Community Health Implementation Strategy

Memorial Hermann Rehabilitation Hospital - Katy

MEMORIAL® HERMANN
Rehabilitation Hospital Katy

Table of Contents

At-a-Glance Summary

Community Served 	Memorial Hermann Rehabilitation Hospital – Katy, serving 1,104,291 persons living in 14 zip codes in Austin, Harris, Fort Bend, and Waller counties.
Significant Community Health Needs Being Addressed 	The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA):

Health Care Priorities	**Non-Medical Drivers of Health Priorities**
• Access to Care • Chronic Conditions Prevention and Management • Maternal & Infant Health • Mental Health & Substance Use	• Access to Healthy Food • Economic Opportunity • Educational Access

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Implementation Strategy Goals for FY26-FY28

Over the next three years, the hospital will implement and closely monitor a series of programs, activities, and milestones aligned with its established priorities. The following snapshot outlines these initiatives, many of which include overlapping secondary objective.

Access to Care

- Refer ≥70% of Memorial Hermann Accountable Care Organization (ACO) patients discharged from acute or ED settings with Non-Medical Driver of Health (NMDOH) needs to Community Care Coordination Team (C3T) Community Health Workers (CHWs) for a documented intervention and outcome.
- Expand access to care for Greater Houston community members, including those with complex rehab needs, by implementing a 24/7 Nurse Health line resource that provides clinical guidance, care navigation, and referrals to appropriate services, improving timely access and reducing unnecessary emergency department utilization.

Access to Healthy Food

- Expand access to nutritious food for food-insecure populations across Greater Houston by increasing the number of patients and community members receiving emergency food support and participating in food and nutrition education programs at each Memorial Hermann campus, helping families redirect limited income toward other essential needs and reduce overall cost burden.

Chronic Conditions Prevention and Management

- Screen ≥40% of Memorial Hermann patients for at least 1 NMDOH with ≥50% high risk receiving referral to resource support by FY28.
- To expand access to support groups by increasing the number of groups available across Greater Houston at TIRR Memorial Hermann facilities and improving recruitment efforts for participation in such groups.
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Mental Health & Substance Use

- Memorial Hermann Health System will implement initiatives that connect and care for the community, including those who are experiencing mental health challenges: access to appropriate psychiatric and behavioral health specialists; reducing unnecessary ER visits; increase connection to more appropriate preventive wellness outpatient services and navigation care coordination.

Our Hospital and the Community Served

Memorial Hermann Rehabilitation Hospital – Katy

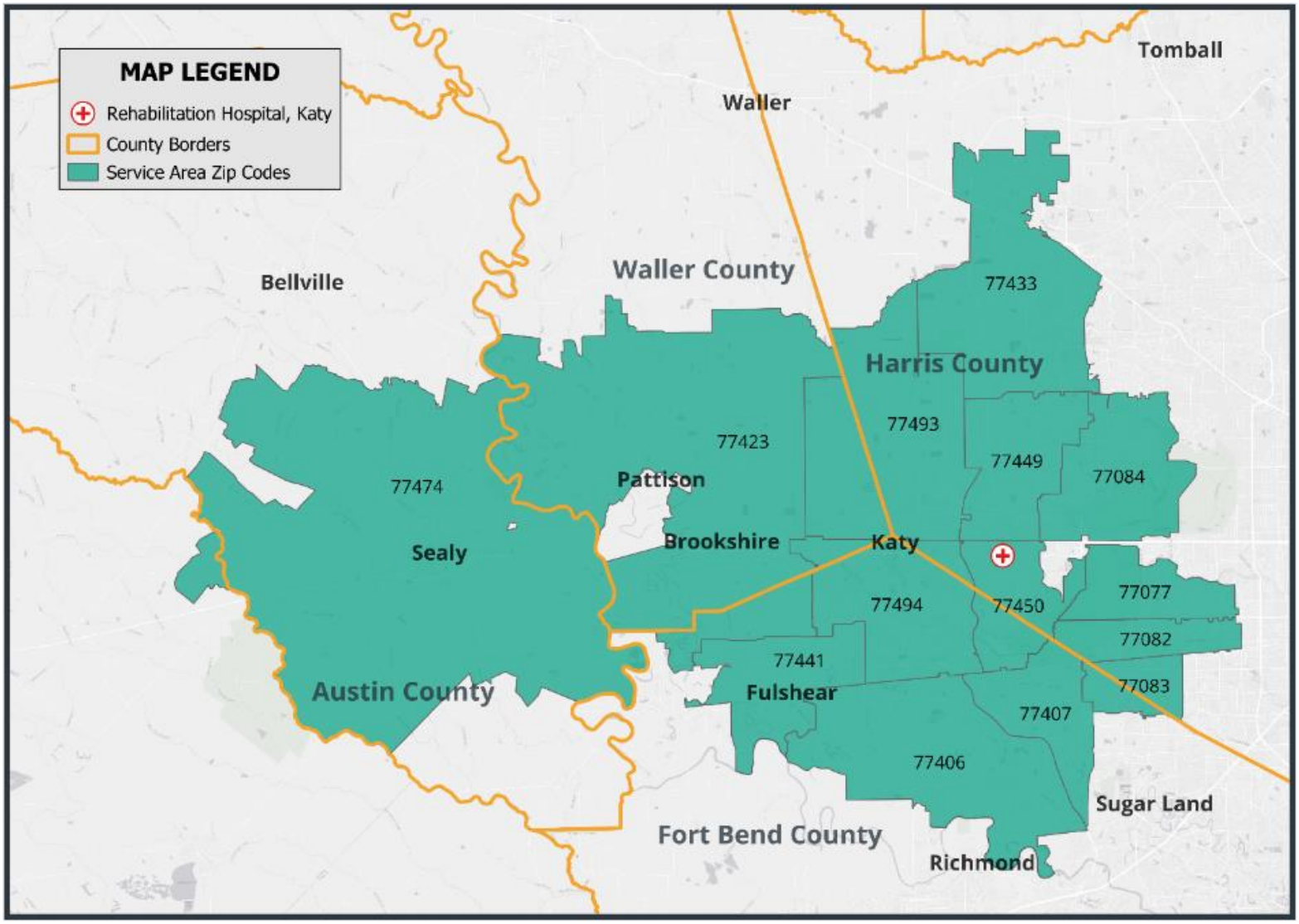
Memorial Hermann Rehabilitation Hospital – Katy is a part of Memorial Hermann Health System (MHHS), one of the largest nonprofit health systems in Texas, with 17* hospitals and more than 6,600 affiliated physicians, 34,000 employees across 270 care delivery sites throughout the Greater Houston area.

For more than a decade, Memorial Hermann Rehabilitation Hospital – Katy has provided quality care customized to meet each patient's individual needs – offering streamlined rehabilitation from the time patients enter the facility, until well after they are discharged to go home. With more than 250 providers on the affiliated medical staff, patients have access to a variety of specialists. Additionally, providers work very closely with primary care and internal medicine physicians, allowing them to follow their patients into the rehab setting, ensuring complete continuity of health care. Memorial Hermann Rehabilitation Hospital – Katy Inpatient Rehabilitation sees patients who have the following: stroke, non-traumatic brain injury, neurological disorders, cancer rehabilitation, non-traumatic spinal cord injury, orthopedic conditions, amputation or debilitation

Description of the Community Served

Memorial Hermann Rehabilitation Hospital – Katy Metropolitan Service Area (MSA) has a population of approximately 1,104,291 persons serving 14 zip codes in Austin, Harris, and Fort Bend counties. See Appendix A Supplementary Findings for secondary data related to health care needs throughout the region.

FIGURE 1. MEMORIAL HERMANN REHABILITATION HOSPITAL – KATY METROPOLITIAN SERVICE AREA BY ZIP CODES



Source: MHHS facilities values from Claritas (2024)

Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted on June 26, 2025. The CHNA report includes:

- description of the community assessed consistent with the hospital's service area;
- description of the assessment process and methods;
- data, information and findings, including significant community health needs;
- community resources potentially available to help address identified needs; and
- impacts of actions taken by the hospital since the preceding CHNA

Additional details about the needs assessment can be found in the CHNA report, which is publicly available on the hospital's website or upon request from the hospital, communityhealth@memorialhermann.org.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors or health care services, and health-related social and community needs that have an impact on health and well-being.

Significant Needs the Hospital Does Not Intend to Address

Memorial Hermann Health System (MHHS) did not elect to explicitly prioritize the following health needs that emerged from the primary and secondary data with the 2025 implementation plan to include: Immunizations & Infectious Diseases and Community (Environment, Prevention, & Safety). However, they are related to the selected priority areas and will be interwoven in the forthcoming Implementation Strategy and in future work addressing health needs through strategic partnerships with community partners.

2025 Implementation Strategy and Plan

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities. Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Implementation Strategy

Memorial Hermann Rehabilitation Hospital – Katy is dedicated to improving community health and delivering community benefits with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Following the identification of the seven priority health needs, the Community Benefit team began subsequent work on implementation planning. Hospital contacts and participants were identified, and representation included Memorial Hermann Rehabilitation Hospital – Katy, and other hospital leadership.

During initial planning meetings, representatives from HCI and Memorial Hermann Rehabilitation Hospital – Katy reviewed the hospital's most recent implementation plan (2023-2025), noting strengths and areas of improvement to inform the development of the new implementation plans.

Hospital representatives from Memorial Hermann Rehabilitation Hospital – Katy were invited to participate in an Implementation Strategy Kick-Off meeting. The meeting was held on July 16, 2025 for all 13 facility hospital representatives. A total of 26 participants

attended. Following the initial planning meetings, several implementation strategy office support hours were held to support the development of initial goals and objectives.

The Implementation Plan presented below outlines in detail the individual strategies and activities Memorial Hermann Rehabilitation Hospital – Katy will implement to address the health needs identified though the CHNA process that the facility is best resourced to address. The following components are outlined in detail in the tables that follow:

1) Actions the hospital intends to take to address the health needs identified in the CHNA
2) The anticipated impact of these actions as reflected in the Process and Outcomes measures for each activity
3) The resources the hospital plans to commit to each strategy
4) Any planned collaboration to support the work outlined.

Memorial Hermann Rehabilitation Hospital – Katy Implementation Plan

Community Priority: Access to Care

Prioritized Need Area: Access to Care

FY26-FY28 Goal: Refer ≥70% of Memorial Hermann Accountable Care Organization (ACO) patients discharged from acute or ED settings with identified NMDOH needs to Community Care Coordination Team (C3T) CHWs for a documented intervention and outcome.

FY26 Objective: ≥50% of MHHS ACO patients discharged from acute or ER settings with identified NMDOH needs will be referred to Community Care Coordination Team CHWs for a documented intervention.

FY26 KPIs:

- Percent - MHHS ACO patients screened by PHSO and acute case management partners
- Percent - ACO patients referred to C3T program
- Number - NMDOH interventions provided

Strategic Approach

Programs/Activities	Owner	Baseline	Milestones/ Measures of Success FY26
Transitional Care Management	• Population Health • ISD • Analytics	Baseline TBD post- FY26	• Capture Rate – of NMDOH needs, referrals, and outcomes in Epic
ER Management	• Population Health • ISD • Analytics	Baseline TBD post- FY26	• Capture Rate - of NMDOH needs, referrals, and outcomes in Epic

Target/Intended Population(s):

- Any ACO life being cared for by acute hospitals, PHSO, and community providers

Please provide any additional insights or explanations on the initiative(s) listed.

- Memorial Hermann ACO consists of a network of affiliated physicians that unites independent and employed physicians of every specialty throughout the Houston area in a common commitment to quality and accountability. These physicians practice evidence-based medicine proven to result in better clinical outcomes and shorter hospital stays

Collaboration Partners (Internal and External):

- Acute Case Management, MHMG, MHMD, ISD, and Analytics

- **Primary Prioritized Need Area: Access to Care**

FY26-FY28 Goal: Expand access to care for Greater Houston community members, including those with complex rehab needs, by implementing a 24/7 Nurse Health Line resource that provides clinical guidance, care navigation, and referrals to appropriate services, improving timely access and reducing unnecessary emergency department utilization.

FY26 Objective: Expand access to care for Greater Houston community members, including those with complex rehab needs, by implementing a 24/7 Nurse Health line resource that provides clinical guidance, care navigation, and referrals to appropriate services, improving timely access and reducing unnecessary emergency department utilization.

FY26 KPIs:

- Number—calls received to the Nurse Health line from Greater Houston residents
- Percent—callers connected to appropriate follow-up care within 72 hours
- Percent—high-risk rehab patients utilizing the service
- Percent—caller satisfaction rate (via post-call survey)

Strategic Approach

Programs/Activities	Owner	Baseline	Milestones/ Measures of Success FY26
Nurse Health Line referral protocols Outpatient Clinic and Acute Rehab Discharge Integrations	• OMC leadership • Case Management	Baseline TBD post- FY26	• Protocol implemented by Q3 FY26 – 80% of eligible patients receive Nurse Health Line info at discharge
Nurse Health Line staff Training for complex Rehab patients	• Nurse Health Line Program Manager • OMC Leadership	Baseline TBD post- FY26	• 100% of Nurse Health Line staff trained within first 60 days of launch. Post-training assessment scores all within passing.

Target/Intended Population(s):

- All payer types; Broader Greater Houston community

Please provide any additional insights or explanations on the initiative(s) listed.

- Nurse Health Line - Provide a 24/7 free resource via the Nurse Health Line that community members (uninsured and insured) within greater Houston can call to discuss their health concerns, receive recommendations on the appropriate setting for care, and get connected to appropriate resources.
- Since we cannot staff 24/7 in-house, we can leverage Memorial Hermann's existing Nurse Health Line (or another accredited nurse triage vendor) to provide after-hours and weekend coverage. Negotiate an integration agreement so their staff is trained to handle calls specific to rehab and complex populations.
- Develop call routing so the Nurse Health line is accessible via:
  - A dedicated direct phone number for community use
  - An after-hours voicemail/auto-attendant option on the main clinic number that redirects to the Nurse Health line
- Any urgent follow-up items are emailed/faxed to clinic for next day review.
- No additional clinic staffing cost for after-hours coverage.
- 24/7 access for patients and community without operational overhaul.
- Provide a "Resource Playbook" with clinic contact details, local urgent care, program resources, home health, and community resource contacts, escalation guidelines.
- Review technology platform options to potentially transcribe voicemails and/or enhance ability to triage patient needs.

Collaboration Partners (Internal and External):

- Internal: Outpatient Clinic and Acute Rehab Medical Directors; Case Management and Social Work teams, Marketing and Communications, IT/HER Support, Quality & Performance Improvement Team
- External: Memorial Hermann Nurse Health Line Team, Local health departments, Rehab-focused nonprofit organizations, Insurance partners and charity care programs, EMS and urgent care centers

Community Priority: Access to Healthy Food

- **Primary Prioritized Need Area: Access to Healthy Food**
- **Secondary Prioritized Need Area: Economic Opportunity**

FY26-FY28 Goal: Expand access to nutritious food for food insecure populations across Greater Houston by increasing the number of patients and community members receiving emergency food support and participating in food and nutritious education programs at each Memorial Hermann campus, helping families redirect limited income toward other essential needs and reduce overall cost burden.

FY26 Objective: Develop a standardized systemwide process to connect all high-risk patients falling within the surrounding Community Health target population ZIPs who are screened as food insecure to onsite food pantries and/or localized nonprofit food partners.

FY26 KPIs:

- Percent – patients screened for food insecurity
- Percent – food insecure patients referred to food assistance (external)
- Percent – food insecure patients referred to food assistance (internal pantries)

Strategic Approach

Programs/Activities	Owner	Baseline	Milestones/ Measures of Success FY26
Food as Health Program	Community Health Network	Baseline TBD post- FY26	• Volume – patients/community members accessing FAH program support • Number – pounds of food distributed • Percent – supported residing in priority communities

Target/Intended Population(s)

- Food-insecure; Uninsured; Medicaid; residing in target communities

Please provide any additional insights or explanations on the initiative(s) listed.

- Food as Health is the umbrella program managing all food and nutrition programs for Memorial Hermann including operating food pantries, community gardens and more.

Collaboration Partners (Internal and External):

- Ambulatory Services; local food nonprofit agencies

Community Priority: Chronic Conditions Prevention and Management

- **Primary Prioritized Need Area: Chronic Conditions Prevention and Management**
- **Secondary Prioritized Need Areas (s): Access to Healthy Food; Access to Care**

FY26-FY28 Goal: Screen ≥40% of Memorial Hermann patients for at least 1 NMDOH with ≥50% high-risk receiving referral to resource support by FY28.

FY26 Objective: ≥25% of Memorial Hermann Rehabilitation Hospital – Katy patients will be screened for at least 1 NMDOH, with ≥50% identified as high-risk residing in target communities receiving referral to resource support.

FY26 KPIs:

- Percent—patients screened
- Percent—high-risk patients referred to resources
- Number—nonprofit partners for Community Partner Network

Strategic Approach

Programs/Activities	Owner	Baseline	Milestones/ Measures of Success FY26
Community Health Worker (CHW) Hub	• Community Health Network • Ambulatory Services	Baseline TBD post- FY26	• Go-Live Date • Percent – referrals received • Number – NMDOH assessment screenings completed • Number – appointment scheduled • Percent - show rates of scheduled • Percent - positive patient satisfaction scores
MyChart NMDOH Assessment Initiative	Community Health Network	Baseline TBD post- FY26	• Number - MyChart NMDOH Assessments completed • Percent - patients indicating "Yes" for referral support upon MyChart NMDOH assessment completion • Percent – routed to CHW Hub

Target/Intended Population(s):

- All payer types; broader Greater Houston community residing in high poverty ZIPs

Please provide any additional insights or explanations on the initiative(s) listed. This information is to support Community Health team for additional reporting/ awareness.

- Community Partner Network is a formalized partnership with local external nonprofit agencies to support resource connection for those high-risk for NMDOH
- CHW Hub will be piloted to increase NMDOH screening and resource referrals across the system with primary feeder during FY26 from MyChart. Referrals will ensure patients get connected to health and social service support with the intended downstream impact of improving community health.
- The MyChart NMDOH Assessment Initiative is focused on allowing patients the choice to self-disclose about NMDOH.

Collaboration Partners (Internal and External):

- NMDOH Workgroup; System; ISD; Digital; Ambulatory Services; local FQHCs; Local social service agencies

- **Primary Prioritized Need Area: Chronic Conditions Prevention and Management**
- **Secondary Prioritized Need Area: Mental Health & Substance Use**

FY26-FY28 Goal: To expand access to support groups by increasing the number of groups available across Greater Houston at TIRR Memorial Hermann facilities and improving recruitment efforts for participation in such groups.

FY26 Objective: By end of FY26, initiate 2 more support groups at TIRR Memorial Hermann facilities as well as increase attendance at existing groups.

FY26 KPIs:

- Percent—attendance increase over course of the fiscal year
- Number—new support groups meetings over FY26

Strategic Approach

Programs/Activities	Owner	Baseline	Milestones/ Measures of Success FY26
Support Group Outreach	• Memorial Hermann Marketing, Mental Health Lead and Committee	Initial attendance for meeting at start of fiscal year	• Successful initiation of 2 more support groups • Increased attendance at existing and new support groups by 15% over the course of the fiscal year

Target/Intended Population(s):

- All Memorial Hermann Rehabilitation Hospital - Katy patients (inpatient and outpatient), Greater Houston community with emphasis on individuals with disabilities, chronic conditions, and those from underserved or rural areas.

Please provide any additional insights or explanations on the initiative(s) listed.

- n/a

Collaboration Partners (Internal and External):

- Internal: TIRR Memorial Hermann and MHHS Marketing, Rehab Therapy managers, Support Group facilitators, Community outreach leads

Community Priority: Mental Health & Substance Use

- **Prioritized Need Area: Mental Health & Substance Use**

FY26-FY28 Goal: Memorial Hermann Health System will implement initiatives that connect and care for the community, including those who are experiencing mental health challenges: access to appropriate psychiatric and behavioral health specialists; reducing unnecessary ER visits; increase connection to more appropriate preventive wellness outpatient services and navigation care coordination

FY 26 Objective: Increase awareness and availability of mental health services in the community to improve quality of life for patients, family members, and employees being served the Memorial Hermann Southeast Campus.

FY26 KPIs:

- Percent – decrease of patients needing evaluation in ER
- Number – unique patients evaluated via programs
- Number – referrals to programs
- Number – patients engaged by program type
- Number – attendees to community events

Strategic Approach

Programs/Activities	Responsible	Baseline	Milestones/ Measures of Success FY26
Memorial Hermann 24/7 Psychiatric Response Team	Behavioral Health Division	Baseline TBD post-FY26	Percent - decrease of patients evaluated in the ED
Memorial Hermann Mental Health Crisis Clinics: Community Setting	Behavioral Health Division	Baseline TBD post-FY26	Number - unique patients evaluated
Memorial Hermann Collaborative Care Program (CoCM)	Behavioral Health Division	Baseline TBD post-FY26	• Number - referrals received from PCP • Number - patients engaged in CoCM services

Target/Intended Population(s):

- Broader Greater Houston community

Please provide any additional insights or explanations on the initiative(s) listed.

- Memorial Hermann Psychiatric Response Team, and on demand virtual psychiatry works 24/7 across the system and provides behavioral health expertise to all acute care campuses, delivering services to ERs and inpatient units.
- Memorial Hermann Mental Health Care Clinics (MHCCs) are outpatient specialty clinics open to the community, meant to serve individuals experiencing mental health challenges or those needing more immediate access to outpatient providers to meet their behavioral health needs.
- Memorial Hermann Collaborative Care Program (CoCM) strives to facilitate systematic coordination of general and behavioral health care. Integrating physical and behavioral health services; facilitating seamless access to care.
- Human Resources - Behavioral Health Services Employees
- Operating Resources – Computers, EMR, Virtual technology, and other documentation tools
- Capital Resources – Offices and other facilities

Collaboration Partners (Internal and External):

- Collaboration with all the Memorial Hermann Facilities, Leadership, Case Management, Medical staff, Community service providers, and other community partners;

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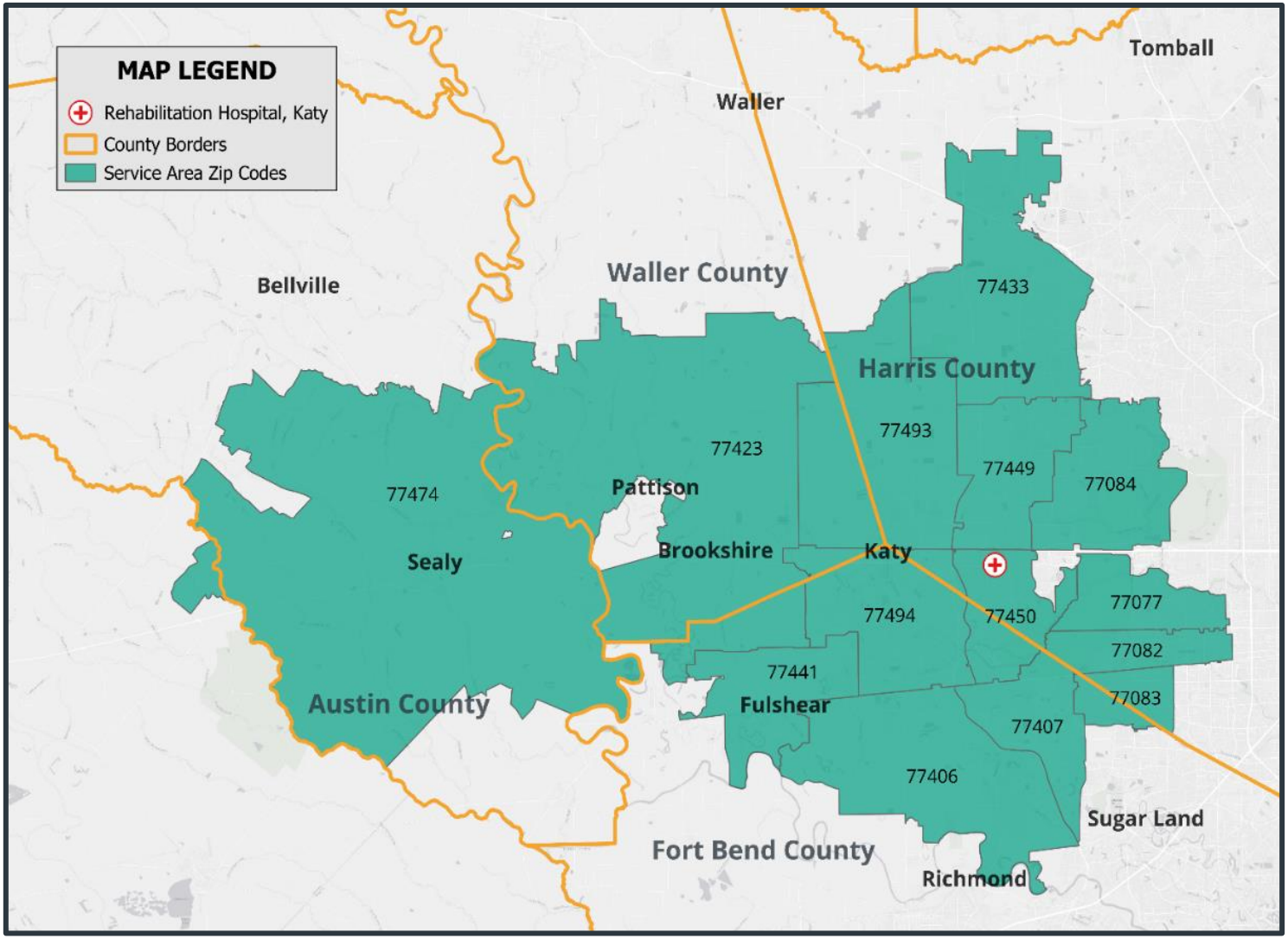
Appendices

Memorial Hermann Rehabilitation Hospital – Katy Supplementary Findings

The Metropolitan Service Area for Memorial Hermann Rehabilitation Hospital – Katy includes 14 zip codes in Austin, Harris, Fort Bend, and Waller counties.

FIGURE 1. MEMORIAL HERMANN REHABILITATION HOSPITAL – KATY MSA

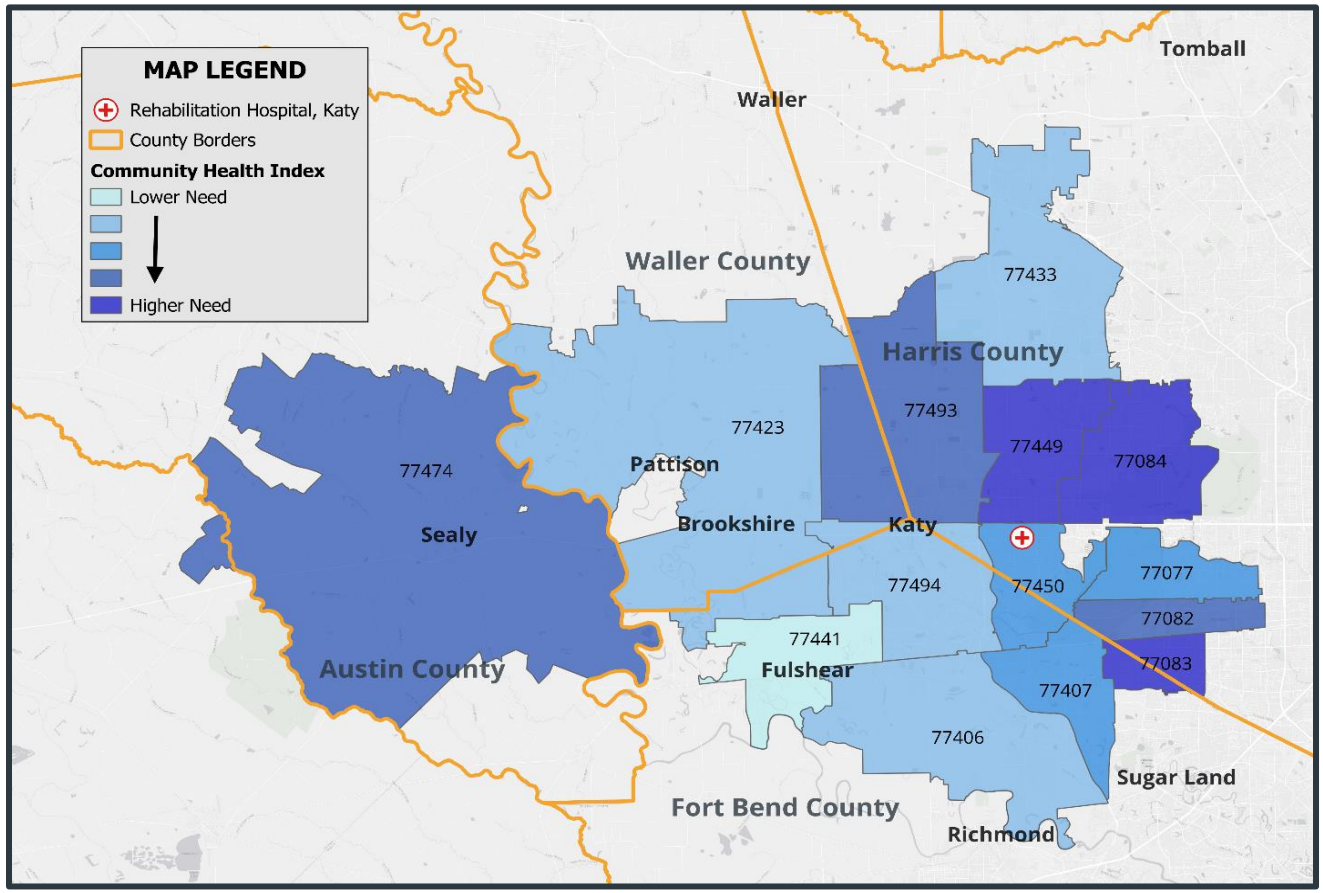


Key Findings: Access to Care

The Community Health Index (CHI) can help to identify specific geographies with greater health care needs, based on widely available data on non-medical drivers of health. This index can be helpful in planning where greater access to care may be needed. Across the Memorial Hermann Rehabilitation Hospital – Katy MSA, the zip codes with the highest CHI scores are:

- 77083 (CHI = 72.8)
- 77084 (66.1)
- 77449 (63.1)

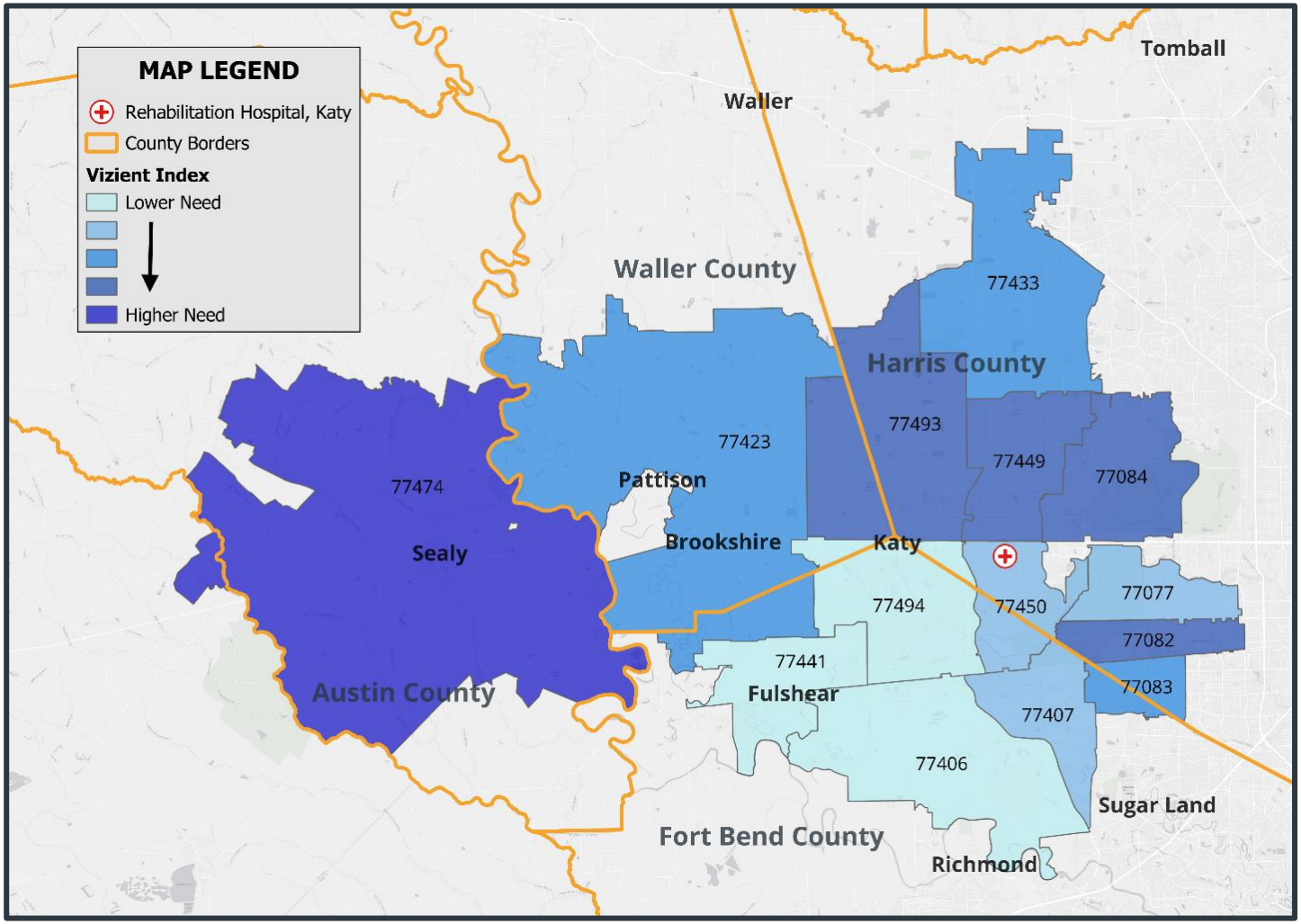
FIGURE 2. CONDUENT HEALTHY COMMUNITIES INSTITUTE'S COMMUNITY HEALTH INDEX BY ZIP CODE: MEMORIAL HERMANN REHABILITATION HOSPITAL – KATY MSA



The 2024 Vizient Vulnerability Index (VVI) similarly identifies social needs and obstacles by calculating a score based on nine domains: economy, education, health care access, neighborhood resources, housing, clean environment, social environment, transportation, and public safety. Across the Memorial Hermann Rehabilitation Hospital – Katy MSA, the zip codes with the greatest health care needs, based on this index score, are:

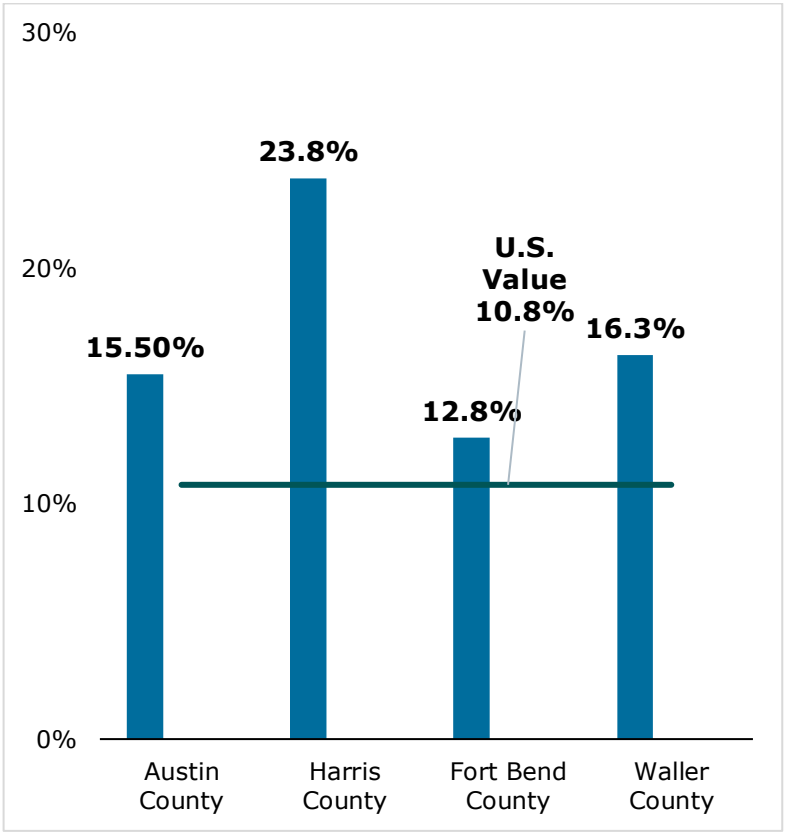
- 77474 (VVI = -0.07)
- 77449 (-0.29)
- 77084 (-0.31)

FIGURE 3. VIZIENT SCORE BY ZIP CODE: MEMORIAL HERMANN REHABILITATION HOSPITAL – KATY MSA



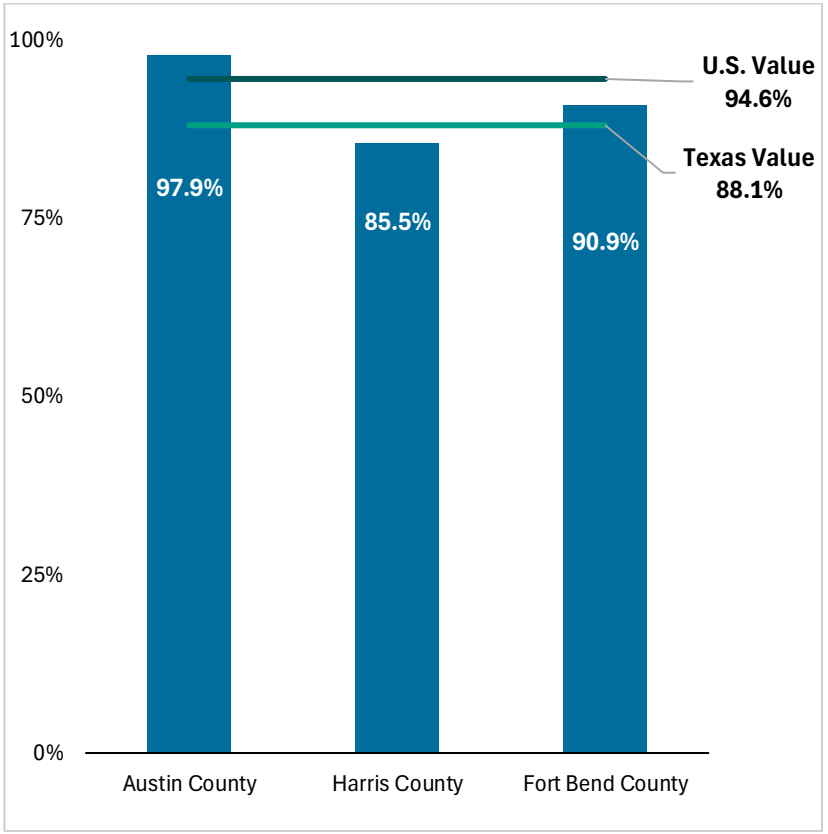
The following figures illustrate indicators of concern in Austin, Harris, Fort Bend, and Waller counties based on scoring of secondary data related to **Access to Care.**

FIGURE 4. ADULTS WITHOUT HEALTH INSURANCE



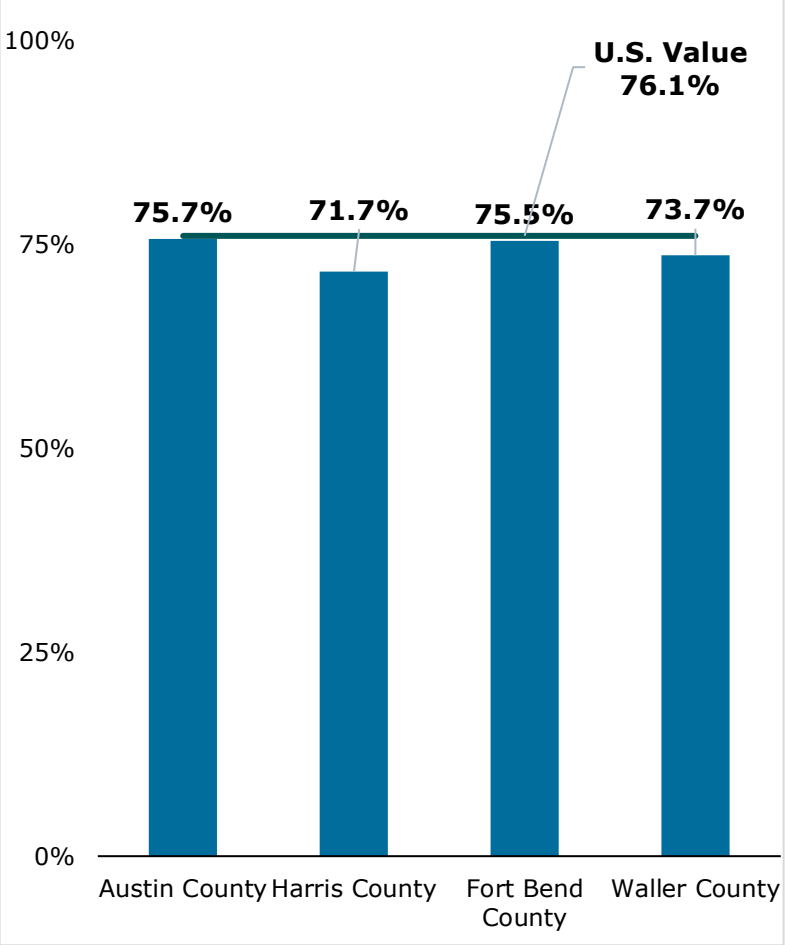
CDC – PLACES (2022)

FIGURE 5. CHILDREN WITH HEALTH INSURANCE



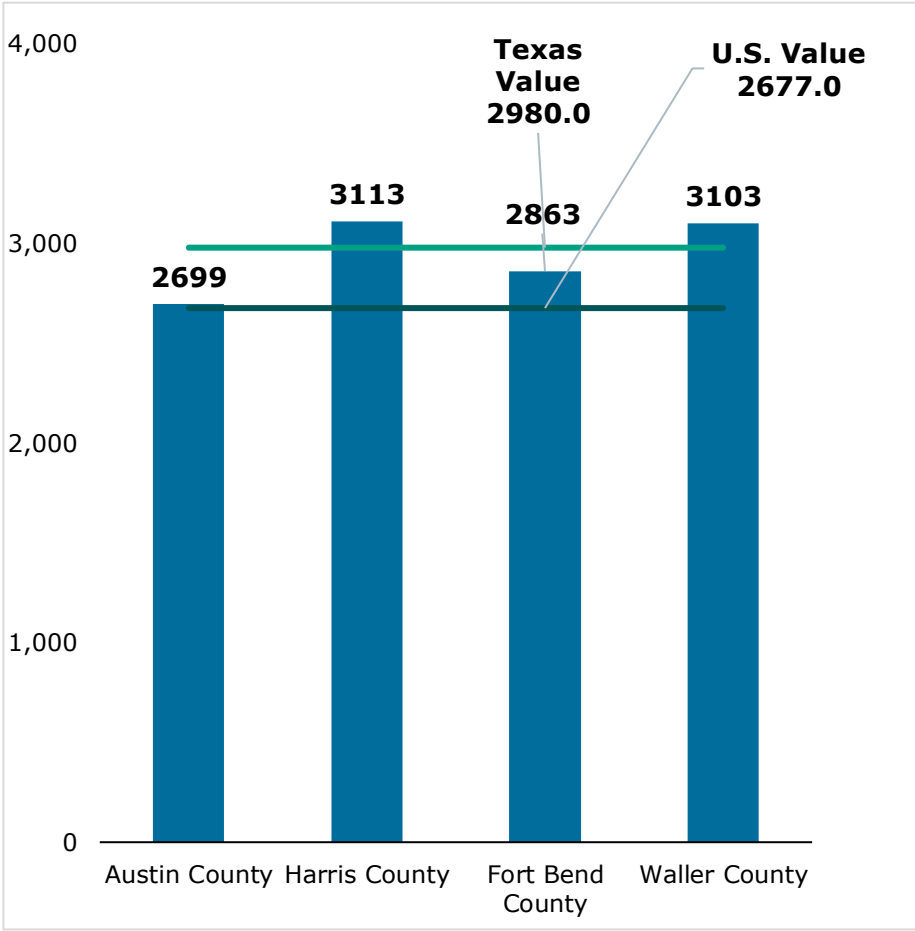
American Community Survey (2023)

FIGURE 6. ADULTS WHO HAVE HAD A ROUTINE CHECKUP



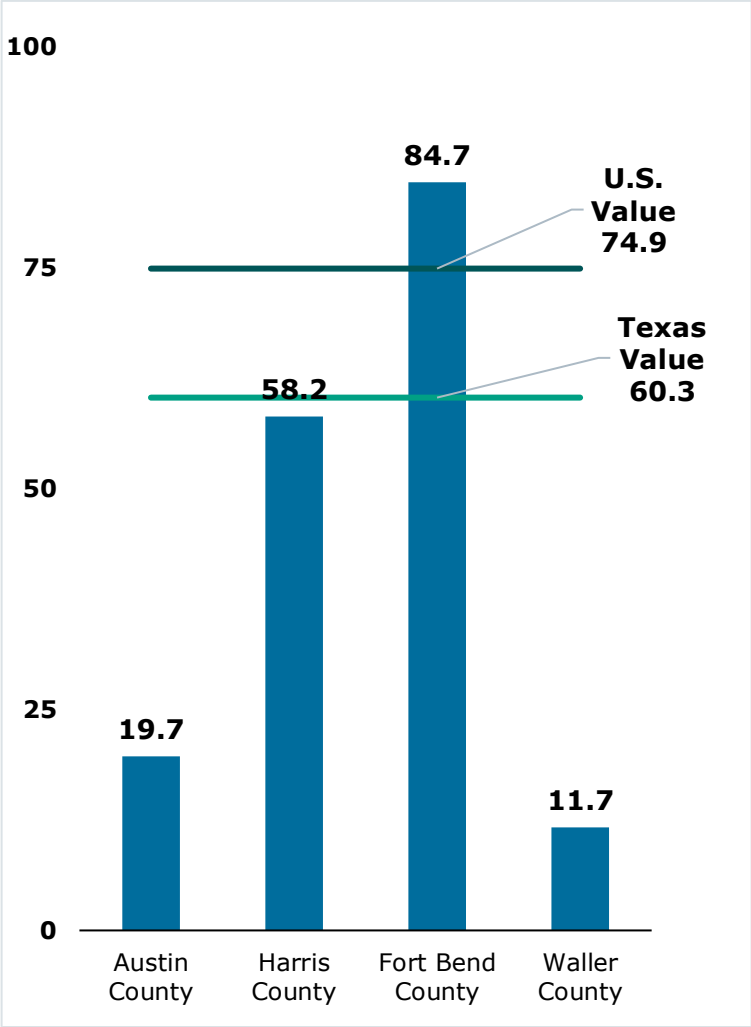
Source: CDC – PLACES (2022)

FIGURE 7. PREVENTABLE HOSPITAL STAYS: MEDICARE POPULATION
(discharges per 100,000 Medicare enrollees)



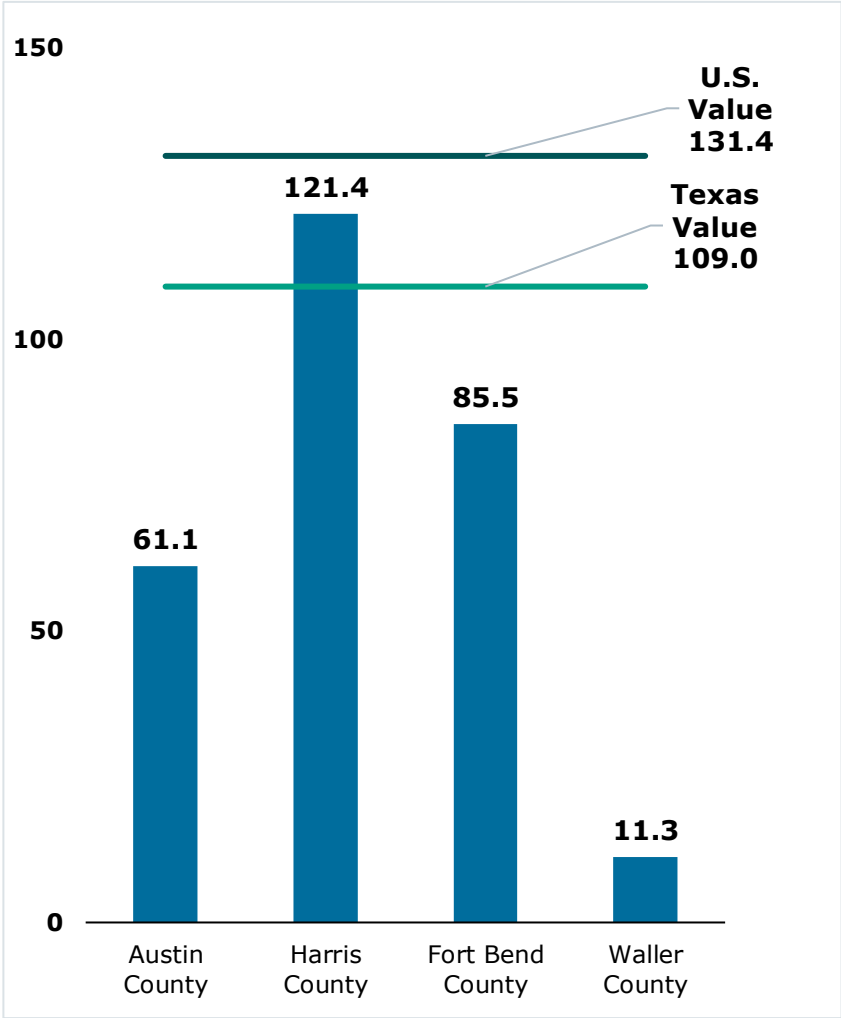
Source: Centers for Medicare & Medicaid Services (2022)

FIGURE 8. PRIMARY CARE PROVIDER RATE
(providers per 100,000 population)



Source: County Health Rankings (2021)

FIGURE 9. NON-PHYSICIAN PRIMARY CARE PROVIDER RATE
(providers per 100,000 population)



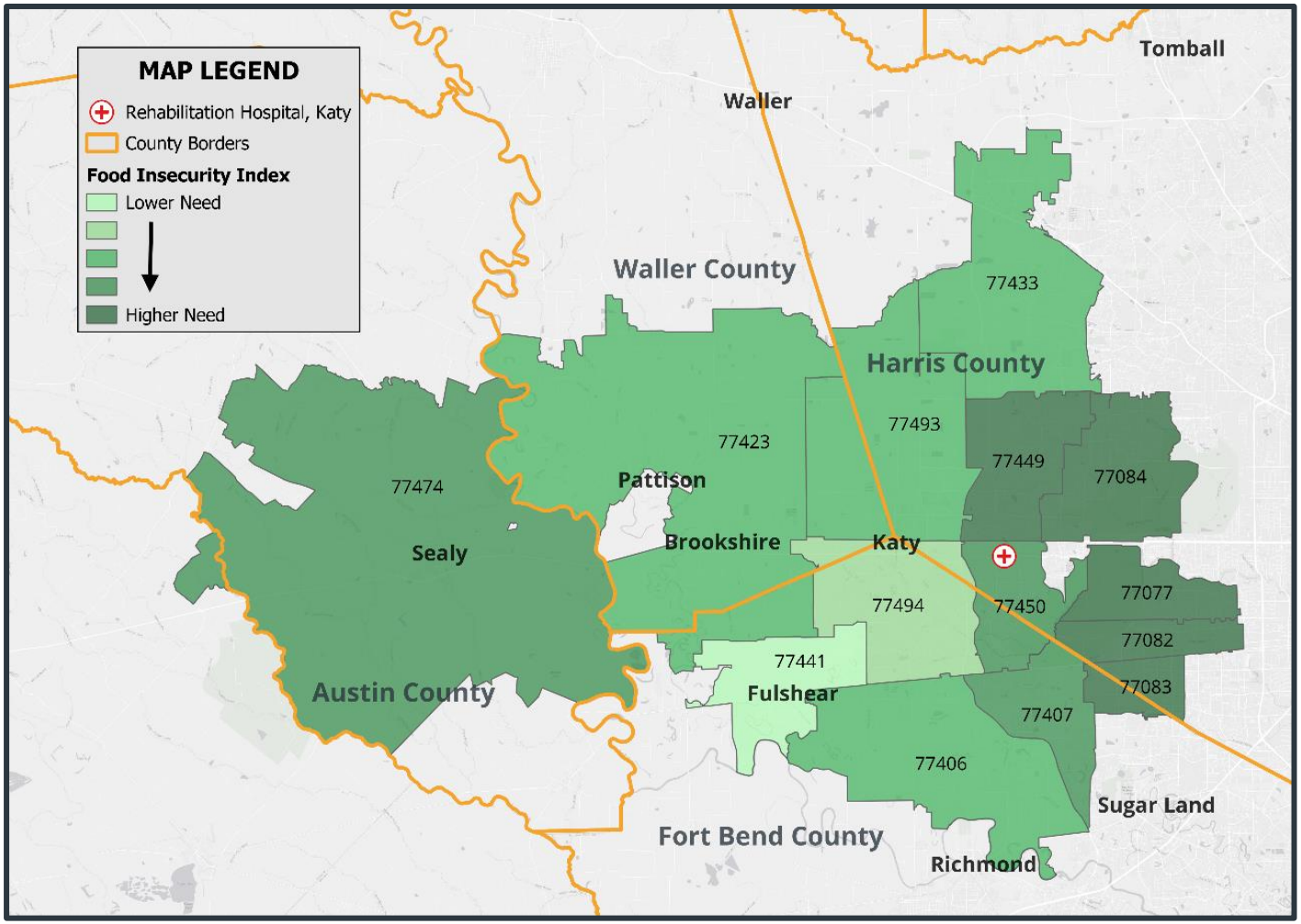
Source: County Health Rankings (2023)

Key Findings: Access to Healthy Food

The Food Insecurity Index (FII) can help to identify specific geographies with greater needs regarding food access, based on widely available data on non-medical drivers of health. Across the Memorial Hermann Rehabilitation Hospital – Katy MSA, the zip codes with the highest FII scores are:

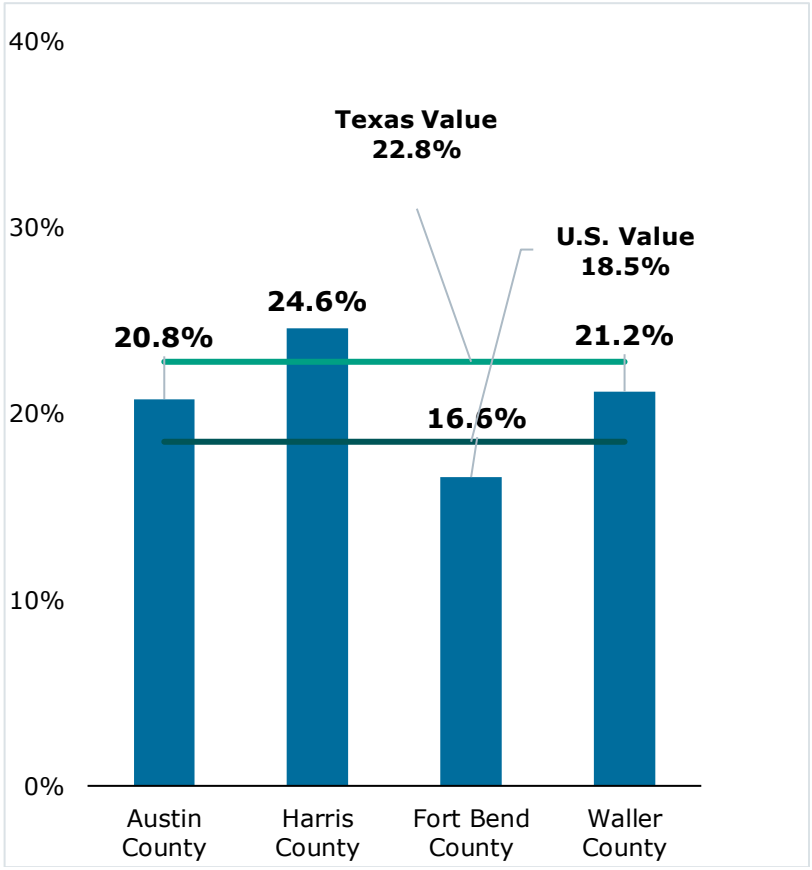
- 77082 (FII = 91.6)
- 77083 (90.1)
- 77449 (82.3)
- 77084 (82.1)

FIGURE 10. CONDUENT HEALTHY COMMUNITIES INSTITUTE'S FOOD INSECURITY INDEX BY ZIP CODE: MEMORIAL HERMANN REHABILITATION HOSPITAL – KATY MSA



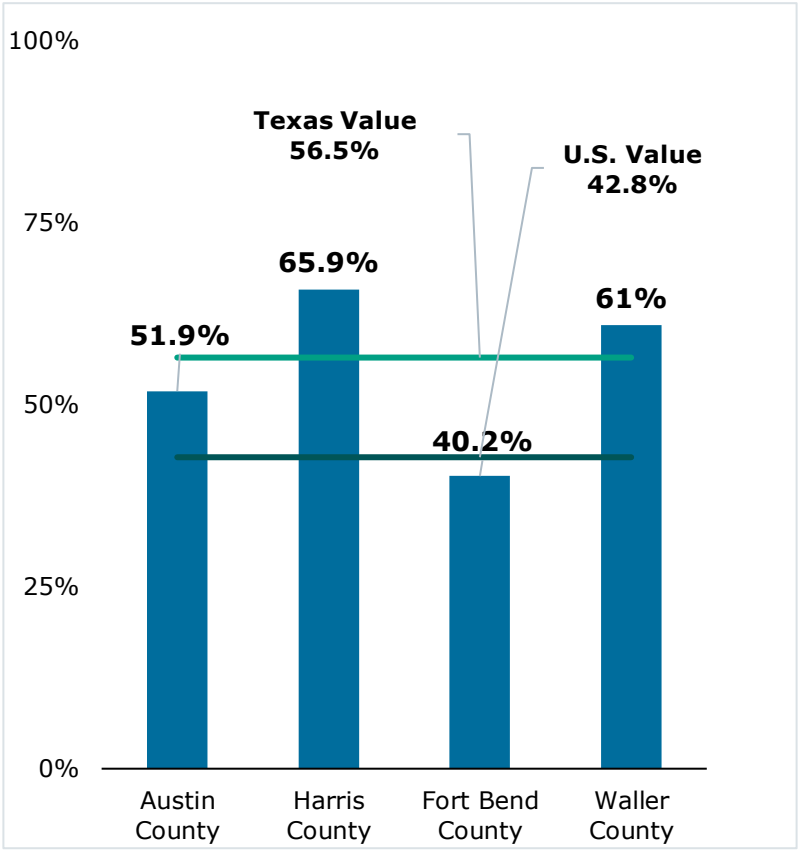
The following figures illustrate indicators of concern in Austin, Harris and/or Fort Bend counties, based on scoring of secondary data related to Access to Healthy Food.

FIGURE 11. CHILD FOOD INSECURITY RATE



Source: Feeding America (2022)

FIGURE 12. STUDENTS ELIGIBLE FOR FREE LUNCH PROGRAM

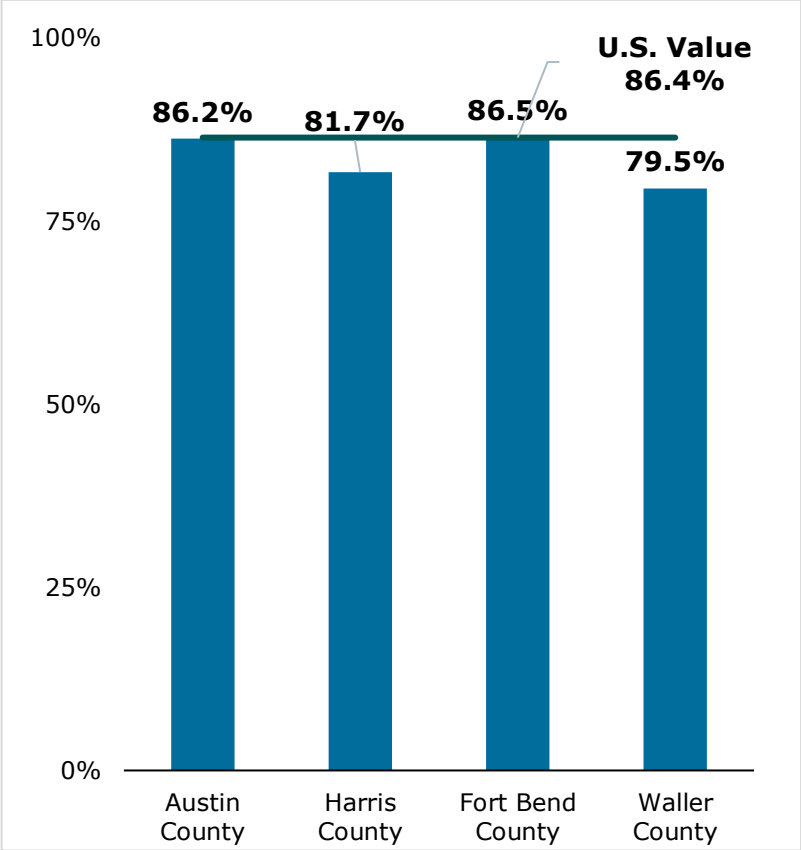


Source: National Center for Education Statistics (2022-2023)

Key Findings: Chronic Conditions Prevention and Management

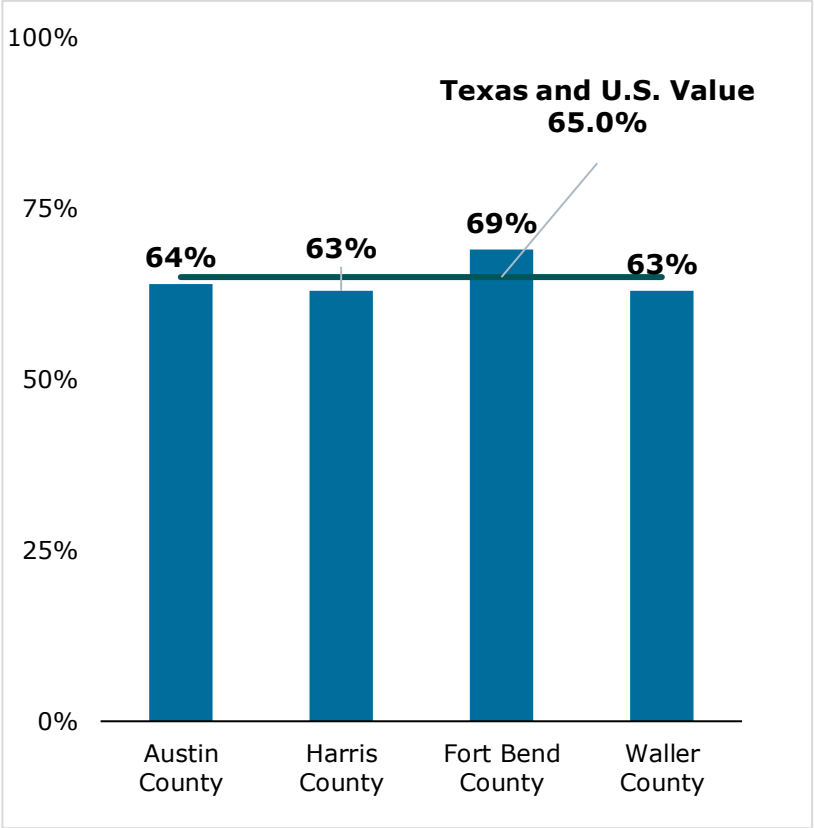
The following figures illustrate indicators of concern in Austin, Harris, Fort Bend, and Waller counties based on scoring of secondary data related to Chronic Conditions Prevention and Management.

FIGURE 13. CHOLESTEROL TEST HISTORY



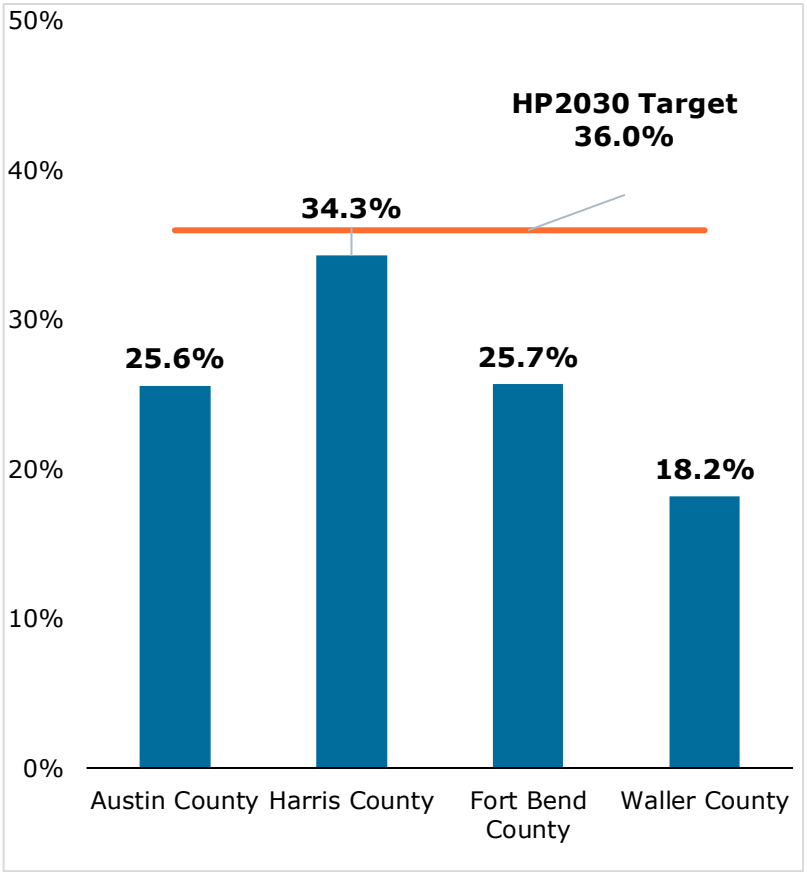
Source: CDC – PLACES (2021)

FIGURE 14. HYPERLIPIDEMIA: MEDICARE POPULATION



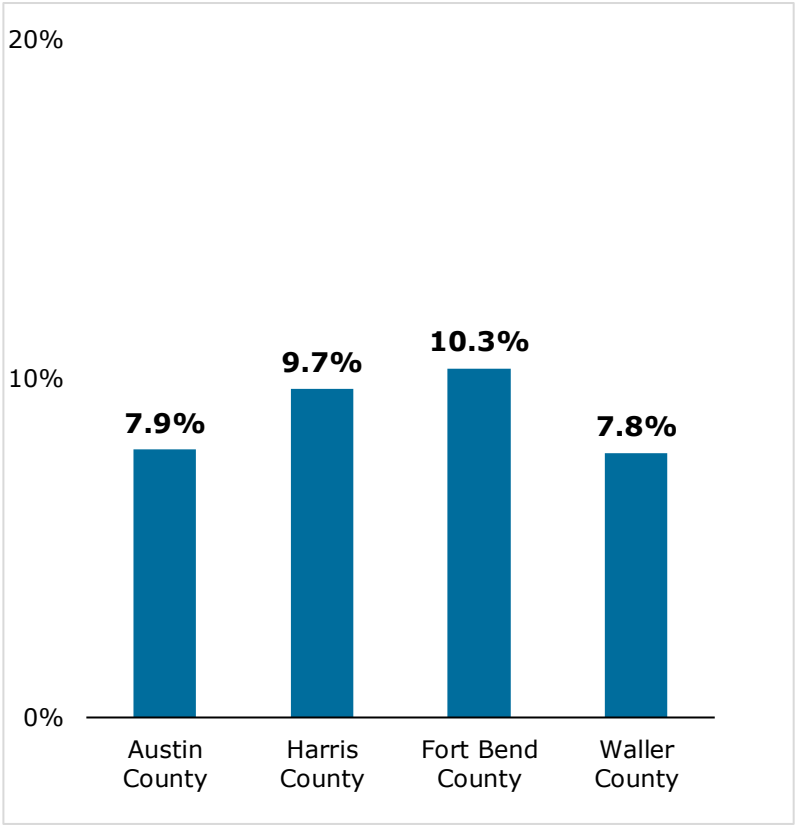
Source: Centers for Medicare & Medicaid Services (2022)

FIGURE 15. ADULTS 20+ WHO ARE OBESE



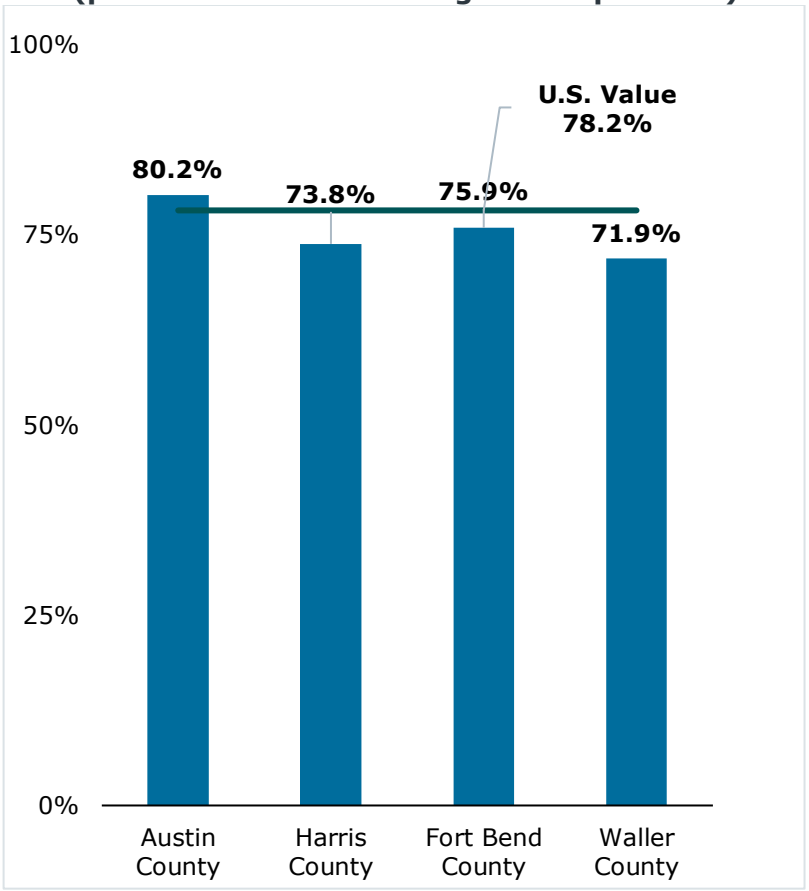
Source: CDC (2021)

FIGURE 16. ADULTS 20+ WITH DIABETES



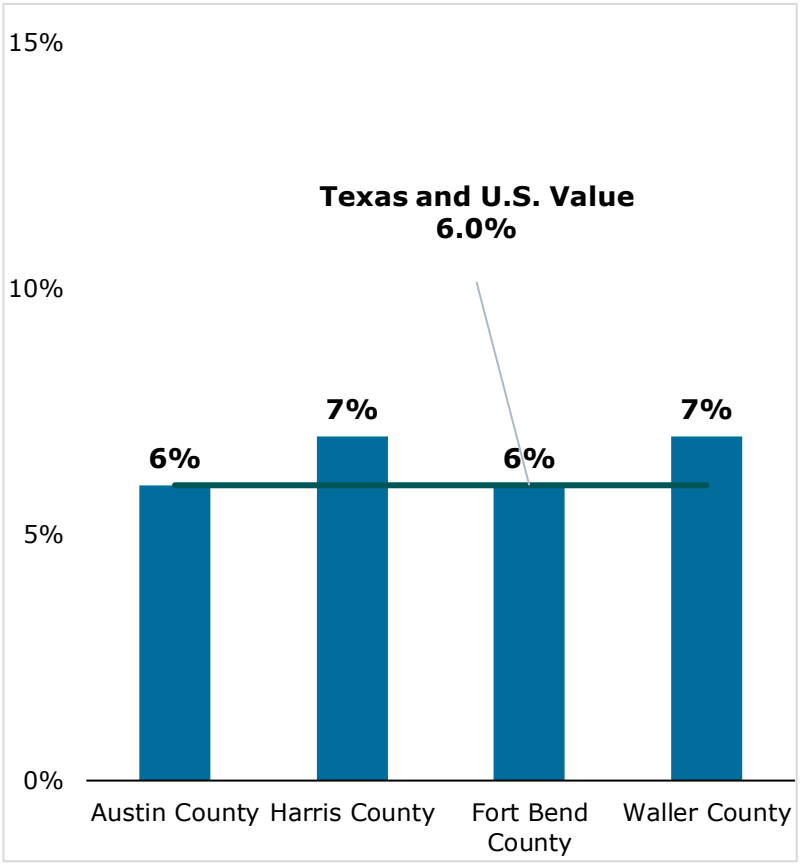
Source: CDC (2021)

FIGURE 17. ADULTS WHO HAVE TAKEN MEDICATION FOR HIGH BLOOD PRESSURE
(percent of adults with high blood pressure)



Source: CDC (2021)

FIGURE 18. STROKE: MEDICARE POPULATION



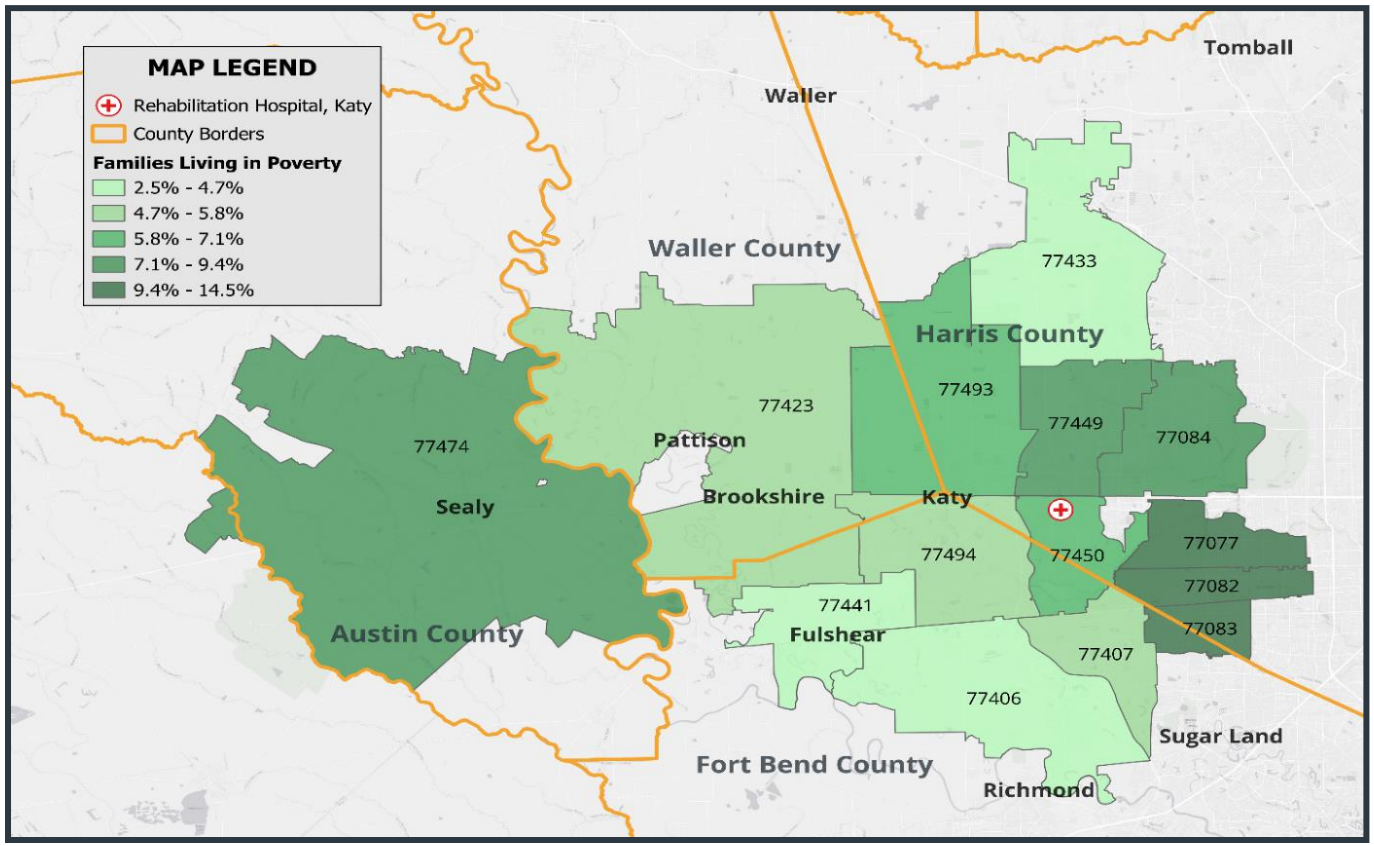
Source: Centers for Medicare & Medicaid Services (2022)

Key Findings: Economic Opportunity

Across Texas, the overall rate of families living below the federal poverty level is 10.8%. Across the Memorial Hermann Rehabilitation Hospital – Katy MSA, the highest percentages of households below the federal poverty level are in zip codes:

- 77082 (14.5%)
- 77083 (11.8%)
- 77077 (10.9%)

FIGURE 19. POVERTY BY ZIP CODE: MEMORIAL HERMANN REHABILITATION HOSPITAL – KATY MSA

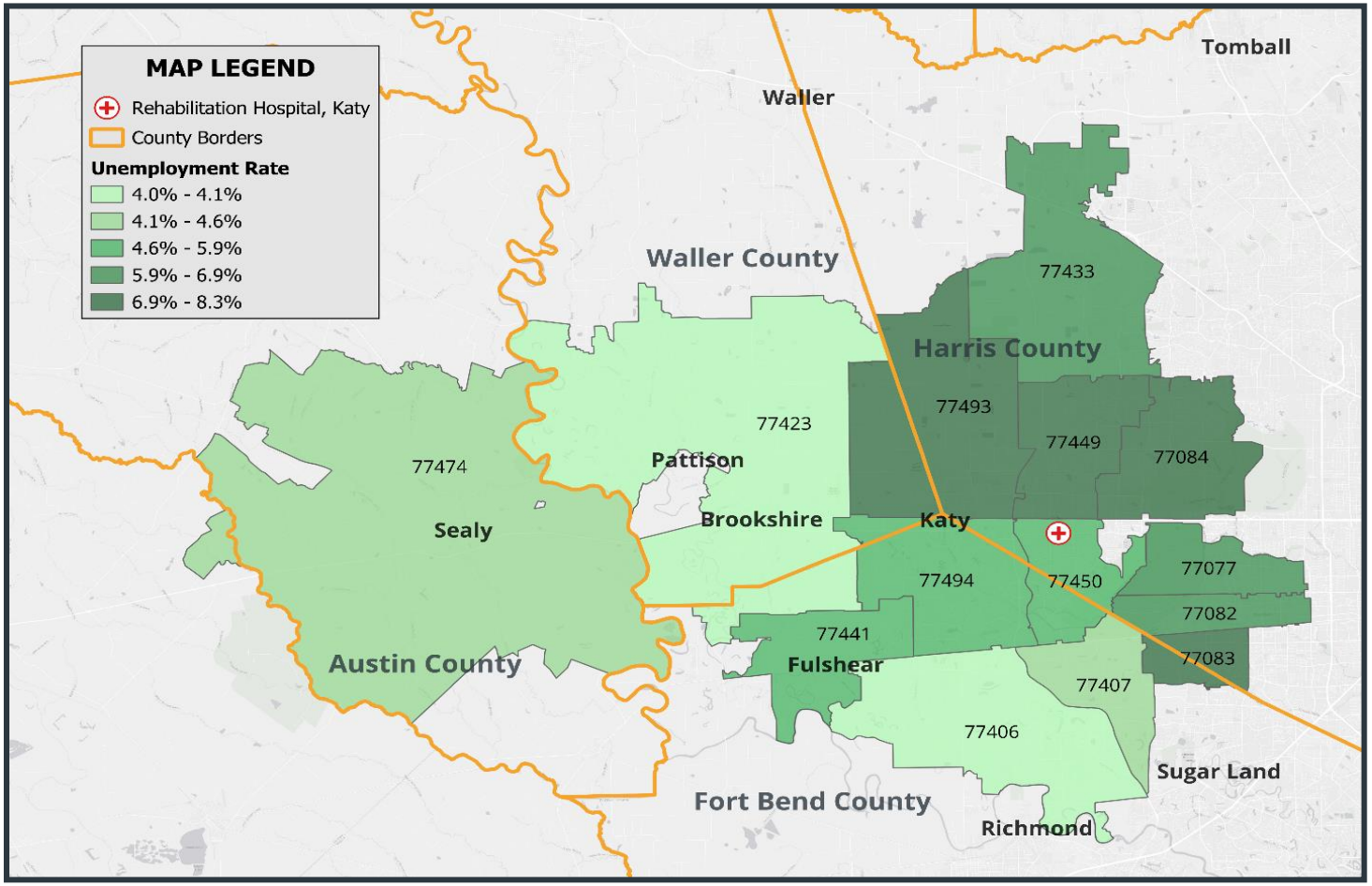


Source: Claritas (2024)

Across Texas, the overall rate of unemployment is 4.7%. Across the Memorial Hermann Rehabilitation Hospital – Katy MSA, the highest levels of unemployment are in zip codes:

- 77084 (8.3%)
- 77083 (8.0%)
- 77449 (7.9%)
- 77493 (7.7%)

FIGURE 20. UNEMPLOYMENT BY ZIP CODE: MEMORIAL HERMANN REHABILITATION HOSPITAL – KATY MSA

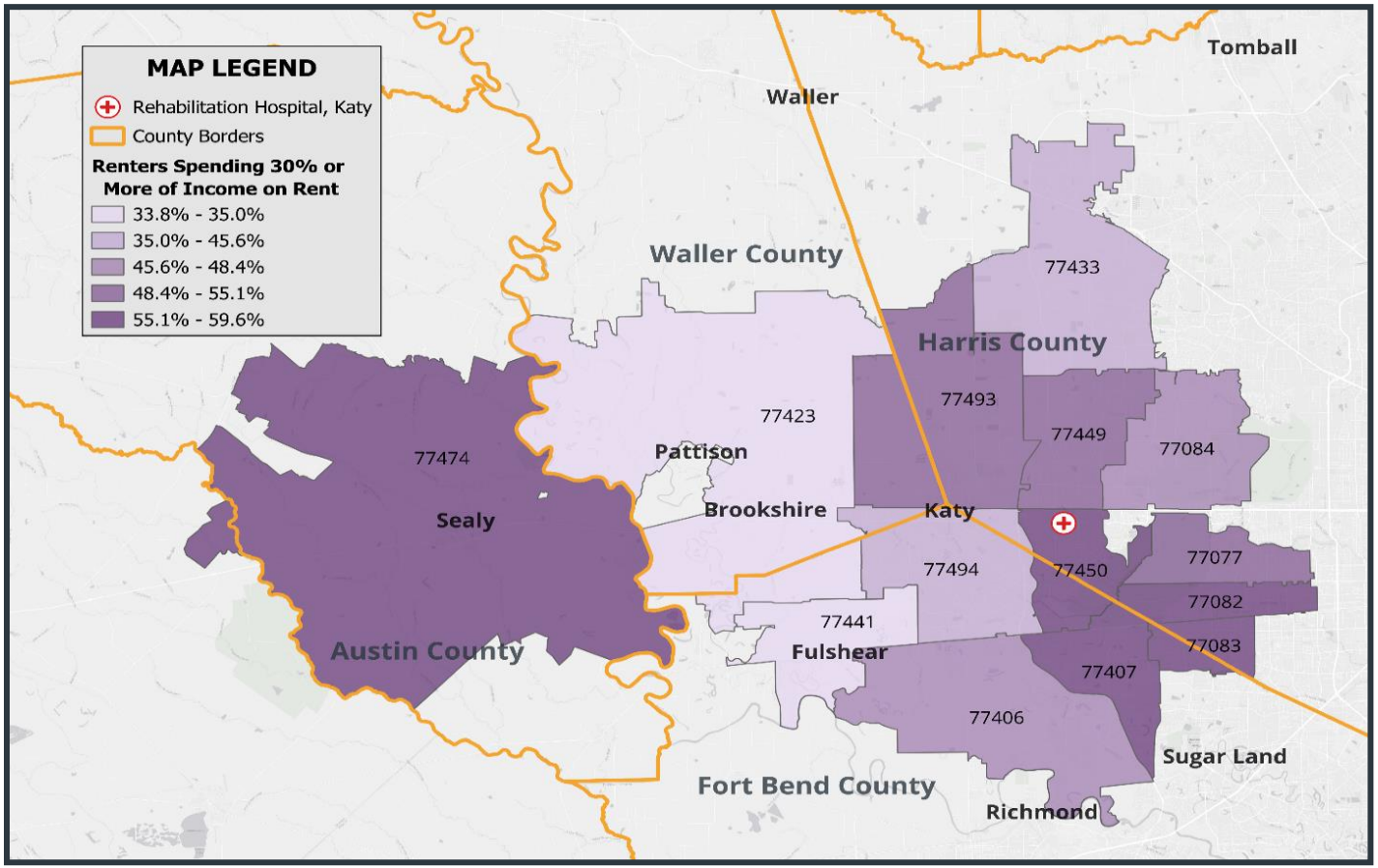


Source: Claritas (2024)

Across Texas, the overall rate of renters spending at least 30% of their income on rent is 50.7%. Across the Memorial Hermann Rehabilitation Hospital – Katy MSA, the highest percentages of renters spending at least 30% of their income on rent are in zip codes:

- 77407 (59.6%)
- 77083 (58.9%)
- 77450 (58.0%)

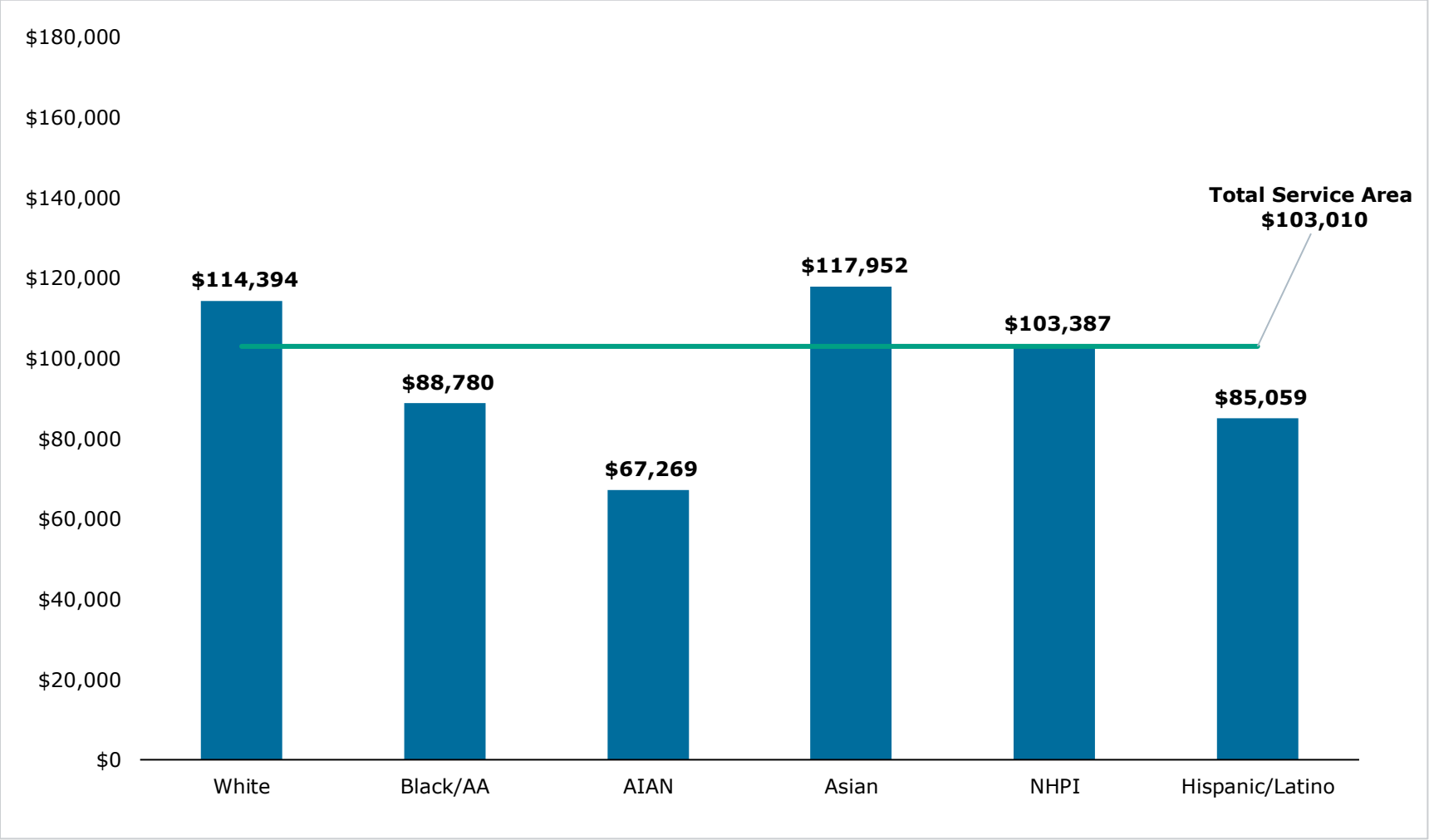
FIGURE 21. PERCENTAGE OF RENTERS WITH HIGH RENT BURDEN BY ZIP CODE: MEMORIAL HERMANN REHABILITATION HOSPITAL – KATY MSA



Source: American Community Survey (2018-2022)

Across the Memorial Hermann Rehabilitation Hospital – Katy MSA, income differs substantially by race and ethnicity. The median household income for American Indian/Alaskan Native (AIAN) and Hispanic Latino residents of the MSA are both more than $15,000 lower than the overall median household income.

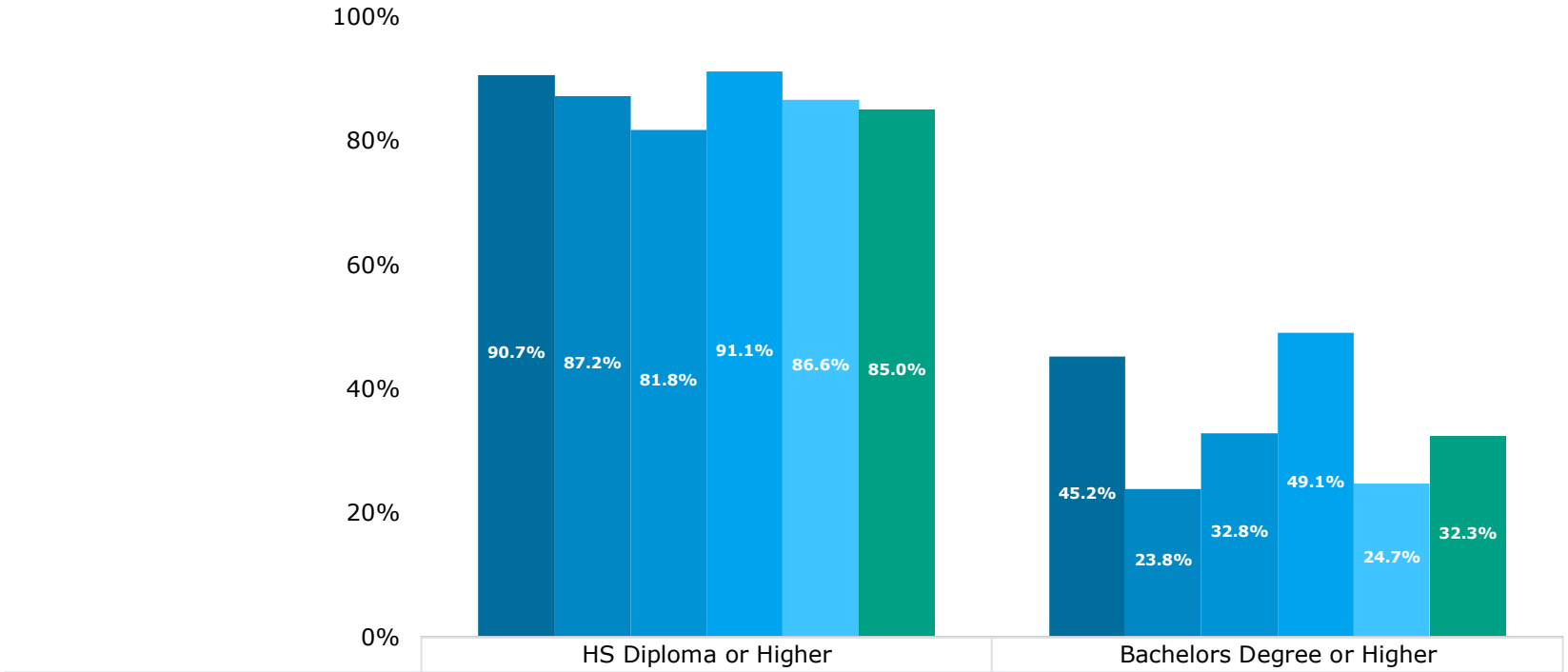
FIGURE 22. MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY: MEMORIAL HERMANN REHABILITATION HOSPITAL – KATY MSA



Source: Claritas (2024)

Key Findings: Educational Access

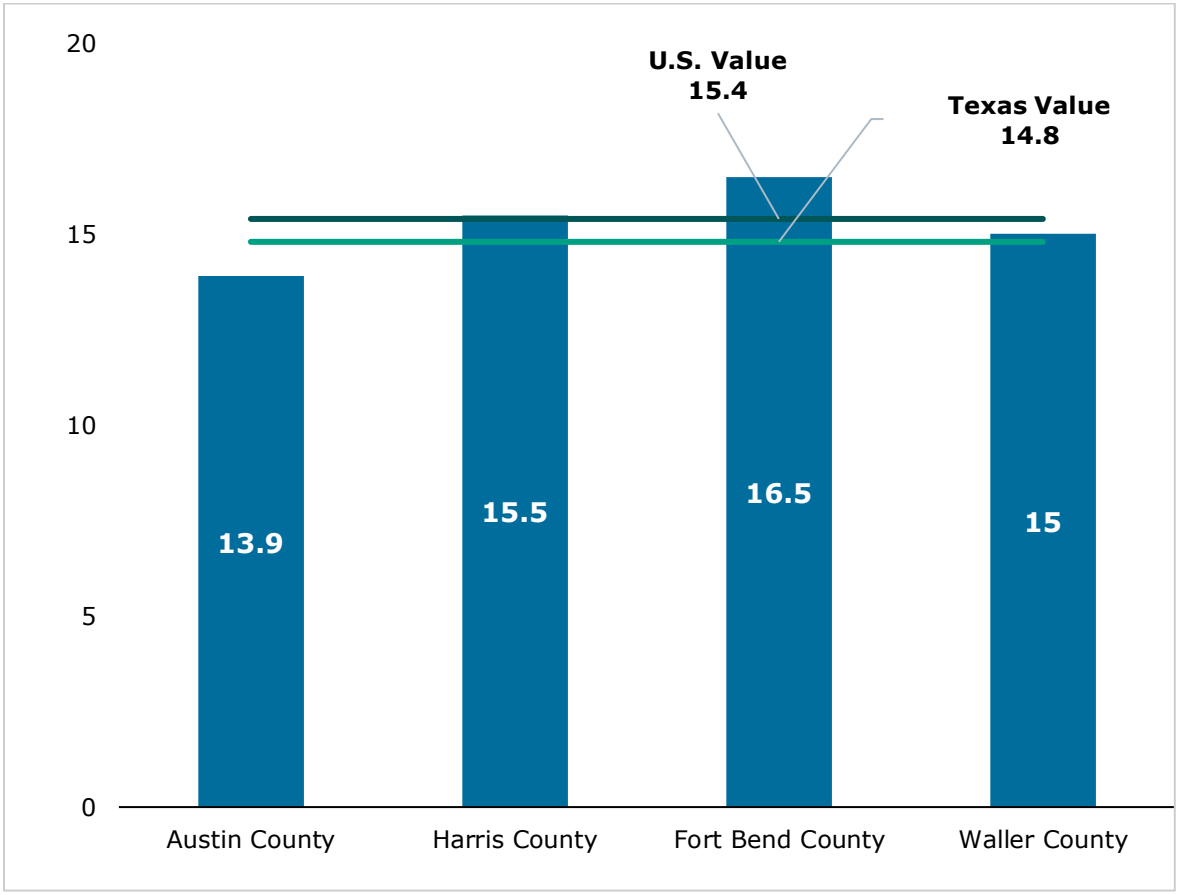
FIGURE 23. EDUCATIONAL ATTAINMENT



	HS Diploma or Higher	Bachelors Degree or Higher
Rehabilitation Hospital, Katy MSA	90.7%	45.2%
Austin County	87.2%	23.8%
Harris County	81.8%	32.8%
Fort Bend County	91.1%	49.1%
Waller County	86.6%	24.7%
Texas	85.0%	32.3%

Source: Claritas (2024)

FIGURE 24. STUDENT-TO-TEACHER RATIO

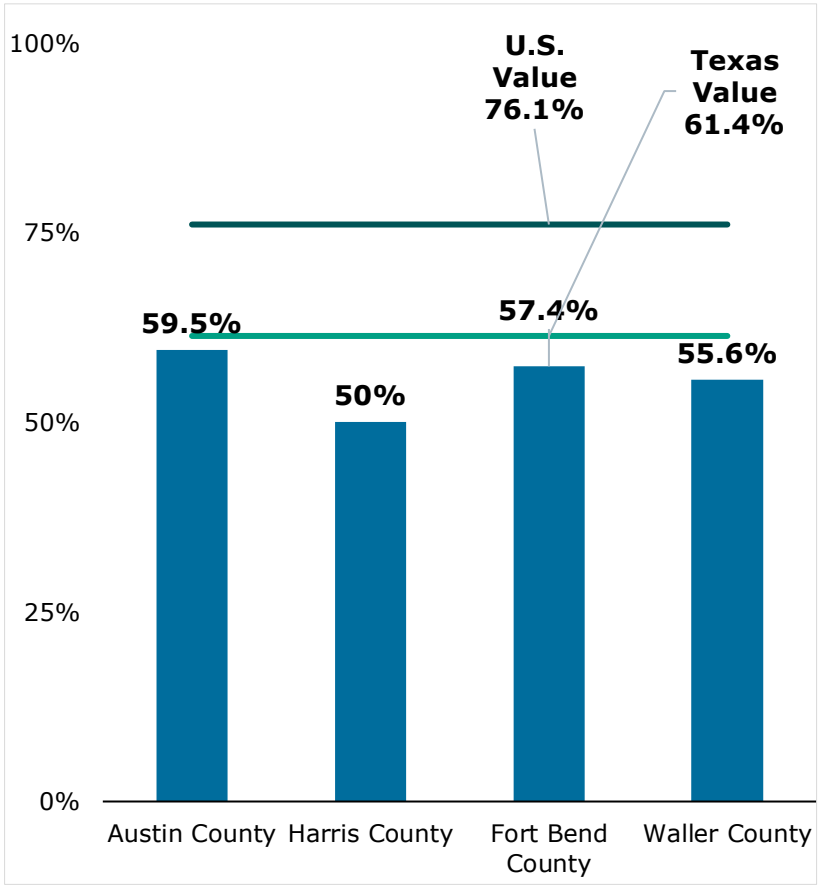


Source: National Center for Education Statistics (2022-2023)

Key Findings: Maternal & Infant Health

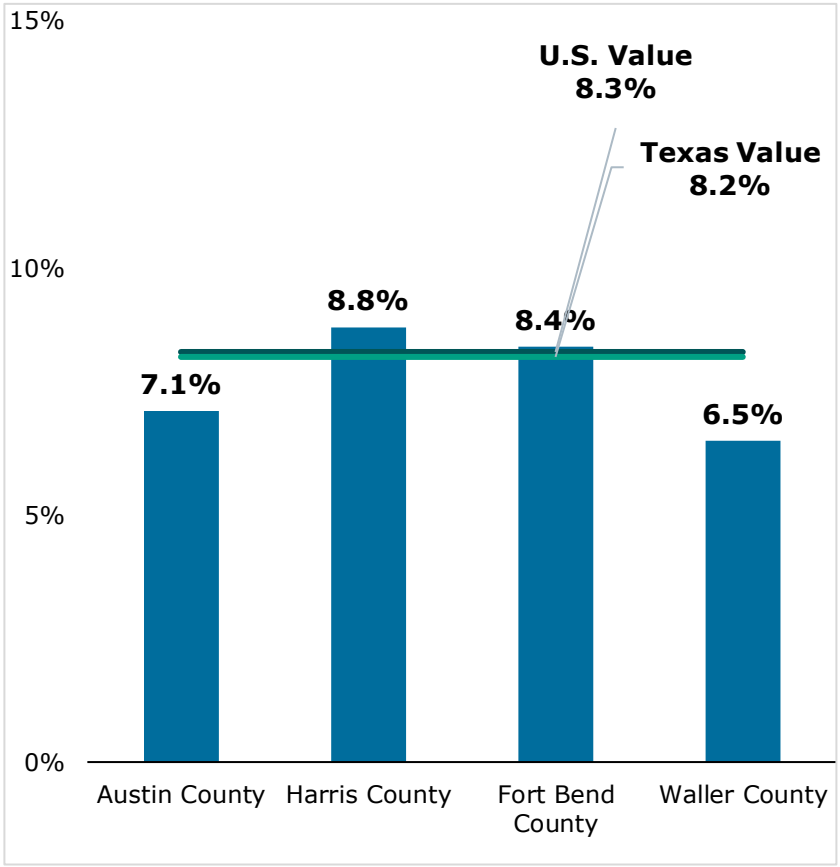
The following figures illustrate indicators of concern in Austin, Harris, Fort Bend, and Waller counties, based on scoring of secondary data related to Maternal & Infant Health.

FIGURE 25. MOTHERS WHO RECEIVED EARLY PRENATAL CARE



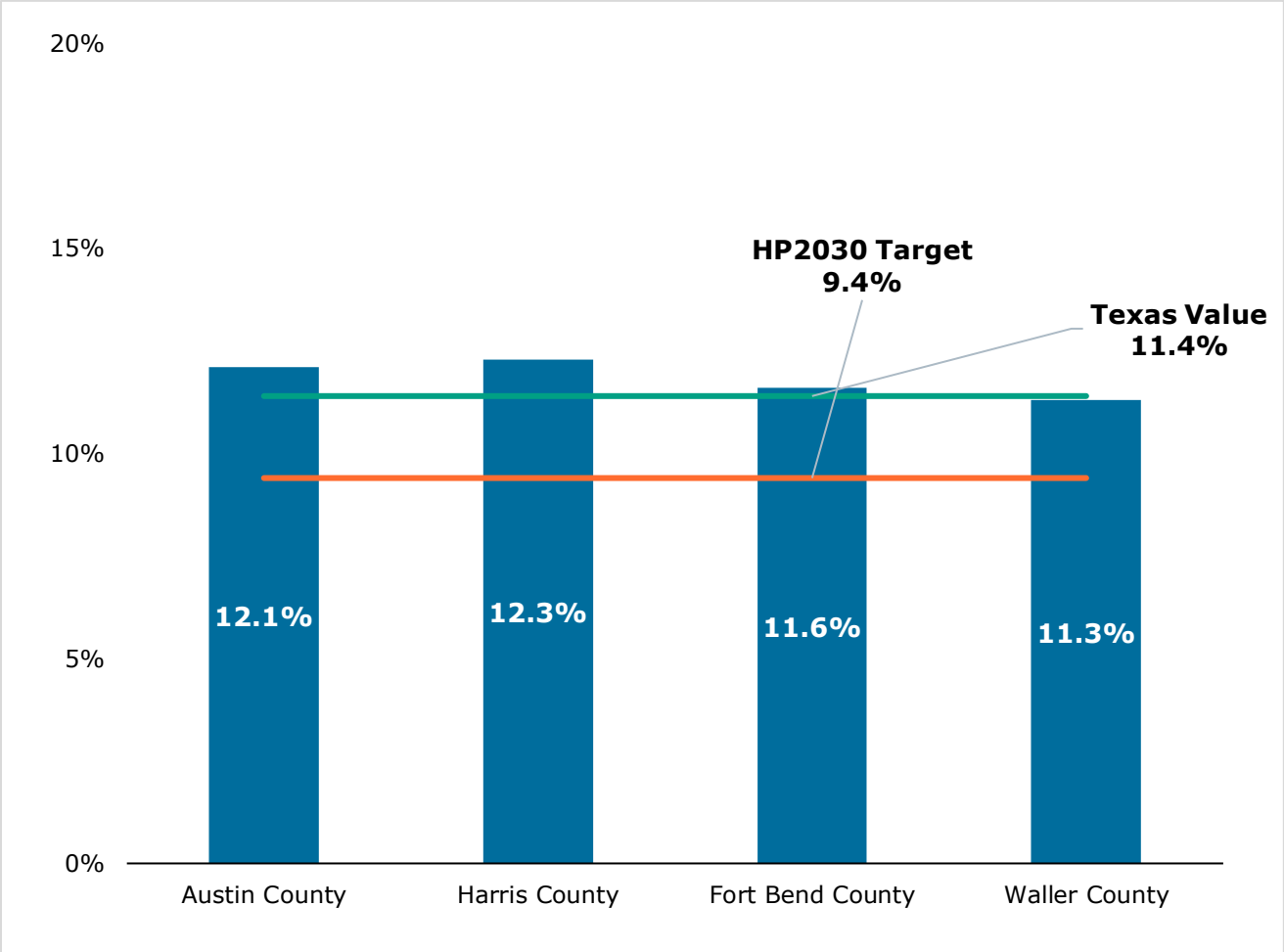
Source: Texas Department of State Health Services (2020)

FIGURE 26. BABIES WITH LOW BIRTHWEIGHT



Source: Texas Department of State Health Services (2020)

FIGURE 27. PRETERM BIRTHS



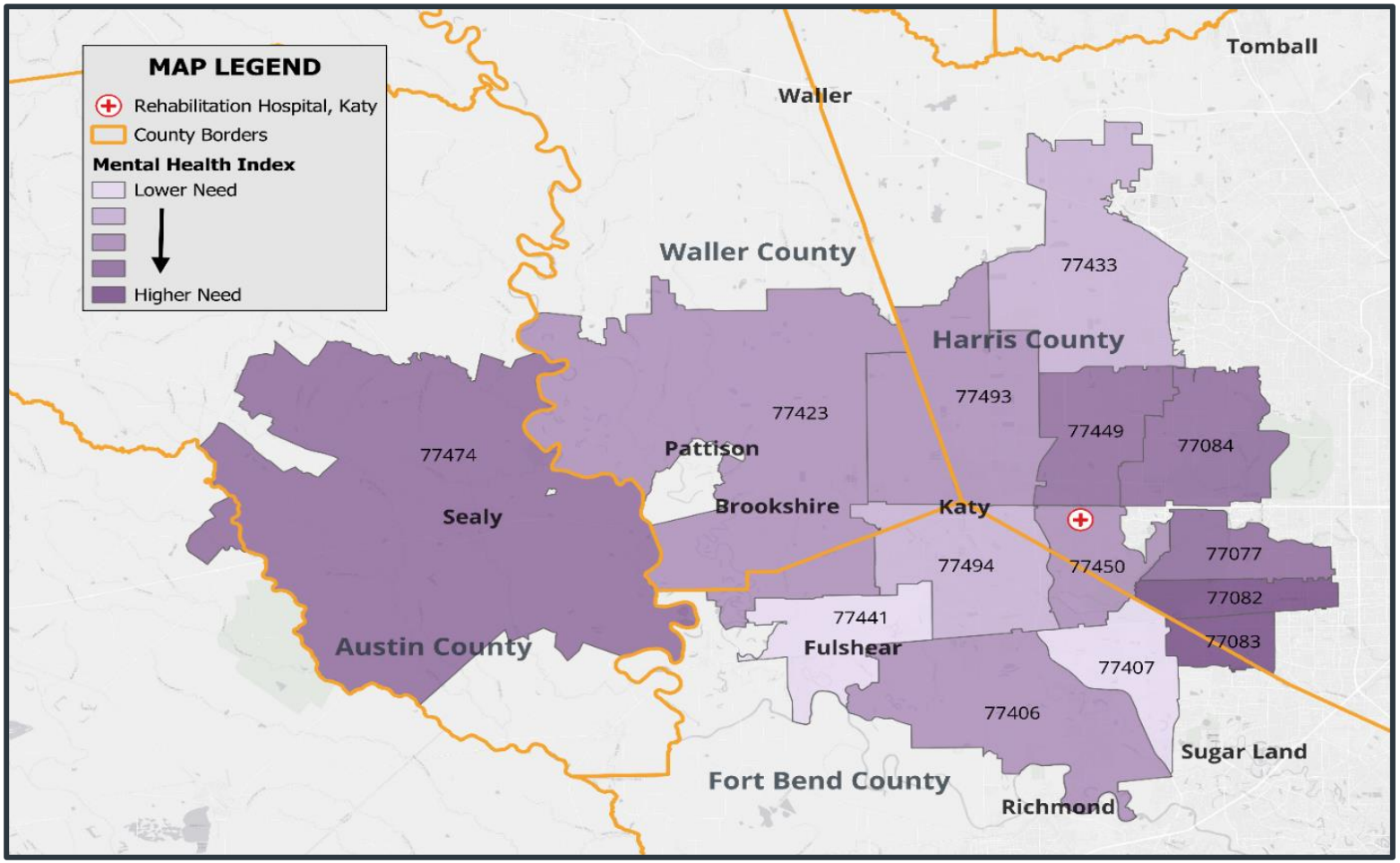
Source: Texas Department of State Health Services (2021)

Key Findings: Mental Health & Substance Use

The Mental Health Index (MHI) can help to identify specific geographies with greater needs regarding mental health, based on widely available data on non-medical drivers of health. Across the Memorial Hermann Rehabilitation Hospital – Katy MSA, the zip codes with the highest MHI scores are:

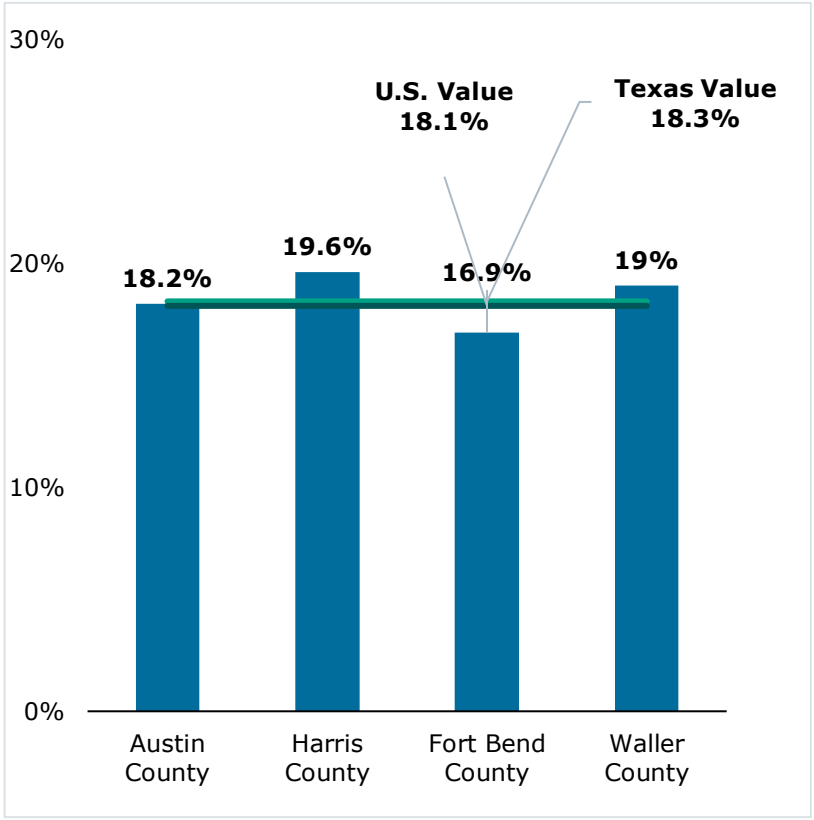
- 77082 (MHI = 77.5)
- 77083 (69.4)
- 77084 (61.7)
- 77077 (60.3)

FIGURE 28. CONDUENT HEALTHY COMMUNITIES INSTITUTE'S MENTAL HEALTH INDEX BY ZIP CODE: MEMORIAL HERMANN REHABILITATION HOSPITAL – KATY MSA



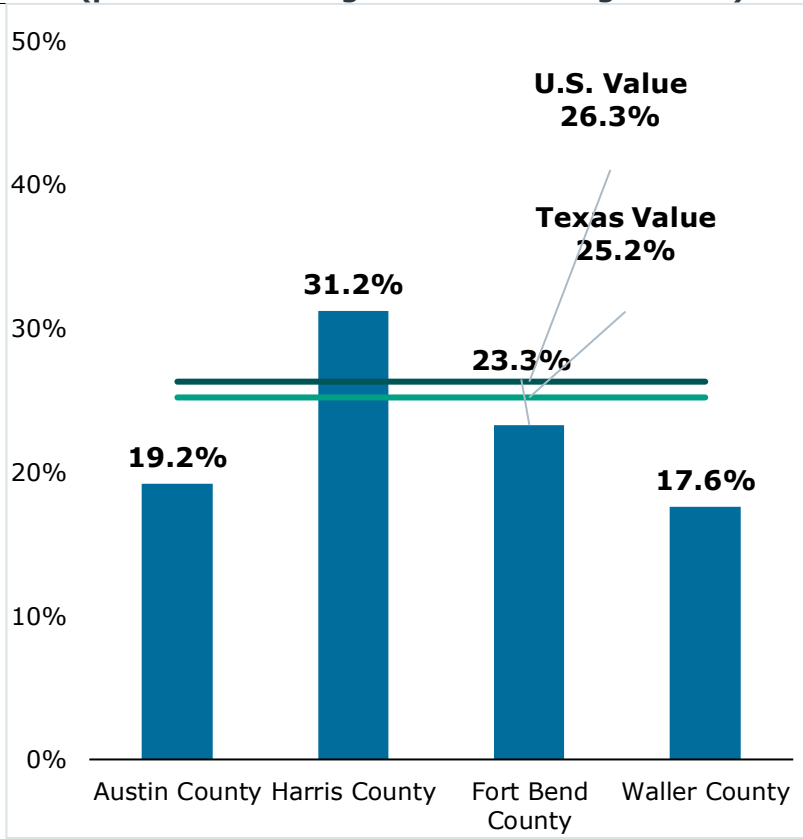
The following figures illustrate indicators of concern in Austin, Harris, Fort Bend, and Waller counties, based on scoring of secondary data related to Mental Health & Substance Use.

FIGURE 29. ADULTS WHO DRINK EXCESSIVELY



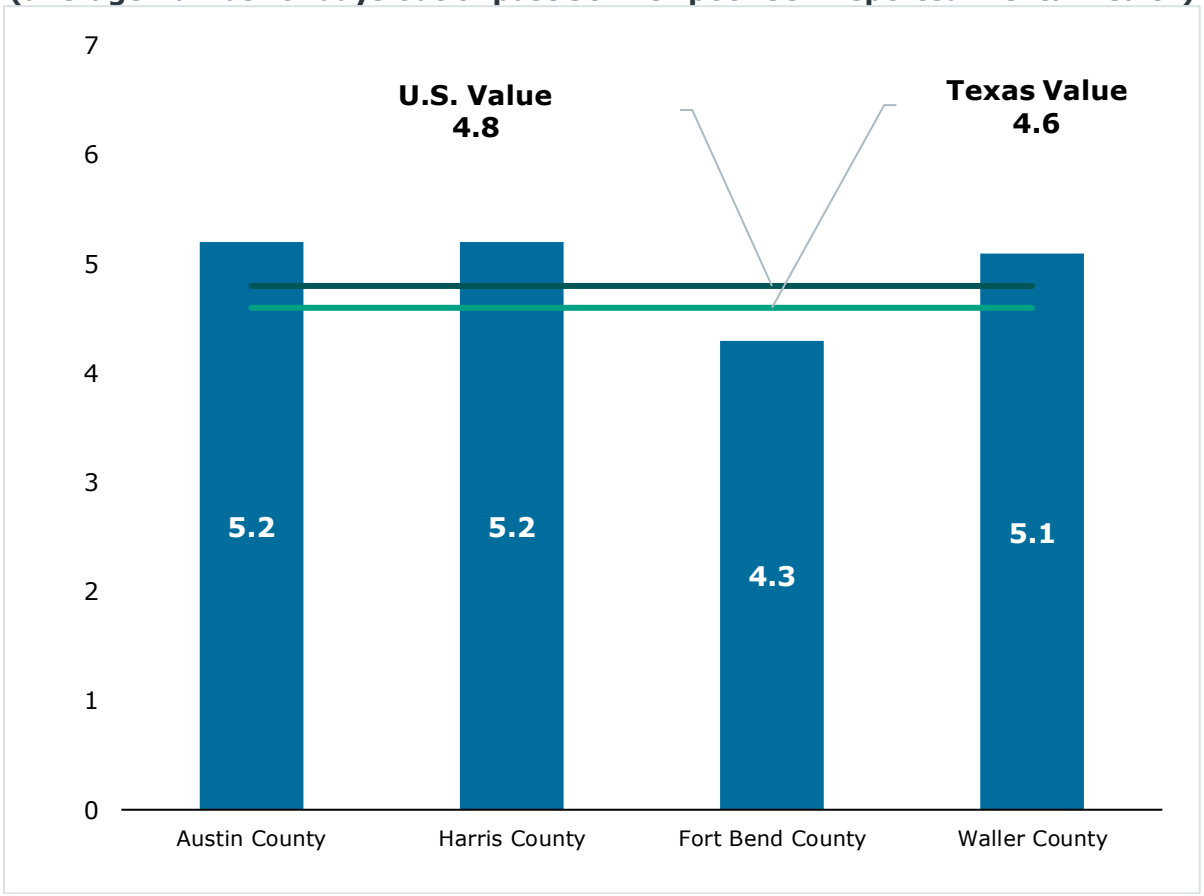
Source: County Health Rankings (2021)

FIGURE 30. ALCOHOL-IMPAIRED DRIVING DEATHS (percent of driving deaths involving alcohol)



Source: County Health Rankings (2017-2021)

FIGURE 31. POOR MENTAL HEALTH DAYS
(average number of days out of past 30 with poor self-reported mental health)



Source: County Health Rankings (2021)