



UTHealth Science Center at Tyler Executive Summary

The 28 - county region of Northeast Texas is roughly the size of West Virginia and home to 1.3 million residents. The primarily rural population is poorer, older, and has education achievement levels lower than Texas as a whole.

Situation/Need

The health status of the Northeast Texas population is characterized by high rates of premature death due to heart disease, stroke, cancers (lung, colorectal, and skin), chronic lower respiratory diseases, unintentional injuries, and suicide. As another key health indicator, only half of pregnant women receive care during their first trimester. Infant mortality rates are higher here than the Texas average. If this region was a separate state, it would rank 45th in the nation for overall mortality.

Many factors contribute to individual health behaviors, health status, and disease outcomes. Northeast Texas residents have high rates of tobacco use, obesity, physical inactivity, poor nutrition, and high risk sexual activity. Use and abuse of alcohol, prescription drugs, methamphetamine, and marijuana is a widespread concern. East Texas Community Health survey respondents self-reported prevalence rates of depression and anxiety two to three times higher than national averages. They also report barriers to health care that include travel distances, clinic hours, and shortage of clinicians. This information was evaluated within the context of UT Health Northeast's mission, regional network, collaborative relationships and role as the only academic medical center in the region. Three strategic aims have been identified to address significant needs that also further the institutional mission.

Health care sector workforce gaps contribute to poor health outcomes. These include an inadequate number of clinical and mental health care providers as well as a shortage of trained public health professionals.

Goal 1: Establish the School of Community and Rural Health (SCRH)

A. Operationalize the SCRH

- Recruit and designate Department Chairs and faculty
- Develop curriculum that emphasizes applied public health for rural populations
- Establish and implement student recruitment and enrollment processes

B. Develop collaborative, community-based applied experiential learning opportunities

- Identify partner organizations for student placements
- Identify and orient preceptors
- Execute contracts for student placements

C. Expand UT Health academic programs and serve as a training site for students from other academic institutions

- Implement and continue to expand post graduate training for behavioral health professionals
- Pursue opportunities to disseminate knowledge of rural public health care principles, research, and practice

D. Secure resources needed to achieve this goal

- Obtain Texas Formula funding

Gaps in communication and coordination among organizations result in duplication or missed service opportunities, barriers to care, and inappropriate utilization of services. The second strategic goal is a systematic approach for broad-based collaboration to address priority issues including a standardized data repository for population health data, and promotion of healthy lifestyle choices.

Goal 2: Establish a regional consortium to improve the health status of the RHP1 population

A. Designate a UT Health Northeast Leadership Team to oversee implementation of the PHSP

B. Convene a regional Health Improvement Consortium

- Identify and invite founding members and regional representatives
- Adopt collaboratively generated consortium charter using the Texas Health Improvement Network (THIN) as a model
- Establish communication channels

C. Expand partnerships to address local needs, identify resources, and establish action plans

- Engage a cross-section of organizations and individuals to support improved population health status including philanthropic, educational, public health, behavioral and clinical health providers, government, civic, and community organizations
- Identify priority regional issue(s) and mechanism for consortium leadership to promote and support local efforts

D. Design, populate, and maintain a data repository of health indicators and health initiatives needed to analyze trends, evaluate program effectiveness, reveal unanticipated issues, and guide evolving strategies

E. Secure resources required to achieve this goal

A third strategic goal recognizes the need and opportunity to address improved clinical services with an emphasis on preventive care and support to adopt healthy lifestyles. The UT Health Northeast population represents a microcosm of the region. As such, opportunities exist to demonstrate a variety of health promotion initiatives that may be replicated in communities across the region.

Goal 3: Advance population health outcomes through clinical improvements

A. Expand access to preventive and primary health care for underserved residents

- Expand use of telehealth education and clinical services delivery
- Establish partnerships for screening and preventive care with non-traditional partners

B. Improve cancer prevention, early detection & treatment, and decrease regional mortality rates

- Formalize partnership with MDACC to serve Northeast Texas residents
- Expand cancer prevention education and screenings for early detection and treatment

C. Expand access to behavioral and mental health services for Northeast Texas residents

- Improve awareness of mental health issues and treatments among partners and community members
- Expand training programs to include other behavioral health specialties e.g. child psychology and psychiatry

D. Improve health status of UT Health employee population

- Share Health Status of Northeast Texas-2016 and PHSP with employee population along with implications and recommendations for individuals and families
- Develop and implement a model personal wellness plan to encourage adoption of improved healthy lifestyles for employees and their dependents
- Secure resources required to achieve this goal