Texas Health Presbyterian Hospital Kaufman

2016 Community Health Needs Assessment: Implementation Strategy Report

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Background

Mission

To improve the health of the people in the communities we serve.

Vision

Texas Health Resources, a faith-based organization joining with physicians, will be the health care system of choice.

Values

- **Respect** – Respecting the dignity of all persons, fostering a corporate culture characterized by teamwork, diversity and empowerment.

- **Integrity** – Conduct our corporate and personal lives with integrity; Relationships based on loyalty, fairness, truthfulness and trustworthiness.

- **Compassion** – Sensitivity to the whole person, reflective of God's compassion and love, with particular concern for the poor.

- **Excellence** – Continuously improving the quality of our service through education, research, competent and innovative personnel, effective leadership and responsible stewardship of resources.

Your feedback on this report is welcomed and encouraged. Please direct any questions or feedback to:

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Texas Health Presbyterian Hospital Kaufman serves the communities of Kaufman, Crandall, Forney, Gun Barrel City, Mabank, Terrell and other cities in Kaufman and Henderson counties with advanced medical treatments and an experienced staff that provides compassionate care.

With a mission of improving the health of the people in the communities we serve, Texas Health Kaufman and the physicians on its medical staff are committed to your well-being and the health and wellness of your family.

Texas Health Kaufman offers:
- Diabetes care
- Digestive health
- Emergency department
- Heart and vascular
- Imaging
- Orthopedics
- Physical therapy
- Women and infants care
- Wound care

Texas Health Kaufman was the only Dallas-Fort Worth area hospital to earn a Top 5 percent ranking two year in a row for the treatment of pneumonia by the U.S. Centers for Medicare and Medicaid Services and Premier Inc. The hospital has also earned an "A" grade for patient safety, according to the most recent hospital safety scores from The Leapfrog Group, and it earned a Stage 7 award from the Healthcare Information and Management Systems Society for the highest level of electronic health record adoption a hospital can achieve.

Texas Health Kaufman is a 91-bed hospital conveniently located at Highway 175 and Ed Hall Drive in Kaufman.

CHNA & IS Process Overview

CHNA Report

Community Input Collection & Analysis
- In depth **interviews** and **focus groups** were conducted with individuals. An **online community survey** was also distributed to collect input on **community health needs, assets, and barriers** from **community members**. Each form of community input was analyzed, and **significant health needs, barriers, and assets/resources** were identified.

Secondary Data Analysis
- The **Healthy North Texas platform** was leveraged along with **PQI data from The DFW Hospital Council**. HCI's **data scoring methodology** was used to **compare indicator values** at **national, state, and county levels** as well as **trends over time** and **HP2020 targets**. HCI's **data scoring methodology** was used to **compare indicator values** at **national, state, and county levels** as well as **trends over time** and **HP2020 targets**.

Data Synthesis & Significant Health Needs
- The **qualitative (community input/primary data) and quantitative (secondary data)** analysis findings were **synthesized to identify significant community health needs**. Health needs were considered **"significant"** if at least two of the following **data types cited the topic** as a pressing health concern: **Key Informant/Focus Group Findings, Survey Findings, Secondary Data Findings**.

Prioritization of Significant Health Needs
- **Key hospital staff and stakeholders utilized** the **data** analysis and synthesis **findings to vote** on which **significant health needs will be prioritized for implementation strategy** development consideration. Participants engaged in **multiple rounds of voting and discussion**, and **considered specific system-wide criteria for prioritizing** significant health needs.

Texas Health Kaufman's Priority Health Needs for 2016 CHNA

Access to Health Services & Transportation | **Healthcare Navigation, Literacy, & Language/Cultural Issues** | **Older Adults & Aging**

IS Report

Implementation Strategy
- **Key hospital staff and stakeholders** considered the **prioritized health needs** in developing an implementation strategy. Participants examined **current initiatives and resources**, discussed **potential new programs and partnerships** within the community, and considered overall **Texas Health strategic planning process** to determine which **needs to address in the Implementation Strategy**.

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This report summarizes the plans for Texas Health Resources to address the prioritized needs identified in the 2016 Community Health Needs Assessment (CHNA). Texas Health developed a system-wide community benefit strategy to leverage internal and external resources and increase its ability to impact community health needs.

The top prioritized health needs across the system were:

1. Mental Health & Substance Abuse

2. Exercise, Nutrition, & Weight

3. Access to Health Services and Healthcare Navigation & Literacy

From 2017-2019, Texas Health will implement strategies and activities aimed at addressing these areas. Mental Health & Substance Abuse is categorized as **Behavioral Health**; Exercise, Nutrition, & Weight is grouped under **Chronic Disease**, which has been a strategic area of focus for Community Health Improvement since the 2013 CHNA; and Access to Health Services and Healthcare Navigation & Literacy is jointly titled **Awareness, Health Literacy, & Navigation**.

In accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements, this plan was approved by the Texas Health Board of Directors on April 24, 2017.

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Implementation Plan

Priority Area #1:	Behavioral Health	
Need Statement	Mental disorders and substance abuse problems are among the most common forms of disability. Key informants and focus group participants noted a need for support and education, particularly around dementia, as well as the stigma associated with mental illness and substance abuse. The Healthy People 2020 goal is to improve mental health and reduce substance abuse through prevention and by ensuring access to appropriate, quality behavioral health services.	
Target Populations	• Low-income, uninsured/underinsured populations • Zip codes 75143, 75156 • African American and Hispanic populations	• Hispanic women with less than a high school education • Older adults without transportation
Goals	Improve quality of life through awareness, detection, treatment, and management of behavioral health conditions; address social determinants of health by partnering with community organizations.	
Strategic Alignment	Consumer Focus	
Resources	• Texas Health Kaufman Community Health Improvement Advocate & Staff • System-Level Community Health Improvement Staff • Educators and Other Staff • Texas Health Kaufman Community Health/Community Benefit Budget	• Internal Service Lines • Community Partner Organizations/Agencies • Texas Health Buildings • Partner Organization Locations • Community Locations
Timeline	2017-2019	

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Priority Area #1:	Behavioral Health					
				Anticipated Impact		
Strategies	Activities	Lead Dept / Staff	Process Objectives (SMART)	Short-Term Outcomes (1 year)	Intermediate Outcomes (1-3 years)	Long-Term Outcomes (3+ years)
1.1 Explore opportunities for new system-wide behavioral health community program(s)	1.1.1 Define behavioral health topic area for strategic implementation 1.1.2 Collaborate with System Services and other entities to determine appropriate system-wide approach to addressing behavioral health needs with particular attention to evidence-based programs and leverage internal and external partnerships to implement 1.1.3 Collaborate with System Services and other entities to develop evaluation framework to track and report program impact to both internal and external stakeholders	• Texas Health Kaufman Community Health Advocate • System-Level Community Health Improvement/ Vice President, Program Directors, Program Manager, Community Health Specialists, and Data Analyst	• Complete detailed assessment of behavioral health needs and barriers in primary and secondary service area zip codes • Complete comprehensive inventory of evidence-based behavioral health community programs and current and potential collaborators • Assess internal resources • Improve linkage between internal clinical and community service lines to better address community behavioral health needs • Identify appropriate behavioral health-specific program curriculum • Pilot program • Create training and have Community Health Advocate and educators trained • Partner with Faith Community Nurses/Community Health Workers, Behavioral Health service line, community partners and others to implement program prioritized to underserved populations	• Increase understanding of behavioral health needs and evidence-based behavioral health programs both internally with Texas Health Kaufman staff and externally with community partners	• Increase Texas Health Kaufman and community capacity to address behavioral health needs, targeting underserved populations • Increase capacity to evaluate behavioral health programs	• Advance health equity by improving access to behavioral health services for underserved populations • Reduce the stigma associated with behavioral health conditions through community education and support
	1.1.4 Engage partners through behavioral health coalitions within service areas		• Research behavioral health-focused coalitions within Texas Health Kaufman service areas • Assess appropriate involvement or mobilize community partners in creation of new behavioral health-focused coalition			

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Priority Area 2: Chronic Disease

Priority Area #2:	Chronic Disease (Diabetes) Prevention & Management, including Exercise, Nutrition & Weight
Need Statement	Chronic conditions are a significant public health issue and societal cost. However, regular physical activity, a healthful diet, and the maintenance of a healthy body weight can lower a person's risk of several chronic conditions and improve health and quality of life for those already diagnosed. 27% of adults in Kaufman County are obese, and 9% are diabetic. Community survey participants named diabetes as the third most pressing health need for the community, while obesity/weight was named as the first. The Healthy People 2020 goal to reduce chronic conditions - such as diabetes - and complications from chronic conditions through better prevention, detection, treatment, and education efforts. *Source: County Health Rankings*
Target Populations	• Low-income, uninsured/underinsured populations • Zip codes 75143, 75156 • African American and Hispanic populations • Hispanic women with less than a high school education • Older adults without transportation
Goals	Improve quality of life and reduce healthcare overutilization through the continued prevention and management of chronic conditions; address social determinants of health by partnering with community organizations.
Strategic Alignment	Consumer Focus, Exceptional Care, Value Creation, Culture of Excellence
Resources	• Texas Health Kaufman Community Health Improvement Advocate & Staff • System-Level Community Health Improvement Staff • Educators and Other Staff • Texas Health Kaufman Community Health/Community Benefit Budget • Internal Service Lines • Community Partner Organizations/Agencies • Texas Health Buildings • Partner Organization Locations • Community Locations
Timeline	2017-2019

Priority Area #2:	Chronic Disease (Diabetes) Prevention & Management, including Exercise, Nutrition & Weight					
				Anticipated Impact		
Strategies	Activities	Lead Dept / Staff	Process Objectives (SMART)	Short-Term Outcomes (1 year)	Intermediate Outcomes (1-3 years)	Long-Term Outcomes (3+ years)
2.1 Improve the availability and affordability of healthy food options through the implementation of food hubs	2.1.1 Continue implementation of Eat Healthy program	• Texas Health Kaufman Community Health Advocate	• Partner with community organizations to host food hubs accessible to community members	• Increase Texas Health Kaufman and community capacity to address food insecurity as a social determinant of health	• 40% increase in self-reported number of servings of fruits and vegetables consumed	• 60% increase in number of servings of fruits and vegetables consumed reported by Behavioral Risk Factor Surveillance System (BRFSS)
2.2 Strengthen Delivery System Reform Incentive Payment (DSRIP) program	2.2.1 Continued implementation of the Diabetes Chronic Care Management program	• DSRIP Project Lead	• 93% of achievement of available dollars for DY6 • Proactively prepare for anticipated changes to DSRIP	• 5% improvement over baseline in selected bundle measures	• 10% improvement over baseline in selected bundle measures	• 15% improvement over baseline in selected bundle measures

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Priority Area #3:	Awareness, Health Literacy & Navigation	
Need Statement	21% of Kaufman County residents lack health insurance, 18.2% of people residing in Texas Health Kaufman's service area live below Federal Poverty Level, and 2.4% of households do not have a car and are more than ten miles from a supermarket or large grocery store. But coverage and access are not the only needs. Low health literacy--an individuals' ability to obtain, process, and understand basic health information--has been linked to poor health outcomes such as higher rates of hospitalization and less frequent use of preventive services. Increased access to comprehensive, quality health care services and improved health literacy are part of the Healthy People 2020 goals and objectives and are important measures to improve health equity and quality of life. *Sources: County Health Rankings, Healthy North Texas Dashboard*	
Target Populations	• Low-income, uninsured/underinsured populations • Zip codes 75143, 75156* • African American and Hispanic populations	• Hispanic women with less than a high school education • Older adults without transportation
Goals	Increase individuals' awareness of and access to health information and services that are accurate, accessible, and actionable; address social determinants of health by partnering with community organizations.	
Strategic Alignment	Consumer Focus	
Resources	• Texas Health Kaufman Community Health Improvement Advocate & Staff • System-Level Community Health Improvement Staff • Educators and Other Staff • Texas Health Kaufman Community Health/Community Benefit Budget	• Aunt Bertha Platform and Other Technologies • Internal Service Lines • Community Partner Organizations/Agencies • Texas Health Buildings • Partner Organization Locations • Community Locations
Timeline	2017-2019	

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Priority Area #3:	Awareness, Health Literacy & Navigation					
				Anticipated Impact		
Strategies	Activities	Lead Dept / Staff	Process Objectives (SMART)	Short-Term Outcomes (1 year)	Intermediate Outcomes (1-3 years)	Long-Term Outcomes (3+ years)
3.1 Continue investment in Community Connect Online Resource Guide	3.1.1 Collaborate with System Services to raise awareness and disseminate information on Community Connect to internal and external stakeholders	• Texas Health Kaufman Community Health Advocate • System-Level Community Health Improvement/ Program Manager	• Disseminate resources to external stakeholders, particularly those working with underserved populations • Develop standard protocols for utilization and programmatic integration of tool internally and externally • Adapt tool to meet the needs of target populations	• Increase overall utilization of tool • Increase strategic utilization with particular focus on underserved populations • Increase Texas Health Kaufman capacity to provide consumers with information on navigating the healthcare system that is accurate, accessible and actionable	• Increase community capacity to provide consumers with information on navigating the healthcare system that is accurate, accessible and actionable	• 25% increase in use of tool by individuals living in zip codes with the highest socioeconomic need* • Advance health equity by improving access to healthcare resources for underserved populations • Improve discharge planning through integration of tool into internal processes
3.2 Explore opportunities to improve transportation options within the community	3.2.1 Explore collaboration with Texas Health Dallas to jointly address transportation as a barrier to healthcare	• Texas Health Kaufman Community Health Advocate	• Complete detailed assessment of transportation needs within primary and secondary service areas • Complete inventory of transportation resources currently available through partner organizations • Assess appropriate involvement or mobilize community partners in creation of transportation-focused initiative	• Increase Texas Health Kaufman and community capacity to identify and address transportation as a barrier to health	• Increase access to transportation in zip codes with the highest percentage of households with no vehicle*	• Advance health equity by improving access to health services for underserved populations by growing transportation options

Priority Area 3: Awareness, Health Literacy & Navigation (cont'd)

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Priority Area #3:	Awareness, Health Literacy & Navigation						
Strategies	Activities	Lead Dept / Staff	Process Objectives (SMART)	Anticipated Impact		
				Short-Term Outcomes (1 year)	Intermediate Outcomes (1-3 years)	Long-Term Outcomes (3+ years)
3.3 Address access to care, as well overutilization of care	3.3.1 Continue to provide outpatient services to uninsured patients referred to Texas Health Kaufman from St. Luke's Ministry free clinic	• Texas Health Kaufman Community Health Advocate	• Maintain baseline number of patients referred monthly	• 5% improvement over baseline of patients referred from St. Luke's to Texas Health Kaufman who keep referral appointment	• 10% improvement over baseline of patients referred from St. Luke's to Texas Health Kaufman who keep referral appointment	• 15% improvement over baseline of patients referred from St. Luke's to Texas Health Kaufman who keep referral appointment
	3.3.2 Explore expansion of paramedic post-discharge follow-up program		• Establish proof of concept and plan for expansion of paramedic follow-up program	• 10% reduction in readmissions and ED visits for patients referred to program	• 20% reduction in readmissions and ED visits for patients referred to program	• 30% reduction in readmissions and ED visits for patients referred to program

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Priority Area #3:	Awareness, Health Literacy & Navigation					
Strategies	Activities	Lead Dept / Staff	Process Objectives (SMART)	Anticipated Impact		
				Short-Term Outcomes (1 year)	Intermediate Outcomes (1-3 years)	Long-Term Outcomes (3+ years)
3.4 Strengthen Delivery System Reform Incentive Payment (DSRIP) program	3.4.1 Continue implementation of emergency department (ED) navigation program	• DSRIP Project Lead	• 93% of achievement of available dollars for DY6 • Proactively prepare for anticipated changes to DSRIP	• 5% improvement over baseline in selected bundle measures	• 10% improvement over baseline in selected bundle measures	• 15% improvement over baseline in selected bundle measures
3.5 Manage and strengthen operations of Clinic Connect grant program for optimal performance	3.5.1 Continue to address awareness, literacy and navigation through grants awarded to local charitable clinic	• Texas Health Kaufman Community Health Advocate • System-Level Community Health Improvement /System Programs and Reporting Director	• Provide financial funding to clinic as support for services provided by clinic to uninsured and underinsured patients • Identify patients that meet eligibility criteria developed and agreed upon by Texas Health and clinic and contact clinic with requests for patient appointments • Patients referred to clinic by Texas Health Kaufman will be seen in the clinic within 7-10 days of the referral and have access to appropriate clinicians at clinic during normal business hours • 450 patients referred to clinic by Texas Health Kaufman will not be charged for initial visit to the clinic	• 70% of patients referred to all Texas Health-funded clinics by hospital staff will be seen within 3 business days	• 75% of all partnered clinics will have an average wait time for next available appointment that is no more than 7-10 days • 10% decrease in preventable healthcare utilization by patients referred to all Texas Health-funded clinics by hospital staff	• 60% of adults with diagnosed hypertension receiving care in any Texas Health-funded clinic will have a most recent blood pressure less than 140/90 • 15% decrease in preventable healthcare utilization by patients referred to all Texas Health-funded clinics by hospital staff

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Priority Area 4: Older Adults & Aging

Priority Area #4:	Older Adults & Aging	
Need Statement	Older adults are among the fastest growing age group and are at a high risk for developing chronic illness and related disabilities which lower quality of life and contribute to the leading cause of death among this population. 15% of residents in Texas Health Kaufman's service area are age 65 and older. Key informants noted the need for more programs and outreach for older adults, as well as the transportation issue this population faces. Between 2011-2015, 11.2% of older adults in Kaufman County lived below Federal Poverty Level. The HP2020 goal is to improve the health, function, and quality of life of older adults. *Sources: Healthy North Texas Dashboard*	
Target Populations	• Low-income, uninsured/underinsured populations • Zip codes 75143, 75156* • Zip codes 75142, 75143, 75169**	• African American and Hispanic populations • Hispanic women with less than a high school education • Older adults without transportation
Goals	Improve quality of life and reduce healthcare overutilization of adults age 65 and over through continued management of chronic conditions and prevention of injury; address social determinants of health by partnering with community organizations.	
Strategic Alignment	Consumer Focus, Value Creation, Culture of Excellence	
Resources	• Texas Health Kaufman Community Health Improvement Advocate & Staff • System-Level Community Health Improvement Staff • Educators and Other Staff • Texas Health Kaufman Community Health/Community Benefit Budget	• Internal Service Lines • Community Partner Organizations/Agencies • Texas Health Buildings • Partner Organization Locations • Community Locations
Timeline	2017-2019	

Priority Area 4: Older Adults & Aging (cont'd)

Priority Area #4:	Older Adults & Aging					
				Anticipated Impact		
Strategies	Activities	Lead Dept / Staff	Process Objectives (SMART)	Short-Term Outcomes (1 year)	Intermediate Outcomes (1-3 years)	Long-Term Outcomes (3+ years)
4.1 Continue implementation of Maine Health's A Matter of Balance Fall Prevention Program (AMOB)	4.1.1 Hold AMOB workshops under the Texas Health program license and collaborate with community organizations/agencies to hold workshops under partners' program licenses; partner with Faith Community Nurses/Community Health Workers, community partners and others to deliver workshops to underserved populations, as well as those living in high fall rate areas 4.1.2 Collaborate with THPG to recommend patients to AMOB workshops 4.1.3 Collaborate with System Services to develop evaluation plan to track workshop participants' sustained behavior changes related to fall prevention and fear of falling at various intervals following completion of the workshop	• Texas Health Kaufman Community Health Advocate • System-Level Community Health Improvement/ Program Manager Partner Organizations: • Community Council of Greater Dallas/Area Agency on Aging of Dallas County • North Central Texas Council of Governments Area Agency on Aging • Sixty and Better • Tarrant County Public Health • United Way of Tarrant County/Area Agency on Aging of Tarrant County	• 75% of workshops will be held between 2017-2019 in zip codes with the highest socioeconomic need* or the highest incident rates of falls** • 80% of participants enrolled in a workshop between 2017-2019 will complete 5 out of 8 sessions ("graduate") • 90% of program graduates between 2017-2019 will complete both a pre- and post-survey • 10% of program participants between 2017-2019 will be patients from THPG • 50% of program graduates between 2017-2019 will be contacted for follow-up evaluation at various intervals following workshop completion	• 50% of program graduates will report that they are "not at all" concerned that they will fall in the three months following the last class • 60% of program graduates will report that they are "absolutely sure" that they can find a way to get up if they fall • 50% of program graduates will report that they are "absolutely sure" that they can increase physical strength and become steadier on their feet • Increase Texas Health Kaufman and community capacity to address the fear of falling and fall prevention in underserved populations	• 30% decrease in overall participant healthcare utilization associated with falls or fall-related injuries of participants following the completion of AMOB	• 40% decrease in healthcare utilization rate related to falls or fall-related injuries for older adults living in zip codes with high economic need • 30% decrease in healthcare utilization rate related to falls or fall-related injuries for older adults living in zip codes with the highest fall incident rates

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The following information can be found in the Appendices:

I.   Project Team

II.   Consulting Organization

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Appendices

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HCI's mission is to improve the health, vitality, and environmental sustainability of communities, counties, and states

Conduent Healthy Communities Institute (HCI), formerly a Xerox Corporation, was contracted by Texas Health Resources to conduct the 2016 Community Health Needs Assessment, support Implementation Strategy development, and to author the CHNA and IS reports. Based in Berkeley, California, HCI provides customizable, web-based information systems that offer a full range of tools and content to improve community health, and developed the Healthy North Texas Platform. To learn more about Healthy Communities Institute please visit: www.HealthyCommunitiesInstitute.com

HEALTHY NORTH TEXAS

HOME   EXPLORE DATA   SEE HOW WE COMPARE   LOCATE RESOURCES & FUNDING   LEARN MORE

View Community Indicators
Generate a Report
Learn More about Community Health Collaborative
Use the CHNA Guide

Healthy North Texas is a web-based source of community health and population data. We invite planners, policy makers, and community members to use the site as a tool for community assessment, strategic planning, identifying best practice for improvement, collaboration and advocacy.

Indicator Data by County   Demographic Data by County   Topic Centers

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