COMMUNITY HEALTH IMPROVEMENT PLAN



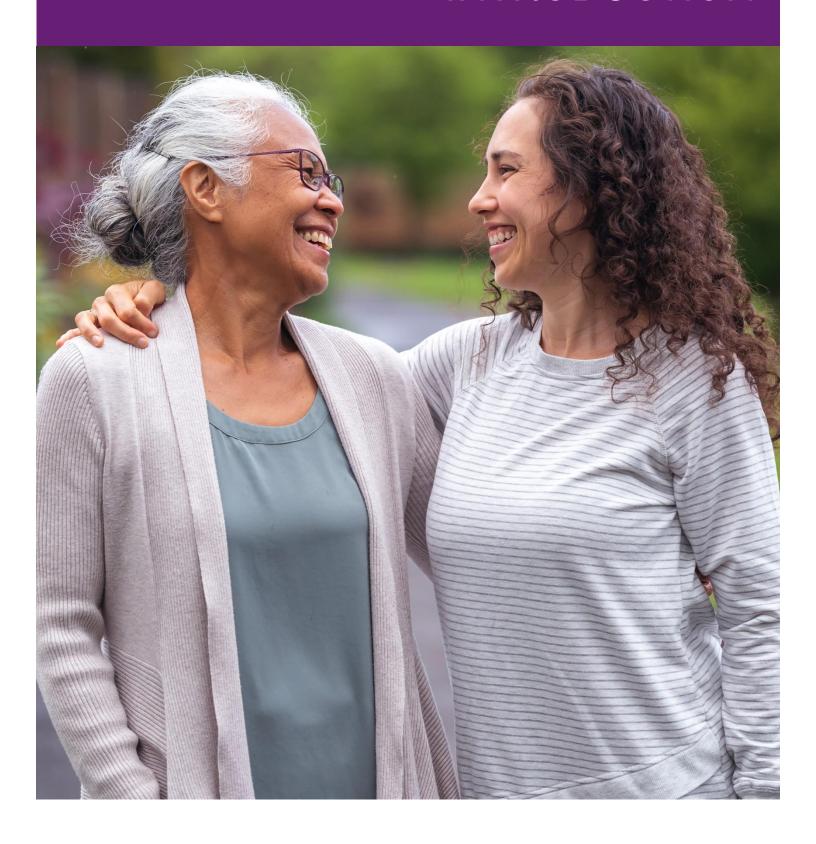




Table of Contents

Introduction	4
Communities of Focus	4
Statement of Health Equity	4
Community Health Needs Assessment	
Health Issue Prioritization Process	6
Data Needs and Limitations	6
Health Priority Areas	
Approach to Community Health Improvement Plan	
Community Benefit Report Communication	9
Health Priority Area 1: Risk Behaviors	10
Health Priority Area 2: Disease And Injury	11
Health Priority Area 3: Health Care	12
Appendix 1: Disease and Injury – Advance Health and Wellbeing	15
Behavioral Health	
Appendix 2: Risk Behaviors - Building Resilient Communities & Improve Social Determination	nts18
Improve Food Access and Reduce Smoking and Vaping	18
Appendix 3: Advance Health and Wellbeing- Diabetes Obesity, and Heart Disease	22
Health Care	

INTRODUCTION



Introduction

CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio respond to the health care needs of the community through services provided throughout San Antonio. This Community Health Improvement Plan (CHIP) encompasses the activities that will be implemented within the service area of various facilities within the CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio.

- The Children's Hospital of San Antonio
- CHRISTUS Santa Rosa Hospital Medical Center
- CHRISUTS Santa Rosa Hospital Westover Hills
- CHRISTUS Santa Rosa Hospital Alamo Heights

Each of the facilities of the CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio share the mission of CHRISTUS Health, which is to "extend the healing ministry of Jesus Christ".

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 Charity of the Incarnate Word – Houston nd Sisters of Charity of the Incarnate Word – San Antonio that began in 1866. In 2016, the Congregation of 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. CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio strive 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."

Communities of Focus

CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio primarily serve Bexar County, as well as several counties located south of San Antonio extending to the border of Texas and Mexico. This area of South Texas comprises a population of more than 2 million.

Statement of Health Equity

While community health needs assessments (CHNA) and Improvement Plans are required by the IRS, CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio have historically conducted CHNAs and developed Improvement Plans as a way to meaningfully engage with our communities and plan our Community Health & Social Impact work. Community Health & Social Impact promotes optimal health for those who are experiencing poverty or other vulnerabilities in the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism, and reducing health inequities. CHRISTUS Health has adopted the Robert Wood Johnson Foundation's definition of Health Equity – "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

COMMUNITY HEALTH NEEDS ASSESSMENT



Community Health Needs Assessment

CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio are founding members of The Health Collaborative. In collaboration with other local healthcare systems, universities, non-profits, and governmental activities, the Community Health Needs Assessment (CHNA) is completed every three years.

The 2022 Bexar County Community Health Needs Assessment follow the Bay Area Regional Health Inequities Initiative's (BARHII) health equity framework. The assessment devotes significant attention to the social determinants of health that contribute to 90% of a person's health and well-being.

This assessment utilized extensive disaggregation of the data, breaking it our wherever possible by race/ethnicity group, age group, sex, and smaller-than-county geography. Disaggregation helps uncover disparities and inequities that are hidden in measures like averages and medians.

Health Issue Prioritization Process

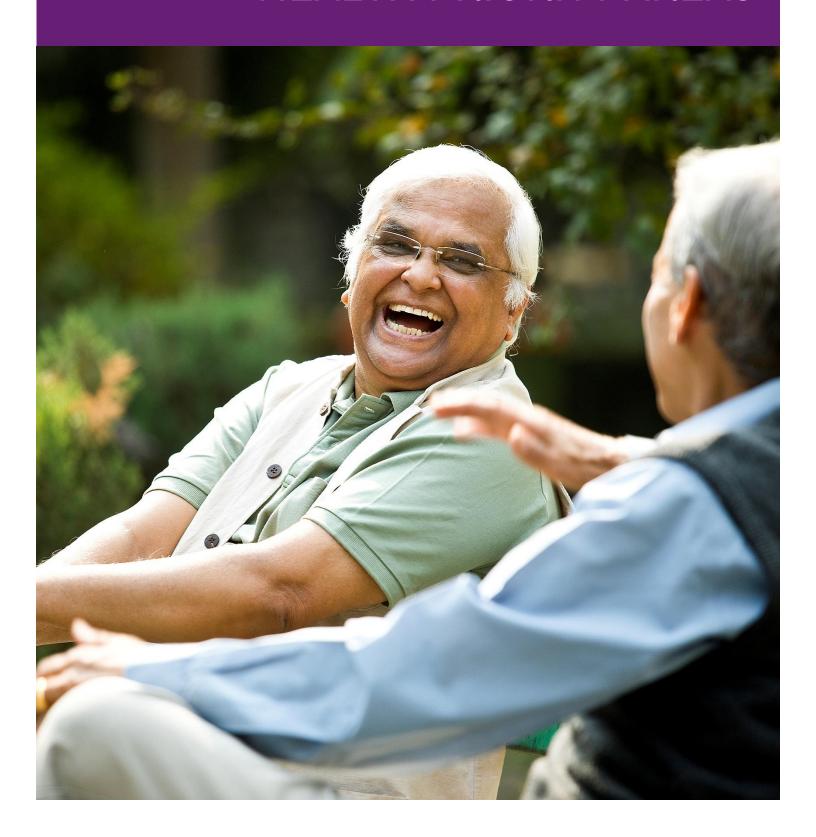
The Health Collaborative board of directors and the Community Health Needs Assessment Steering Committee prioritized the health issues of Bexar County for fiscal years 2023–2025 through an indicator rating survey. Respondents' decisions were informed both by the full array of quantitative assessment data and by each member's own understanding of health and well-being in Bexar County.

Data Needs and Limitations

Analysis of the data typically consisted of calculating proportions and rates, with margins of error or confidence intervals where appropriate; no statistical testing was required. Margins of error and confidence intervals are displayed throughout the assessment. Margins of error were minimized where feasible by combining multiple years of data. Some indicators are examined geographically by eight sub-county sectors based on Zip Code Tract Areas (ZCTAs), as zip code is a common variable across many local and state datasets.

As with quantitative information, the qualitative information has limitations. The focus group interviews conducted for this assessment provide valuable insight into the realities of our community members but do not serve to represent the opinions of the entire population. Because the goal was to explore the priority issues in depth rather than case a broad but shallow net, likely no all issues important to residents or key informants were mentioned. Finally, the data were collected at one point in time and therefore findings, while directional and descriptive, should not be interpreted as definitive.

HEALTH PRIORITY AREAS



Health Priority Areas

Priority Health Needs for Community-at-Large

The 2022 Bexar County Community Health Needs Assessment has identified the following six focus areas as the community-identified priorities:

- 1. Social and Institutional Inequities
- 2. Living Conditions
- 3. Risk Behaviors
- 4. Health Care
- 5. Disease and Injury
- 6. Mortality

CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio Identified Priority Health Needs

Based on the data in the 2022 Bexar County Community Health Needs Assessment and feedback provided by the CHRISTUS Santa Rosa Community Benefit Council, the CHNA Advisory Board, CHRISTUS Health Leader, and the many community partners and organizations who participated in the CHNA process, the priority health needs for the communities served by the CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio are:

- Risk Behaviors
- Disease and Injury
- Health Care

CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which are the most pressing, under-addressed and within its ability to influence. CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio does not intend to address the following health needs at this time:

- Social and Institutional Inequities
- Living Conditions
- Mortality

This implementation plan specifies community needs that the hospital, in collaboration with community partners, has determined to address. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiates. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

Throughout the 2023 – 2025 Implementation Strategic cycle, CHRISTUS Health will continue to monitor the evolving needs of our community, emerging resources made available through other organizations, and changing circumstances (such as COVID-19). While committed to providing the necessary people and financial resources to successfully implement the initiatives outlined above, CHRISTUS Health reserves the right to amend this

implementation strategy as circumstances warrant to best serve our community and allocate limited resources mostly effectively.

Approach to Community Health Improvement Plan

All community benefit investments and programming are built on a framework that promotes health equity and is framed by the community benefit overarching goal: to enhance community health and wellness around CHNA priority health needs in the service area. To achieve this goal, CHRISTUS Health designs its interventions and programs through the following channels:

- 1. Care Delivery Innovations
- 2. Community Based Outreach
- 3. Grant Making
- 4. Medical Education
- 5. Partnerships
- 6. Public Policy

Outlined below are the specific strategies and initiatives corresponding to each of the selected health priority areas. See the appendices for a fully detailed evaluation framework relating to these strategies.

Community Benefit Report Communication

CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio will make their CHNA and strategic improvement plan publicly available online via the CHRISTUS Health website once it is approved and adopted by the Board of Directors in 2022. In addition, CHRISTUS Santa Rosa Health System and The Children's Hospital of San Antonio will share the Community Health Improvement Plan (CHIP) to its advisors and partners (e.g., community members, local political representatives, faith leaders, healthcare providers, and community-based organizations), and make copies available upon request.

Throughout the 2023 - 2025 Improvement Strategy cycle, CHRISTUS Health will continue to monitor the evolving needs of our community, emerging resources made available through other organizations, and changing circumstances (such as COVID-19). While committed to providing the necessary people and financial resources to successfully implement the initiatives outlined above, CHRISTUS Health reserves the right to amend this improvement plan as circumstances warrant to best serve our community and allocate limited resources most effectively.

Health Priority Area 1: Risk Behaviors

Substance use, particularly opioid use, emerged as a priority in this category. Unhealthy eating is another priority health behavior, captured in the CHNA as eating sufficient fruits and vegetables. Unequal access to health supports is also true for unhealthy eating, closely related to food insecurity.

RISK BEHAVIORS			
IMPROVE FOOD ACCESS	IMPROVE FOOD ACCESS	REDUCE SMOKING	REDUCE VAPING
Cultivate and maintain partnerships to improve access to healthy food in food deserts	Provide nutrition education for patients	Develop a community- based smoking cessation program	Partner with schools to reduce vaping among students
• Increase collaboration among community organizations with services/programs such as mobile pantries, home delivery, School Meals Map, mega food distributions, as well as Special supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP)	 Increase awareness of the importance of eating a well-balanced diet, maintaining healthy body weight, and regular exercise to improve social determinants. Promote Food Prescription, SNAP, WIC, etc and healthy cooking education. 	Develop community- based initiatives focused on promoting smoking cessation / health intervention initiatives	Collaborate with student organizations and substance abuse counselors in school districts to service primary low income and minority students.

CHRISTUS Health will continue to invest in care delivery innovations and expand programs that address disease and injury. Key programs that support these initiatives are:

- CHRISTUS Santa Rosa Health System Nursing and Clinical Education
- CHRISTUS Santa Rosa Health System Mammography Education Program & Mobile
- CHRISTUS Santa Rosa Health System Stroke Education Program
- CHRISTUS Santa Rosa Health System Diabetes Education Program
- CHRISTUS Santa Rosa Health System Community Health Worker Program
- CHRISTUS Santa Rosa Health System Case Management and Social Workers
- The Children's Hospital of San Antonio Case Management and Social Workers
- The Children's Hospital of San Antonio Nursing and Clinical Education
- The Children's Hospital of San Antonio Pediatrics Mobile
- Women, Infants, and Children (WIC) Program

Health Priority Area 2: Disease And Injury

Two birth outcomes emerged as priorities: low birthweight and premature birth. Both are negatively impacted by late or inadequate prenatal care and data for both shows evidence of racial/ethnic inequities. Mental illness was another priority area identified. Child and adult abuse and neglect stood out as well. Children in particular are vulnerable to the ongoing abuse and neglect when the usual people who notice and report it, like school personnel, do not see and spend time with children, as was the case during the pandemic when learning was conducted virtually.

DISEASE AND INJURY			
BEHAVIORAL HEALTH	BEHAVIORAL HEALTH	BEHAVIORAL HEALTH	EDUCATION
Reduce preventable Emergency Department usage for mental health	Create community connections for mental health services	Increase access to substance abuse treatment	Establish community health education access points
 Continue care screening for social determinants of health identifying signs of mental health illness. Provide well-trained sitters to keep at-risk patients safe 	Establish personalized intervention community resources responding to individual needs that otherwise go untreated. Create community partnerships and resources addressing mental health services.	Identify community substance abuse treatment resources	Advance partnerships with public health, social services, and community stakeholders to identify access points of information, services, resources, and community-based initiatives Train, but not limited to, Case Managers, Social Workers and Community Health Workers on subject matter, resources, and community initiatives

CHRISTUS Health will continue to invest in care delivery innovations and expand programs that address disease and injury. Key programs that support these initiatives are:

- CHRISTUS Santa Rosa Health System Nursing and Clinical Education
- CHRISTUS Santa Rosa Health System Mammography Education Program & Mobile
- CHRISTUS Santa Rosa Health System Stroke Education Program
- CHRISTUS Santa Rosa Health System Diabetes Education Program
- CHRISTUS Santa Rosa Health System Community Health Worker Program
- CHRISTUS Santa Rosa Health System Case Management and Social Workers
- The Children's Hospital of San Antonio Case Management and Social Workers
- The Children's Hospital of San Antonio Nursing and Clinical Education
- The Children's Hospital of San Antonio Pediatrics Mobile
- Women, Infants, and Children (WIC) Program

Health Priority Area 3: Health Care

Many forms of *preventative* and *primary* care, including cancer screening, prenatal care, dental care, and *chronic* disease management emerged as priorities.

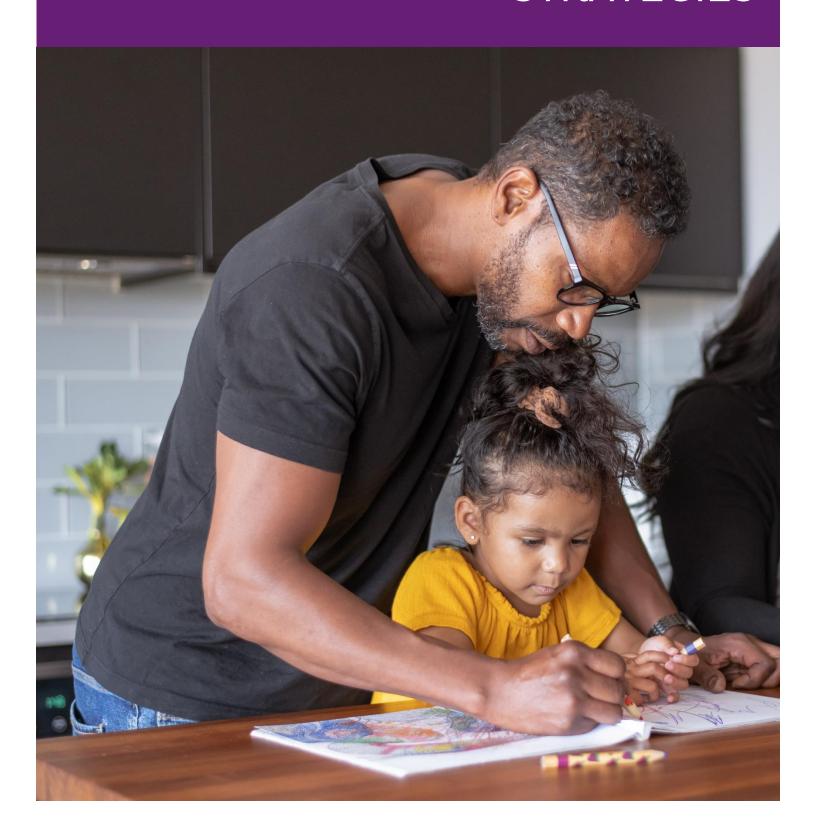
HEALTH CARE			
SPECIALTY CARE AND CHRONIC DISEASE MANAGEMENT	RONIC DISEASE CHRONIC DISEASE		PRIMARY CARE
Provide screening and education opportunities about diabetes, obesity, and heart disease	Empower community members to manage diabetes, obesity, and heart disease	Increase access to substance abuse treatment	Establish community health education access points
 Expand free/subsidized basic health screenings that provide a baseline for making healthy choices and distribute supporting chronic condition(s) educational material Together with community partners, continue promoting the ideals of healthy living by addressing management of comorbidities through community education initiatives focused on chronic condition(s) 	 Provide supporting chronic condition(s) educational material on managing comorbidities to community members. Create a forum to Increase awareness and early detection by collaborating with community partners to demonstrate the importance of eating a well-balanced diet, maintaining healthy body weight, and regular exercise, thus addressing obesity. 	 Navigate the uninsured and underinsured to "Enroll SA" coalition of healthcare/ community enrollment, faith-based & community organizations with the sole goal of increasing health insurance enrollment Provide safety-net of affordable medical resources highlighting FQHCs and free community clinics Encourage patients to establish care with a primary care physician 	Train healthcare staff in cultural competency, shared decision-making, and plain language Utilize Language line to limit communication barriers

CHRISTUS Health will continue to invest in care delivery innovations and expand programs that address disease and injury. Key programs that support these initiatives are:

- CHRISTUS Santa Rosa Health System Nursing and Clinical Education
- CHRISTUS Santa Rosa Health System Mammography Education Program & Mobile
- CHRISTUS Santa Rosa Health System Stroke Education Program
- CHRISTUS Santa Rosa Health System Diabetes Education Program
- CHRISTUS Santa Rosa Health System Community Health Worker Program
- CHRISTUS Santa Rosa Health System Case Management and Social Workers
- The Children's Hospital of San Antonio Case Management and Social Workers
- The Children's Hospital of San Antonio Nursing and Clinical Education

- The Children's Hospital of San Antonio Pediatrics Mobile
- Women, Infants, and Children (WIC) Program

STRATEGIES



Appendix 1: Disease and Injury – Advance Health and Wellbeing

Behavioral Health

- 1. Reduce preventable Emergency Department usage for mental health
- 2. Create community connections for mental health services
- 3. Increase access to substance abuse treatment
- 4. Establish community health education access points

Strategy	Anticipated Impact	Programs, Services, Partnerships, Resources	Hospital's Role	Timeframe	Community of Focus	Metrics
What actions or activities will we do to help to improve the conditions?	What are the expected outcomes of the population?	Who are the partners who have a role to play in doing better?	What is our role? Leader, Collaborator, Supporter	When do you expect this activity to begin/end?	Who are our customers/the population?	How much? How well? Is anyone better off?
Reduce preventable Emergency Department usage for mental health	Increased collaboration with primary care clinicians to integrate and improve care and communications. Connect patients and families to alternative resources and providing education on the	The Southwest Texas Regional Advisory Council (STRAC) -	Leader / Collaborator	Begin: FY23 Q1 End: FY25 Q4	Bexar County	 # of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6 months % of individuals whose blood pressure improved within 6 months

	appropriate use of the ED	Southwest Texas Crises Collaboration (STCC) CHRISTUS – Community Health Worker program CHRISTUS – Case Management Clarity Child Guidance Clinic Family Services Association				
Create community connections for mental health services.	Participate in a safe shared space to interact and foster collaboration to provide behavioral health awareness and community resources for individuals coping with mental illness, addiction, and the aftermath of trauma and abuse.	The Southwest Texas Regional Advisory Council (STRAC) – Southwest Texas Crises Collaboration (STCC) CHRISTUS – Community Health Worker program CHRISTUS – Case Management Clarity Child Guidance Clinic Family Services Association NAMI San Antonio	Leader / Collaborator	Begin: FY23 Q1 End: FY25 Q4	Bexar County	 # of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6 months % of individuals whose blood pressure improved within 6 months

Increase access to substance abuse treatment.	Provide a list of substance abuse treatment resources	CHRISTUS – Community Health Worker program CHRISTUS – Case Management Alcoholics Anonymous Alpha Home Rise Recovery SA Council	Leader / Collaborator	Begin: FY23 Q1 End: FY25 Q4	Bexar County	•	# of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6 months % of individuals whose blood pressure improved within 6 months
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Appendix 2: Risk Behaviors - Building Resilient Communities & Improve Social Determinants

Improve Food Access and Reduce Smoking and Vaping

- 1. Cultivate and maintain partnerships to improve access to healthy food in food deserts.
- 2. Provide nutrition education for patients.

Strategy	Anticipated Impact	Programs, Services, Partnerships, Resources	Hospital's Role	Timeframe	Community of Focus	Metrics
What actions or activities will we do to help to improve the conditions?	What are the expected outcomes of the population?	Who are the partners who have a role to play in doing better?	What is our role? Leader, Collaborator, Supporter	When do you expect this activity to begin/end?	Who are our customers/the population?	How much? How well? Is anyone better off?

Cultivate and maintain partnerships to improve access to healthy food in food deserts.	Increase limited access to food resources, particularly healthy and culturally appropriate foods.	Women, Infant, and Children (WIC) Program San Antonio Food Bank SAISD HISD EISD SA Community Food Pantries Catholic Charities of San Antonio	Leader	Begin: FY23 Q1 End: FY25 Q4	Bexar County	•	# of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6 months % of individuals whose blood pressure improved within 6 months
Provide nutrition education for patients.	Offer a set of learning experiences designed to assist in healthy eating choices and other nutrition-related behavior.	Women, Infant, and Children (WIC) Program San Antonio Food Bank Catholic Charities of San Antonio	Leader	Begin: FY23 Q1 End: FY25 Q4	Bexar County	•	# of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6 months % of individuals whose blood pressure improved within 6 months

Disease Injury

- $1. \quad \hbox{Develop a community-based smoking cessation program}$
- 2. Partner with schools to reduce vaping among students

Strategy	Objectives / Anticipated Impact	Programs, Services, Partnerships, Resources	Hospital's Role	Timeframe	Community of Focus	Metrics
What actions or activities will we do to help to improve the conditions/	What is the objective/goal of the activity? What are the expected outcomes of the population?	Who are the partners who have a role to play in doing better?	What is our role? Leader, Collaborator, Supporter	When do you expect this activity to begin/end?	Who are our customers/the population?	How much? How well? Is anyone better off?
Develop a community-based smoking cessation program	To increase awareness of the negative consequences of smoking.	Alcoholics Anonymous – San Antonio HISD SAISD EISD Quite Smoking San Antonio American Lung Association		Begin: FY23 Q1 End: FY25 Q4	Bexar County	 # of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6 months % of individuals whose blood pressure improved within 6 months

Partner with schools to reduce vaping among students.	To develop an alliance with schools for a healthier generation	Alcoholics Anonymous -San Antonio American Heart Association	Begin: FY23 Q1	Bexar County	•	# of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6
	awareness campaign.	HISD EISD SAISD	End: FY25 Q4		•	months % of individuals whose blood pressure improved within 6 months
		American Lung Association				

Appendix 3: Advance Health and Wellbeing- Diabetes Obesity, and Heart Disease

Health Care

- 1. Provide screening and education opportunities about heart disease, obesity, and diabetes
- 2. Empower community members to manage their heart disease, obesity, and diabetes
- 3. Increase access to primary care
- 4. Reduce inequities by cultural barriers to care

Strategy	Objectives / Anticipated Impact	Programs, Services, Partnerships, Resources	Hospital's Role	Timeframe	Community of Focus	Metrics
What actions or activities will we do to help to improve the conditions/	What is the objective/goal of the activity? What are the expected outcomes of the population?	Who are the partners who have a role to play in doing better?	What is our role? Leader, Collaborator, Supporter	When do you expect this activity to begin/end?	Who are our customers/the population?	How much? How well? Is anyone better off?

Provide health education and screening for diabetes, obesity, and heart disease	Reduce the risk of developing a chronic disease by increasing health access to preventative screenings and awareness of contributing factors by providing educational material through partnerships	American Heart Association San Antonio Food Bank American Diabetes Association YMCA – San Antonio CHRISTUS – Children's Mobile Unit CHRISTUS – Mammography Unite CHRISTUS – Physician Recruitment CHRISTUS – Community Health Worker Program	Leader/ Collaborator	Begin: FY23 Q1 End: FY25 Q4	Bexar County	•	# of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6 months % of individuals whose blood pressure improved within 6 months
Empower community members to manage their heart disease, obesity, and diabetes	Increase community awareness regarding preventative and detection of chronic disease to help in early and timely intervention that encourages a change in lifestyle habits by participating in health fairs and presentations.	American Heart Association San Antonio Food Bank American Diabetes Association YMCA – San Antonio CHRISTUS Children's Mobile Unit CHRISTUS – Community Health Worker Program	Leader / Collaborator	Begin: FY23 Q1 End: FY25 Q4	Bexar County	•	# of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6 months % of individuals whose blood pressure improved within 6 months

Increase access to primary care	Increase enrollment into health insurance through community partnership efforts	CHRISTUS -Community Health Worker Program Enroll SA Coalition	Leader / Collaborator	Begin: FY23 Q1 End: FY25 – Q4	Bexar County	•	# of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6 months # of individuals whose blood pressure improved within 6 months
Reduce inequities by cultural barriers to care.	Increase use of interpreter service, knowledge, and skills to address a patient's beliefs and religious beliefs.	CHRISTUS – HR Department CHRISTUS – Interpreter Services CHRISTUS – Pastoral Care / Chaplains Ministerial Alliance – New Braunfels	Leader / Collaborator	Begin: FY23 Q1 End: FY25 – Q4	Bexar County	•	# of program participants % of participants who were satisfied with the program # of individuals whose blood pressure improved within 6 months % of individuals whose blood pressure improved within 6 months