MEMORIAL HERMANN

2025 Community Health Needs Assessment (CHNA)

Houston-The Woodlands-Sugar Land Metropolitan Statistical Area

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Introduction & Purpose

Memorial Hermann Health System

As one of the largest nonprofit health systems in Texas, Memorial Hermann has 17* hospitals and numerous specialty programs and services conveniently located throughout the Greater Houston area.

Our more than 6,600 affiliated physicians and 34,000 employees practice the highest standards of safe, quality care to provide a personalized and outcome-oriented experience across our 270 care delivery sites.

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.

Memorial Hermann proudly operates Memorial Hermann Life Flight®, a critical care air medical transport service provided as a community service.

The Memorial Hermann Physician Network, MHMD, is one of the largest, most advanced, and clinically integrated physician organizations in the country. The Memorial Hermann Accountable Care Organization operates a care delivery model that generates high-quality outcomes at a lower cost, and residents of the Greater Houston area have broader access to health insurance through the Memorial Hermann Health Plan.

For 118 years, our focus has been the best interest of our community, and, in FY24 we contributed $472 million** in charity care and community benefit programs.[1]

2025 Community Health Needs Assessment

Memorial Hermann Health System (MHHS) owns and operates 13 hospital facilities across the MSA. MHHS hospital facilities conducted a joint CHNA for their 2025 CHNA report to include all MHHS hospital facilities, which include:

1. Memorial Hermann - Texas Medical Center
2. Memorial Hermann Greater Heights Hospital
3. Memorial Hermann Katy Hospital
4. Memorial Hermann Memorial City Medical Center
5. Memorial Hermann Northeast Hospital
6. Memorial Hermann Rehabilitation Hospital: Katy
7. Memorial Hermann Southeast Hospital
8. Memorial Hermann Southwest Hospital
9. Memorial Hermann Sugar Land
10. Memorial Hermann Surgical Hospital First Colony
11. Memorial Hermann Surgical Hospital Kingwood
12. Memorial Hermann The Woodlands Medical Center
13. TIRR Memorial Hermann

[1] *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.
**Pending final audit

The communities served by the hospital facilities listed includes the following nine (9) counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller. For this report, MHHS is indicative of the joint approach to the CHNA representing the thirteen hospital facilities and the nine counties served across its MSA. The community served is based on the geographic distribution of the majority of its patient discharges. See Figure 1. This approach aligns with IRS guidelines and encompasses the nine counties within the MSA, reflecting the system's primary service area. All of the hospital facilities collaborating on this joint CHNA report define their communities to be the same for the purposes of the CHNA report.

A comprehensive CHNA is conducted every three years in compliance with federal IRS regulations (§1.501(r)-3). This assessment enables the system to gain deeper insights into the populations it serves and identify the most pressing health concerns in its communities. As part of this process, input is gathered from a broad spectrum of community members, including health care professionals, residents, and local leaders in designated MSA. This CHNA adheres to the following guidelines:

- Describe the community served and how it was determined (e.g., geographic area served).
- Describe processes and methods used to conduct the CHNA including the sources and dates of the data and other information used in the CHNA and analytical methods applied to identify community health needs.
- How the organization used input from persons representing the broad interests of the community served by the hospital, including a description of when and how the hospital consulted with these persons or the organizations they represent.
- The prioritized significant health needs identified through the CHNA as well as a description of the process and criteria used in prioritizing the identified significant needs.
- The existing health care facilities, organizations, and other resources within the community available to meet the significant community health needs.
- An evaluation of the impact of any actions that were taken since the hospital's most recent CHNA to address the significant health needs identified in that report.

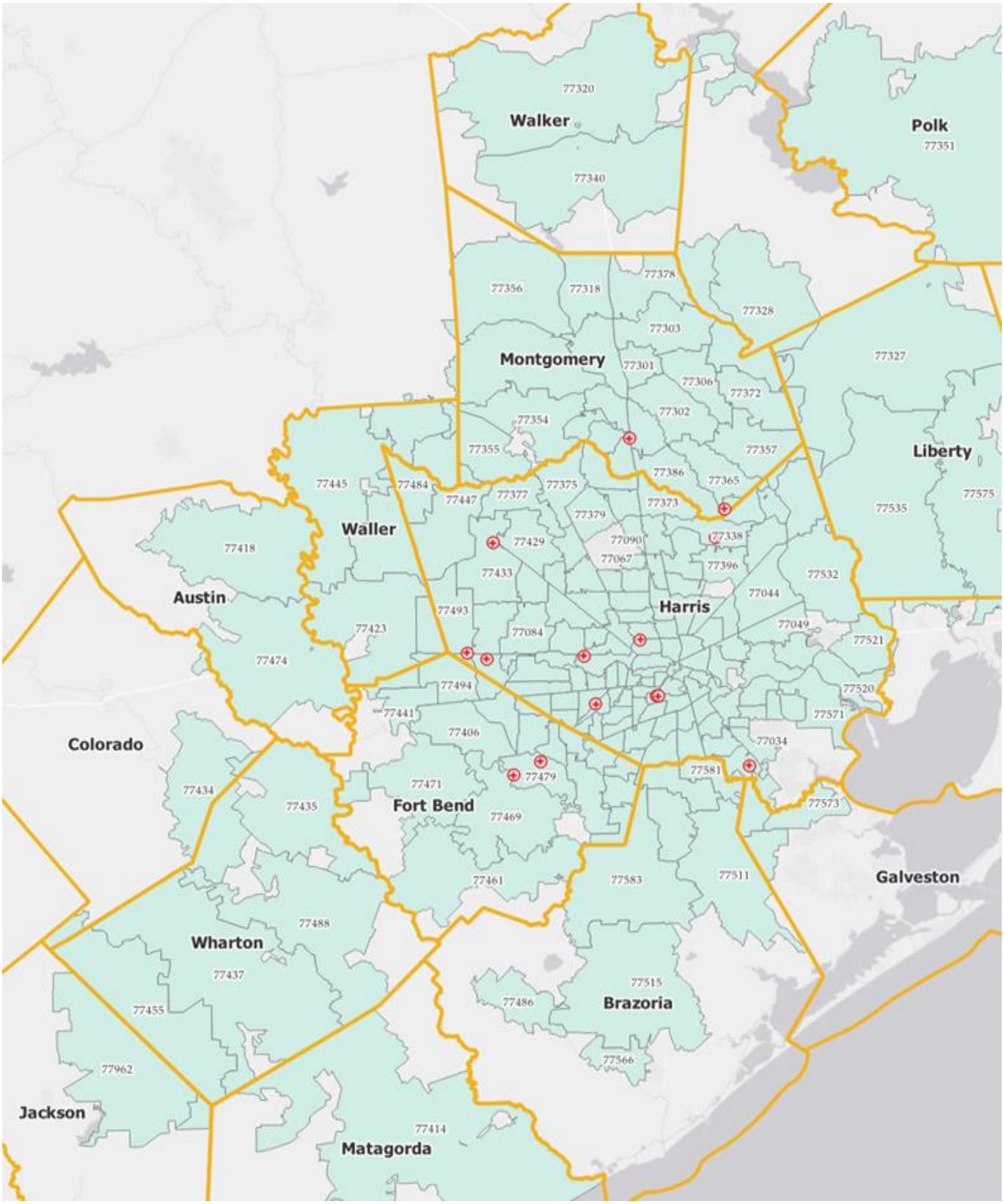
The goal of this CHNA is to provide a clear understanding of health priorities, supporting the implementation planning process of MHHS facilities. Findings from this report will inform the development of targeted hospital and community-based initiatives designed to enhance health outcomes and improve the overall quality of life for residents.

As a result of the 2025 CHNA, MHHS has prioritized the following seven areas in no ranking order:

- Access to Health Care
- Maternal & Infant Health
- Chronic Condition Prevention & Management
- Mental Health & Substance Use
- Access to Healthy Food
- Economic Opportunity
- Educational Access

FIGURE 1. HOUSTON-WOODLANDS-SUGARLAND METROPOLITAN STATISTICAL AREA (MSA)

Memorial Hermann Facility



CHNA Overview

FIGURE 2. 2025 COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Methodology

Process for Identifying Community's Needs

MHHS conducted a CHNA targeting the MSA and the unique needs of the communities surrounding each of its facilities. This process supported the prioritization of the community health needs that each of its hospitals will address.

Two types of data were analyzed for this CHNA: primary and secondary data. Each type of data was analyzed using a unique methodology. Findings were organized and synthesized for a comprehensive overview of the community health needs for MHHS MSA.

Phase 1: Secondary Data Analysis

This assessment used secondary data from the Healthy Communities Institute (HCI) Community Dashboard, an online tool by Conduent Community Health Solutions. The dashboard provides access to over 150 health and quality-of-life indicators from trusted state and national sources (see Appendix A). Each indicator is compared to local, state, and national benchmarks, as well as past data.

HCI's Data Scoring Tool ranks these indicators. Scores are based on how each county compares to others and to national goals like Healthy People 2030. Threshold indicator scores reflect how far a local measure deviates from the U.S. average or target, helping identify areas of concern or opportunity. On the scoring tool, a score of 1.5 or above indicates that the community's value for that indicator is significantly worse than the national average or benchmark, signaling a high priority area for improvement. Because detailed local data (i.e., data by zip code) is limited, the analysis is done at the county level and reflects the MHHS MSA. A full list of all the secondary data topic scoring areas by county can be found in Appendix A. The health topics of concern based on the threshold indicator score for MHHS MSA of 1.5 or above include:

- Sexually Transmitted Infections
- Economy
- Physical Activity
- Alcohol & Drug Use
- Women's Health
- Immunizations & Infectious diseases
- Health care Access & Quality

Phase 2: Community Feedback: Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was gathered through an online survey, and key informant interviews (KIIs) with community stakeholders. These findings expanded upon information gathered from secondary data analysis to inform this CHNA.

Community Survey Development & Outreach

An online and paper survey was developed to gather community input. The survey had 35 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, and

social and economic drivers of health. The survey was distributed in English and Spanish between November through December 2024 across the Greater Houston Area. The list of survey questions is available in Appendix B.

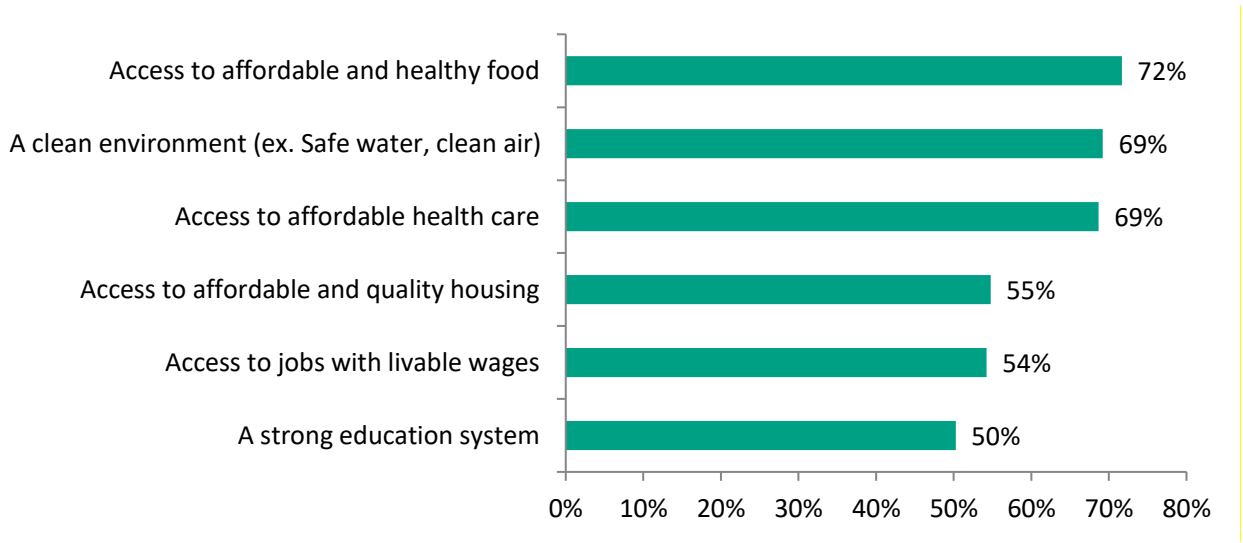
Marketing and outreach efforts included distributing flyers throughout the county and to community partners, sharing information via social media, and providing printed copies at local community events. To encourage participation, a drawing for two pairs of Houston Rockets tickets was promoted as an incentive for completing the survey.

Community Survey Analysis Results

A focused effort was made to engage vulnerable and at-risk populations. A total of 1,174 survey responses were collected, meeting the threshold for statistical significance within the MHHS MSA. Compared to the overall population demographics of the Greater Houston Area, survey respondents were more likely to identify as female, residents of Harris County, employed and between the ages of 18 and 64. See Appendix C for a breakdown of demographics of survey respondents.

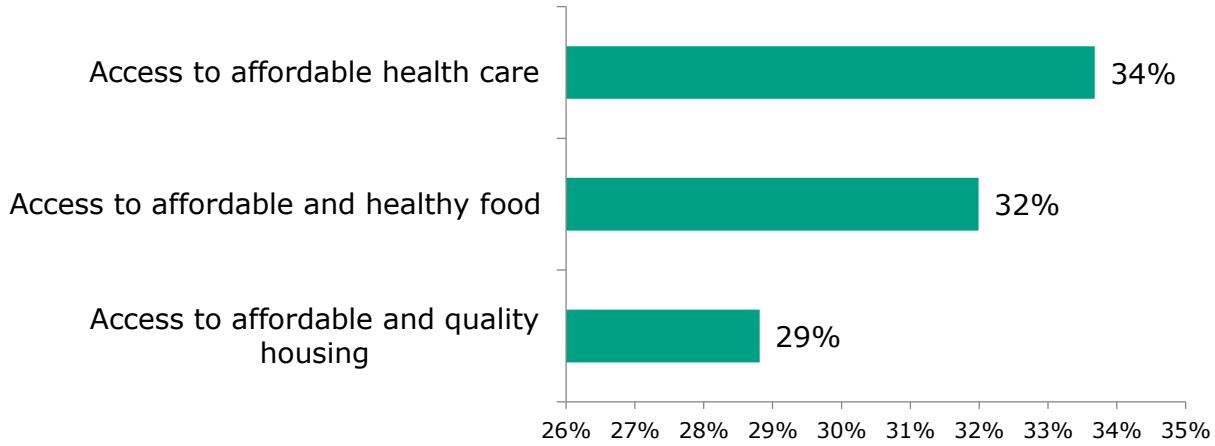
To understand the community's needs, a brief survey was conducted. Participants were asked about the five (5) most important factors needed for a community to be healthy, and the top three (3) factors missing from the community needed to make it healthier. The top responses for these questions are shown in Figures 3 and 4. There was a two-way tie for the second most important factor needed for a community to be healthy, between a clean environment and access to affordable health care. That tie is represented in the chart below, though the original survey question requested a selection of five.

FIGURE 3. TOP 5 MOST IMPORTANT FACTORS NEEDED FOR A COMMUNITY TO BE HEALTHY (N=1,108)



As shown in Figure 3, the most important factors needed for a community to be healthy were identified by survey respondents as Access to Affordable & Healthy Food (72% of respondents), A Clean Environment (69%), Access to Affordable Health Care (69%), Access to Affordable & Quality Housing (55%), Access to Jobs with Livable Wages (54%) and a Strong Education System (50%). A health topic was a significant need if at least 20% of survey respondents identified it as a top health issue.

FIGURE 4. THREE BIGGEST FACTORS MISSING FROM COMMUNITY NEEDED TO MAKE COMMUNITY HEALTHIER (N=1,069)



As shown in Figure 4, Access to Affordable Health Care was identified by survey respondents as most important and top missing from the community (34% of respondents), followed by Access to Affordable and Healthy Food (32%), and Access to Affordable and Quality Housing (29%). Similar to health topics, a quality-of-life topic was considered to be a significant need if at least 20% of survey respondents identified it as a pressing issue.

Phase 3: Community Leaders and Stakeholder Feedback

In addition to secondary data and a community survey, interviews were conducted with community stakeholders. HCI conducted phone interviews with a list provided by MHHS of participants who 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. To learn more about the community resources see Appendix D.

The twenty-nine (29) key informant interviews took place between November-December 2024. 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 and other vulnerable populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the secondary data. A list of the questions asked in the key informant interviews can be found in Appendix E.

FIGURE 5. KEY INFORMANT ORGANIZATIONS

Key Informant Organizations
Access Health
Boys and Girls Club
Catholic Charities - Archdiocese of Galveston
Christ Clinic
City of Houston
Community Assistance Center
Department of State Health Services, PHR 6/5
El Centro de Corazon
Evelyn Rubenstein Jewish Community Center of Houston
Harris County Commissioners Court
Houston ISD
Interfaith of the Woodlands
Katy ISD
Lone Star Family Health Center-Spring
Pearland ISD School Board
San Jacinto County - Indigent Health Care
San Jose Clinic (Midtown)
Santa Maria Hostel, Inc.
Texas House of Representatives
The Harris Center for Mental Health and IDD (MHMRA)
Vecino Health Centers

Key Informant Analysis Results

Notes captured from the key informant interviews were uploaded to the web-based qualitative data analysis tool, [2]Qualtrics. The transcripts were coded according to common themes in health and non-medical drivers of health. The following are the themes that emerged from the analysis of the transcripts. See Figure 6 List for Top Health Concerns/Issues, Barriers to Care and Most Negatively Impacted Populations and Figure 1 for the Top Health & Social Needs per County.

[2] Qualtrics Version 2025, web application for managing, analyzing, and presenting survey data (2025). Provo, UT: Qualtrics. www.qualtrics.com

FIGURE 6. TOP HEALTH CONCERNS, BARRIERS, AND POPULATIONS IMPACTED

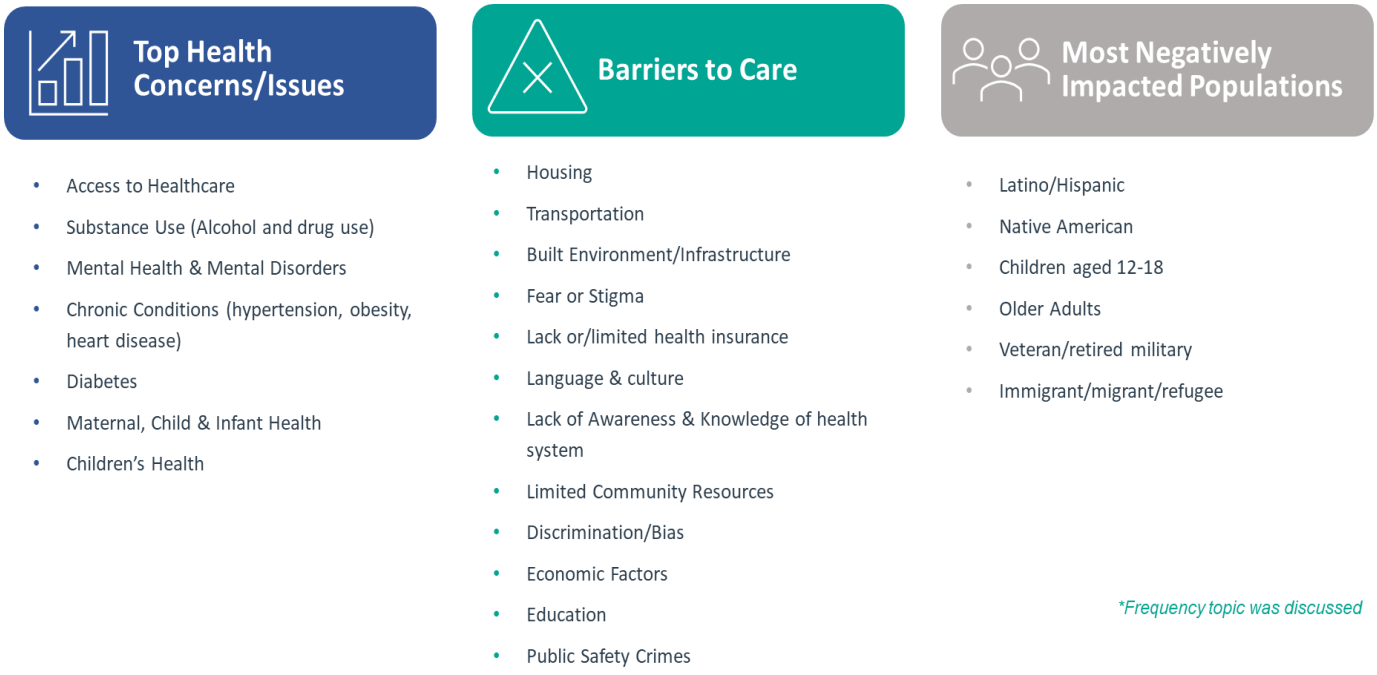


FIGURE 7. TOP HEALTH & SOCIAL NEEDS BY COUNTY

HEALTH/SOCIAL ISSUE	SUB-ISSUE	COUNTIES
Chronic Diseases	(Diabetes, Hypertension, Obesity, Heart Disease)	Harris, Fort Bend, Montgomery, Waller, Wharton, Galveston
Mental Health	Depression, Anxiety, Substance Use, Trauma	Harris, Fort Bend, Montgomery, Brazoria
Access to Health care	Lack of primary care, Specialty care, Dental care, Preventative services	Harris, Fort Bend, Montgomery, Waller, Wharton, Galveston
Maternal and Child Health	High infant mortality rates, Lack of prenatal care, Maternal mortality	Harris, Fort Bend, Montgomery
Food Insecurity	Lack of access to healthy food, Food deserts	Harris, Fort Bend, Montgomery, Brazoria
Environmental Health	Air pollution, Asthma, COPD	Harris, Fort Bend
Economic Instability	Poverty, Unemployment, Low-income jobs	Harris, Fort Bend, Montgomery, Brazoria
Housing Affordability	Rising property values, Rental evictions, Homelessness	Harris, Fort Bend, Montgomery
Transportation	Lack of reliable transportation, Long travel times to health care facilities	Harris, Fort Bend, Montgomery, Brazoria
Education and Health Literacy	Knowledge gaps in navigating the health system, Low health literacy	Harris, Fort Bend, Montgomery, Brazoria
Cultural and Language Barriers	Language barriers, Distrust in health care system	Harris, Fort Bend, Montgomery, Brazoria

FIGURE 8: NOTABLE QUOTES FROM COMMUNITY MEMBERS

> *Affordability is a challenge, and frequent movers are relocating further away from the city and resources.*
> **- Government Leader**

Phase 4: Data Synthesis & Prioritization Process

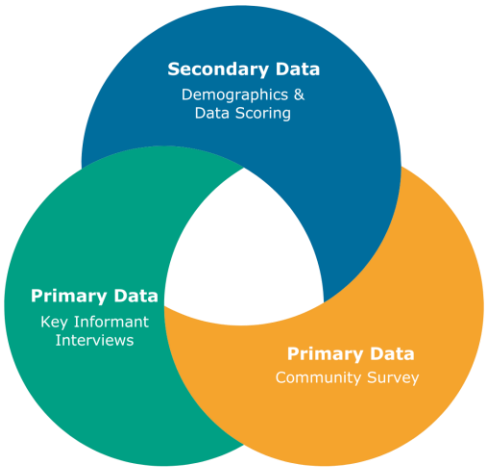


FIGURE 9: DATA SYNTHESIS FRAMEWORK

Following the collection of primary and secondary data, Conduent Healthy Communities Institute (HCI) synthesized the data findings to identify the most significant community health needs. These were determined using the following criteria:

- **Secondary Data**: Indicators with a score of 1.50 or higher were flagged as top priorities.
- **Key Informant Interviews (KII)**: Health issues frequently mentioned across interviews were considered significant.
- **Community Survey**: Issues identified as a priority by 20% or respondents were included.

Findings from secondary data analysis, key informant interviews (KIIs), and community surveys were synthesized to identify significant health needs. These significant needs were compiled into a comprehensive list, which served as the foundation for the data presentation shared during virtual focus groups. The purpose of these sessions was to help community members understand the most significant data trends, engage in meaningful discussion, and participate in a structured ranking and prioritization exercise to guide future planning and resource allocation.

FIGURE 10. SIGNIFICANT HEALTH NEEDS AFTER SYNTHESIZATION

Health & Quality of Life Topics	Data Sources
Access to Affordable Health care	Secondary Data, Community Survey, Key Informant Interviews
Access to Healthy Food	Community Survey, Key Informant Interview
Children's Health	Secondary Data, Key Informant Interviews
Chronic Conditions (High Cholesterol, Hypertension, Obesity)	Secondary Data, Community Survey, Key Informant Interviews
Community (Environment, Prevention & Safety)	Secondary Data, Community Survey
Diabetes	Secondary Data, Community Survey, Key Informant Interviews
Economy (Housing, Transportation)	Secondary Data, Community Survey, Key Informant Interviews
Education	Secondary Data, Community Survey, Key Informant Interview
Maternal, Fetal & Infant Health	Secondary Data, Key Informant Interview
Mental Health & Substance Use	Community Survey, Key Informant Interviews
Immunizations & Infectious Diseases	Secondary Data
Women's Health	Secondary Data

Prioritization /Ranking Methods

FIGURE 11. RANKING AND PRIORITIZATING ISSUES/OPPORTUNITIES

An invitation to participate in the MHHS virtual focus group presentations and prioritization activity was distributed. A total of 30 individuals representing local hospital systems, health systems as well as community-based organizations, and nonprofits attended the virtual meeting. These 30 individuals reflected some of organizations represented by the KII but also included agencies not engaged for initial KII.

During the meetings, the groups reviewed and discussed the results of HCI's primary and secondary data analyses leading to identified community health priorities.
From there, participants were invited to access an online link and assign a score to each of the significant health needs based on how well they met the criteria set forth by the public health department and hospital.

Participants assigned a score of 1-3 to each significant health need based on **magnitude** of the issue and **ability to impact.** Using a numerical system of (1) least concerning, (2) somewhat, or (3) most concerning.
In addition to considering the data presented and accompanying summary of findings, participants were encouraged to use their own judgment and knowledge of the community in considering how well an identified health need met the criteria.

Completion of the online exercise resulted in a numerical score for each community health needs. Numerical scores for **magnitude of the issue** and **ability to impact** were equally weighted and averaged to produce an aggregate score and overall ranking for each health need.

Focus Group & Prioritization Participants

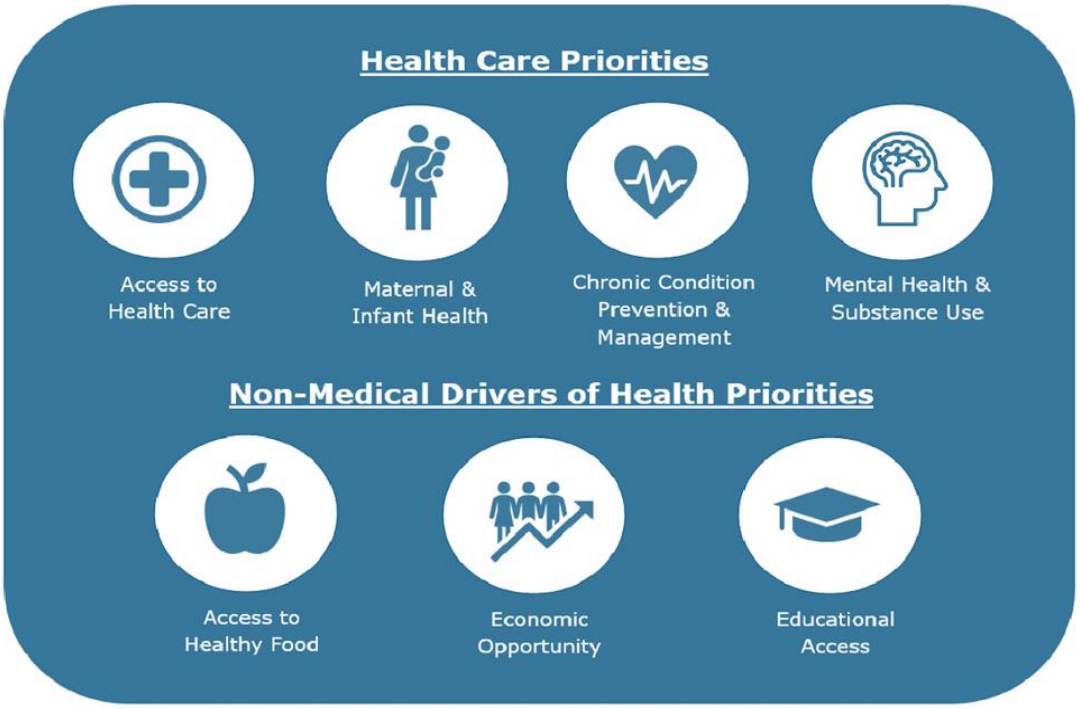
Those involved in the process, as indicated above, were chosen to represent people with community and clinical knowledge, those who manage services to the underserved, and those who are knowledgeable about the needs assessment process. Prioritization participants represented the following twenty-four (24) organizations:

- Access Health
- Alliance of Community Assistance Ministries
- Christ Clinic Katy
- Community Health Network
- Connect Community
- Cy-Hope
- Cypress Assistance Ministries
- Electro Health Care
- Harris County Public Health
- HCA Health care
- HYPE Freedom School
- Kids Meals INC
- Lone Star Grand Commandery
- Parks Youth Ranch
- Project C.U.R.E.
- San Jose Clinic
- Spring Branch Community Health Center
- Spring Independent School District
- The Children's Advocacy Center of Montgomery County
- The Chinese Community Center
- The Council on Recovery
- The Women's Home
- Urban Harvest
- West University United Methodist Church

Key Findings and Priorities

As a result of this extensive process, MHHS has determined the following four (4) health care pillars, and three (3) non-medical drivers of health pillars will be prioritized. The following information will outline the state of the community served by MHHS to support the focus on the listed priorities in the figure below.

FIGURE 12. COMMUNITY HEALTH PRIORITIES



Data Considerations

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.

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. The Index of Disparity[2], used to analyze 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.

For the primary data, the breadth of findings is dependent upon who was selected 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. However, findings did show that the community survey participant sample was representative of the overall demographics of MHHS.

For all data, efforts were made to include a wide range of secondary data indicators and community member expertise areas.

Demographics

The following section explores the demographic profile of the MHHS MSA. It is important to understand the demographics of a community because it can significantly impact its health profile. Different races/ethnicities, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. Unless otherwise indicated, all demographic estimates are sourced from Claritas® (2024 population estimates), American Community Survey 5-year (2018-2022) or 1-year (2022). Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year. Of note, references will be made most often to the counties of Harris, Montgomery and Fort Bend due to the population of those counties representing approximately than 91% of those served by MHHS. Harris County is the largest county in Texas and represent 90.3% of the MHHS MSA. For more insights on the additional six counties served by MHHS, reference the Appendix.

Population Size

The MHHS MSA has an estimated population of 7,196,848 people. Figure 13 shows the population breakdown for the service area by zip code. For a breakdown of population estimates by zip code, please refer to Appendix F, Table 1.

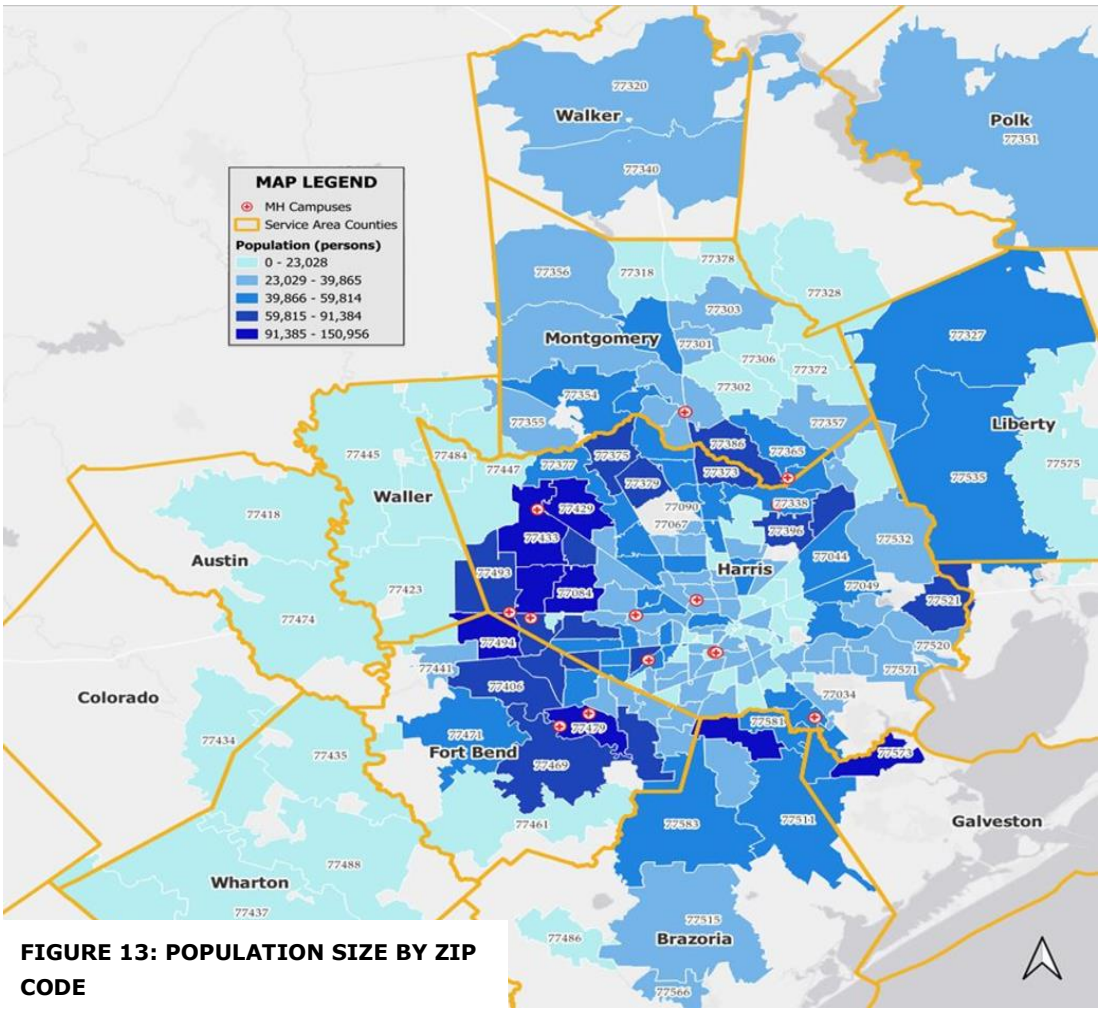


FIGURE 13: POPULATION SIZE BY ZIP CODE

FIGURE 14: POPULATION ESTIMATES BY MHHS FACILITIES

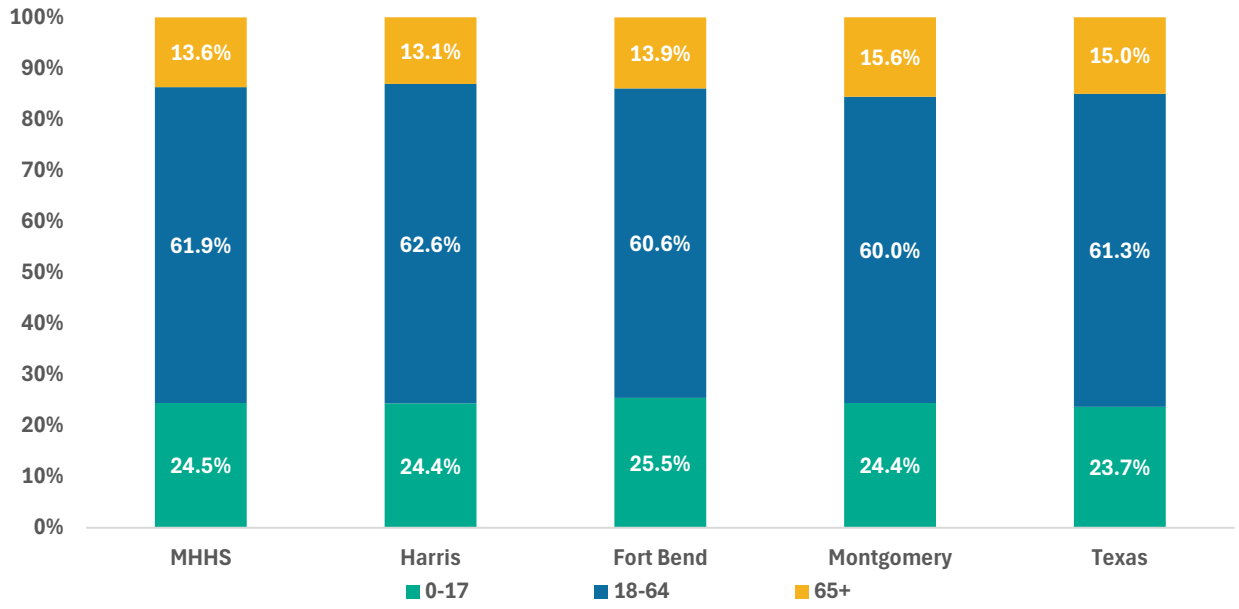
MHHS Facilities	Population estimates
Memorial Hermann Health System	**7,196,848**
Memorial Hermann - Texas Medical Center	5,881,535
Memorial Hermann Greater Heights Hospital	1,080,972
Memorial Hermann Katy Hospital	1,104,291
Memorial Hermann Memorial City Medical Center	2,489,870
Memorial Hermann Northeast Hospital	788,449
Memorial Hermann Rehabilitation Hospital - Katy	1,104,291
Memorial Hermann Southeast Hospital	1,124,663
Memorial Hermann Southwest Hospital	1,608,636
Memorial Hermann Sugar Land	890,831
Memorial Hermann Surgical Hospital First Colony	3,013,193
Memorial Hermann Surgical Hospital Kingwood	652,306
Memorial Hermann The Woodlands Medical Center	1,356,193
TIRR Memorial Hermann	5,881,535

Source: MHHS facilities values from Claritas (2024)

Age

Figure 15 shows the population of MHHS MSA area broken down by age group, with comparisons to the Harris, Fort Bend, and Montgomery counties along with state-wide Texas population. Overall, the age distribution of MHHS is similar to the Harris County population. Most of the population is between 25 and 64 years of age.

FIGURE 15: PERCENT POPULATION BY AGE: SERVICE AREA, COUNTIES, AND STATE



Source: MHHS, County, & State values from Claritas (2024)

FIGURE 16: PERCENT POPULATION BY AGE: MEMORIAL HERMANN FACILITIES AND STATE

Service Areas	0-17	18-64	65+
Texas	23.7%	61.3%	15.0%
Memorial Hermann Health System	**24.5%**	**61.9%**	**13.6%**
Memorial Hermann - Texas Medical Center	24.6%	62.2%	13.3%
Memorial Hermann Greater Heights Hospital	24.2%	63.3%	12.5%
Memorial Hermann Katy Hospital	26.2%	62.1%	11.6%
Memorial Hermann Memorial City Medical Center	24.5%	62.7%	12.9%
Memorial Hermann Northeast Hospital	27.0%	60.5%	12.5%
Memorial Hermann Rehabilitation Hospital - Katy	26.2%	62.1%	11.6%
Memorial Hermann Southeast Hospital	25.3%	61.0%	13.7%
Memorial Hermann Southwest Hospital	24.3%	62.0%	13.8%
Memorial Hermann Sugar Land	24.3%	61.0%	14.8%
Memorial Hermann Surgical Hospital First Colony	24.7%	61.6%	13.7%
Memorial Hermann Surgical Hospital Kingwood	26.5%	60.8%	12.7%
Memorial Hermann the Woodlands Medical Center	24.6%	61.2%	14.2%
TIRR Memorial Hermann	24.6%	62.2%	13.3%

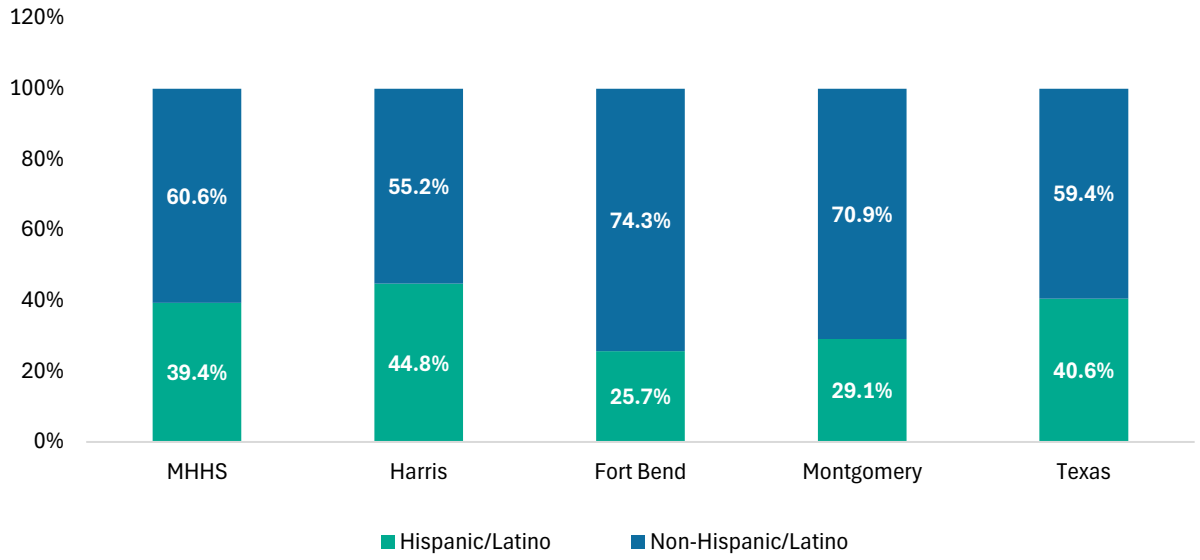
Source: MHHS facilities values from Claritas (2024)

Figure 16 shows the age distribution across MHHS facilities compared to the state of Texas, Harris, Montgomery, Fort Bend, and other counties. Overall, the age distribution of Memorial Hermann's facilities is similar to that of the Texas population, with most of the population falling within the 18–64 age group. Several facilities, including Memorial Hermann Northeast Hospital (27.0%), Memorial Hermann Surgical Hospital Kingwood (26.5%), and Memorial Hermann Katy Hospital (26.2%), have a higher proportion of children (ages 0–17) compared to the state average of (23.7%). In contrast, the proportion of adults ages 65 and older is generally lower across MHHS facilities than in Montgomery County (15.6%) and the Texas average (15.0%). For more data on percentage of population by age groups at county level, go to Appendix F, Table 2.

Race and Ethnicity

The racial and ethnic composition of a population is important in planning for solutions to meet future community needs, particularly for schools, businesses, community centers, health care, and childcare. An analysis of health and non-medical drivers of health data by race & ethnicity can also help identify disparities in housing, employment, income, and poverty.

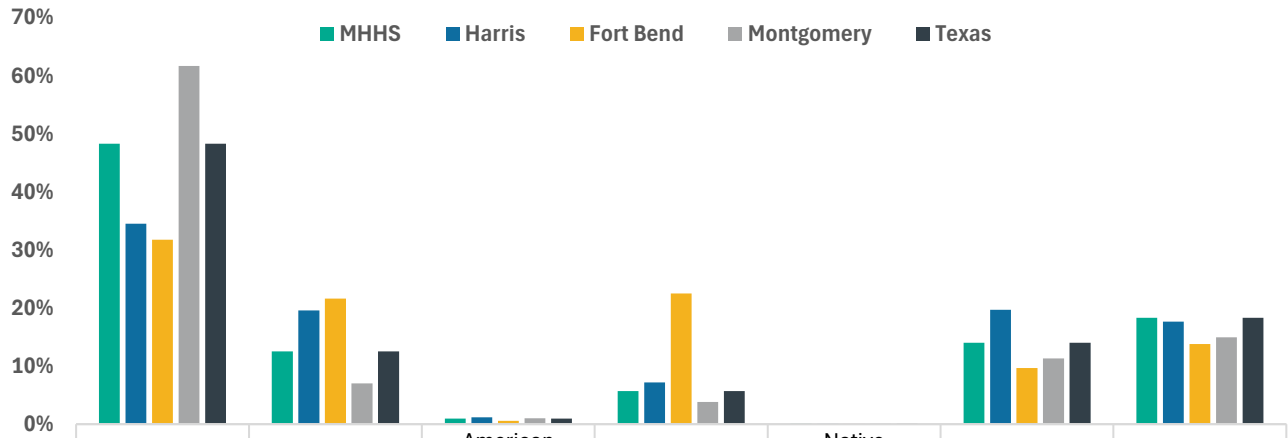
FIGURE 17. PERCENT POPULATION BY ETHNICITY: SERVICE AREA, COUNTIES, AND STATE



Source: MHHS, County, & State values from Claritas (2024)

The MHHS MSA has a racially and ethnically diverse population. The Hispanic/Latino population in the MHHS MSA is (39.4%), slightly lower than the Texas state value of (40.6%). Just under 4 in 10 residents identify as Hispanic/Latino.

FIGURE 18. PERCENT POPULATION BY RACE: SERVICE AREA, COUNTIES, AND STATE



	White	Black/African American	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Some Other Race	2+ Races
MHHS	48.3%	12.5%	1.0%	5.7%	0.1%	14.0%	18.4%
Harris	34.5%	19.6%	1.2%	7.2%	0.1%	19.7%	17.7%
Fort Bend	31.8%	21.6%	0.6%	22.5%	0.1%	9.7%	13.8%
Montgomery	61.7%	7.1%	1.0%	3.8%	0.1%	11.3%	14.9%
Texas	48.3%	12.5%	1.0%	5.7%	0.1%	14.0%	18.4%

Source: MHHS, County, & State values from Claritas (2024)

The Black/African American population is (18.1%), which is higher than the Texas value of (12.5%), but lower than Harris County (19.6%) and Fort Bend County (21.6%).

FIGURE 19: PERCENT POPULATION BY RACE: MEMORIAL HERMANN FACILITIES AND STATE

Service Area	White	Black/African American	Asian	American Indian/Alaskan Native	Native Hawaiian/Pacific Islander	Some Other	2+ Races (Multiracial)
Texas	48.3%	12.5%	5.7%	1.0%	0.1%	14.0%	18.4%
Memorial Hermann Health System	**38.8%**	**18.1%**	**8.6%**	**1.1%**	**0.1%**	**16.9%**	**16.5%**
Memorial Hermann - Texas Medical Center	35.3%	19.9%	9.3%	1.1%	0.1%	17.7%	16.6%
Memorial Hermann Greater Heights Hospital	29.7%	19.7%	5.0%	1.5%	0.1%	25.9%	18.2%
Memorial Hermann Katy Hospital	34.3%	19.7%	15.4%	0.8%	0.1%	12.8%	17.0%
Memorial Hermann Memorial City Medical Center	35.4%	17.6%	12.6%	1.0%	0.1%	16.6%	16.7%
Memorial Hermann Northeast Hospital	36.4%	21.7%	2.3%	1.3%	0.2%	20.8%	17.3%
Memorial Hermann Rehabilitation Hospital - Katy	34.3%	19.7%	15.4%	0.8%	0.1%	12.8%	17.0%
Memorial Hermann Southeast Hospital	34.6%	21.8%	5.8%	1.0%	0.1%	18.7%	18.0%
Memorial Hermann Southwest Hospital	25.5%	24.5%	16.2%	1.1%	0.1%	17.9%	14.8%
Memorial Hermann Sugar Land	27.7%	24.8%	21.3%	0.7%	0.1%	12.4%	13.0%
Memorial Hermann Surgical Hospital First Colony	35.2%	19.9%	13.2%	0.9%	0.1%	15.1%	15.6%
Memorial Hermann Surgical Hospital Kingwood	44.3%	18.0%	2.5%	1.2%	0.3%	17.2%	16.5%
Memorial Hermann The Woodlands Medical Center	52.4%	14.5%	4.4%	1.1%	0.2%	12.3%	15.2%
TIRR Memorial Hermann	35.3%	19.9%	9.3%	1.1%	0.1%	17.7%	16.6%

Source: MHHS facilities & State values from Claritas (2024)

Figure 19 shows the racial makeup of communities served by MHHS facilities. Although all MHHS facilities have a higher percentage of Black/African American residents than the Texas average (12.5%), a few—like The Woodlands Medical Center (14.5%), Memorial City Medical Center (17.6%), Surgical Hospital Kingwood (18.0%), and Texas Medical Center (18.1%) have lower percentages than Harris County (19.6%).

FIGURE 20: PERCENT AND POPULATION COUNT BY ETHNICITY: MEMORIAL HERMANN FACILITIES AND STATE

Service Area	Hispanic/ Latino (%)	Count	Non-Hispanic/Latino (%)	Count
Texas	48.3%	12,444,381	12.5%	18,220,958
Memorial Hermann Health System	**40.58%**	**2,775,472**	**59.42%**	**4,275,754**
Memorial Hermann - Texas Medical Center	39.36%	2,349,701	60.64%	3,425,037
Memorial Hermann Greater Heights Hospital	40.69%	573,645	59.31%	494,125
Memorial Hermann Katy Hospital	53.72%	353,345	46.28%	719,027
Memorial Hermann Memorial City Medical Center	32.95%	926,887	67.05%	1,518,052
Memorial Hermann Northeast Hospital	37.91%	352,499	62.09%	409,567
Memorial Hermann Rehabilitation Hospital - Katy	46.26%	353,345	53.74%	719,027
Memorial Hermann Southeast Hospital	32.95%	506,594	67.05%	597,516
Memorial Hermann Southwest Hospital	45.88%	596,017	54.12%	997,508
Memorial Hermann Sugar Land	37.40%	254,902	62.60%	624,558
Memorial Hermann Surgical Hospital First Colony	28.98%	1,037,311	71.02%	1,925,149
Memorial Hermann Surgical Hospital Kingwood	35.02%	250,841	64.98%	375,575
Memorial Hermann The Woodlands Medical Center	40.04%	404,246	59.96%	903,017
TIRR Memorial Hermann	30.92%	2,349,701	69.08%	3,425,037

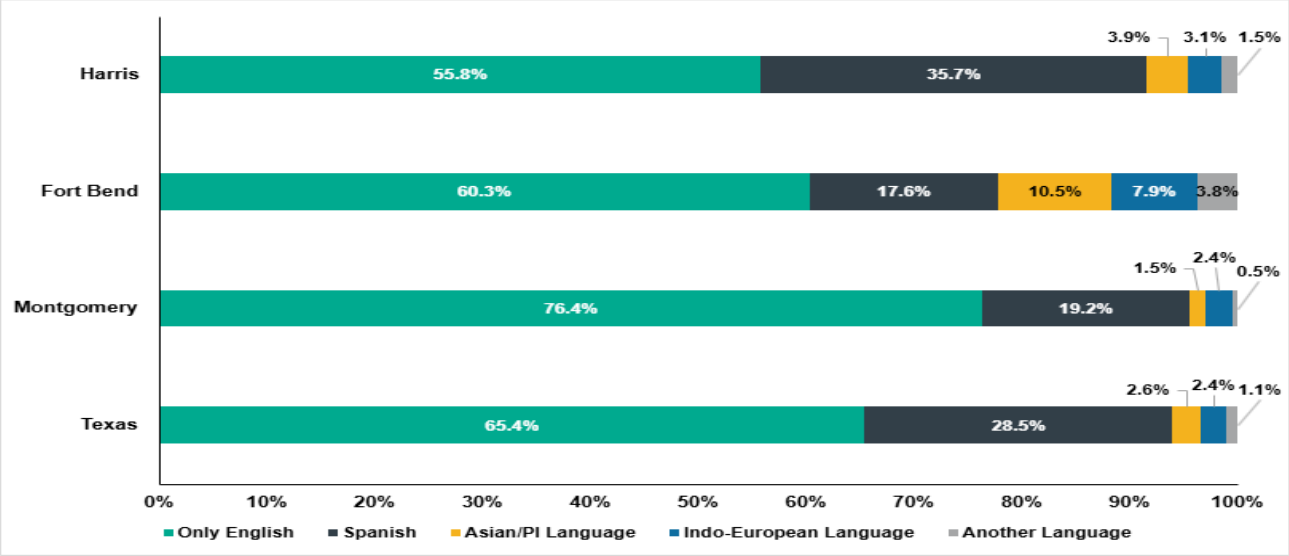
Source: MHHS facilities & State values from Claritas (2024)

Figure 20 shows the Hispanic makeup of communities served by MHHS facilities Memorial Hermann Sugar Land (29.0%), The Woodlands Medical Center (30.9%), and Katy Hospital (33.0%) have the lowest percentages of Hispanic/Latino residents compared to state value (40.6%) and Harris County (44.8%). Please see Appendix F, Table 3, and Table 4 for further details on county data.

Language and Immigration

Understanding countries of origin and difficulty in speaking language can help inform the cultural and linguistic context. Foreign born persons may face unique challenges depending on the length of time they have spent in the U.S. Foreign born persons who migrate later in life are potentially vulnerable due to limited English language proficiency, which can impact their ability to utilize health care and other social services. They may be more likely to reside in linguistically isolated households. According to the American Community Survey (2019-2023), 26.4% of residents in Harris County, 30.0% in Fort Bend County, and 14.7% in Montgomery County are born outside the U.S., which is higher than national value (13.9%) while the state value is 17.2%.

FIGURE 21. PERCENT POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME: COUNTIES, AND STATE



Source: County and State values taken from American Community Survey (2019-2023)

Households that are linguistically isolated may have difficulty accessing services that are available to fluent English speakers. The language barrier may prevent such households from receiving transportation, medical, and social services, as well as limiting employment and schooling opportunities. In cases of national or local emergency, linguistically isolated households may not receive important notifications.

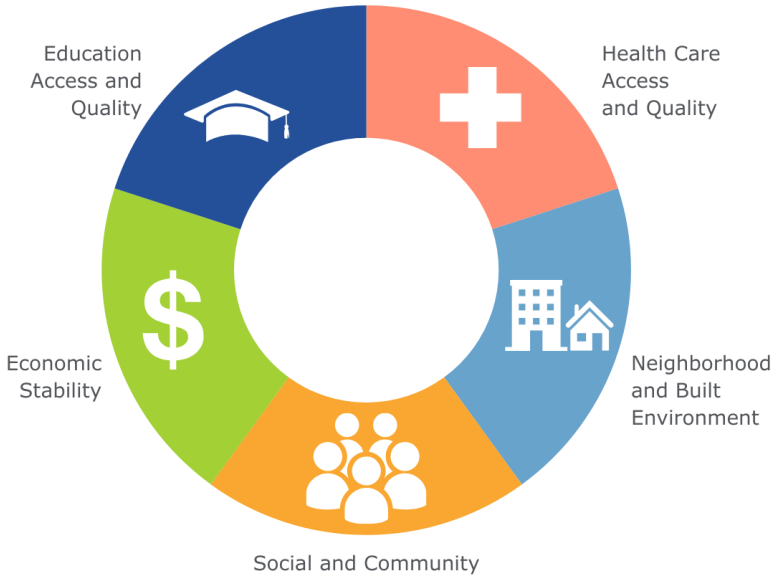
As shown in Figure 21, a significant portion of the population in Harris and Fort Bend counties speaks a language other than English at home. In Harris County, nearly 45% of residents speak a non-English language, with over one-third (35.7%) speaking Spanish, which is higher than the state value of 28.5%. Fort Bend County also has a diverse linguistic population, with nearly 40% of residents speaking a language other than English at home. Fort Bend County stands out for its high percentage of Asian or Pacific Islander language speakers (10.5%), nearly four times the state value (2.6%). In contrast, Montgomery County has a less linguistically diverse population, with more than three-quarters (76.4%) of residents speaking only English at home. For a detailed breakdown of languages spoken at home by zip code, please refer to Appendix F, Table 5.

Non-Medical Drivers of Health

This section explores the economic, environmental, and non-medical drivers of health impacting the MHHS MSA. Non-medical drivers of health (NMDOH) are the conditions in which people live, work, learn, and age that have a significant impact on overall health and quality of life. These factors—such as access to healthy food, educational opportunities, safe housing, economic stability, and transportation—often influence health outcomes as much as, or more than, clinical care.

The NMDOH can be grouped into five domains. Figure 22 shows the Healthy People 2030 NMDOH domains (Healthy People 2030, 2022).

FIGURE 22. HEALTHY PEOPLE 2030 NON-MEDICAL DRIVERS OF HEALTH DOMAINS



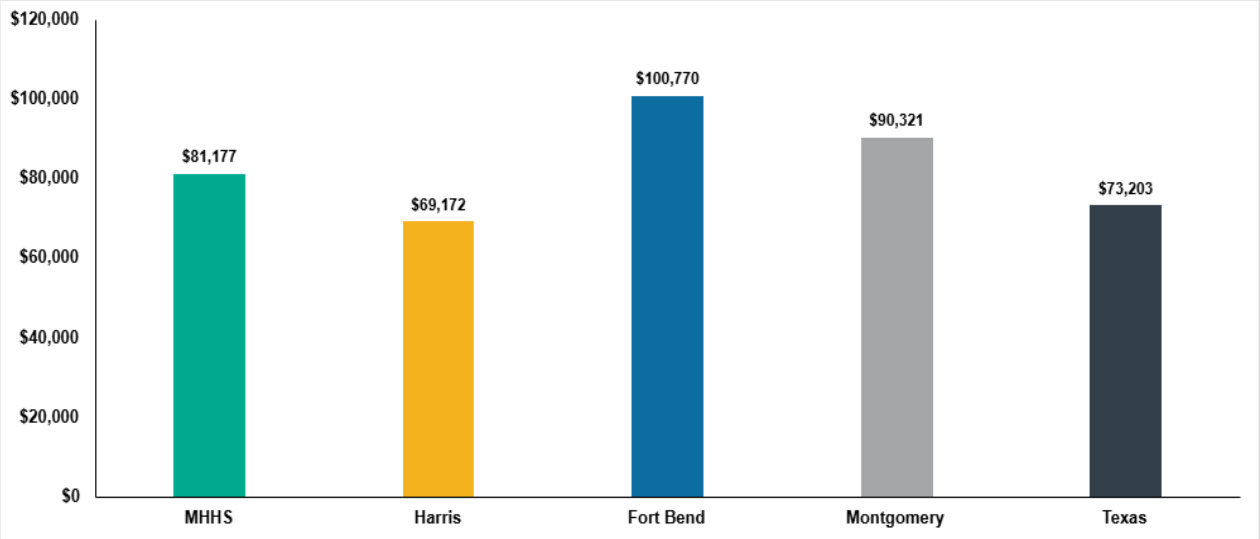
Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke.[3] Poor health can also contribute to reduced income by limiting one's ability to work.

Figure 23 provides the median household income in the service area, compared to counties and states. Residents in the MHHS MSA have a higher median household income ($81,177) than the state average ($73,203) and Harris County ($69,172), less than median household income in Fort Bend ($100,770) and Montgomery ($90,321) counties.

[3] JAMA: Association of Wealth with Longevity in US Adults Midlife (2021)

FIGURE 23. MEDIAN HOUSEHOLD INCOME: SERVICE AREA, COUNTIES, AND STATE



Source: MHHS, County, & State values from Claritas (2024)

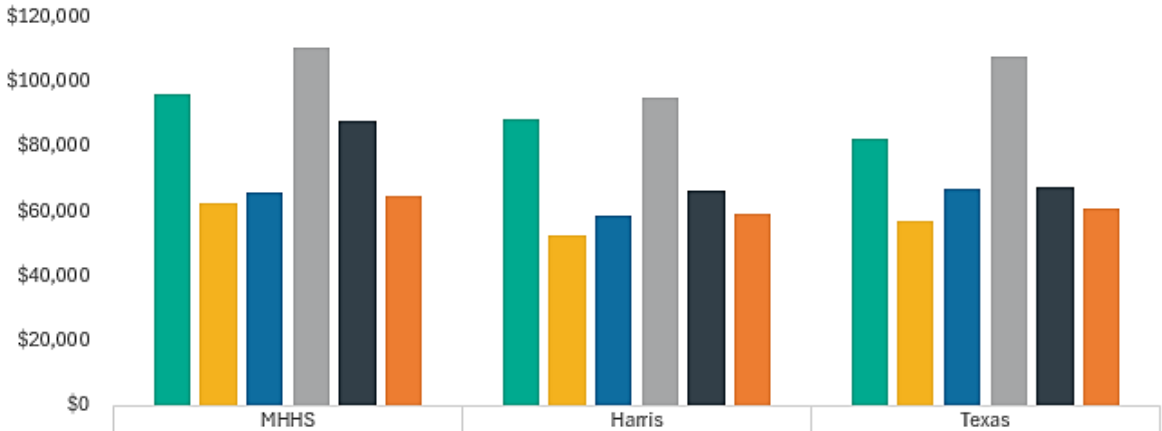
FIGURE 24: MEDIAN HOUSEHOLD INCOME: MEMORIAL HERMANN FACILITIES, COUNTIES, AND STATE

Service Areas	Median Household Income
Texas	$73,203
Memorial Hermann Health System	**$81,177**
Memorial Hermann - Texas Medical Center	$79,370
Memorial Hermann Greater Heights Hospital	$66,979
Memorial Hermann Katy Hospital	$96,535
Memorial Hermann Memorial City Medical Center	$84,010
Memorial Hermann Northeast Hospital	$76,354
Memorial Hermann Rehabilitation Hospital - Katy	$96,535
Memorial Hermann Southeast Hospital	$79,873
Memorial Hermann Southwest Hospital	$72,123
Memorial Hermann Sugar Land	$90,900
Memorial Hermann Surgical Hospital First Colony	$86,499
Memorial Hermann Surgical Hospital Kingwood	$84,652
Memorial Hermann The Woodlands Medical Center	$89,773
TIRR Memorial Hermann	$79,370

Source: MHHS facilities & State values from Claritas (2024)

Figure 24 shows that communities served by MHHS facilities have a median household income above the Texas ($73,203) and Harris County ($69,172) averages, except Memorial Hermann Southwest Hospital ($72,123) and Greater Heights Hospital ($66,979), respectively. See Appendix F and Table 6 for county-level data.

FIGURE 25. MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY: SERVICE AREA, HARRIS COUNTY AND STATE



	MHHS	Harris	Texas
White	$96,184	$88,699	$82,682
Black/African American	$62,573	$52,518	$56,807
American Indian/Alaskan Native	$65,758	$58,468	$66,704
Asian	$110,444	$94,980	$108,137
Native Hawaiian/Pacific Islander	$87,888	$66,427	$67,601
Hispanic/Latino	$64,944	$59,398	$60,794

Source: MHHS, County, & State values from Claritas (2024)

As shown in Figure 25, income disparities by race and ethnicity are evident across the MHHS MSA. Black/African American and Hispanic/Latino households have lower median incomes ($62,573 and $64,944) compared to the overall MHHS median of $81,177, though still higher than the same groups in Harris County and Texas. In contrast, White and Asian households in the MHHS area report significantly higher incomes ($96,184 and $110,444), exceeding county and state averages for these groups. Appendix F, Table 7 has a breakdown of Median Household Income less than Harris County ($69,172) by zip code.

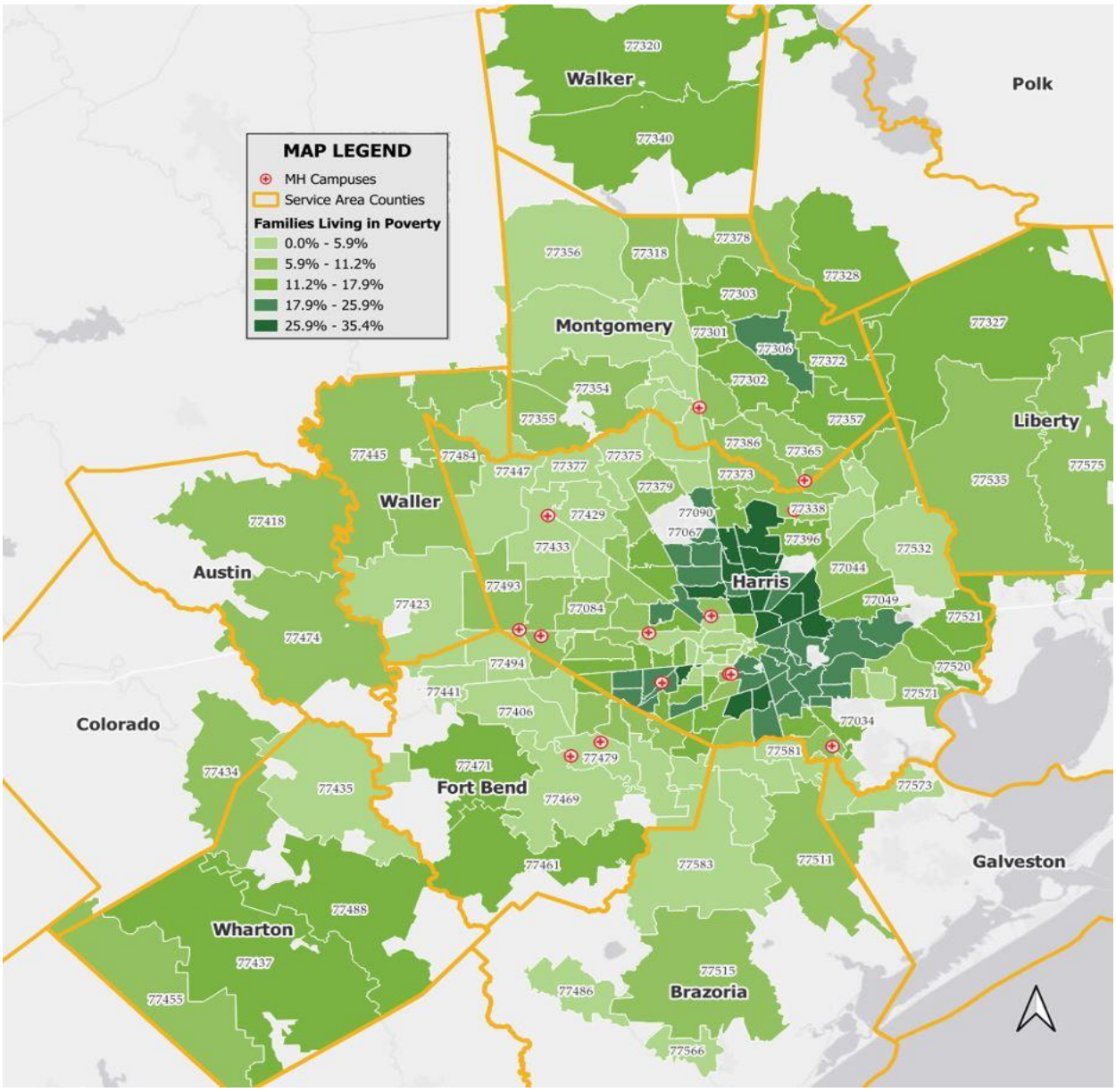
Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and age of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[4]

Overall, 11.09% of families in the MHHS MSA live below the poverty level, which is similar to the state value of 11%, but higher than the national value of 8.7%. The map in Figure 19 shows the percentage of families living below the poverty level by zip code. The darker green colors represent a higher percentage of families living below the poverty level.

[4] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

FIGURE 26: PERCENT OF FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE



Source: Zip code values from Claritas (2024)

Figure 27 shows a lower percentage of families in the MHHS service area living below the poverty level compared to the state value (11%). However, Memorial Hermann–Texas Medical Center (11.6%), Memorial Hermann Northeast (13.0%), Memorial Hermann Southwest (11.8%), and TIRR Memorial Hermann (11.6%) service areas are slightly above the state rate. Memorial Hermann Greater Heights service area has the highest rate at 18.3%, well above both the state and Harris County (13.4%) values. Data by zip code and counties are shown in Appendix F, Table 8, and Table 9, respectively.

Figure 27: Families Living Below Poverty Level: Memorial Hermann Facilities and State

Service Areas	Families	Percent
Texas	856,273	11.0%
Memorial Hermann Health System	**196,876**	**11.1%**
Memorial Hermann - Texas Medical Center	166,508	11.6%
Memorial Hermann Greater Heights Hospital	46,625	18.3%
Memorial Hermann Katy Hospital	18,823	6.9%
Memorial Hermann Memorial City Medical Center	61,582	10.0%
Memorial Hermann Northeast Hospital	24,721	13.0%
Memorial Hermann Rehabilitation Hospital - Katy	18,823	6.9%
Memorial Hermann Southeast Hospital	30,425	10.8%
Memorial Hermann Southwest Hospital	46,824	11.8%
Memorial Hermann Sugar Land	16,967	7.4%
Memorial Hermann Surgical Hospital First Colony	67,301	8.9%
Memorial Hermann Surgical Hospital Kingwood	14,601	9.2%
Memorial Hermann The Woodlands Medical Center	28,664	8.4%
TIRR Memorial Hermann	166,508	11.6%

Source: MHHS, County, & State values from Claritas (2024)

Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.[5]

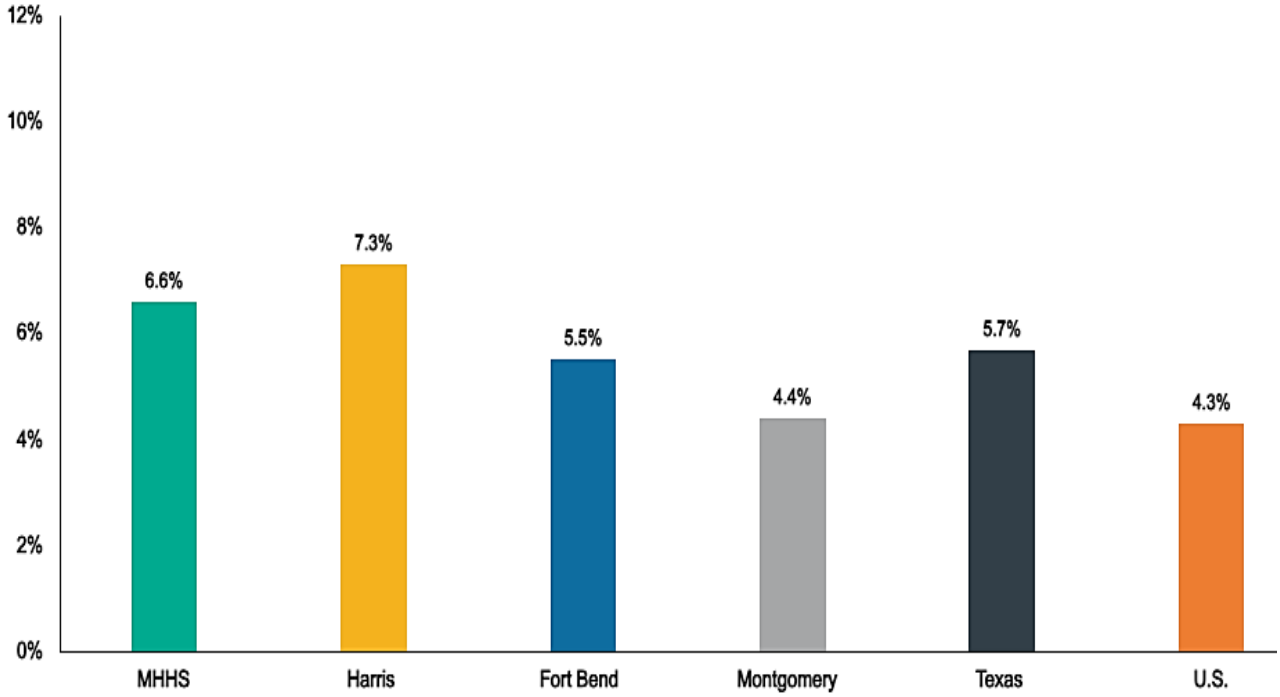
Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment. Types of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poor health.[6]

Figure 28 shows the population aged 16 and over who are unemployed. The unemployment rate across the MHHS MSA is 6.6%, which is higher than both the state-wide and nation-wide unemployment rates (5.7% and 4.3%, respectively) but lower than the rate in Harris County (7.3%). Figure 29 shows the unemployment rate of disparity by zip code.

[5] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

[6] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

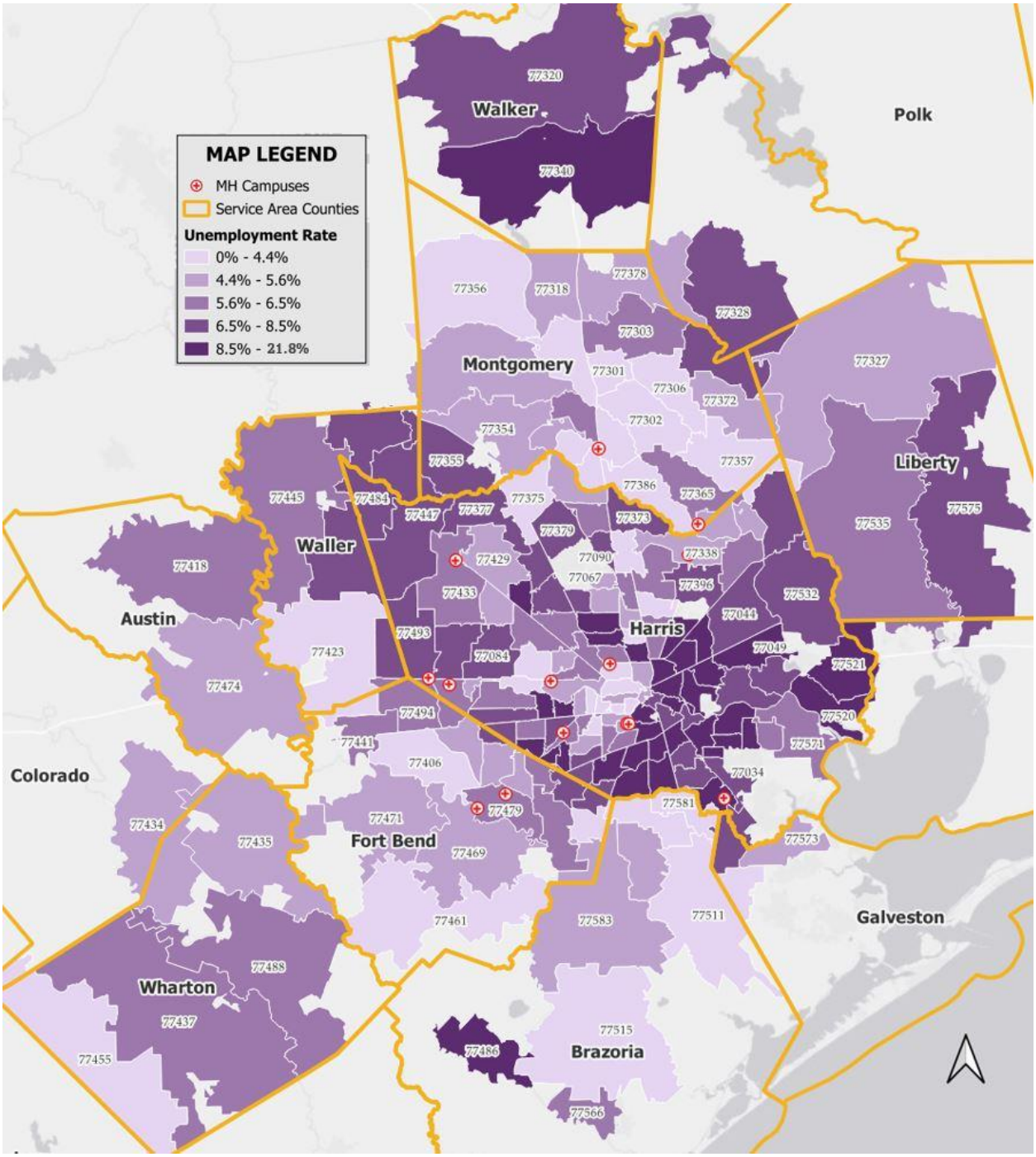
Figure 28: Population 16+ Unemployed: Service Area, Counties, State, and U.S.



Source: MHHS facilities & State values from Claritas (2024) U.S vale from American Community Survey (2018-2022)

Source: MSA, County, & State values from Claritas (2024) U.S vale from American Community Survey (2018-2022)

Figure 29: Population 16+ Unemployed: Zip Code



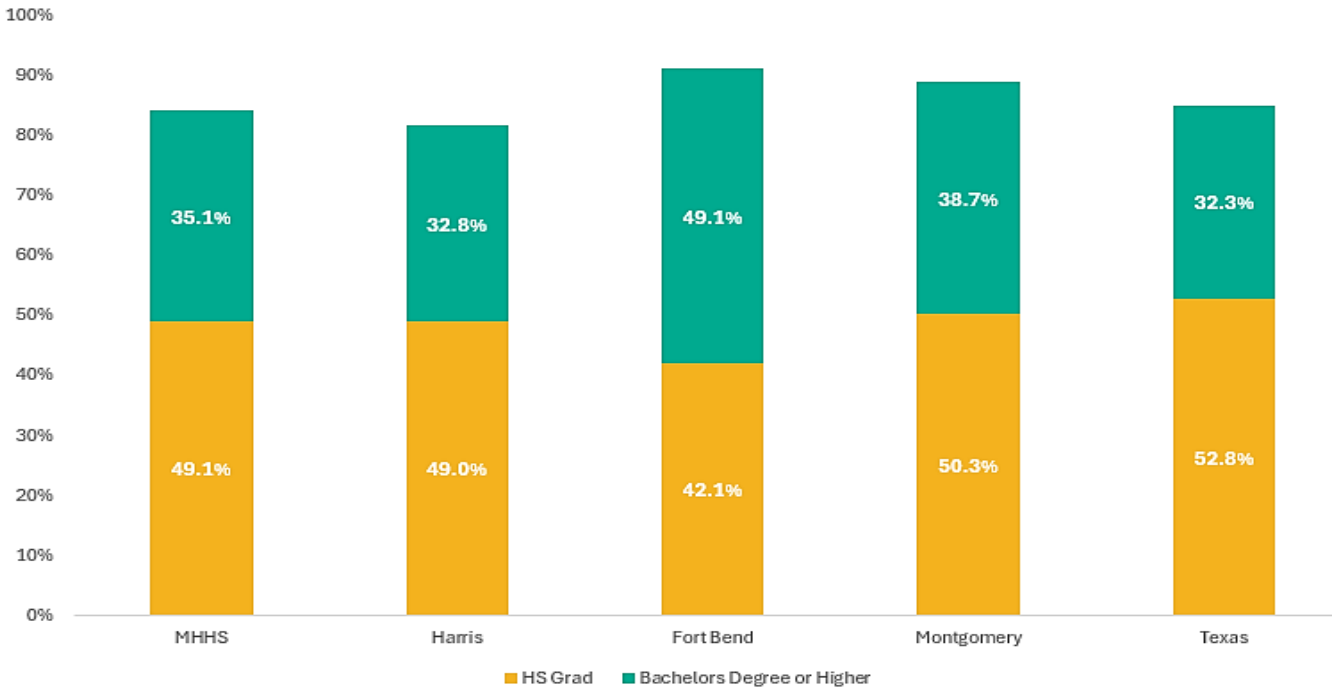
Source: Zip code values from Claritas (2024)

Education

Education is an important indicator for health and wellbeing 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. A high school diploma is a requirement for many employment opportunities, and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty. [7] Further, people with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors. [8]

Figure 30 shows the highest level of educational attainment among adults aged 25 and older across the MHHS MSA. About half (49.1%) are high school graduates, which is slightly less than the Texas average (52.8%). Around 1 in 3 (35.1%) have a bachelor's degree or higher, which is more than the state average (32.3%) and close to the rate in Harris County (32.8%).

FIGURE 30: POPULATION BY HIGHEST LEVEL EDUCATIONAL ATTAINMENT, AGE 25+ (HIGH SCHOOL GRAD AND BACHELOR'S DEGREE OR HIGHER): SERVICE AREA, COUNTIES, AND STATE

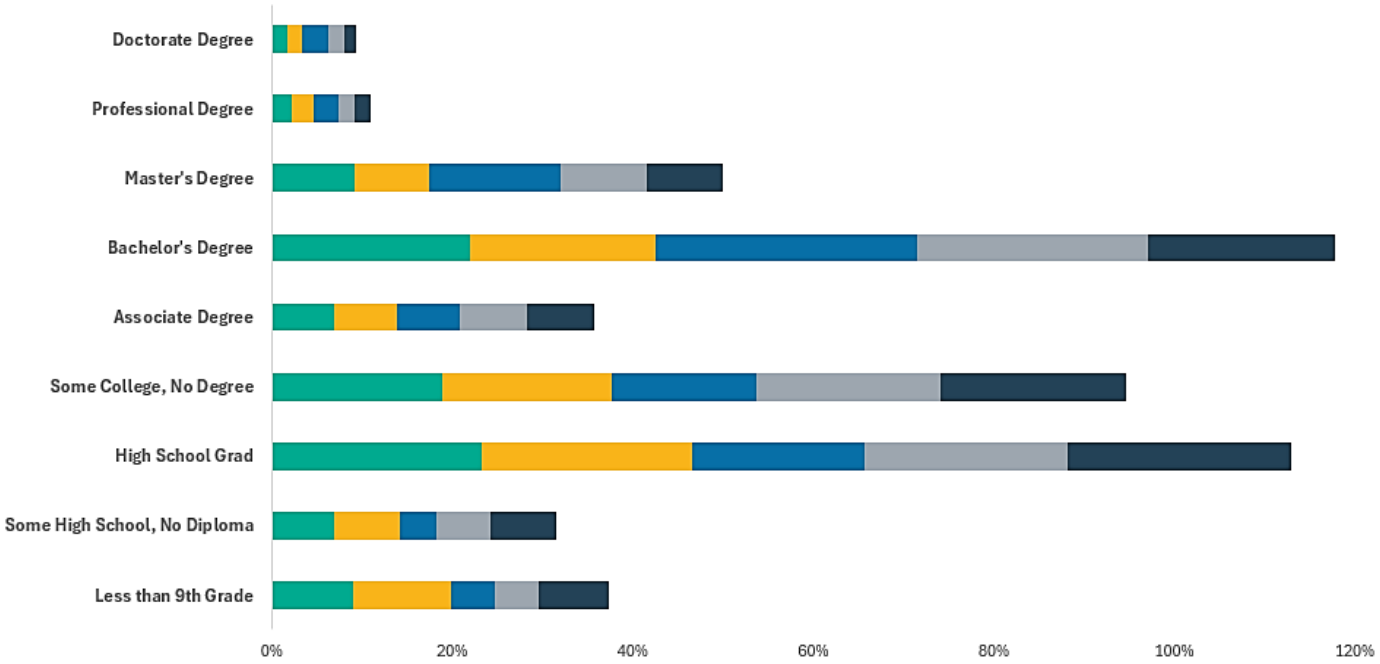


Source: MHHS, County, & State values from Claritas (2024)

[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

[8] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/educationmatters-for-health.html

FIGURE 31: POPULATION BY EDUCATIONAL ATTAINMENT, AGE 25+: SERVICE AREA, COUNTIES, AND STATE



	Less than 9th Grade	Some High School, No Diploma	High School Grad	Some College, No Degree	Associate Degree	Bachelor's Degree	Master's Degree	Professional Degree	Doctorate Degree
MHHS	9.0%	6.8%	23.2%	18.9%	7.0%	22.0%	9.1%	2.3%	1.8%
Harris	10.8%	7.4%	23.4%	18.7%	6.9%	20.6%	8.3%	2.4%	1.6%
Fort Bend	4.9%	4.0%	19.1%	16.1%	6.9%	29.0%	14.6%	2.7%	2.8%
Montgomery	4.9%	6.1%	22.5%	20.3%	7.5%	25.6%	9.5%	1.8%	1.8%
Texas	7.7%	7.3%	24.8%	20.5%	7.5%	20.8%	8.4%	1.8%	1.3%

Source: MHHS, County, & State values from Claritas (2024)

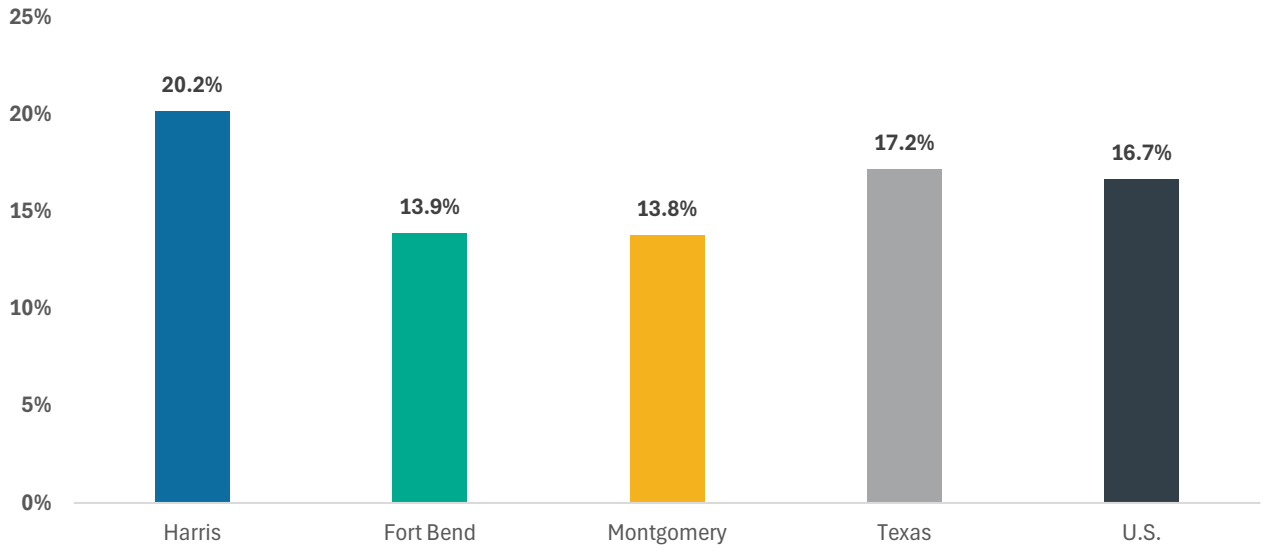
Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.[9]

As shown in Figure 32, 1 in 5 households in Harris County (20.2%) have severe housing problems, indicating that they have at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. This is higher than both statewide and nationwide rates (17.2% and 16.7%, respectively). Fort Bend (13.9%) and Montgomery Counties (13.8%) have lower rates of severe housing problems.

[9] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

FIGURE 32: HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS: COUNTIES, STATE, AND U.S.



Source: County, State, and U.S. values taken from County Health Rankings (2016-2020)

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[10]

FIGURE 33: RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT GREATER THAN HARRIS COUNTY (51.9%): ZIP CODE

Zip Code	Percent	Zip Code	Percent	Zip Code	Percent	Zip Code	Percent
77028	75.9%	**77502**	61.9%	**77082**	56.5%	**77565**	64.1%
77476	75.0%	**77547**	61.7%	**77587**	56.5%	**77066**	63.4%
77336	73.9%	**77340**	61.3%	**77061**	56.4%	**77578**	63.3%
77038	73.1%	**77072**	61.1%	**77055**	56.2%	**77031**	63.1%
77051	72.8%	**77014**	61.0%	**77551**	55.9%	**77563**	62.6%
77032	72.3%	**77029**	60.9%	**77301**	55.6%	**77414**	62.3%
77059	72.1%	**77060**	60.8%	**77022**	55.5%	**77073**	62.1%
77466	71.9%	**77099**	60.8%	**77070**	55.4%	**77020**	57.5%
77446	70.5%	**77422**	60.0%	**77550**	55.3%	**77377**	57.4%
77444	70.0%	**77067**	59.8%	**77021**	55.1%	**77080**	57.1%
77048	69.7%	**77018**	59.6%	**77449**	55.1%	**77092**	57.0%
77033	69.3%	**77043**	59.6%	**77533**	54.4%	**77040**	56.9%
77088	68.8%	**77407**	59.6%	**77590**	54.1%	**77474**	56.7%
77489	68.1%	**77013**	59.0%	**77023**	53.8%	**77536**	56.6%
77078	67.6%	**77541**	59.0%	**77042**	53.8%	**77054**	52.6%
77076	67.5%	**77049**	58.9%	**77089**	53.8%	**77071**	52.6%
77086	67.0%	**77083**	58.9%	**77459**	53.8%	**77063**	52.5%
77575	67.0%	**77016**	58.8%	**77584**	53.7%	**77338**	52.4%
77093	66.8%	**77498**	58.8%	**77017**	53.3%	**77493**	52.1%

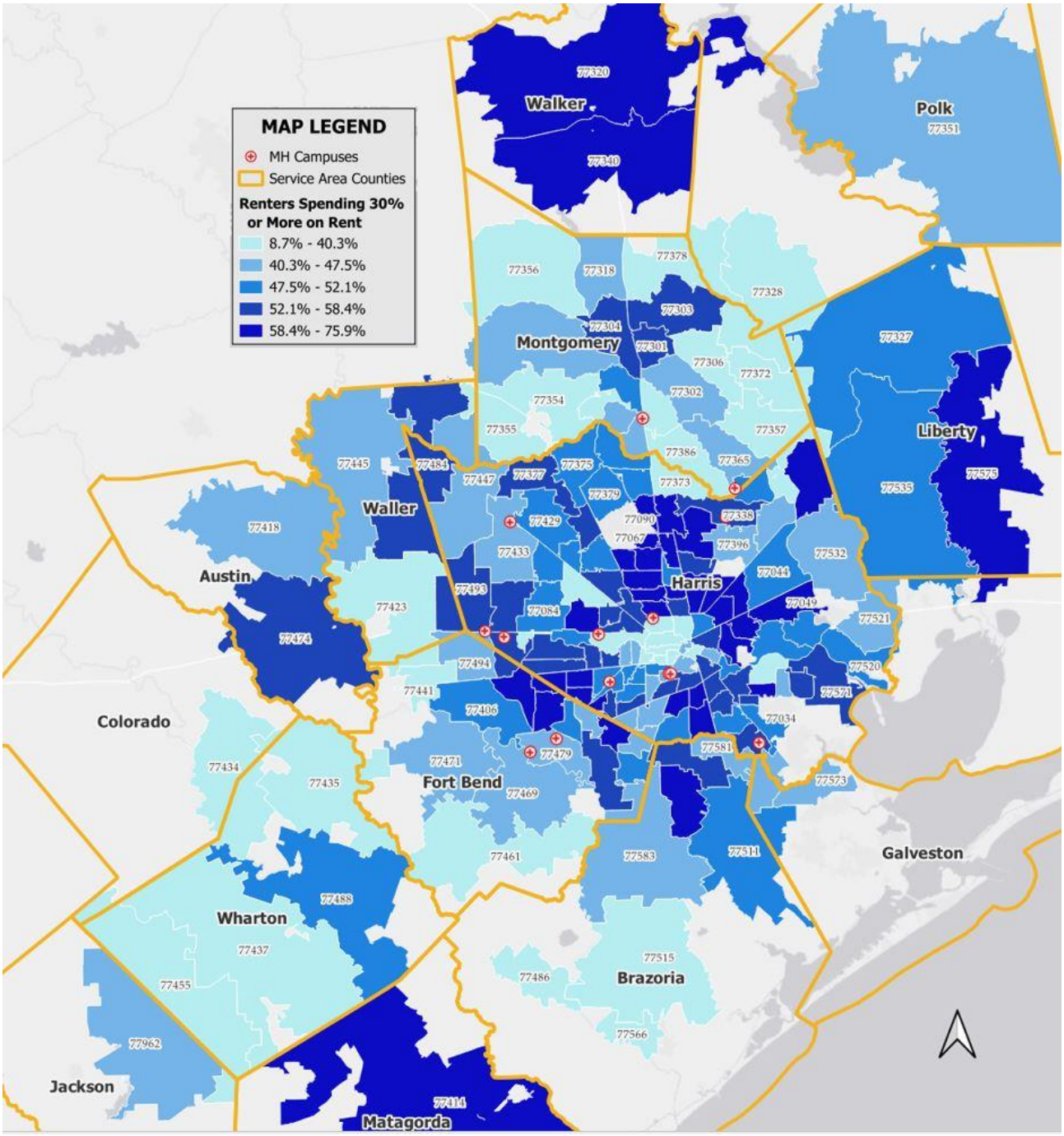
[10] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

77320	66.4%	**77039**	58.1%	**77077**	53.1%	**77026**	52.0%
77091	66.0%	**77087**	58.1%	**77484**	53.0%	**77069**	64.6%
77090	65.9%	**77450**	58.0%	**77035**	52.9%	**77304**	57.6%
77568	65.6%	**77303**	57.9%	**77504**	52.8%	**77571**	52.7%

Source: Zip code values from American Community Survey (2018-2022)

Figures 33 and 34 show the percentage of renters who are spending 30% or more of their household income on rent.

FIGURE 34: RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT: ZIP CODE



Source: Zip code values from American Community Survey (2018-2022)

Neighborhood and Built Environment

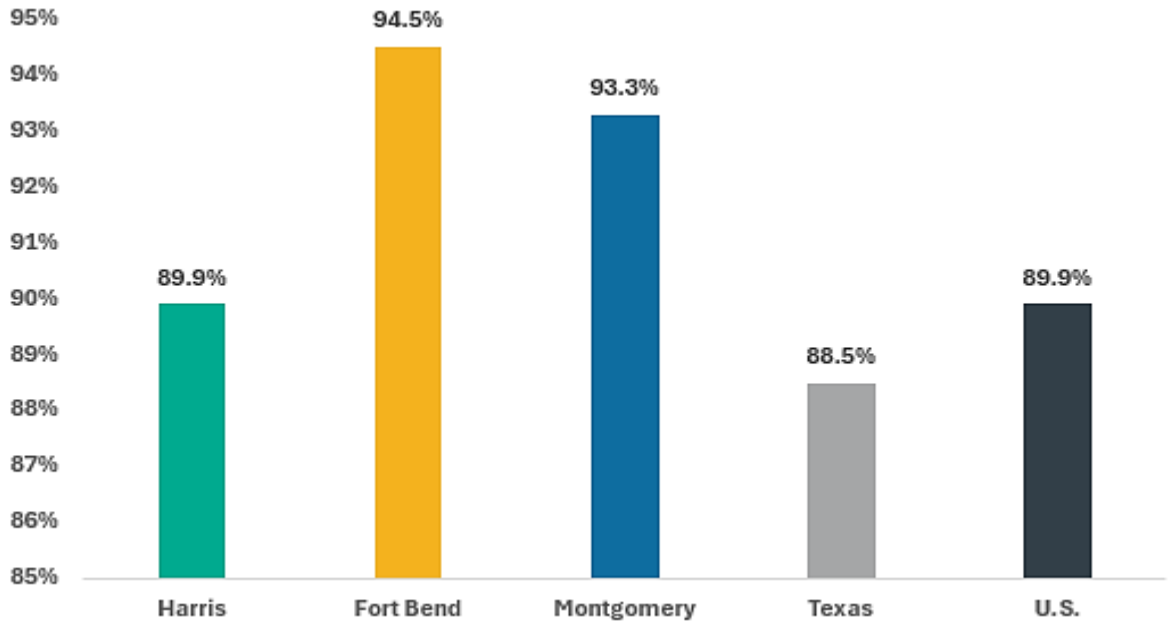
The neighborhood and built environment play a critical role in shaping health outcomes by influencing the conditions in which people live, work and move This domain includes access to transportation options, quality infrastructure, walkability, availability of greens space and even access to internet services.

For example, internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services, especially during the Covid-19 pandemic placing isolation and social distancing laws in place.[11]

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities. **Error! Bookmark not defined.**

Figure 35 shows the percentage of Households with Internet Subscription. Fort Bend (94.5%) and Montgomery (93.3%) have more households with internet compared to Texas (88.5%) and the U.S. (89.9%). Harris County (89.9%) is about the same as the national value. Appendix F, Table 12 has a breakdown by zip code.

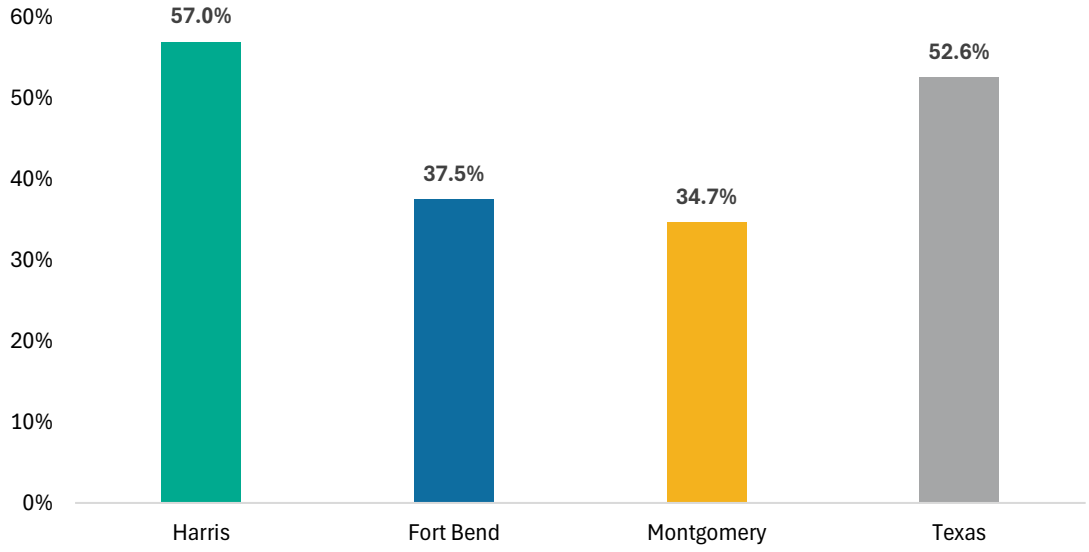
FIGURE 35: HOUSEHOLDS WITH INTERNET SUBSCRIPTION: COUNTIES, STATE, AND U.S.



Source: County, State, and U.S. **U.S.** values from American Community Survey (2018-2022)

[11] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

FIGURE 36: ACCESS TO PARKS: COUNTIES AND STATE



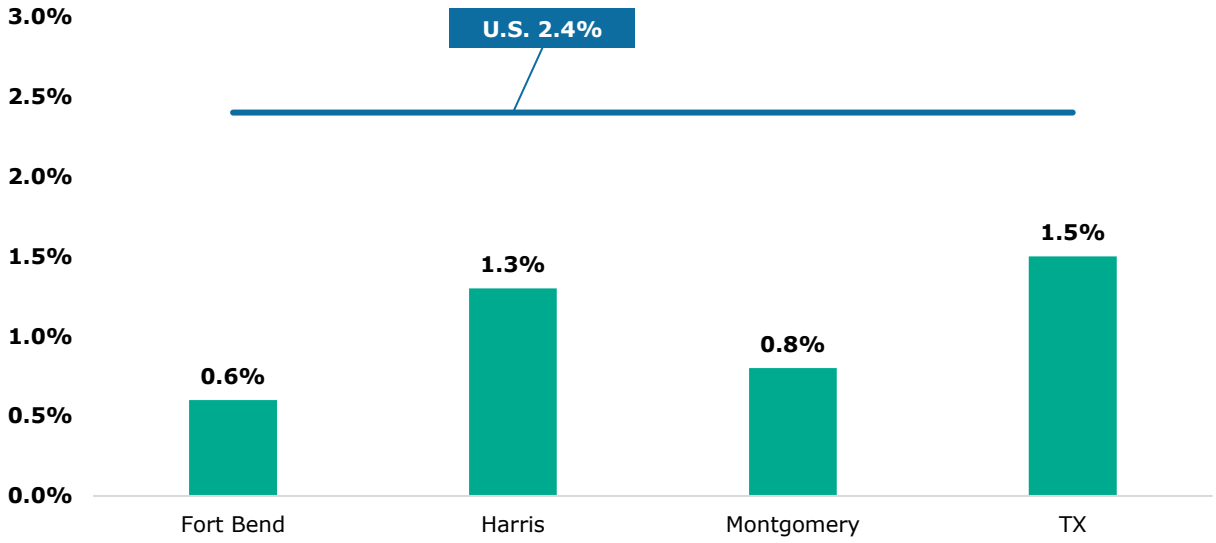
Source: County And State values from National Environmental Public Health Tracking Network (2020)

Figure 36 shows the percentage of residents with access to parks. Harris County (57.0%) has a higher share of residents with park access compared to Texas overall (52.6%). In contrast, Fort Bend (37.5%) and Montgomery (34.7%) have significantly lower access than both the state and Harris County.

Other ways the built environment can impact health include the ability for people to navigate their community. Communities with well-maintained sidewalks, parks, and public transit systems support physical activity and access to services, while neighborhoods facing disinvestment may experience increased risk of chronic disease, injury, and social isolation. Addressing the built environment is essential to advancing health equity and ensuring that all residents have the opportunity to live in safe, supportive, and health-promoting neighborhoods.

Walking to work is a beneficial way to include exercise in a daily routine. However, the percentage of Workers who Walk to Work in Fort Bend (0.6%), Harris (1.3%), and Montgomery (0.8%) Counties is significantly lower than the state (1.5%) and national (2.4%) averages. This places all three Counties in the worse half of counties across Texas and the U.S. Furthermore, Harris County is showing a statistically significant decreasing trend over time in the percent of Workers who Walk to Work. This can be due to the geographic span of Greater Houston in which the need for transportation to commute is significant. Living in non-walkable communities can have an impact on health and even economic opportunity. Without the ability to walk to work coupled with inability to own a vehicle, barriers to living a healthy life grow exponentially.

FIGURE 37. WORKERS WHO WALK TO WORK



Source: County and State values from American Community Survey (2018-2022)

2025 Community Health Priorities

This section outlines the key community health priorities identified for 2025, based on a comprehensive analysis of both primary and secondary data sources. Each priority area reflects a convergence of community input, expert insight, and data-driven indicators of concern.

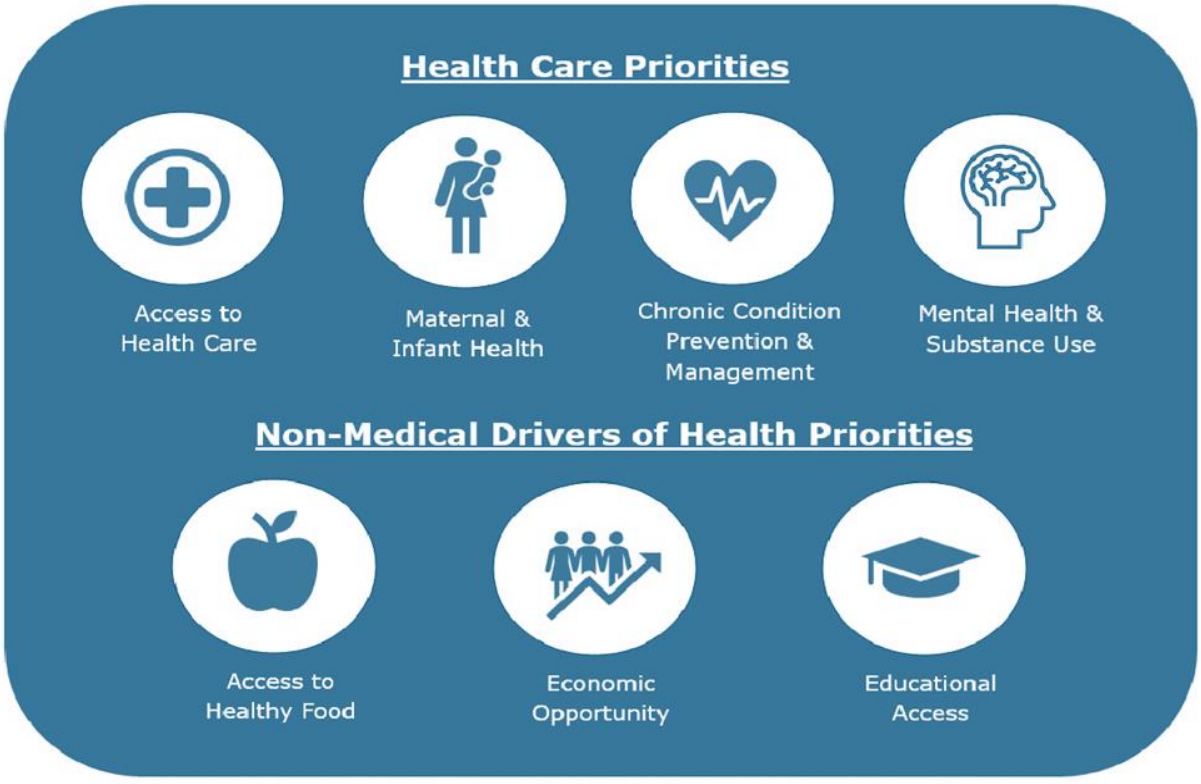
Community health needs were prioritized using the following criteria:

- **Secondary Data:** Health indicators with a score of 1.50 or higher were flagged as areas of significant concern.
- **Key Informant Interviews (KIIs):** Health issues that were frequently mentioned across interviews were considered a high priority.
- **Community Survey:** Topics identified as a priority by 20% or more of survey respondents were included.

Each identified priority includes key themes from community feedback and supporting data trends. These findings were used to guide the development of focus group presentations and inform the prioritization process with community stakeholders.

For a detailed breakdown of the data scoring and warning indicators categorized by topic, refer to Appendix A: Data Scoring Tables.

FIGURE 38. COMMUNITY HEALTH PRIORITIES



HEALTH CARE PRIORITY - Access to Health care

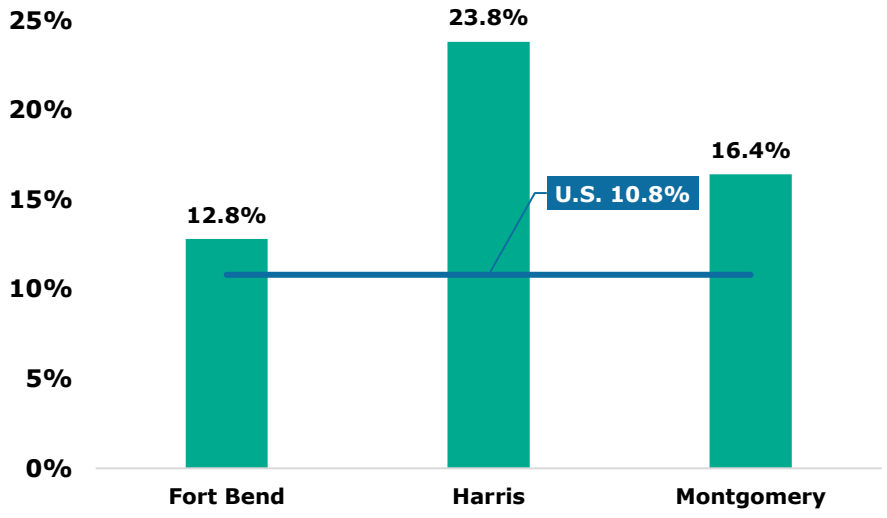
Access to affordable, timely, and culturally competent health care remains a significant concern for many residents. Barriers such as lack of insurance, transportation challenges, language differences, and limited provider availability were frequently cited in community surveys and interviews. These obstacles disproportionately affect vulnerable populations, including low-income families, immigrants, and rural communities. Addressing access to care is essential to improving health outcomes and reducing disparities across the region.

Secondary Data

From the secondary data scoring results weighted for MHHS MSA, Health Care Access & Quality had the 6th data score of all topic areas, with a score of 1.54. Further analysis was done at the county level to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are graphed below. See Appendix A for the list of indicators categorized within this topic.

Access to health care is a major concern in Fort Bend, Harris, and Montgomery counties. Several indicators show that these counties are struggling more than others in Texas and across the country. Adults without Health Insurance, Children with Health Insurance, Adults who have had a Routine Checkup, Preventable Hospital Stays: Medicare, Primary Care Provider Rate, and Non-Physician Primary Care Provider Rate are top areas of concern related to Health Care Access and Quality in these counties.

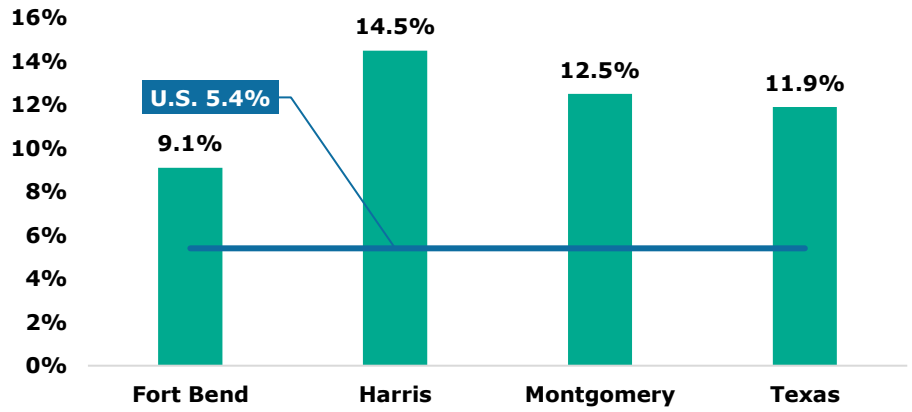
FIGURE 39. ADULTS WITHOUT HEALTH INSURANCE



Source: County, State, and U.S. values from CDC-Places (2022)

The percentage of Adults without Health Insurance is higher in Fort Bend, Harris, and Montgomery Counties than the national average (10.8%). Adults in Harris County are more than twice as likely to be uninsured than the average U.S. adult.

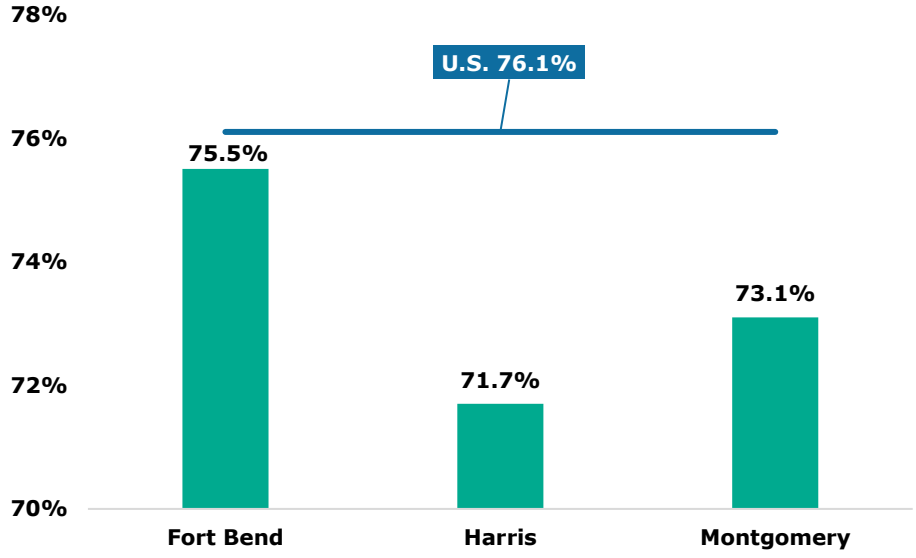
FIGURE 40. CHILDREN (UNDER18) WITHOUT HEALTH INSURANCE



Source: County, State, and U.S. values from American Community Survey 1-year (2023)

Harris County has a particularly high rate of uninsured children (14.5%). Texas, broadly, has twice the uninsured rate for children than that of the U.S. (11.9% vs. 5.4%). Within Harris County, specifically, Hispanic/Latino (20%) and American Indian/Alaska Native (24%) children were more likely to be uninsured than the overall county population (14.5%).

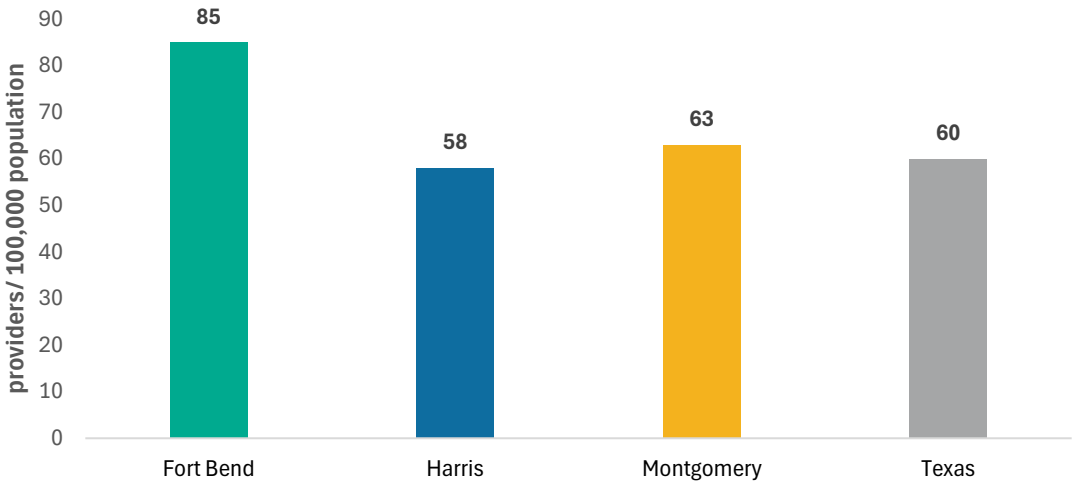
FIGURE 41. ADULTS WHO HAVE HAD A ROUTINE CHECKUP



Source: County, State, and U.S. values from CDC-Places (2022)

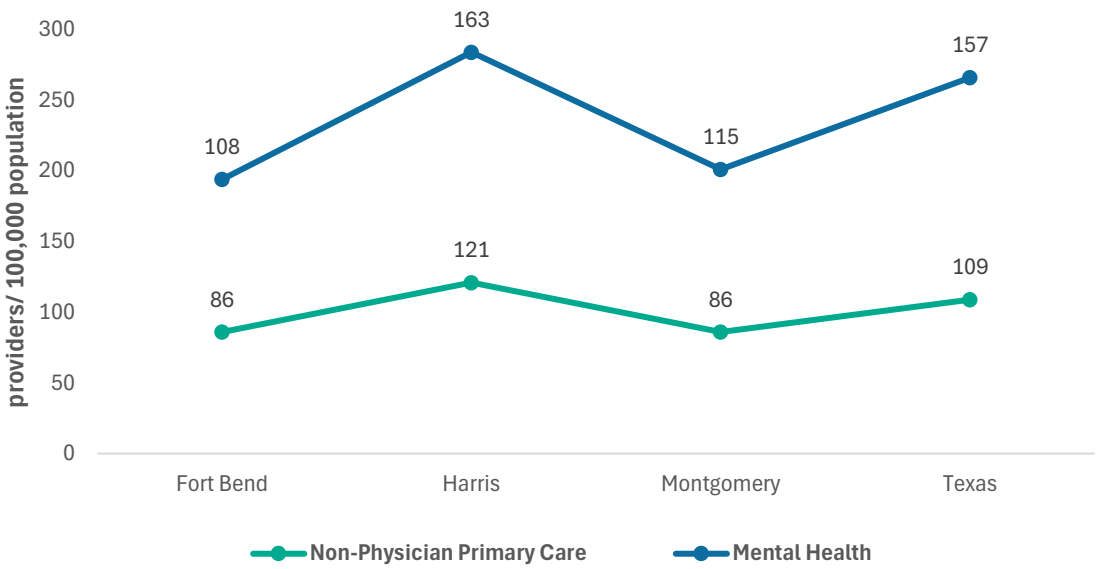
Because of high medical costs in the U.S., individuals without insurance often delay or skip care, including routine checkups and screenings. As a result, the percentage of Adults who have had a Routine Checkup in the past year is lower in Harris and Montgomery Counties, ranking both in the worst 25% of counties nationally.

Figure 42. Primary Care Provider Rate



Source: County and State values from County Health Rankings (2021)

Figure 43. Provider Rate



Source: County and State values from County Health Rankings (2023)

Figure 42 shows Harris County has a lower Primary Care Provider Rate than the state. While the number of physicians is not keeping pace with population growth, the increasing number of Non-Physician Primary Care Providers, also known as advanced practice providers (APP), are helping to ease the shortage in access to primary care. In Figure 43 Fort Bend and Montgomery Counties report lower-than-average Non-Physician Primary Care Provider Rates compared to Texas. However, due to focused efforts in recent years, Fort Bend and Montgomery Counties have seen a statistically significant increase in these rates over time. Harris County and Texas state have relatively higher rates of Mental Health Providers compared to Fort Bend and Montgomery. The lower availability of mental health providers, along with other factors discussed in the Mental Health & Substance Abuse section of this report, may contribute to ongoing challenges in accessing and receiving behavioral health services across all three counties.

Key Informant & Community Survey Insights for Access to Health Care

Barriers & Challenges to Care

The Key informant interviews (KII) highlighted significant challenges in accessing affordable, equitable, and culturally competent health care, particularly for marginalized and underserved communities. From the KII perspective, barriers include:

- Transportation difficulties thus limiting access to routine and specialist care.
- Limited availability of health care resources, including access to dialysis in certain areas.
- Language and communication challenges, particularly among immigrants, undocumented individuals, and non-English speakers.
- Distrust of health care providers and government institutions, preventing engagement with services.
- Non-medical drivers of health, including food insecurity, housing instability, and lack of community resources, exacerbating health disparities.

Additional concerns by Key Informants include:

- Limited access to mental health services, compounded by cultural stigma.
- Challenges in pregnancy care, especially for individuals with obesity after 21 weeks.
- Emergency service shortages, with ambulances transporting patients outside county lines, reducing availability for local emergencies.
- Difficulty finding doctors who accept Medicare, leaving many patients without care options.

Populations Most Impacted Per Key Informants:

- Rural and low-income communities—particularly Hispanic and Black populations—struggle to access affordable and equitable health care.
- Communities with limited transportation options
- Communities with underfunded schools
- Marginalized groups (immigrants, undocumented individuals, and non-English speakers) face compounded barriers due to language barriers, systemic distrust, and difficulty navigating health care systems.
- Communities that fear government institutions which can prevent some from seeking necessary care, leading to unmanaged health conditions.
- Health care providers who lack cultural competency and representation of communities served can reinforce disparities in care access.

Community Survey Findings on Health Care Access

The Community Survey findings revealed that access to care consistently ranks as a top health concern in the community. From the MHHS survey conducted:

- 35% of respondents identified access to health care as the most critical missing factor for a healthy community.
- 21% reported not having a primary care provider, citing affordability as the primary barrier.
- 18% visited the emergency room in the past 12 months for non-emergent needs, with the top reasons being:
    - 21%—Unable to get an appointment with a primary care provider.
    - 26%—Other reasons, such as the emergency room being the quickest option for pain or injury when appointments are unavailable.

See Figure 44 and Figure 38 for a detailed breakdown of barriers to health care access identified in the community survey.

FIGURE 44. REASONS SURVEY RESPONDENTS DO NOT HAVE A PRIMARY CARE PROVIDER

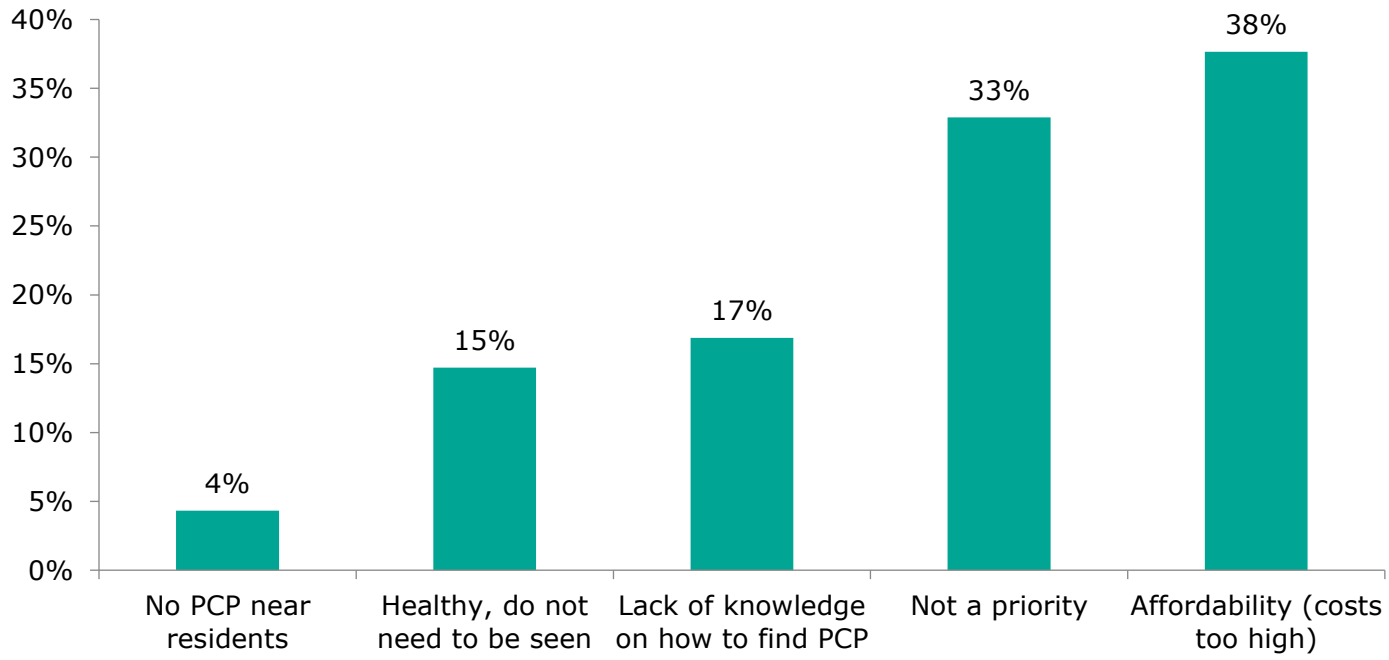


FIGURE 45. REASONS SURVEY RESPONDENTS VISITED THE EMERGENCY ROOM

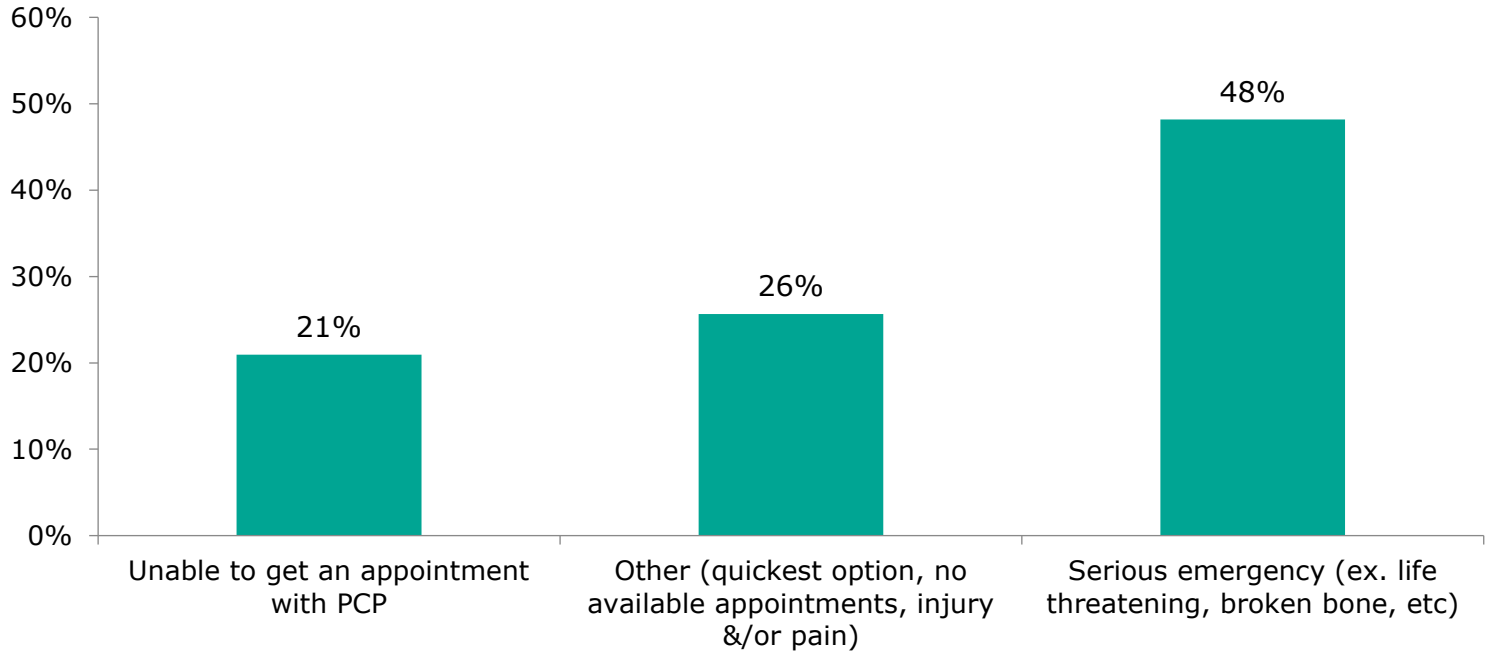


FIGURE 46:NOTABLE QUOTES FROM KEY INFORM INTERVIEWS

> *Navigating the health system is complex. There's a lack of education on how and where to access right level of care at the right time.*
>
> ***-Community Member-***

> *Transportation system is not like Houston metro there's no designated stops or phone number. It could take a full day to go to doctors' offices .*
>
> ***-Community Member-***

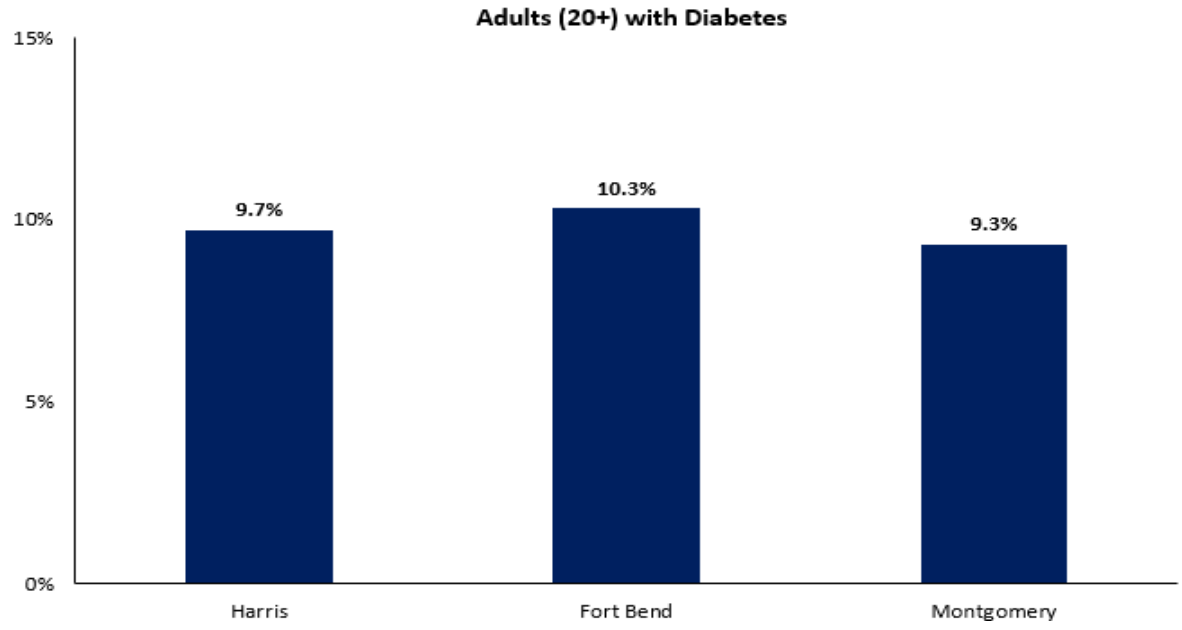
HEALTH CARE PRIORITY - Chronic Condition Prevention & Management

Chronic condition prevention and management is critical component of improving health, as the long-term illnesses are among the leading causes of death and disability. Conditions such as diabetes, hypertension, heart disease, and obesity often require consistent care, lifestyle support and early intervention to prevent complications. High cholesterol, a key risk factor, is closely linked to many of these conditions and can significantly increase the likelihood of heart disease and stroke if unaddressed. By focusing on prevention and effective management, MHHS can reduce burden of chronic disease. Strengthening chronic disease education, expanding screening programs, and promoting healthy lifestyle initiatives are key to addressing this ongoing public health challenge.

Secondary Data

From the secondary data scoring results, different topics were utilized such as Diabetes, Heart Disease and Stroke, and Physical Activities to develop charts for Chronic Disease. Further analysis was done at county level to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are graphed below. See Appendix A for the list of indicators categorized within this topic. Chronic Health conditions remain a significant concern across Fort Bend, Harris, and Montgomery Counties, with multiple indicators pointing to poor outcomes and rising trends in key areas such as Diabetes, Obesity, High Cholesterol, and Hypertension.

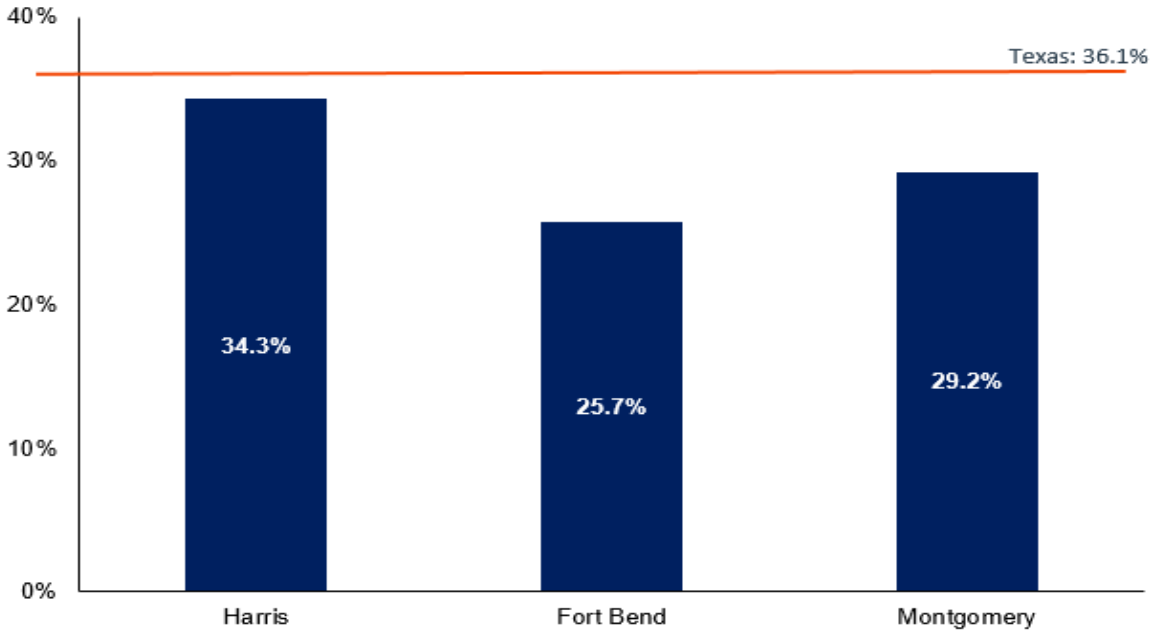
FIGURE 47. ADULTS 20+ WITH DIABETES, ADULTS 20+ WITH DIABETES



Source: County and State. values from CDC-Places (2021)

About 1 in 10 adults in Harris, Fort Bend, and Montgomery counties have diabetes. Figure 47 highlights that in Fort Bend (10.3%) and Montgomery (9.3%), the percentage of adults aged 20 and older with diabetes has been going up over time, and the increase is statistically significant. At the same time, Harris County is seeing a similar significant rise in adult obesity. Currently, more than 1 in 3 adults in Harris County (34.3%) are obese. Harris County also has one of the highest obesity rates among all Texas counties (36.1%). These rising trends place all three counties in the bottom 25% statewide for both adult diabetes and obesity rates.

FIGURE 48. ADULTS LIVING WITH OBESITY

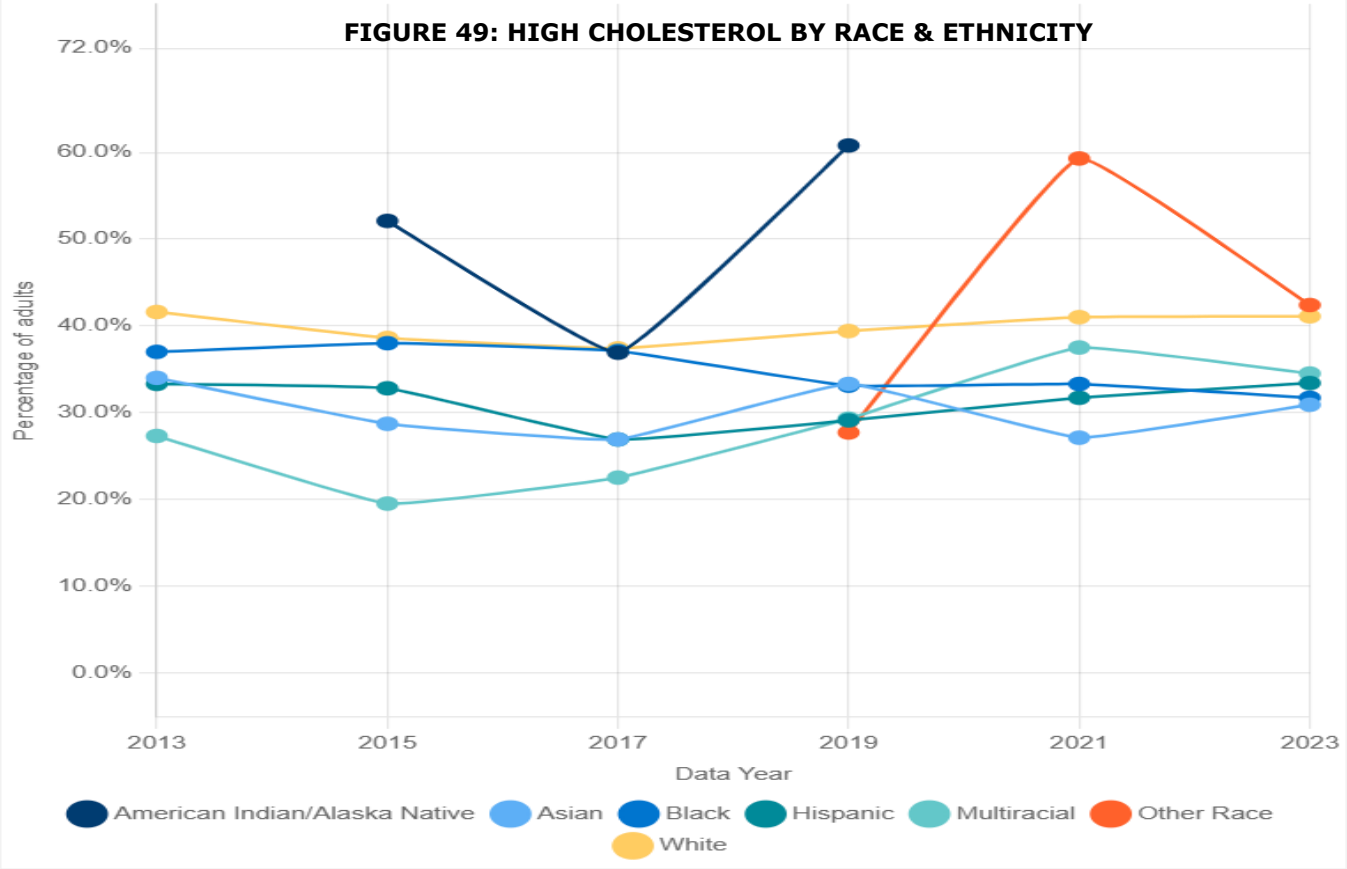


Source: County and State. values from CDC-Places (2021)

Texas is ranked #20 for states with percentage of adults who reported having their cholesterol checked and being told by a health professional that it was high (36.3%) according to the 2024 American Health Rankins report. The largest counties most served by MHHS have high cholesterol compared to Texas and the U.S. overall (both 65%). High cholesterol, or hyperlipidemia, usually has no symptoms and can only be found through lab tests done by a doctor. For Texas, the rate of high cholesterol varies when taking into account race and ethnicity. The White (non-Hispanic) population of Texas is more likely to be diagnosed with high cholesterol (41.3%) than their Black (non-Hispanic), Asian and Hispanic counterparts (31.7, 30.9 and 33.4% respectively).[12]

[12] America's Health Rankings 2024 Report

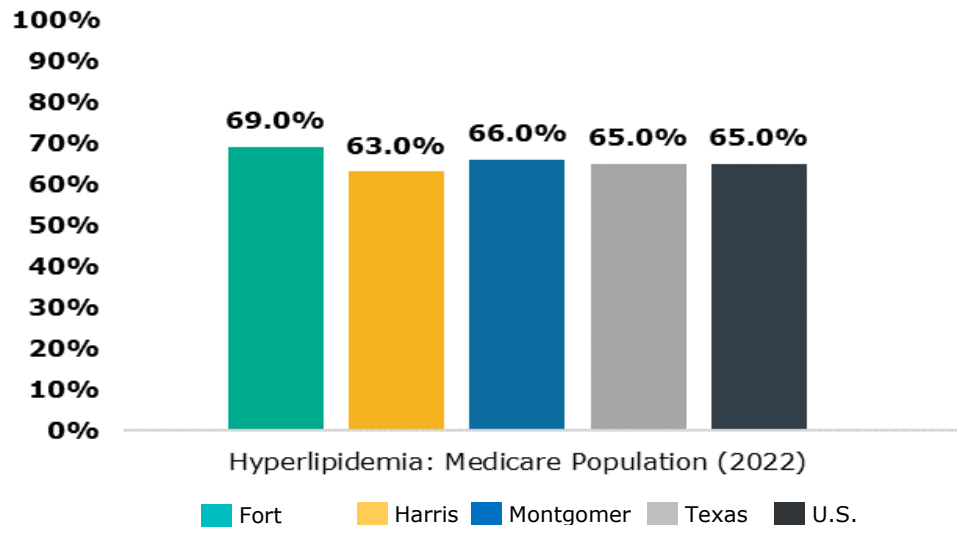
FIGURE 49: HIGH CHOLESTEROL BY RACE & ETHNICITY



Source: America's Health Rankings 2024 Report – Texas High Cholesterol

A high percentage of Medicare beneficiaries in Fort Bend (69%) and Montgomery (66%) Counties are being treated for hyperlipidemia which is characterized by high levels of lipids (fats) in the blood, primarily cholesterol and triglycerides.

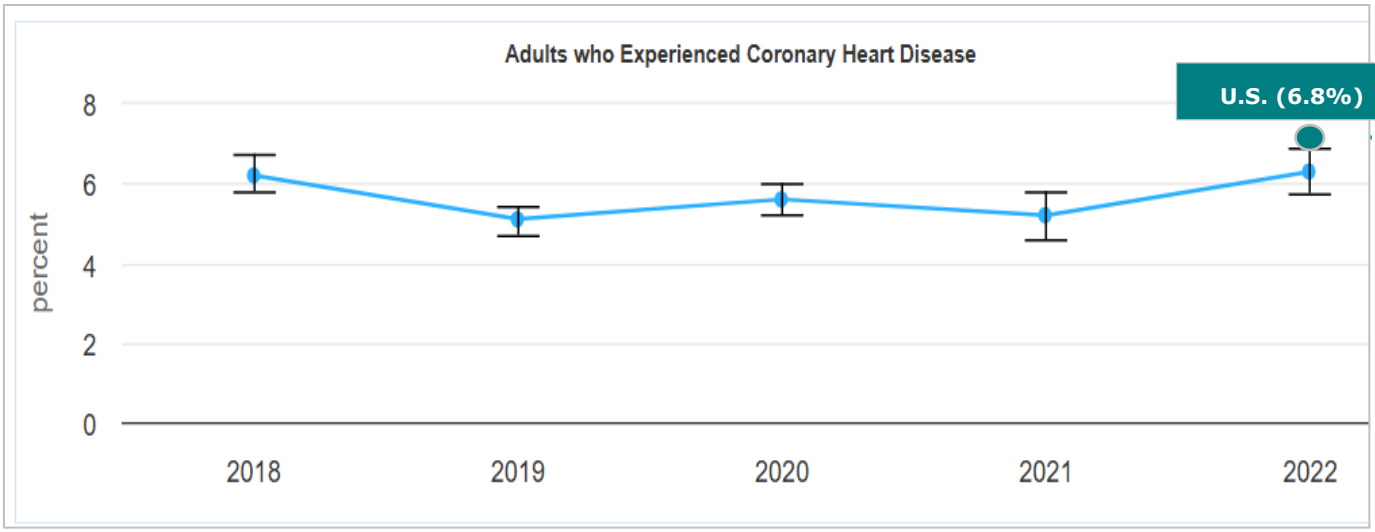
FIGURE 50. HYPERLIPIDEMIA: MEDICARE POPULATION



Source for Hyperlipidemia: County, State, and U.S. values from Centers for Medicare & Medicaid Services (2022)

Chronic conditions such as hypertension, hyperlipidemia and diabetes play a pivotal role in the development of heart disease and broader cardiovascular disease, yet they are also key intervention points for prevention. In Harris County, 6.3% of adults have been diagnosed with coronary heart disease – just below the U.S. average of 6.8%-- highlighting both the local burden and an opportunity for targeted prevention. As cardiovascular disease accounts for over one-third of U.S. deaths, managing chronic conditions can substantially lower this risk. See Figure 51.

FIGURE 51. ADULTS WHO EXPERIENCED CORONARY HEART DISEASE IN HARRIS COUNTY



Source: Houston State of Health - 2024

Key Informant & Community Survey Insights for Chronic Conditions

Barriers & Challenges to Care

The Key informant interviews (KII) highlighted significant challenges related to chronic condition prevention and management. From the KII perspective, barriers and challenges include:

1. Health care Access & Affordability
    - Long wait times for medical appointments, limiting timely intervention.
    - High medication costs for diabetes and hypertension management.
    - Transportation barriers prevent access to preventative and routine care.
2. Education & Awareness
    - A need for increased education on healthy eating and meal preparation.
    - Misconceptions and lack of knowledge about health care access, particularly among undocumented populations.
3. Environmental & Social Factors
    - Limited access to safe, walkable areas for exercise—East End reports difficulties due to stray dogs, unpaved sidewalks, and few maintained walking trails.
    - The prevalence of sedentary lifestyles due to inadequate outdoor spaces contributes to poorer health outcomes.

Per the KII interviews the populations most impacted include:

- Hispanic populations in generational homes experience high rates of diabetes, hypertension, and high cholesterol.
- East End residents face compounded health risks due to food insecurity, unsafe walking conditions, and a lack of affordable healthy food options.
- Migrant and undocumented communities encounter untreated chronic conditions due to generational poverty and limited engagement with health care systems—many assume they do not qualify for services.

FIGURE 52. NOTABLE QUOTES FROM KEY INFORMANT INTERVIEWS

Community Survey Insights

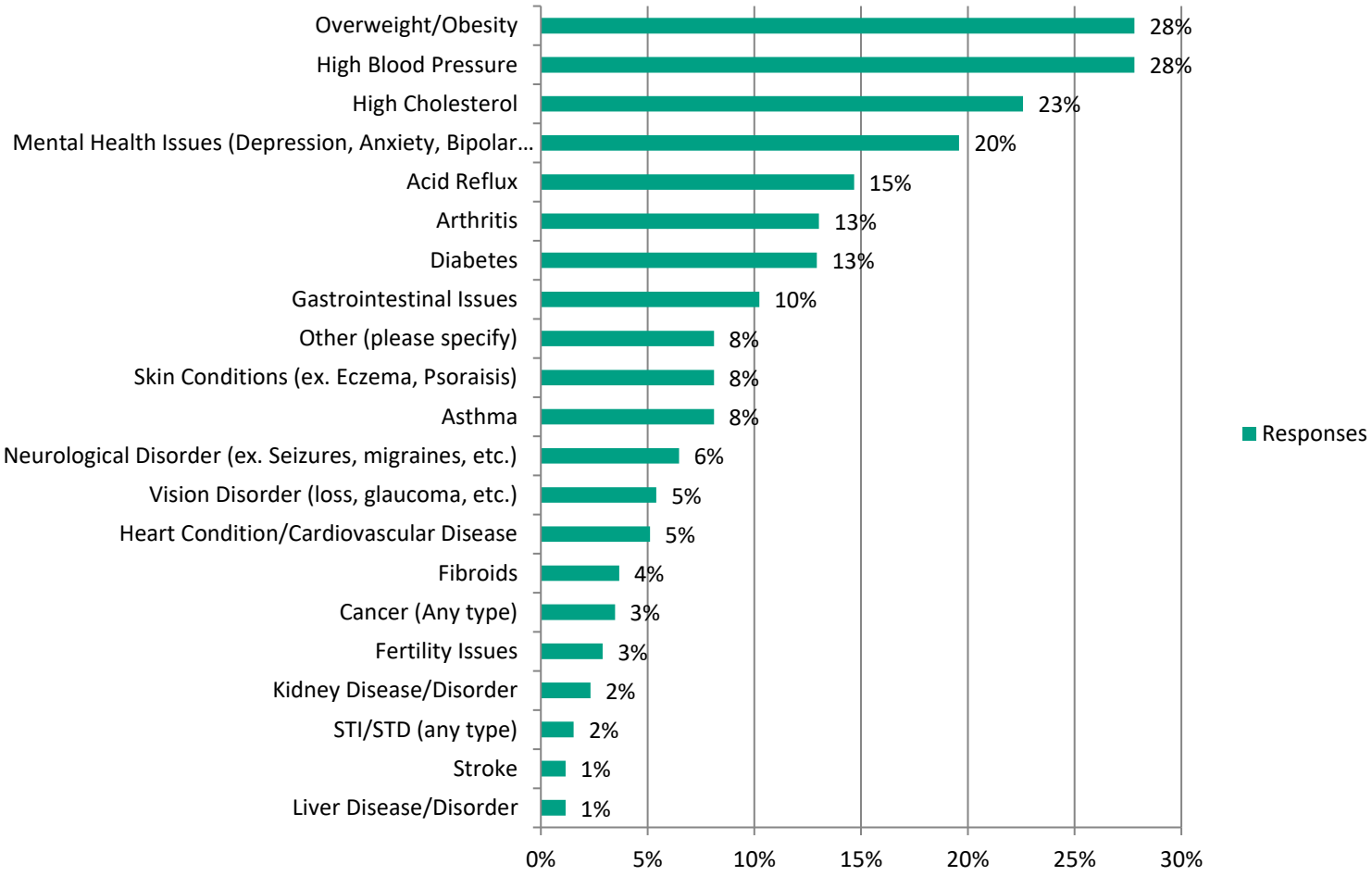
Findings from community survey responses highlight chronic health conditions as a significant concern. More than 20% of adult survey respondents reported having been diagnosed with or currently managing one or more chronic conditions. See Figure 42 for a comprehensive list of health conditions that community respondents have been diagnosed with or are currently managing.

Most commonly reported conditions include:

- Overweight/Obesity: 28%
- High Blood Pressure: 28%
- High Cholesterol: 23%

Key informants identified several chronic conditions—diabetes, hypertension, and high cholesterol—as being significantly influenced by socioeconomic and environmental challenges. Access to affordable, nutritious food is a major concern, with many communities facing food deserts and food swamps, contributing to poor dietary habits and disease progression.

FIGURE 53. DIAGNOSED OR MANAGING HEALTH CONDITIONS BY SURVEY RESPONDENTS (N=1036)



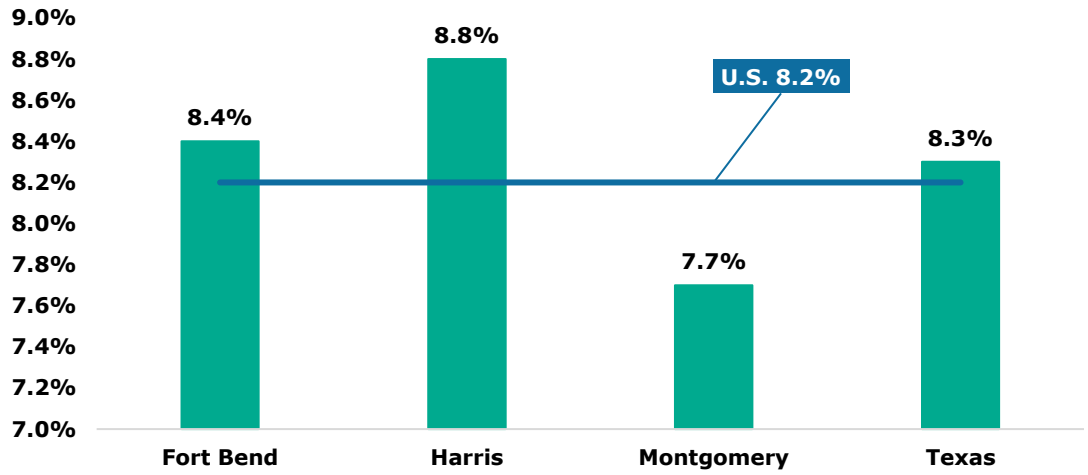
HEALTH CARE PRIORITY: Maternal & Infant Health

Maternal & infant health refers to the health and wellbeing of women during pregnancy, childbirth, and the postpartum period, as well as the health of infants during the first year of life. Maternal and Infant Health emerged as a priority due to concerns about prenatal care access, birth outcomes, and early childhood development. Community leaders highlighted gaps in services for pregnant women, especially those who are uninsured or underinsured. Programs that support maternal mental health, breastfeeding, parenting education, and early intervention for children were identified as critical needs. Ensuring healthy starts for mothers and children is foundational to long-term community well-being.

Secondary Data

From the secondary data scoring results weighted for Memorial Hermann MSA, Maternal, Fetal & Infant Health had the 9th data score of all topic areas, with a score of 1.47. Further analysis was done at the county level to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are graphed below. See Appendix A for the list of indicators categorized within this topic. Babies with Low Birthweight, Mothers who Received Early Prenatal Care, and Preterm Births have emerged as major Indicators of concern.

FIGURE 54. BABIES WITH LOW BIRTHWEIGHT

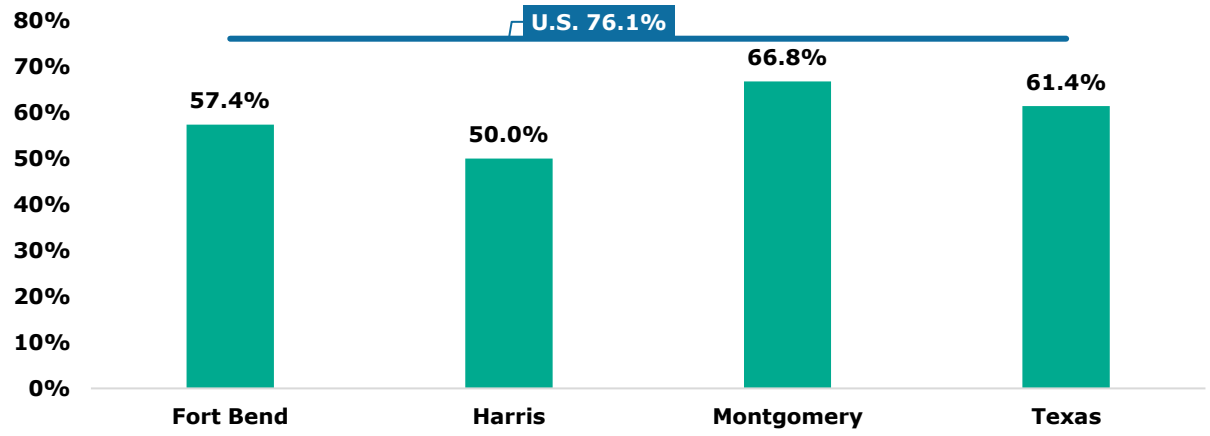


Source: County and State values from Texas Department of State Health Services (2020)

Figure 54 shows that Fort Bend (8.4%) and Harris (8.8%) counties have a higher percentage of babies with low birthweight compared to the Texas state and national values, which are 8.3% and 8.2%, respectively. Fort Bend County is showing a significantly positive trend over time in reducing the percentage of babies with low birthweight. However, Harris County continues to struggle with decreasing this percentage, although the trend is not statistically significant.

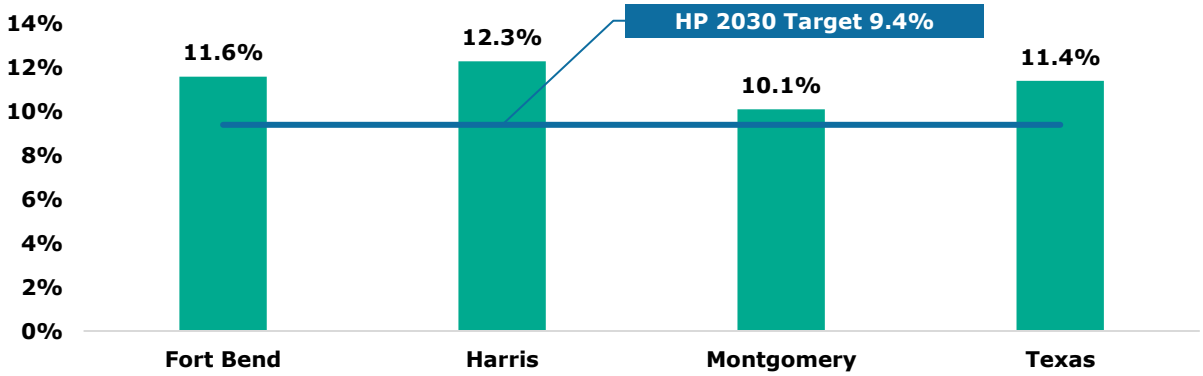
There are multiple contributing factors that make people more likely to have a preterm birth, including smoking, hypertension, unhealthy weight and diabetes.[13] Preterm births can result in babies born with low birthweight.[14] A cause of low birthweight is a preterm birth and a possible contributing[15] factor to the higher percentage of Babies with Low Birthweight is the low percentage of Mothers who Received Early Prenatal Care—57.4% in Fort Bend and 50% in Harris—compared to the Texas (61.4%) and national (76.1%) values in 2020. These low percentages place both Counties in the bottom 25% of Texas Counties. A declining trend in the percentage of Mothers who Received Early Prenatal Care has also been observed over time in both Counties.

FIGURE 55. MOTHERS WHO RECEIVED EARLY PRENATAL CARE



Source: County and State values from Texas Department of State Health Services (2020)

FIGURE 56. PRETERM BIRTHS



Source: County and State values from Texas Department of State Health Services (2021)

Babies born before 37 weeks of pregnancy may have serious health problems, such as trouble breathing, infections, delays in development, or even death.[16] In Fort Bend

[13] March of Dimes. https://www.marchofdimes.org/peristats/reports/texas/report-card
[14] March of Dimes. https://www.marchofdimes.org/find-support/topics/birth/low-birthweight

[16] The American College of Obstetricians and Gynecologists https://www.acog.org/womens-health/faqs/preterm-labor-and-birth

County (11.6%) and Harris County (12.3%), the percentage of preterm births has been going up over time. Both counties have rates higher than the Texas average (11.4%), putting them in the lower half of counties across the state.

According to Healthy People 2030, strategies to reduce Preterm Births include promoting adequate birth spacing, supporting pregnant individuals in quitting smoking, and ensuring access to high-quality medical care during pregnancy.

Key Informant & Community Survey Insights for Maternal & Infant Health

Barriers & Challenges to Care

Key informant interviews (KII) emphasized significant disparities in maternal and infant health, particularly among Hispanic and Black communities, where mortality rates are disproportionately high. Limited access to prenatal and postpartum care—especially for high-risk pregnancies—exacerbates these challenges. Additionally, postpartum mood disorders, including depression and anxiety, were identified as areas where more support is needed. Barriers and challenges to care include:

1. Health care Access & Affordability
    - Difficulty accessing prenatal and postpartum care, particularly for individuals with underlying health conditions.
    - Limited health care infrastructure in rural communities, where maternal care is scarce.
    - Financial constraints and lack of knowledge prevent some low-income populations from utilizing Medicaid benefits.
2. Cultural & Systemic Factors
    - Lack of cultural competency among health care providers contributes to disparities in maternal and infant health outcomes.
    - Misinformation and generational poverty in certain communities' limit engagement with health care systems.
    - Many individuals wait until labor to visit the emergency room unaware they qualify for prenatal care.
3. Environmental & Geographic Considerations
    - Black/African American women experience the highest infant mortality rates, with Hispanic women following.
    - The Asian population faces maternal health challenges, though key informants provided fewer specific details on this demographic.
    - Communities such as 77575, 77093, Brookshire, and East Bernard struggle with maternal health care access, along with rural white communities experiencing generational poverty.

Community Survey Insights

The community survey captured information from individuals who had delivered a baby within the last 12 months. This only represented about 5% of survey respondents overall. However, of that small population, thirty-one percent (31%) reported being single and 23% did not have a primary care doctor, as shown in Figure 46. The major health conditions for this group include mental health issues, high blood pressure and STIs, shown in Figure 47.

FIGURE 57. MATERNAL HEALTH - RECENTLY POSTPARTUM

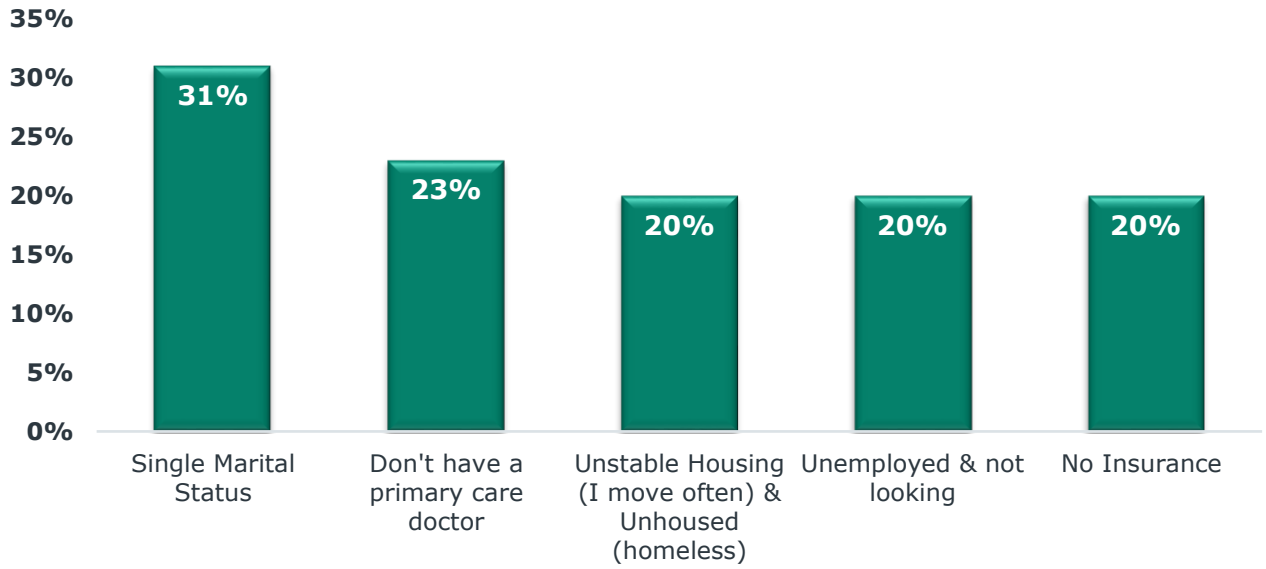
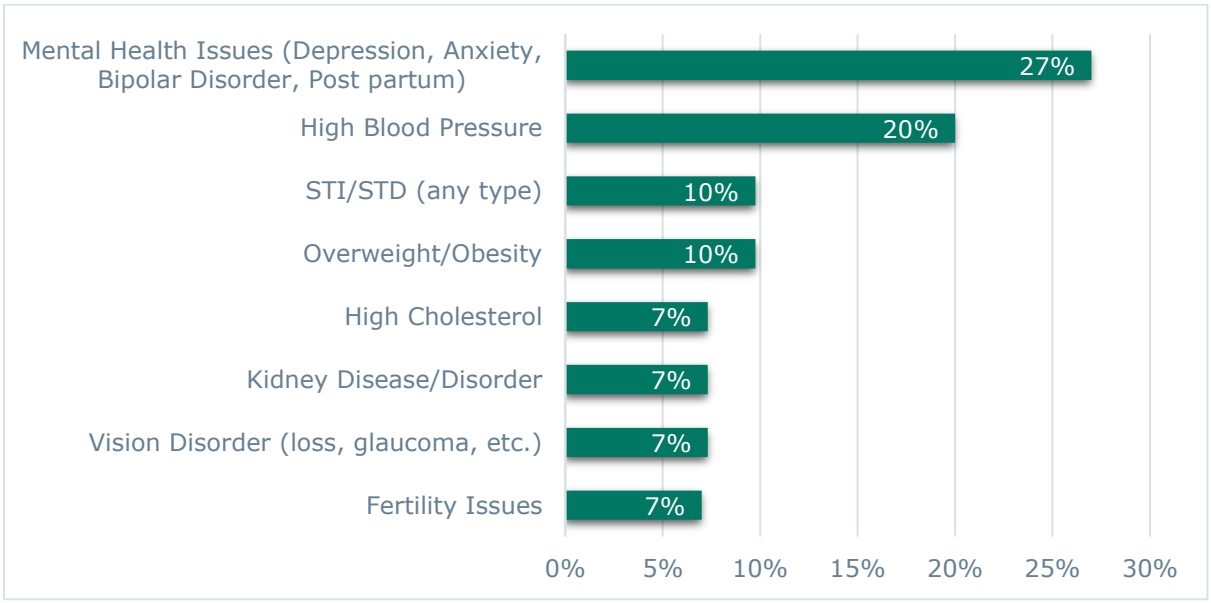


FIGURE 58. RECENTLY POSTPARTUM - HEALTH CONDITIONS



Community Survey – Parents and Children

Though maternal health is focused on the early stages of pregnancy (pre, during and post-partum), it is important to note the feedback received from parents of youth as it relates to their general state of being. Respondents to the community survey were asked if they had children under 18 years of age. Sixty-two percent (62%) of respondents identified as parents, with most reporting regular engagement with health care services. However, just under 15% had not scheduled an annual well-child or dental appointment for their child in the past 12 months. In

addition, answers from respondents related to access to mental health care services indicated it remained a challenge—22% of parents stated that they would not know how to seek these services if needed for their child.

In terms of parental concerns, survey results indicate that:

- 24% of parents worry most about their child's safety.
- 14% are concerned about the affordability of health care services.
- 10% expressed concern about the cost of childcare.

See Figure 59 for a full breakdown of parent worries reported within the last 12 months.

FIGURE 59. IN THE LAST 12 MONTHS PARENTS OF CHILDREN UNDER 18 (N=371)

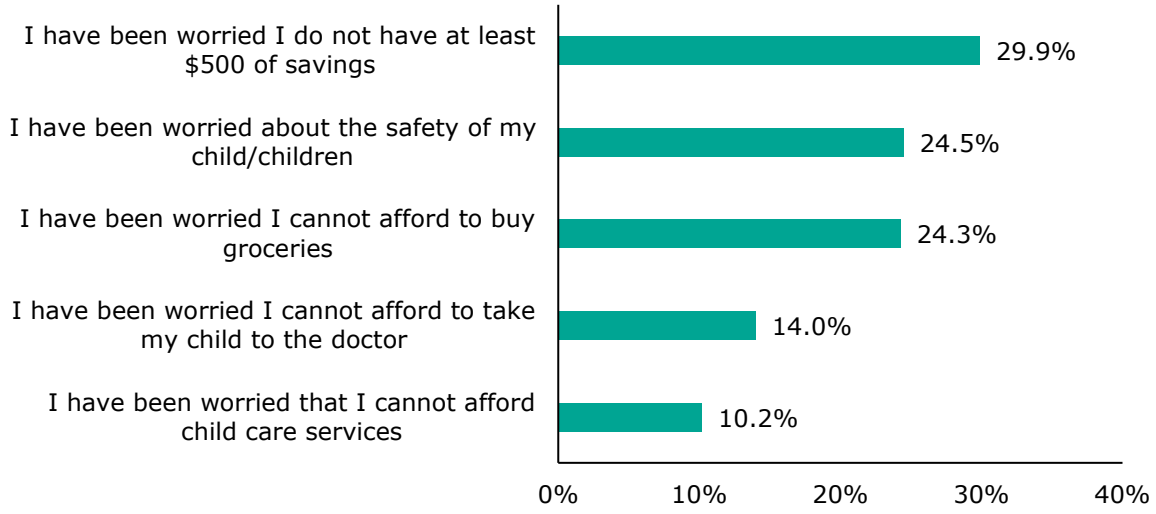


FIGURE 60. NOTABLE QUOTES FROM KEY INFORMANT INTERVIEWS

> *There is a lack of comprehensive education on maternal health. Political factors play a role in the disparities, affecting decisions and policies related to maternal health.*
> **-Health Care Professional**

> *Immigrant populations, particularly Hispanic and African American communities, face additional challenges due to language barriers, cultural differences, and fear of the health care system.*
> **-Health Care Professional**

Mental Health & Substance Use

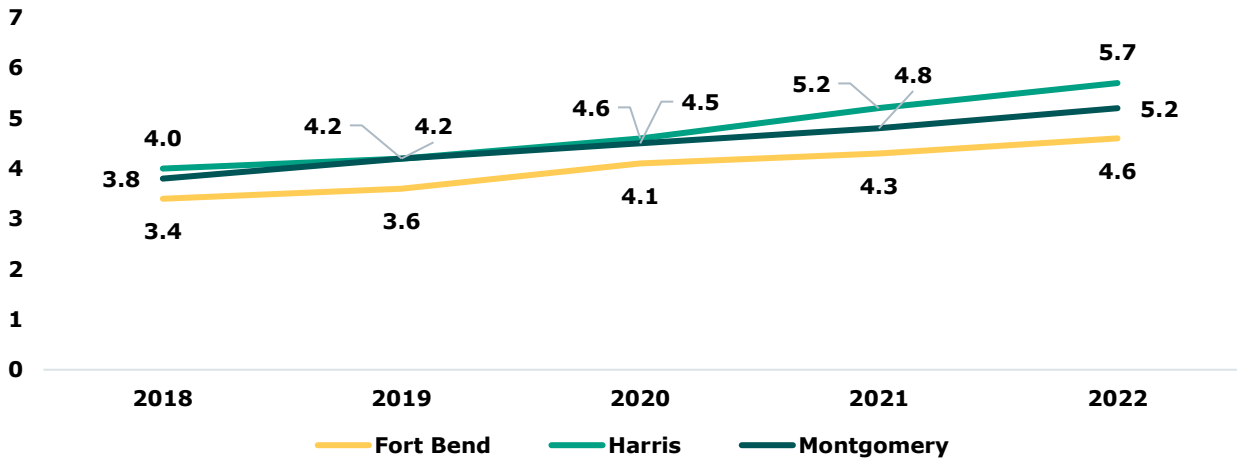
Mental health and substance use emerged as top priorities across multiple data sources, including community surveys, key informant interviews, and secondary data analysis. Community members and stakeholders consistently expressed concern about the growing prevalence of anxiety, depression, trauma, and substance use disorders, particularly in underserved populations. These issues were frequently cited as barriers to overall well-being and access to care, with many highlighting the lack of affordable behavioral health services, stigma, and limited availability of treatment options. The convergence of these findings underscores the urgent need for coordinated community-driven strategies to address mental health and substance use as integral components of public health.

Secondary Data

From the secondary data scoring results weighted for Memorial Hermann MSA, Mental Health & Substance Use had the 17th data score of all topic areas, with a score of 1.27. Further analysis was done at the county level to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern in the charts below. See Appendix A for the full list of indicators categorized within this topic.

Mental Health & Substance Use was a greater concern in Harris and Montgomery counties, with very few indicators of concern in Fort Bend. For example, adults in both Harris and Montgomery Counties are more likely to report at least two weeks of poor mental health from the past 30 days, compared to the overall U.S. rate. Across the U.S., 15.8% report two weeks or more of poor mental health, compared to 18.7% in Harris County and 18.1% in Montgomery County. Psychological distress can affect all aspects of our lives, and the COVID-19 pandemic has had an extensive, broadly documented impact on the mental health of individuals across the globe. Accordingly, we found that the average number of days that adults report having poor mental health has been significantly increasing over time, and this is true for Fort Bend, Harris, and Montgomery Counties (see Figure 61).

FIGURE 61. POOR MENTAL HEALTH: AVERAGE NUMBER OF DAYS, OVER TIME

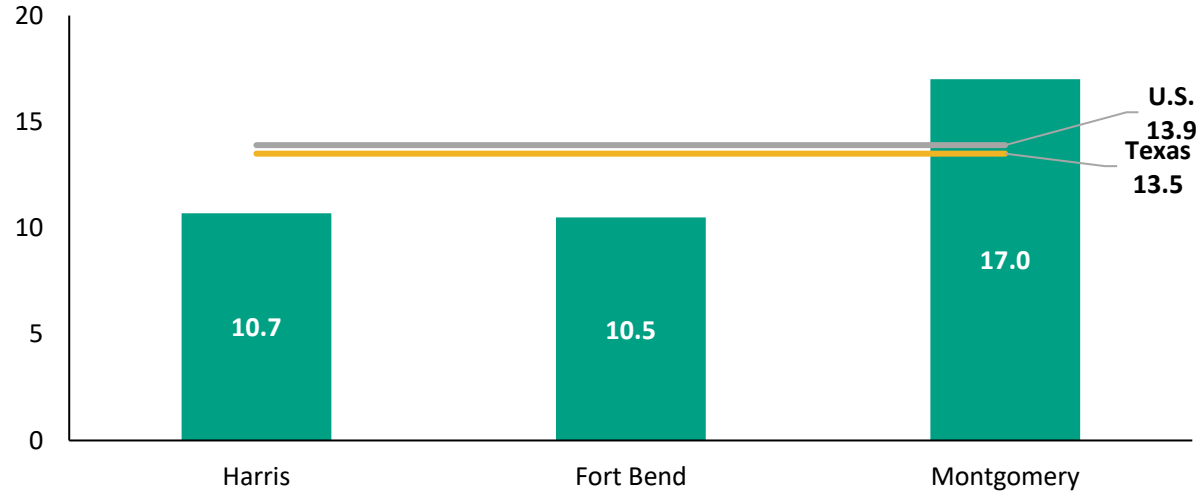


Source: County values from County Health Rankings (2022)

One of the most concerning outcomes of poor mental health is suicide, which we found to be particularly concerning in Montgomery County. The Age-Adjusted Death Rate due to Suicide in Montgomery County is 17 deaths per 100,000 population, which is higher than the TX (13.5) and U.S. (13.9) values (See Figure 62). Although poor mental health is generally a growing concern across Fort Bend, Harris, and Montgomery Counties, with suicide itself being a particular concern in Montgomery, there has also been a growing availability of mental health providers across all three counties. Each year since at least 2019, Fort Bend, Harris, and Montgomery have all experienced an increase in mental health providers (see Figure 63).

FIGURE 62. AGE-ADJUSTED DEATH RATE DUE TO SUICIDE

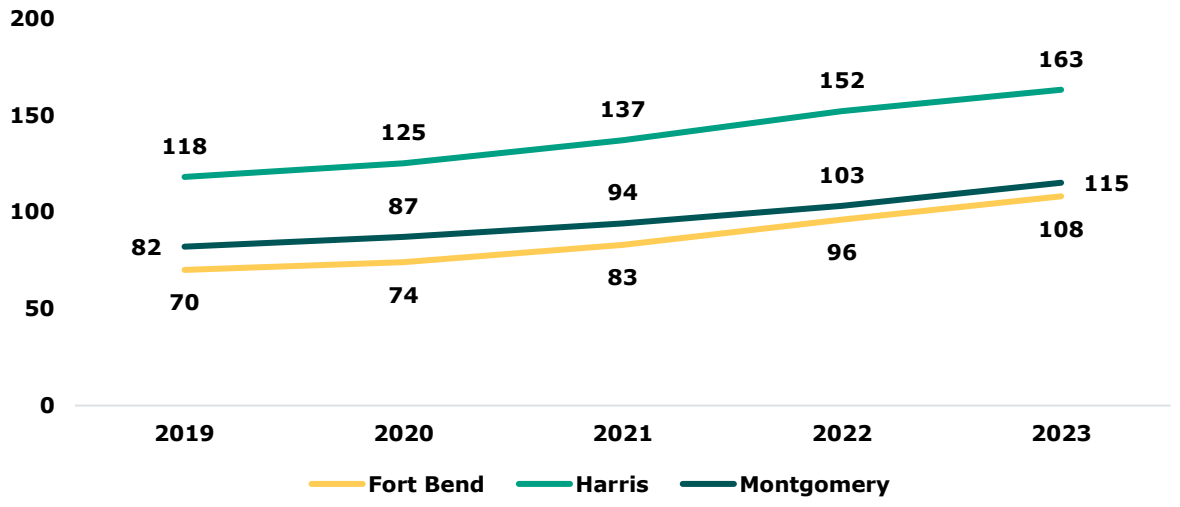
(deaths / 100,000 population)



Source: County values from Centers for Disease Control and Prevention (2018-2020)

FIGURE 63. MENTAL HEALTH PROVIDER RATE, OVERTIME

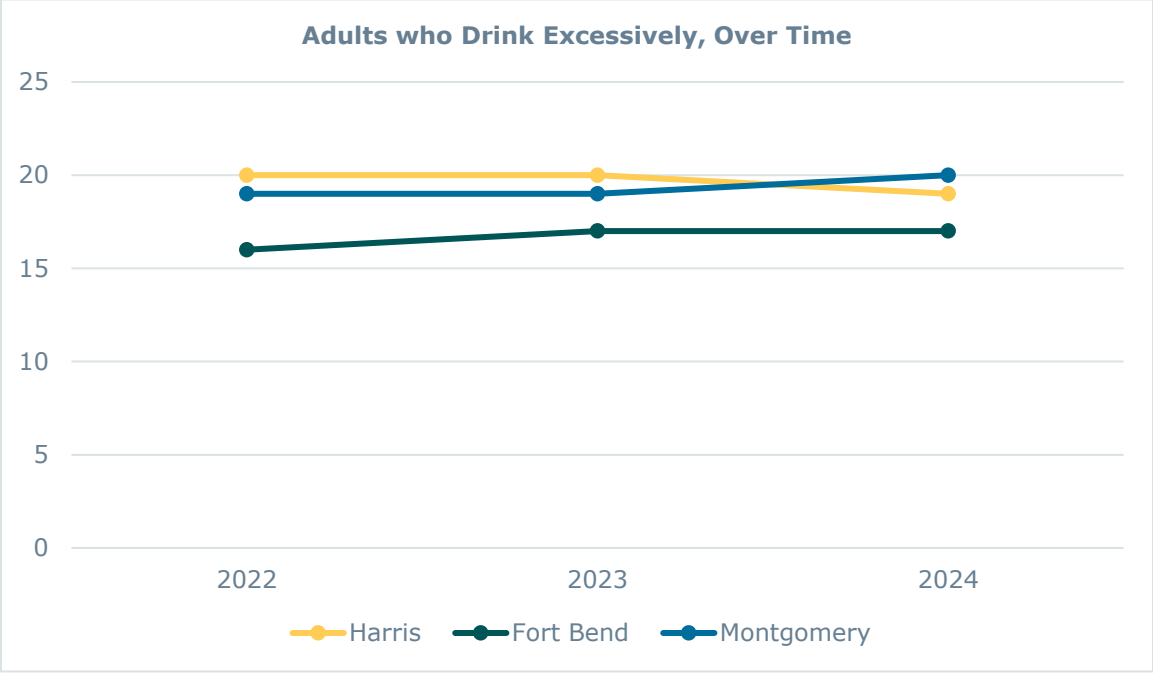
(Providers per 100,000 population)



Source: County values from County Health Rankings

Substance and alcohol misuse is one way that individuals may cope with poor mental health. With increasing levels of poor mental health outcomes in both Harris and Montgomery Counties, we also found relatively high rates of alcohol consumption. The percentage of adults who drink excessively is higher in Harris (19.6%) and Montgomery (18.8%) Counties than Texas and the U.S. (18.3% and 18.1%, respectively). However, despite growing rates of poor mental health, these drinking rates have remained steady in both counties. In Harris specifically, the rate of adults drinking excessively has been about one in five since 2019, although it was lower in 2018 (see Figure 64).

FIGURE 64. ADULTS WHO DRINK EXCESSIVELY, OVER TIME



Source: County values from County Health Rankings

These high rates of drinking may contribute to higher rates of Alcohol-Impaired Driving Deaths in Harris (31.2%) and Montgomery (29.9%) Counties. Both rates are greater than the Texas (25.2%) and U.S. (26.3%) values. In fact, both Harris and Montgomery County are both among the worst 25% of counties across Texas with regards to this indicator.[17]

Key Informant & Community Survey Insights

Barriers & Challenges to Care

Key informant interviews (KII) emphasized significant challenges and barriers in accessing affordable and culturally appropriate mental health services, particularly for marginalized communities.

Per KII, barriers include:

[17] County Health Rankings: 2022-2024 https://www.countyhealthrankings.org/health-data/compare-counties?year=2024&compareCounties=48157%2C48201%2C48339

- Limited availability of resources, such as charity beds and transportation, restricting mental health care access.
- Stigma around mental health, particularly among immigrant and minority communities, discouraging individuals from seeking treatment.
- Strict inpatient service criteria, limiting options for those requiring intensive care.
- Substance use disorder stigma in pregnant individuals, preventing them from seeking care—there is a need for nonjudgmental, compassionate support and education.
- Lack of credentialed staff to provide medication-assisted substance use treatment.
- Inadequate integration of primary care, pediatrics, and maternal care for individuals with substance use disorders.

Per KII, populations and geographic areas most impacted:

- Galveston County struggles with mental health and substance abuse service shortages, requiring increased efforts to expand access.
- Veteran populations experience PTSD, substance use challenges, and difficulties transitioning to civilian life, often leading to homelessness or unhealthy relationships.
- Higher overdose incidences in ZIP code 77093, in Harris County, signaling a need for targeted intervention.

Community Survey Findings on Mental Health

Mental health and emotional well-being emerged as a top concern in the community survey:

- **27%** of adult respondents reported mental health as a significant household worry within the last 12 months.
- **17%** see a mental health provider regularly.
- **16%** want to see a mental health provider but cannot afford it, highlighting cost as a major barrier.

FIGURE 65. NOTABLE QUOTES FROM KEY INFORMANT INTERVIEWS

> *Accessing mental health care is incredibly difficult—not just because of cost, but because the system itself feels impossible to navigate.*
>
> ***-Community-Based Organization-***

> *The stigma around mental health is still pretty strong. In some immigrant communities, seeing a therapist or taking medication is seen as admitting failure rather than seeking help for a medical condition.*
>
> ***-Community-Based Organization-***

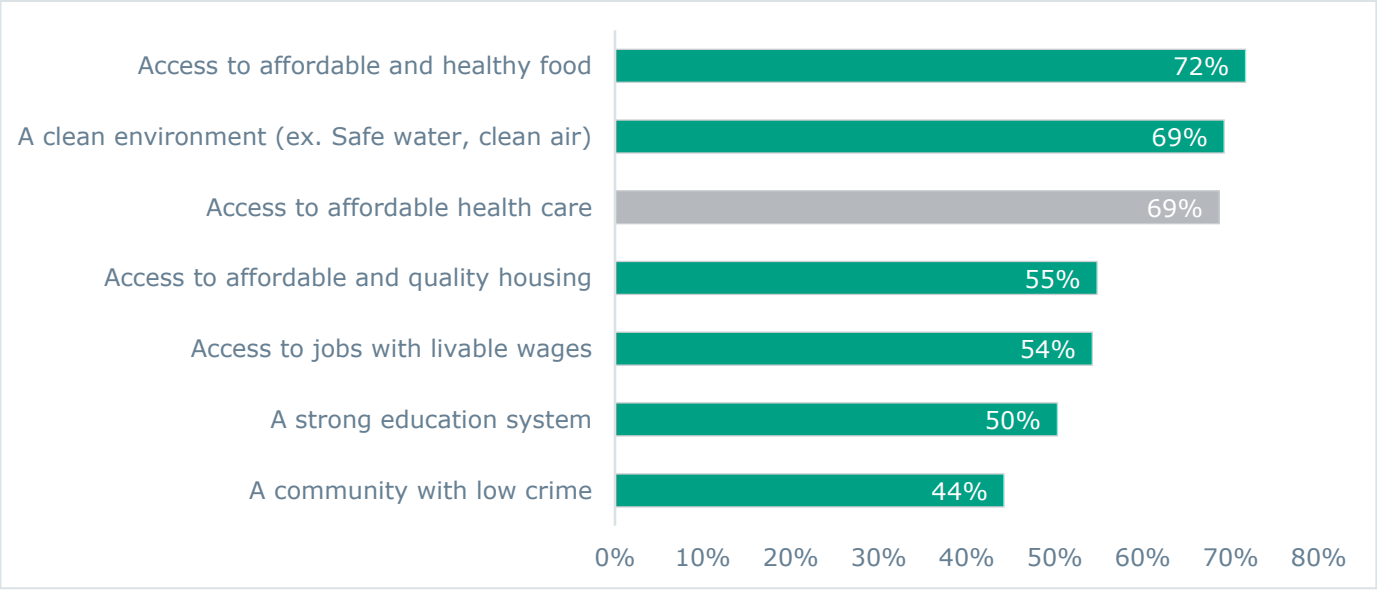
Non-Medical Drivers of Health

Non-medical drivers of health (NMDOH) are the conditions in which people live, work, learn, and age that have a significant impact on overall health and quality of life.

There is a strong and well-documented correlation between NMDOH and both healthcare outcomes and access to care. Individuals facing challenges such as limited education, unemployment, food insecurity, or unstable housing are more likely to experience chronic conditions, delayed treatment, and preventable hospitalizations. These barriers not only impact a person's ability to maintain their health but also reduce their capacity to navigate the healthcare system—whether due to cost, transportation, or competing life demands. Addressing these factors is essential to achieving health equity and improving long-term outcomes across communities.

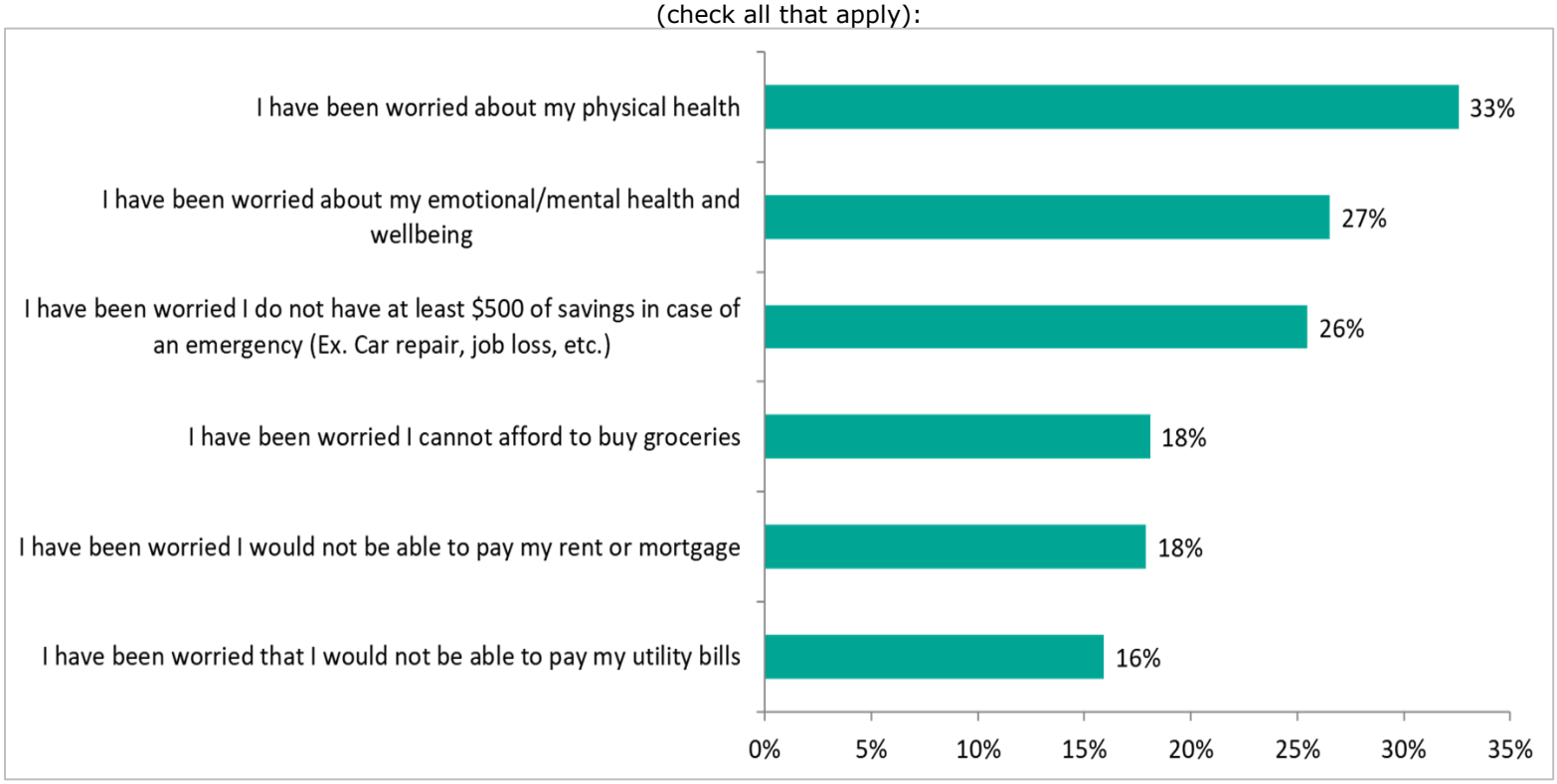
Based on survey feedback, 72% of respondents believe the most important factor needed for the community to be healthy is access to affordable and healthy food. Sixty-nine (69%) percent identified access to affordable and quality housing as the most important factor. Fifty percent (50%) selected a strong education system while 55% considered affordable housing to be more important. The top factors needed, excluding access to affordable health care, are considered NMDOH.

FIGURE 66: FACTORS NEEDED FOR HEALTHY COMMUNITY



In the community survey, when asked about all the factors that worried them in the past 12 months, survey respondents most often cited their physical (33%) and emotional health (27%). Those factors were closely followed by worries related to NMDOH:

FIGURE 67: IN THE LAST 12 MONTHS, HOUSEHOLDS HAVE WORRIED ABOUT THE FOLLOWING (check all that apply):



Recognizing their role, MHHS' CHNA places intentional focus on addressing these root causes of health disparities, with dedicated priorities aimed at expanding educational access, fostering economic opportunity, and improving access to nutritious food across the Greater Houston region.

Non-Medical Driver Priority: Access to Healthy Food

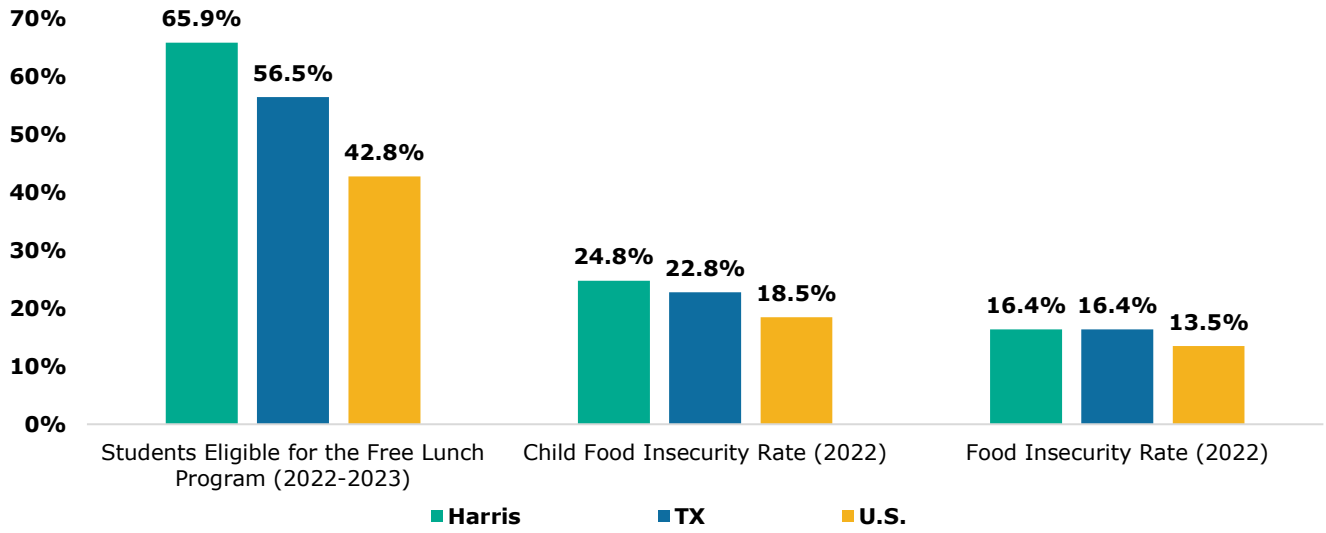
Access to healthy, affordable food is a foundational component of community health and a fundamental driver that directly influences rates of chronic conditions such as diabetes, hypertension and obesity. When individuals face food insecurity or live in areas without nutritious food options, they are more likely to rely on high-calorie, low nutrient foods that worsen health outcomes over time. Improving food access not only supports disease prevention but also promotes long term health equity and reduced healthcare costs at the population level. Further, access to affordable and healthy food is closely linked to mental health, as proper nutrition plays a critical role in brain function and emotional well-being.

Throughout the data collection process, residents and community leaders emphasized the challenges many families face in obtaining nutritious food, particularly in areas with limited grocery stores, transportation barriers, or economic hardship. Food insecurity, poor diet quality, and limited access to fresh produce were frequently cited concerns. These issues contribute to higher rates of chronic disease, such as obesity, hypertension, diabetes, heart disease and stroke.[18] This underscores the need for expanded food assistance programs, urban agriculture initiatives, and partnerships that promote equitable food access.

Secondary Data

From the secondary data scoring results, we used different topics such as Environmental Health, Children's Health, and Economy to develop the following table for Access to Healthy Food. Analysis was done at the county level to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are graphed below. See Appendix A for the list of indicators categorized within this topic.

FIGURE 68. FOOD ACCESS INDICATORS: HARRIS COUNTY



Source: Student Eligible for Free Lunch: County, State, and U.S. values from National Center for Education Statistics. (2022-2023)

Source: Child Food Insecurity and Food Insecurity: County, State, and U.S. values from Feeding America (2022)

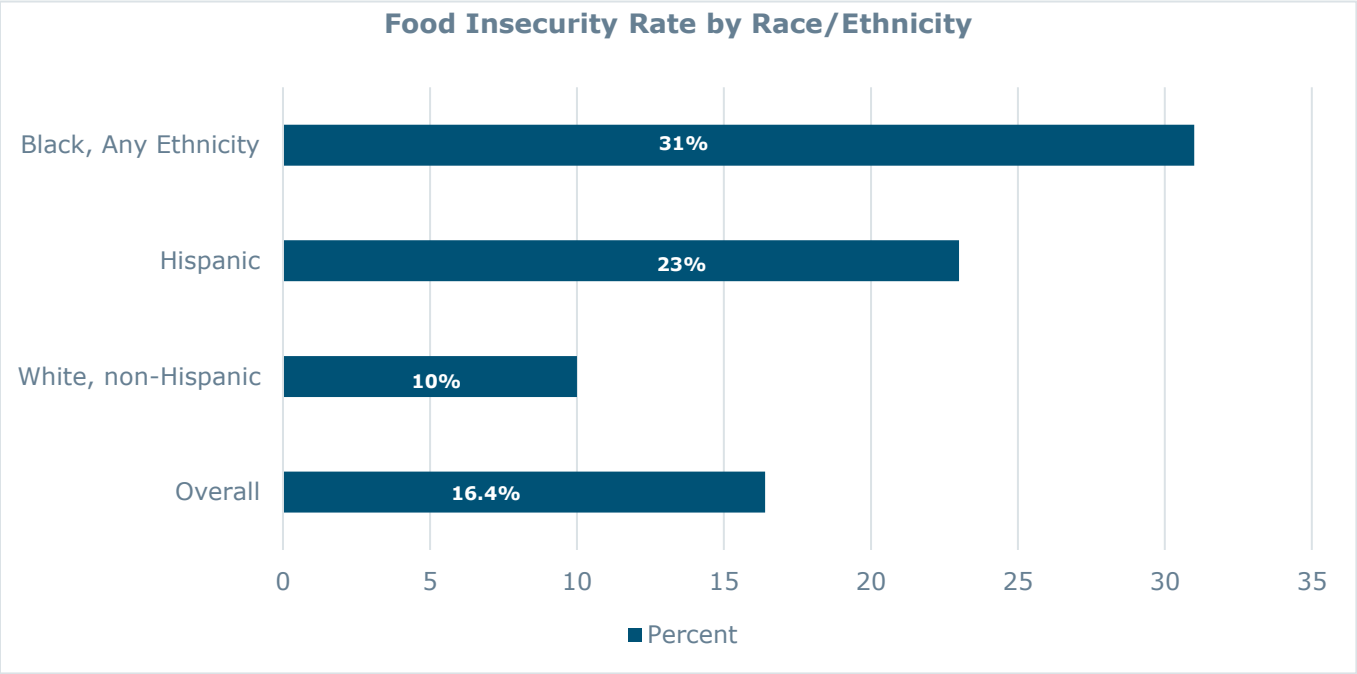
[18] Food Insecurity and Cardiometabolic Conditions: a Review of Recent Research. https://doi.org/10.1007/s13668-021-00364-2

The findings that represent Harris County show serious concerns around food access. About 65.9 percent of students in the county are eligible for the Free Lunch Program, which is much higher than the state average of 56.5 percent and the national average of 42.8 percent. This percentage has been going up significantly over time. The Free Lunch Program is important because it helps make sure students who may not have access to healthy meals still get fed at school. This helps them stay focused and do better in class.

The percentage of children living in food insecure households in Harris County continues to increase over time. Harris County has a higher child food insecurity rate at 24.8 percent compared to Texas at 22.8 percent and the United States at 18.5 percent. This places Harris in the worst 25 percent of counties in the country. Food insecurity has a profound impact on children's ability to learn by affecting cognitive development and academic performance in school.

Food insecurity means not having regular access to enough healthy and nutritious food. It is an important measure of a community's well-being. In Harris County, 16.4 percent of the total population experiences food insecurity. This matches the Texas average but is higher than the national average of 13.5 percent. Although the trend is not statistically significant, it shows that targeted efforts are needed to improve food access in Harris County. The impact of food insecurity also disproportionally impact Black community in Harris County. See Figure 69.

FIGURE 69: FOOD INSECURITY RATE IN HARRIS COUNTY BY RACE/ETHNICITY

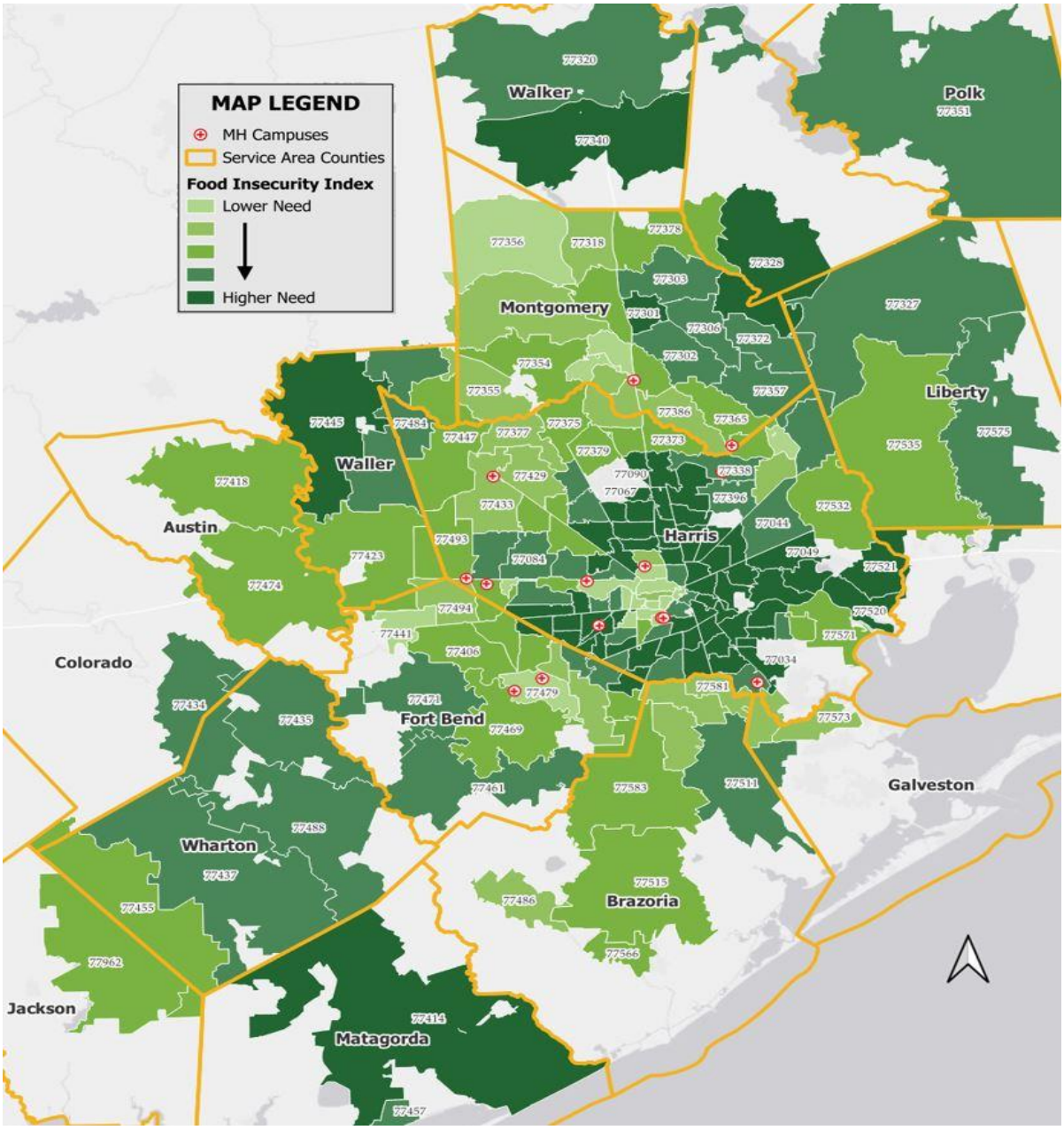


Source: Houston State of Health -Feeding America (2022)

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Zip codes are ranked based on their index value to identify relative levels of need. The map in Figure 70 illustrates the zip code with the highest level of food insecurity (as indicated by the darkest shades of green) is zip code 77032 (Harris County) and 77028 (Harris County) with an index value of 99.7 and 99.5, respectively.

FIGURE 70. FOOD INSECURITY INDEX



Just like most NMDOH, the zip code and therefore neighborhood that a person resides in can have a direct correlation on one's health. As Healthy People 2023 states the correlation of health and NMDOH:

Neighborhood conditions may affect physical access to food. For example, people living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores. Predominantly Black and Hispanic neighborhoods may have fewer full-service supermarkets than predominantly White and non-Hispanic neighborhoods. Convenience stores may have higher food prices, lower-quality foods, and less variety of foods than supermarkets or grocery stores. Access to healthy foods is also affected by lack of transportation and long distances between residences and supermarkets or grocery stores.[19]

Key Informant & Community Survey Insights

Access to affordable and nutritious food was identified as the second most critical factor necessary for a healthy community, according to 32% of survey respondents. Additionally, 18% of respondents expressed concerns about their ability to afford groceries. In key informant interviews, lack of access to healthy foods and food deserts were identified among those within Harris, Fort Bend, Montgomery, and Brazoria counties.

FIGURE 71. NOTABLE QUOTES FROM KEY INFORMANT INTERVIEWS

> *People having difficulty making ends meet, you know, food in general, but specifically healthy food.*
>
> ***-Community-Based Organization***

> *Access to healthy food is a major issue, with many students relying on school meals to avoid hunger. This contributes to problems like obesity and poor nutrition.*
>
> ***-Community-Based Organization***

[19] Health People 2030: Food Insecurity 2024

Non-Medical Driver Priority: Economic Opportunity

Economic factors are fundamental drivers of health outcomes and deeply influence a person's ability to live a healthy lifestyle. Income level, housing, employment status, job security, and access to benefits such as health insurance directly affect access to care, housing stability, nutrition, and overall well-being.[20]

Economic stability remains a critical concern within the community. In the survey, 54% of respondents identified access to jobs with livable wages as a key factor for a healthy community, alongside 55% who emphasized the importance of affordable, quality housing. Financial insecurity also emerged as a significant issue, with 26% reporting they lacked at least $500 in emergency savings, 18% expressing concerns about affording rent or mortgage payments, and 16% worried about covering utility bills.

Key informant interviews underscored significant economic challenges, including the rising cost of living, low wages, inflation, and broader economic conditions. These issues disproportionately impact older adults, individuals with disabilities, and low-income households, further straining their financial stability and overall well-being.

Economic conditions, housing, and transportation emerged as top priorities in both primary and secondary data sources. According to the community survey, 29% of respondents identified access to affordable and quality housing as a leading concern. Over the past 12 months, between 16% and 18% of households reported worrying about their ability to pay for rent, mortgage, or utility bills.

Key informant interviews frequently highlighted poverty, economic instability, financial constraints, inflation, rising housing costs, and limited transportation options as significant barriers to accessing care.

FIGURE 72. NOTABLE QUOTES FROM KEY INFORMANT INTERVIEWS

Affordability is a challenge, and frequent movers are relocating further away from the city and resources.

-Governmental Leader-

Secondary Data

From the secondary data scoring results weighed for MMHS MSA, economy had the 2nd data score of all topic areas, with a score of 1.67. Further analysis was done at the county level to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are graphed below. See Appendix A for the list of indicators categorized within this topic. Housing and economic stability continue to be areas of concern across Fort Bend, Harris, and Montgomery Counties, as several key indicators point to increasing financial strain on residents.

[20] Healthy People 2030

Housing and Affordability:

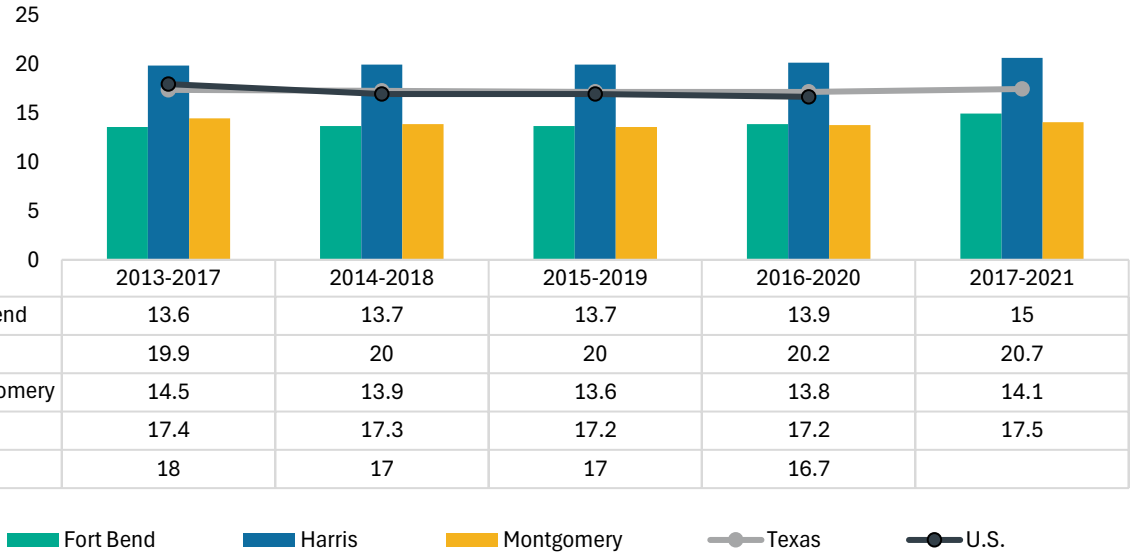
Access to safe, stable, and affordable housing is a foundation driver of health, directly influencing physical and mental well-being. Housing costs that exceed a household's income limit the ability to afford essential like food medication, and transportation, reinforcing cycles of poverty and poor health. In the broader context, affordable housing is closed tied to economic opportunity as it determines access to quality schools, jobs and transportation, all factors that collectively shape long-term health outcomes.

Secondary data underscores the housing burden in the region. Housing costs in Harris, Fort Bend, and Montgomery counties were notably higher than both Texas and national averages. Housing and/or cost burden means a person spends more than 30% of gross income on housing. Specifically:

- Harris County: 51.9% of residents spend 30% or more of their income on rent, with average monthly costs exceeding $1,937.
- Fort Bend County: 49.9% spend 30% or more, with average rent over $2,430.
- Montgomery County: 43.8% spend 30% or more, with average rent above $2,152.
- Texas (statewide): 49.7% spend 30% or more, with an average rent of $1,913.
- United States (nationally): 49.9% spend 30% or more, with an average rent of $1,828.

Severe housing burden means more than 50% of gross income is spent on housing. See below for the percent of household identified as experiencing severe housing burden. See Figure 73:

FIGURE 73. SEVERE HOUSING BURDEN (% OF HOUSEHOLDS BY COUNTY), OVER TIME



	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021
Fort Bend	13.6	13.7	13.7	13.9	15
Harris	19.9	20	20	20.2	20.7
Montgomery	14.5	13.9	13.6	13.8	14.1
Texas	17.4	17.3	17.2	17.2	17.5
U.S.	18	17	17	16.7	

Source: County values from County Health Rankings

Over time, Harris County has consistently reported the highest rate of Severe Housing Problems among the three counties, increasing from 19.9% (2013–2017) to 20.7% (2017–2021). This most recent data values remain well above both the Texas average (17.5%) and the last available U.S. average (16.7%). While there were slight improvements in earlier years, the overall upward trend points to ongoing concerns with housing affordability and quality in the county. Fort Bend County has experienced a gradual rise from 13.6% to 15%, and Montgomery County has remained relatively steady, ranging from 13.6% to 14.5%—both still below the state average, but showing signs of housing pressure. When viewed alongside other household-related indicators discussed in the Non-Medical Drivers of Health section, such as Renters Spending 30% or More of Income on Rent, Median Household Gross Rent, all three counties rank in the worst-performing half of Texas counties and fall into the bottom 25% nationally. These patterns highlight the need for continued and targeted efforts to improve housing access and affordability in the region.

In addition to the affordability of housing, access to quality housing can have a substantial impact on a person's health. Poor housing quality such as exposure to mold, pests, structural deficiencies or inadequate health and cooling can directly contribute to chronic health conditions like asthma, lead poisoning and respiratory illness. The Rice University Kinder Institute for Urban Research found in its 2023 State of Housing Report that nearly 1 in 5 rental structures in Harris County were graded below average for its condition by the Harris County Central Appraisal District (HCAD). This statistic is meaningful because if an estimated 50% of those residing in the MHHS MSA are housing burdened, then the community members may be spending 30% or more of income on potentially dilapidated or low-quality homes.

Employment & Livable Wages:

Employment is a critical NMDOH that influences both individual and community health which influences overall well-being. High rates of unemployment and wages that fall short of a living wage in the MHHS MSA can have profound consequences on community health. For example, stable, quality employment provides income, access to employer-sponsored health insurance, and opportunities for social connections. All of these contribute to improved physical and mental health. Conversely, unemployment, underemployment, or jobs with low wages and poor working conditions can lead to financial insecurity, chronic stress, and limited access to health care and healthy living environments. Employment also shapes broader community health by affecting local economic development.

FIGURE 74: POPULATION 16+ UNEMPLOYED: MEMORIAL HERMANN FACILITIES

Service Areas	Percent
Texas	5.7%
Memorial Hermann Health System	**6.6%**
Memorial Hermann - Texas Medical Center	6.7%
Memorial Hermann Greater Heights Hospital	6.7%
Memorial Hermann Katy Hospital	6.5%
Memorial Hermann Memorial City Medical Center	6.3%
Memorial Hermann Northeast Hospital	6.8%
Memorial Hermann Rehabilitation Hospital - Katy	6.5%
Memorial Hermann Southeast Hospital	7.7%
Memorial Hermann Southwest Hospital	7.0%
Memorial Hermann Sugar Land	5.9%
Memorial Hermann Surgical Hospital First Colony	6.4%
Memorial Hermann Surgical Hospital Kingwood	6.0%
Memorial Hermann The Woodlands Medical Center	5.3%
TIRR Memorial Hermann	6.7%

Source: MHHS facilities values from Claritas (2024)

Figure 74. shows the MHHS MSA has unemployment rates that are the same as or higher than the Texas average (5.7%). Memorial Hermann Southeast Hospital service area has the highest rate at 7.7%, which is slightly higher than Harris County (7.3%). Memorial Hermann The Woodlands Medical Center service area is the only facility with a lower rate (5.3%) than the state average. Other facilities have lower rates than Harris County. Data by counties and zip codes are shown in Appendix F, Table 10 and Table 11, respectively.

Even if employed, not having a livable wage can be a barrier to accessing care. A living wage calculator provided by the Economic Policy Institute estimates that a single adult Houston needs to earn at least $21.56 an hour just to cover basic needs.[21] The U.S. Census Bureau of Labor Statistics has indicated the average hourly wage in the MHHS MSA is $30.54 which is slightly less than the national average of $31.48.[22] Despite the average rate, many residing in the MHHS MSA experience economic challenges. Financial stress can contribute to food insecurity, delayed medical care, and mental health strain – all factors that can exacerbate chronic disease and overall poor outcomes. See Figure 75.

[21] Analysis of Economic Policy Institute's Family Budget Calculator (EPI 2024a)
[22] U.S. Census Bureau of Labor Statistics - Occupational Employment and Wages in Houston-The Woodlands-Sugar Land – May 2023

FIGURE 75: HOURLY WAGE MAJOR CITY COMPARISON THAT CONSTITUTES A "LIVING WAGE" FOR SELECTED FAMILY TYPES AND WORK HOURS - LIVING WAGE REQUIREMENTS BY FAMILY COMPOSITION AND LABOR FORCE PARTICIPATION

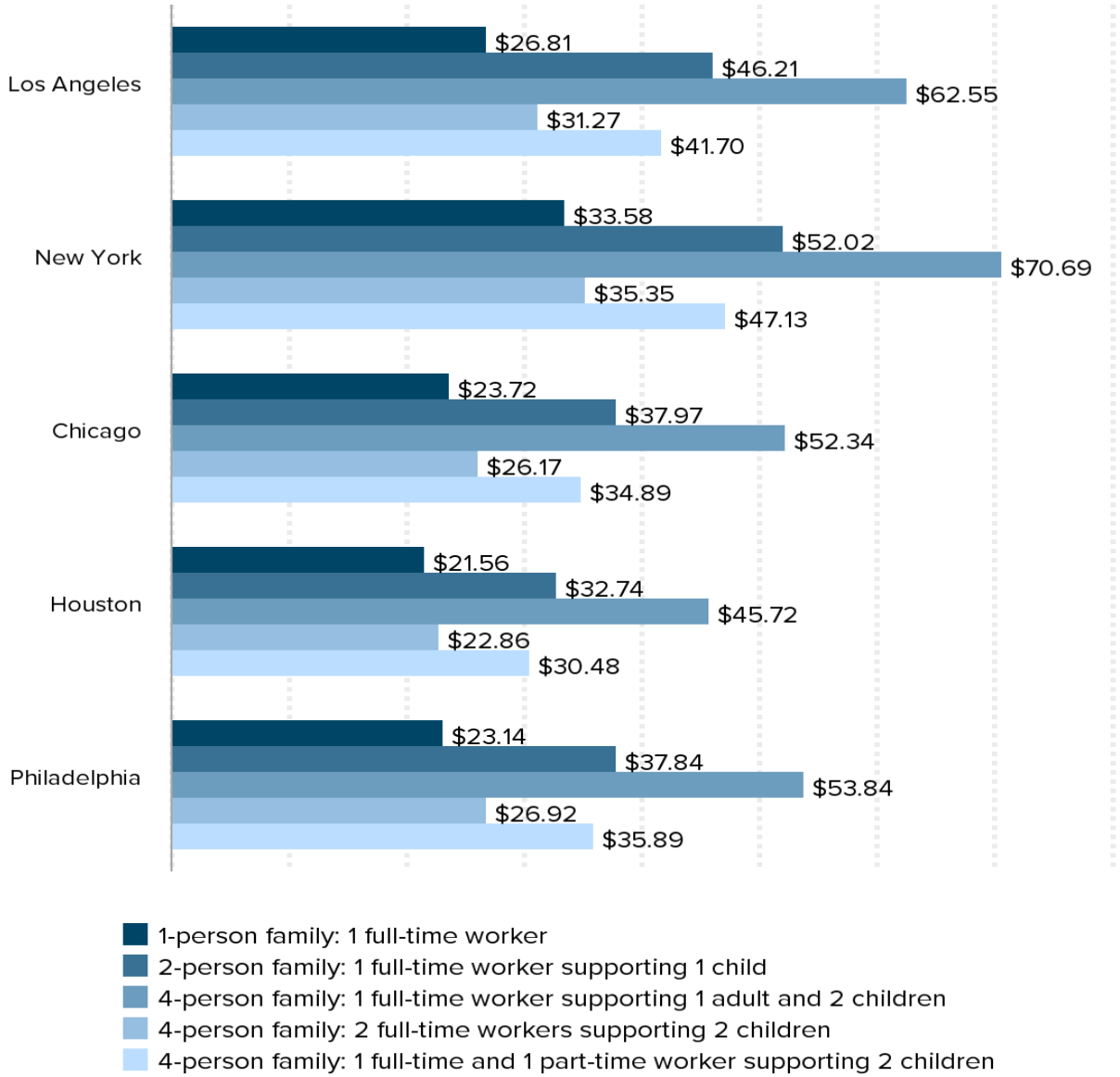
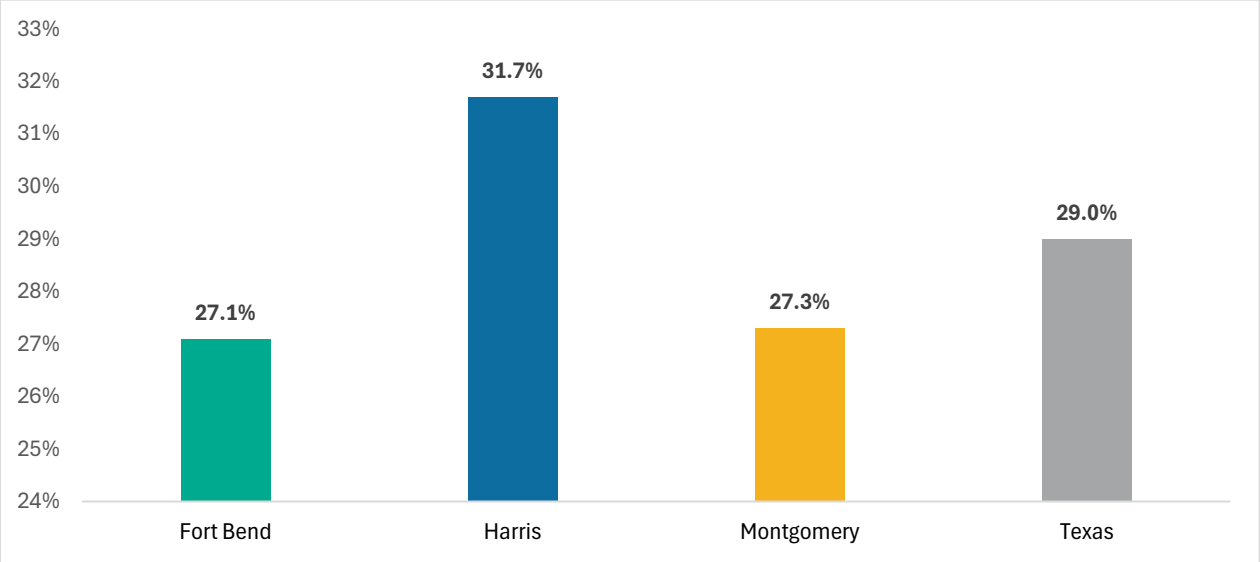


Figure 76. shows the percentage of households that are Asset Limited, Income Constrained, Employed (ALICE) defined as households with income above the Federal Poverty Level but below the basic cost of living. Harris County (31.7%) has a higher percentage of ALICE households compared to the Texas average (29.0%), indicating greater financial strain among working households. In contrast, Fort Bend (27.1%) and Montgomery (27.3%) counties report slightly lower ALICE rates than the state, suggesting fewer households facing economic hardship despite being employed. ALICE households represent men and women of all ages and races who are working but unable to afford the basic necessities of housing, food, childcare, health care, and

transportation. This is often due to a lack of jobs that provide sufficient wages and to ongoing increases in the basic cost of living.[23]

FIGURE 76: ALICE HOUSEHOLD PERCENT



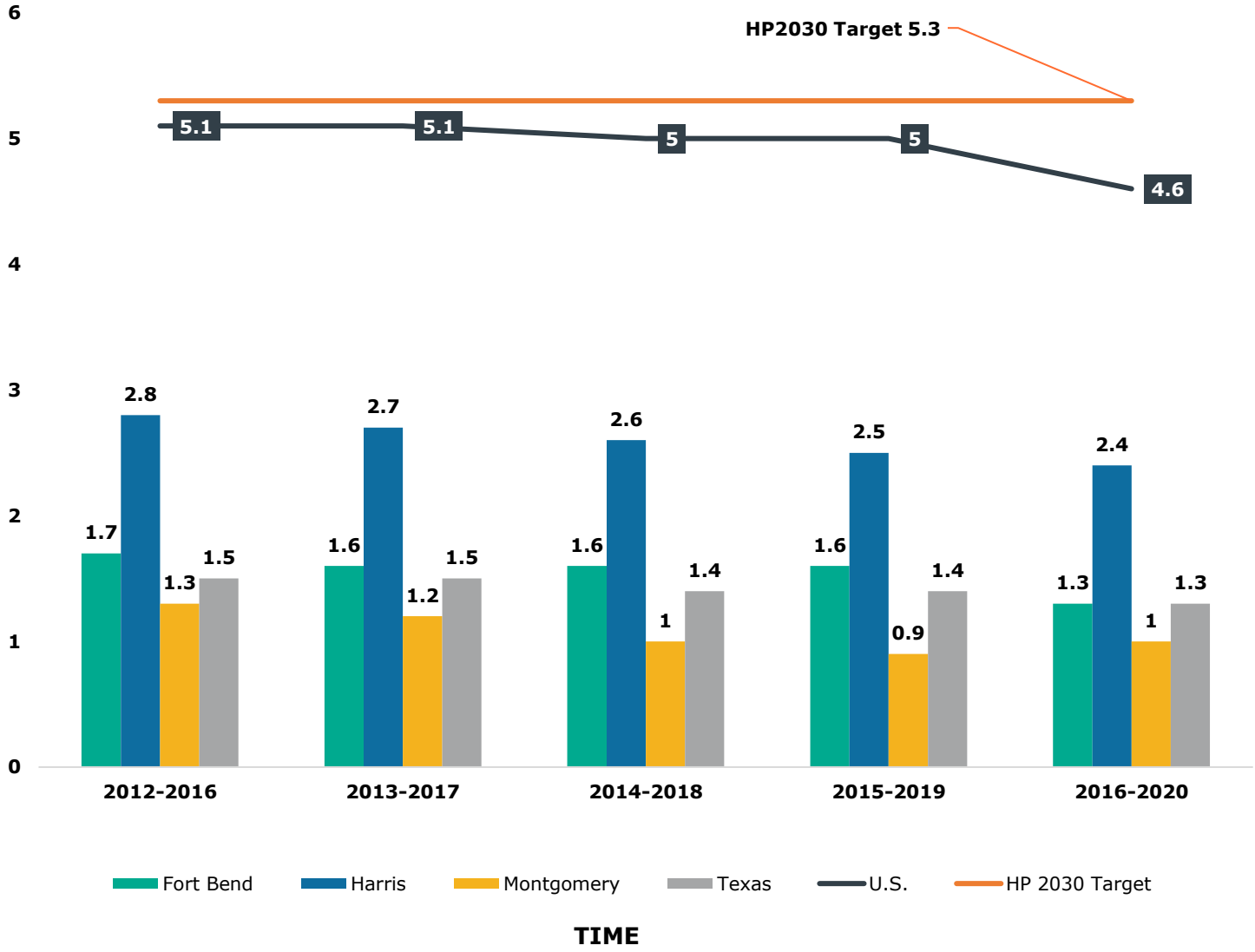
Source: County and state values from United for ALICE (2022)

A major barrier to employment or stable employment can be lack of access to transportation. For those who cannot afford to own a vehicle, public transportation can be imperative. In the most recent time period of measurement between 2016-2020, the percentage of workers commuting by public transportation stayed low in all three counties. Harris County had the highest rate at 2.4%, followed by Fort Bend County at 1.3%, and Montgomery County at 1.0%. These rates are all lower than the Texas average of 1.3% and much lower than the United States average of 4.6%. They also fall short of the Healthy People 2030 goal, which aims to increase public transportation use for work to 5.3%. Over time, the percentage of workers using public transportation has slowly gone down in each of the counties, especially in Harris County, which dropped from 2.8% in 2012 to 2.4% in 2020. Public transportation helps people who do not have cars get to jobs, services, and education. It also helps reduce traffic, fuel use, and air pollution. The low and declining rates show that more work is needed to improve public transportation access in the region.

Though the utilization of public transportation is going down, there is still a significant percentage of the population without vehicles. In Harris County, it is estimated that 6.8% of households do not have a vehicle.[24] In a county with a population over five-million, that is an estimation of over 340,000 without access to a personal vehicle. That can have a significant impact on the ability to commute to or access employment.

[23] United Way website: https://www.unitedforalice.org/all-reports.
[24] Houston State of Health: Households Without a Vehicle in Harris County (2025)

FIGURE 77. WORKERS COMMUTING BY PUBLIC TRANSPORTATION (%), OVER



Source: County, State, & U.S. values from American Community Survey

NON-MEDICAL DRIVER PRIORITY: Educational Access

Education is a powerful driver of health, influencing everything from employment opportunities, health literacy and long-term well-being.[25] Community members and key informants highlighted disparities in educational access, quality of education, and related health outcomes—particularly for low-income and minority populations. Schools were recognized as vital hubs for health services, nutrition programs, and behavioral support. Strengthening educational systems, expanding school-based health initiatives, and fostering partnerships between schools and community organizations are key strategies for promoting health equity and lifelong success, not only impacting employment, but also long-term well-being.

Primary Data

In the community survey, 24% of respondents identified a strong education system as a missing factor essential to a healthy community. Insights from educators further emphasize key challenges impacting schools, including low health literacy among students and families, which hinders access to and navigation of the health care system. Additionally, limited health care access has positioned schools as critical providers of health services. A high prevalence of behavioral and mental health issues among students, coupled with poverty and economic instability, significantly affects students' ability to focus and succeed academically**.**

FIGURE 78. NOTABLE QUOTES FROM KEY INFORMANT INTERVIEWS

> *The availability to retain and recruit educational staff has been difficult.*
>
> **--Education Industry Leader --**

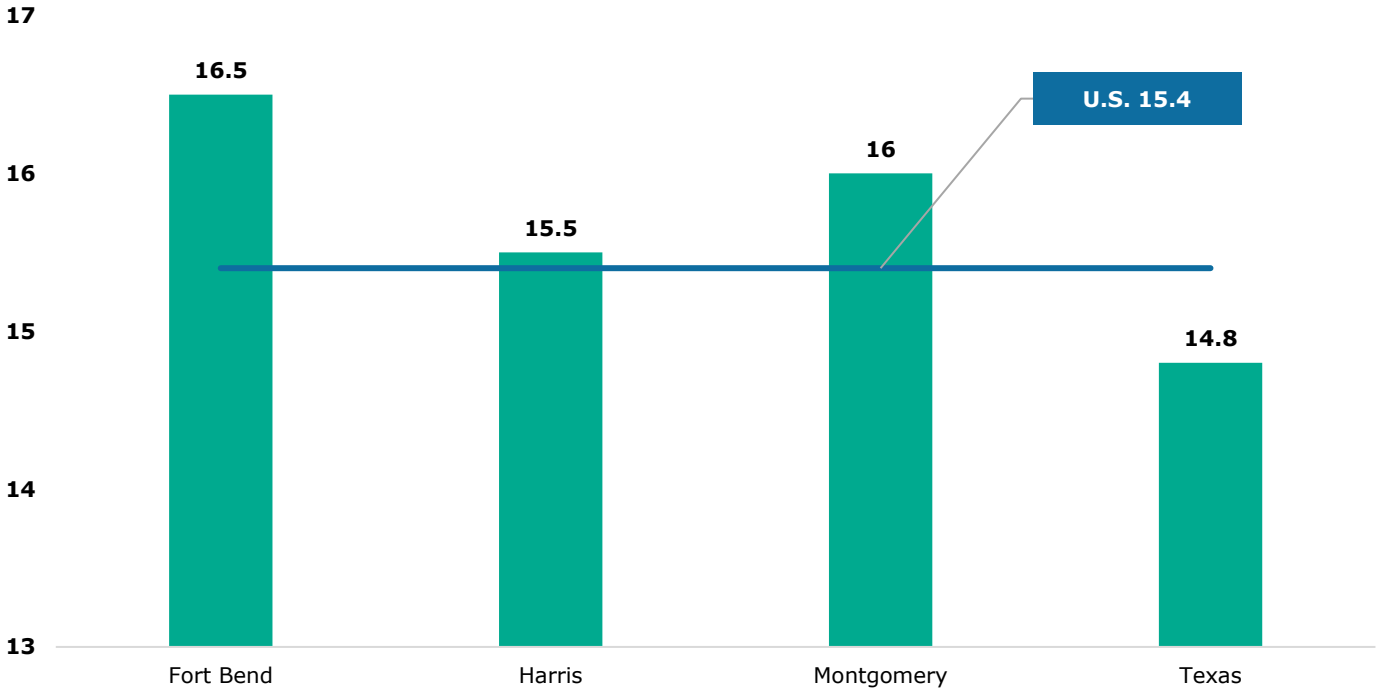
Secondary Data

From the secondary data scoring results weighed for MHHS MSA, education had the 11th data score of all topic areas, with a score of 1.46. Further analysis was done at the county level to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are graphed below. See Appendix A for the list of indicators categorized within this topic. Educational Access and Attainment remain critical areas

[25] The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. DOI: 10.1146/annurev-publhealth-031816-044628

of concern across Fort Bend, Harris, and Montgomery Counties, as multiple indicators reveal challenges in student support, parental education, and early childhood care.

FIGURE 79. STUDENT-TO-TEACHER RATIO

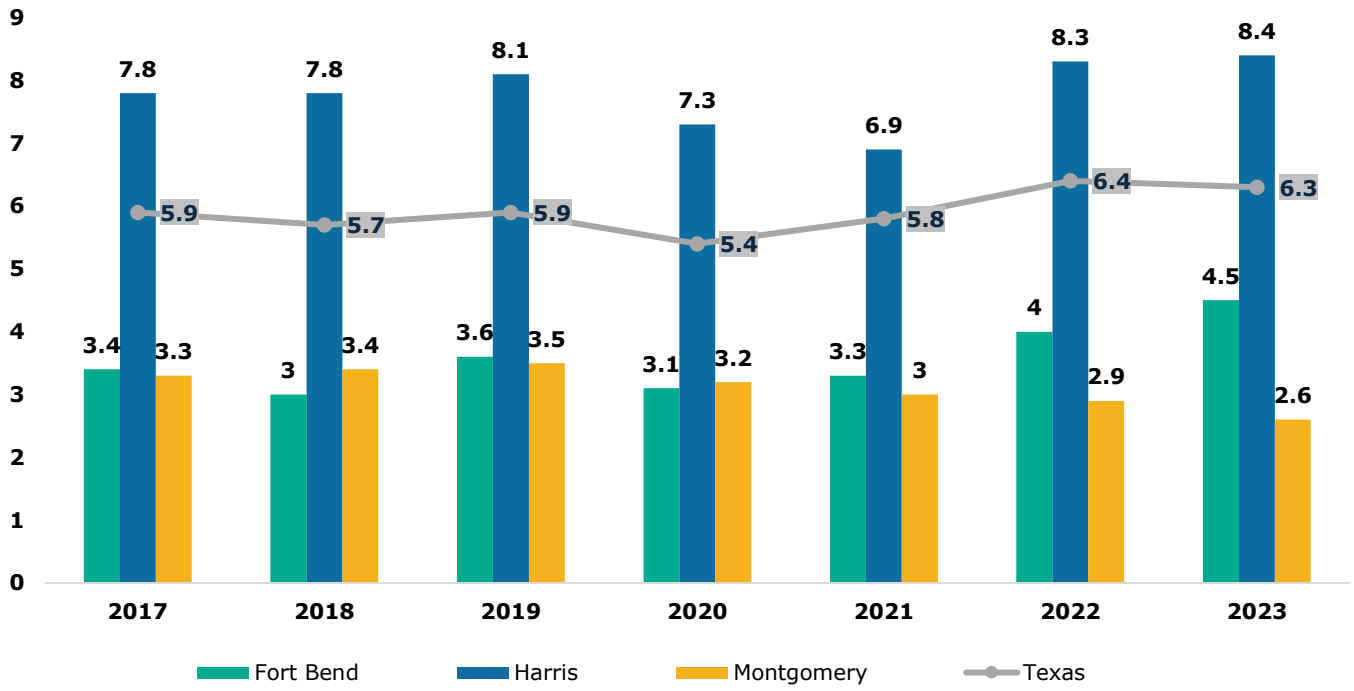


Source: Count and State values from National Center for Education Statistics (2022-2023)

According to the National Center for Education Statistics, larger schools usually have more students for each teacher. A lower number of students per teacher can help improve learning, raise test scores, and support long-term academic success. All three counties — Fort Bend (16.5), Harris (15.5), and Montgomery (16.0) — have a higher student to teacher ratio than both Texas (14.8) and the United States (15.4). This means students in these counties may get less individual attention, placing them in the worst 25% of counties in Texas and in the lower half of counties across the country. Harris County has shown a meaningful decrease in this ratio over time, indicating progress in improving student to teacher ratios[26]

[26] Houston State of Health. www.houstonstateofhealth.com

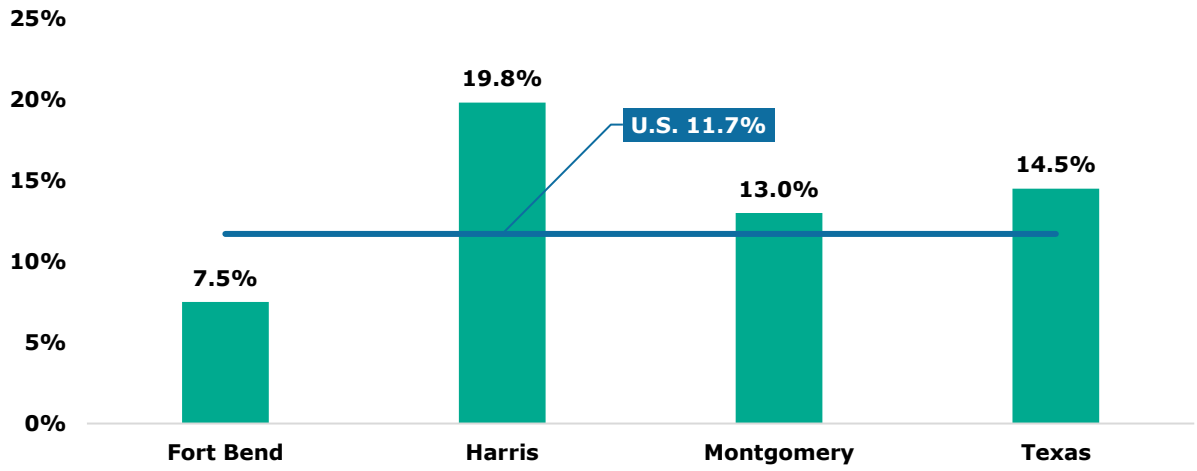
FIGURE 80. HIGH SCHOOL DROPOUT RATE (%), OVERTIME



Source: Count and State values from Texas Education Agency

The high school dropout rate is a concern, especially in Fort Bend and Harris Counties. Both counties show an upward trend in dropout rates over the past several years. In 2023, Fort Bend County reached 4.5% and Harris County reached 8.4%, both higher than the Texas average of 6.3%. Although the increase is not statistically significant, the rates are still high enough to place both counties in the lowest 25% counties in Texas for this indicator. In contrast, Montgomery County has shown steady improvement, with the dropout rate decreasing from 3.3% in 2017 to 2.6% in 2023. These trends highlight the need for more support and resources to help students stay in school, especially in Fort Bend and Harris Counties.

FIGURE 81. INFANTS BORN TO MOTHERS WITH <12 YEARS EDUCATION (%)



Source: Count and State values from Texas Department of State Health Services (2020)

Parental education is linked to many important outcomes, such as lower child death rates and better school performance for children. In Harris County, a higher percentage of infants are born to mothers with less than 12 years of education compared to Texas (14.5%) and the United States (11.7%). This places Harris County among the worst 25% of counties in Texas for this measure. The good news is that this percentage has gone down over the years in a meaningful way. Even though education levels among parents have improved across the country, access to early learning resources is still a challenge. In Harris County, there are only 4.3 childcare centers for every 1,000 children under age 5, which is lower than the Texas average of 4.9 and the national average of 7.0. Expanding access to affordable, high-quality childcare is important because it helps children grow and learn while also allowing more parents to work and support the economy.

Of note, educational access extends beyond traditional academic pathways and includes opportunities for individuals to gain skills through trade schools, vocational training, and workforce development programs. These forms of education are critical for individuals who may not pursue a four-year degree but still seek meaningful employment and upward economic mobility. By equipping people with in demand skills such as those in health care, construction, or technology, trade-based education expands access to stable careers, increases earning potential, and reduces barriers to long term financial security, all of which are closely tied to improved health outcomes and community well-being.

Non-Prioritized Community Health Needs

The following significant health needs emerged from a review of primary and secondary data. MHHS did not elect to explicitly prioritize these topics: 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.

Key themes from community input are included for each non-prioritized community health need along with the secondary data warning indicators, which reveal where MHHS performs worse than the state of Texas.

Immunizations & Infectious Diseases

This community health need emerged as significant in the secondary data, with Harris County reporting the highest rates of chlamydia, gonorrhea, syphilis, and HIV infections compared to both Texas and national averages. Despite these concerning statistics, immunizations and infectious diseases were not commonly mentioned as priorities in the community survey or key informant interviews.

Although MHHS is actively implementing programs to address this health priority within the Health Centers for Schools and daily operations of the health care system, MHHS is also partnering with organizations like the public health authorities in that are actively responding to these trends. In Harris County specifically, public health efforts are focused on implementing a range of initiatives in high-risk zip codes through community outreach, education, and mobile health units. These strategies aim to reduce transmission rates, improve early detection, and connect individuals to care—especially in underserved communities disproportionately affected by these infections.

Community (Environment, Prevention & Safety)

This community environment, prevention and safety need was identified as a significant concern through both secondary data analysis and community survey responses. Notably, 69% of survey participants indicated that a clean environment—including access to safe water and clean air—is a critical factor in creating a healthy community. However, MHHS will not prioritize environmental prevention and safety as a key community health need due to limited resources and a strategic focus on areas where the system is best positioned to drive measurable impact on health outcomes.

Conclusion

This Community Health Needs Assessment (CHNA), conducted for MHHS, used a comprehensive set of secondary and primary data to determine the significant health needs in MHHS. The prioritization process identified seven community health needs: Access to Health care, Maternal & Infant Health, Chronic Condition Prevention & Management, Mental Health & Substance Use, Economic Opportunity, Educational Access and Access to Healthy Food.

The findings in this report will be used to guide the development of MHHS Implementation Strategy, which outlines strategies to address identified priorities and improve the health of the community.

Please send any feedback and comments about this CHNA to: CommunityHealth@memorialhermann.org with "CHNA Comments" in the subject line.

Feedback received will be incorporated into the next CHNA process.

Appendices Summary

A. Secondary Data Sources, Methodology, and Data Scoring Tables

Overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis. This includes secondary data sources and analyses for the nine counties in the Houston-Woodlands-Sugarland MSA.

B. Community Survey

Quantitative community feedback data collection tool vital in capturing community feedback during this collaborative CHNA

C. Community Survey Demographics

A summary of the demographic characteristics of respondents who participated in the community survey for the 2025 Community Health Needs Assessment cycle.

D. Community Resources

A list of organizations and programs that help meet the social and health needs of the local community.

E. Key Informant Interviews

Qualitative feedback data collection tool used to capture insights and experiences of the local community members, who possess unique knowledge or expertise related to the community's health.

F. Secondary Data Demographics

Secondary data and indicators that highlight specific characteristics of a population generally stratified by county and zip code

G. Secondary Data Sources for Health and Geographic Disparities

Sources that outline population health disparities and provide insights on their impact on health equity and outcomes within the community.

H. Potential Community Partners

The tables in this section highlight potential community partners who were identified during the qualitative data collection process for this CHNA.

I. Prioritization Activity Form

Tool used during community focus groups meetings to guide the prioritization of identified health needs.

J. Evaluation of Progress Since Prior CHNA

Summary of progress made on the health priorities identified in the previous Community Health Needs Assessment (CHNA).