Community Health Implementation Strategy

Memorial Hermann Katy Hospital

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Katy

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At-a-Glance Summary

Community Served	Memorial Hermann Katy Hospital, the 303-bed facility, serving 1,104,291 persons living in 14 zip codes in Austin, Fort Bend, Harris, 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

- Access to Care
- Chronic Conditions Prevention and Management
- Maternal & Infant Health
- Mental Health & Substance Use

Non-Medical Drivers of Health Priorities

- Access to Healthy Food
- Economic Opportunity
- Educational Access

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

- Reduce unnecessary Memorial Hermann ER Utilization by ≥2% & ≥1% reduction of Memorial Hermann readmission rates of target population encountered by Community Health services residing in high poverty zip codes across Greater Houston.
- Refer ≥70% of Memorial Hermann Accountable Care Organization (ACO) patients discharged from acute or ED settings with identified Non-Medical Driver of Health (NMDOH) needs to Community Care Coordination Team (C3T) Community Health Workers (CHW) for a documented intervention and outcome.
-

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 nutritious 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.
- By FY28, expand Memorial Hermann Katy's reach to target populations by increasing annual encounters and access to preventive health services with a target of increasing offerings by 5% year over year.

Economic Opportunity and Educational Access

- Improve opportunity for socioeconomic mobility through expansion of workforce initiatives and efforts that lead to livable wage careers while investing in local nonprofit capacity building via skills-based volunteerism.

Maternal & Infant Health

- Enhance maternal and infant health initiatives at Memorial Hermann Katy by hosting a minimum of three targeted activities annually. These activities will include educational sessions, patient engagement opportunities, and awareness campaigns designed to inform, empower, and support patients and community members through the obstetric journey.

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 ED visits; increase connection to more appropriate preventative wellness outpatient services and navigation care coordination.

Our Hospital and the Community Served

Memorial Hermann Katy Hospital

Memorial Hermann Katy Hospital 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 over 40 years, Memorial Hermann Katy Hospital has proudly served the Katy area, delivering clinical expertise, patient-centered care, and advanced technology close to home. Recognized nationally for excellence in patient safety and quality, our 303-bed facility is staffed by a diverse range of medical specialists.

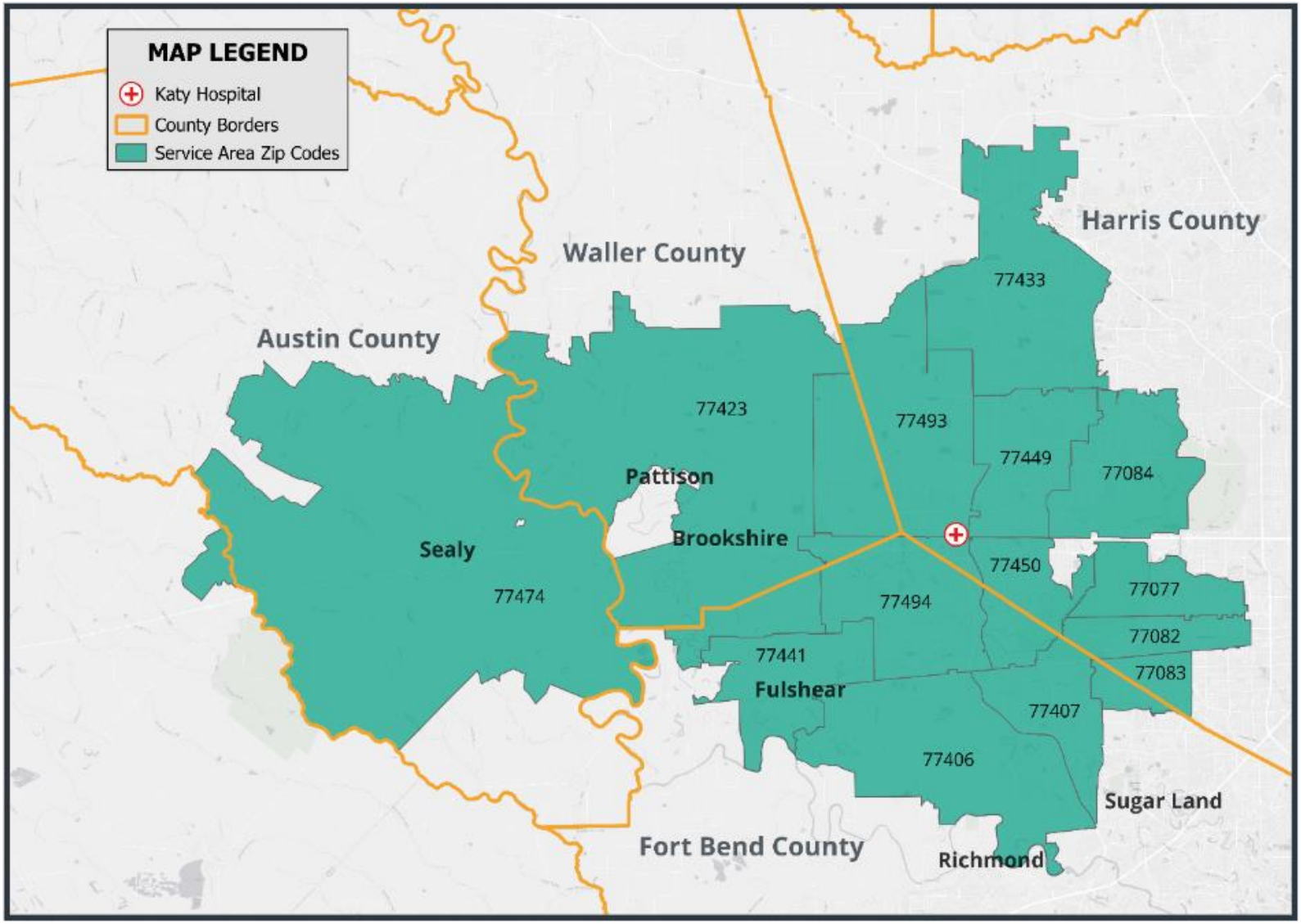
In times of emergency, the 24/7 Emergency Room at Memorial Hermann Katy Hospital is ready to provide immediate care. As a fully accredited Chest Pain Center, our dedicated team offers fast and effective treatment for heart attack patients. As the only Level III Trauma Center in Katy, we are equipped to stabilize patients before transferring them to Memorial Hermann-Texas Medical Center and Children's Memorial Hermann Hospital when more intensive care is necessary.

Memorial Hermann Katy Hospital is part of the MHHS integrated trauma network, which includes Memorial Hermann Life Flight®; a service that provides crucial lifesaving care to trauma victims before, during and after their injuries. *As of July 1, 2025, Memorial Hermann Katy Hospital is actively pursuing a Level II Trauma designation to enhance our service capabilities even further.*

Description of the Community Served

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

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



Source: MHHS facilities values from Claritas (2024)

Community Assessment and Significant Needs

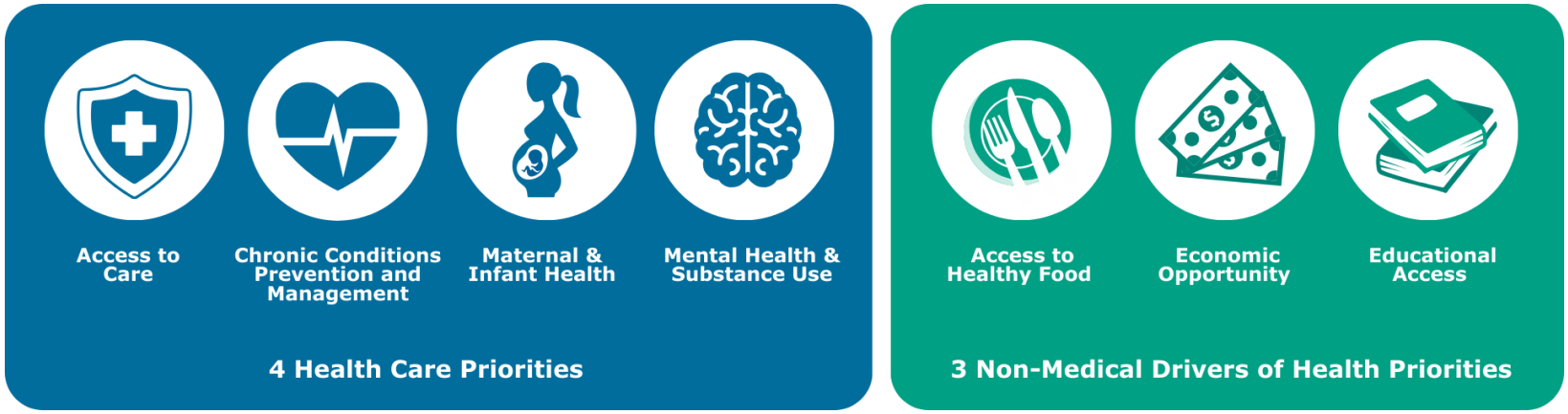
The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted on June 26, 2025. The CHNA report includes:

- 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 also 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 Katy Hospital 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 Katy Hospital, and other hospital leadership.

During initial planning meetings, representatives from HCI and Memorial Hermann Katy Hospital 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 Katy Hospital 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 Katy Hospital 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 below:

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 Katy Hospital Implementation Plan

Community Priority: Access to Care

Primary Prioritized Need Area: **Access to Care**
Secondary Prioritized Need Area: **Chronic Conditions Prevention and Management**

FY26-FY28 Goal: **Reduce unnecessary Memorial Hermann ER Utilization by ≥2% & ≥1% reduction of Memorial Hermann readmission rates of target population encountered by Community Health services residing in high poverty zip codes across Greater Houston.**

FY26 Objective: Decrease avoidable readmissions and unnecessary Emergency Room revisits for patients living in high-poverty ZIP codes with diabetes, cardiovascular disease, hypertension or obesity, through interventions that address NMDOH and expand affordable, community-based care pathways. (Baseline to be determined by end of FY26 to drive the annual 0.5% reduction of year over year revisits and annual 0.25% reduction of year over year readmissions.)

FY26 KPIs:

- Percent—decrease in Emergency Room (ER) revisits
- Percent—decrease in Inpatient readmissions of target population
- Percent—patient achieving improvement in focus health measures (e.g. A1c; BMI) for targeted disease states
- Percent—screening rate for patients identified as high-risk for NMDOH encountered in the ER and Inpatient setting
- Percent—resource referral rate for patients identified as high-risk for NMDOH encountered in the ER & Inpatient setting

Strategic Approach

Programs/Activities	Owner	Baseline	Milestones/ Measures of Success FY26
ER Navigation Program	Community Health Network	Baseline TBD by end of FY26	• Volume - referrals to community partner locations • Percent - decrease of ER revisits within180 days (6 months) of navigated

Multi-Visit Patient Program	Community Health Network	Baseline TBD by end of FY26	• Volume – unique referrals to MVP Program • Volume – unique referrals to external community partner locations • Percent – show rate of referred to navigated resources • Percent – decrease of MVP revisits within 180 days of navigated.
SafeRide Program	Community Health Network	426 Completed Rides (universal May 2025)	• Volume – number of rides completed • Percent - completed rides to PCP/ Doctor appointment
Orthopedic Follow-up Appointments Scheduling	• Emergency Department • Emergency Department Business Office • Orthopedic Service Line • UT Orthopedics	420 Referrals in FY25	• Percent - increase of referrals made
Partnership with Christ Clinic for Chronic Disease follow-up	• MHHS Katy Case Management • Christ Clinic	27 Referrals in FY25	• Percent - increase of referral rate • Percent – reduction of readmissions
30-day readmissions for MI and Sepsis patients	• MHHS Katy Case Management • ESD 48	82 Referrals in FY25	• Percent - increase of referral rate • Percent – reduction of readmissions

Target/Intended Population(s):

- Uninsured; Medicaid; High-poverty priority ZIPs in surrounding MHHS Katy campus

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

- The Multi-Visit Patient Program (MVP) is located at all MHHS hospital campuses and focuses on supporting patients visiting the ER 10+ times in 12 months.
- The ER Navigation Program targets all MHHS patients identified as needing health and social service navigation support upon discharge.
- Baseline data to be established for FY26 and built upon in subsequent years during implementation plan period.
- Orthopedic Follow-up appointments scheduled before patients leave the Emergency Department

- Partnership with Christ Clinic to refer follow up CHF, Diabetes, COPD, Pneumonia, Hypertension (etc.) patients who are un/underinsured
- Partnership with ESD 48 to see MI and sepsis patients within 30 days after admission

Collaboration Partners (Internal and External):

- Coordinated Care; ER; ISD; community nonprofit agencies; Strategy division

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) CHW's for a documented intervention and outcome.**

FY26 Objective: ≥50% of MHHS ACO patients discharged from acute or ED settings with identified NMDOH needs will be referred to Community Care Coordination Team CHW's 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
ED 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 unite 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

Community Priority: Access to Healthy Food

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

FY26-FY28 Goal: **To 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
Community Health Worker (CHW) Hub	• Community Health Network • Ambulatory Services	Baseline TBD post-FY26	• Percent – food insecure referrals received • Number – food access appointments scheduled
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
Food Drive with Katy Christian Ministries	• MHHS Katy Partners in Caring • MHHS Katy Marketing	Baseline TBD post-FY26	• Number - pounds of food collected & distributed

Provide Nutrition Education at Community Fairs & National Nutrition Month Celebration	MHHS Katy Clinical Nutrition	Baseline TBD post-FY26	• Number – educational sessions held • Number - session attendees • Number - educational resources distributed
Target/Intended Population(s): • Food insecure; Uninsured; Medicaid; underserved populations in Harris, Fort Bend & Waller Counties; Memorial Hermann Katy Hospital employees, patients, visitors; Community partners and health fair attendees			
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. • Celebrate National Nutrition Month annually in March for employees, patients and visitors. Set-up tables in Café with recipes, healthy eating handouts and OP Diabetes Educator Contact Information.			
Collaboration Partners (Internal and External): • Ambulatory Services; Local food nonprofit agencies; Katy Christian Ministries; MH Katy employees and providers			

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 Katy Hospital patients will be screened for at least 1 NMDOH, with ≥50% identified as high-risk receiving referral to resource support when residing in target communities.

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.

- CHW Hub will be piloted to increase NMDOH screening and resource referrals across the system with primary feeder during FY26 from MyChart. Referrals will help 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: Access to Care

FY26-FY28 Goal: By FY28, expand Memorial Hermann Katy's reach to target populations by increasing annual encounters and access to preventive health services with a target of increasing offerings by 5% year over year.

FY26 Objective: To host a series of community health events and screening days to improve prevention, early detection, and management of chronic conditions in target populations. Activities will include select free or discounted screenings (e.g. glucose, blood pressure, mammograms), educational sessions, and patient engagement effort that connect patients to ongoing care and support.

FY26 KPIs:

- Number – screenings completed by disease focus type
- Number – support group sessions held and attendees
- Number – mammograms conducted

Strategic Approach

Programs/Activities	Owner	Baseline	Milestones/ Measures of Success FY26
Free glucose and blood pressure screenings	• MHHS Katy nursing • MHHS Katy Marketing	TBD-Post FY26 Outcomes	• Number - glucose screenings • Number - blood pressure screenings

Chronica Disease Management and Prevention Seminars	• MHHS Katy Marketing • Affiliated Physicians • Key Clinical Partners	4 Seminars Hosted in FY25	• Number - community events • Number - event attendees
Quarterly Diabetes Support Group	• MHHS Katy Diabetes Education	22 Attendees in FY25	• Number - support group attendees
Semi Annual_High School physicals for Katy ISD	• MHHS Katy Sports Medicine Liaison • Athletic Trainers	4,450 Physicals Performed in FY25	• Number - physicals performed
Mammogram Saturday Screenings	• MHHS Katy Marketing • MHHS Katy Breast Center • Katy ISD	50 Appointments on Average Prior Years	• Number - mammogram appointments scheduled • Number - completed appointments
Discounted Cardiac Screenings for Katy ISD athletes	• MHHS Katy Sports Medicine Liaison • Athletic Trainers • MHHS Katy Marketing	10 Screenings Completed in FY25	• Number - screenings performed
Target/Intended Population(s): • Katy ISD athletes; Patients and community members with Diabetes; Community members with chronic disease and/or looking to prevent it; All payors			
Please provide any additional insights or explanations on the initiative(s) listed. • MH Katy has a Sports Medicine agreement with Katy ISD to provide the Athletic Trainers for all 10 High Schools. • Cost for Cardiac screening is $150			
Collaboration Partners (Internal and External): • Affiliated Physicians; Nursing; Katy ISD; MHHS Sports Medicine; Diabetes Education			

Community Priority: Economic Opportunity and Educational Access

- **Primary Prioritized Need Area:** **Economic Opportunity**
- **Secondary Prioritized Need Area:** **Educational Access**

FY26-FY28 Goal: **Improve opportunity for socioeconomic mobility through expansion of workforce initiatives and efforts that lead to livable wage careers while investing in local nonprofit capacity building via skills-based volunteerism.**

FY26 Objective: To advance community health efforts that contribute to socioeconomic mobility through the development and expansion of career and workforce initiatives in alignment with system wide strategies. This will include partnering with internal stakeholders to connect residents to career pathways and strengthening local nonprofit capacity through skills-based volunteerism.

FY26 KPIs:

- Percent – new hires
- Number **–** events/activities held to support job attainment and upskilling (ex. Career fairs, info sessions)
- Number – campus employees providing skills-based volunteer time/hours
- Number – nonprofit agencies receiving support via skills-based

Strategic Approach

Programs/Activities	Owner	Baseline	Milestones/ Measures of Success FY26
Skills-Based Volunteerism via Community Service Corps	Community Health Network	Baseline TBD post-FY26	• Number – employees volunteer hires • Number – nonprofit agencies supported
Workforce and Career Opportunity Initiatives	Human Resources	Baseline TBD post-FY26	• Number – campus employees providing skills-based volunteer time/hours • Number – nonprofit agencies receiving support via skills-based • Number – events/activities held to support job attainment (ex. Career fairs, info sessions)

Target/Intended Population(s):

- Greater Houston community

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

- Community Service Corps: This is the health care system's employee volunteer program offering opportunities for employees to donate time and talents. Skills-based volunteerism leverages the unique skillsets of employees to support capacity building efforts with local nonprofit agencies, expanding the nonprofits' ability to serve more of the community in need without the direct financial impact often incurred when paying for services.

Collaboration Partners (Internal and External):

- Human Resources, local nonprofit partners and collaboratives, Community Health Network, MHHS Greater Heights campus

Community Priority: Maternal & Infant Health

Primary Prioritized Need Area: Maternal & Infant Health

FY26-FY28 Goal: Enhance maternal and infant health initiatives at Memorial Hermann Katy by hosting a minimum of three targeted activities annually. These activities will include educational sessions, patient engagement opportunities, and awareness campaigns designed to inform, empower, and support patients and community members through the obstetric journey.

FY26 Objective: Host a minimum of two free maternal and infant health events for target populations, providing educational opportunities, resources, and connections to care. Each event will incorporate strategic patient engagement strategies to raise awareness, support informed decision-making, and improve access to essential OB services.

FY26 KPIs:

- Completion - focused educational programs for prenatal, postpartum, and past neonatal patients in the Katy community
- Number – participants of educational sessions
- Number – callbacks conducted for patients' post-discharge

Strategic Approach

Programs/Activities	Owner	Baseline	Milestones/ Measures of Success FY26
Discharge callbacks for OB Patients	• MHHS Katy Women's & Children's Services Team • Patient Relations	104 Discharge Callbacks Completed FY25	Percent - increase of discharge callbacks conducted for OB patients
Pregnancy Resources and Education—Katy ISD	• MHHS Katy Women's & Children's Services Team • Katy ISD	TBD Post-FY26 Outcomes	• Number - educational encounters • Number - resources provided to school district
NICU Reunion	• MHHS Katy Marketing • Affiliated Physicians • MHHS Katy Women's & Children's Services Team	TBD Post-FY26 Outcomes	• Number - event attendees • Number - resources provided to attendees

Target/Intended Population(s):

- Postpartum patients; Prenatal patients; Un/underinsured female populations; Katy ISD students; Previous neonatal patients & families

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

- Discharge callbacks for OB Patients to ensure follow up appointments have been made, discharge instructions are understood, and answer questions or provide resources, if needed direct to the Nurse Hotline
- NICU reunion to provide education, resources, and support for previous neonatal patient families

Collaboration Partners (Internal and External):

- Katy ISD; March of Dimes; Affiliated Physicians; MHHS Katy Women's & Children's Services

Community Priority: Mental Health & Substance Use

Primary 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 ED visits; increase connection to more appropriate preventative 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 by the Katy Campus.

FY26 KPIs:

- Percent – decrease of patients needing evaluation in ED
- 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	Owner	Baseline	Milestones/ Measures of Success FY26
Memorial Hermann 24/7 Psychiatric Response Team	Behavioral Health Division	Baseline TBD post- FY26	• Percent - decrease patients evaluated in the ED
Memorial Hermann Mental Health Care 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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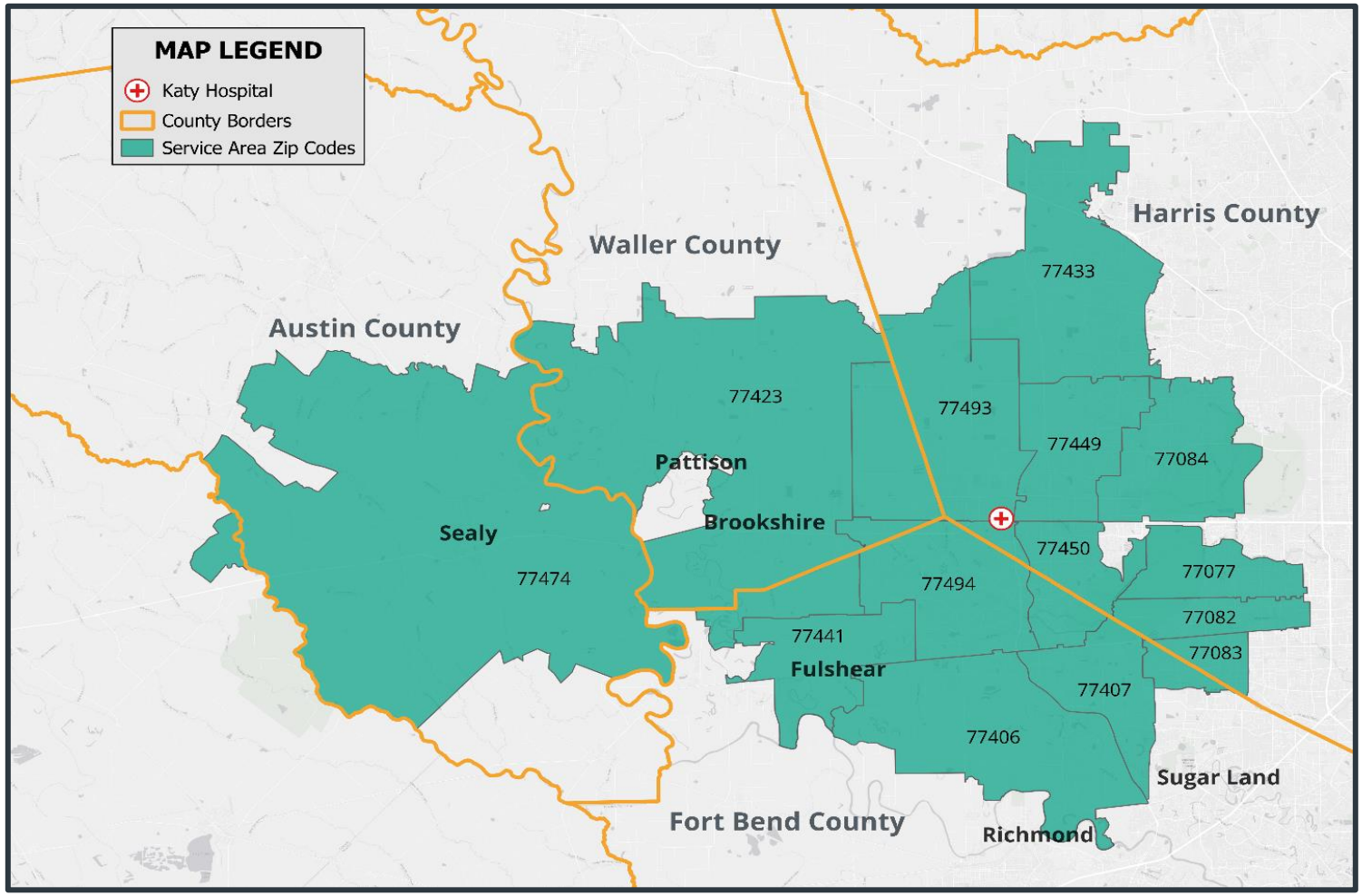
Appendices

Appendix A: Memorial Hermann Katy Hospital Supplementary Findings

The MSA for Memorial Hermann Katy Hospital includes 14 zip codes in Austin, Harris, Fort Bend, and Waller counties.

FIGURE 1. MEMORIAL HERMANN KATY HOSPITAL MSA

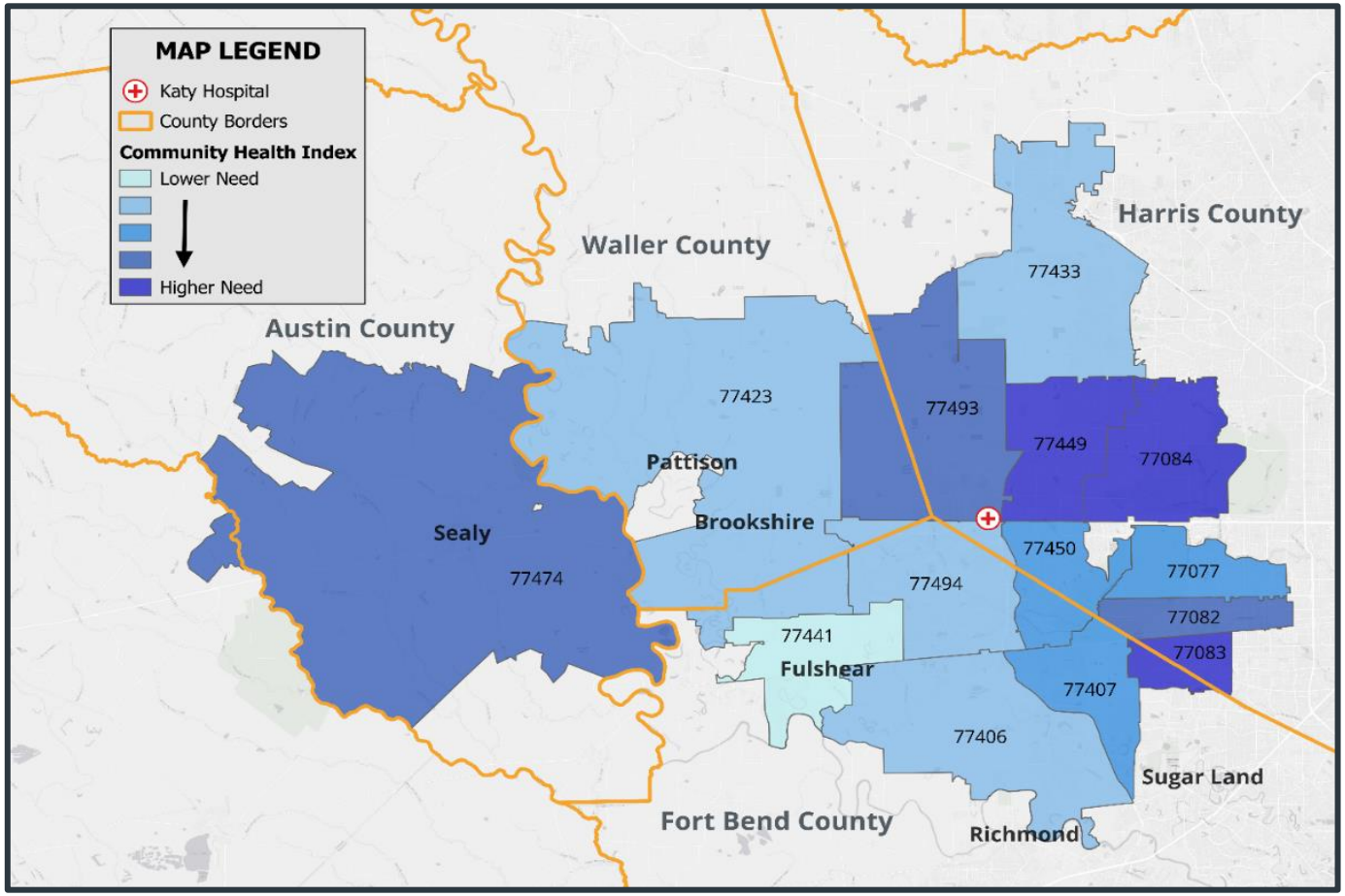


Key Findings: Access to Care

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 Katy Hospital MSA, the zip codes with the highest CHI scores are:

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

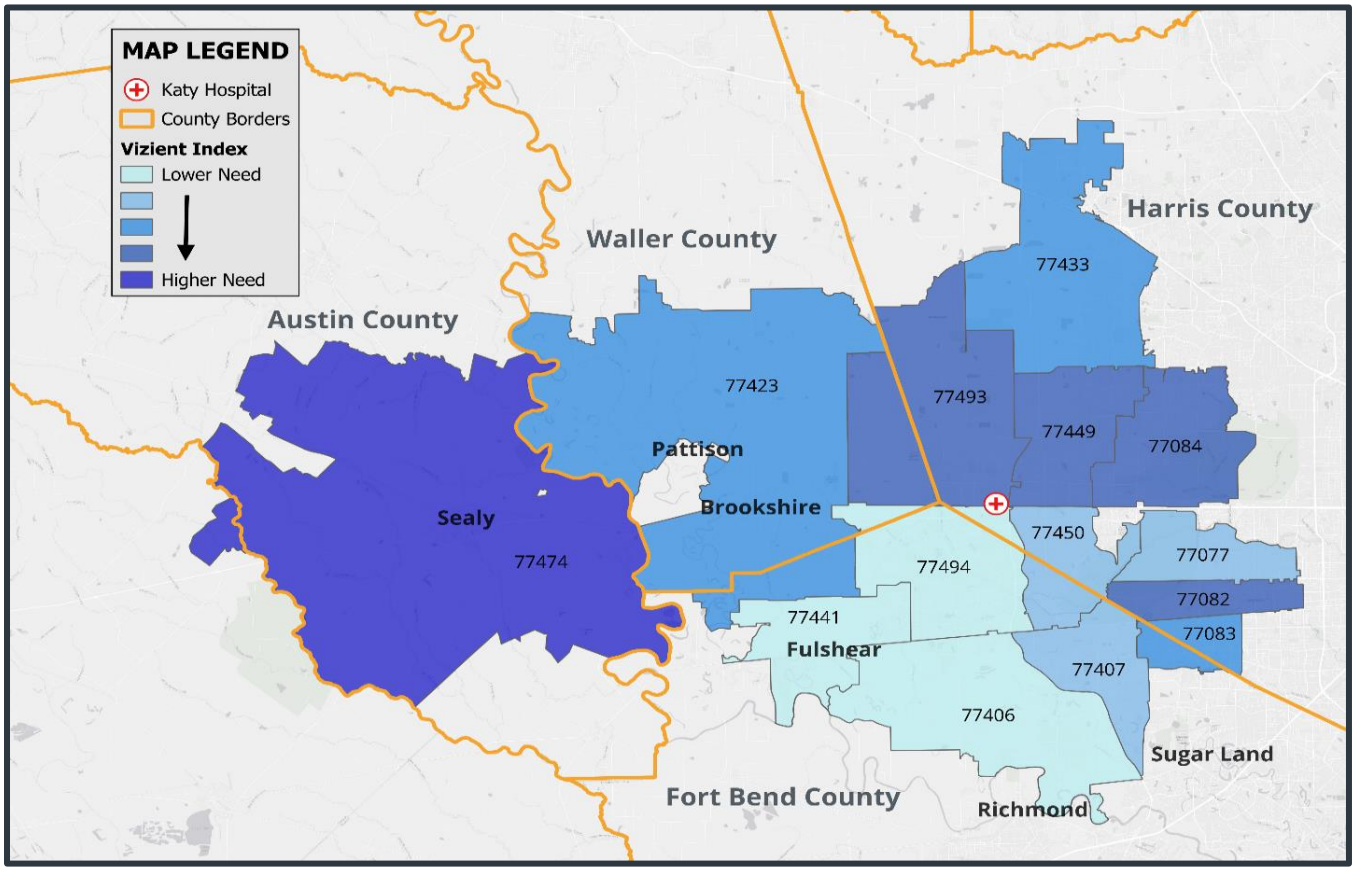
FIGURE 2. CONDUENT HEALTHY COMMUNITIES INSTITUTE'S COMMUNITY HEALTH INDEX BY ZIP CODE: MEMORIAL HERMANN KATY HOSPITAL MSA



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 Katy Hospital MSA, the zip codes with the greatest health care needs, based on this index score, are:

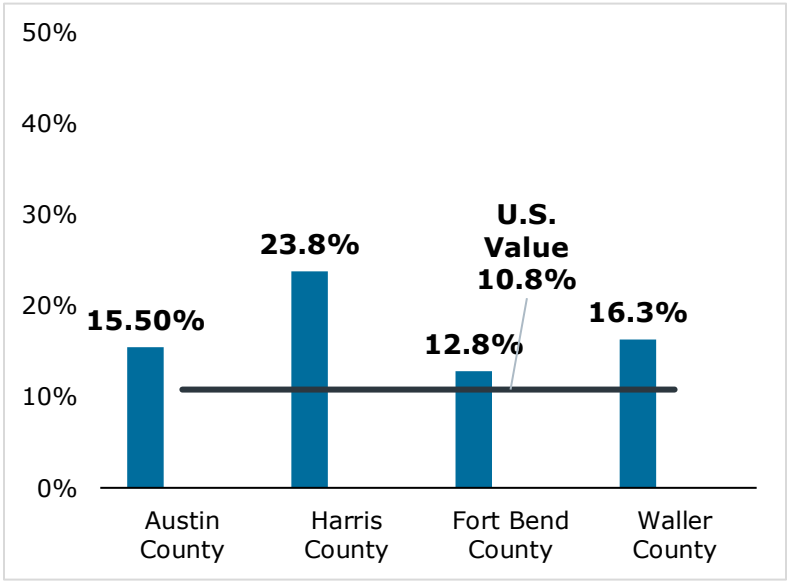
- 77474 (VVI = -0.07)
- 77449 (-0.29)
- 77084 (-0.31)

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



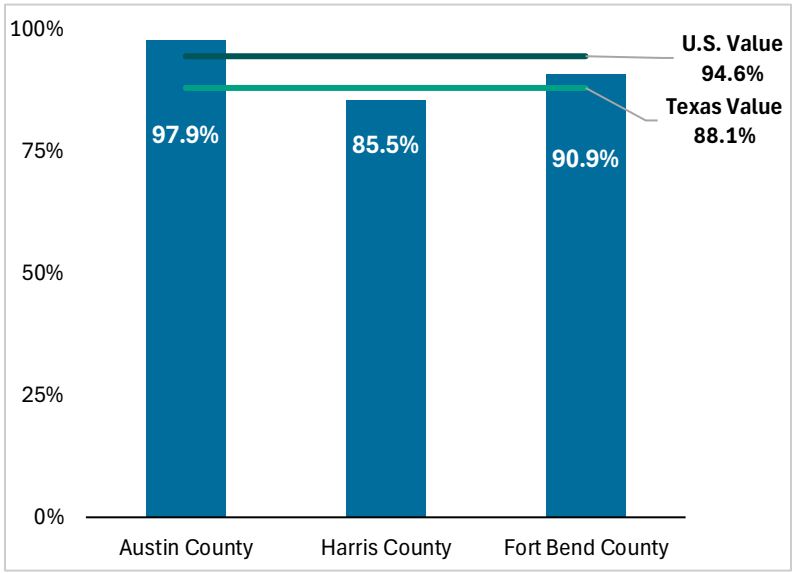
The following figures illustrate indicators of concern in Austin, Harris, Fort Bend, and Waller counties, based on scoring of secondary data related to **Access to Care.**

FIGURE 4. ADULTS WITHOUT HEALTH INSURANCE



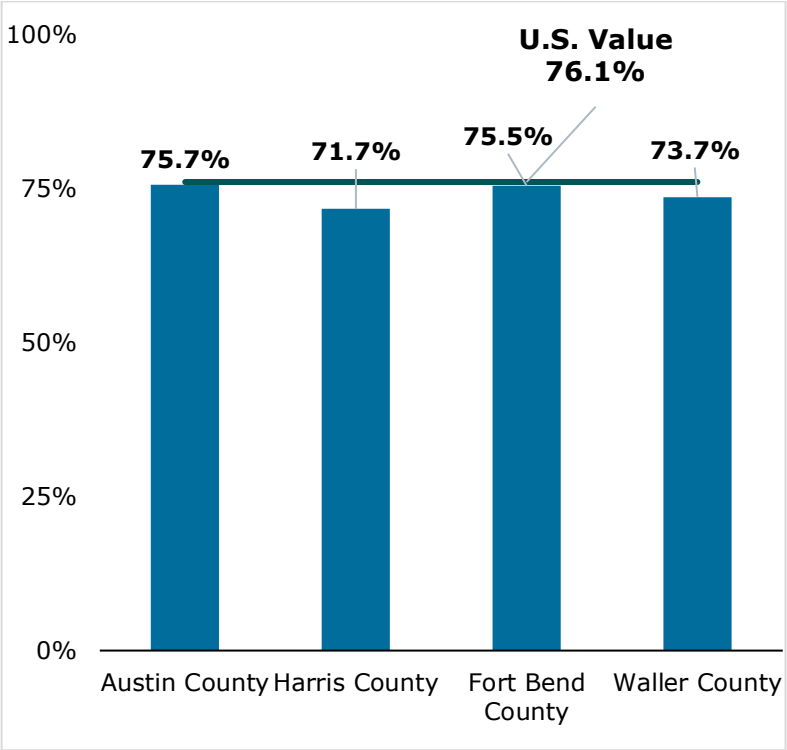
Source: CDC – PLACES (2022)

FIGURE 5. CHILDREN WITH HEALTH INSURANCE



Source: American Community Survey (2023)

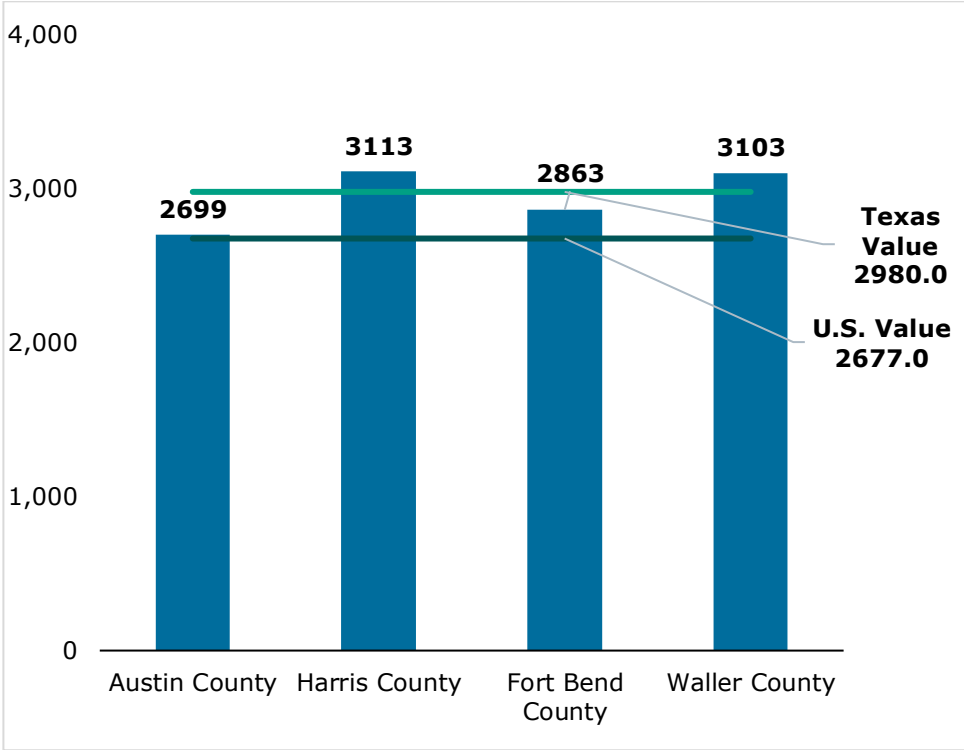
FIGURE 6. ADULTS WHO HAVE HAD A ROUTINE CHECKUP



Source: CDC – PLACES (2022)

FIGURE 7. PREVENTABLE HOSPITAL STAYS: MEDICARE POPULATION

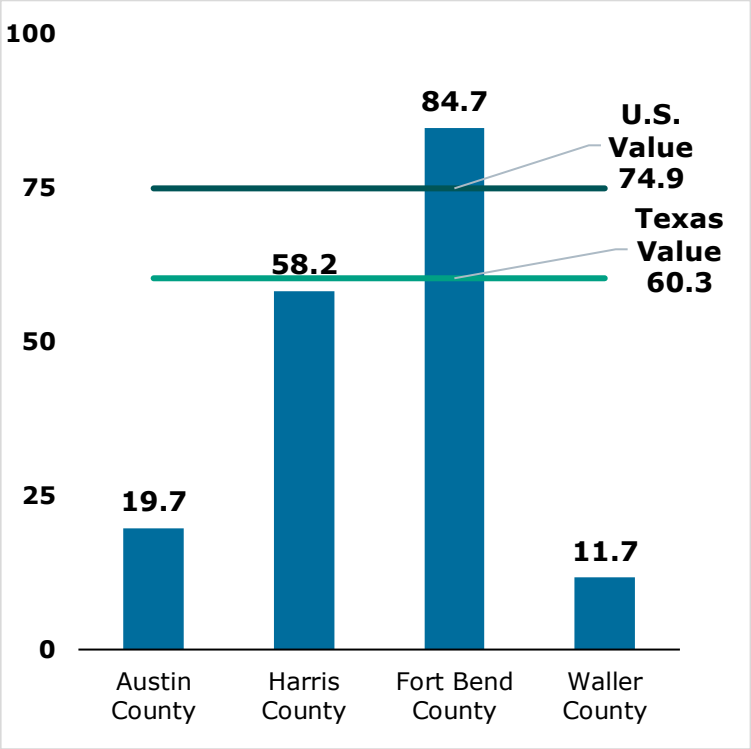
(discharges per 100,000 Medicare enrollees)



Source: Centers for Medicare & Medicaid Services (2022)

FIGURE 8. PRIMARY CARE PROVIDER RATE

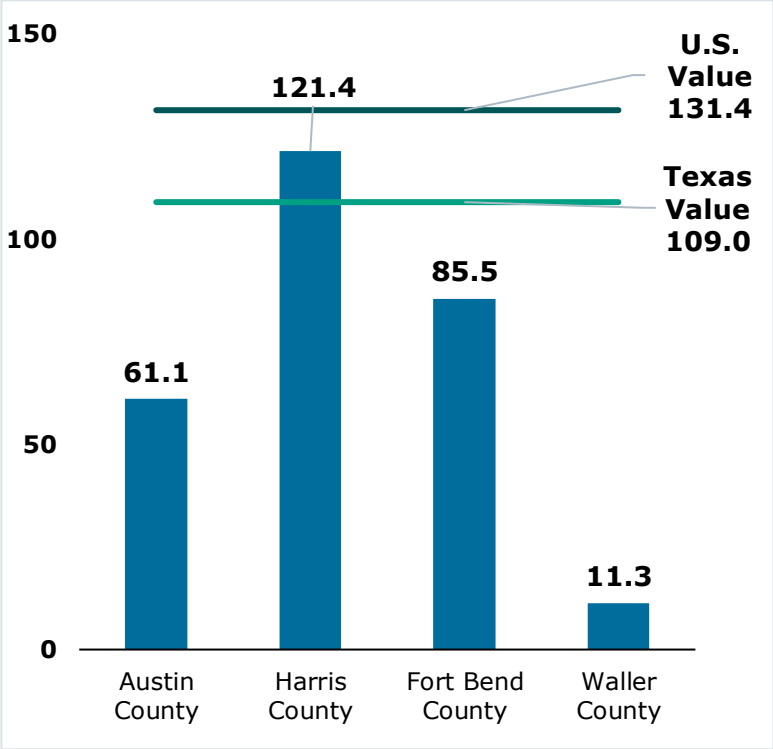
(providers per 100,000 population)



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 Katy Hospital 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 KATY HOSPITAL MSA

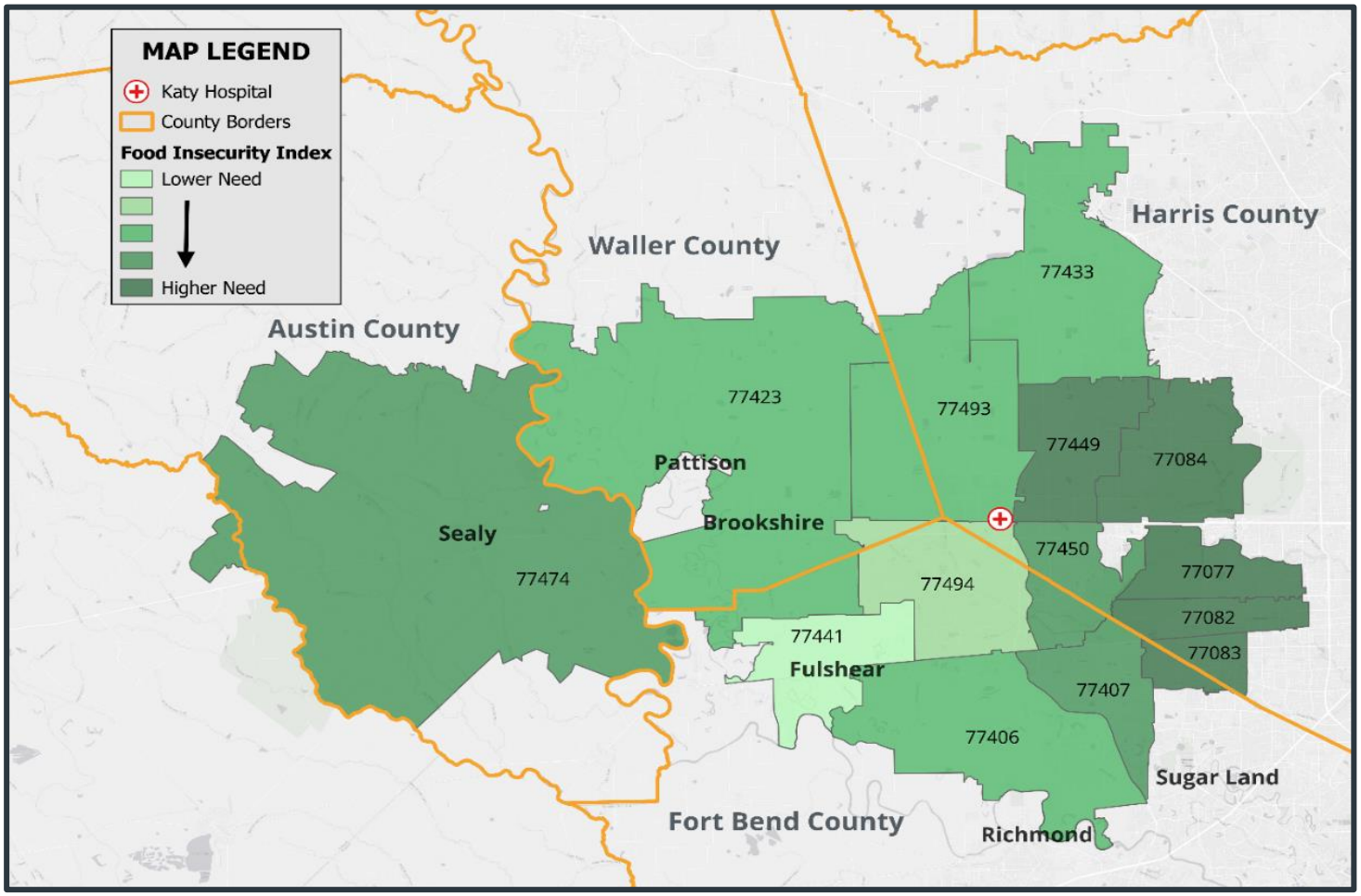
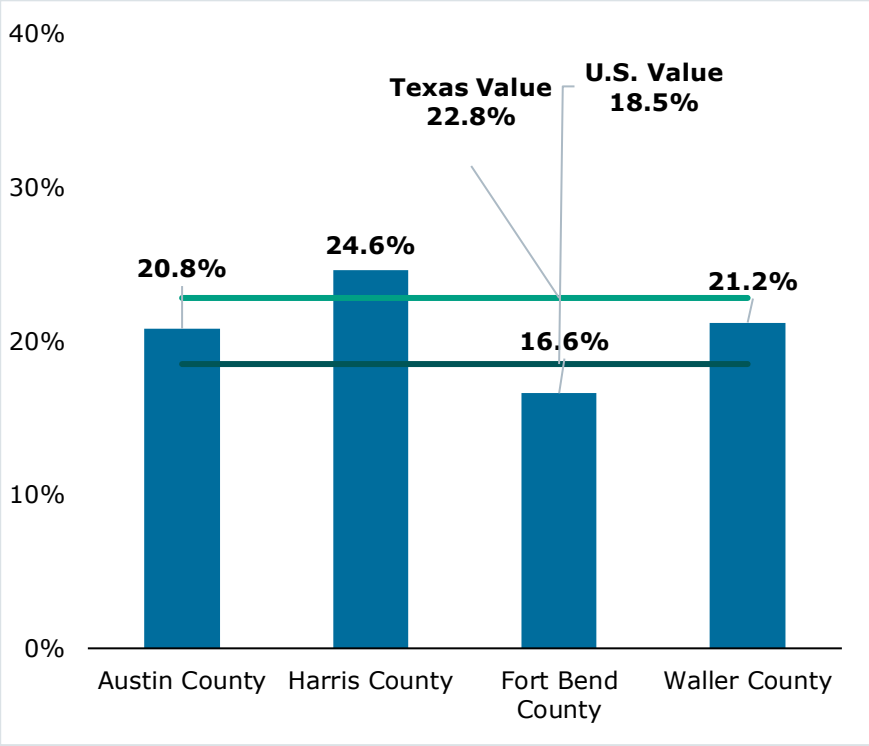
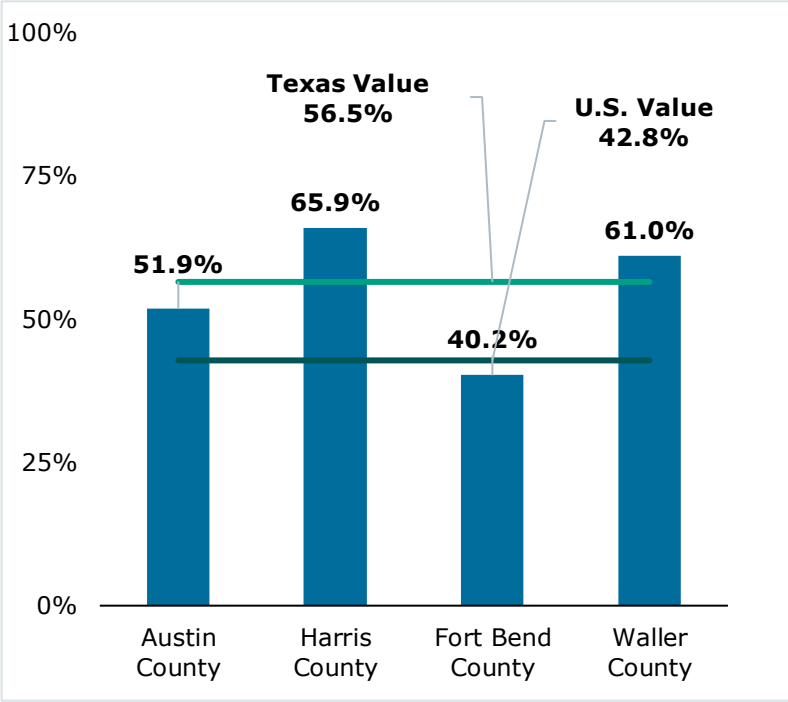


FIGURE 11. CHILD FOOD INSECURITY RATE



Source: Feeding America (2022)

FIGURE 12. STUDENTS ELIGIBLE FOR FREE LUNCH PROGRAM

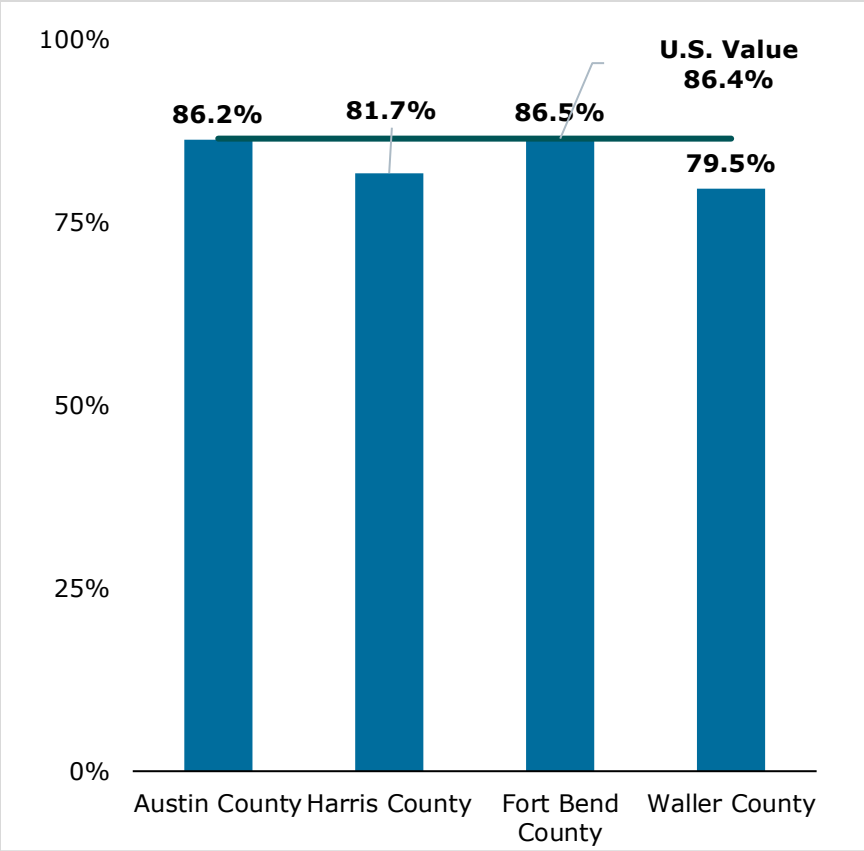


Source: National Center for Education Statistics (2022-2023)

Key Findings: Chronic Conditions Prevention and Management

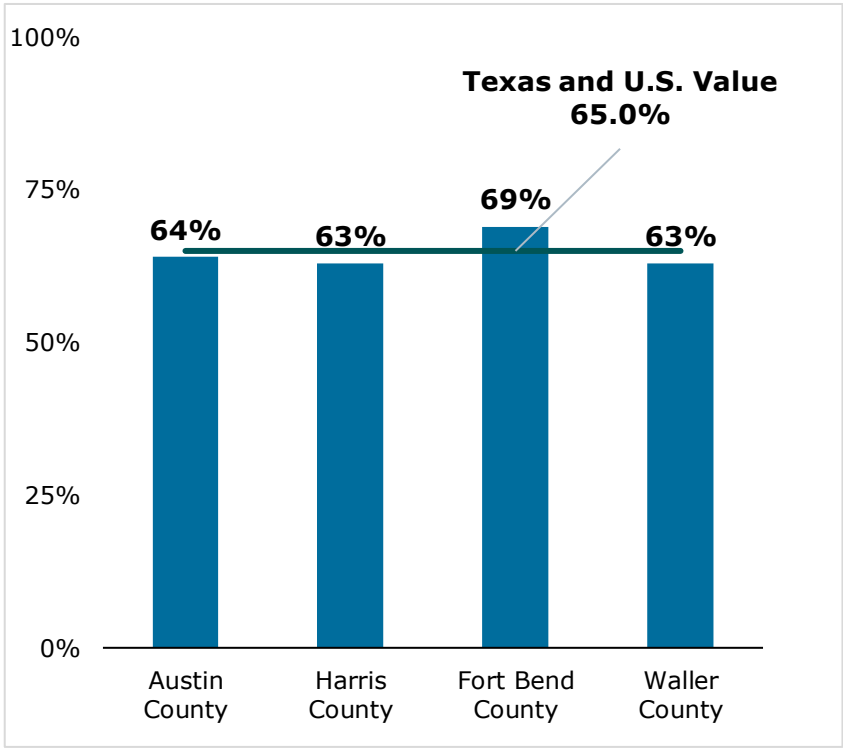
The following figures illustrate indicators of concern in Austin, Harris, Fort Bend, and Waller counties, based on scoring of secondary data related to Chronic Conditions Prevention and Management.

FIGURE 13. CHOLESTEROL TEST HISTORY



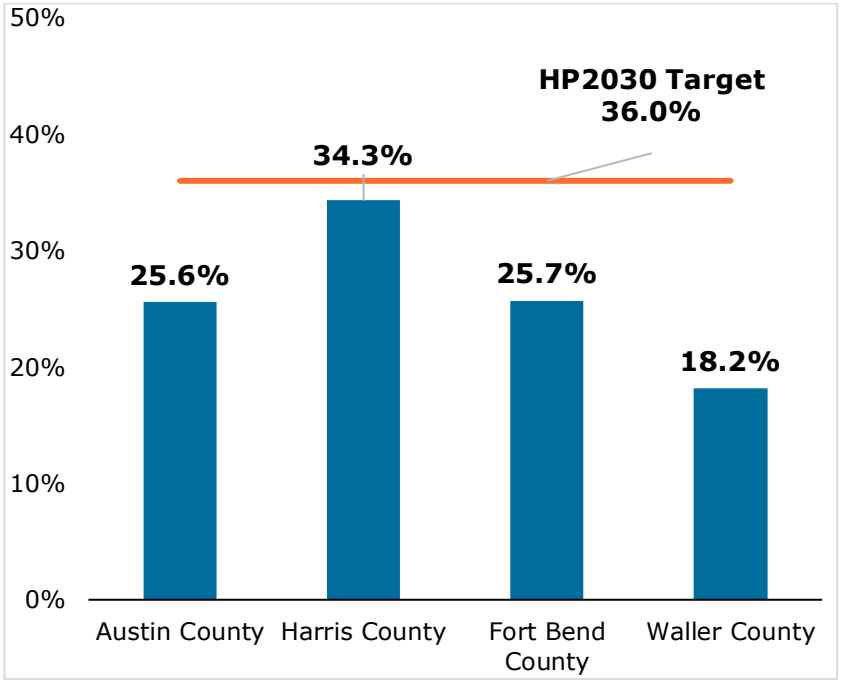
Source: CDC – PLACES (2021)

FIGURE 14. HYPERLIPIDEMIA: MEDICARE POPULATION



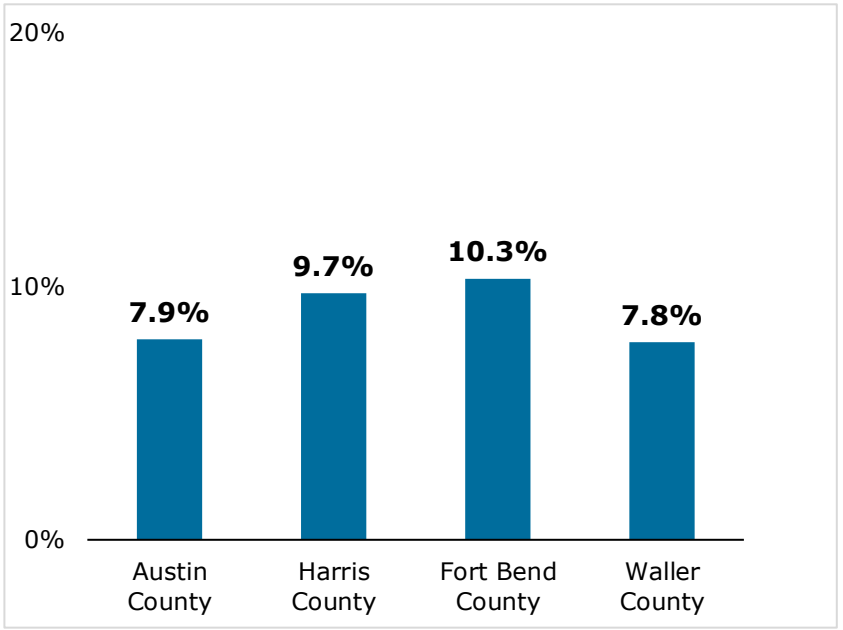
Source: Centers for Medicare & Medicaid Services (2022)

FIGURE 15. ADULTS 20+ WHO ARE OBESE



Source: CDC (2021)

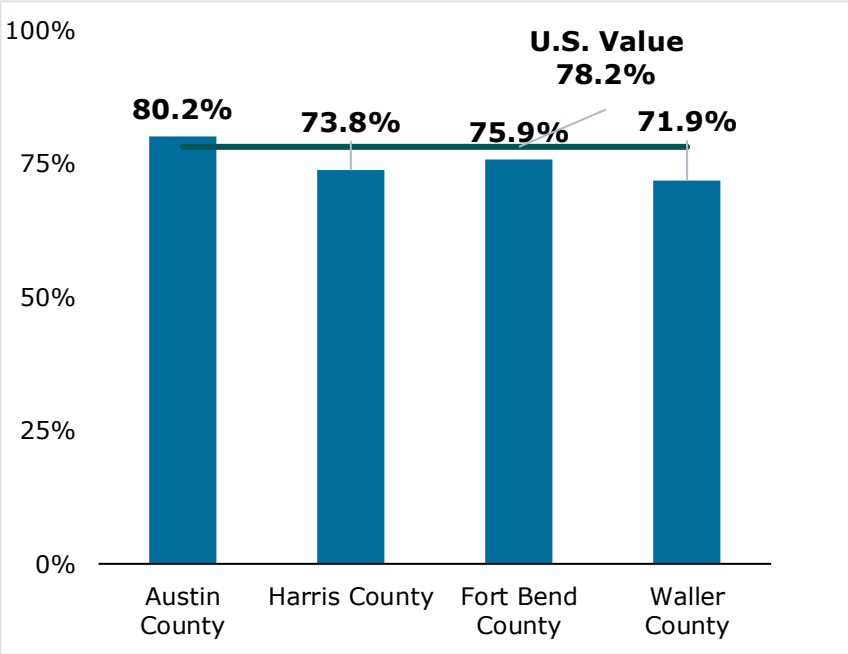
FIGURE 16. ADULTS 20+ WITH DIABETES



Source: CDC (2021)

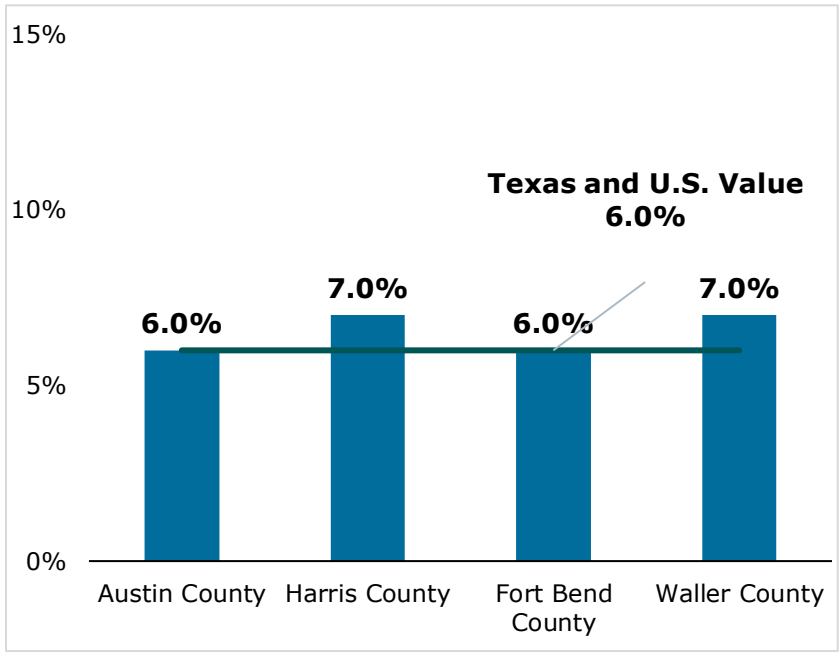
FIGURE 17. ADULTS WHO HAVE TAKEN MEDICATION FOR HIGH BLOOD PRESSURE

(percent of adults with high blood pressure)



Source: CDC (2021)

FIGURE 18. STROKE: MEDICARE POPULATION



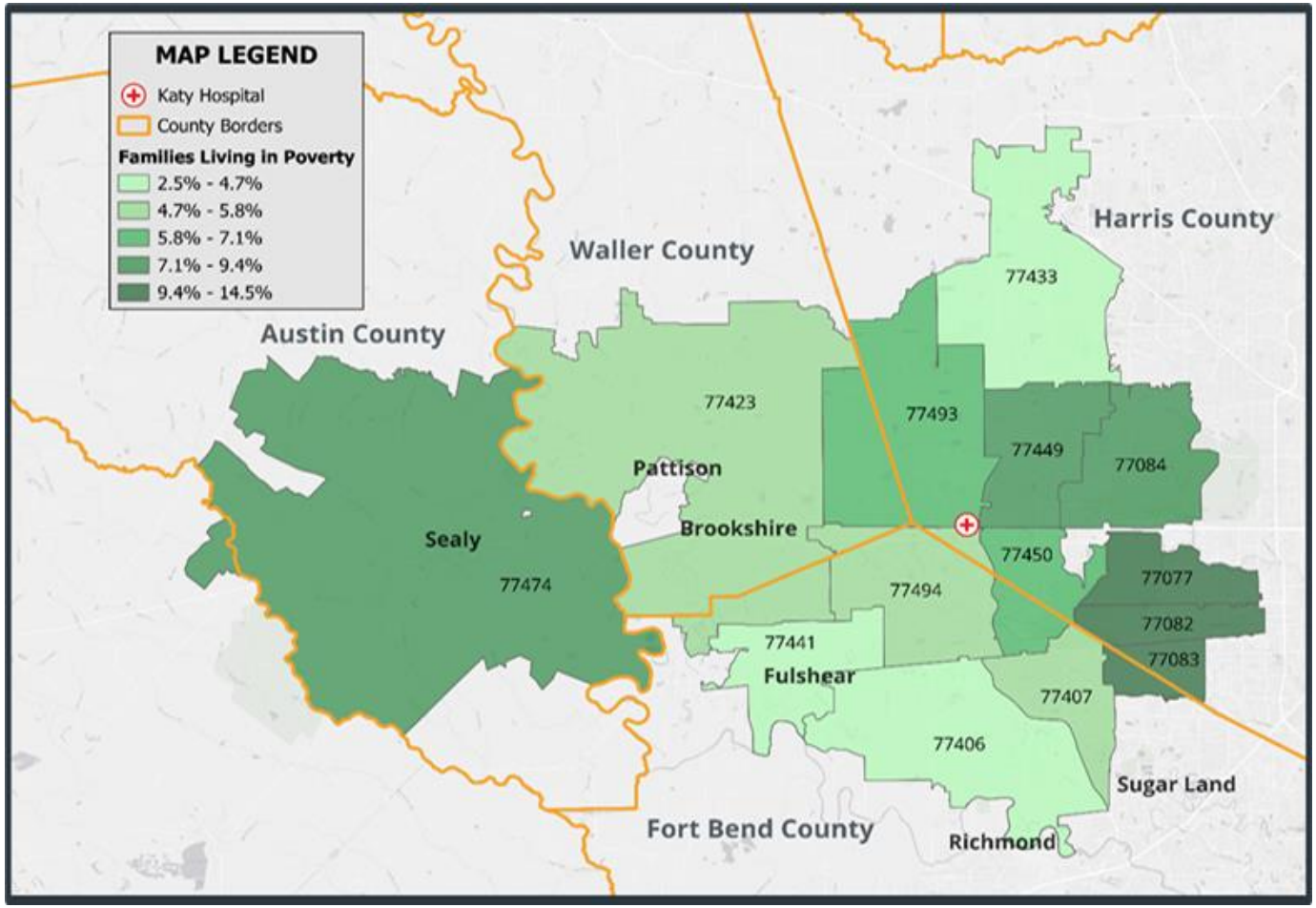
Source: Centers for Medicare & Medicaid Services (2022)

Key Findings: Economic Opportunity

Across Texas, the overall rate of families living below the federal poverty level is 10.8%. Across the Memorial Hermann Katy Hospital 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 KATY HOSPITAL MSA

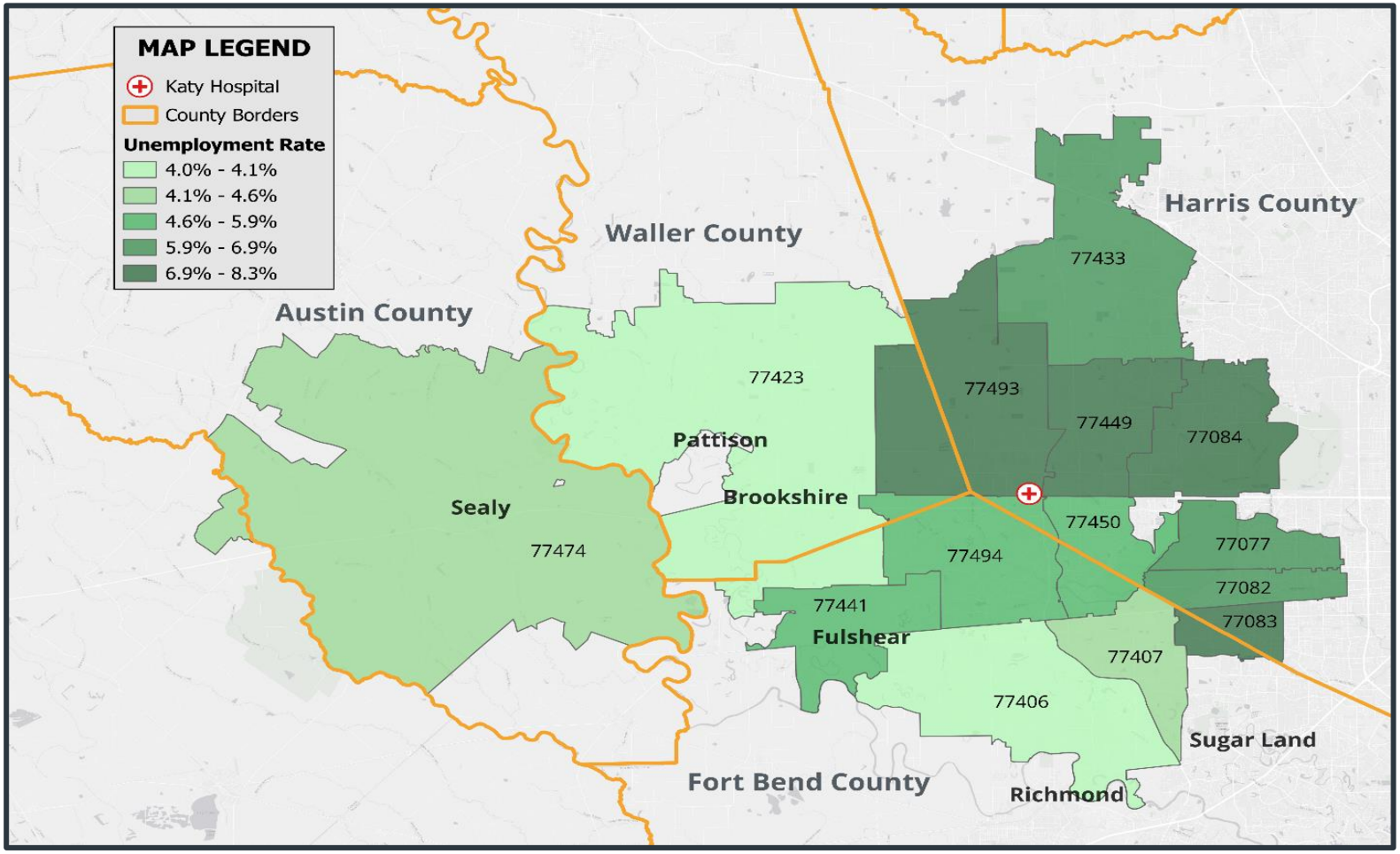


Source: Claritas (2024)

Across Texas, the overall rate of unemployment is 4.7%. Across the Memorial Hermann Katy Hospital 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 KATY HOSPITAL MSA

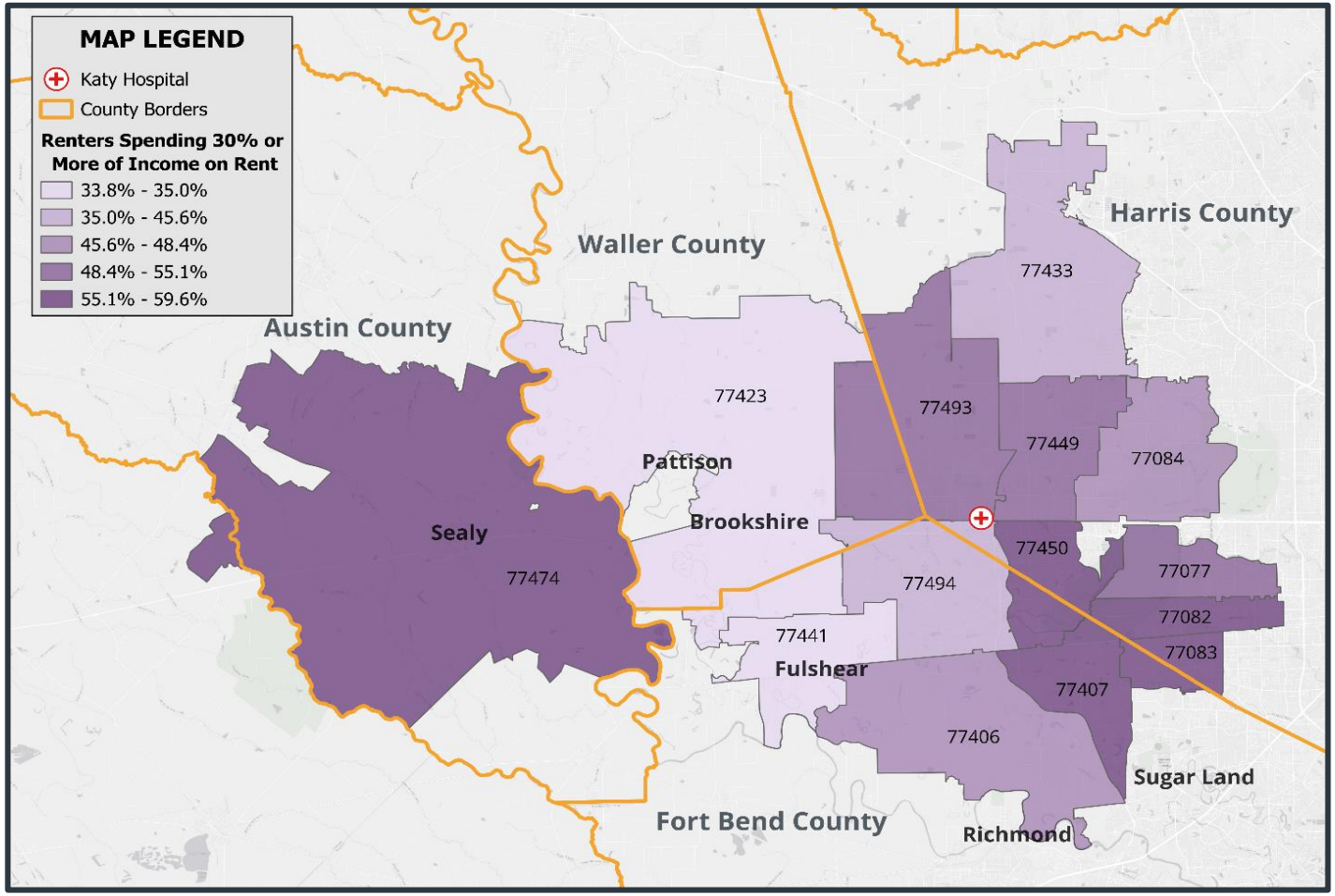


Source: Claritas (2024)

Across Texas, the overall rate of renters spending at least 30% of their income on rent is 50.7%. Across the Memorial Hermann Katy Hospital 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%)

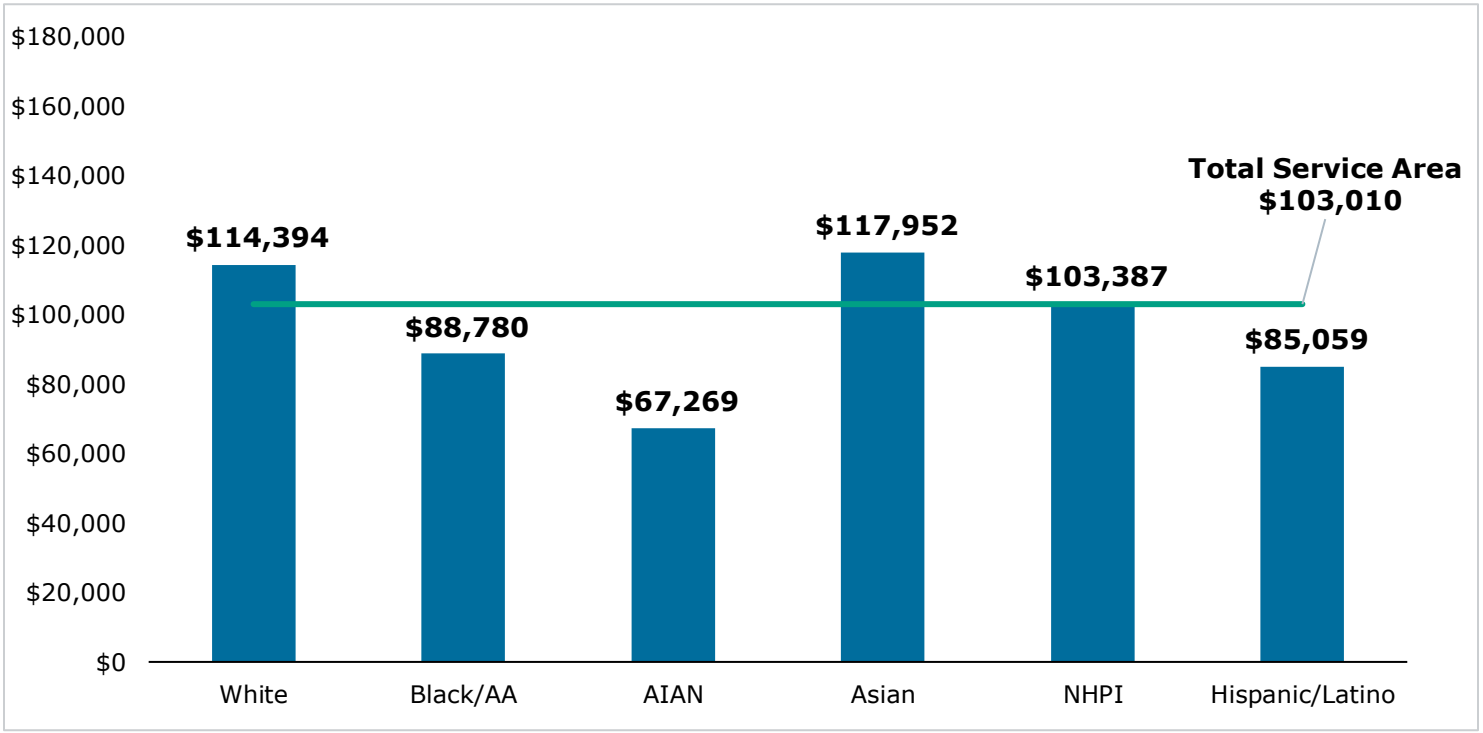
FIGURE 21. PERCENTAGE OF RENTERS WITH HIGH RENT BURDEN BY ZIP CODE: MEMORIAL HERMANN KATY HOSPITAL MSA



Source: American Community Survey (2018-2022)

Across the Memorial Hermann Katy Hospital MSA, income differs substantially by race and ethnicity. The median household income for American Indian/Alaskan Native (AIAN), Black/African American, and Hispanic Latino residents of the MSA are both more than $10,000 lower than the overall median household income.

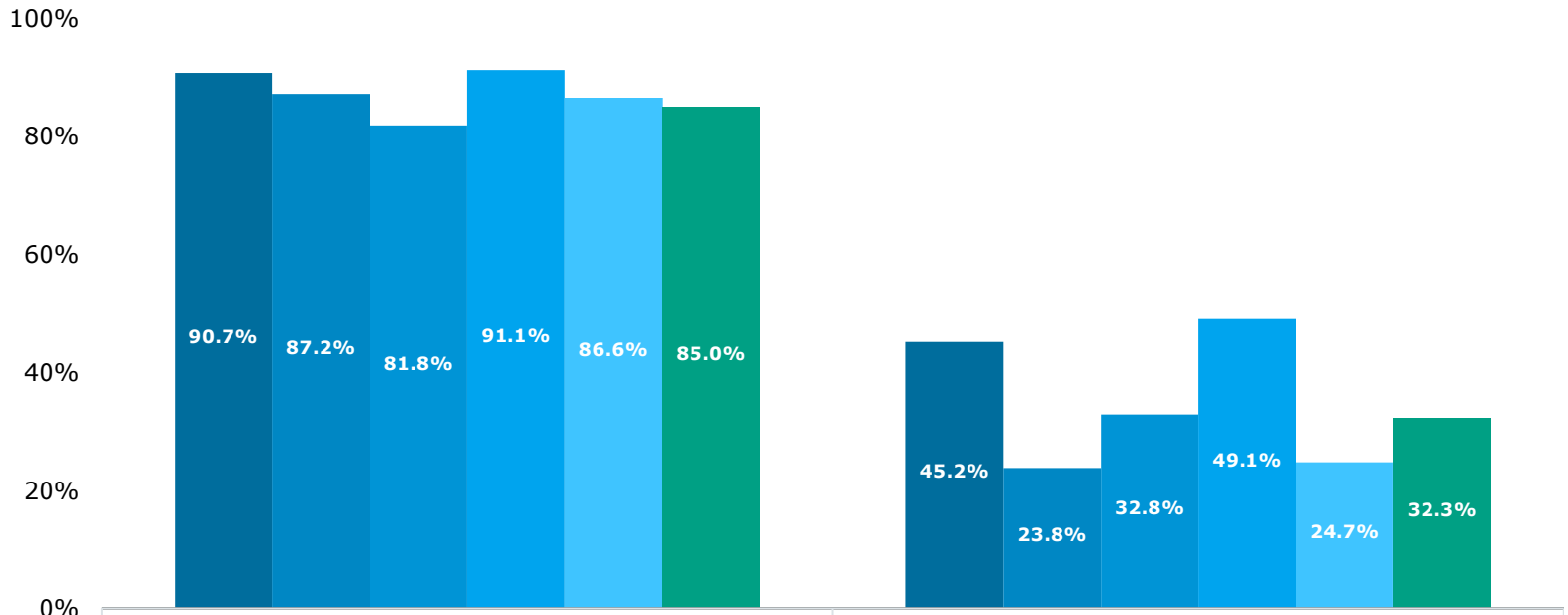
FIGURE 22. MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY: MEMORIAL HERMANN KATY HOSPITAL MSA



Source: Claritas (2024)

Key Findings: Educational Access

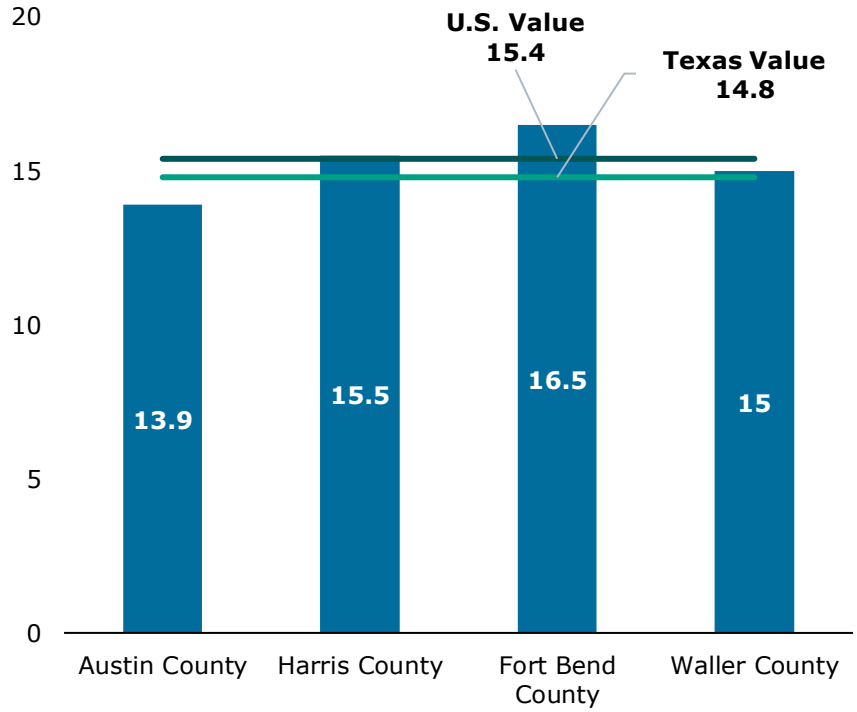
FIGURE 23. EDUCATIONAL ATTAINMENT



	HS Diploma or Higher	Bachelors Degree or Higher
Katy Hospital	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

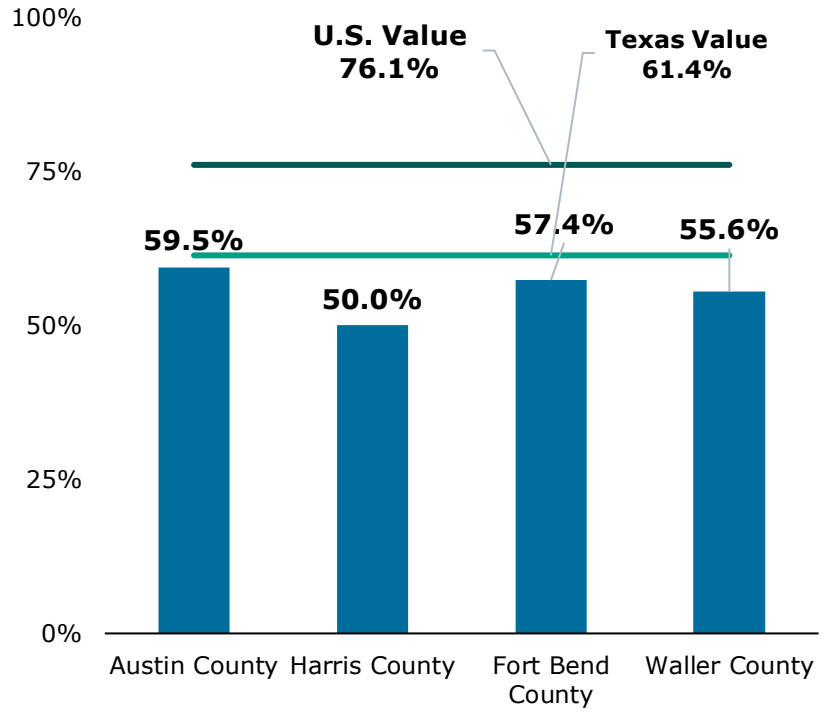


Source: National Center for Education Statistics (2022-2023)

Key Findings: Maternal & Infant Health

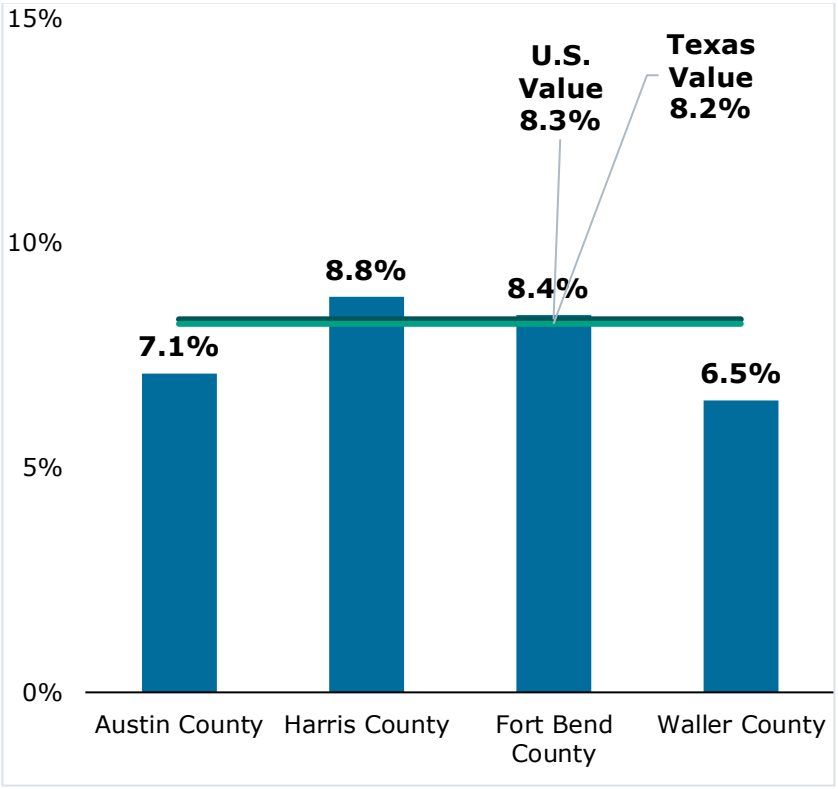
The following figures illustrate indicators of concern in Austin, Harris, Fort Bend, and Waller counties, based on scoring of secondary data related to Maternal & Infant Health.

FIGURE 25. MOTHERS WHO RECEIVED EARLY PRENATAL CARE



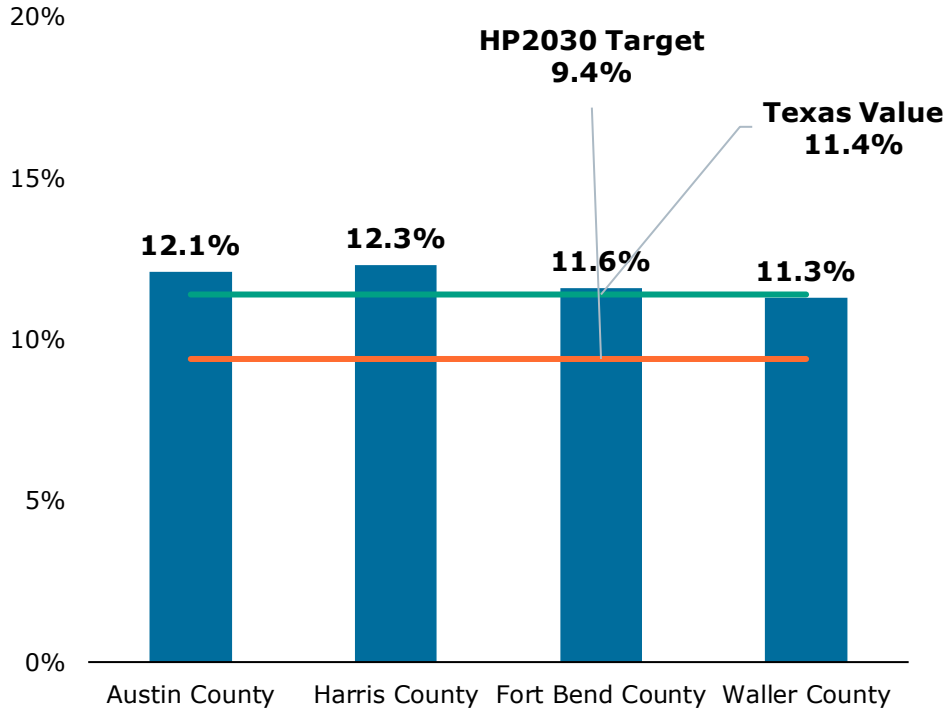
Source: Texas Department of State Health Services (2020)

FIGURE 26. BABIES WITH LOW BIRTHWEIGHT



Source: Texas Department of State Health Services (2020)

FIGURE 27. PRETERM BIRTHS



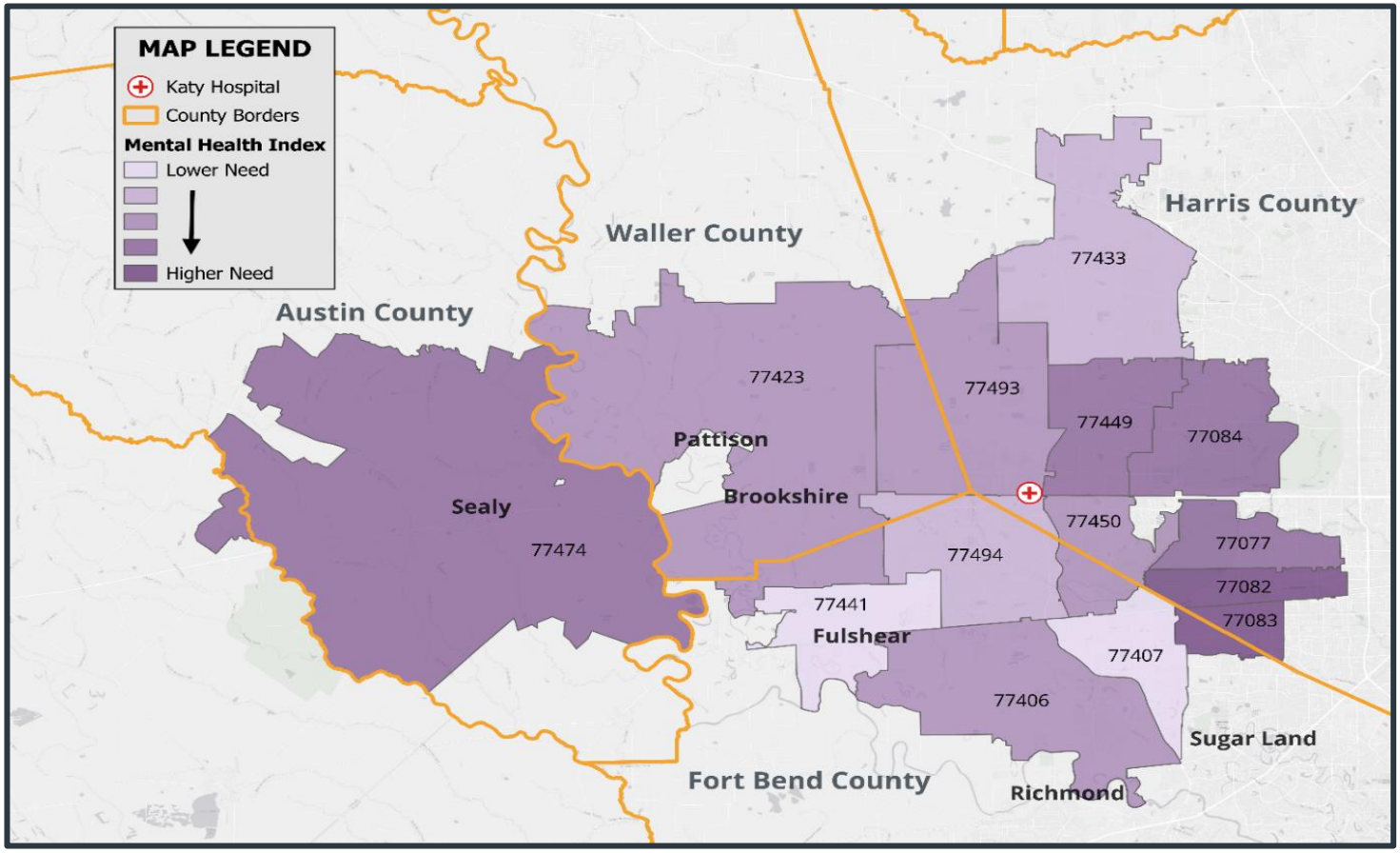
Source: Texas Department of State Health Services (2021)

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 Katy Hospital MSA, the zip codes with the highest MHI scores are:

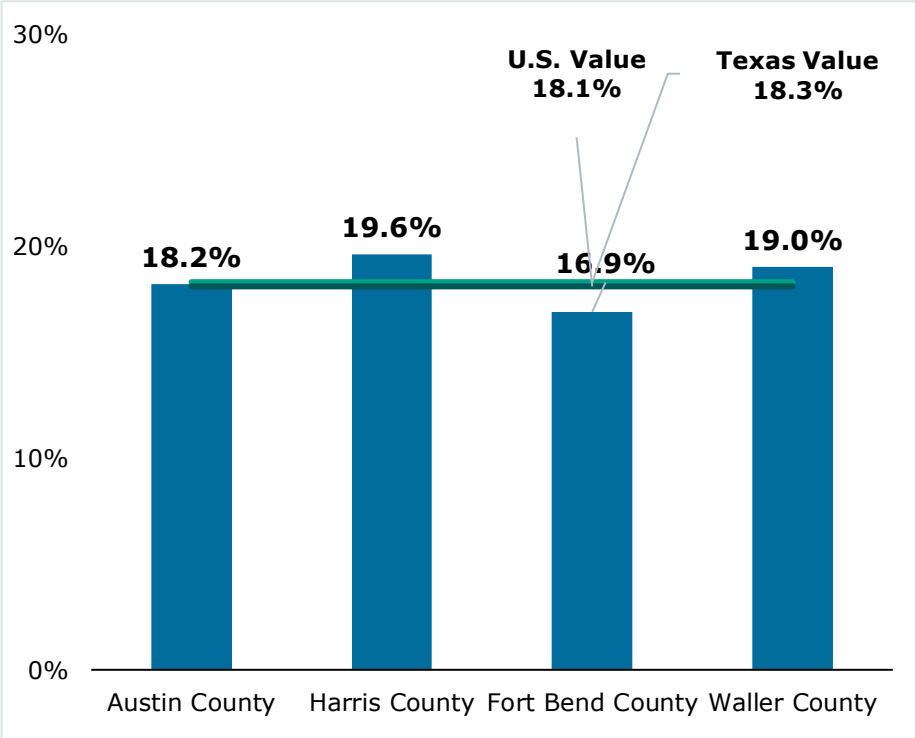
- 77082 (MHI = 77.5)
- 77083 (69.4)
- 77084 (61.7)
- 77077 (60.3)

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



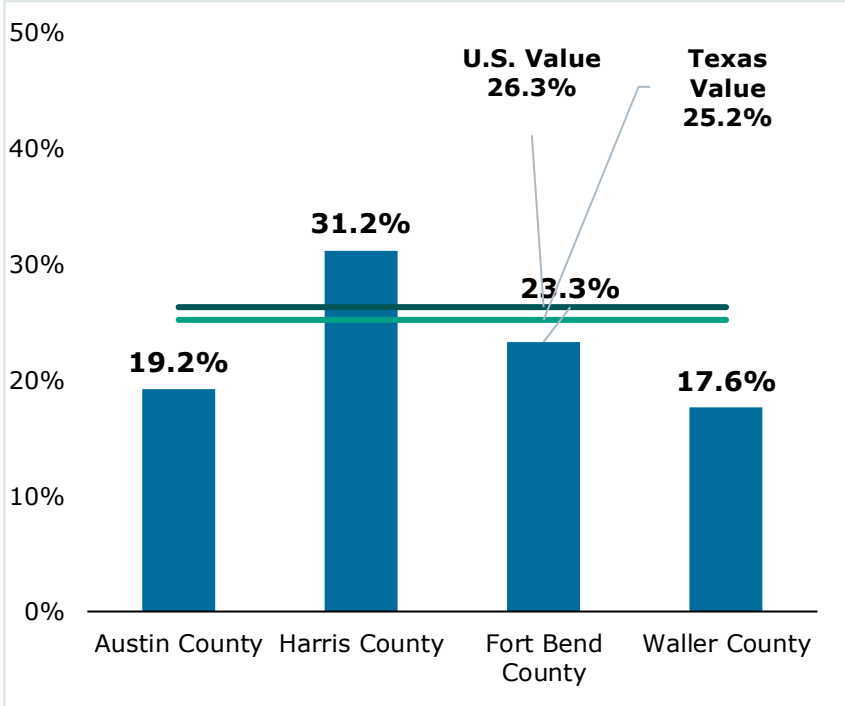
The following figures illustrate indicators of concern in Austin, Harris, Fort Bend, and Waller counties, based on scoring of secondary data related to **Mental Health & Substance Use.**

FIGURE 29. ADULTS WHO DRINK EXCESSIVELY



Source: County Health Rankings (2021)

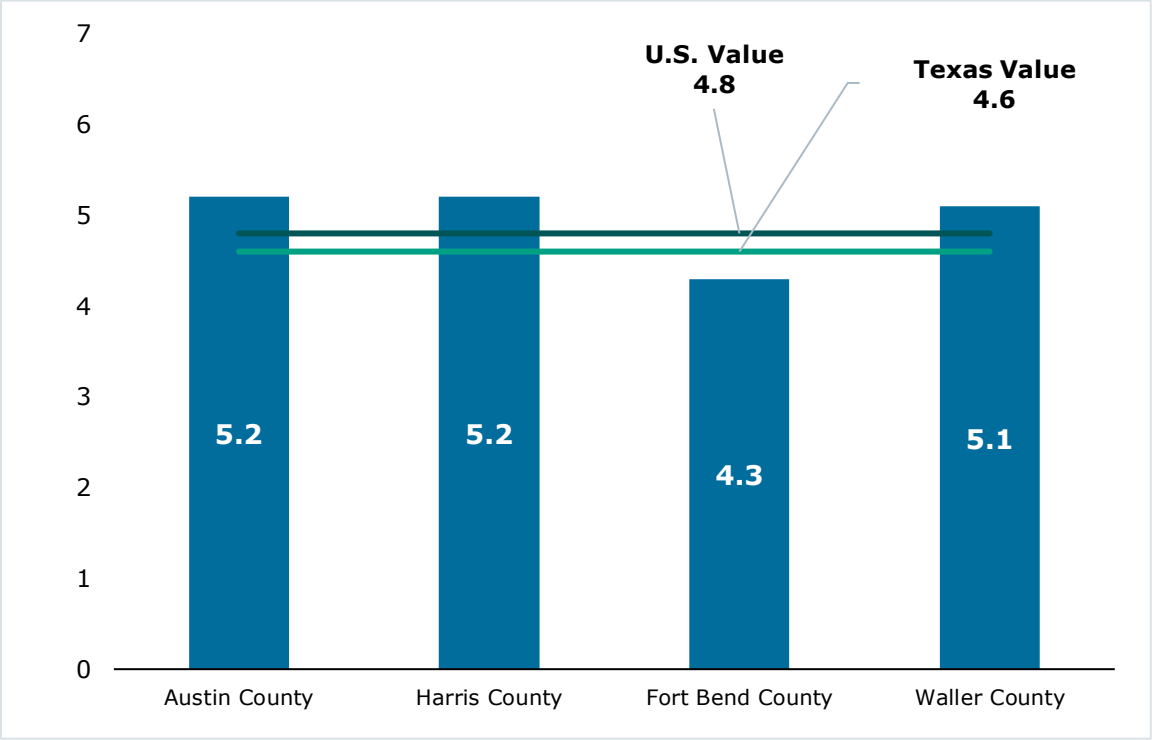
FIGURE 30. ALCOHOL-IMPAIRED DRIVING DEATHS (percent of driving deaths involving alcohol)



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)