assessment (CHNA) at least once every three years. Each hospital is also required to develop an implementation strategy to identify and address community health needs. This CHNA Implementation Plan was developed by hospital management and approved by the hospital's board of directors to satisfy the implementation strategy requirements of IRS Section 501(r).

The Medical Center has historically performed periodic CHNAs and developed programs to address community health needs. The information detailed below reflects actions to address community needs in Fiscal Year 2017. Most of these programs have been in effect for several years and are performed by the Medical Center or in collaboration with an affiliate of CHRISTUS Good Shepherd Health System, the parent company of the Medical Center. CHRISTUS Good Shepherd Medical Center is committed to continuing these programs as a benefit to the community.

Moreover, innovative programs have been implemented internally and in collaboration with other healthcare providers in the region. Several of these programs have been developed as part of the Northeast Texas Region 1 Texas Healthcare Transformation and Quality Improvement Program (THTQIP). The THTQIP was required by a special Medicaid waiver granted to the State of Texas by the Centers for Medicare and Medicaid Services (CMS) and is designed to encourage "activities that support hospitals' collaborative efforts to improve access to care and the health of the patients and families they serve." The triple aim of this program is to 1) improve the patient experience of care (both quality and satisfaction), 2) improve the health of populations (especially Medicaid and uninsured patients), and 3) to reduce the per capita cost of healthcare. In addition, addressing gaps in access to care is also a key focus of the THTQIP.

The aim of the Medical Center has always been to provide quality, compassionate and comprehensive healthcare services to every patient. Through its evolution from a small, county hospital to a major 425 bed regional referral center, CHRISTUS Good Shepherd Medical Center is poised to meet future challenges and address community health needs, as allowed with internal financial resources. In addition, we are striving to develop new and innovative programs and partnerships with regional providers to further address community health needs.

## **General Description of CHRISTUS Good Shepherd Health System**

CHRISTUS Good Shepherd Health System includes two medical centers, more than 30 provider office locations, emergency services, immediate care centers, a full range of outpatient services and our health and wellness facility, the Institute for Healthy Living. CHRISTUS Trinity Clinic, our multi-specialty network of providers, is focused on patient-centered care that improves the lives of patients as well as the overall wellness of the communities we serve. As a cornerstone of the rich heritage of CHRISTUS Good Shepherd Health System, we are committed to providing excellence in health care.

## **CHRISTUS Good Shepherd Medical Center**

CHRISTUS Good Shepherd Medical Center is the area's preferred hospital with a strong history and reputation for providing high quality, compassionate medical care. A full service, acute-care 425-bed regional referral center, CHRISTUS Good Shepherd operates specialty nursing units including cardiology, orthopedics, general surgery, neurology/neurosurgery, oncology, critical care, obstetrics and pediatrics, where nurses are able to provide specialized care.

The communities served by Good Shepherd Medical Center – Longview (the Hospital) are mostly rural with, the largest city being Longview – with a population of 80,455 – in Gregg County, Texas which in 2010 had a total population of 121,730 residents according to the Census Bureau. Centrally located to those who utilize our medical facility, we also serve residents in adjacent Harrison County to our east, population 63,630, Upshur County to our north, population 39,309 and Rusk County to our south, population 53,330. According to the 2010 Census estimates, 18.2% of the Gregg County population lives in poverty. The Census Bureau reports that only 20.3% of adults hold a college degree or higher level of education and the median household income is \$47,639. In other areas of our service region, Harrison County has a median annual household income of \$44,425, and 15.2% of its residents live in poverty. In Upshur County, only 11.1% of the population has a college education while 14.8% percent of the Rusk County population has a college education

CHRISTUS Good Shepherd Medical Center has received recognition by independent rating companies like HealthGrades and CareChex, a division of the Delta Group, for providing high quality health care to patients.

As a Primary Stroke Center, Accredited Chest Pain and Heart Failure Center and a Level III Trauma Center, CHRISTUS Good Shepherd in Longview is ready and able to care for patients in their time of need.

## **Identified Community Health Needs**

The following health needs were identified based on the information gathered and analyzed through the 2016 CHNA conducted by CHRISTUS Good Shepherd

To conduct this Community Health Implementation Plan (CHIP) Good Shepherd collected and analyzed the most current health, social, economic, housing and other data, as well as qualitative input directly from community leaders, representatives and agencies through surveys of key stakeholders. This approach allowed Good Shepherd to analyze both quantitative data and qualitative input on our community's health status. The steering committee reviewed all data available and collectively, through discussion, prioritized the health needs of our community that varied substantially from benchmark data and often times were also aligned with national and state-level health priorities. These needs have been prioritized based on information gathered through the CHNA.

### **Identified Community Health Needs**

1. Lack of Mental Health Providers/Services
2. Obesity, Diabetes, Heart Disease and other Chronic Health Disorders
3. Affordable Primary and Preventative Care Options

4. Unemployment and Decrease in Income in the Community Due to Economic Downturn
5. Healthy Behaviors/Lifestyle Choices
6. Lack of Health Knowledge/Education
7. Lack of Community Resources to Promote Health (facilities, outdoor spaces)
8. Uninsured/Limited Insurance due to Lack of Medicaid Expansion or High Deductible Plans
9. Adult Smoking/Tobacco Use
10. Crime and Violence

These identified community health needs, as well as the Medical Center's plans to address these needs, will be discussed later in this report.

## Implementation Plan for Prioritized Community Health Needs

The Medical Center's Board of Directors and Management has determined that the following health needs, as identified in the Medical Center's community health needs assessment, should be addressed through the implementation plan as noted for each need:

### ▲ Lack of Mental Health Providers/Services

*Specific Health Need Identified in CHNA:*

- Lack of Mental Health Providers/Services

*Implementations Strategy(s):*

- **Implement Technology Assisted Services to Support, Coordinate or Deliver Behavioral Health Services** – Access to an adequate supply of well-educated, culturally competent, and highly trained physicians in rural areas is essential to deliver quality health care. Projections show that the United States will face a shortage of nearly 100,000 doctors by 2020 and underserved populations will continue to bear the heaviest burden of both a primary care workforce and specialist shortage. Psychiatry has been identified as one of the specialty areas of greatest need. Texas, both urban and rural, has not been spared from this shortage of physicians and specialists including psychiatrists as well as other behavioral health providers. Tele-video technology has been proposed as a means to address these limitations of access to behavioral health services in remote or rural areas of the state. These telehealth services may include mental health assessments, treatment, education, monitoring, mentoring and collaboration. These services can connect multiple geographic locations and many different provider types in a variety of settings. Its use could provide direct video access between psychiatrist, patient and primary care provider as well as with evidence-based counseling protocols.

### ▲ Obesity, Diabetes, Heart Disease and other Chronic Health Disorders

*Specific Health Need Identified in CHNA:*

- Obesity, Diabetes, Heart Disease and other Chronic Health Disorders

*Implementations Strategy(s):*

- **Diabetes Education** – The Medical Center recognizes the connection between obesity and diabetes education. Inpatient and outpatient diabetes educators at the Medical Center are continually encouraging and educating patients to adopt healthy lifestyles to lessen their risks of developing diabetes. Patients are provided with diabetes education on an as-needed basis within the hospital prior to discharge. Patients are then directed to our outpatient diabetes education office for questions or follow-up if they choose. For patients requiring diabetes education outside of the hospital, the Medical Center provides an outpatient diabetes education program. The outpatient diabetes education program at the Medical Center also hosts several free community seminars with topics focusing on diabetes prevention.

- **Institute for Healthy Living** – CHRISTUS Good Shepherd’s Institute for Healthy Living is a medically integrated wellness center offering fitness and educational offerings encouraging a healthy lifestyle to reduce the risk of illness. The 75,000 square foot facility is fully equipped with range of fitness equipment and offering a variety of group and individual wellness programs. A scholarship program offered by the CHRISTUS Good Shepherd Institute for Healthy Living is designed to assist individuals with financial needs who have medical conditions that may be significantly improved through CHRISTUS Good Shepherd Institute for Healthy Living membership. Information used to determine an individual’s eligibility includes: the applicant’s medical condition(s), likelihood of medical improvement with a membership, annual income and family size. Scholarships award a six month free membership to the Institute for Healthy Living and recipients are required to exercise at the Institute at least three times per week.
- **Helping Hearts Support Group** – In order to provide information and support to cardiac patients, the Medical Center hosts “Helping Hearts.” Helping Hearts is a support group established by cardiac cath lab nurses to provide patients an outlet to share concerns and learn how to prevent additional cardiac episodes. These dedicated nurses volunteer their personal time and energy to provide support to heart patients and their relatives. Educational topics related to cardiac care are presented and the group shares and provides support to one another. In an inspirational circle of goodwill, some of the patients who received diagnostic heart care at the Medical Center and benefited from the support of the Helping Hearts group have elected to volunteer their time to help others who are hospitalized with similar diagnoses.
- **Community Education** – Health Education topics are presented by clinical experts including physicians, physical therapists, registered dietitians, certified diabetic educators, registered nurses, speech therapists, athletic trainers and other professionals regularly throughout the year. Most community education classes are free and open to the public at CHRISTUS Good Shepherd’s Institute for Healthy Living. Classes include education on some of the top identified health disparities including Heart Disease, Diabetes, Obesity, Physical Inactivity, along with other topics including Brain Fitness, Functional Mobility, Healthy Diets, Smoking Cessation, etc. Classes are often interactive and engage individuals in programs that enable behavior change and improve health. Participants will learn to develop, monitor and evaluate choices focused on decreasing risk factors for disease.

- **Cardiac Rehabilitation** – Certified by the American Association of Cardiovascular and Pulmonary Rehabilitation, Cardiac Rehabilitation at the Institute for Healthy Living provides comprehensive cardiovascular risk reduction services to patient with cardiovascular disease. Offering a continuum of care between the inpatient and outpatient setting, the Cardiac Rehabilitation program is designed to decrease morbidity, mortality and improve a variety of clinical and behavioral outcomes including quality of life. This is accomplished through supervised exercise training as well as intensive lifestyle modification and disease management counseling provided by a multidisciplinary team consisting of registered nurses, exercise physiologist, registered dietitian and certified diabetic educator. The Cardiac Rehabilitation team members assist patients in developing an exercise program unique to each patient’s needs and abilities. During the regularly scheduled progressive exercise training sessions, each patient’s heart rhythm, heart rate and blood pressure are closely monitored and evaluated. Family members and care providers are encouraged to attend our educational offerings as they have direct impact on patient’s care. Educational offerings include A&P of the Heart, ABC’s of Healthy Behavior Changes, Nutrition 101, Portion Distortion, Stress Management, Exercise Safety, Risk Factors for Heart Disease and Medication Management.

#### ▲ **Affordable Primary and Preventative Care Options**

*Specific Health Need Identified in CHNA:*

- Affordable Primary and Preventative Care Options

*Implementations Strategy(s):*

- **Improve Access to Specialty Care** – Rural communities differ in population density, remoteness from urban areas and in other cultural, economic, and social characteristics. Generally, the smaller, poorer, and more isolated these communities, the less accessibility there is to high quality health services. Through this project, the goal is to increase the capacity to provide specialty care services and the availability of targeted specialty providers to better accommodate the high demand for these services so patients have increased access. Access will be increased by service availability and specialty clinic locations. Emphasis will also be placed on improving the quality of care and patient satisfaction by optimizing timely referrals to and consultations with selected medical specialties. Implementation will also result in the reduction of health care costs by improving early diagnosis and management of disease processes.
- **Prompt Pay Program** – CHRISTUS Good Shepherd Medical Center initiated an innovative program in the summer of 2009 to offer uninsured and underinsured patients a discounted price similar to those who have insurance coverage. This program offers patients a way to pay their health care bill without going heavily into debt for services such as emergency room visits, X-rays and joint replacement surgery. The establishment of this program reflects CHRISTUS Good Shepherd Medical Center’s commitment to providing innovative solutions to health care billing and quality health care to all patients.
- **Care Direct** – The Care Direct program at CHRISTUS Good Shepherd was established in 2009 as a service to patients who were utilizing the Emergency Department for minor emergent needs. It was apparent to the leadership of CHRISTUS Good Shepherd that many of these patients were without a primary care physician, and could use a referral system to direct them to the most

appropriate level of care, both lessening the volume of minor emergent needs in the ED, as well as saving the patient money by being seen in a clinic setting with appropriate charges.

With the assistance of the Care Direct team, patients who do not have a primary care physician are able to schedule their follow-up appointment with an appropriate physician who can provide oversight for ongoing health needs. This program is at no cost to the patients, and in many cases, payment arrangements are able to be made with the clinic, also eliminating the high cost of emergency room care.

- **The Breast Center at CHRISTUS Good Shepherd** – CHRISTUS Good Shepherd is home to the first comprehensive digital breast center in Longview. At the Breast Center, patients receive the highest quality care, with the most advanced technology available, knowledgeable staff and the convenience of all diagnostic services in one location.

The Breast Center at CHRISTUS Good Shepherd operates a mobile mammography unit that provides mammography services to patients on-site at their workplace or in regional communities where the service is not available. In some locations the service is offered at a prompt pay discount price of \$99 making it affordable for many women who may not have health insurance to take advantage of this valuable preventive test.

- **Nurse-Family Partnership** – Teen pregnancy is a persistent health issue in our community. Vulnerable young mothers have significantly higher risks of adverse pregnancy outcomes, and their children are at risk for low birth weight, poor school performance and delinquency. Nurse-Family Partnership (NFP) – a structured community health, nurse home-visiting program – can prevent many of these problems, and improve the health and social outcomes for young women who are expecting their first babies.

In 2012, CHRISTUS Good Shepherd Medical Center implemented the Nurse-Family Partnership (NFP) program. NFP is an evidence-based grant-funded home visiting community health program that brings healthcare services to the doorsteps of first-time expectant mothers living in poverty. The three major goals of NFP are to assist in improving pregnancy outcomes, improving child health and development and improving economic-self-sufficiency of the family (promoting the health of young children, and breaking the cycle of poverty). This approach has an extraordinary track record. In communities around the country, NFP has been proven to work with results showing significantly improved prenatal health, fewer subsequent pregnancies, increased maternal employment, decreased childhood injuries, neglect and abuse, improvement in the child's school readiness and reduced emergency room visits. NFP program of Gregg County which is located at CHRISTUS Good Shepherd Medical Center has the capacity to enroll a maximum of 125 families per year and a total of five nurse home visitors (NHV). Each NHV is required to carry a full case load of 25 clients.



- **Provide Navigation Services to Targeted Patients** – The Emergency Department is increasingly being used by patients with non-emergency conditions. This project will help these patients navigate through the continuum of health care services, including finding a medical home that will improve health outcomes and reduce costs associated with cyclical crises and inappropriate reliance on the Emergency Department. The Medical Center will recruit, train and monitor skilled Patient Care Navigators (PCN) serving persons with severe mental illness and chronic medical conditions to assist in preventable ED admissions. Training will include relationship building, problem solver, resource locator, and system navigation. Certified PCNs will make contact with clients and review both behavioral and physical health needs. PCNs will work with each individual in helping coordinate upcoming appointments and to identify emerging needs. The PCN will assist the client in accessing physical health services and help them understand treatment options if needed, increasing access to care management and/or chronic care management, including education in effective self-management techniques for patients with chronic conditions.
- **Enhance / Expand Medical Homes** – The Patient Centered Medical Home (PCMH) is a concept that has evolved over several decades with input from the World Health Organization, the Institute of Medicine, several specialty care organizations, and also influenced by the Chronic Care Model. Under this model, patients are assigned a health care team who tailors services to a patient’s unique health care needs, effectively coordinates the patient’s care across inpatient and outpatient settings, and proactively provides preventive, primary, routine and chronic care. CHRISTUS Good Shepherd’s Internal Medicine Residency Program operates a primary care clinic so the residents are able to follow their own patient population in a weekly continuity clinic. This is a training environment for the residents to develop skills and competencies for implementing coordinated multidisciplinary care into their future practice. It is well recognized that patient populations with this level of chronic disease morbidity may experience fragmented and uncoordinated care in the current health care environment. This project will expand primary care access to the level of coordinated care which the PCMH offers. This initiative aims to eliminate fragmented and uncoordinated care, which can lead to emergency department and hospital over-utilization.
- **Implement Patient Care Navigator Program for Chronic Disease Management** – Utilize innovative health care personnel such as community health workers and bachelor’s level health professionals including nurses, social workers, health service professionals, and public health professionals as patient navigators to provide enhanced social support and culturally competent care to vulnerable and/or high risk patients. Patient navigators will help and support these patients navigate through the continuum of health care services to ensure patients receive coordinated, timely, and site-appropriate health care services. Navigators will assist in connecting patients to primary care physicians for preventive care, specialty care and/or the patient centered medical home, as well as divert non-urgent care from the Emergency Department to site-appropriate locations.

- **Medicaid Waiver Transformation & Quality Improvement Programs** – Several programs have been developed as part of the Northeast Texas Region 1 Texas Healthcare Transformation and Quality Improvement Program (THTQIP). The THTQIP was required by a special Medicaid waiver granted to the State of Texas by the Centers for Medicare and Medicaid Services (CMS) and is designed to encourage “activities that support hospitals’ collaborative efforts to improve access to care and the health of the patients and families they serve.” The triple aim of this program is to 1) improve the patient experience of care (both quality and satisfaction), 2) improve the health of populations (especially Medicaid and uninsured patients), and 3) to reduce the per capita cost of healthcare. In addition, addressing gaps in access to care is also a key focus of the THTQIP.

Services provided under these programs in 2015 included:

- More than 800 eligible patients received intensive heart failure education in the hospital, and 699 received post discharge phone calls.
- A Patient Centered Medical Home project within an internal medicine clinic directly lead to more than 2,300 patients being empanelled in a Medical Home.
- An Emergency Department Patient Navigation program enabled more than 2,400 patients who entered the emergency room without a primary care to receive future services at a primary care clinic.
- The Supportive (Palliative) Care team accepted and helped about 240 patients. These patients received more than 1,900 total services (pain assessments, spiritual assessments, psychosocial assessments, goals of care meetings, emotional support, etc.).The team was able to ensure that 100% of their patients who screened positive for pain received a clinical pain assessment within 24 hours of acceptance by the Supportive Care Program as well as ensure that 100% of their patients had a chart documentation reflecting life sustaining preferences.
- **Center for Patient Access** –CHRISTUS Good Shepherd established the Center for Patient Access, a “one call answers all” dedicated phone line. Whether the caller is new to the area or is in need of a physician referral, CHRISTUS Good Shepherd’s dedicated free hotline can assist callers with locating primary care physicians and scheduling routine preventive care within the CHRISTUS Good Shepherd Health System

### ▲ Healthy Behaviors/Lifestyle Choices

*Specific Health Need Identified in CHNA:*

- Healthy Behaviors/Lifestyle Choices

*Implementations Strategy(s):*

- **Institute for Healthy Living** – CHRISTUS Good Shepherd’s Institute for Healthy Living is a medically integrated wellness center offering fitness and educational offerings encouraging a healthy lifestyle to reduce the risk of illness. The 75,000 square foot facility is fully equipped with range of fitness equipment and offering a variety of group and individual wellness programs. A scholarship program offered by the CHRISTUS Good Shepherd Institute for Healthy Living is designed to assist individuals with financial needs who have medical conditions that may be significantly improved through CHRISTUS Good Shepherd Institute for Healthy Living membership. Information used to determine an individual’s eligibility includes: the applicant’s medical condition(s), likelihood of medical improvement with a membership, annual income and family size. Scholarships award a six month free membership to the Institute for Healthy Living and recipients are required to exercise at the Institute at least three times per week.
- **ClassiCare** – The senior market comprises a significant portion of CHRISTUS Good Shepherd Medical Center’s patient mix. ClassiCare is a membership program available to anyone 50 years of age or older. ClassiCare members are invited to attend monthly health related seminars on topics ranging from CPR to proper nutrition, as well as weekly exercise classes. These senior members also receive benefits including discounts at local merchants, free wellness screenings, group travel opportunities and daily newspaper and meal coupons delivered to inpatient members’ rooms during their stay at CHRISTUS Good Shepherd. CHRISTUS Good Shepherd currently has about 3,000 ClassiCare members.
- **Community Education** – Health Education topics are presented by clinical experts including physicians, physical therapists, registered dietitians, certified diabetic educators, registered nurses, speech therapists, athletic trainers and other professionals regularly throughout the year. Most community education classes are free and open to the public at CHRISTUS Good Shepherd’s Institute for Healthy Living. Classes include education on some of the top identified health disparities including Heart Disease, Diabetes, Obesity, Physical Inactivity, along with other topics including Brain Fitness, Functional Mobility, Healthy Diets, Smoking Cessation, etc. Classes are often interactive and engage individuals in programs that enable behavior change and improve health. Participants will learn to develop, monitor and evaluate choices focused on decreasing risk factors for disease.

### ▲ Lack of Health Knowledge/Education

*Specific Health Need Identified in CHNA:*

- Lack of Health Knowledge/Education

*Implementations Strategy(s):*

- ▲ **Community Education** – Health Education topics are presented by clinical experts including physicians, physical therapists, registered dietitians, certified diabetic educators, registered nurses, speech therapists, athletic trainers and other professionals regularly throughout the year. Most community education classes are free and open to the public at CHRISTUS Good Shepherd’s Institute for Healthy Living. Classes include education on some of the top identified health disparities including Heart Disease, Diabetes, Obesity, Physical Inactivity, along with other topics including Brain Fitness, Functional Mobility, Healthy Diets, Smoking Cessation, etc. Classes are often interactive and engage individuals in programs that enable behavior change and improve health. Participants will learn to develop, monitor and evaluate choices focused on decreasing risk factors for disease.

### ▲ Lack of Community Resources to Promote Health (facilities, outdoor spaces)

*Specific Health Need Identified in CHNA:*

- Lack of Community Resources to Promote Health (facilities, outdoor spaces)

*Implementations Strategy(s):*

- **Institute for Healthy Living** – CHRISTUS Good Shepherd’s Institute for Healthy Living is a medically integrated wellness center offering fitness and educational offerings encouraging a healthy lifestyle to reduce the risk of illness. The 75,000 square foot facility is fully equipped with range of fitness equipment and offering a variety of group and individual wellness programs. A scholarship program offered by the CHRISTUS Good Shepherd Institute for Healthy Living is designed to assist individuals with financial needs who have medical conditions that may be significantly improved through CHRISTUS Good Shepherd Institute for Healthy Living membership. Information used to determine an individual’s eligibility includes: the applicant’s medical condition(s), likelihood of medical improvement with a membership, annual income and family size. Scholarships award a six month free membership to the Institute for Healthy Living and recipients are required to exercise at the Institute at least three times per week.

### ▲ Uninsured/Limited Insurance due to Lack of Medicaid Expansion or High Deductible Plans

*Specific Health Need Identified in CHNA:*

- Uninsured/Limited Insurance due to Lack of Medicaid Expansion or High Deductible Plans

*Implementations Strategy(s):*

- **Certified Application Counselors** – Certified Application Counselors are available at no cost to patients to help them explore insurance options available on the federal health insurance Marketplace. Counselors provide in-person assistance to help patients apply for and enroll in coverage through the Marketplace. They also help determine eligibility for Medicaid, CHIP and Marketplace insurance, including tax credits and cost sharing. They provide fair and unbiased advice and help file for exemptions, appeals and applications for a Special Enrollment Period.

### ▲ Adult Smoking/Tobacco Use

*Specific Health Need Identified in CHNA:*

- Adult Smoking/Tobacco Use

*Implementations Strategy(s):*

- **Community Education** – Health Education topics are presented by clinical experts including physicians, physical therapists, registered dietitians, certified diabetic educators, registered nurses, speech therapists, athletic trainers and other professionals regularly throughout the year. Most community education classes are free and open to the public at CHRISTUS Good Shepherd's Institute for Healthy Living. Classes include education on some of the top identified health disparities including Heart Disease, Diabetes, Obesity, Physical Inactivity, along with other topics including Brain Fitness, Functional Mobility, Healthy Diets, Smoking Cessation, etc. Classes are often interactive and engage individuals in programs that enable behavior change and improve health. Participants will learn to develop, monitor and evaluate choices focused on decreasing risk factors for disease.

## **Community Health Needs Not Addressed**

CHRISTUS Good Shepherd will not address the following health needs identified in the community health needs assessment as part of this Implementation Strategy due to limited resources and the need to allocate resources to the other health needs identified in the community health needs assessment.

### **▲ Unemployment and Decrease in Income in the Community Due to Economic Downturn**

*Specific Health Need Identified in CHNA:*

- Unemployment and Decrease in Income in the Community Due to Economic Downturn

### **▲ Crime and Violence**

*Specific Health Need Identified in CHNA:*

- Crime and Violence