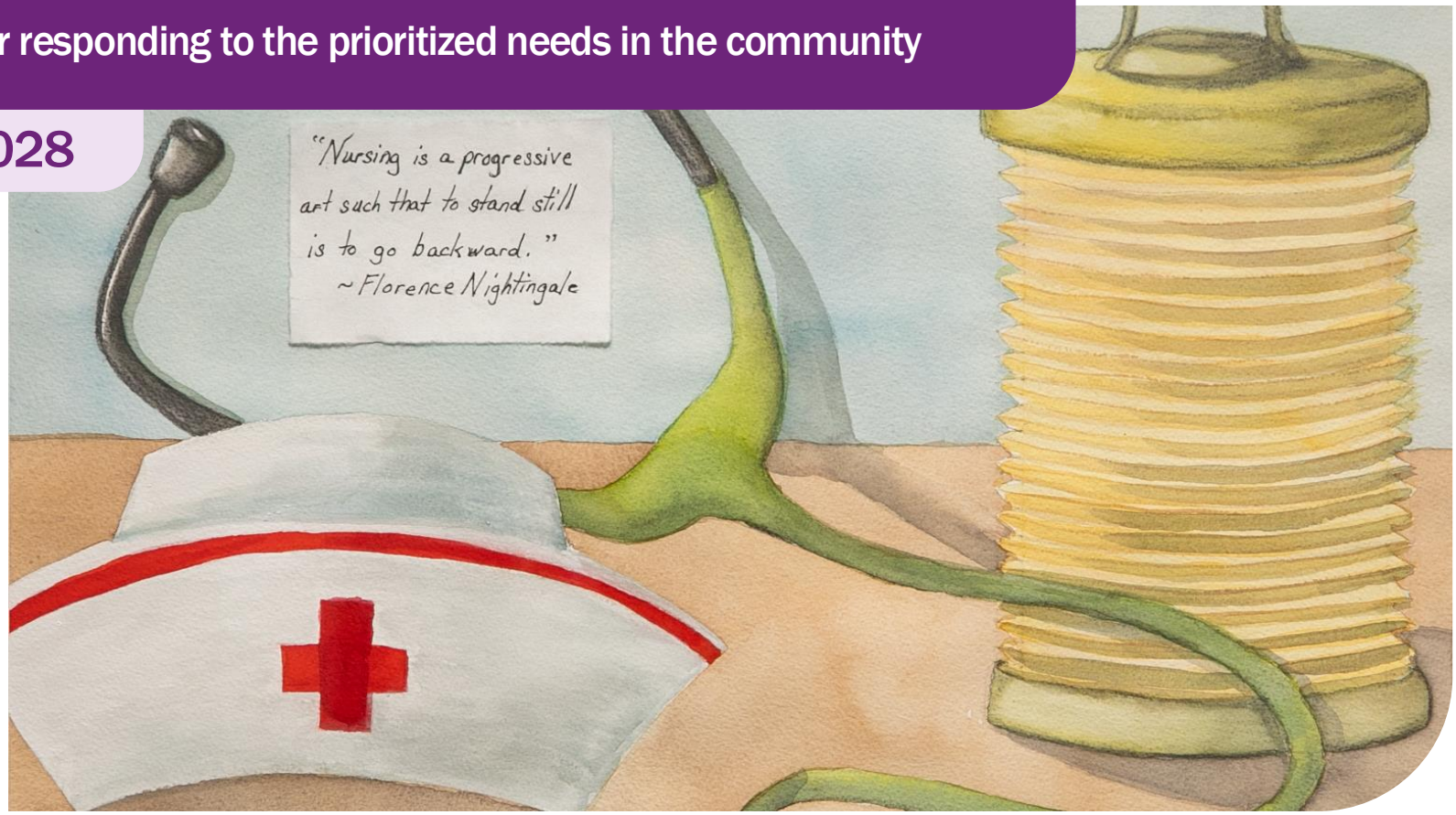
Community Health Implementation Plan

Strategies for responding to the prioritized needs in the community

2026 – 2028



CHRISTUS GOOD SHEPHERD Health System

Table of Contents

Chapter 1: Introduction

Introduction

At CHRISTUS Good Shepherd, our mission calls us to extend the healing ministry of Jesus Christ, especially to those who are most vulnerable. We know that health does not begin in a hospital. It begins in homes, neighborhoods and communities shaped by opportunity, support and care. That is why we work not only within our clinical walls, but also alongside community partners to address the root causes of poor health across East Texas.

This 2026-2028 Community Health Implementation Plan (CHIP) builds upon the findings of our most recent Community Health Needs Assessment (CHNA). It outlines how we will respond to the top needs identified by the people and partners who live, work and serve in our region.

Our Vision

We envision a community where:

- Mothers and babies have access to the care and support needed for healthy pregnancies, childbirth, growth and development.
- Children are well-equipped with the care and support to grow up physically and mentally healthy.
- Adults have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.
- Older adults have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.
- Community members receive compassionate, high-quality care that honors their dignity, life experiences and unique needs.

What This Plan Includes

CHIP identifies actionable strategies designed to improve health outcomes across the lifespan. These strategies fall into three categories:

- **Hospital direct care strategies**: programs led by CHRISTUS Good Shepherd, such as new service lines, mobile outreach or expanded screenings
- **Community benefit funding strategies**: investments through our CHRISTUS Fund and local benefit programs to strengthen the safety net and address social determinants of health
- **Community partner strategies**: collaborations with local nonprofits, schools, coalitions and agencies that advance shared goals through aligned services

Each strategy is aligned with one or more key priorities from the CHNA and is structured by life stage: maternal and early childhood, school-age and adolescent, adult and older adult.

The Communities We Serve

As outlined in the CHRISTUS Good Shepherd Health System Community Health Needs Assessment (CHNA), the “community” is defined by the geographic areas that represent the primary service region for our ministry. This typically includes the county or counties where the hospital is located, along with surrounding areas from which patients frequently seek care.

We serve as a vital access point for care in Gregg and Harrison Counties and extend our reach into neighboring counties such as Marion, Panola and Upshur Counties, particularly in rural or underserved areas where health care options may be limited. Our ministry’s service area reflects both our commitment to addressing the most pressing health needs of our patients and our responsibility to support the well-being of the broader region.

Through the CHNA, we have worked with community partners, local organizations and residents to better understand and respond to the unique health needs of the populations we serve. As we move into the 2026-2028 implementation cycle, we remain focused on improving access to high-quality, culturally responsive care and building stronger community connections to ensure every person can live a healthier life — close to home.

Systems of Care Principle

CHRISTUS Good Shepherd Health System is part of a broader system of care that extends beyond the walls of any single organization. Across East Texas, a diverse network of health care providers, public agencies, community-based organizations, schools, faith communities and local leaders work in alignment to promote health and well-being.

This system of care is built on the understanding that health is shaped by more than medical care. It is influenced by stable housing, safe neighborhoods, transportation, food access, education, employment and social connection. No one institution can meet all these needs alone — but together, we can create a more coordinated, responsive and equitable approach to care.

The system of care model organizes services around key life domains, ensuring that people are supported holistically — not just as patients, but as whole individuals with interconnected needs. It also allows each partner to do what they do best — whether that’s delivering clinical care, offering counseling, preparing meals or advocating for policy change.

We embrace this model as part of our mission. By working collaboratively with our patients, neighbors, associates, leaders and our strong community partners, we help reduce service gaps, improve outcomes and create a stronger safety net across our region.

Our Plan and Our Promise

The Community Health Implementation Plan (CHIP) is not just a requirement. It is a reflection of our CHRISTUS Health values in action.

Every three years, we conduct a Community Health Needs Assessment (CHNA) with the communities we serve to better understand the health priorities, challenges and opportunities across our primary service area. The CHIP is our response to those findings — a forward-looking plan that outlines how we will work with communities to address the most pressing health needs over the next three years.

This plan was shaped through both data and dialogue. Using the Metopio platform and public health datasets, we analyzed dozens of indicators tied to health outcomes and social determinants. But we didn't stop at numbers — we listened deeply through focus groups, community surveys and direct conversations with local leaders, service providers and residents across the region. In particular, we made a focused effort to hear from those whose voices are too often left out: rural families, low-income residents, caregivers, youth and individuals with lived experience navigating health challenges.

What emerged from this process is a clear call to action — and a shared vision for a healthier East Texas.

The CHRISTUS Good Shepherd Health System CHIP includes strategies that fall into three categories. Each strategy, whether a hospital-led initiative, a community benefit investment or a partnership effort, is rooted in lived experience, tied to measurable community needs and designed to advance health equity across the lifespan — from maternal and child health to chronic disease management and aging with dignity.

As we implement this plan, we remain deeply committed to:

- Centering community voice in every strategy
- Addressing root causes like poverty, access, housing and education
- Investing in trusted local solutions that build long-term resilience
- Connecting clinical care with community supports
- Working collaboratively across sectors to create lasting change

This plan is more than a list of programs; it is a shared commitment to healing, dignity and justice. Together with our partners, we will continue to build a region where every person, regardless of background, circumstance or ZIP code, has the opportunity to live a healthier, more dignified life.

Board Approval

The final Community Health Needs Assessment (CHNA) report was completed, and the ministry CEO/president and executive leadership team of CHRISTUS Good Shepherd Health System reviewed and approved the CHNA prior to June 30, 2025, with the board of directors' ratification on July 31, 2025. Steps were also taken to begin implementation as of June 30, 2025, and the Community Health Implementation Plan (CHIP) was approved by the board of directors on July 31, 2025.

CHRISTUS Good Shepherd Health System will continue to monitor and evaluate the implementation of these strategies to ensure they are making a measurable, positive impact on the health and well-being of the community.

Chapter 2: Impact

Reflecting on Our Impact

This chapter serves as both a reflection and a celebration of the progress made since the last Community Health Needs Assessment (CHNA) and the corresponding 2023-2025 Community Health Implementation Plan (CHIP). It highlights the measurable impact of our shared efforts to address the most urgent health and social needs identified by our communities and demonstrates how our ministry has turned strategy into action.

Guided by our CHNA priorities, CHRISTUS Good Shepherd Health System has made strategic investments to improve health outcomes and advance equity — especially for those who experience the greatest barriers to care. These efforts include targeted community benefit contributions across several key areas: charity care and financial assistance, subsidized health services and community-based programs that address the root causes of poor health, such as food insecurity, transportation and access to behavioral health services.

This chapter also provides a closer look at the CHRISTUS Community Impact Fund, which enables us to support mission-aligned nonprofit partners who are creating change at the local level. The summaries of our FY23 through FY25 investments illustrate how these organizations have delivered high-impact, culturally responsive programs in alignment with our system's values and goals.

As we prepare to launch the 2026-2028 CHIP, this chapter allows us to pause and reflect on what we've been able to accomplish together. It offers a foundation of progress to build upon — celebrating the lives touched, partnerships strengthened and lessons learned that will guide our next phase of community health strategy.

Community Benefit

Our Commitment in Action

As a Catholic, not-for-profit health system, we reinvest our earnings into programs, partnerships and services that improve health outcomes and advance equity for individuals and families across our ministries.

Every year, CHRISTUS Good Shepherd Health System makes strategic and intentional investments to address the most pressing health and social needs identified in our Community Health Needs Assessment. These community benefit activities are rooted in Catholic social teaching and focus on building healthier, more resilient communities by addressing both immediate clinical needs and long-term social influencers of health.

From FY23 through FY25, our community benefit contributions have supported three core categories:

- Charity care and financial assistance
- Unreimbursed Medicaid and means-tested government programs
- Community health improvement services and community-building activities

In addition to direct care and access, CHRISTUS invested in programs that address upstream drivers of health, such as food insecurity, education and behavioral health access, through outreach, education and partnerships with local organizations. These investments reflect our commitment to equity, stewardship and sustained community impact.

At CHRISTUS Good Shepherd Health System, community benefit is fundamental to our identity and how we serve. These committed resources and investments reflect our dedication to equity, stewardship and ongoing community impact for the common good.

Grounded in Catholic Social Teaching

Our commitment to community benefit is deeply informed by principles of Catholic social teaching, which call us to uphold the dignity of every person, prioritize the needs of the poor and vulnerable, and promote the common good. These principles guide our efforts to create just and compassionate systems of care, ensuring that our ministries not only treat illness but also foster wholistic well-being. Our investments are more than financial — they reflect our mission commitment to steward the resources entrusted to us to love and serve our neighbors with integrity and purpose.

FY23 Community Benefit Landscape

Community services $2.6 million	Charity care $40.4 million	Total community benefits $43 million	
$1.8 million Community health improvements and strategic partnerships	**$620 thousand** Health professionals' education and research	**$89 thousand** Cash and in-kind distributions	**$24 thousand** Community building activities

FY24 Community Benefit Landscape

Community services $3.4 million	Charity care $35.5 million	Total community benefits $38.9 million	
$2.3 million Community health improvements and strategic partnerships	**$708 thousand** Health professionals' education and research	**$338 thousand** Cash and in-kind distributions	**$60 thousand** Community building activities

FY25 Community Benefit Landscape

Currently, we are only including data from fiscal years 2023 and 2024 in our report on community benefit investments. We have chosen not to include FY2025 data as it remains unaudited and therefore subject to change. To ensure accuracy and maintain the integrity of our reporting, we only publish audited financial data. The audited data for FY2025 will be available in June 2026, at which point it will be incorporated into future reports and submissions.

Community Impact Fund

Established in January 2011, the CHRISTUS Community Impact Fund is the grantmaking arm of CHRISTUS Health. It was created to support initiatives led by nonprofit community agencies that improve the health and well-being of individuals and families across our ministries. Since its inception, the fund has become a catalyst for equity-driven, community-centered innovation — amplifying the voices of those closest to the challenges and investing in those best positioned to create change.

Each year, the CHRISTUS Community Impact Fund provides grants to organizations that align with the priorities identified through the Community Health Needs Assessment (CHNA). These investments support programs that:

- Expand access to care and essential social services
- Promote mental health and emotional well-being
- Prevent and manage chronic disease
- Address the root causes of poor health, including food insecurity, housing and transportation
- Strengthen community leadership, advocacy and capacity

From FY23 through FY25, CHRISTUS Good Shepherd Health System awarded Community Impact Fund grants to trusted, mission-aligned partners across the region. These organizations serve as the hands and feet of our shared vision — delivering culturally responsive programs, fostering community trust and driving measurable health improvements where they are needed most.

The following pages highlight the diverse grantees supported over the past three years, underscoring CHRISTUS Health's commitment to sustained and collaborative community impact.

FY23 Community Impact Fund

ORGANIZATION	DOMAIN	PRIORITY	PROGRAM NAME	PROGRAM DESCRIPTION
Buckner Children & Family Services Longview	Build resilient communities and improve social determinants	Education	Family Pathways	To empower single parents and their families to achieve self-sufficiency by providing support services that help reduce family stress factors
East Texas Food Bank	Build resilient communities and improve social determinants	Healthy food access	Longview Pantry	To increase accessibility of food assistance and wrap- around services to low-income residents
Newgate Mission	Build resilient communities and improve social determinants	Healthy food access	Newgate Mission Meal and Grocery Bag Program	To continue to provide access to nutritious meals and healthy food, seven days a week, in Longview
Twelve Way Foundation	Advance health and well-being	Mental health and well-being	Relapse Prevention Program	To implement the Twelve Way Relapse Prevention program to support clients during their recovery journey
Total CHRISTUS Community Impact Fund investment:				**$275,000.00**

FY24 Community Impact Fund

ORGANIZATION	DOMAIN	PRIORITY	PROGRAM NAME	PROGRAM DESCRIPTION
Asbury House Child Enrichment Center	Build resilient communities and improve social determinants	Education	Above and Beyond: Bilingual Classroom	To develop a fully bilingual Pre-Kindergarten classroom to encourage children to learn a second language
Buckner Children & Family Services Longview	Build resilient communities and improve social determinants	Education	Buckner Longview Family Pathways	To empower single parents and their families to achieve self-sufficiency by providing support services that help reduce family stress factors
Newgate Mission	Build resilient communities and improve social determinants	Healthy food access	Newgate Meal and Grocery Bag Program	To provide access to nutritious meals and healthy food, seven days a week, in Longview, Texas
Twelve Way Foundation	Build resilient communities and improve social determinants	Safe housing	Twelve Way Relapse Prevention Program	To support men during their recovery journey by addressing recidivism, relapse and depression
Women's Center of East Texas	Advance health and well-being	Mental health and well-being	Counseling Program	To provide prompt counseling services to survivors of domestic and sexual violence from qualified, licensed counselors
Total CHRISTUS Community Impact Fund investment:				**$295,000.00**

FY25 Community Impact Fund

ORGANIZATION	DOMAIN	PRIORITY	PROGRAM NAME	PROGRAM DESCRIPTION
Asbury House Child Enrichment Center	Build resilient communities and improve social determinants	Education	Above and Beyond: Bilingual Classroom	To continue the development of a fully bilingual pre-kindergarten classroom for children designed to support learning a second language
Buckner Children & Family Services Longview	Build resilient communities and improve social determinants	Education	Buckner Longview Family Pathways	To break the cycle of poverty for single women and their children by supporting their education and providing services to strengthen the family and move them toward financial independence and self-sufficiency
East Texas Food Bank	Build resilient communities and improve social determinants	Healthy food access	Longview Resource Center	To increase food distribution and expand services for households in Gregg County through the Longview Resource Center
Longview Arboretum and Resource Center	Build resilient communities and improve social determinants	Environmental stewardship	Trial Bed Garden	To elevate the collection of plant species and enhance the education and mental well-being of guests by creating a trial garden area
Newgate Mission	Build resilient communities and improve social determinants	Healthy food access	The Newgate Meal and Grocery Bag Program	To increase access to nutritious meals and healthy food to the community
Women's Center of East Texas	Build resilient communities and improve social determinants	Healthy food access	Counseling Program	To ensure that survivors of domestic and sexual assault receive timely counseling from qualified, licensed professionals
			Total CHRISTUS Community Impact Fund investment:	**$305,000.00**

Chapter 3: Priorities

Priorities and Focus

The Lifespan Approach

To better understand and respond to the evolving needs of the communities we serve, CHRISTUS Good Shepherd structured its Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) using a *lifespan approach*. This framework organizes data, priorities and strategies by key stages of life, recognizing that health needs and the factors that shape them change as individuals grow, age and move through different phases of life.

We identified three to five leading health indicators within each of the following four life stages:

- Maternal and early childhood (pregnancy through Age 4)
- School-age children and adolescents (ages 5-17)
- Adults (ages 18-64)
- Older adults (ages 65-up)

Segmenting our work in this way ensures that interventions are age-appropriate, culturally responsive and aligned with the unique developmental, social and health needs of each phase of life. At the same time, we recognize that health is deeply interconnected — maternal health affects infant outcomes, early trauma can influence long-term well-being and investments in one life stage often ripple into the next.

By using a lifespan approach, we and our partners can deliver more precise, equitable and coordinated responses across the continuum of care, laying stronger foundations for health today and for generations to come.

Prioritization Process

To determine the most pressing community health needs for the 2026-2028 Community Health Implementation Plan (CHIP), CHRISTUS Good Shepherd used a data-informed and community-driven approach grounded in the Results-Based Accountability (RBA) framework. This method ensures that decisions are rooted in both quantitative data and the lived experiences of community members.

A series of community indicator workgroups — organized by life stage — brought together residents, partners and subject matter experts to discuss what good health looks like across the lifespan:

- Maternal and early childhood
- School-age children and adolescents
- Adults
- Older adults

During these workgroups, participants reviewed existing CHNA data, discussed emerging health trends and assessed indicators from the prior implementation cycle. They explored local conditions and asked key questions to guide prioritization:

- Can we trust the data?
- Is the indicator easy to explain and understand?
- Does it represent a larger community condition?

This process included tools from the RBA model, including the concept of “turn the curve,” which focuses on using trend data to understand whether community conditions are improving over time. Rather than focusing on year-to-year fluctuations, this model assesses progress based on whether strategies are starting to shift long-term trends in the right direction.

Based on these discussions, each workgroup identified three to five leading health indicators for their respective life stage. These indicators highlight the areas of greatest need, concern and opportunity for impact. They now serve as a shared focus for our strategies, investments and partnerships over the next three years, ensuring that improvement efforts are both targeted and measurable.

Lifespan Priority Indicators of 2026-2028

The following table summarizes the priority leading indicators selected through the community indicator workgroups and approved by CHRISTUS Good Shepherd's board of directors. These indicators represent the most urgent and actionable health and social needs for each stage of life, based on both community input and data analysis conducted during the Community Health Needs Assessment (CHNA) process.

These priority leading indicators will serve as a foundation for the 2026-2028 Community Health Implementation Plan (CHIP), guiding program strategies, investments and partnerships that aim to "turn the curve" on health outcomes across the lifespan.

For a detailed explanation of each indicator, including baseline data, trend analysis and community context, please refer to the CHRISTUS Good Shepherd Community Health Needs Assessment, available at: CHRISTUShealth.org/connect/community/community-needs

COMMUNITY LEADING INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	Children will be well-equipped with the care and support to grow up physically and mentally healthy.	Adults will have access to the care, support and opportunities needed to maintain physical.	Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.
• Cost of living • Prescription cost • Babies born with addiction • Healthcare shortage • Obesity	• Suicide • Substance abuse • Over-utilization of ED • Lack of insurance • Obesity	• Mental health • Substance abuse • Chronic diseases (diabetes, heart disease, obesity, cancer) • Affordable insurance	• Mental health (dementia) • Chronic diseases (diabetes, heart disease, obesity, cancer) • Access to health care • Affordable insurance • Housing and long-term care

Needs That Are Not Being Addressed

The CHRISTUS Good Shepherd 2026-2028 Community Health Needs Assessment (CHNA) identified a broad range of important health and social needs across our service area. However, not all needs fall within the direct scope of services or resources that we can lead or sustain independently. Some community issues require specialized focus, infrastructure or mission alignment of other organizations, agencies or collaborative groups better positioned to lead efforts in those areas.

Examples of these needs may include, but are not limited to:

- Housing and homelessness
- Transportation barriers
- Cost of living
- Family support for individuals with disabilities or special needs

Although CHRISTUS Good Shepherd will not serve as the primary lead on these issues, we recognize their direct impact on health outcomes and the overall well-being of our patients and communities. For this reason, we remain deeply committed to collaborating with community partners who address these needs, participating in coalitions, supporting aligned initiatives and ensuring that our strategies complement and enhance their work.

The “Strategies” section that follows will highlight where we are playing a supportive or collaborative role on these issues, including how we are coordinating with trusted organizations and multi-sector partners. These collaborative efforts are essential to building a more comprehensive, equitable and effective system of care across our region.

Chapter 4: Strategies

Strategies

The implementation strategies outlined in the following sections are organized according to the lifespan stages identified in the 2026–2028 Community Health Needs Assessment. Each section details the approaches CHRISTUS Good Shepherd Health System (CGSHS) will use to address priority health indicators, categorized into three distinct strategy types:

- **Hospital Direct Care Strategies ("We lead")**
  Initiatives led directly by CHRISTUS Good Shepherd, typically aligned with hospital and clinical operations. Examples include expanding access to primary and specialty care, enhancing chronic disease management programs, and improving maternal and child health services.
- **Community Funding Strategies ("We fund")**
  Efforts financially supported by CHRISTUS through grants and community benefit funds. These include programs such as the CHRISTUS Fund and local community benefit investments designed to address unmet needs and fill gaps in care.
- **Community Partner Strategies ("They lead")**
  Collaborative efforts led by community organizations, with CHRISTUS serving in a supportive role through participation, advisory board membership, or joint initiatives. Examples include involvement in regional health coalitions, school-based health programs, and strategic partnerships with organizations like United Way.

As a first step in developing these strategies, the leading health indicators were categorized using common language and mapped across lifespan stages. This approach helps align local and system-level strategies with health data, community survey responses, and feedback from focus groups. Each strategy is then evaluated against available hospital, community, and system resources to ensure feasibility and impact.

The investments CGSHS commits to support treatment services, safety net programs, efforts to address social determinants of health, and direct community benefits such as free flu vaccinations, health screenings, and health education events. Ongoing collaboration with community partners ensures coordinated efforts to improve public policy, expand outreach, and develop new initiatives that respond to the priority health needs of the communities we serve.

To improve how we capture and evaluate community health activities, we have renamed and reformatted the *Community Leading Indicators*. While the indicators themselves remain the same, the updated format aligns more closely with our internal tracking systems and reporting needs.

This refinement enhances our ability to demonstrate the impact of our work and ensures that our activities are accurately reflected for community benefit purposes. The new format provides a more structured and evaluative framework, supporting consistency and clarity across our reporting processes.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	Children will be well-equipped with the care and support to grow up physically and mentally healthy.	Adults will have access to the care, support and opportunities needed to maintain physical.	Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.
A. **Primary care** B. **Chronic disease** 1. Obesity C. **Behavioral/mental health** 1. Babies born with addiction D. **Education/workforce development** 1. Cost of living E. **Affordable health insurance** 1. Prescription cost	A. **Primary care** 1. Over-utilization of ED B. **Chronic disease** 1. Obesity C. **Behavioral/mental health** 1. Substance abuse 2. Suicide D. **Education/workforce development** E. **Affordable health insurance**	A. **Primary care** B. **Chronic disease** 1. Heart disease 2. Stroke 3. Diabetes 4. Obesity 5. Cancer C. **Behavioral/mental health** 1. Substance use D. **Education/workforce development** E. **Affordable health insurance**	A. **Primary care** B. **Chronic disease** 1. Heart disease 2. Stroke 3. Diabetes 4. Obesity 5. Cancer C. **Behavioral/mental health** 1. Dementia D. **Affordable health insurance** 1. Long-term care

Maternal and Early Childhood Health

RESULT: Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.

LEAD INDICATORS

A. Primary care
B. Chronic disease
    1. Obesity
C. Behavioral/mental health
    1. Babies born with addiction
D. Education/workforce development
    1. Cost of living
E. Affordable health insurance
    1. Prescription cost

DATA MEASURES

- Poverty rate
- Households below ALICE threshold
- Neonatal abstinence syndrome trends
- OB-GYN physicians per capita

MATERNAL AND EARLY CHILDHOOD HEALTH STRATEGIES		
Hospital direct care strategies	**Community funding strategies**	**Community partner strategies**
"We lead"	**"We fund"**	**"They lead"**
A0a. Encourage patients to establish a primary care medical home. A0b. Offer transportation assistance for those in financial need. A0c. Collaborate with CHRISTUS Trinity Clinic (CTC) to increase primary and specialty care access through provider recruitment and expansion. A0d. Explore alignment with CHRISTUS Health system initiatives to improve maternal health. A0e. Continue participation in the Texas AIM initiative. B0a. Collaborate with CHRISTUS Trinity Clinic (CTC) to increase primary and specialty care access through provider recruitment and expansion. B0b. Explore alignment with CHRISTUS Health system initiatives to improve maternal health. B0c. Continue participation in the Texas AIM initiative. B1a. Promote Institute for Health Living (IHL) scholarships for individuals in financial need requiring fitness access. B1b. Improve screening and referral for social determinants of health (SDoH), particularly food insecurity. B1c. Explore promotion of "food as medicine" initiative in the community: provide health education and medical monitoring on good nutrition and health outcomes. C0a. Explore alignment with CHRISTUS Health system initiatives to improve maternal health.	B1a. Explore funding partnerships to promote "food as medicine" in the community, for example, with East Texas Food Bank, Longview Community Ministries, Newgate Mission and Mission Marshall: teaching nutrition, providing/growing healthier food and cooking with cultural appreciation. C0a. Explore funding opportunities for programs that support vulnerable mothers and children, increase opportunities for education, provide safety from abuse, for example, Buckner Child Family Services, Women's Center of East Texas and Asbury House. E0a. Explore funding opportunities for programs that support vulnerable mothers and children, increase opportunities for education, provide safety from abuse, for example, Buckner Child Family Services, Women's Center of East Texas and Asbury House. E0b. Explore funding opportunities for scholarships to increase access to education and vocational training.	A0a. Explore relationships with Federally Qualified Healthcare Centers (FQHCs) to expand PCP access. A0b. Explore partnership and grant funding for rural counties, e.g. Marion County Health & Resource Alliance, to increase access to primary and specialty care via transportation assistance in partnership with public transit, e.g., GoBus. B0a. Evaluate opportunities to offer community-based screening assessments and education on prevention and health maintenance. B0b. Explore partnership and grant funding for rural counties, e.g. Marion County Health & Resource Alliance, to increase access to primary and specialty care via transportation assistance in partnership with public transit, e.g., GoBus. B1a. Explore partnerships to promote "food as medicine" in the community with food banks, churches and cultural events, for example, with East Texas Food Bank, Longview Community Ministries and Mission Marshall: teaching nutrition, providing/growing healthier food and cooking with cultural appreciation. C0a. Advocate locally for behavioral health access. D0a. Advocate locally for affordable insurance. E0a. Offer clinical education opportunities for health care students, including nurses and allied health. E0b. Provide shadowing opportunities for individuals considering a health care profession.

C0b. Continue participation in the Texas AIM initiative. C0c. Provide transport for uninsured individuals requiring inpatient behavioral health. C0d. Evaluate proposals to provide support for services for patients and families within hospital or in community who need behavioral health assistance (potential collaboration). C1a. Offer community-based education on the health risks of smoking/vaping.		E0c. Explore opportunities for underrepresented groups to consider a health care vocation.

School-Age Children and Adolescent Health

RESULT: Children will be well-equipped with the care and support to grow up physically and mentally healthy.

LEAD INDICATORS

A. Primary care
   1. Over-utilization of ED
B. Chronic disease
   1. Obesity
C. Behavioral/mental health
   1. Substance abuse
   2. Suicide
D. Education/workforce development
E. Affordable health insurance

DATA MEASURES

- Patients with ICD-10 codes for suicide-related behaviors (age 14 -18)
- Suicide attempts among high school students
- Suicide mortality
- Uninsured rate
- BMI of high school students
- Substance use amongst Texas students (grades 7-12)

SCHOOL-AGE CHILDREN AND ADOLESCENT HEALTH STRATEGIES		
Hospital direct care strategies	**Community funding strategies**	**Community partner strategies**
"We lead"	**"We fund"**	**"They lead"**
A1a. Encourage patients to establish a primary care medical home. A1b. Provide free/subsidized orthopedic and sports medicine services to schools serving vulnerable students, including on-site services, rehab, education, screening and follow-up care. A1c. Collaborate with CHRISTUS Trinity Clinic (CTC) to increase primary and specialty care access through provider recruitment and expansion. B0a. Provide free/subsidized orthopedic and sports medicine services to schools serving vulnerable students, including on-site services, rehab, education, screening and follow-up care. B0b. Collaborate with CHRISTUS Trinity Clinic (CTC) to increase primary and specialty care access through provider recruitment and expansion. B1a. Promote Institute for Health Living (IHL) scholarships for individuals in financial need requiring fitness access. B2a. Improve screening and referral for social determinants of health (SDoH), particularly food insecurity. B3a. Explore promotion of "food as medicine" initiative in the community: provide health education and medical monitoring on good nutrition and health outcomes. C0a. Evaluate proposals to provide support services for patients and families within	B1a. Explore funding partnerships to promote "food as medicine" in the community, for example, with East Texas Food Bank, Longview Community Ministries, Newgate Mission and Mission Marshall: teaching nutrition, providing/growing healthier food and cooking with cultural appreciation. C1a. Explore funding opportunities to expand behavioral health services for adolescents, for example, with Community HealthCore, East Texas Council on Alcoholism and Drug Abuse (ETCADA), Oceans. E0a. Explore funding opportunities for scholarships to increase access to education and vocational training.	A0a. Explore relationships with Federally Qualified Healthcare Centers (FQHCs) to expand PCP access. B0a. Evaluate opportunities to offer community-based screening assessments and education on prevention and health maintenance. B0b. Explore partnerships to promote "food as medicine" in the community with food banks, churches and cultural events, for example, with East Texas Food Bank, Longview Community Ministries and Mission Marshall: teaching nutrition, providing/growing healthier food and cooking with cultural appreciation. C0a. Advocate locally for behavioral health access. C1a. Explore the feasibility of offering education on health risks of smoking/vaping to students via athletic training partnerships. D0a. Advocate locally for affordable insurance. E0a. Offer clinical education opportunities for students, including nurses and allied health. E0b. Provide shadowing opportunities for individuals considering a health care profession. E0c. Explore opportunities for underrepresented groups to consider a vocation.

the hospital or in the community who need behavioral health assistance. C1a. Offer community-based education on the health risks of smoking/vaping. C2a. Add pastoral care bereavement resources for people affected by suicide.		

Adult Health

RESULT: **Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.**

LEAD INDICATORS

A. **Primary care**
B. **Chronic disease**
    1. Heart disease
    2. Stroke
    3. Diabetes
    4. Obesity
    5. Cancer
C. **Behavioral/mental health**
    1. Substance use
D. **Education/workforce development**
E. **Affordable health insurance**

DATA MEASURES

- Depression
- Drug overdose mortality
- Diabetes mortality
- Coronary heart disease mortality
- Cancer diagnosis rate
- Cancer mortality

ADULT HEALTH STRATEGIES		
Hospital direct care strategies	**Community funding strategies**	**Community partner strategies**
"We lead"	**"We fund"**	**"They lead"**
A0a. Encourage patients to establish a primary care medical home. A0b. Offer transportation assistance for those in financial need. A0c. Collaborate with CHRISTUS Trinity Clinic (CTC) to increase primary and specialty care access through provider recruitment and expansion. B0a. Collaborate with CHRISTUS Trinity Clinic (CTC) to increase primary and specialty care access through provider recruitment and expansion. B0b. Explore promotion of "food as medicine" initiative in the community: provide health education and medical monitoring on good nutrition and health outcomes. B0c. Promote Institute for Health Living (IHL) scholarships for individuals in financial need requiring fitness access. B0d. Improve screening and referral for social determinants of health (SDoH), particularly food insecurity. B5a. Initiate comprehensive cancer center with integrated services. B5b. Offer emotional and spiritual support to patients experiencing cancer, including support groups and pastoral care. C0a. Provide transport for uninsured individuals requiring inpatient behavioral health. C0b. Evaluate proposals to provide support services for patients and families within the hospital or in the community who need behavioral health assistance. C1a. Offer community-based education on the health risks of smoking/vaping.	B0a. Explore funding partnerships to promote "food as medicine" in the community, for example, with East Texas Food Bank, Longview Community Ministries, Newgate Mission and Mission Marshall: teaching nutrition, providing/growing healthier food and cooking with cultural appreciation. B5a. Continue funding of educational opportunities and scholarships to increase cancer health awareness, for example, with Your Best Care Day. C0a. Continue funding opportunities to improve mental health via art/culture, for example, with Longview Museum of Fine Art. C0b. Explore funding opportunities to expand behavioral health services for adults, for example, with Community HealthCore, East Texas Council on Alcoholism and Drug Abuse (ETCADA), Oceans. E0a. Explore funding opportunities for scholarships to increase access to education and vocational training.	A0a. Explore relationships with Federally Qualified Healthcare Centers (FQHCs) to expand PCP access. B0a. Evaluate opportunities to offer community-based screening assessments and education on prevention and health maintenance. B0b. Explore partnerships to promote "food as medicine" in the community with food banks, churches and cultural events, for example, with East Texas Food Bank, Longview Community Ministries and Mission Marshall: teaching nutrition, providing/growing healthier food and cooking with cultural appreciation. B5a. Explore expansion of free mammograms via mobile mammography bus to vulnerable and underserved populations with educational institutions, churches and other partners; explore education and screenings for other cancers. C0a. Advocate locally for behavioral health access. C0b. Continue partnership in Greater Longview Optimal Wellness (GLOW) to reduce preventable emergency department usage for mental health or other non-emergent health or social needs, referring to appropriate resources. D0a. Advocate locally for affordable insurance. E0a. Offer clinical education opportunities for students, including nurses and allied health. E0b. Provide shadowing opportunities for individuals considering a health care profession. E0c. Explore opportunities for underrepresented groups to consider a vocation.

Older Adult Health

RESULT: **Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.**

LEAD INDICATORS

A. **Primary care**
B. **Chronic disease**
    1. Heart disease
    2. Stroke
    3. Diabetes
    4. Obesity
    5. Cancer
C. **Behavioral/mental health**
    1. Dementia
D. **Affordable health insurance**
    1. Long-term care

DATA MEASURES

- Alzheimer's disease mortality
- Heart disease mortality
- Diabetes mortality
- ALICE 65+ survival budget
- Skilled nursing facility certified beds per capita

OLDER ADULT HEALTH STRATEGIES		
Hospital direct care strategies	**Community funding strategies**	**Community partner strategies**
"We lead"	**"We fund"**	**"They lead"**
A0a. Encourage patients to establish a primary care medical home. A0b. Offer transportation assistance for those in financial need. A0c. Collaborate with CHRISTUS Trinity Clinic (CTC) to increase primary and specialty care access through provider recruitment and expansion. B0a. Collaborate with CHRISTUS Trinity Clinic (CTC) to increase primary and specialty care access through provider recruitment and expansion. B0b. Explore promotion of "food as medicine" initiative in the community: provide health education and medical monitoring on good nutrition and health outcomes. B0c. Promote Institute for Health Living (IHL) scholarships for individuals in financial need requiring fitness access. B0d. Improve screening and referral for social determinants of health (SDoH), particularly food insecurity. B5a. Initiate comprehensive cancer center with integrated services. B5b. Offer emotional and spiritual support to patients experiencing cancer, including support groups and pastoral care. C0a. Provide transport for uninsured individuals requiring inpatient behavioral health. C0b. Evaluate proposals to provide support services for patients and families within the	B0a. Explore funding partnerships to promote "food as medicine" in the community, for example, with East Texas Food Bank, Longview Community Ministries, Newgate Mission and Mission Marshall: teaching nutrition, providing/growing healthier food and cooking with cultural appreciation. B5a. Continue funding of educational opportunities and scholarships to increase cancer health awareness, for example, with Your Best Care Day. C0a. Explore funding opportunities to expand awareness of behavioral health services for adults, for example, with Heartsway Hospice, Community HealthCore, East Texas Council on Alcoholism and Drug Abuse (ETCADA), Oceans.	A0a. Explore relationships with Federally Qualified Healthcare Centers (FQHCs) to expand PCP access. B0a. Evaluate opportunities to offer community-based screening assessments and education on prevention and health maintenance. B0b. Explore partnerships to promote "food as medicine" in the community with food banks, churches and cultural events, for example, with East Texas Food Bank, Longview Community Ministries and Mission Marshall: teaching nutrition, providing/growing healthier food and cooking with cultural appreciation. B5a. Explore expansion of free mammograms via mobile mammography bus to vulnerable and underserved populations with educational institutions, churches and other partners; explore education and screenings for other cancers. C0a. Continue partnership in Greater Longview Optimal Wellness (GLOW) to reduce preventable emergency department usage for mental health or other non-emergent health or social needs, referring to appropriate resources. C0b. Advocate locally for behavioral health access.

hospital or in the community who need behavioral health assistance. C1. Explore possible inpatient interventions to increase engagement with dementia patients using art, volunteer visitors.		D0a. Advocate locally for affordable insurance.

Chapter 5: Conclusion

Conclusion

The CHRISTUS Good Shepherd Health System 2026-2028 Community Health Implementation Plan will guide our strategies over the next three years, aligning the health priorities identified in the Community Health Needs Assessment (CHNA) with focused efforts in direct care, community benefit funding and community partnerships.

Together with the triennial CHNA, the CHIP offers a structured opportunity for us and our community partners to assess the region's most urgent health challenges and determine how we will respond collectively and with purpose.

Improving the health and well-being of an entire community is not the work of one organization alone. It requires deep collaboration, shared accountability and long-term investment in relationships and systems that extend beyond traditional health care. Through this plan, CHRISTUS Good Shepherd Health System reaffirms its commitment to working with residents, local leaders and mission-aligned partners to advance equity and create conditions where all people can thrive.

This work is guided by a shared vision of a healthier East Texas where:

- Mothers and babies have access to the care and support needed for healthy pregnancies, childbirth, growth and development.
- Children are well-equipped with the care and support to grow up physically and mentally healthy.
- Adults have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.
- Older adults have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being .
- All community members receive compassionate, high-quality care that honors their dignity, life experiences and unique needs.

As we move forward, this CHIP will serve as a roadmap and a promise. A roadmap for focused, measurable action. And a promise to listen, to adapt and to continue showing up in partnership with our community.

Image Attribution

We are grateful to reproduce artwork from the community art exhibition, "The Art of Healthcare: One CHRISTUS, a 90-Year Journey," commissioned in collaboration with the Longview Museum of Fine Arts (LMFA), celebrating 90 years of CHRISTUS Good Shepherd Medical Center - Longview serving the community. The artwork is reproduced with permission of LMFA.

Cover

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An electronic version of this Community Health Implementation Plan is publicly available at:

CHRISTUS Health's website:
CHRISTUShealth.org/connect/community/community-needs

CHRISTUS GOOD SHEPHERD Health System