



2023-2025
Texas Health Hospital
Mansfield
Community
Health Plan


Advent Health

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Acknowledgements

This community health plan was prepared by Desmond Haye, Chaplain Manager, with contributions from members of Texas Health Hospital Mansfield Community Health Needs Assessment Committee representing health leaders in the community and hospital leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan which will enable our teams to continue fulfilling our mission of Extending the Healing Ministry of Christ.



EXECUTIVE SUMMARY



I Executive Summary

Texas Health Hospital Mansfield is owned by Texas Health Huguley, Inc. and therefore operates as a part of the joint venture between Texas Health Resources and AdventHealth. Texas Health Hospital Mansfield will be referred to in this document as Texas Health Hospital Mansfield or the “Hospital”.

Community Health Needs Assessment Process

Texas Health Hospital Mansfield in Mansfield, Texas was included in a regional community health needs assessment (CHNA) in cooperation with Texas Health Resources and Conduent Health Communities Institute (HCI). The Hospital collaborated with Texas Healthy Huguley, Inc., to further refine and prioritize health needs identified in the regional CHNA in order to focus on the more specific needs of the communities served by both Texas Health Hospital Mansfield and Texas Health Huguley, Inc.

In order to ensure broad community input, the Hospital consulted the Texas Health Community Impact Leadership Councils, a regional collaborative comprised of community leaders, to help guide the Hospital through the assessment process. The council included representation from public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The Board of Directors for Texas Health Hospital Mansfield and Texas Health Huguley, Inc. reviewed the data from the regional CHNA and from Texas Health Huguley’s and Texas Health Hospital Mansfield’s primary service area. The board selected the needs the Hospital could most effectively address to support the community based on both internal Hospital and external resources available.

Community Health Plan Process

The Community Health Plan (CHP), or implementation strategy, is the Hospital’s action plan to address the priorities identified from the CHNA. The plan was developed by the Hospital’s Mission Council and input was received from stakeholders across sectors including public health, faith-based, business and individuals directly impacted.

The CHP outlines targeted interventions and measurable outcomes for each priority noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

The identified goals and objectives were carefully crafted, considering evidence-based interventions and AdventHealth’s Diversity, Equity, and Inclusion and Faith Accountability strategies. The Hospital is committed to addressing the needs of the community, especially the most vulnerable populations, to bring wholeness to all we serve.



Executive Summary

Priorities Addressed

The priorities addressed include:

1. Mental Health
2. High Blood Pressure
3. Food Insecurity
4. Health Care Access and Quality

See page 9 for goals, objectives and next steps for each priority selected to be addressed.

Priorities Not Addressed

The priorities not addressed include:

1. Housing
2. Employment

See page 16 for an explanation of why the Hospital is not addressing these issues.



The Community Health Plan is a three-year strategic plan and may be updated during implementation based on changing community needs or availability of resources. AdventHealth recognizes community health is not static and high priority needs can arise or existing needs can become less pressing. The Hospital may pivot and refocus efforts and resources to best serve the community.

Executive Summary

Board Approval

On March 2, 2023, the Texas Health Hospital Mansfield Board approved the Community Health Plan goals, objectives and next steps. A link to the 2023 Community Health Plan was posted on the Hospital's website prior to May 15, 2023.

Ongoing Evaluation

Texas Health Hospital Mansfield's fiscal year is January – December. For 2023, the Community Health Plan will be deployed beginning May 15, 2023, and evaluated at the end of the calendar year. In 2024 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1st and ending December 31st. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for Texas Health Hospital Mansfield at <https://www.adventhealth.com/community-health-needs-assessments>.



ABOUT ADVENTHEALTH



| About AdventHealth

Texas Health Hospital Mansfield is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 80,000 skilled and compassionate caregivers serve 4.7 million patients annually. From physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.



About Texas Health Hospital Mansfield

Texas Health Hospital Mansfield is owned by Texas Health Huguley, Inc. and therefore operates as a part of the joint venture between Texas Health Resources and AdventHealth. Texas Health Hospital Mansfield believes that total health is achieved through a balance of physical, mental, social, and spiritual well-being. Texas Health Hospital Mansfield includes a licensed 59-bed acute care hospital and an 80,000 square foot medical staff office building that houses primary care and specialty practices, as well as an outpatient center offering lab, therapy, and imaging services. Hospital services include an emergency department, cardiovascular, orthopedics, general surgery, and women's services.

PRIORITIES ADDRESSED



Mental Health

Mental illnesses are conditions that affect a person’s thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone’s ability to relate to others and function each day. In Texas Health Huguley’s and Texas Health Hospital Mansfield’s PSA, 21.6% of adults have depression which is higher than both the state (18.4%) and national (19.6%) rates. Additionally, 14.6% of adults in the community indicated they had poor mental health. Poor mental health is defined as 14 or more days during the past 30 days during which mental health was not good.

Goal 1: Improve awareness and support around mental illness and grief through education.

Objective 1.1: By December 31, 2025, train 100 lay chaplains in the basics of pastoral care and grief to provide mental health support for community members who access services at the Mansfield Mission Center (MMC). *(Faith Community Strategy)*

Target Population: Adults living in the Mansfield community

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Develop lay chaplaincy curriculum by facilitating three (3) planning meetings with Mansfield Mission Center and local clergy	Lay Chaplaincy Manual	Desmond Haye, Chaplain Manager, will recruit chaplains and other mental professionals to support training seminars	Mansfield Mission Center for planning meetings. The Community at Lake Ridge (TCAL) church for hosting the chaplaincy training program.	X	X	X
Promote training in local churches and other community-based organizations	Email communication, Flyers	Desmond Haye, Chaplain Manager, will recruit chaplains and other mental professionals to support training seminars	Local Faith communities	X	X	X

Mental Health

Goal 1 continued: Improve awareness and support around mental illness and grief through education.

Objective 1.2: By December 31, 2025, facilitate 20 “Good God, I Grieve” educational seminars from a baseline of 5 in churches and other community-based organizations to address the grief and loss issues in crucial zip codes in Johnson and Parker Counties.

Target Population: Adults living in the Mansfield community

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Develop and expand the “Good God, I Grieve” series of lectures for churches and other community-based organizations	PowerPoint presentations, handouts, and educational brochures on grief and loss	Desmond Haye, Chaplain Manager, will develop content and work with marketing on branding	Southwestern Union of SDAs, Mansfield Seventh Day Adventist, Mansfield Mission Center.	X	X	X
Visit local clergy coalition to educate and offer series to local churches. Visit local city council meetings to address and invite participation in these series	# of educational seminars	Desmond Haye, Chaplain Manager, will engage in an educational campaign in local churches and community-based organizations	Southwestern Union of Seventh-Day, Mansfield Seventh Day Adventist, Mansfield Mission Center	X	X	X

High Blood Pressure

High blood pressure, or hypertension, is when the force of the blood pushing against the walls of your blood vessels is consistently too high. The higher your blood pressure levels, the more risk you have for other health problems, such as heart disease, heart attack, and stroke. In 2019 31.6% of adults had high blood pressure which is slightly lower than the 2017 rate of 33% of adults.

Goal 1: Improve awareness about high blood pressure through community education.

Objective 1.1: By December 31, 2025, increase awareness regarding the Dietary Approaches to Stop Hypertension (DASH) diet by facilitating seven workshops and cooking schools through the Mansfield Seventh Day Adventist.

Objective 1.2: By December 31, 2025, facilitate Dietary Approaches to Stop Hypertension (DASH) diet workshops and cooking schools to 300 community members from zero baseline.

Target Population: Adults and youth living in the Mansfield community

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Identify seven dates for Dietary Approaches to Stop Hypertension (DASH) diet workshops and cooking schools	Schedule seven DASH diet education workshops	Desmond Hays to meet with and identify key dates for seven sessions to be held in the local church. Assessment and feasibility will be done by conducting a post-evaluation survey.	Mansfield Seventh Day Adventist Church will provide space, kitchen, audio, and visual setup	X	X	X
Create DASH diet workshop and cooking school marketing materials to promote the event in the community	Online promotional flyers, door hangers, and personal invites	Taylor Weaver, Marketing Manager, to assist in developing marketing materials	Mansfield Seventh Day Adventist (SDA) to promote the event in the church and inform other churches in the community	X	X	X
Invest in DASH diet workshops for individuals in the Mansfield Community	Seven DASH diet workshops 75-100 people are expected in attendance at each session	Kristen Moore to coordinate classes with Mansfield SDA church and facilitators. \$1000 to assist with materials, products, and foods utilized in the workshops	Health educators and doctors in the church assist with education and demonstration for cooking classes and workshops. Free health consultations will be available through local doctors in the community and hospital	X	X	X

Food Insecurity

Food insecurity is a lack of consistent access to affordable and nutritious food for every person in a household to live an active, healthy life. People who are food insecure may be at an increased risk of negative health outcomes. As of 2020, 13.9% of residents in the community have experienced food insecurity which is higher than the state (13%) and national (11.5%) rates.

Goal 1: Improve access to healthy foods for children and families in food deserts.

Objective 1.1: By December 31, 2025, increase the percentage of children and families residing in low-income apartments who access the Market 2 Go® program from 5% (2022) to 10%. In July 2022, the Hospital piloted the 'Market 2 Go' program in South Arlington to address food insecurity for children and families. This initiative sought to bring fresh produce, groceries, toiletries, and other resources to the community to overcome transportation barriers for those needing additional food resources. In addition, families were invited to a lunch at the apartment pool where healthy eating information was shared. Blood pressure checks were provided and free follow up care was offered by Mansfield Mission Center.

Target Population: Families and children living in food deserts

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Identify two sites in the South Arlington and Mansfield area where healthy food and education will occur	Two locations in food deserts	Desmond Haye, Chaplain Manager, to recruit staff to volunteer hours at location sites	Local apartment complex to provide space for food distribution as well as an educational event Mansfield Mission Center to work on coordination for events	X	X	
Develop flyers for promoting food distribution and educational events	Brochures, postcards, etc.	The hospital will sponsor flyers to be developed by Carmin Harris and Mansfield Mission Center team	Mansfield Mission Center will distribute flyers through community partners	X		
Develop and execute educational sessions on healthy cooking and nutrition in food deserts	Five nutritional classes in food deserts 25-50 families attending classes	Desmond Haye, Chaplain Manager, to coordinate with community health nurse and dietician \$750 to cover vouchers and incentives for participants to purchase fruits and vegetables.	Community Health Nurses and Registered Dieticians to do education classes on nutrition in food deserts. Mansfield Mission Center will provide vouchers for attendees of nutrition classes	X	X	X

Food Insecurity

Goal 1 continued: Improve access to healthy foods for children and families in food deserts.

Objective 1.2: By December 31, 2025, provide \$4,000 to Harvesting in Mansfield Center Food Bank to support the launch of Fresh Market which allows guest to shop for free groceries, especially fresh fruits and vegetables. Year one will be spent planning and the market will launch year two.

Target Population: Families and children living in food deserts

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Partner with Harvesting in Mansfield Center Food Bank to offer the market 3-4 times per week	Opening of Fresh Market, 3-4 times per week # of community members served # of AdventHealth volunteers # of volunteer hours on paid staff time \$ of funding for Fresh Market start-up	Hospital will provide a total of \$4,000 in funding to Harvesting in Mansfield Center Food Bank Hospital team members will volunteer at the market	Harvesting in Mansfield Center Food Bank	X	X	X

Health Care Access and Quality

Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. The PSA has a higher percentage of residents without health insurance (15%) compared to the United States (8.7%). Lack of transportation is another barrier impacting access and can lead to missed or delayed health care appointments and overall poorer health outcomes. Access to a primary care provider or having an established medical home is one way to improve health outcomes because people can see the same provider who is familiar with their medical history and can monitor their personal health over years.

Goal: Increase access to healthcare services by educating communities about health insurance.

Objective 1.1: By December 31, 2025, establish three locations in Johnson county where Texas Health Huguley’s mobile health unit will provide education about health insurance and primary healthcare access to uninsured residents.

Target Population: Uninsured population in Johnson County

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Identify three locations in Johnson County where the most uninsured residents reside.	3 locations established	Desmond Haye, Chaplain manager, will locate three key areas in Johnson County as stops for the mobile health unit from Texas Health Huguley.	Local Churches and other Community Benefits Organizations/	X	X	X
Collaborate with Texas Health Huguley to utilize their mobile health unit to cover these areas.	Access to the mobile health unit	Desmond Haye and Kenneth Rose to establish consensus with Texas Health Huguley leadership and access to the Community Health Mobile unit. Coordination and cadence of the visit of the unit will be solidified.	Texas Health Huguley, Local Churches, and other community-based organizations to assist with the promotion of access spots in the community	X	X	X
Educate communities of focus on the introduction of mobile units through churches and other community-based organizations	Flyers, announcements in the local paper, church visits, and promotional in community-based organizations	Taylor Weaver to assist and coordinate the promotion of the mobile units	Local churches and other community-based organizations will promote and support the initiative	X	X	X
Support mobile units as they provide education and service to uninsured	One community health nurse to assist in providing support from Hospital	Kristen Moore, Community Health nurse to assist the community health team from Texas Health Huguley with education	Insurance providers and local health departments to assist with education	X	X	X

PRIORITIES NOT ADDRESSED



I Priorities Not Addressed

Texas Health Hospital Mansfield also identified the following priorities during the CHNA process. In reviewing the CHNA data, available resources, and ability to impact the specific identified health need, the Hospital determined these priorities will not be addressed.

Housing

Increased evidence is showing a connection between stable and affordable housing and health. When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50%. Between 2016 and 2020, 26.7% of households in the PSA were cost burdened.

The Hospital did not perceive the ability to have a measurable impact on this issue within the three years allotted for the Community Health Plan with the current resources available to the Hospital at this time.

Employment

Multiple aspects of employment—including job security, the work environment, financial compensation, and job demands—may affect health. Job benefits such as health insurance, paid sick leave, and parental leave can affect the health of employed individuals. People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. The unemployment rate in the PSA is 5% which is lower than the state rate of 5.3% of residents.

The Hospital did not perceive the ability to have a measurable impact on this issue within the three years allotted for the Community Health Plan with the current resources available to the Hospital at this time.





Texas Health Hospital Mansfield

CHP Approved by the Hospital Board on: March 2, 2023

For questions or comments please contact:
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