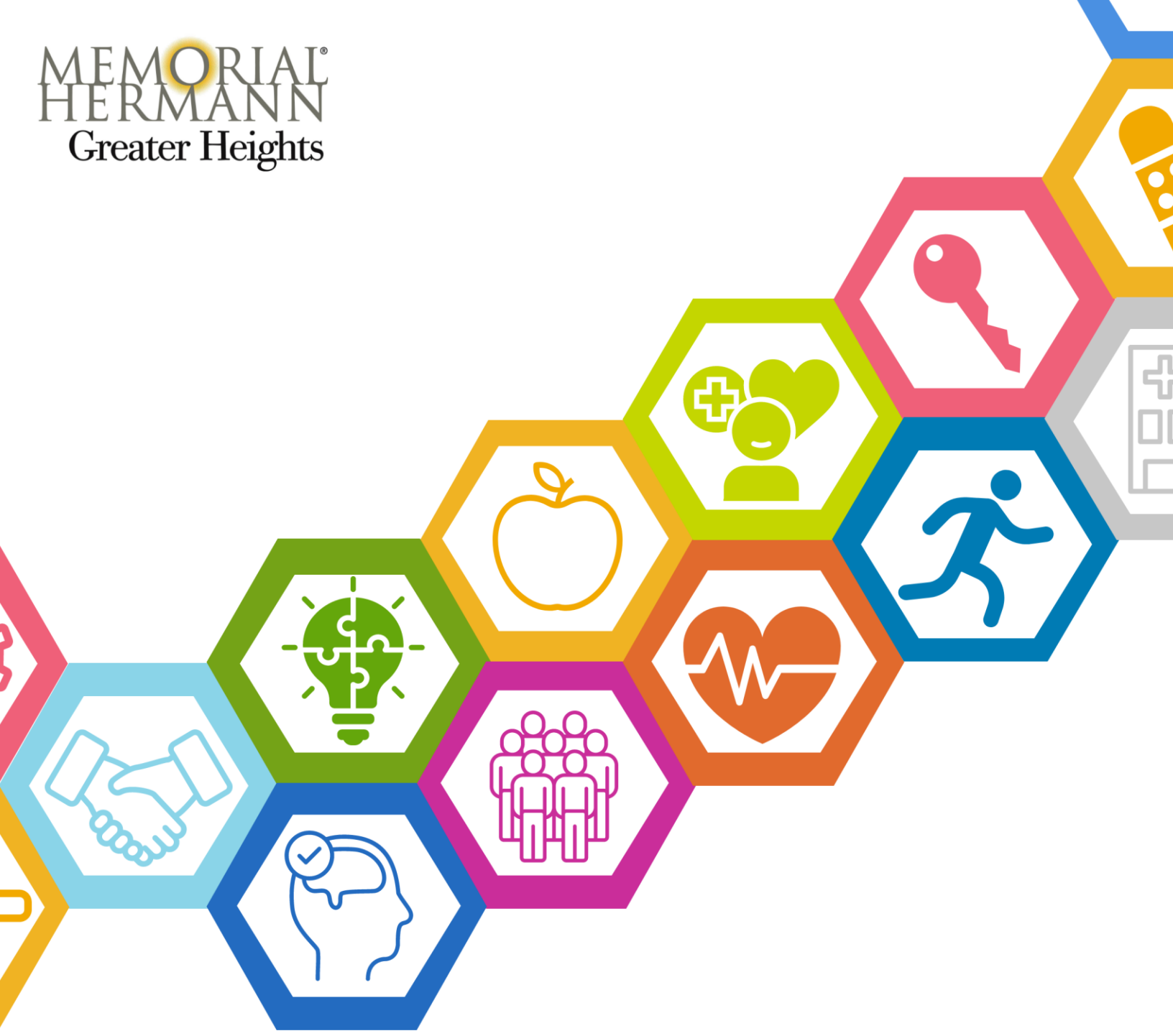
MEMORIAL HERMANN
Greater Heights



Community Health Needs Assessment 2022

Board Approved June 23, 2022

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Executive Summary

Since 2013, Memorial Hermann Greater Heights (MHGH) Hospital has formally completed a comprehensive Community Health Needs Assessment (CHNA) every three years, in accordance with federal IRS regulations §1.501(r)-3, to better understand the population it serves as well as the health issues that are of greatest concern within its community. As part of the CHNA, the hospital system is required to collect input from the community, including professionals, residents, representatives, or leaders in its identified service areas.

Memorial Hermann Health System partnered with Conduent Healthy Communities Institute (HCI) to employ a systematic, data-driven approach to conduct a CHNA for Memorial Hermann Greater Heights Hospital. The purpose of this report is to offer a meaningful understanding of the most pressing health needs in the Memorial Hermann Greater Heights Hospital Primary Service Area (PSA), as well as to guide planning efforts to address those needs. Special attention has been given to the specific needs of unique populations in the PSA including unmet health needs or gaps in services utilizing input from the community.

Findings from this report will be used to identify, develop, and target hospital and community-driven initiatives to improve the health and quality of life of residents in the community.

Service Area

Memorial Hermann Health System defines the community served by a hospital, as those individuals residing within its Primary Service Area (PSA). The PSA includes approximately 75% of inpatient discharges and does not exclude low-income or underserved populations. The geographical boundaries of the Memorial Hermann Greater Heights Hospital Primary Service Area (PSA) are defined by 20 zip codes, all within Harris County. The zip codes and percentage of the patient population that reside in each zip code within the PSA are listed in the service area description section of this report.

Demographics

The demographics of a community significantly impact its health profile. Different race/ethnic, age, sex, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates in this report are sourced from Claritas Pop-Facts® (2021 population estimates) and American Community Survey one-year (2019) or five-year (2015-2019) estimates unless otherwise indicated.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent Healthy Communities Institute's community indicator database. The database, maintained by researchers and analysts at HCI, includes over 200 community indicators covering at least 28 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally set targets, and to previous time periods.

Primary Data / Community Input

Primary data used in this assessment consisted of key informant interviews (KIIs) and a community survey. KIIs were conducted with leaders and staff from organizations that provide services directly to the community and officials that represent governmental and non-governmental entities. Interviewees invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations. Input from community residents was collected through an online survey. The survey consisted of 12 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as demographic, social, and economic determinants of health.

Summary of Findings

The CHNA findings in this report are drawn from the analysis of an extensive set of secondary data (more than 200 indicators from national and state data sources) and in-depth primary data from community leaders, non-health professionals, and organizations that serve the community at large, community-specific populations, and/or populations with unmet health needs.

Significant health needs were identified across all socioeconomic groups, races and ethnicities, ages, and sexes. The assessment highlighted health disparities and needs that disproportionately impact the medically underserved and uninsured. Through a synthesis of the primary and secondary data, the following 15 health topics were considered.

Memorial Hermann Health System Significant Health Needs		
1. Mental Health and Mental Disorders	6. Physical Activity	11. Oral Health
2. Access to Healthcare	7. Children's Health	12. Women's Health
3. Diabetes	8. Obesity/Overweight	13. Cancers
4. Older Adults/Elderly Care	9. Substance Abuse (alcohol, tobacco, drugs)	14. Injuries, Violence & Safety
5. Heart Disease & Stroke	10. Wellness & Lifestyle	15. Respiratory/Lung Disease (asthma, COPD, etc.)

Prioritized Areas

To standardize efforts across the Memorial Hermann Health System and increase the potential for impacting top health needs in the Greater Houston region, secondary data scoring was assessed and prioritized at the regional/system level. In March 2022, key members from the 13 hospital facilities in the Memorial Hermann Health System completed a survey to prioritize the significant health issues, based on the criteria of ability to impact, scope and severity, and consideration within Memorial Hermann's strategic focus. The following topics were identified as priorities to address:

Memorial Hermann Pillars	Memorial Hermann Health System Prioritized Health Needs
Access:	Access to Healthcare
Emotional Well-Being:	Mental Health and Mental Disorders
Food as Health:	Diabetes, Heart Disease, Stroke, Obesity/Overweight
Exercise is Medicine:	Diabetes, Heart Disease, Stroke, Obesity/Overweight

Disparities

Identifying disparities by race/ethnicity, gender, age, and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity. Community health disparities were assessed in the data collection process using multiple analysis tools including HCI's Health Equity Index (HEI), HCI's Food Insecurity Index (FII), and Index of Disparity. Primary data collection and analysis also incorporated a focus on disparities.

COVID-19 Impact Snapshot

At the time that Memorial Hermann Health System began its CHNA process, the state of Texas and the nation were continuing to deal with the novel coronavirus (COVID-19) pandemic. The process for conducting the assessment remained fundamentally the same. However, there were some adjustments made during the process to ensure the health and safety of those participating. A summary of the community impact of the COVID-19 pandemic in the region and the impact on community issues are incorporated into this report.

Conclusion

This Community Health Needs Assessment (CHNA), conducted for Memorial Hermann Greater Heights Hospital and the Memorial Hermann Health System, used a comprehensive set of secondary and primary data to determine the significant health needs in the Memorial Hermann Health System. The findings in this report will be used to guide the development of Greater Height's Implementation Strategy, which will outline strategies to address identified priorities and improve the health of the community.

Introduction & Purpose

As a not-for-profit, tax-exempt hospital, Memorial Hermann Greater Heights Hospital is pleased to present its 2021-22 CHNA report, which provides an overview of the significant community health needs identified in the hospital's primary service area, defined as the Memorial Hermann Greater Heights Hospital Service Area. Memorial Hermann Health System partnered with Conduent Healthy Communities Institute (HCI) to conduct the 2021-22 CHNA across Memorial Hermann Health System's regional service area, including Memorial Hermann Greater Heights Hospital. The Memorial Hermann Health System includes 13 licensed facilities:

- Memorial Hermann Katy Hospital
- Memorial Hermann Memorial City Medical Center
- Memorial Hermann Greater Heights Hospital
- Memorial Hermann Northeast Hospital
- Memorial Hermann Southeast Hospital
- Memorial Hermann Sugar Land Hospital
- Memorial Hermann Southwest Hospital
- Memorial Hermann The Woodlands Medical Center
- Memorial Hermann Rehabilitation Hospital – Katy
- Memorial Hermann – Texas Medical Center
- TIRR Memorial Hermann
- Memorial Hermann Surgical Hospital Kingwood
- Memorial Hermann Surgical Hospital First Colony

The purpose of this report is to offer a meaningful understanding of the most pressing health needs across Memorial Hermann's regional service area and Memorial Hermann Greater Heights Hospital service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of community-specific populations, unmet health needs or gaps in services, and input gathered from the community. Additionally, a section has been added to this report that focuses on the impact of the COVID-19 pandemic.

Findings from this report will be used to identify, develop, and target hospital and community-driven initiatives to improve the health and quality of life of residents in the community.

This report includes a description of:

- The community demographics and population served.
- The process and methods used to obtain, analyze, and synthesize primary and secondary data.
- The significant health needs in the community, considering the needs of uninsured, low-income, and marginalized groups.
- The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.

Service Area Definition

The geographical boundaries of the Memorial Hermann Greater Heights Hospital Primary Service Area (PSA) are shown in the map below (**Figure 1**). The PSA is defined by 20 zip codes in Harris County and represents approximately 75% of inpatient discharges. The zip codes and percent of the patient population that resides in each zip code within the Memorial Hermann Greater Heights Hospital PSA are listed in **Table 1**.

Figure 1. Memorial Hermann Greater Heights Hospital Service Area

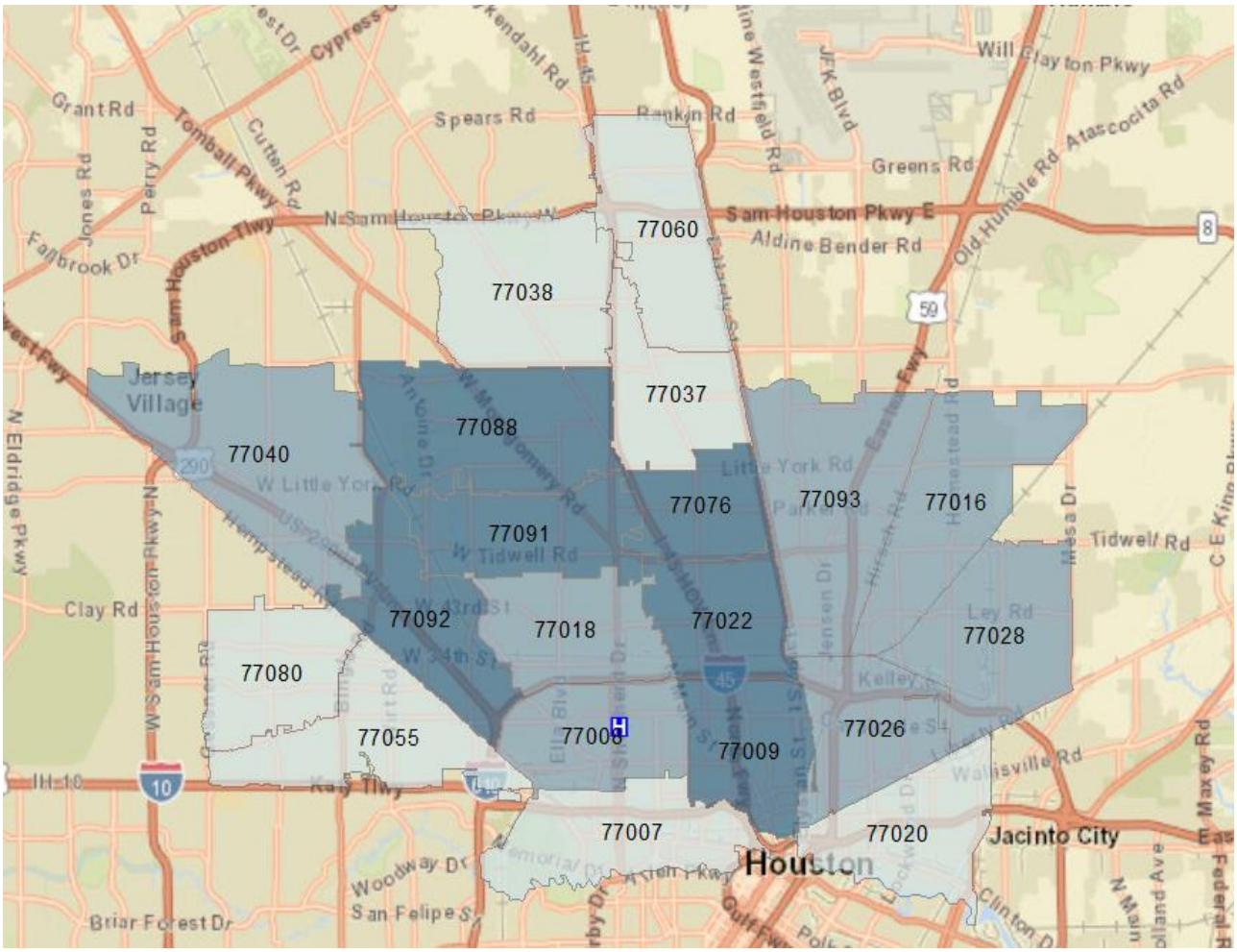


Table 1. Proportion of Patient Population Served by Zip Code

Zip	Service Area Percentage	Patient Count
77088	7.96%	1,126
77022	7.68%	1,086
77091	7.34%	1,038
77092	6.11%	865
77009	5.51%	780
77076	5.19%	734
77018	4.93%	697
77093	4.34%	614
77026	4.21%	595
77008	4.02%	569
77016	3.34%	472
77028	2.65%	375
77040	2.28%	323
77007	1.75%	247
77060	1.67%	236
77037	1.62%	229
77020	1.48%	209
77055	1.39%	196
77080	1.14%	162
77038	1.02%	145
Greater Heights PSA	**75.61%**	**10,698**

About Memorial Hermann Health System

Memorial Hermann Health System

Charting a better future. A future that's built upon the HEALTH of our community. At Memorial Hermann, this is the driving force as we strive to redefine and deliver health care for the individuals and many diverse populations we serve. Our 6,700 affiliated physicians and 29,000 employees practice the highest standards of safe, evidence-based, quality care to provide a personalized and outcome-oriented experience across our more than 270 care delivery sites. As one of the largest not-for-profit health systems in Southeast Texas, Memorial Hermann has an award-winning and nationally acclaimed Accountable Care Organization, 17* hospitals and numerous specialty programs and services conveniently located throughout the Greater Houston area. Memorial Hermann-Texas Medical Center is one of the nation's busiest Level I trauma centers and serves as the primary teaching hospital for McGovern Medical School at UTHealth Houston. For more than 115 years, our focus has been the best interest of our community, contributing more than $411 in FY 20 through school-based health centers, neighborhood health centers, a nurse health line and other community benefit programs. Now and for generations to come, the health of our community will be at the center of what we do–charting a better future for all.

**Memorial Hermann Health System owns and operates 14 hospitals and has joint ventures with three other hospital facilities, including Memorial Hermann Surgical Hospital First Colony, Memorial Hermann Surgical Hospital Kingwood and Memorial Hermann Rehabilitation Hospital-Katy. These facilities comprise 13 separate hospital licenses.*.

Mission Statement

Memorial Hermann Health System is a non-profit, values-driven, community-owned health system dedicated to improving health.

Vision

To create healthier communities, now and for generations to come.

Our Values

Community: We value diversity and inclusion and commit to being the best healthcare provider, employer and partner.

Compassion: We understand our privileged role in people's lives and care for everyone with kindness and respect.

Credibility: We conduct ourselves and our business responsibly and prioritize safety, quality and service when making decisions.

Courage: We act bravely to innovate and achieve world-class experiences and outcomes for patients, consumers, partners and the community.

The extensive geographic coverage and breadth of service uniquely positions Memorial Hermann to collaborate with other providers to assess and create healthcare solutions for individuals in Greater Houston's diverse communities; to provide superior quality, cost-efficient, innovative and compassionate care; to support teaching and research to advance the health professionals and health care of tomorrow; and to provide holistic health care that addresses the physical, social, psychological and spiritual needs of individuals. An integrated health system, Memorial Hermann is known for world-class clinical expertise, patient-centered care, leading-edge technology and

innovation. Supporting and guiding the System in its impact on overall population health is the Memorial Hermann Community Benefit Corporation.

The Memorial Hermann Community Benefit Corporation (CBC) implements initiatives that work with other healthcare providers, government agencies, business leaders and community stake-holders that are designed to improve the overall quality of life in our communities. The work is built on the foundation of four intersecting pillars: Access to Health Care, Emotional Wellbeing, Food as Health and Exercise is Medicine. These pillars are designed to provide care for uninsured and underinsured; to reach those Houstonians needing low-cost care; to support the existing infrastructure of non-profit clinics and federally qualified health centers; to address mental and behavioral care services through innovative access points; to work against food insecurity and physical inactivity; and to educate individuals and their families on how to access the services needed by and available to them. Funded largely by Memorial Hermann with support by various partners and grants, the work takes us outside of our campuses and into the community.

Memorial Hermann Greater Heights Hospital

Serving the Greater Heights community for over 55 years, Memorial Hermann Greater Heights Hospital is known for providing award-winning care to families in the community. Memorial Hermann Greater Heights focuses on service line growth & creating intentional partnerships to address the unique community needs. Memorial Hermann Greater Heights is committed to advancing health and personalizing the care of those we serve through excellent clinical quality, caring service, and outstanding physician engagement.

More than 600 affiliated, board-certified physicians and healthcare professionals employ advanced medical equipment and state-of-the-art technology to address the community's healthcare needs. Memorial Hermann Greater Heights provides a wide range of medical specialties, including heart and vascular, cancer treatment, total joint replacement, rehabilitation, and women's care. When emergencies arise, Memorial Hermann Greater Heights's Emergency Room offers services 24/7. The Chest Pain and Stroke Centers are fully accredited to provide fast, effective treatment for heart attack and Stroke patients.

Memorial Hermann Greater Heights' 260-bed facility features a Family Birthing Center, a 22-bed intensive care unit, 10 Operating rooms, an 8-bed Cardiovascular ICU as well as a Medical Surgical and Inpatient Rehab unit. In addition to a full complement of inpatient services Greater Heights offers an Outpatient Testing Center, Cancer Treatment Center, and Adult and Pediatric Outpatient therapy through the Memorial Hermann TIRR network.

Consultants

Memorial Hermann Health System collaborated with Conduent Healthy Communities Institute (HCI) on the completion of its 2021-22 CHNA. HCI works with clients across the U.S. to drive community health improvement outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-population-health/.

Evaluation of Progress Since Prior CHNA

The CHNA process (**Figure 2**) should be viewed as a three-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

Figure 2. CHNA Process

Priority Health Needs from Preceding CHNA

Memorial Hermann Greater Heights Hospital's priority health areas for the years 2019-2021 were:

- Access to Health Care
- Emotional Well-Being
- Food as Health
- Exercise Is Medicine

The following section includes notable highlights from a few of the initiatives implemented since the last CHNA to address the priority health needs.

Priority Health Need #1: Access to Health Care

Memorial Hermann Greater Heights supports initiatives that increase patients' access to care to ensure they receive care at the right location, at the right cost, at the right time. Ongoing efforts include participation in system-wide programs like Nurse Health Line - a 24/7 free resource where community members (uninsured and insured) within the greater Houston community can call to discuss their health concerns, receive recommendations on the appropriate setting for care, and get connected to appropriate resources; ER Navigation – navigating uninsured and Medicaid patients that access the ER for primary care treatable and avoidable issues to a medical home; and OneBridge Health Network - connecting uninsured patients, meeting eligibility criteria, including a referral from a PCP, with the specialty care connections they need to get well. Additionally, Memorial Hermann Greater Heights creates increased access to care for underserved and low-income population through transportation vouchers to provide a safe way home upon discharge and providing Neighborhood Health Center vouchers through the ER Case management team to promote awareness of and improve access for the appropriate level of care.

Priority Health Need #2: Emotional Well-Being

Memorial Hermann Greater Heights participates in system-wide initiatives that connect and care for community members experiencing a mental health concern with: access to appropriate psychiatric specialists at the time of their crisis with the Memorial Hermann Psychiatric Response Team; redirection away from the ER and to the Memorial Hermann Mental Health Crisis Clinics; linkage to a permanent, community based mental health provider with the Memorial Hermann Integrated Care Program; and knowledge to navigate the system, regardless of their ability to pay through support from Memorial Hermann Psychiatric Response Case Management.

Priority Health Need #3: Food as Health

Memorial Hermann Greater Heights has implemented initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease through screening for food insecurity via ER staff and care managers and connecting patients to Houston Food Bank for SNAP eligibility and food pantry connections. Memorial Hermann Greater Heights also conducts various support groups for members within the hospital and the surrounding community, including Amputation Support Group, Mended Hearts Support Group, and Stroke Support Group to encourage a change in knowledge and health status.

Priority Health Need #4: Exercise is Medicine

Memorial Hermann Greater Heights has implemented initiatives that promote physical activities that promote improved health, social cohesion, and emotional well-being. Efforts include: Improving health and social cohesion through food distribution and 'a walk in the park' at Moody and Castillo Parks in the Near Northside two Saturdays a month; Improving health and social cohesion through Walking Clubs (including Walk with a Doc), Senior Fitness, Soccer for Success at

Clark Park in Northline; and partnering with Healthy Outdoor Communities to create thriving parks and communities through events that serve the client base in the Acres Home area and contribute to integrated programming and resources that promote more active and healthy outdoor lifestyles leading to better mental health, well-being, and resiliency in children and youth of color and their families as well as the community at large.

Community Feedback from Preceding CHNA & Implementation Plan

Memorial Hermann Greater Heights Hospital 2019-2021 CHNA and Implementation Plan were made available to the public and open for public comment via the website: https://memorialhermann.org/giving-back/community-benefit/reports-community.

No comments were received on either document at the time this report was written.

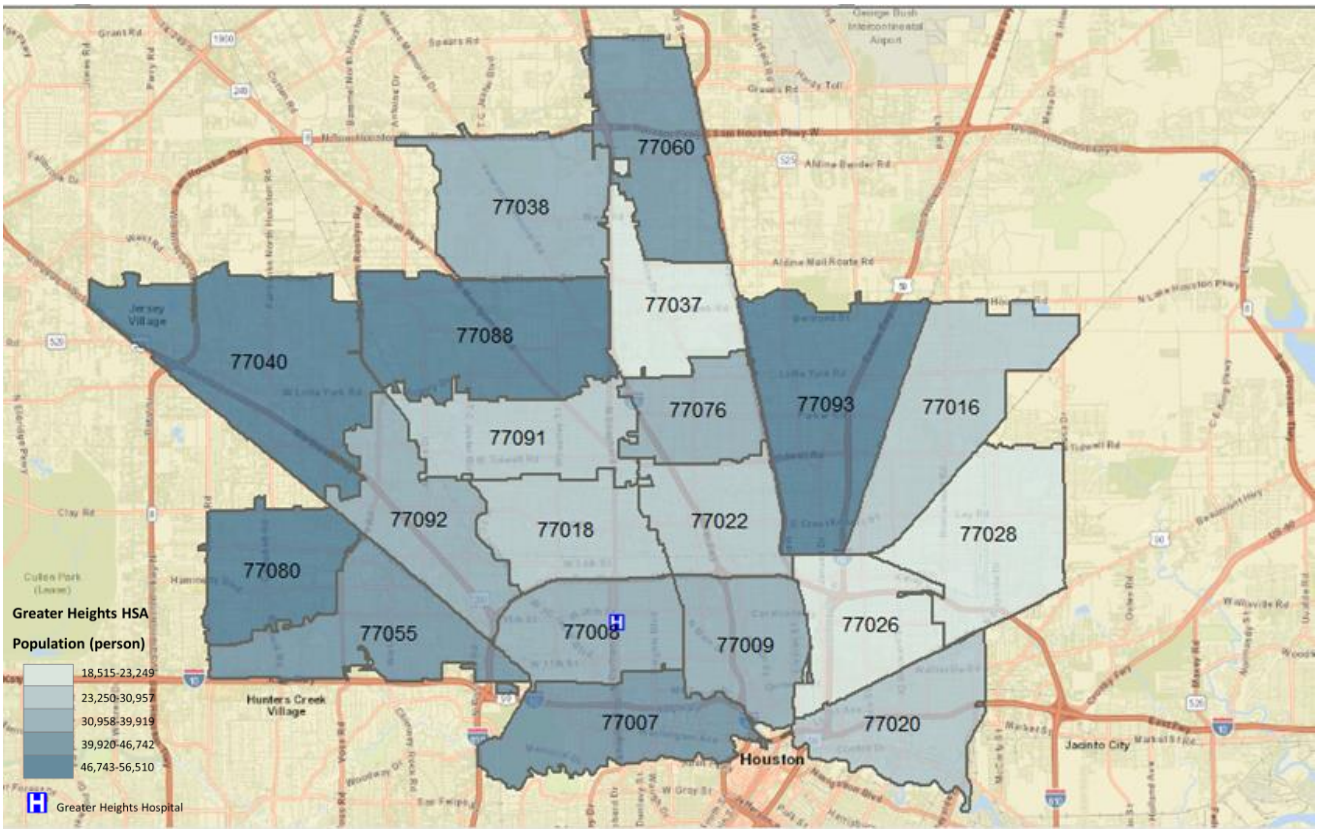
Demographics

The following section explores the demographic profile of Memorial Hermann Greater Heights Hospital Primary Service Area (PSA). The demographics of a community significantly impact its health profile. Different race/ethnic, age, sex, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates are sourced from Claritas Pop-Facts® (2021 population estimates) and American Community Survey one-year (2019) or five-year (2015-2019) estimates unless otherwise indicated.

Population

According to the 2021 Claritas Pop-Facts® population estimates, Memorial Hermann Greater Heights Hospital Primary Service Area (PSA) has a population of approximately 726,575 persons. **Figure 3** shows the population size by each zip code, with darker shades indicating larger populations, and the hospital's service area demarcated in blue. **Table 2** provides the actual population estimates for each zip code. The most populated areas within the hospital's PSA are zip codes 77088 with a population of 56,510 and 77040 with a population of 51,888. Together these zip codes comprise about 15% of the total population in the Memorial Hermann Greater Heights PSA.

Figure 3. Greater Heights PSA Population Size by Zip Code



Source: 2021 Claritas Pop-Facts®, ArcGIS Map

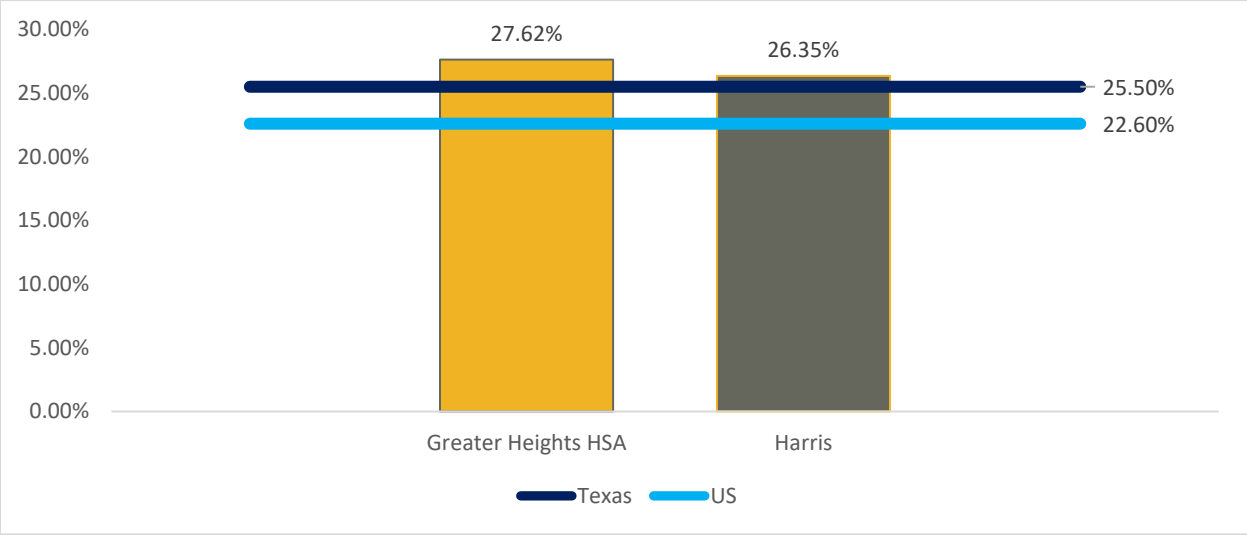
Table 2. Greater Heights PSA Population by Zip Code

Zip Code	Total Population Estimate	Percent of Total
77088	56,510	8%
77040	51,888	7%
77093	49,998	7%
77080	48,962	7%
77060	46,742	6%
77055	45,049	6%
77007	42,835	6%
77009	39,919	5%
77008	36,898	5%
77092	36,214	5%
77076	35,798	5%
77038	33,254	5%
77022	30,957	4%
77016	28,446	4%
77018	27,398	4%
77091	27,120	4%
77020	26,074	4%
77026	23,249	3%
77037	20,749	3%
77028	18,515	3%
Total	**726,575**	**100%**

Age

Figure 4 shows the Memorial Hermann Greater Heights Service Area population under the age of eighteen compared to Harris County, Texas, and the United States. Greater Heights PSA has the highest percentage of individuals under the age of eighteen.

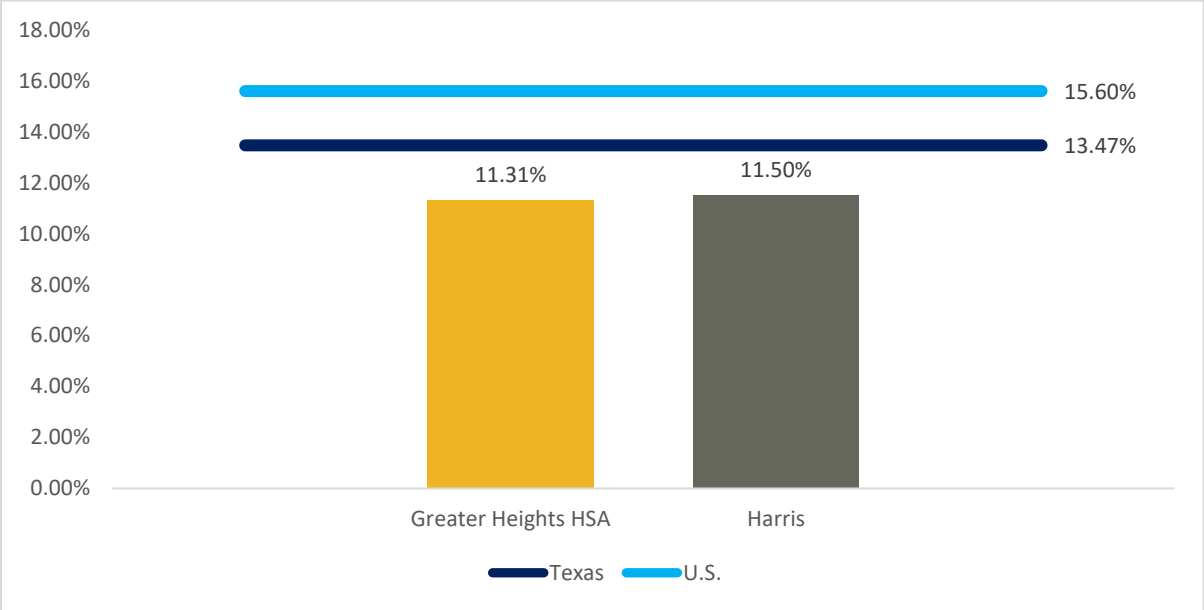
Figure 4. Population Under Age 18



Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Figure 5 shows the Memorial Hermann Greater Heights Service Area population over the age of sixty-five as compared to Harris County, Texas, and the United States. Greater Heights PSA and Harris County have similar percentage rates and are lower compared to the state of Texas and the United States.

Figure 5. Population Over Age 65



Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Table 3 shows the age breakdown of the Memorial Hermann Greater Heights Hospital PSA compared to county and state. Overall, the age breakdown is similar to the age breakdown of Harris County.

Table 3. Population by Age: Service Area, County, and Texas Comparisons

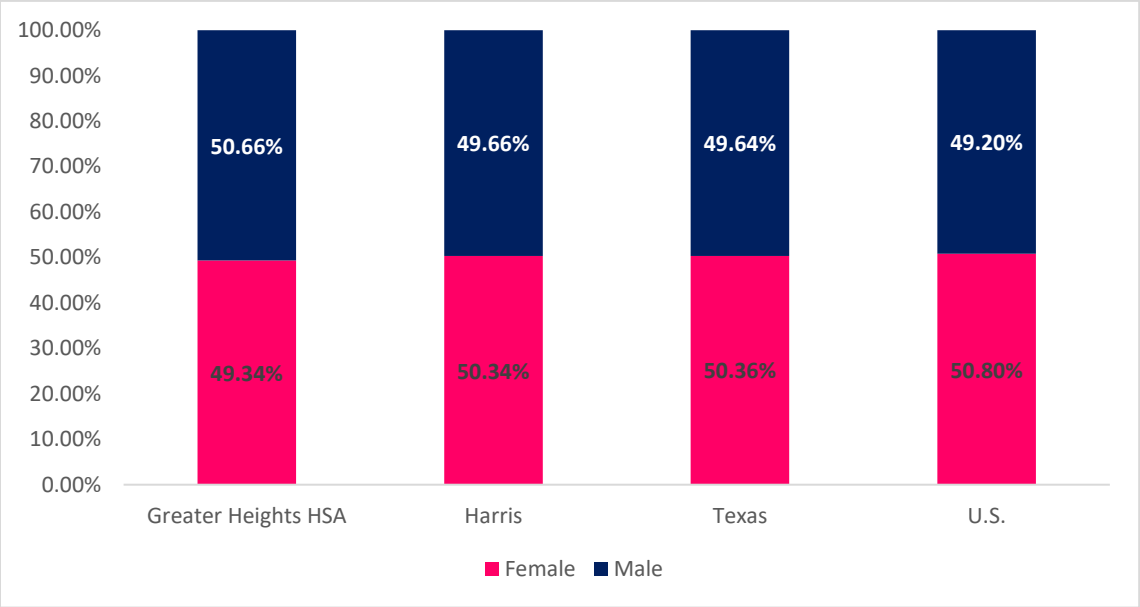
Location	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Greater Heights PSA	8.15%	19.47%	8.67%	15.34%	15.01%	11.93%	10.11%	11.31%
Harris	7.44%	18.91%	9.34%	15.71%	14.43%	12.48%	10.73%	11.50%
Texas	7.01%	18.49%	9.94%	14.02%	13.50%	12.33%	11.25%	13.47%

Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Sex

Figure 6 shows the male and female percentages for the Greater Heights PSA, Harris County, Texas, and the United States. Males comprise 50.66% of the population, whereas females comprise 49.34% of the population in the PSA, similar to Harris County, Texas, and the United States.

Figure 6. Population by Sex



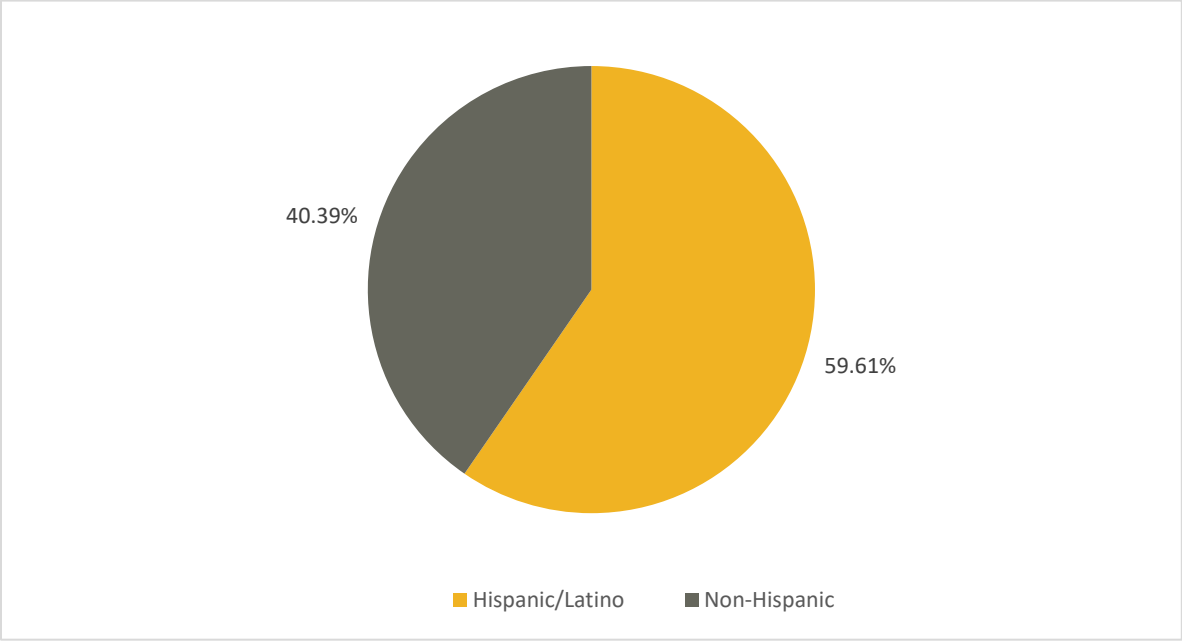
Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Race and Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income, and poverty.

Figure 7 shows the ethnicity of residents in the Memorial Hermann Greater Heights Hospital PSA with 59.61% of residents identifying as Hispanic or Latino (of any race) and 40.39% identifying as non-Hispanic.

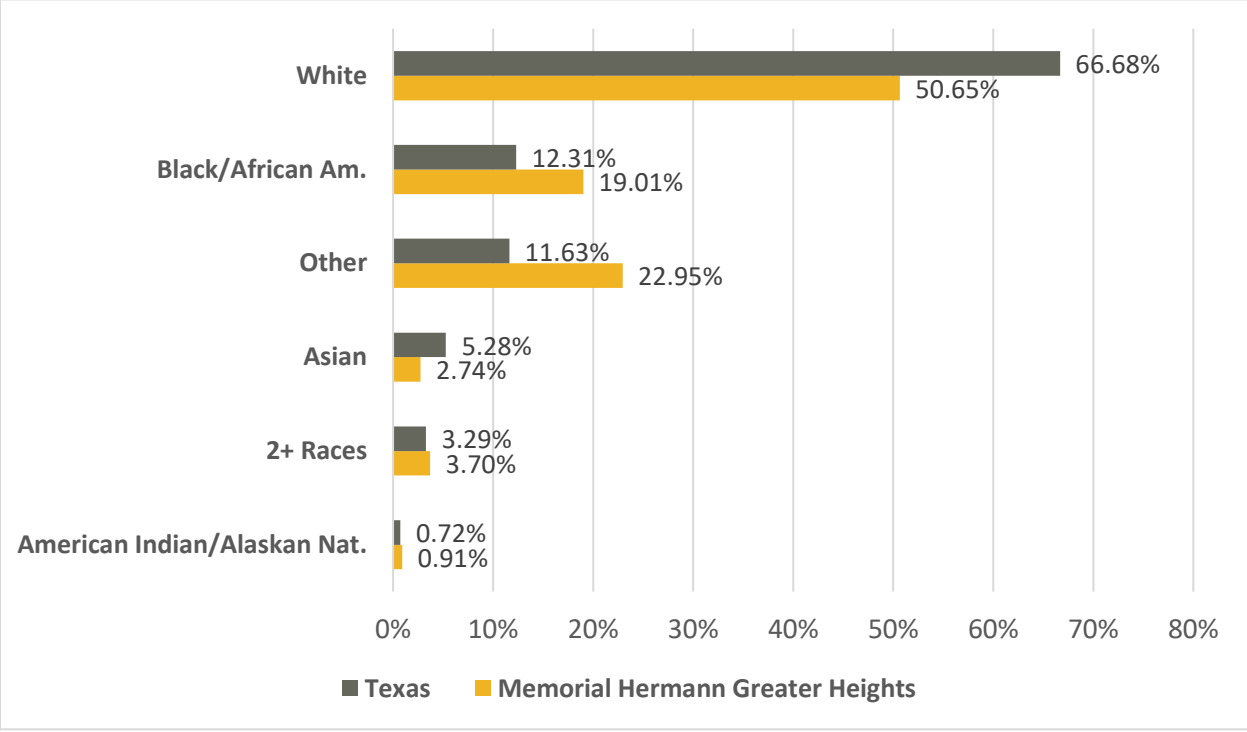
Figure 7. Greater Heights PSA Ethnicity



Source: 2021 Claritas Pop-Facts®

Figure 8 shows the racial composition with 50.65% as White; 19.01% as Black/African American; 2.74% as Asian; 3.70% identify as "two or more Races;" and less than one percent as American Indian and Alaska Native, Native Hawaiian, and Other Pacific Islander. **Table 4** shows the comparisons by location, which includes zip code, service area, county, and state comparisons.

Figure 8. Greater Heights PSA Race



Source: 2021 Claritas Pop-Facts®

Table 4. Population by Race: Zip Code, Service Area, County, State, and U.S. Comparisons

Location	White	Black/ African American	American Indian/ Alaskan Native	Asian	Native Hawaiian/ Pacific Islander	Other Race	2+ Races
77007	74.34%	5.11%	0.43%	9.31%	0.05%	6.83%	3.92%
77008	76.61%	5.59%	0.81%	4.66%	0.04%	8.79%	3.49%
77009	64.64%	7.23%	0.89%	1.28%	0.08%	22.02%	3.86%
77016	16.18%	60.55%	0.75%	0.24%	0.01%	19.81%	2.46%
77018	72.44%	10.73%	0.69%	2.11%	0.04%	10.71%	3.28%
77020	49.51%	21.62%	1.14%	0.79%	0.07%	24.07%	2.80%
77022	47.53%	18.29%	0.72%	0.38%	0.04%	29.16%	3.88%
77026	23.90%	48.44%	0.59%	0.42%	0.04%	22.91%	3.70%
77028	17.30%	63.58%	0.36%	0.18%	0.02%	15.54%	3.02%
77037	55.57%	1.20%	1.23%	1.13%	0.01%	36.54%	4.32%
77038	45.89%	18.44%	1.31%	5.68%	0.07%	24.68%	3.94%
77040	49.79%	13.99%	0.98%	7.97%	0.04%	23.27%	3.96%
77055	62.17%	3.76%	0.79%	4.53%	0.04%	24.71%	4.01%
77060	45.89%	18.98%	1.29%	.47%	0.03%	28.65%	4.68%
77076	55.36%	7.23%	0.82%	0.22%	0.06%	32.46%	3.85%
77080	54.71%	4.73%	1.15%	3.09%	0.03%	31.63%	4.66%
77088	32.07%	41.68%	1.00%	3.11%	0.02%	19.23%	2.88%
77091	28.49%	51.27%	0.76%	0.58%	0.02%	15.91%	2.96%
77092	59.71%	12.42%	0.81%	1.06%	0.02%	22.61%	3.37%
77093	50.27%	10.85%	1.08%	0.38%	0.04%	33.66%	3.72%
Greater Heights PSA	50.65%	19.01%	0.91%	2.74%	0.04%	22.95%	3.70%
Harris	53.33%	19.02%	0.70%	7.40%	0.07%	15.63%	3.86%
Texas	66.68%	12.31%	0.72%	5.28%	0.10%	11.63%	3.29%
United States	72.50%	12.70%	0.90%	5.50%	0.2%	4.90%	3.30%

Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Table 5 shows ethnicity by service area, county, state, and United States comparisons. In the Memorial Hermann Greater Heights PSA, 59.61% identify as Hispanic, higher than in other locations.

Table 5. Population by Ethnicity: Service Area, County, State, and U.S. Comparisons

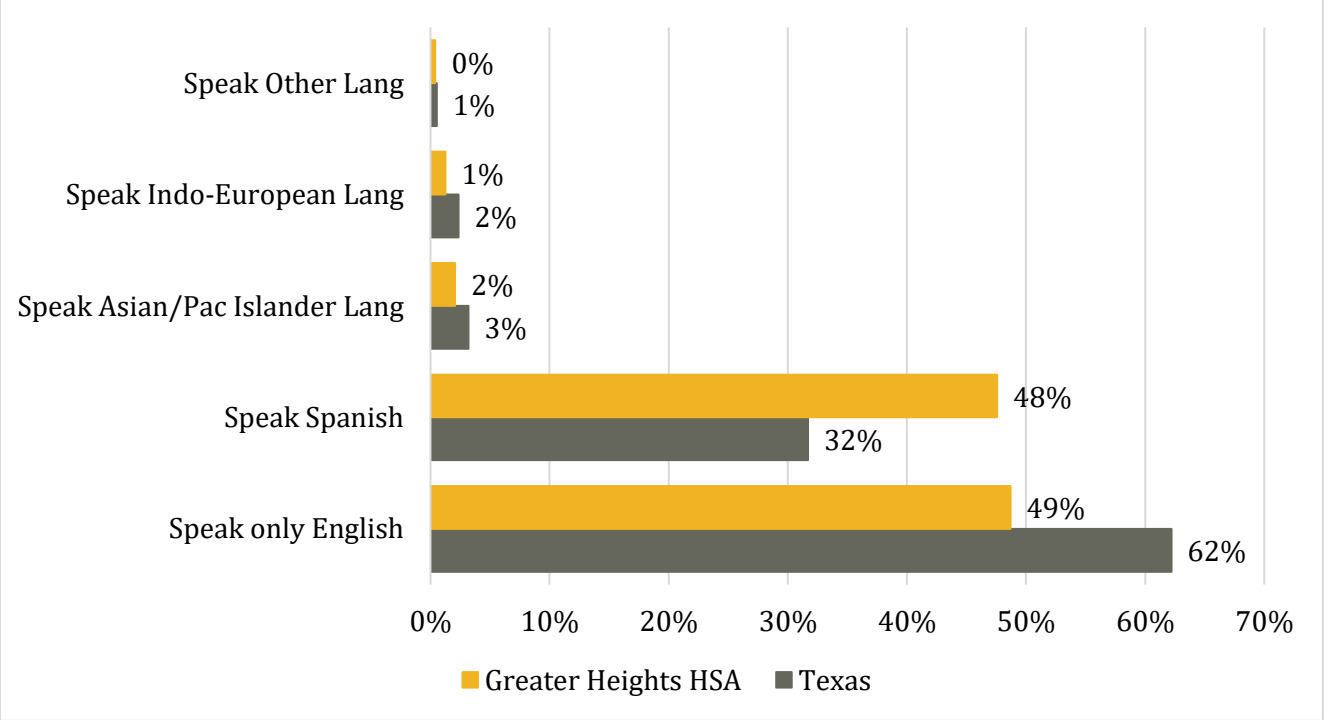
Location	Hispanic	Non-Hispanic
Greater Heights PSA	59.61%	40.39%
Harris	44.85%	55.15%
Texas	40.90%	59.10%
United States	18.00%	82.00%

Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Language and Immigration

Language is an important factor to consider for outreach efforts to ensure that community members are aware of available programs and services. **Figure 9** shows the percentage of the population age five and older by language spoken at home. In the Greater Heights service area, the proportion of the population that speaks English at home is 49%. This is an important consideration for the effectiveness of services and outreach efforts, which may be more effective if conducted in languages other than English alone. Spanish is the second most common language spoken at home, at 48% of the population. **Table 6** shows the comparisons by location, which includes zip code, service area, county, and state comparisons.

Figure 9. Population Age 5+ by Language Spoken at Home



Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Table 6. Population Age 5+ by Language Spoken at Home: Zip Code, Service Area, County, and State Comparisons

Location	Only English	Spanish	Asian/ Pacific Island Language	Indo-European Lang.	Other Language
77007	69.75%	21.89%	4.80%	3.24%	0.31%
77008	68.72%	25.99%	2.67%	2.56%	0.06%
77009	41.97%	55.40%	1.06%	1.42%	0.15%
77016	72.41%	26.87%	0.17%	0.24%	0.31%
77018	68.44%	28.42%	1.35%	1.56%	0.23%
77020	38.98%	59.04%	0.84%	0.63%	0.50%
77022	36.97%	61.75%	0.32%	0.63%	0.32%
77026	61.03%	37.33%	0.26%	0.88%	0.50%
77028	70.00%	27.81%	0.89%	0.87%	0.44%
77037	32.53%	65.54%	0.76%	1.12%	0.04%
77038	36.79%	57.69%	4.21%	1.18%	0.13%
77040	53.84%	39.07%	5.11%	1.72%	0.26%
77055	44.19%	50.62%	3.02%	1.94%	0.23%
77060	31.99%	65.63%	0.56%	0.68%	1.13%
77076	27.83%	70.80%	0.41%	0.89%	0.07%
77080	33.73%	61.73%	3.12%	1.27%	0.15%
77088	60.68%	34.13%	3.28%	0.79%	1.12%
77091	62.99%	33.69%	0.95%	0.71%	1.67%
77092	48.27%	0.20%	1.35%	1.29%	0.20%
77093	29.72%	0.21%	0.63%	0.49%	0.21%
Greater Heights PSA	48.69%	47.58%	4.19%	3.4%	0.78%
Harris	56.09%	35.82%	4.15%	3.05%	0.89%
Texas	62.22%	31.7%	3.2%	2.35%	0.53%

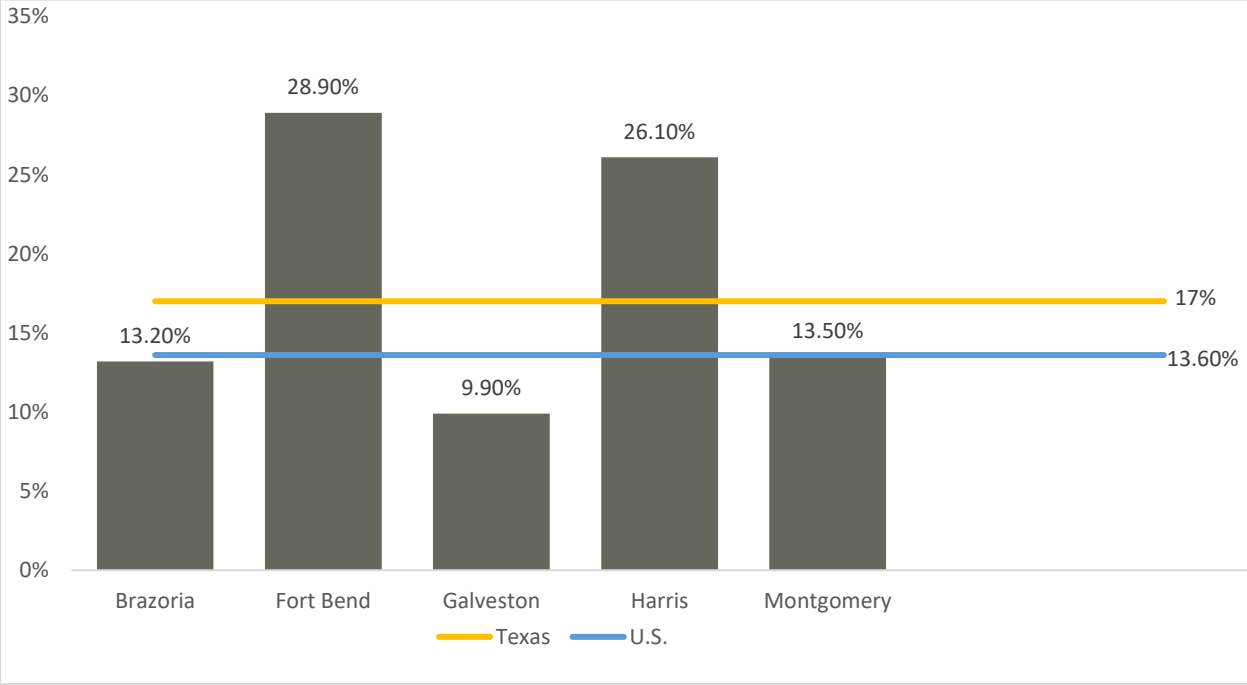
Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

In 2017, the Houston metropolitan area was home to 1.6 million immigrants, making it the fifth-largest foreign-born population in the US, after New York City, Los Angeles, Miami, and Chicago. Immigrants represented 24% of Houston's overall population. Unauthorized immigrants made up approximately one-third of immigrants in the Houston area. Another 30% were naturalized citizens, 32% were legal permanent residents, and 5% were legal nonimmigrants (Migration Policy Institute, 2018).

Unauthorized immigrants comprised 10% of all workers, a share higher than their proportion of the Houston population at 8%. Houston's economic future is critically dependent on continued immigration. Construction and service industries are particularly dependent on immigrant labor today, but other sectors such as health care and IT will increasingly rely on immigrants to meet growing labor demands (Migration Policy Institute, 2018).

Figure 10 shows the estimated percentages of the population who are foreign born. The percentages include all foreign-born persons, regardless of whether they are naturalized U.S. citizens. Data availability was limited to five of twelve counties served by the Memorial Hermann Hospital System.

Figure 10. Foreign Born Persons: County, State, and U.S. Comparisons



Source: American Community Survey 2015-2019

Social & Economic Determinants of Health

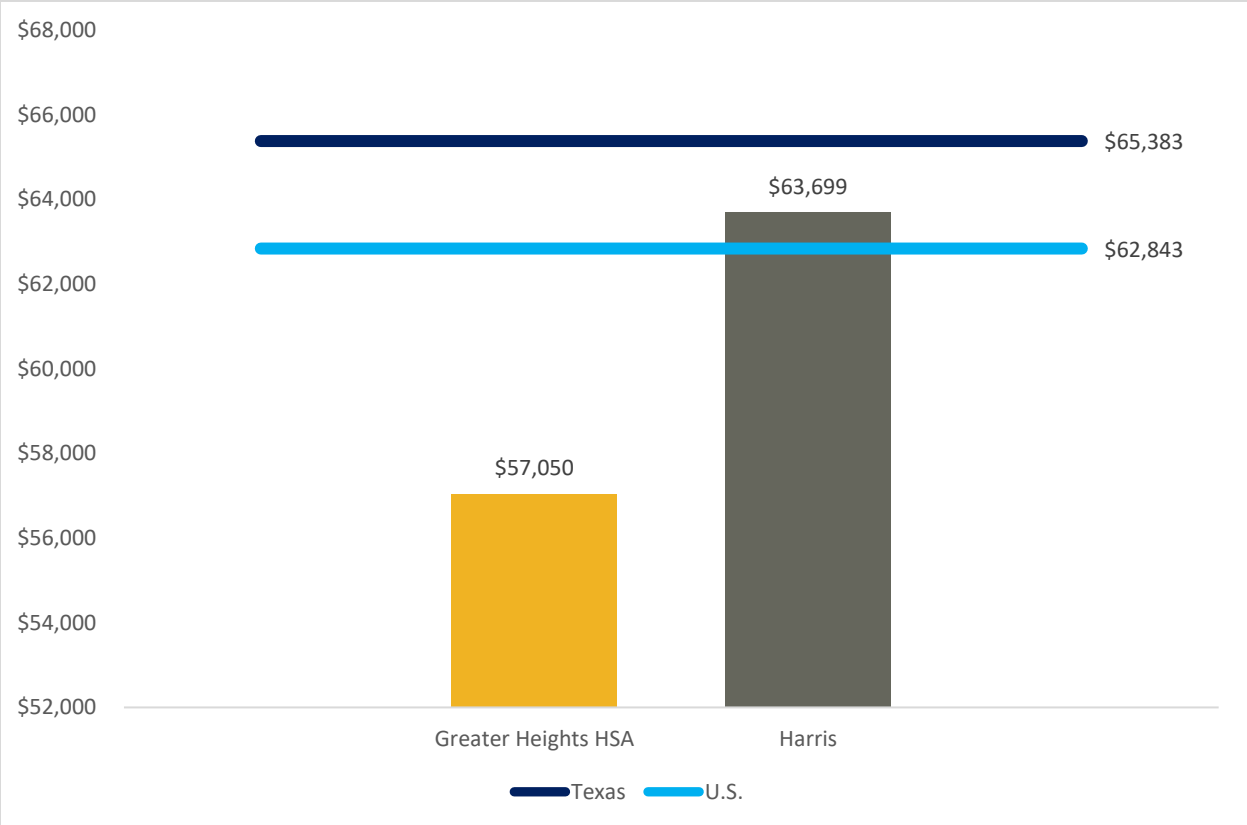
This section explores the economic, environmental, and social determinants of health of the Memorial Hermann Greater Heights Hospital service area. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

Figure 11 provides a breakdown of households by income in the Memorial Hermann Greater Heights Hospital PSA, Harris County, Texas, and the United States. The PSA median household income is $57,050, which is significantly lower than Harris County, the state of Texas, and the United States.

Figure 11. Median Household Income: Service Area, County, State, and U.S. Comparisons



Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Table 7 shows the median household income by zip code, service area, county, state, and the United States. At $121,999, zip code 77007 has the highest median household income and at $31,184, 77026 has the lowest. **Table 8** shows median household income by race/ethnicity. In the Greater Heights PSA, the Asian population has the highest median income at $92,064 and the Black/African American population has the lowest at $34,002.

Table 7. Median Household Income by Zip Code, Service Area, County, State, and the U.S.

Location	Median Household Income
77007	$121,999
77008	$109,537
77018	$93,536
77040	$60,091
77055	$58,186
77009	$54,813
77080	$46,567
77037	$45,496
77088	$43,585
77038	$42,996
77092	$42,538
77076	$38,516
77091	$38,490
77016	$36,851
77093	$33,796
77028	$33,301
77020	$32,611
77022	$32,304
77060	$32,082
77026	$31,184
Greater Heights PSA	$57,050
Harris	$63,699
Texas	$65,385
U.S.	$62,843

Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Table 8. Median Household Income by Race/ Ethnicity: Zip Code, Service Area, County, State, and U.S. Comparisons

Location	White	Black/African American	American Indian/ Alaskan Native	Asian	Native Hawaiian/ Pacific Islander	Hispanic/ Latino
77007	$127,885	60,938	92,045	116,771	59,375	72,144
77008	19,183	75,602	45,714	142,115	65,000	67,354
77009	66,378	29,552	27,917	45,000	35,000	39,854
77016	50,680	34,758	61,538	31,250	62,500	45,337
77018	116,703	41,486	56,250	146,875	42,500	57,043
77020	35,896	22,335	84,766	86,905	42,500	36,133
77022	35,012	22,292	43,438	23,125	100,000	35,428
77026	32,210	29,004	54,167	39,615	75,000	32,205
77028	41,484	31,701	57,143	46,250	50,000	40,342
77037	43,098	62,891	36,500	40,294	N/A	46,222
77038	39,788	38,211	45,179	64,495	30,000	43,778
77040	68,534	52,837	64,038	59,834	108,333	51,736
77055	71,239	34,785	53,261	126,515	59,375	39,712
77060	32,785	26,058	66,369	32,647	30,000	33,901
77076	38,772	24,968	40,833	30,000	70,000	39,424
77080	55,423	38,173	64,352	67,857	38,750	40,017
77088	54,626	34,509	42,813	63,063	30,000	49,447
77091	46,406	32,355	73,864	32,778	112,500	39,420
77092	48,873	31,897	57,500	65,441	100,000	37,802
77093	34,425	25,017	41,944	45,313	66,667	35,203
Greater Heights PSA	72,939	34,002	55,075	92,064	57,687	42,492
Harris	73,122	46,749	56,041	82,719	61,586	51,324
Texas	69,353	49,985	58,487	95,444	56,881	51,128
U.S.	68,785	41,935	43,825	88,204	63,613	51,811

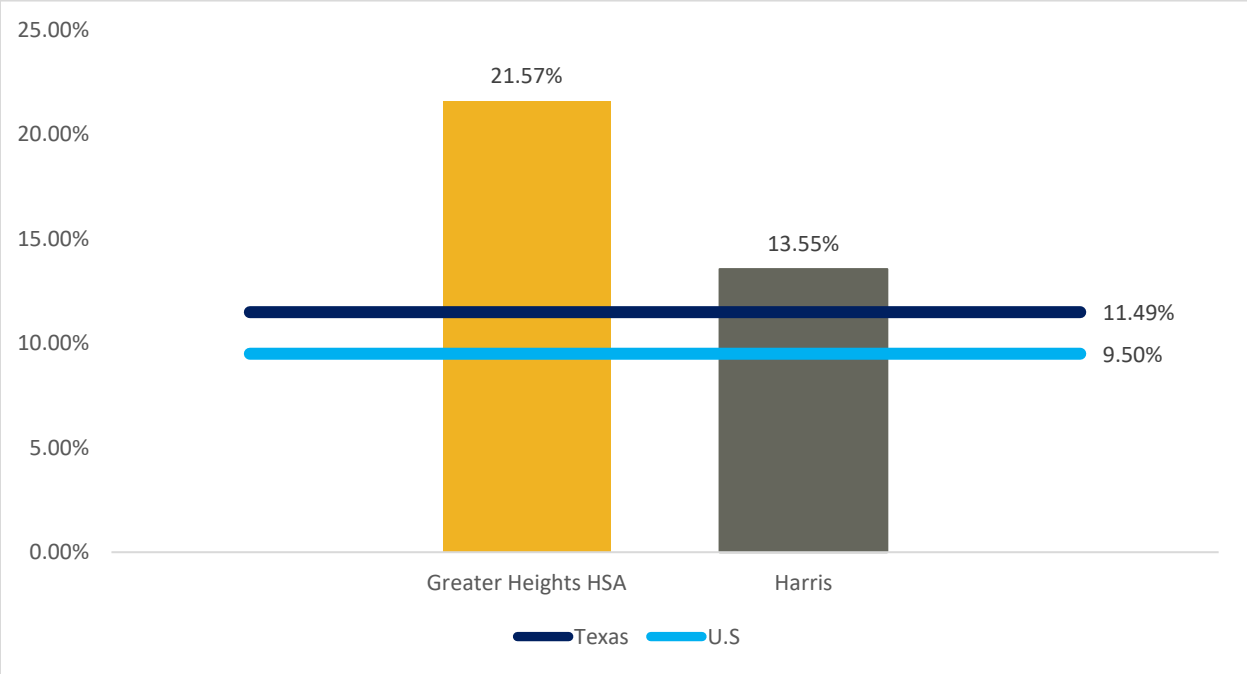
Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions.

Figure 12 shows the proportion of families living below the poverty level in Memorial Hermann Greater Heights Hospital Primary Service Area compared to the state and the U.S. The percentage of families living below the poverty level in the PSA is 21.6%, which is higher than the national value (9.5%) and the state value (11.5%).

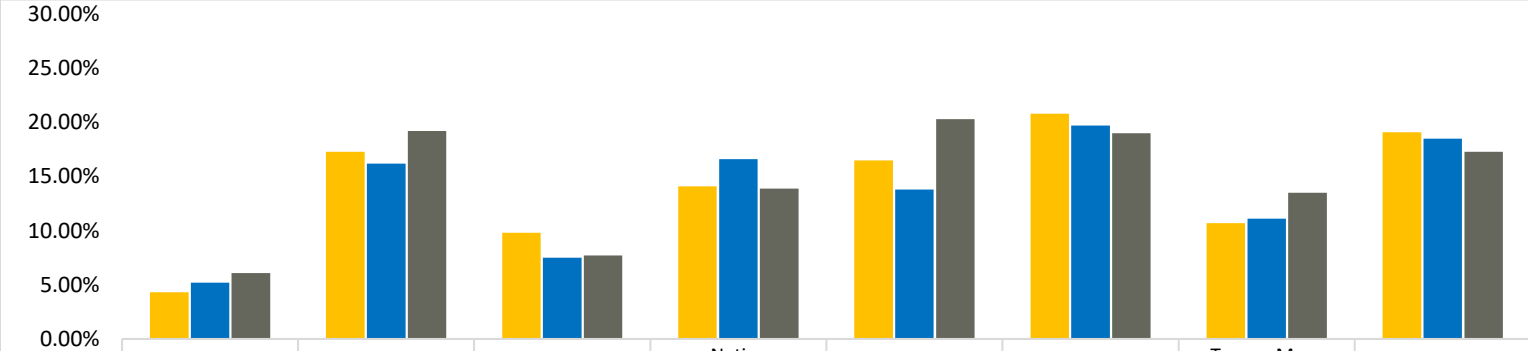
Figure 12. Service Area Families Living Below Poverty Level, Texas & U.S. Comparisons



Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Figure 13 shows the proportion of residents living below the poverty level by race/ethnicity. In Harris County, 19.10% of Hispanic or Latino residents and 17.30% of Black/African American residents live below the poverty level, compared to other residents. The percentage of Black/African American, Hispanic, and Asian residents living below the poverty level in Harris County is each higher than the state value.

Figure 13. Families Living Below Poverty Level by Race/Ethnicity, County, Texas, and the U.S.

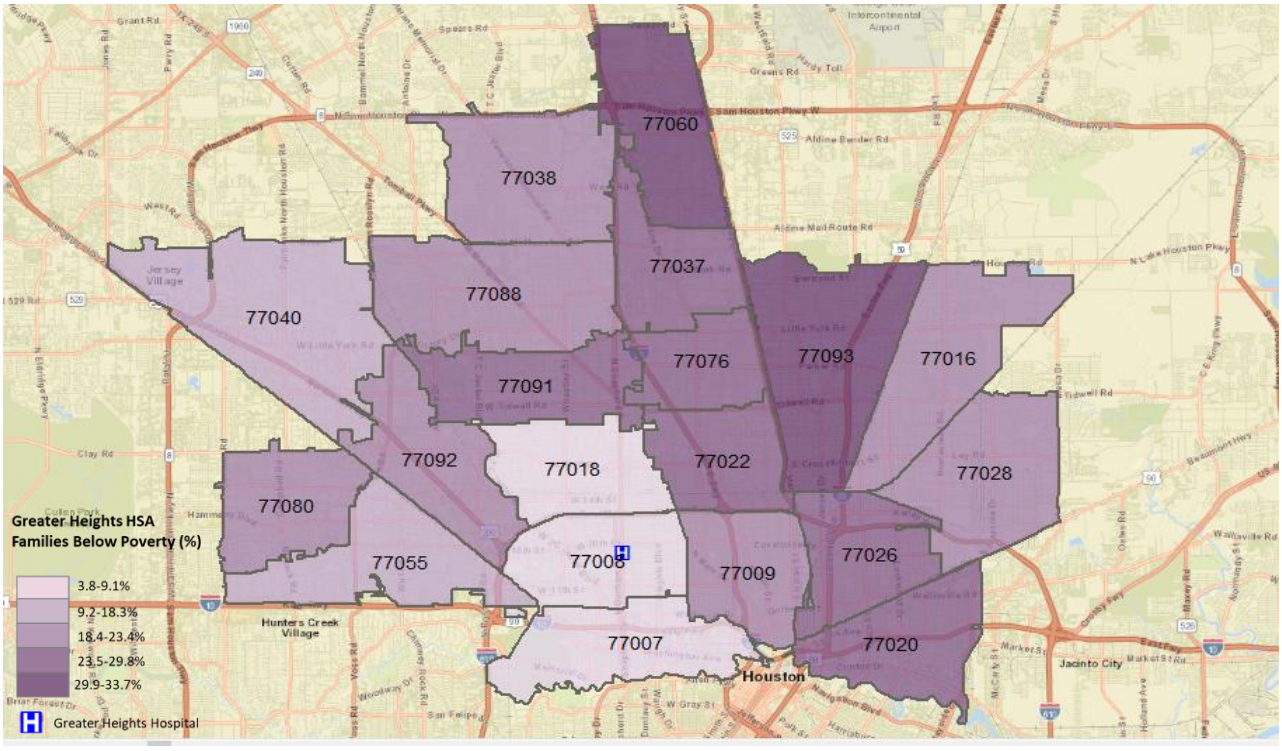


	White	Black/African Am.	Asian	Native Hawaiian/Pacific Is	American Indian	Other	Two or More Races	Hispanic/Latino
Harris	4.30%	17.30%	9.80%	14.10%	16.50%	20.80%	10.70%	19.10%
Texas	5.20%	16.20%	7.50%	16.60%	13.80%	19.70%	11.10%	18.50%
U.S	6.10%	19.20%	7.70%	13.90%	20.30%	19%	13.50%	17.30%

Source: American Community Survey 2015-2019

Figure 14 shows families living below the poverty level by zip code in the Greater Heights PSA. Zip codes in the darker areas represent higher percentages of poverty. **Table 9** shows zip codes with the highest poverty levels as compared to the service area, Harris County, Texas, and United States.

Figure 14. Families Living Below Poverty Level by Zip Code



Source: American Community Survey 2015-2019

Table 9. Families Living Below Poverty Level by Zip Code

Zip Code	Families Living Below Poverty
77093	33.73%
77060	33.45%
77020	29.81%
77026	29.64%
77022	28.36%
77076	27.53%
77037	26.92%
77091	26.24%
77016	23.42%
77038	23.24%
77080	23.17%
77092	23.00%
77028	22.71%
77009	20.82%
77088	20.44%
77055	18.28%
77040	13.21%
77018	9.11%
77008	5.36%
77007	3.78%
Greater Heights PSA	21.57%
Harris	13.55%
Texas	11.49%
U.S.	9.50%

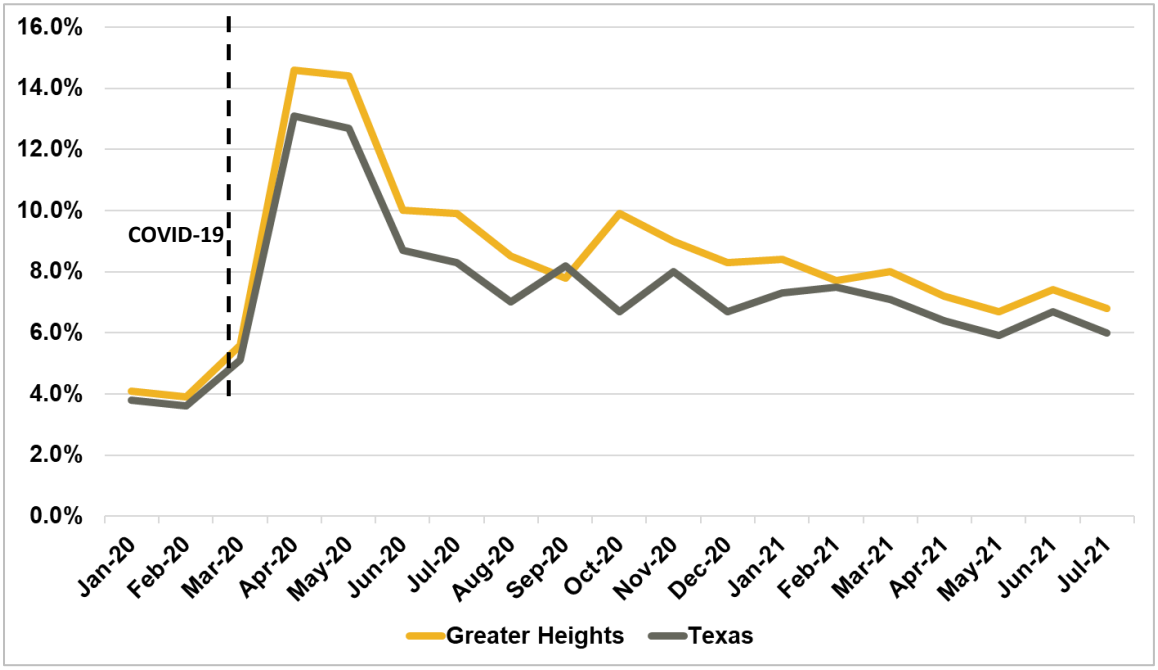
Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Employment

The unemployment rate is a key indicator of the local economy. Unemployment occurs when local businesses are not able to supply enough appropriate jobs for local employees and/or when the labor force is not able to supply appropriate skills to employers. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed people qualify for unemployment benefits and may require housing and food assistance services.

Figure 15 displays the rate of unemployment in the Greater Heights service area between January 2020 and July 2021. Although the unemployment rate has exhibited an increase after the start of the COVID-19 pandemic, it is decreasing towards its pre-pandemic level (3.9%). As of July 2021, the Greater Heights service area and Harris County unemployment rates (6.8%) were higher compared to the state (6.0%) and national rates (5.3%).

Figure 15. Service Area Unemployment Rate (Population 16+)
January 2020-July 2021



Source: U.S Bureau of Labor Statistics 2021

Table 10 shows unemployment rates for those sixteen and older. As of July 2021, the Greater Heights PSA was the same as Harris County at 6.8%.

Underemployment can also limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment. Types of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.

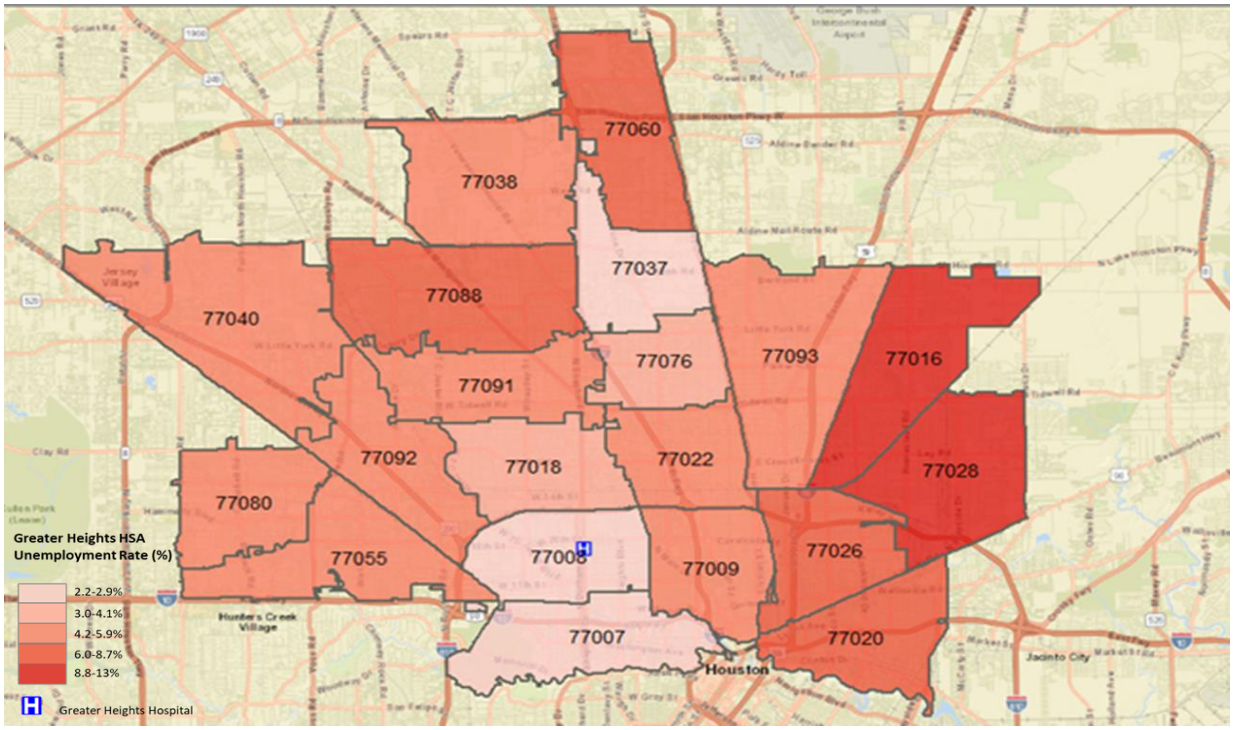
Table 10. Unemployment Rate (Population 16+) July 2021

Location	Unemployment Rate
77028	12.96%
77016	12.84%
77088	8.73%
77020	8.47%
77026	7.92%
77060	6.80%
77092	6.11%
77055	5.89%
77093	5.56%
77040	5.40%
77009	5.24%
77080	5.19%
77022	5.08%
77091	5.02%
77038	4.97%
77018	4.06%
77076	3.95%
77037	2.87%
77008	2.78%
77007	2.21%
Greater Heights PSA	6.8%
Texas	6.0%
Harris	6.8%
United States	5.3%

Source: 2021 Claritas Pop-Facts®, U.S Bureau of Labor Statistics 2021

Figure 16 shows the Greater Heights service area map of unemployment rates for individuals sixteen and older. At approximately 13%, zip codes 77016 and 77028 have higher rates of unemployment compared to other zip codes in the service area, followed by 77020 and 77088.

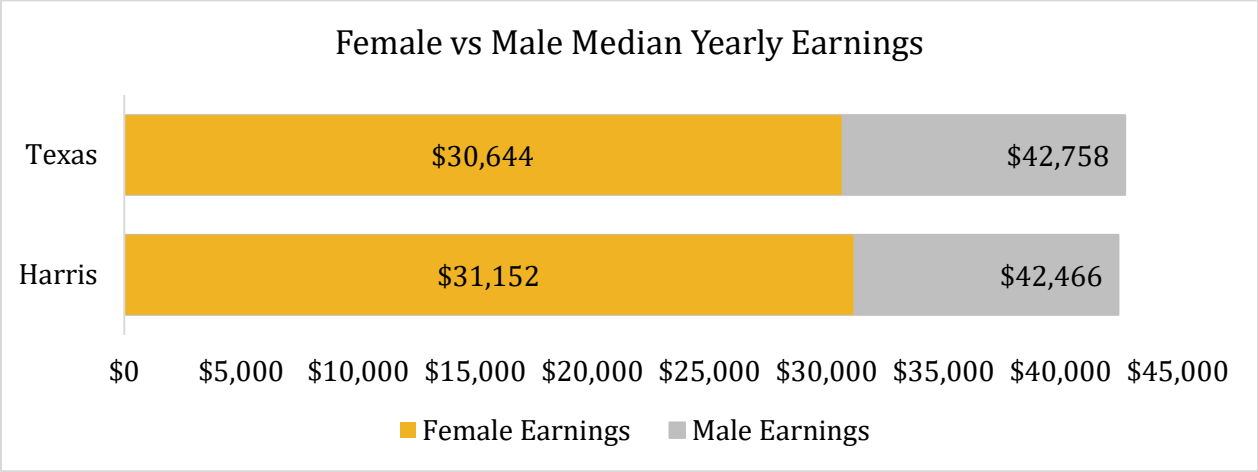
Figure 16. Greater Heights PSA Map of Unemployment Rate (Population 16+) 2021



Source: 2021 Claritas Pop-Facts® ArcGIS Map

Disparities between men's and women's wages can hinder economic growth, by constricting income and spending. These disparities can heighten the risk of financial stress and inadequate savings. **Figure 17** shows working women living in Harris County make less than their male counterparts. Although Greater Heights service area comparisons are unavailable, all zip codes within the Greater Heights service area are located within Harris County and may represent similar yearly earnings. In Harris County, women make an average of $31,152 compared to their male counterparts at $42,466. In the state of Texas, the median yearly earnings for females are $30,644 compared to males at $42,758. Although data is not available by race/ethnicity from this source, national trends suggest that this wage gap persists and is worsened by the race/ethnicity of women heavily affecting low-income and single-income families.

Figure 17. Gender Wage Gap: County and State Comparisons



Source: American Community Survey 2015-2019

Education

Education is an important indicator of health and well-being across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, experience better health outcomes, and practice health-promoting behaviors. **Table 11a** shows that 29.82% of individuals in the Greater Heights PSA do not have a high school diploma compared to the state of Texas, with 16.26%.

Table 11a. Service Area Educational Attainment by Service Area and State Comparisons

Educational Attainment Population Age 25+	Greater Heights PSA	Texas
Less than 9th Grade	16.85%	8.12%
Some High School, No Diploma	12.97%	8.14%
High School Grad	26.45%	25.07%
Some College, No Degree	15.68%	21.49%
Associate Degree	4.51%	7.12%
Bachelor's Degree	14.66%	19.47%
Master's Degree	6.19%	7.65%
Professional Degree	1.88%	1.67%
Doctorate Degree	0.81%	1.17%

Source: 2021 Claritas Pop-Facts®

Table 11b shows the percentage of people of aged 25 years and older who have completed at least a high school degree or higher and a bachelor's degree or higher. High school graduation rates are an important indicator of the performance of the educational system. Having a degree increases career opportunities in a variety of fields and is often a pre-requisite to a higher paying job.

Table 11b. Service Area Educational Attainment by Zip Code, County, State, U.S. Comparisons

Zip Code	Population 25+ with a High School Degree or Higher	Population 25+ with a Bachelor's Degree or Higher
77007	97.5%	77.3%
77008	93.4%	65.3%
77009	74.4%	34.4%
77016	68.6%	8.4%
77018	87.8%	51.6%
77020	63.8%	10.1%
77022	55.8%	7.9%
77026	64.4%	7.3%
77028	70.2%	8.8%
77037	42.8%	3.3%
77038	59.4%	7.8%
77040	80.5%	28.5%
77055	75.1%	35.7%
77060	55.3%	6.4%
77076	51.6%	5.0%
77080	68.4%	22.7%
77088	70.2%	12.1%
77091	71.9%	15.5%
77092	73.2%	19.3%
77093	47.0%	3.0%
Harris	81.4%	31.5%
Texas	83.7%	29.9%
U.S.	88.0%	32.1%

Source: American Community Survey 2015-2019

Housing & Transportation

Spending a high percentage of household income or rent can create financial hardship, especially for lower-income renters. Paying a high rent may not leave enough money for other expenses such as food, transportation, and medical expenses. High rent also reduces the proportion of income a household can allocate to savings each month. **Table 12** shows the Greater Heights service area with 57% of renters spending 30% or more of household income on rent. This is also higher than Harris County (49.9%), Texas (47.8%), and national percentages (49.6%).

Table 12. Spending 30% or More on Rent: Zip Code, County, State, U.S. Comparisons

Zip Code	Renters Spending 30% or More of Household Income on Rent
77028	69.20%
77038	68.40%
77093	66.90%
77037	63.70%
77088	63.00%
77016	61.35%
77076	59.20%

77092	59.20%
77026	59.10%
77060	59.10%
77020	58.90%
77091	56.90%
77022	56.20%
77080	55.40%
77055	53.80%
77018	53.15%
77040	47.80%
77009	45.10%
77008	36.20%
77007	30.70%
Greater Heights PSA	57.00%
Harris	49.90%
Texas	47.80%
U.S.	49.60%

Source: American Community Survey 2015-2019

There are numerous ways in which transportation may influence community health. Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefits of daily exercise.

Table 13 displays the different modes of commuting used by residents within the Greater Heights PSA. In Harris County, 1.5% of residents commute by walking and 0.3% commute by biking. The majority of residents (79.3%) commute by driving alone, which is similar to the state value (80.5%). Public transportation is used by Harris County residents (2.7%) more than the state of Texas as a whole (1.5%).

Memorial Hermann's Greater Heights service area zip codes 77016 and 77026 have the highest proportions of residents commuting by public transportation (7.1% and 7.2%, respectively).

Table 13. Modes of Transportation: Zip Code, Service Area, County, and State Comparisons

Location	Commute by Public Transportation	Commute by Walking	Commute by Biking	Commute by Driving Alone
77007	2.0%	1.0%	0.3%	83%
77008	1.2%	1.2%	0.5%	84.1%
77009	4.6%	2.0%	0.4%	77.1%
77016	7.1%	1.0%	0%	78%
77018	2.0%	0.5%	0%	83.5%
77020	5.1%	1.3%	1.3%	75.9%
77022	3.4%	1.3%	0.6%	77.7%
77026	7.2%	1.8%	0%	76.6%
77028	3.7%	0.5%	0.3%	75.5%

77037	0.4%	0.6%	0%	82.8%
77038	1.3%	0.4%	0%	81.5%
77040	2.3%	1.0%	0.1%	83.2%
77055	1.9%	3.0%	0.4%	73.2%
77060	3.6%	2.2%	0.2%	74.4%
77076	2.8%	0.8%	0.1%	81.7%
77080	3.5%	2.3%	0.7%	70.7%
77088	2.9%	0.4%	0.1%	79.5%
77091	4.7%	0.1%	0%	80.9%
77092	2.5%	1.4%	0%	74.4%
77093	1.8%	0.4%	0%	78.3%
Greater Heights PSA	2.90%	1.3%	0.29%	78.62%
Harris	2.7%	1.5%	0.3%	79.3%
Texas	1.5%	1.6%	0.3%	80.5%

Source: 2021 Claritas Pop-Facts®, American Community Survey 2015-2019

Disparities

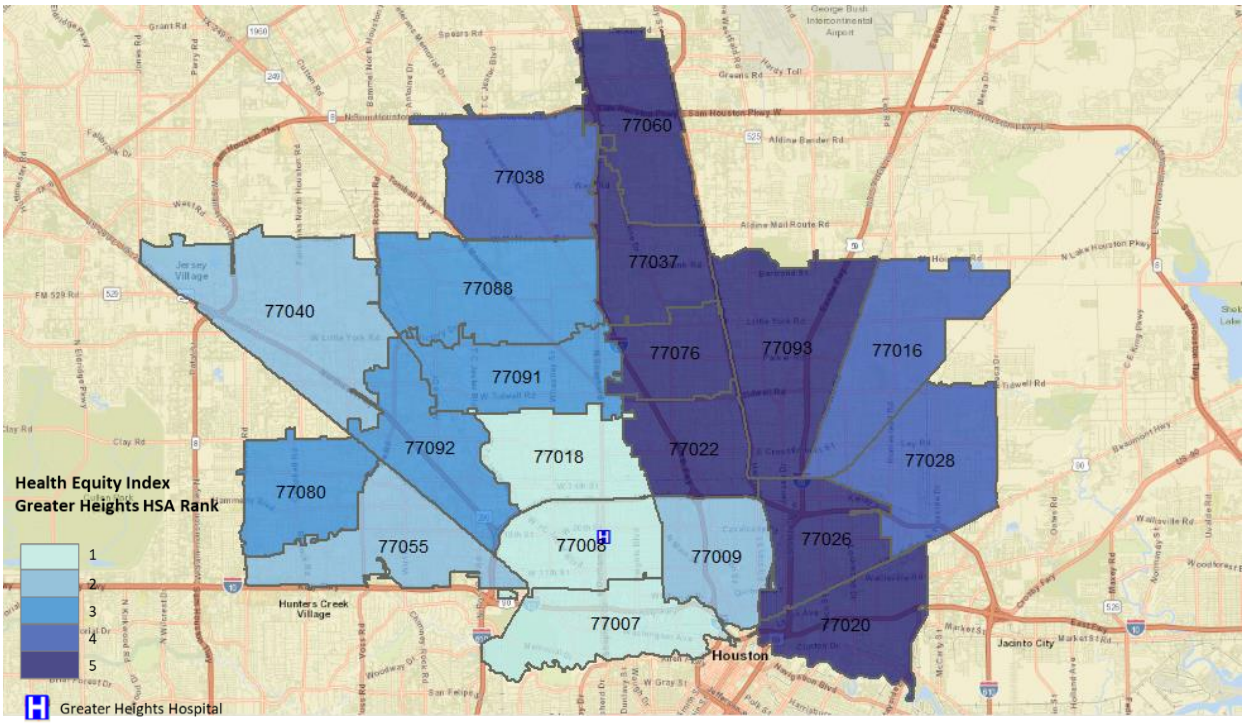
Geographic Disparities

Conduent Healthy Communities Institute developed the Health Equity Index (formerly SocioNeeds Index®) and the Food Insecurity Index (FII) to easily identify areas of higher socioeconomic need. County-level data can sometimes mask what might be going on at the zip code level in many communities. While county-level indicators may be strong, using these indices in combination with county-level data can reveal disparities and ensure that efforts are directed to the communities with the highest need.

Health Equity Index

The Health Equity Index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The data, which cover income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are then standardized and averaged to create one composite index value for every zip code in the United States with a population of at least 200. Zip codes have index values ranging from 0 to 100, where higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes including preventable hospitalizations and premature death. Within the Memorial Hermann Greater Heights Hospital Service Area, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in **Figure 18**. The following zip codes had the highest level of socioeconomic need that is correlated with poor health outcomes (as indicated by the darkest shades): 77060, 77037, 77076, 77022, 77093, 77026, and 77020.

FIGURE 18. HEALTH EQUITY INDEX



SOURCE: CONDUENT SOCIONEEDS INDEX SUITE: HEALTH EQUITY INDEX MAP

Table 14 provides the index values for each zip code in the Memorial Hermann Greater Heights Service Area. Understanding where there are communities with high socioeconomic needs, and associated poor health outcome, is critical to targeting prevention and outreach activities.

TABLE 14. HEALTH EQUITY INDEX VALUES BY ZIP CODE FOR MEMORIAL HERMANN GREATER HEIGHTS SERVICE AREA

Zip Code	HEI Value	Rank
77093	99.6	5
77060	99.4	5
77076	99.0	5
77037	98.9	5
77020	98.8	5
77022	98.7	5
77026	98.5	5
77016	97.7	4
77028	97.5	4
77038	97.4	4
77091	95.7	3
77080	95.5	3
77088	95.1	3
77092	94.0	3

77009	85.3	2
77055	79.7	2
77040	76.5	2
77018	19.3	1
77008	5.9	1
77007	3.0	1

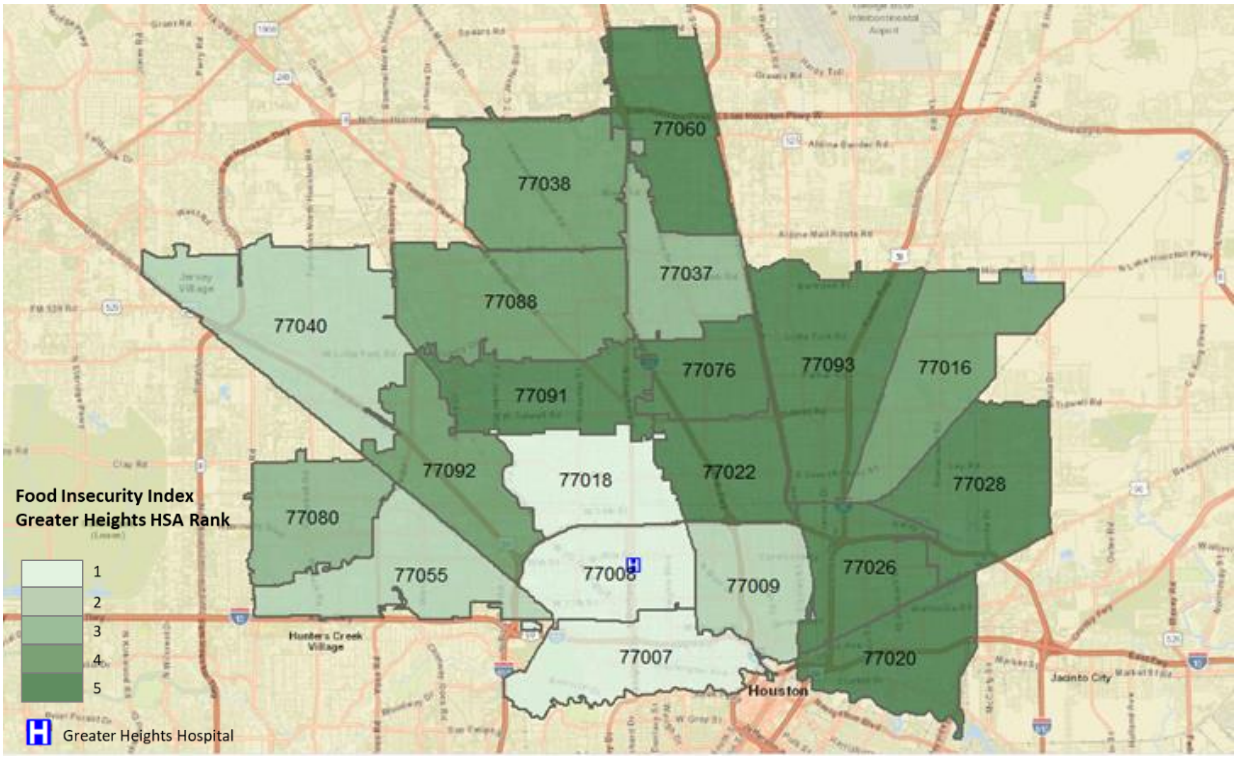
Food Insecurity Index

The Food Insecurity Index (FII) is a measure of food accessibility that is correlated with social and economic hardship and eligible persons for the Supplemental Nutrition Assistance Program (SNAP). This index combines multiple socioeconomic and health indicators into a single composite value. These indicators are from the following topic areas: Medicaid insurance enrollment, perceived health status, household expenditures, household income, and single-parent headed households.

All zip codes, census tracts, and counties in the United States are given an index value from 0 (low need) to 100 (high need). To help find the areas of highest need in the Memorial Hermann Greater Heights service area, locales were ranked from 1 to 5 based on their index value.

Figure 19 shows Memorial Hermann Greater Heights Hospital Service Area zip codes based on their index value to identify which areas are of the highest need. The following zip codes have the highest level of food insecurity that is correlated with poor health outcomes (as indicated by the darkest shades): 77060, 77076, 77091, 77022, 77093, 77026, 77020, and 77028.

FIGURE 19. FOOD INSECURITY INDEX



SOURCE: CONDUENT SOCIONEEDS INDEX SUITE: FOOD INSECURITY MAP

Table 15 provides the Food Insecurity index values for each zip code in the Memorial Hermann Greater Heights Service Area. The index can serve as a concise way to identify individual communities experiencing food insecurity.

TABLE 15. FOOD INSECURITY INDEX VALUES BY ZIP CODE

ZIP CODE	FOOD INSECURITY VALUE	RANK
77060	99.1	5
77076	97.0	5
77026	96.9	5
77020	96.2	5
77022	96.0	5
77091	95.6	5
77093	95.3	5
77028	94.8	5
77038	93.0	4
77088	90.8	4
77016	90.2	4
77092	87.9	4
77080	83.4	3
77037	81.6	3
77040	67.2	2
77009	65.8	2
77055	56.9	2
77018	13.3	1
77009	8.7	1
77007	6.2	1

Race & Ethnic Disparities

Identifying disparities by race/ethnicity helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity. Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.[1] National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American, Indigenous, or People of Color, individuals living below the poverty level, and LGBTQ+ communities.

Community health disparities were assessed in the data collection process. The indicators listed in **Table 16** show a statistically significant difference in race and ethnicity according to the Index of Disparity analysis. Secondary data reveal that different racial and ethnic groups are negatively impacted among many health and socio-economic indicators in Harris County. These important gaps in data should be recognized and considered for implementation planning to mitigate the disparities often faced by age groups, gender, race, or ethnicity. See Appendix A for specific health indicators.

Table 16. Indicators with Significant Race/Ethnic Disparities: Harris County

Health and Socio-Economic Indicators	Group Negatively Impacted (highest rates)
High School Drop Out Rate	American Indian/Alaska Native, Pacific Islander, Black/African American, Hispanic
Lung and Bronchus Cancer Incidence Rate	Black/African American, White, Asian/Pacific Islander
Age-Adjusted Death Rate Due to Lung Cancer	Black/African American, White, Asian/Pacific Islander
Workers Commuting by Public Transportation	Native Hawaiian/Pacific Islander, Black/African America
Age-adjusted Death Rate due to Prostate Cancer	Black/African American, White, Hispanic
Babies with Very Low Birth Weight	Black/African American

[1] Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

People 65+ Living Below Poverty Level	Other Race, American Indian/Alaska Native, Hispanic
Infants Born to Mothers with <12 years of Education	Hispanic, Black/African American, Other Race
Teen births	Hispanic, Black/African American
Workers Who Walk to Work	American Indian/Alaska Native, Multi-Race, Other

Future Considerations

While identifying barriers and disparities are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health as well. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health. The following sections outline opportunities for guiding ongoing work as well as the potential to impact the identified community health needs.

Primary and Secondary Methodology

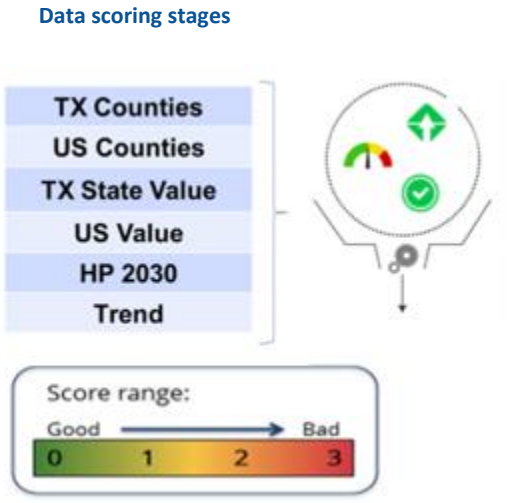
Overview

Two types of data were used in this assessment: primary and secondary data. Primary data were obtained through a community health survey and key informant interviews. Secondary data are health indicators that have already been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings from each data source were categorized by health topics and then synthesized for a comprehensive overview of the health needs in Memorial Hermann Greater Heights Hospital Service Area.

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed from Healthy Communities Institute's community indicator database. The database, maintained by researchers and analysts at HCI, includes over 200 community indicators covering at least 28 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally set targets, and to previous time periods.

Secondary Data Scoring



HCI's Data Scoring Tool® was used to systematically summarize multiple comparisons to rank indicators based on the highest need. For each indicator, the county values were compared to a distribution of Texas and US counties, state and national values, Healthy People 2030 targets, and significant trends. Each indicator was then given a score based on the available comparisons. These comparison scores range from 0 to 3, where 0 indicates the best outcome and 3 the worst.

Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The comparison scores were summarized for each indicator, and the indicators were grouped into topic areas for a higher-level ranking of community health needs. Health topic areas with fewer than three indicators were considered a data gap. Data gaps were specifically assessed and factored into primary data methods to ensure that, where the secondary data fell short, primary data could provide a more accurate picture of a particular health topic area.

To standardize efforts across the Memorial Hermann Health System and increase the potential for impacting top health needs in the greater Houston region, secondary data scoring was assessed and prioritized at a regional/system level. The system-level consists of the 12 counties comprising most Memorial Hermann discharges. (Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, San Jacinto, Walker, Waller, and Wharton.) **Table 17** shows the health topic scoring results. Health Care Access and Quality was the poorest performing topic area followed by Heart

Disease & Stroke and Wellness & Lifestyle. Topics that received a score of 1.50 or higher were considered to be a significant health need. Six health topics scored at or above the threshold.

Please see Appendix A for further details on the qualitative data scoring methodology as well as secondary data scoring results.

Table 17. Secondary Data Scoring for the Memorial Hermann 12-County Region

Health Topics	12 County Region Score
Health Care Access & Quality	1.71
Heart Disease & Stroke	1.62
Wellness & Lifestyle	1.57
Older Adults	1.57
Oral Health	1.54
Physical Activity	1.51
Children's Health	1.49
Mental Health & Mental Disorders	1.48
Diabetes	1.45
Women's Health	1.42
Maternal, Fetal & Infant Health	1.40
Other Conditions	1.37
Cancer	1.34
Alcohol & Drug Use	1.32
Sexually Transmitted Infections	1.30
Prevention & Safety	1.21
Immunizations & Infectious Diseases	1.18
Respiratory Diseases	1.16

Primary Data Collection & Analysis

HCI collected community input through primary sources to expand upon the secondary data analysis. Primary data used in this assessment consisted of key informant interviews and a community survey.
When appropriate, primary data collection methods were conducted in a way to maintain social distancing and protect the safety of participants by emphasizing virtual data collection. In-person data collection was applied only where necessary.

As a critical aspect of the primary data collection, community participants were asked to share and describe resources available in the community. Although not reflective of every resource available in the community, the collected list can help Memorial Hermann Health System continue to build partnerships that may support existing programs and resources. This resource list is available in Appendix C.

Key Informant Interviews

Key informant interviews (KIIs) were conducted with leaders and staff from organizations that provide services directly to the community and officials that represent governmental and non-governmental entities. Interviewees invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations.

Forty-seven individuals agreed to participate as key informants. **Table 18** lists the represented organizations that participated in the interviews.

Table 18. Key Informant Organizations

- AccessHealth
- Alvin City
- Alvin ISD Board of Trustees
- Avenue CDC
- Baker Ripley
- Catholic Charities - Archdiocese of Galveston
- Child Advocates of Fort Bend
- Children at Risk
- Colorado County - Indigent Health Care
- Department of State Health Services
- East Fort Bend Human Needs Ministry
- El Centro de Corazon
- Episcopal Health Foundation
- Fort Bend County Health and Human Services
- Fort Bend County Sheriff's Office
- Healthcare for the Homeless - Houston
- Houston Galveston Institute (HGI)
- Houston Health Department
- Houston Housing Authority
- Interfaith Community Clinic
- Kinder Institute for Urban Research
- Legacy Community Health
- Liberty County Sheriff's Office
- LoneStar Family Health Center
- Montgomery County Food Bank
- Patient Care Intervention Center (PCIC)
- Pearland ISD School Board
- Prairie View A&M - College of Nursing
- Santa Maria Hostel, Inc.
- Texas House of Representatives - District 29

- Fort Bend Regional Council on Substance Abuse
- Fort Bend Seniors
- Fort Bend Women's Center
- Galveston County Health District
- Greater Houston Partnership
- Harris County Public Health
- Health Center of Southeast Texas - Shepherd (San Jacinto County)
- Health Centers for Schools
- The Harris Center for Mental Health and IDD (MHMRA)
- The Meadows Mental Health Policy Institute
- The Rose
- TOMAGWA
- Tri-County Services Behavioral Healthcare
- United Way of Brazoria County
- United Way of Greater Houston
- United Way of Greater Houston - Montgomery County Center
- Waller County Judge's Office

The forty-seven KIIs took place between October 25, 2021, and February 11, 2022. Each of the 47 interviews was conducted via web conference. The questions focused on the interviewee's background and organization, the biggest perceived health needs and barriers of concern in the community, and the impact of health issues on the populations they serve. A list of the questions asked in the key informant interviews can be found in Appendix C.

Key Informant Analysis Results

Transcripts captured during the key informant interviews were uploaded to the web-based qualitative data analysis tool, Dedoose[2]. Interview excerpts were coded by relevant topic areas and key health themes. The approach used to assess the relative importance of the needs discussed in the interviews including the frequency by which a topic was described by the key informant as a barrier or challenge, and the frequency by which a topic was mentioned per interviewee. The following top themes emerged from the analysis of the transcripts:

KEY INFORMANT THEMES

Top Health Concerns/Issues	Social Determinants of Health	Impacted Populations
Inequitable access to health care is largely due to the Texas State legislature decision not to expand Medicaid **Mental Health & Mental Disorders**: access to affordable care, limited inpatient psychiatric beds/providers/counselors, police intervention is not always positive (not trained in crisis intervention) **Substance Use Disorder:** limited treatment options, underfunding of services and lack of provider capacity	Food Insecurity Housing Lack of or Limited Insurance Transportation Built Environment Employment Homelessness Immunizations	Immigrant/Refugee Children Black/African American Latino/Hispanic Low-Income, those living in Poverty Women Homeless

[2] Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA: Sociocultural Research Consultants, LLC www.dedoose.com

Community Survey

Input from community residents was collected through an online survey. The survey consisted of 12 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as demographic, social, and economic determinants of health. Conduent HCI built the online survey tool in Survey Monkey[3] and paper surveys were developed to mirror the online version. Online survey distribution included email outreach and social media posts. Both online and paper formats of the surveys were made available in English and Spanish. The community survey tool is included in Appendix B.

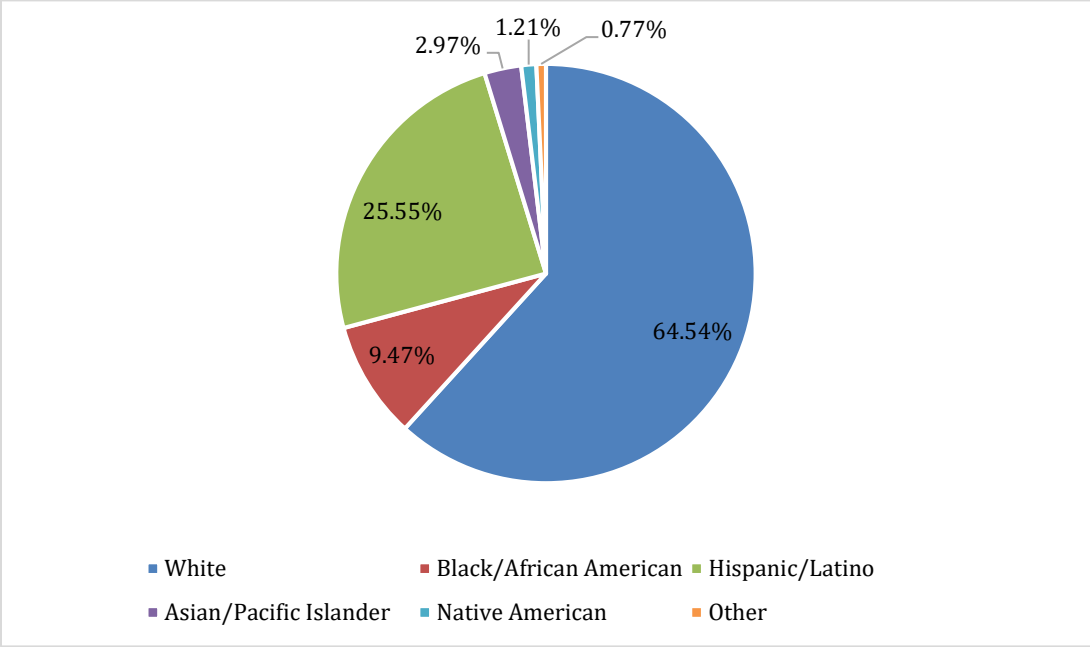
The community survey was promoted by all Memorial Hermann Health System Facilities and select community partners across the 12 counties that compose the health system's overall Primary Service Area from November 17, 2021, to January 28, 2022. A total of 1,056 responses were collected. The data in this section represents the overall survey responses.

Community Survey Analysis Results

The community survey response is a convenience sample and therefore the demographics of the community survey respondents are not an exact representation of the demographics of the population in the Memorial Hermann Primary Service Area. To adjust for this discrepancy, results were filtered by demographic variables – race, ethnicity, age, and geography – where possible. Any notable variations were included in the analysis process. For the purposes of this CHNA, the survey data that follows is based on an analysis of responses from community members residing in the Houston area, unless otherwise noted.

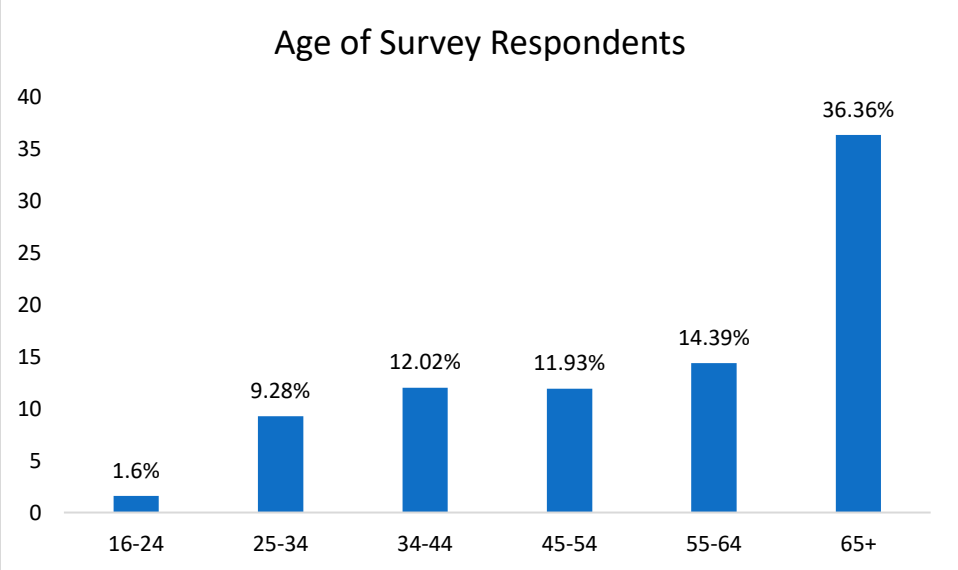
Surveys were completed in English and Spanish. There were 953 respondents who completed the survey in English and 103 completed in Spanish. **Figure 20** shows the race/ethnicity make-up of survey respondents. The largest proportion of respondents identified as White at 64.54%, followed by 25.55% as Hispanic or Latino, 9.47% as Black/African American, 2.97% as Asian/Pacific Islander, 1.21% as Native American, and 0.77% identified as Other (Mixed, Multi-racial).

Figure 20. Community Survey Race & Ethnicity



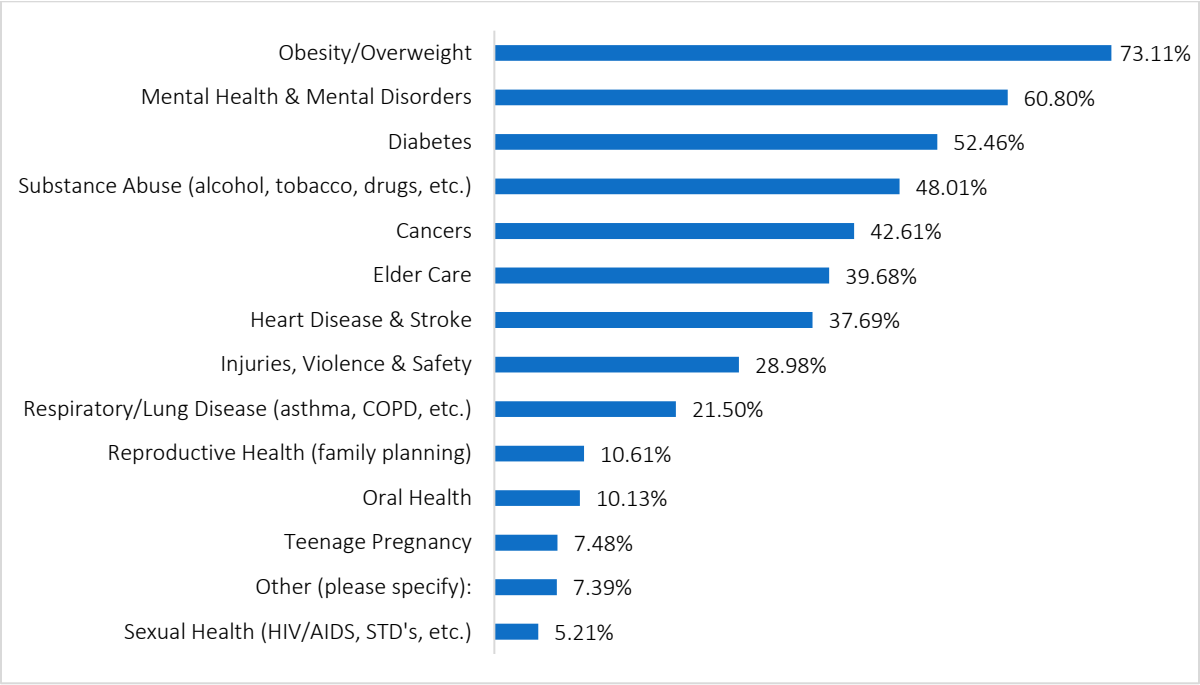
Survey respondents from the Memorial Hermann Great Heights service were asked their age. The largest age group ranged from 65 years and older, followed by 55-64 years (**Figure 21**).

Figure 21. Community Survey Age Ranges



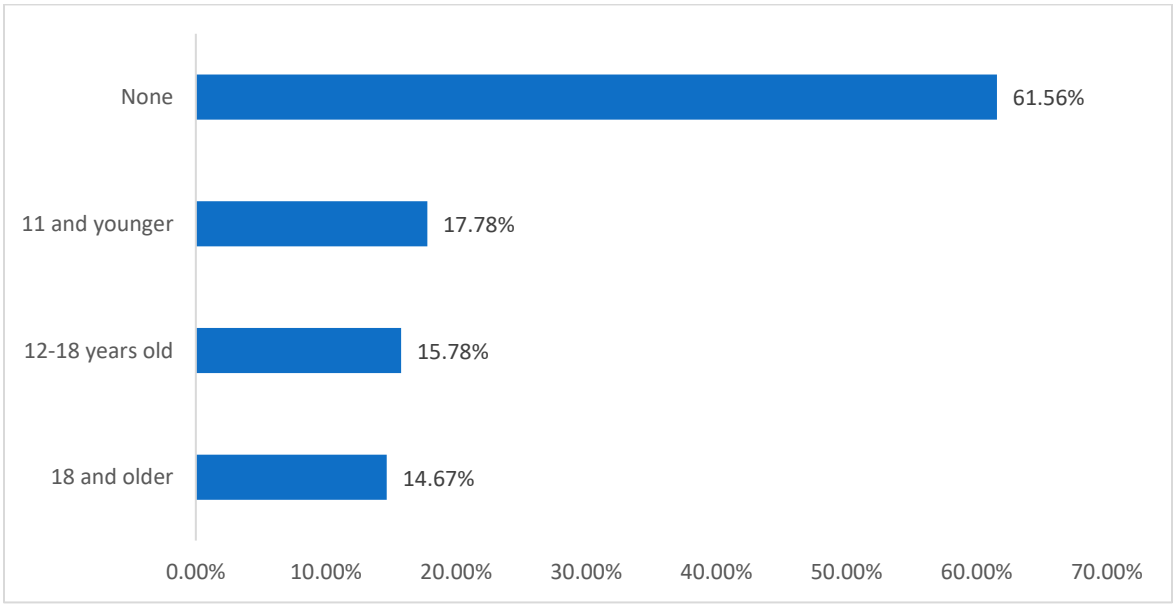
Survey respondents were asked to select the top issues most affecting the community's quality of life. As shown in **Figure 22**, the majority of respondents identified Obesity/Overweight (73.11%), Mental Health and Mental Disorders (60.80%), Diabetes (52.46%), Substance Abuse (alcohol, tobacco, drugs, etc.) (48.01%), and Cancers (42.61%). The survey included questions on the impact COVID-19 has had on the respondents and their community. Feedback on the impact of COVID-19 on the community is included in the *Covid-19 Impact Snapshot* of this report.

Figure 22. Issues Most Affecting Quality of Life



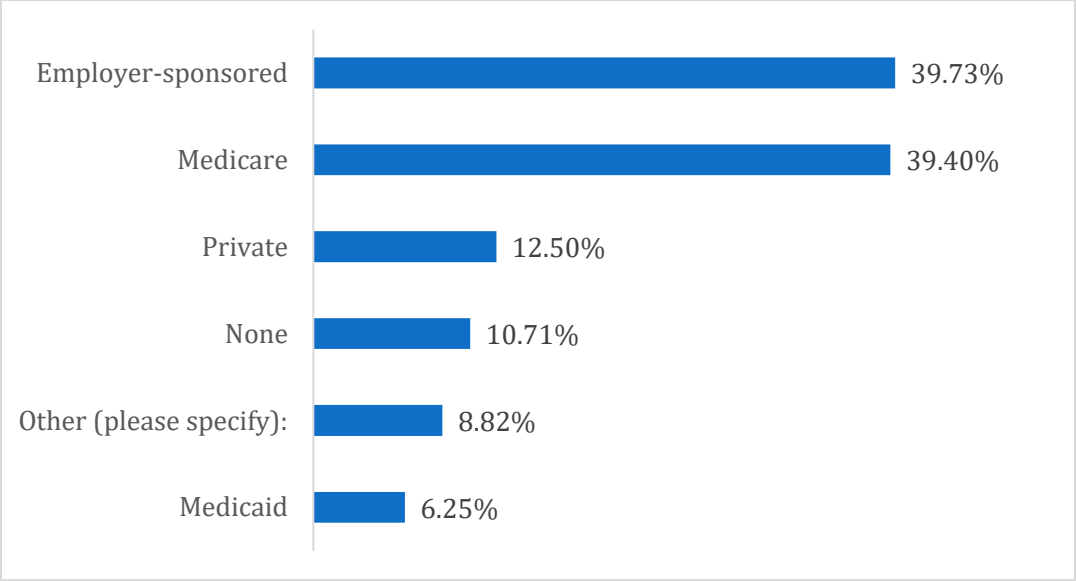
Survey respondents were asked about the ages of children living in the household. 61.56% of respondents indicated there were no children in the household, whereas 17.78% indicated 11 years and younger, 15.78% of respondents responded 12-18 years old, and 14.67%, 18 and older (**Figure 23**).

Figure 23. Ages of Children in Home



Survey respondents were asked about their medical insurance or coverage. As shown in **Figure 24**, 39.73% indicated Employer-sponsored, 39.40% Medicare, 12.50% Private Insurance, 10.71% None, 8.82% Other, and 6.25% Medicaid.

Figure 24. Type of Insurance/Coverage



Data Considerations

Conduent HCI and Memorial Hermann Health System made substantial efforts to comprehensively collect and analyze CHNA data. However, several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary Data

Regarding the secondary data, some health topic areas have a robust set of indicators, but for others, there may be a limited number of indicators for which data is available. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (hospital service areas, zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. The Index of Disparity[4], used to analyze the secondary data, is also limited by data availability. In some instances, there are no subpopulation data for some indicators, and for others, there are only values for a select number of race/ethnic groups. Finally, persistent gaps in data systems exist for certain community health issues.

Primary Data

For the primary data, the breadth of findings is dependent upon who was identified and agreed to be a key informant. Additionally, the community survey was a convenient sample, which means results may be vulnerable to selection bias and make the findings less generalizable. A limitation of the survey is that it was conducted in only two languages, English and Spanish.

For all data, efforts were made to include a wide range of secondary data indicators and community member expertise areas. Memorial Hermann Health System is committed to investigating strategies for addressing data system gaps for future assessment and implementation processes.

[4] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

Data Synthesis and Prioritization

To gain a comprehensive understanding of the significant health needs for Memorial Hermann Health System, the findings from both the primary data and the secondary data across all service areas were compared and considered together. The secondary data, key informant interviews, and community survey were treated as three separate sources of data.

The top health needs identified from data sources were analyzed for areas of overlap. Primary data from the community survey, and key informant data as well as secondary data findings identified 15 areas of greater need.

Table 19 displays the results of this synthesis. For many of the health topics evidence of need was present across multiple data sources, including mental health, access to healthcare, diabetes, older adults, heart disease and stroke, physical activity, children's health, obesity/overweight, and substance abuse. For other health topics the evidence was present in just one source of data which may be reflective of the strengths and limitations of each type of data that was considered in this process.

Table 19. Data Synthesis Results

Health/Quality of Life Category	*Data Source(s)*
Mental Health and Mental Disorders	*Secondary Data, Community Survey, Key Informant Interviews*
Access to Healthcare	*Secondary Data, Community Survey, Key Informant Interviews*
Diabetes	*Secondary Data, Community Survey, Key Informant Interviews*
Older Adults/Elderly care	*Secondary Data, Community Survey, Key Informant Interviews*
Heart Disease & Stroke	Secondary Data, Community Survey
Physical Activity	Secondary Data, Key Informant Interviews
Children's Health	Secondary Data, Key Informant Interviews
Obesity/Overweight	Community survey, Key Informant Interviews
Substance Abuse (alcohol, tobacco, drugs)	Secondary Data, Key Informant Interviews
Wellness & Lifestyle	Secondary Data
Oral Health	Secondary Data
Women's Health	Secondary Data
Cancers	Survey
Injuries, Violence & Safety	Survey
Respiratory/Lung Disease (asthma, COPD, etc.)	Survey

Prioritization

To prioritize significant health needs and to better target activities to address the most pressing health needs in the community, Memorial Hermann convened a group of hospital leaders who participated in an online webinar session. One session was scheduled March 8, 2022, and a second session on March 10, 2022. Each session consisted of an overview of data results and synthesis.

Process

In February 2021, over 100 hospital leaders were invited to an on-line session to prioritize the key health needs for the 2022-2025 CHNA. On March 8th and 10th, eighty participants reviewed and discussed the results of HCI's primary and secondary data analyses leading to the preliminary significant health needs. (These health needs are discussed in detail in the key health needs portion of this report.) Following the session, participants were given three days to access an online link to score each of the significant health needs by how well they met the criteria set forth by HCI and the Memorial Hermann Health System. Forty-eight participants submitted feedback. Of the forty-eight, some submissions represented multiple hospital leadership feedback.

The criteria for prioritization included:

- Ability to Impact: the perceived likelihood of positive impact on each health issue
- Scope & Severity: their gauge on the magnitude of each health issue

The group also agreed that root causes, disparities, and social determinants of health should be considered for all prioritized health topics resulting from prioritization.

Participants scored each health area against each criterion on a scale from 1to 3 with 1 meaning it did not meet the given criterion, 2 meaning it met the criterion, and 3 meaning it strongly met the criterion. In addition to considering the data presented by HCI in the presentation and on the health topic note sheet, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health need that correlated with how well that need met the criteria for prioritization. HCI downloaded the online results, calculated the scores, and then ranked the significant health needs according to their topic scores. The highest scoring health needs received the highest priority ranking. Results were shared with the Memorial Hermann Community Benefit team and approval was received for the ranked health needs. **Table 20** are the results of prioritization combined scores from both criteria, Ability to Impact and Scope and Severity. Fifteen health topics were considered.

Table 20. Ability to Impact & Scope & Severity Results

Diabetes	58.33 %
Heart Disease & Stroke	55.21 %
Obesity/Overweight	50.00 %
Mental Health and Mental Disorders	50.00 %

Access to Healthcare	40.63 %
Older Adults/Elderly care	38.55 %
Women's Health	38.54 %
Cancers	34.38 %
Children's Health	28.13 %
Respiratory/Lung Disease (asthma, COPD, etc.)	26.04 %
Wellness & Lifestyle	21.88 %
Substance abuse (alcohol, tobacco, drugs, etc.)	20.84 %
Injuries, Violence & Safety	19.79 %
Physical Activity	16.67 %
Oral Health	1.04 %

These health topics are aligned with Memorial Hermann's strategic focus areas, the four pillars which are illustrated in **Figure 25**. Each of the intersecting pillars connect to each other through various points in Memorial Hermann programs and initiatives advancing the health of the community. Memorial Hermann Community Benefit team took both the results and strategic focus areas into consideration to determine final health priorities as presented in **Table 21**.

Figure 25. Memorial Hermann Health System Four Pillars for Community Health

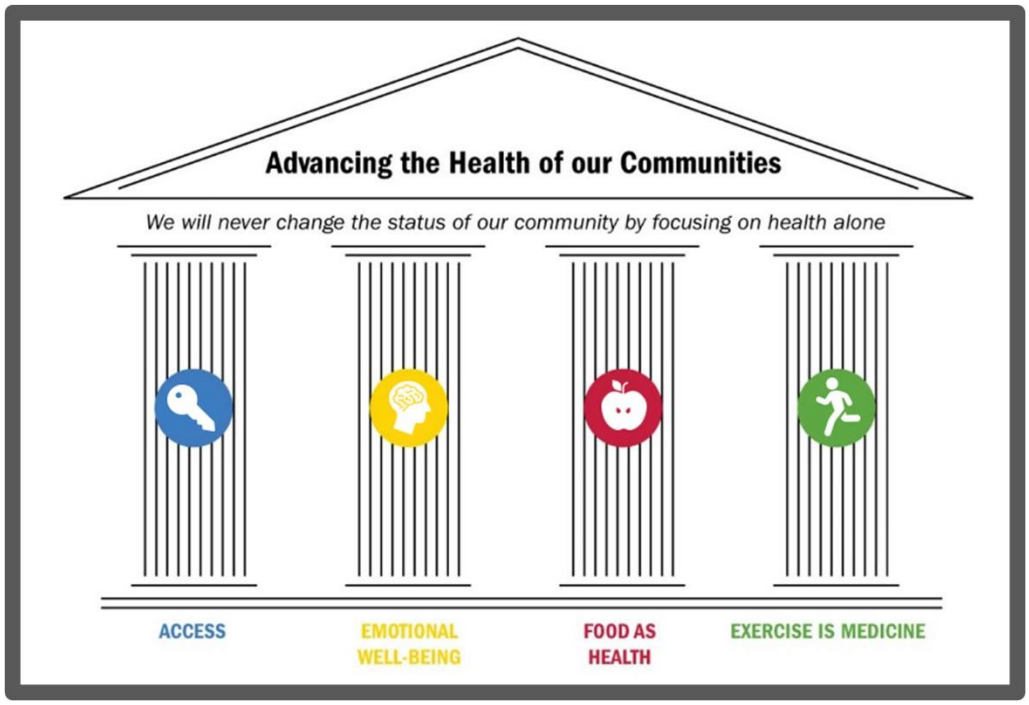


Table 21. 2022-2025 Prioritized Health Needs

Pillars	Memorial Hermann Health System (MHHS) Prioritized Health Needs
Access:	Addressing Access to Healthcare
Emotional Well-Being:	Addressing Mental Health and Mental Disorders
Food as Health:	Addressing Diabetes, Heart Disease & Stroke, Obesity/Overweight
Exercise is Medicine:	Addressing Diabetes, Heart Disease & Stroke, Obesity/Overweight

These will be explored further in order to understand how findings from the secondary and primary data analysis resulted in each issue being a high priority health need for Memorial Hermann Health System.

Prioritized Significant Health Needs

The following section provides a deeper look into each of the community health needs to understand how findings from secondary and primary data led to the health topic becoming a significant need. Secondary data scoring is presented at the Memorial Hermann System (MHHS) level. The five health needs are presented in rank order.

Pillar: Access

Prioritized Health Topic #1: Access to Care

Access to Care

Secondary Data Score: **1.71** MHHS

Key Themes from Community Input

- Low health literacy, language, transportation barriers
- Lack of knowledge regarding programs, services
- Difficulty navigating the healthcare system
- Deep inequalities in access to/quality of health services
- What kind of medical insurance/coverage do you have? (21% none)
- In the past 12 months, I had a problem getting the health care I needed for me/for a family member from any type of health care provider, dentist, pharmacy, or other facility. (33% agree/strongly agree)

Warning Indicators

- Adults without health insurance
- Adults who have had a routine check-up (lack of)
- Children with health insurance
- Adults who visited a dentist
- Adults with health insurance
- Primary care provider rate
- Mental health provider rate
- Non-physician primary care provider rate
- Dentist rate

Secondary Data

Based on the secondary data scoring results, Access to Healthcare was identified as a top health need. This health topic includes data on health insurance coverage, provider rates, and healthcare utilization. Using HCI's Secondary Data scoring technique, analysis was done to identify specific indicators of concern across the counties. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in **Table 22** below.

Table 22. Access to Care

	County			County Value Compared to:			
Indicator	Name	Value	Data Score	TX Value	U.S. Value	HP2030 Target	Trend Over Time
Adults without Health Insurance	Harris	**28.9 Percent**	2.08	---	12.2 Percent	---	---
Adults who have had a Routine Checkup	Harris	**73.0 Percent**	1.92	---	76.7 Percent	---	---

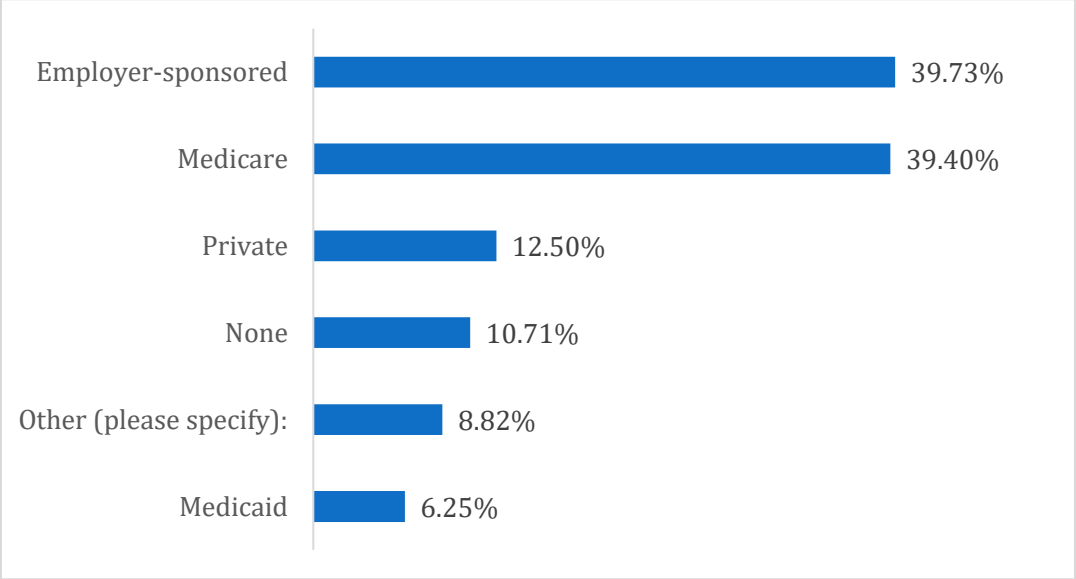
Table 22. Access to Care continued.

	County			County Value Compared to:			
Indicator	Name	Value	Data Score	TX Value	U.S. Value	HP2030 Target	Trend Over Time
Adults who Visited a Dentist	Harris	**59.1 Percent**	1.58	---	66.5 Percent	---	---
Centers for Disease Control and Prevention- PLACES							
Adults with Health Insurance	Harris	**71.0 Percent**	1.83	75.5 Percent	87.1 Percent	---	---
Children with Health Insurance	Harris	**85.0 Percent**	1.67	87.3 Percent	94.3 Percent	---	---
American Community Survey							
Primary Care Provider Rate	Harris	**58.5 Providers/100,000 population**	1.11	60.9 Providers/100,000 population	---	---	Increasing, not significantly
Mental Health Provider Rate	Harris	**124.9 Providers/100,000 population**	0.67	120.9 Providers/100,000 population	---	---	Increasing, significantly
Non-Physician Primary Care Provider Rate	Harris	**97.9 Providers/100,000 population**	0.50	88.6 Providers/100,000 population	---	---	Increasing, significantly
Dentist Rate	Harris	**70.7 Dentists/100,000 population**	0.33	59.6 Dentists /100,000 population	---	---	Increasing, significantly
County Health Rankings							

Primary Data

Access to Care was a top health need identified in the overall community survey responses and key informant interviews. Barriers included literacy, language, knowledge of services and programs, navigating the healthcare system, technology, fear, transportation, cost (health care services being too expensive or could not pay), insurance not accepted, hours of operation did not fit the schedule and wait time to see a doctor or health provider. Survey respondents were asked about their medical insurance or coverage. As shown in **Figure 26**, 39.73% indicated Employer-sponsored, 39.40% Medicare, 12.50% Private Insurance, 10.71% None, 8.82% Other, and 6.25% Medicaid.

Figure 26. Type of Insurance/Coverage

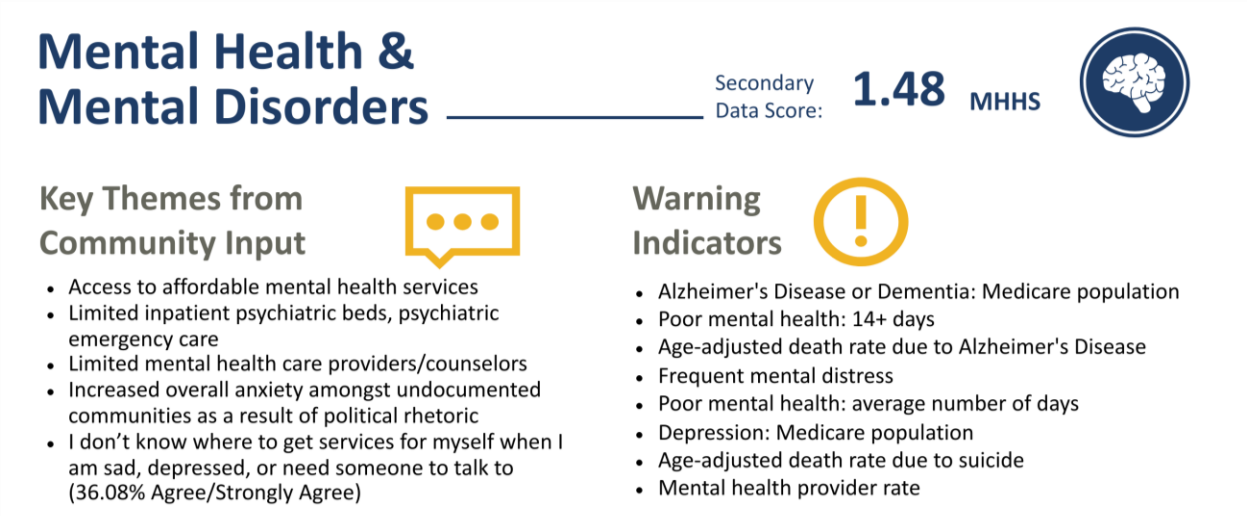


During the key informant interview process, some barriers or challenges were low health literacy, language, uninsured/underinsured populations, and access to specialty care. Other additional barriers or challenges stood out as key factors, including inequitable access to health care largely due to the Texas State legislature decision not to expand Medicaid, food insecurity, and transportation.

"When I look at access, I just don't mean having a physician or practitioner to go to, but the ability to have transportation to get there. The ability to have resources. If you need childcare so you can get to the doctor. There is not just one thing with access, it's everything, … I've been working in communities probably for 35 years and often it's not just the access, but it's …getting there or whether or not you're employed or where you live and housing its environment that you're living in its nutrition. It's multifaceted." – Key Informant Participant

Pillar: Emotional Well-Being

Prioritized Health Topic #2: Mental Health and Mental Disorders



Secondary Data

Based on the secondary data scoring results, Mental Health & Mental Disorders was identified as a top health need. This health topic includes data on Alzheimer's Disease/Dementia in the Medicare population and Poor Mental Health: 14+ days. Using HCI's Secondary Data scoring technique, analysis was done to identify specific indicators of concern across the counties. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in **Table 23** below.

Table 23. Mental Health and Mental Disorders Indicators

	County			County Value Compared to:			
Indicator	Name	Value	Data Score	TX Value	U.S. Value	HP2030 Target	Trend Over Time
Alzheimer's Disease or Dementia: Medicare Population	Harris	**12.4 Percent**	2.14	12.6 Percent	10.8 Percent	---	Increasing, not significantly
Depression: Medicare Population	Harris	**16.1 Percent**	0.97	18.2 Percent	18.4 Percent	---	Increasing, not significantly
Centers for Medicaid & Medicare Services							
Poor Mental Health: 14+ Days	Harris	**13 Percent**	1.25	---	12.7 Percent	---	---
Centers for Disease Control and Prevention- PLACES							

Table 23 Mental Health and Mental Disorders Indicators continued.

	County			County Value Compared to:			
Indicator	Name	Value	Data Score	TX Value	U.S. Value	HP2030 Target	Trend Over Time
Age-Adjusted Death Rate due to Alzheimer's Disease	Harris	**30.9 Deaths/100,00 Population**	1.14	38.5 Deaths/100,000 Population	30.5 Deaths/ 100,000 Population	---	Increasing, significantly
Age-Adjusted Death Rate due to Suicide	Harris	**10.6 Deaths/100,000 Population**	0.81	13.5 Deaths/100,000 Population	14.1 Deaths/ 100,000 Population	12.8 Deaths/ 100,000 Population	Increasing, not significantly
Centers for Disease Control and Prevention							
Frequent Mental Distress	Harris	**12.7 Percent**	1.00	11.6 Percent	13 Percent	---	---
Poor Mental Health: Average Number of Days	Harris	**4 Days**	1.00	3.8 Days	4.1 Days	---	---
Mental Health Provider Rate	Harris	**124.9 Providers/ 100,000 Population**	0.67	120.9 Providers/100,00 0 Population	---	---	Increasing, significantly
County Health Rankings							

Primary Data

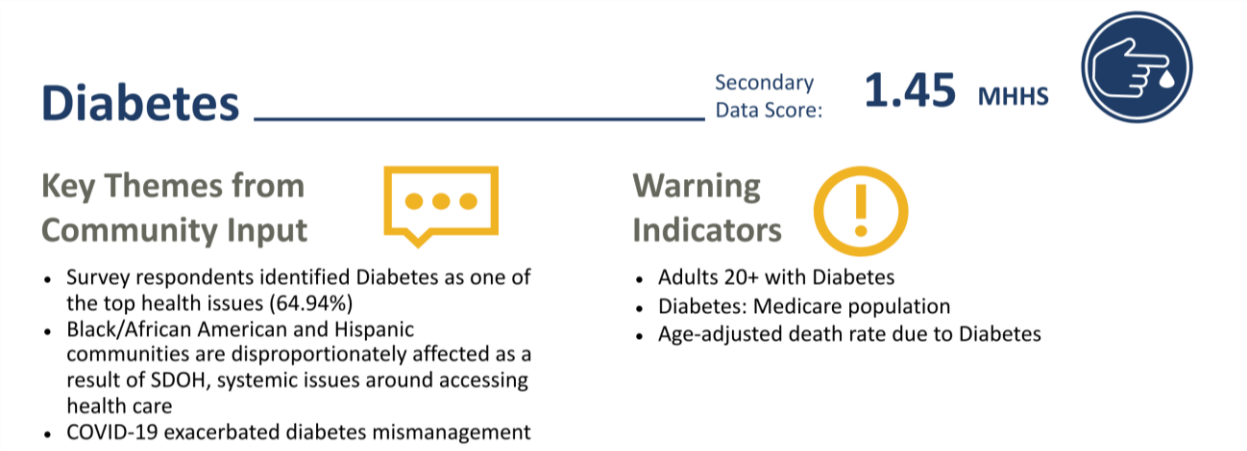
Mental Health and Mental Disorders were identified as top health issues in the survey and key informant interviews. When survey respondents were asked what were the top five most affecting their quality of life, 60.80% indicated mental health and mental disorders. When survey respondents were asked how much they agree or disagree with the following statement, "I don't know where to get services for myself when I am sad, depressed or need someone to talk to," 71.20% disagreed or strongly disagreed with the statement.

Key informant participants discussed the continued need to address mental health as part of a holistic approach similarly to how chronic disease is managed. Some particularly vulnerable populations that would benefit from a broader approach to treatment, inclusive of mental health, are immigrants, Black/African American and Hispanic, and the homeless. Several participants mentioned issues regarding a need for more behavioral health providers and services in the community. Participants always discussed the need to reduce mental health stigma and trust.

"What I will say is that people need to be more comfortable when exploring the idea of getting support and help. We are not quite there yet, and it goes back to the trust gap." -Key informant participant

Pillars: Food as Health & Exercise is Medicine

Prioritized Health Topic #3-5: Diabetes, Heart Disease & Stroke, Obesity/Overweight



Secondary Data

Diabetes was identified as a significant health need. It had the fourth-highest data score of all topic areas in Harris County, with a score of 1.61. Further analysis was done to identify specific indicators of concern and those with high data scores are listed in **Table 24** for Harris County, specifically Adults 20+ with Diabetes and individuals in the Medicare population with diabetes.

Table 24. Diabetes Indicators

	County			County Value Compared to:			
Indicator	Name	**Value**	Data Score	TX Value	U.S. Value	HP2030 Target	Trend Over Time
Diabetes: Medicare Population	Harris	**28.7 Percent**	1.67	28.8 Percent	27 Percent	---	---
Centers for Medicare & Medicaid Services							
Adults 20+ with Diabetes	Harris	**10.2 Percent**	2.00	---	---	---	Staying the same
Age-Adjusted Death Rate due to Diabetes	Harris	**20.4 deaths/ 100,000 population**	1.17	22 deaths/100,000 population	21.5 deaths/100,000 population	---	Increasing, not significantly
Centers for Disease Control and Prevention							

Primary Data

Diabetes is a serious, costly, and growing health problem in Greater Houston. When survey respondents were asked to list issues affecting their quality of life in the community, 52.46% of survey respondents listed diabetes. The key informant participants identified diabetes as one of the

top health issues and specified that Black/African American and Hispanic communities struggled with diabetes more than other races/ethnicities in their communities. Participants also indicated that the cost of healthy foods, lack of places to exercise, culture, and stress contributed to increased rates of diabetes.

"One of the main things we see is when we interview our clients for financial/food assistance, they have to make tough decisions…can I afford my BP (Blood Pressure) or diabetes medications and if I do, will I be able to afford to pay my electric bill?" -Key Informant Participant

Heart Disease & Stroke

Secondary Data Score: **1.62** MHHS

Key Themes from Community Input

- Survey respondents indicated the following:
  - Heart Disease & Stroke was identified as one of the top health issues affecting quality of life (26.62%%)
  - When asked if they have been told by their doctor that they had high cholesterol- (35.22%)
  - When asked if they have been told by their doctor that they had high blood pressure- (41.7%%)

Warning Indicators

- Adults who have taken medications for high blood pressure
- Stroke: Medicare population
- Heart failure: Medicare population
- Age-adjusted death rate due to Cerebrovascular Disease (Stroke)
- Cholesterol test history
- Ischemic Heart Disease: Medicare population
- Hyperlipidemia: Medicare population
- Atrial Fibrillation: Medicare population
- Hypertension: Medicare population
- Age-adjusted death rate due to Heart Attack
- High cholesterol prevalence: adults 18+
- High blood pressure prevalence
- Adults who experienced a stroke
- Adults who experienced Coronary Heart Disease
- Age-adjusted death rate due to Coronary Heart Disease

Secondary Data

From the secondary data scoring results, heart disease and stroke were identified as a significant health need in Harris County. This health need had the eleventh data score of all topic areas in Harris County, with a score of 1.41. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in **Table 25** below.

Table 25. Heart Disease and Stroke Indicators

	County			County Value Compared to:			
Indicator	Name	Value	Data Score	**TX Value**	U.S. Value	HP2030 Target	Trend Over Time
Adults who Have Taken Medications for High Blood Pressure	Harris	**71.7 Percent**	2.08	---	75.8 Percent	---	---
Cholesterol Test History	Harris	**79.5 Percent**	1.75	---	81.5 Percent	---	---
High Cholesterol Prevalence: Adults 18+	Harris	**34.9 Percent**	1.08	---	34.1 Percent	---	---
High Blood Pressure Prevalence	Harris	**31 Percent**	1.00	---	32.4 Percent	27.7 Percent	---
Adults who Experienced a Stroke	Harris	**3.2 Percent**	0.92	---	3.4 Percent	---	---
Adults who Experienced Coronary Heart Disease	Harris	**6.2 Percent**	0.92	---	6.8 Percent	---	---
Centers for Disease Control and Prevention- PLACES							
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Harris	**1.75 deaths/ 100,000 population 35+ years**	1.75	40.2 deaths/ 100,000 population 35+ years	37.2 deaths/100,000 population 35+ years	33.4 deaths/100,000 population 35+ years	Decreasing, not significantly
Age-Adjusted Death Rate due to Coronary Heart Disease	Harris	**51.1 deaths/ 100,000 population 35+ years**	.67	93 deaths/ 100,000 population 35+ years	90.5 deaths/100,000 population 35+ years	71.1 deaths/100,000 population 35+ years	Decreasing, significantly
Centers for Disease Control and Prevention							

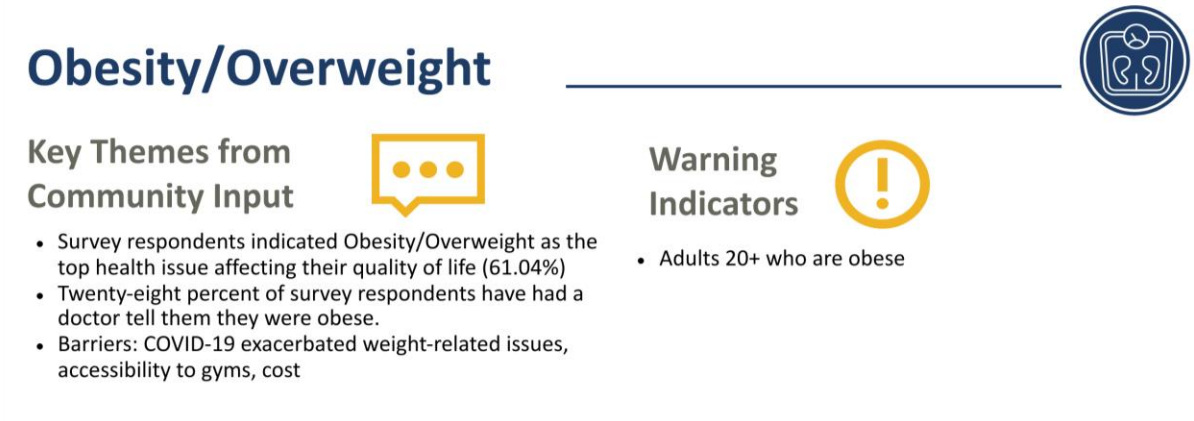
Table 25. Heart Disease and Stroke Indicators continued.

	County			County Value Compared to:			
Indicator	Name	Value	Data Score	TX Value	U.S. Value	HP2030 Target	Trend Over Time
Age-Adjusted Death Rate due to Heart Attack	Harris	**85.3 deaths/ 100,000 population 35+ years**	1.14	70.1 deaths/ 100,000 population 35+ years	---	---	Decreasing, not significantly
National Environmental Public Health Tracking Network							
Stroke: Medicare Population	Harris	**4.7 Percent**	1.92	4.2 Percent	3.8 Percent	---	Decreasing, significantly
Heart Failure: Medicare Population	Harris	**16.2 Percent**	1.83	15.6 Percent	14 Percent	---	Staying the same
Ischemic Heart Disease: Medicare Population	Harris	**29.2 Percent**	1.67	29 Percent	26.8 Percent	---	Staying the same
Hyperlipidemia: Medicare Population	Harris	**46.7 Percent**	1.64	49.5 Percent	47.7 Percent	---	Increasing, not significantly
Atrial Fibrillation: Medicare Population	Harris	**7.9 Percent**	1.47	7.8 Percent	8.4 Percent	---	Increasing, not significantly
Hypertension: Medicare Population	Harris	**57.9 Percent**	1.31	59.9 Percent	57.2 Percent	---	Increasing, not significantly
Centers for Medicare & Medicaid Services							

Primary Data

Heart disease and stroke were identified as top health issues in the community health survey. When participants were asked if they had ever had a doctor tell them they had high blood pressure, 50.67% indicated they had and 10.11% indicated a doctor told them they had heart disease. Key informant participants were asked about health issues in the community. One participant mentioned many patients dying due to hypertension and it being a number one cause of death.

"What they're recognizing is the number one cause of death in their community is hypertension, and that hasn't changed as long as I've been a nurse. So, what are we going to do to address that?" -Key Informant Participant



Secondary Data

The topic area of Obesity/Overweight was unable to be scored using HCI's Scoring Tool® due to secondary data limitations. **Table 26** shows Adults 20+ who are Obese.

Table 26. Adults 20+ who are Obese

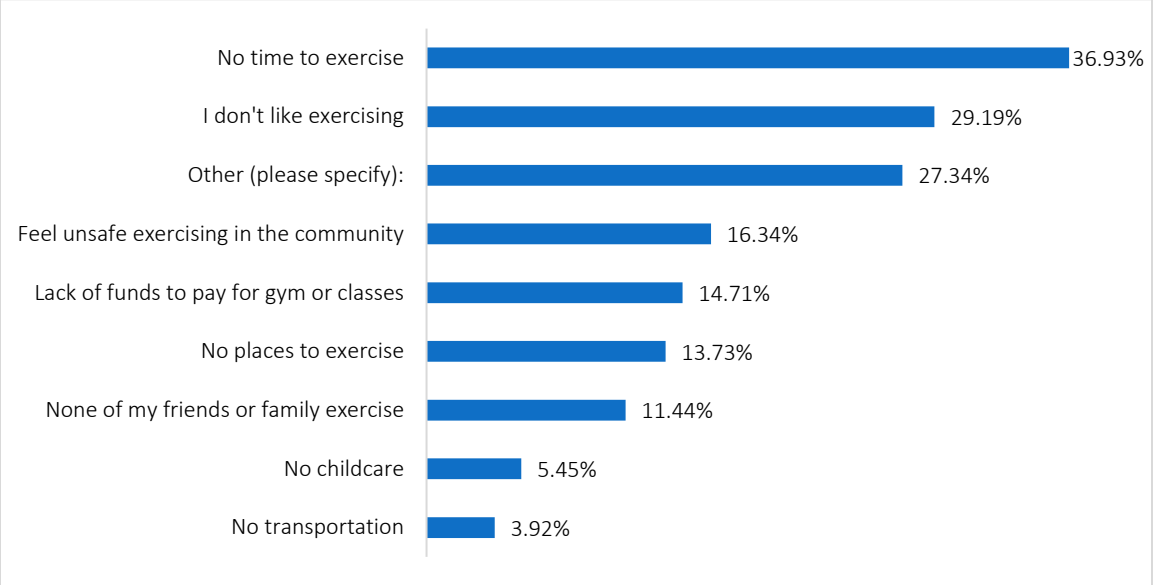
	County			County Value Compared to:			
Indicator	Name	**Value**	Data Score	TX Value	U.S. Value	HP2030 Target	Trend Over Time
Adults 20+ who are Obese	Harris	**30.9 Percent**	----	28.8 Percent	27 Percent	36 Percent	Increasing, significantly
Centers for Disease Control and Prevention							

Primary Data

Overall survey responses and key informant interviews identified obesity as a top health issue. There were 73.11% survey respondents who indicated Obesity/Overweight as a top issue affecting their quality of life. When asked about their personal health, 88.12% of survey respondents rated their health as somewhat healthy or very healthy and 12.17% rated their health as unhealthy or very unhealthy. Survey respondents were also asked how many times they exercised or performed a physical activity, 41.81% indicated 2-3 times a week, 25.33% less than one time a week, and 7.11% indicated never exercising.

F**igure 27** shows that 36.93% had no time to exercise, 29.19% did not like to exercise, 27.34% selected other barriers including, physical disabilities, fear of COVID-19, and time, 16.34% felt unsafe exercising in the community, and 14.71% lacked funds to pay for a gym/classes.

Figure 27. Barrier/Challenges to Exercising on A Regular Basis



"I think obesity and our fast-paced culture creates an idea where health doesn't take a top priority. I think a lot of it can stem back to generational trauma and the ways that people carry stress and deal with relationships. I think there are so many different facets that contribute to one's health, I don't know that it can be answered in a broad stroke..." -Key Informant Participant

Non-Prioritized Significant Health Needs

The following additional significant health needs emerged from a review of the primary and secondary data. With the necessity to focus on the prioritized health needs described above, these topics are not specifically prioritized for efforts to be outlined in the 2022-2025 Implementation Strategy. **However, due to the interrelationship of social determinants and health, many of these areas fall, tangentially, within the prioritized health needs and may be addressed through the upstream efforts of the prioritized health needs.** Additionally, many of them are addressed within ongoing programs and services within the Memorial Hermann Health System. Examples of these efforts are provided below by topic area.

Non-Prioritized Health Need #1: Older Adults and Elderly Care

Older Adults & Elderly Care

Secondary Data Score: **1.57** MHHS

Key Themes from Community Input

- Higher socioeconomic status is a direct correlate to better health outcomes for seniors
- Senior more connected to the community were more responsive to COVID-19 vaccination
- Repeating themes revealed the elderly population suffers, due to:
  More health issues
  Mental health (lack of access to inpatient/outpatient resources)
  Lack of knowledge of available resources

Warning Indicators

- Chronic kidney disease: Medicare population
- Osteoporosis: Medicare population

Ongoing Health System Efforts

Memorial Hermann-Texas Medical Center has received a Level 3 designation, becoming the first hospital in Houston and the second in Texas to receive geriatric emergency department accreditation. A geriatric emergency center is distinguished from standard emergency rooms through enhanced mobility equipment, specialized staff, and an increase in routine screening for conditions such as dementia and fall risk as well as advanced coordination for post-emergency department care. Memorial Hermann-TMC has also implemented a protocol to improve medication regimens for geriatric patients who have been discharged from their emergency center to address any potential adverse side effects.

Memorial Hermann's Acute Care of Elders (ACE) Unit is a closed unit designed to manage acute medical issues in the elderly, prevent the decline that comes with the hospitalization of older people, and arrange for a successful discharge that meets the needs of the family and patient.

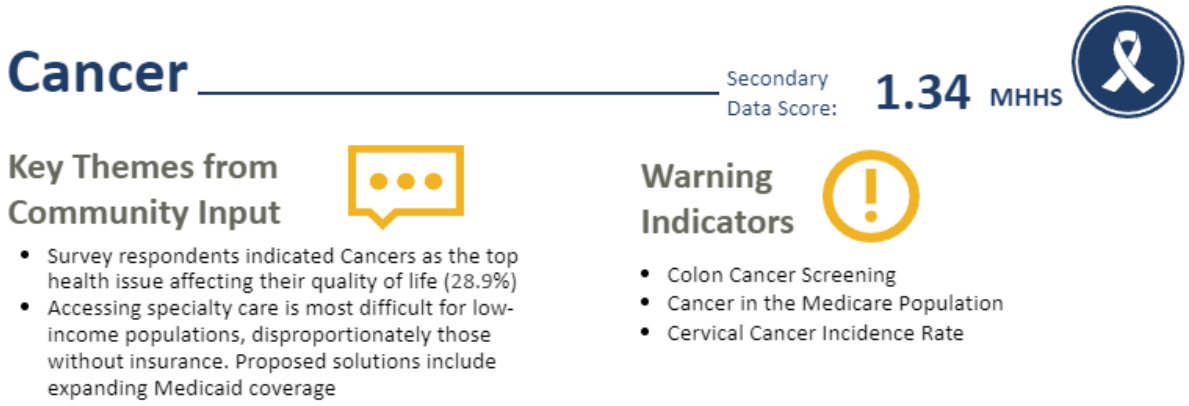
Additional efforts supporting the care of older adults in Greater Houston include Memorial Hermann's system-wide Hip Fracture Program and the Medication Therapy & Wellness Clinics located at MH Texas Medical Center, MH Southeast, and TIRR Memorial Hermann.

The specialists of the Memorial Hermann Hip Fracture Program are dedicated to providing the highest quality of care through standardized protocols resulting in expedited care that appropriately addresses clinical conditions. With the overarching goal to minimize in pain and prevent complications commonly caused by lack of mobility, including bed sores, blood clots, and pneumonia.

The Memorial Hermann Medication Therapy & Wellness Clinics (MTWC) provide services where clinically trained pharmacists ensure patients' medications are safe and effective to help manage medical conditions, including anticoagulation, diabetes, hypertension, heart failure, dyslipidemia, and COPD, among others.

Each year, one in three adults aged 65 or older will experience a fall, risking traumatic injury or disability and increasing the likelihood of future falls. Memorial Hermann collaborates with several organizations throughout Greater Houston to extend fall prevention efforts and education to prevent incidents before they become an emergency.

Non-Prioritized Health Need #2: Cancer

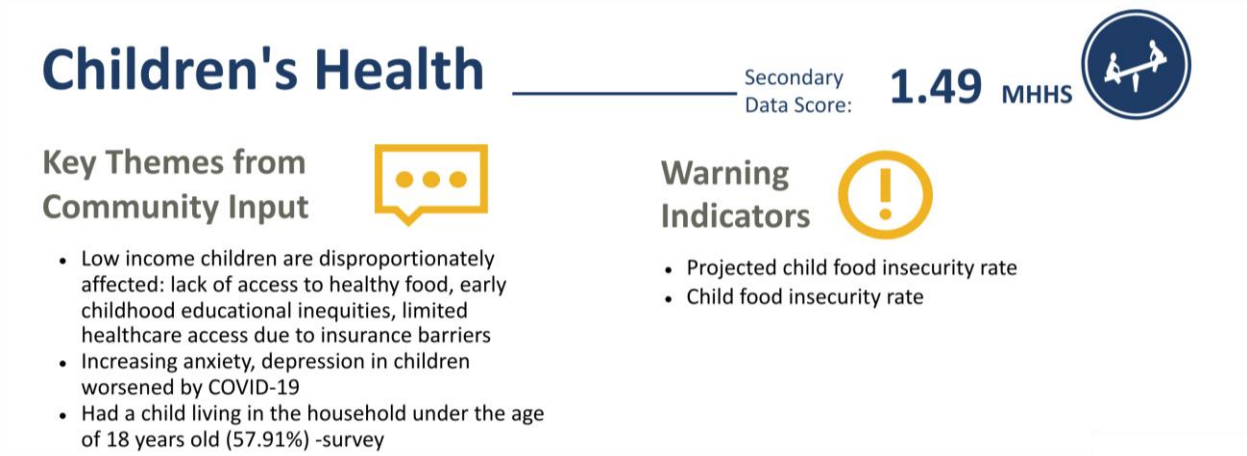


Ongoing Health System Efforts

As leading providers of cancer treatment in Houston, Memorial Hermann Cancer Centers offer the entire continuum of cancer care -- education, prevention, screening, diagnosis, treatment, survivorship and rehabilitation. Cancer patients can take advantage of services in their own neighborhood through the convenient network which includes 8 cancer centers, more than 20 breast care locations, 17 hospitals, 12 acute care hospitals and dozens of other affiliated programs. Patients who receive care at any of the system's accredited centers are guaranteed access to: comprehensive care; a multidisciplinary, collaborative team approach for coordinating the best available treatment options; state-of-the-art equipment and services; information about clinical trials and new treatment options; education and support; and lifelong patient follow-up through the Cancer Registry.

Memorial Hermann Cancer Centers offer a variety of classes, events and support groups to care for the physical, social, emotional and spiritual needs that patients, survivors and caregivers have along the cancer journey. Following evidence-based guidelines, Memorial Hermann Cancer Centers develop and conduct dozens of support and wellness programs each year focused on prevention, education, screening, community outreach and survivorship support. The wellness programs include General and Breast Cancer Support Groups, Art Therapy, Chair Yoga, Integrative Medicine, Lymphedema Support, Nutrition Counseling, Survivorship Centers, and more.

Non-Prioritized Health Need #3: Children's Health



Ongoing Health System Efforts

Children's Memorial Hermann Hospital is a 310-bed quaternary care women and children's hospital, located in the Texas Medical Center. As a primary teaching hospital for the pediatric and obstetrics/gynecology programs with academic partner, McGovern Medical School at UTHealth, Children's Memorial Hermann is committed to serving the global community. The multidisciplinary team of affiliated doctors, nurses, therapists and other allied healthcare professionals are focused on the personalized needs of women and children with an emphasis on quality, education, outcomes, customer service and advanced research.

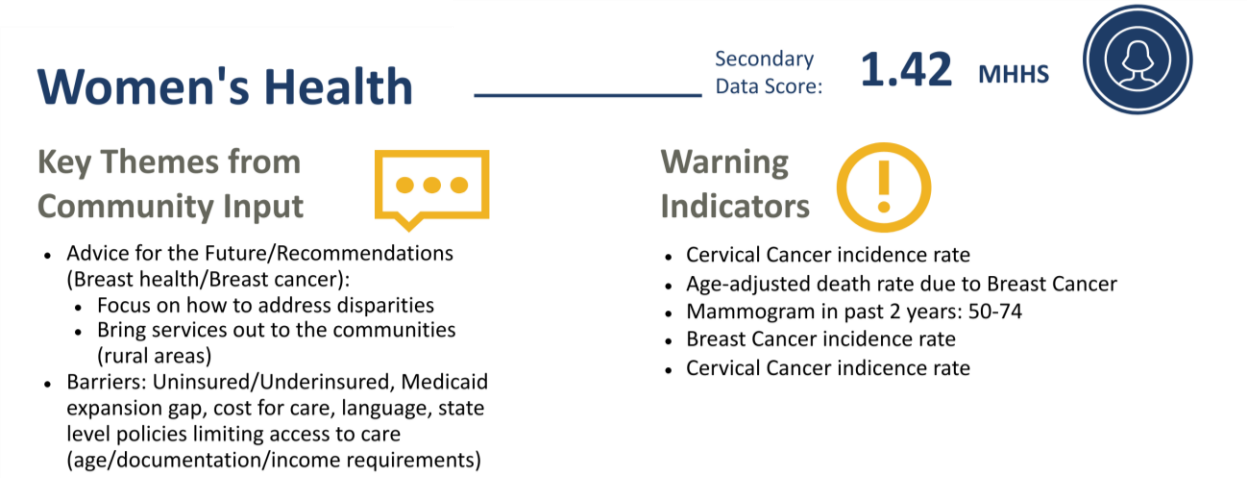
Children's Memorial Hermann Hospital is affiliated with more than 135 pediatric practices across the Greater Houston area, including BlueFish Pediatrics and Children's Memorial Hermann Pediatrics, with convenient locations across Houston in Katy, Memorial City, and Sugar Land.

Memorial Hermann operates ten Health Centers for Schools offering access to primary medical, dental and mental health services to underserved children in more than 80 schools in the Greater Houston Area. The primary goal of the program is to keep children healthy and feeling well so that they stay in school and can perform well academically, creating a foundation for a brighter future. By providing improved access to health care to at-risk children across the region, Memorial Hermann has demonstrated success in creating healthier outcomes for kids, including

improvements in their physical health, their mental wellbeing, and even their attendance rate at school.

Additionally, Memorial Hermann is an on-going financial collaborator with Children at Risk, a 501(c)(3) non-profit organization that drives change for children through research, education, and influencing public policy.

Non-Prioritized Health Topic #4: Women's Health



Ongoing Health System Efforts

At Memorial Hermann Health System, all facilities offer a patient-centered, multidisciplinary approach to deliver safe, comprehensive, quality care to women of all ages. Memorial Hermann's affiliated team offers a comprehensive program of distinguished gynecology, obstetric and neonatal services, including fertility services, urogynecology, high-risk pregnancy, labor and delivery, menopause care, pelvic floor health and neonatal intensive care.

At The Women's Center at Children's Memorial Hermann Hospital, caring for women of all ages has always been a priority. As a Level IV Maternal Facility, which denotes the highest level of care as designated by the Texas Department of State Health Services (DSHS), the affiliated team takes a patient-centered approach to delivering advanced heart, bone and breast care, as well as providing a broad range of gynecology, obstetric and neonatal services, including fertility services, urogynecology, high-risk pregnancy, labor and delivery, menopause care, pelvic floor health and neonatal intensive care. As a leading obstetric hospital, the labor and delivery unit provide mom and baby with a full range of specialized, comfortable care, including high-risk obstetrical and neonatal care within the same facility.

COVID-19 Impact Snapshot

COVID-19 Community Impact Timeline

Introduction

At the time that Memorial Hermann Health System began its CHNA process, the state of Texas and the nation were continuing to deal with the novel coronavirus (COVID-19) pandemic. The process for conducting the assessment remained fundamentally the same. However, there were some adjustments made during the event to ensure the health and safety of those participating.

Pandemic Overview

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in the Wuhan Province of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO), WHO declared COVID-19 a pandemic on March 11, 2020. To learn more about COVID-19 hospitalization, vaccinations, cases, and deaths in Texas, visit The Texas Tribune. Upon completion of this report in May 2022, the pandemic continued to be a health crisis across the United States and in most countries.

Community Insights

The CHNA project team looked for additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on the Memorial Hermann Health System Service Area. This data was collected from September 2021 to January 2022. Findings are reported below.

COVID-19 Cases and Deaths in Texas

For current cases and deaths due to COVID-19 visit: https://www.dshs.state.tx.us/coronavirus/ and the Harris County/City of Houston COVID-19 Data Hub https://publichealth.harriscountytx.gov/Resources/2019-Novel-Coronavirus

Vulnerability Index

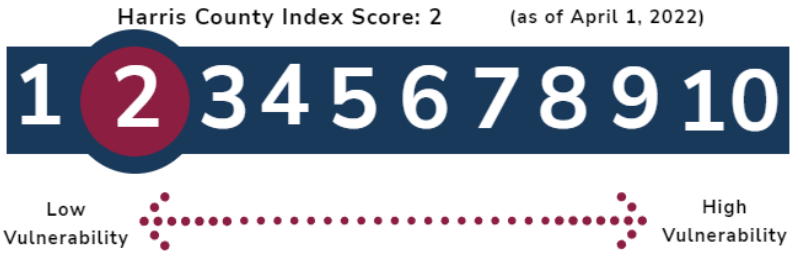
Beyond looking at what we know about COVID-19 cases and deaths, the Conduent COVID-19 Vulnerability Index[5] is a measure of potential severe illness burden due to COVID-19 by county. Counties are given an index value from 1 (low vulnerability) to 10 (high vulnerability). A county with a high vulnerability score can be described as a location where a higher percentage of COVID-19 cases would result in severe outcomes such as hospitalization or death as compared to a county with a low vulnerability score.

What does this score mean?

[5] Conduent HCI COVID-19 Vulnerability Index is a measure of potential severe illness burden due to COVID-19 across the country by county: https://www.covid19atrisk.org/.

Figure 28 shows Harris County's Vulnerability Index Score is 2 out of 10 as of April 1, 2022. This means that residents of these counties have lower death rates due to chronic conditions, lower socio-economic needs, and adequate access to healthcare and services to protect themselves from more severe COVID-19 cases and more death than counties with higher rates of chronic disease, risky behavior, and/or low access to health services.

Figure 28. Vulnerability Index Score



Please note, this is a predictive model based on various chronic conditions, SocioNeeds Index®, and recent case counts and deaths. For more information, please see the "Learn More" section in the Conduent Vulnerability Index.

Community Feedback

Both the community survey and key informant interviews included questions to assess the impact of COVID-19 on the Memorial Hermann Health System regional service area.

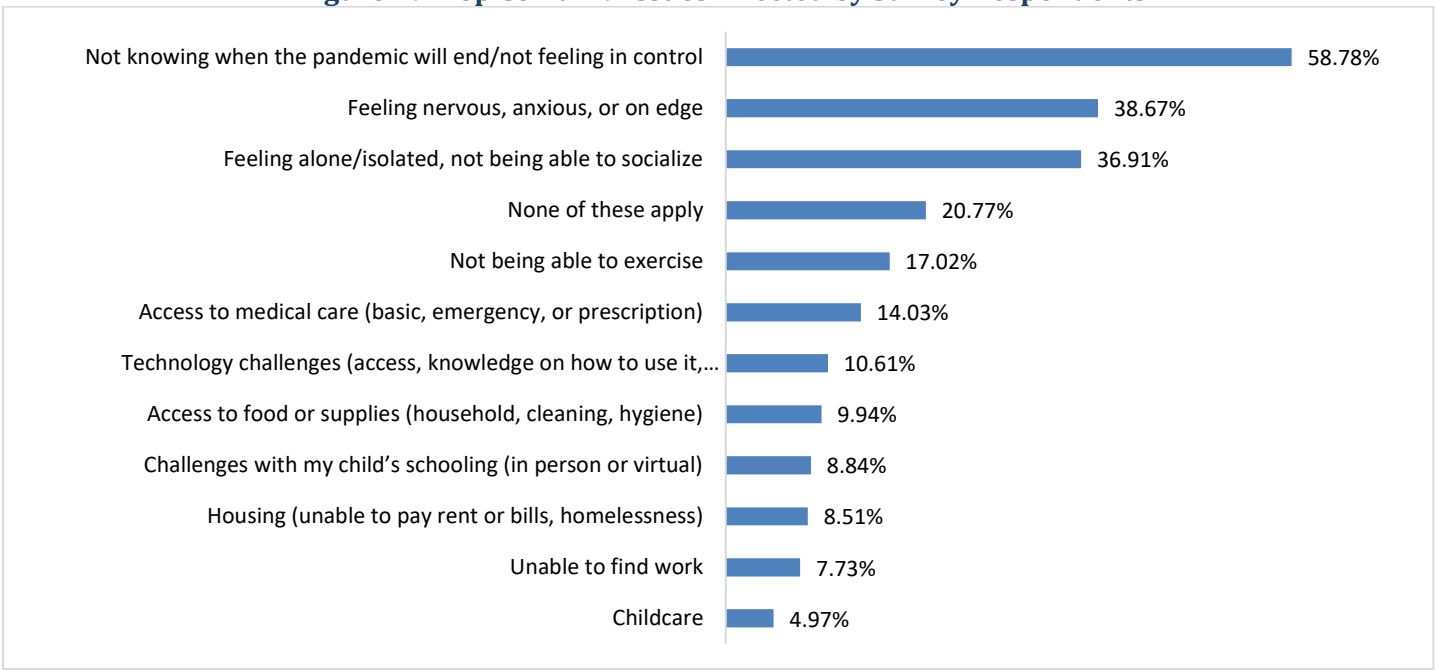
Community Survey

Community survey respondents were asked to identify those issues that are currently the biggest challenge for their households because of the COVID-19 pandemic. Data was collected between November 2021 and January 2022. Survey respondents were especially asked about the biggest challenges their households were currently facing due to COVID-19. Below indicates what survey respondents reported.

- 58.78% reported not knowing when the pandemic will end
- 38.67% reported feeling nervous, anxious, or on edge
- 36.91% reported feeling alone/isolated, not being able to socialize
- 17.02% reported not being able to exercise

Figure 29 provides additional insight into the challenges residents faced during the pandemic.

Figure 29. Top Covid-19 Issues Affected by Survey Respondents



Key Informant Interviews

Key informants were asked to share the biggest challenges in the community as a result of the COVID-19 pandemic. They were also asked to share some positive outcomes that emerged during the response to the pandemic. **Table 27** summarizes key insights gathered from these discussions, which were conducted from September 2021 through January of 2022.

Table 27. COVID-19 Key Informant Interview Insights

Challenges	Positive Outcomes
Childcare	Telehealth increased access to care
Delay in dental care, primary care (childhood immunizations delayed)	Greater understanding of the value of community
Compounding impact of COVID-19 on existing health disparities/inequities	Increased access to virtual community meetings and forums
Distrust in healthcare	Less stigma associated with Mental Health issues/seeking care
Telehealth exposed barriers (internet access, digital divide)	Systemic issues illuminated: people had to confront inequities
Housing Instability	Upwards wage pressure
More stress	

Recommended Data Sources

As local, state, and national data are updated and become available, these data can continue to help inform approaches to meeting existing and developing needs related to the pandemic. Recommended data sources are included below.

National Data Sources

- Center for Disease Control: https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/surveillance-data-analytics.html
- Johns Hopkins Coronavirus Resource Center: https://coronavirus.jhu.edu/us-map
- Conduent COVID At Risk – Vulnerability Index: https://www.covid19atrisk.org/
- Conduent COVID-19 Vulnerability Index: https://www.covid19atrisk.org/vulnerability.html
- NACCHO Coronavirus Resources for Health: https://covid19-naccho.hub.arcgis.com/
- Feeding America (The Impact of the Coronavirus on Local Food Insecurity): https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf
- Unemployment Rates: https://fred.stlouisfed.org/series/ILDEKA5URN and https://fred.stlouisfed.org/series/ILKEND3URN

State Data Sources

Data and recommendations from the following websites are updated regularly and may provide additional information on the impact of COVID-19 in the state of Texas and the Memorial Hermann Health System regional service area.

- Texas Department of State Health Services: https://www.dshs.state.tx.us/coronavirus/
- Memorial Hermann Health System: https://www.memorialhermann.org/services/conditions/coronavirus
- 2-1-1 Texas: https://tx.211counts.org/
- Austin County Services: https://www.austincounty.com/page/austin.Services
- Brazoria County Health Department: https://www.brazoriacountytx.gov/departments/health-department
- Chambers County Public Health: https://www.co.chambers.tx.us/page/coronavirus
- Colorado County Public Health: http://www.co.colorado.tx.us/page/COVID-19
- Fort Bend Health & Human Services: https://www.fbchealth.org/
- Galveston County Health District: https://www.gchd.org/
- Harris County Public Health: https://publichealth.harriscountytx.gov/Resources/2019-Novel-Coronavirus
- Liberty County Services: https://www.co.liberty.tx.us/page/liberty.coronavirus
- Montgomery County Public Health District: https://mcphd-tx.org/
- San Jacinto County Services: http://www.co.san-jacinto.tx.us/
- Walker County Service: https://www.co.walker.tx.us/
- Waller County Services: https://www.co.waller.tx.us/page/EM.COVID-19
- Wharton County Services: http://www.co.wharton.tx.us/

Conclusion

This Community Health Needs Assessment (CHNA), conducted for Memorial Hermann Greater Heights Hospital and the Memorial Hermann Health System, used a comprehensive set of secondary and primary data to determine the 15 significant health needs in the Memorial Hermann Health System. The prioritization process identified six top health needs: Pillar: Access: Priority Health Need 1: Access to Healthcare, Pillar Emotional Well-Being: Priority Health Need 2: Mental Health and Mental Disorder, Pillars Food as Health & Exercise is Medicine: Priority Health Need 3-6, Diabetes, Heart Disease & Stroke, Obesity/Overweight, and a special focus on Women's Health.

The findings in this report will be used to guide the development of Memorial Hermann Greater Heights Hospital Implementation Strategy, which will outline strategies to address identified priorities and improve the health of the community.

Please send any feedback and comments about this CHNA to: Deborah.ganelin@memorialhermann.org with "CHNA Comments" in the subject line. Feedback received will be incorporated into the next CHNA process.

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Appendices Summary

The following support documents are shared separately on https://www.memorialhermann.org/locations/greater-heights/community-health-needs-assessment.

A. Secondary Data (Methodology and Data Scoring Tables)

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

B. Community Input Assessment Tools

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this collaborative CHNA:

- Community Survey (English & Spanish)
- Key Informant Interview Guide

C. Prioritization Tools

This section includes the tools and criteria used for the prioritization process.

D. Community Resources and Partners

This document highlights existing resources that organizations are currently using and available widely in the community. This document also includes tables highlighting potential community partners who were identified during the qualitative data collection process for this CHNA.