

Memorial Hermann Health System

Memorial Hermann Sugar Land Hospital
Community Health Needs Assessment 2016

June 8, 2016

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EXECUTIVE SUMMARY

Introduction

Improving the health of a community is essential to enhancing the quality of life for residents in the region and supporting future social and economic well-being. Memorial Hermann Health System (MHHS) engaged in a community health planning process to improve the health of residents served by Memorial Hermann Sugar Land Hospital (MH Sugar Land). This effort includes two phases: (1) a community health needs assessment (CHNA) to identify the health-related needs and strengths of the community and (2) a strategic implementation plan (SIP) to identify major health priorities, develop goals, and select strategies and identify partners to address these priority issues across the community. This report provides an overview of key findings from MH Sugar Land's CHNA.

Community Health Needs Assessment Methods

The CHNA was guided by a participatory, collaborative approach, which examined health in its broadest sense. This process included integrating existing secondary data on social, economic, and health issues in the region with qualitative information from 11 focus groups with community residents and service providers and 25 interviews with community stakeholders. Focus groups and interviews were conducted with individuals from the Greater Houston area and from within MH Sugar Land's diverse community. MH Sugar Land defines its community for the CHNA process as the top 75% of zip codes corresponding to inpatient discharges in fiscal year 2015. These selected zip codes correspond to the ten communities of East Bernard, El Campo, Houston, Missouri City, Needville, Richmond, Rosenberg, Stafford, Sugar Land, and Wharton within the counties of Fort Bend, Harris, and Wharton. At a city level, most MH Sugar Land inpatient discharges occurred to residents of Richmond, followed by Sugar Land and Rosenberg. ***Thus, the community defined for this CHNA focused on the County of Fort Bend and the three principal communities served by MH Sugar Land: Richmond, Sugar Land, and Rosenberg.***

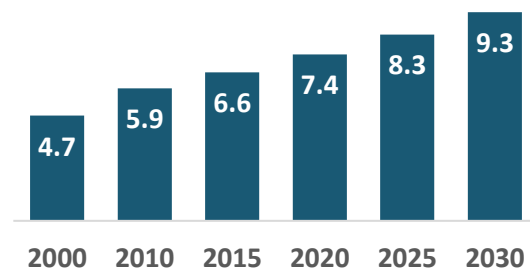
Key Findings

The following provides a brief overview of key findings that emerged from this assessment.

Community Social and Economic Context

- **Population Growth and Size:** Fort Bend County is the fastest growing county within the MH Sugar Land community (3.9% increase in 2010-2014 over the 2005-2009 estimate). The Houston metropolitan area, which includes MH Sugar Land's three principal communities of Sugar Land, Richmond, and Rosenberg, is projected to increase from 5.9 million in 2010 to 9.3 million in 2030.

PROJECTED TOTAL POPULATION IN MILLIONS, GREATER HOUSTON METROPOLITAN AREA, 2010-2030



- **Age Distribution:** Among the three principal communities served by MH Sugar Land, Rosenberg has the youngest population, with 40.5% of residents being under the age of 25 compared to 37.0% in Richmond and 32.4% in Sugar Land.
- **Racial and Ethnic Distribution:** Fort Bend County is predominantly comprised of residents who self-report their racial and ethnic identity as White (35.9%) or Hispanic (23.9%). Among the three principal communities served by MH Sugar Land, Sugar Land is predominantly White, non-Hispanic (44.8% of residents) whereas Richmond and Rosenberg are

Sugar Land is predominantly White, non-Hispanic; Richmond and Rosenberg are predominantly Hispanic.

predominantly Hispanic (62.4% and 61.3%, respectively). Among all cities and towns in MH Sugar Land's community, Richmond reports the largest Asian, non-Hispanic population (35.1% of residents), and Missouri City reports the largest Black, non-Hispanic population (42.2% of residents).

- **Linguistic Diversity and Immigrant Population:** The proportion of the population that speaks a language other than English at home ranges from a low of 17.6% in Needville to a high of 48.0% in Stafford. There is a significant population of people who speak an Asian language in Fort Bend County, with 9.1% of non-English speakers speaking Chinese, 6.3% speaking Vietnamese, and 5.1% speaking another Asian language. One in four residents in Fort Bend and Harris Counties are foreign-born. From 2000 to 2013, Houston's immigrant population grew nearly twice the national average: a rate of 59% in 13 years versus 33% in the United States.
- **Income and Poverty:** The median household income in the three counties served by MH Sugar Land ranges from \$40,411 in Wharton County to \$85,297 in Fort Bend County. The highest median household income in Sugar Land (\$104,702) is much higher than the lowest median household income in Wharton (\$26,944). The percent of adults below the poverty line in 2009-2013 was highest in Wharton (21.9%).
- **Employment:** In 2013, the unemployment rate in Fort Bend County was 5.6%. Unemployment rates for Texas and all three counties served by MH Sugar Land peaked in 2010 but have decreased consistently over the past five years.
- **Education:** Among the three principal communities served by MH Sugar Land, Richmond has the highest percentage of residents with a high school diploma or less (67.7%). Sugar Land has the highest percentage of residents with a Bachelor's degree or higher (54.0%).
- **Housing:** Monthly median housing costs are higher for owners in Fort Bend County (\$1,590) than other counties served by MH Sugar Land. For renters, costs are highest in Fort Bend County (\$1,167) and lowest in Wharton County (\$657). In all municipalities

served by MH Sugar Land, a higher percent of renters compared to owners pay 35% or more of their household income towards their housing costs (e.g., over half (52.3%) of El Campo renters pay 35% or more of household income toward housing).

- **Transportation:** A majority of residents in the three counties served by MH Sugar Land commute to work by driving alone in a car, truck, or van. Among the three principal communities served by MH Sugar Land, Sugar Land has the highest percentage of workers who commute by public transportation (2.5%).
- **Crime and Violence:** Among the three principal communities served by MH Sugarland, the violent crime rate is highest in Richmond (360.7 offenses per 100,000 population) and lowest in Sugar Land (109.3 offenses per 100,000 population). Among those same three communities, the property crime rate is highest in Richmond (2,785.0 offenses per 100,000 population) and lowest in Sugar Land (1,646.0 offenses per 100,000 population).

Health Outcomes and Behaviors

Physical Health

- **Overall Leading Causes of Death:** Fort Bend County has lower mortality rates in all the top leading causes of mortality—including heart disease, cancer stroke, and chronic lower respiratory disease—compared to Harris and Wharton Counties. In Fort Bend, persons aged 45 to 54 years had the highest rate of suicide compared to other age groups, with a rate of 11.1 suicides per 100,000 population in 2013.
- **Overweight and Obesity:** In 2012, the percentage of Fort Bend County residents reporting that they were overweight or obese was 22.9%. This rate has remained stable since 2004 in contrast to the percentage of adults in Harris County reporting a BMI of 30 or more which has increased over the past eight years.
- **Diabetes:** In 2012, the percentage of Fort Bend County residents reporting that they had diabetes was 7.9%, an improvement over rates which peaked at 9.4% in 2007. Fort Bend sees a smaller number of hospital admissions due to uncontrolled diabetes

(6.8 per 100,000 population) than Harris and Wharton Counties.

- **Heart Disease, Stroke, and Cardiovascular Risk Factors:** In 2012, 25.7% of Fort Bend adults aged 18 and older had ever been told by a doctor that they have high blood pressure or hypertension. The prevalence of adults aged 45 years or older who have ever been told by a health professional that they had a stroke was 658 per 100,000 population in Fort Bend County.
- **Asthma:** Fort Bend County adult residents had the highest self-reported rates of asthma (5.8%) and Harris County adult residents self-reported the lowest rates of asthma (4.6%). In 2012, 5.7 per 10,000 population experienced an asthma related hospital discharge.
- **Cancer:** Harris and Wharton Counties see slightly higher incidence rates of cancer (444.1 per 100,000 population and 435.4 per 100,000 population) compared to Fort Bend (409.4 per 100,000 population).
- **HIV and Sexually-Transmitted Diseases:** Fort Bend has among the lowest HIV rates in the region, with 174.4 people per 100,000 population living with HIV in the county, up from 157.9 per 100,000 population in 2011. From 2011 to 2014, chlamydia and syphilis case rates have increased in all three counties served by MH Sugar Land.
- **Tuberculosis:** Fort Bend County's tuberculosis rate is low compared to Harris County, 2.8 versus 7.2 cases per 100,000 population.
- **Oral Health:** Across the three counties served by MH Sugar Land, Fort Bend County had the highest rate of dentists (56.9 per 100,000 population) and Wharton County had the lowest rate of dentists (42.7 per 100,000 population).
- **Maternal and Child Health:** Fort Bend County has the lowest rate of teen births (1.2%) across all three counties served by MH Sugar Land. Among live births, 62.9% in Fort Bend County and 56.1% in Harris County occurred to mothers who received prenatal care in their first trimester. Rates of receiving no prenatal care were 1.9% and 3.9% for Fort Bend and Harris County mothers, respectively.

Health Behaviors

- **Food Access, Healthy Eating, and Physical Activity:** In Fort Bend County, a fifth of all children are considered to be food insecure. Residents of the three counties served by MH Sugar Land have similar access to grocery stores, ranging from 15 grocery stores per 100,000 population in Fort Bend County to 19 grocery stores per 100,000 population in Harris County. Fort Bend County low-income residents have limited access to farmer's markets (10.4%). In 2012, the percentage of Fort Bend County adults aged 20 and over reporting no leisure-time physical activity was 21.4%, down from 24.3% in 2004.

One in five children in Fort Bend County is food insecure.

Behavioral Health

- **Adult Mental Health:** Rates of psychiatric discharge vary from 2.3 per 1,000 people in Fort Bend County to 5.3 per 1,000 people in Wharton County. Informants identified mental health and lack of access to mental health services as a major unmet need in the community.

"At a state level, we are funded 49th in behavioral health care. We have not done a good job in Texas of investing in mental health."

- **Substance Use and Abuse:** Wharton County had the highest rates of non-fatal drinking-under-the-influence (DUI) motor vehicle accidents in the past month (168.6 per 100,000 population), and Fort Bend County had the lowest rate (45.6 per 100,000 population).

Health Care Access and Utilization

- **Health Insurance:** Uninsurance rates decreased for Harris and Fort Bend counties following the passage of the Affordable Care Act in 2010. Harris County had higher rates of uninsurance than Fort Bend County during the 2009-2014 period. In 2013, the zip codes with the highest rates of uninsurance for the total population were located in the municipalities of Houston, Rosenberg, and Stafford.
- **Access to Primary Care:** Fort Bend County had a lower proportion of primary care physicians (59.9 per 100,000 population) compared to Harris (82.6 per 100,000 population) and Wharton Counties (47.5 per 100,000 population). In Harris County, 38.2% of adult residents reported in the BRFSS survey that they did not have a doctor or healthcare provider. (Data unavailable for Fort Bend and Wharton Counties.) In the Houston-The Woodlands-Sugar Land MSA, 34% of physicians accept all new Medicaid patients, 24% limit their acceptance of new Medicaid patients, and 42% accept no new Medicaid patients. In Harris County in 2014, 37% of physicians accepted all new Medicaid patients, 23% limited their acceptance of new Medicaid patients, and 40% accepted no new Medicaid patients. (Data on Medicaid acceptance is unavailable for Fort Bend and Wharton Counties due to a low survey response rate.)
- **Emergency Department Care at MH Sugar Land for Primary Care Treatable Conditions:** Of MH Sugar Land's 5,266 emergency room visits in 2013, 54.8% were from patients who were uninsured or on Medicaid, and 40.5% were classified as non-emergent or with primary care treatable conditions. Among the 16 zip codes in MH Sugar Land's CHNA-defined community, four zip codes are among the top 20 zip codes for emergency room visits for primary care treatable conditions in 2013.
- **Inpatient Care at MH Sugar Land for Ambulatory Care Sensitive Conditions:** Of MH Sugar Land's 5,730 inpatient discharges in 2015, 2,694 inpatient discharges or 47% were related to an ambulatory care sensitive condition. The top three ambulatory care sensitive conditions that

resulted in inpatient care at MH Sugar Land in 2015 were diabetes (57 discharges), cellulitis (49 discharges), and congestive heart failure (39 discharges).

Community Assets and Resources

- **Diverse and Cohesive Community:** Residents and stakeholders described diversity and social cohesion as being among the primary assets and strengths of their community. Informants described the positive role of diversity in driving the creation of robust communities to participate in and resources to meet those needs. This social cohesion does not just occur within neighborhoods, but also within groups sharing a common issue.
- **High-Quality, Plentiful Medical Care:** A key asset identified by key informants and focus group participants was the wide availability of health care services and the high quality of those services, both in Sugar Land and Houston, and within other communities served by MH Sugar Land. The health care system is also described as having a strong community health system in addition to world-class acute care.
- **Strong Schools:** The communities served by MH Sugar Land have strong schools, according to key informants and focus group respondents. Parental engagement is high in many of their communities, driven largely by the proactive outreach done to parents by schools and social cohesion among parents.
- **Economic Opportunity:** Many key informants and focus group participants reported improvement in the local economy, creating economic opportunities for residents and businesses in the communities served by MH Sugar Land.

Community Vision and Suggestions for Future Programs and Services

- **Promote Healthy Living:** Promotion of healthy eating, physical activity, and disease self-management by health care delivery systems and supporting social service organizations was a top suggestion of stakeholders.
- **Improve Transportation:** Transportation presents many problems in the communities served by MH Sugar Land, and

stakeholders offered perspectives and ideas for future programs and services to alleviate the burden caused by traffic and the lack of transportation in some communities.

- **Provide Support to Navigate the Health Care System:** Residents need assistance in facing the number of barriers to accessing health care services in the communities served by MH Sugar Land. Stakeholders described existing strategies such as community health workers that should be expanded in outlying communities served by MH Sugar Land.
- **Expand Access to Behavioral Health Services:** Informants identified behavioral health care access as being a major unmet need in the communities served by MH Sugar Land.
- **Promote Multi-Sector, Cross-Institutional Collaboration:** Health care and social service stakeholders frequently noted that, while many local services exist, there are opportunities to improve communication and collaborate to improve population health in the communities that serve MH Sugar Land.

Key Themes

- **Fort Bend County is unique in terms of demographics and population health needs compared to Harris and Wharton counties.** While Fort Bend County experiences fewer challenges in terms of population health than its more urban and rural neighbors in the MH Sugar Land community, some communities lack access to some social and health resources and public transportation.
- **The increase in population over the past five years has placed tremendous burden on existing public health, social, and health care infrastructure, a trend that places barriers to pursuing a healthy lifestyle among residents.** Infrastructure that does not keep up with demand leads to unmet need and sustains unhealthy habits in the community. Communities without easy access to healthy foods, safe roads, affordable housing, fewer sidewalks, and more violence are at a disadvantage in the pursuit of healthy living.
- **Although there is economic opportunity for many residents, there are pockets of poverty and some residents face economic challenges which can affect health.** Seniors and members of low-income communities face challenges in accessing care and resources compared to their younger and higher income neighbors. Strategies such as community health workers may increase residents' ability to navigate an increasingly complex health care and public health system.
- **Obesity and concerns related to maintaining a healthy lifestyle emerged as challenges for the region.** Barriers ranged from individual challenges of lack of time to cultural issues involving cultural norms to structural challenges such as living in a food desert or having limited access to sidewalks, recreational facilities, or affordable fruits and vegetables. While several initiatives in the region are trying to address this issue, there appears ample opportunity for action, partnership, and focusing on specific at-risk populations (e.g., rural communities, youth).
- **Behavioral health was identified as a key concern among residents.** Stakeholders highlighted significant unmet needs for mental health and substance abuse services in the communities served by MH Sugar Land. Key informants particularly drew attention to the burden of mental illness in the incarcerated population. Findings from this current assessment process illustrate the importance of pursuing innovative strategies to address behavioral health issues, such as those programs that are part of the 1115 waiver.
- **Communities served by MH Sugar Land have many health care assets, but access to those services is a challenge for some residents.** Transportation to health services was identified as a substantial concern, especially for seniors and lower income residents, as access to public transportation may be limited in some areas. There is an opportunity to expand services to fill in gaps in transportation, ensuring residents are able to access primary care and behavioral health services as well as actively participating in their communities.

BACKGROUND

About Memorial Hermann Health System

Memorial Hermann Health System (MHHS) is the largest non-profit health care system in Southeast Texas. Memorial Hermann's 13 hospitals and numerous specialty programs and services serve the Greater Houston area, the fifth largest metropolitan area in the United States. Memorial Hermann annually contributes more than \$451 million in uncompensated care, community health improvement, community benefits, health professions education, subsidized health services, research, and community education and awareness.

About Memorial Hermann Sugar Land Hospital

Located in Fort Bend County, Memorial Hermann Sugar Land Hospital (hereafter MH Sugar Land) is an 81-private bed, full-service, acute care facility that brings together the ultimate in healthcare technology, expertise and healing for families in their community. The Quality Texas Foundation awarded MH Sugar Land Hospital the Texas Award for Performance Excellence in 2015, a prestigious award recognizing strong dedication to quality and high performance. MH Sugar Land Hospital was the first Houston area hospital to receive the Texas Award for Performance Excellence award by the Quality Texas Foundation. Among the specialty services and programs offered by MH Sugar Land are an emergency center, imaging services, a sports medicine and rehabilitation program, and a Sleep Disorders center.

Scope of Current Community Health Needs Assessment

There are 13 hospitals participating in MHHS's community health needs assessment (CHNA) in 2016. The hospitals participating in the CHNA include: Memorial Hermann Greater Heights, Memorial Hermann Texas Medical Center, Memorial Hermann Katy Hospital, Memorial Hermann Rehabilitation Hospital - Katy, Memorial Hermann Memorial City Medical Center, Memorial Hermann Northeast, Memorial Hermann Southwest, Memorial Hermann Southeast, Memorial Hermann Sugar Land Hospital, Memorial Hermann The Woodlands Hospital, TIRR Memorial Hermann, Memorial Hermann Surgical Hospital Kingwood, and Memorial Hermann Surgical Hospital – First Colony. The CHNA process will be integrated with and inform a strategic implementation

planning (SIP) process designed to develop aligned strategic implementation plans for each hospital.

Previous Community Health Needs Assessment

MHHS conducted a CHNA for each of its hospitals in 2013 to prioritize health issues, to provide a foundation for the development of a community health improvement plan, and to inform each hospital's program planning. The CHNA was conducted between August 2012 to February 2013 with the overall goal of identifying the major healthcare needs, barriers to access, and health priorities for those living in the communities of MHHS hospitals. The analysis included a review of current data and input from numerous community representatives.

During the 2013 CHNA, the following six health priorities were identified for MHHS hospitals:

- Education and prevention for diseases and chronic conditions
- Address issues with service integration, such as coordination among providers and the fragmented continuum of care
- Address barriers to primary care, such as affordability and shortage of providers
- Address unhealthy lifestyles and behaviors
- Address barriers to mental healthcare, such as access to services and shortage of providers
- Decrease health disparities by targeting specific populations

The process culminated in the development of an Implementation Plan to address the significant needs of residents identified through the CHNA. Each hospital utilized the plan as a guide to improve the health of their community and advance the service mission of the Memorial Hermann organization. The actions taken as a result of the 2013 implementation strategies are identified in Appendix A, Review of 2013 Initiatives. The 2016 CHNA updates the 2013 CHNA and provides additional information about community unmet needs, particularly in the area of healthy living.

Purpose of Community Health Needs Assessment

As a way to ensure that MH Sugar Land is achieving its mission and meeting the needs of the community, and in furtherance of its obligations

under the Affordable Care Act, MHHS undertook a community health needs assessment (CHNA) process in the spring of 2016. Health Resources in Action (HRIA), a non-profit public health consultancy organization, was engaged to conduct the CHNA.

A CHNA process aims to provide a broad portrait of the health of a community in order to lay the foundation for future data-driven planning efforts. In addition to fulfilling the requirement by the IRS Section H/Form 990 mandate, the MHHS CHNA process was designed to achieve the following overarching goals:

1. To examine the current health status of MH Sugar Land's communities and its sub-populations
2. To explore the current health priorities—as well as new and emerging health concerns—among residents within the social context of their communities
3. To identify community strengths, resources, and gaps in services in order to help MH Sugar Land, MHHS, and its community partners set programming, funding, and policy priorities

Definition of Community Served for the CHNA

The community health needs assessment process delineated each facility's community using geographic cut-points based on its main service area. MH Sugar Land defines its community for the CHNA process as the top 75% of zip codes corresponding to inpatient discharges in fiscal year 2015. These selected zip codes correspond to the ten communities of East Bernard, El Campo, Houston, Missouri City, Needville, Richmond, Rosenberg, Stafford, Sugar Land, and Wharton within the counties of Fort Bend, Harris, and Wharton. As shown in TABLE 1, a large majority of MH Sugar Land inpatient discharges in fiscal year 2015 occurred to residents of Fort Bend County (80.4%) or Wharton County (14.3%); only a small proportion of inpatient discharges occurred to Harris County residents (5.4%). At a city level, most MH Sugar Land inpatient discharges occurred to residents of Richmond (28.1%) followed by Sugar Land (20.2%) and Rosenberg (15.3%) (priority communities are shaded in the table). FIGURE 1 presents a map of MH Sugar Land's CHNA defined community by zip code.

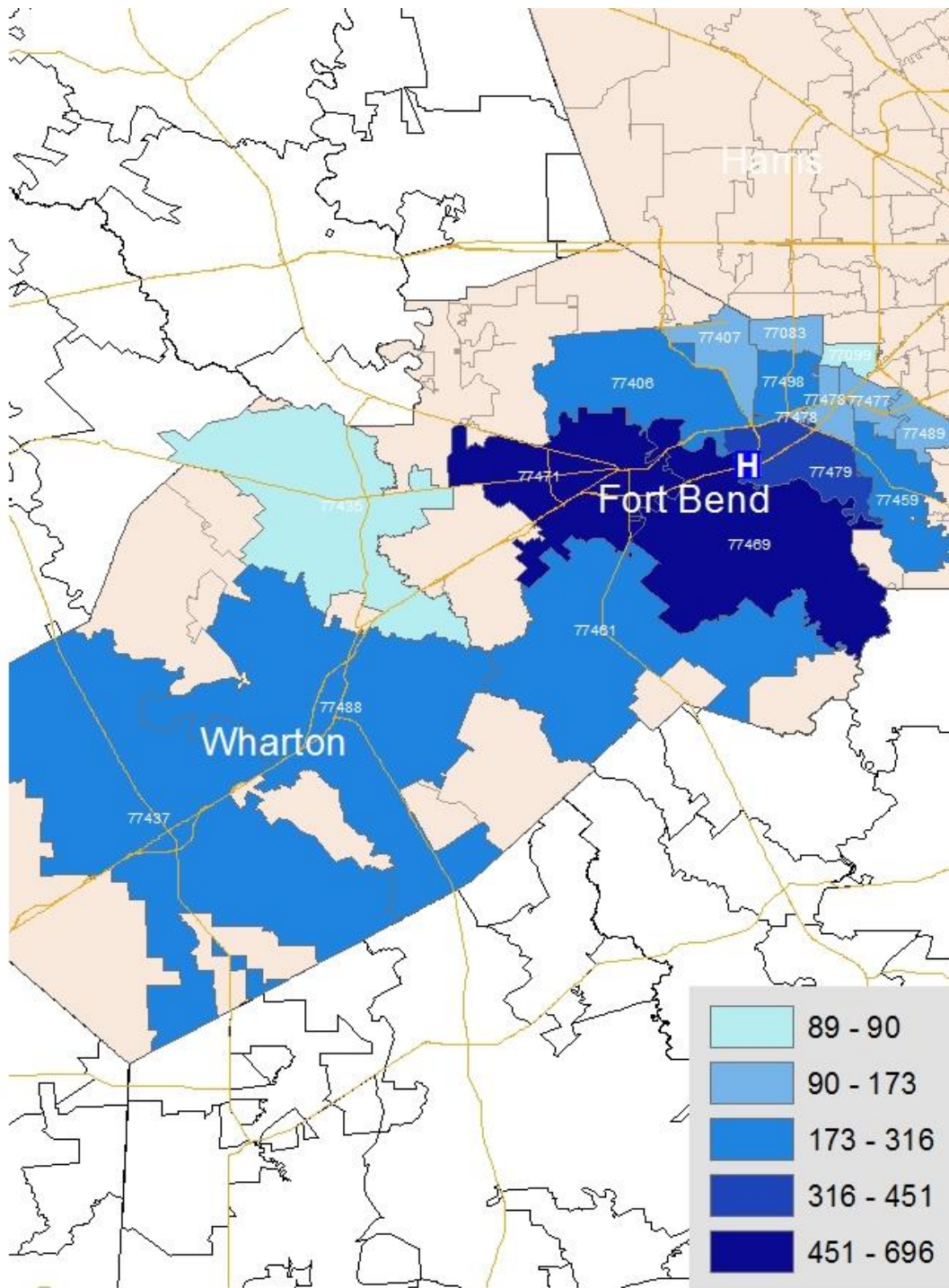
TABLE 1. NUMBER AND PERCENT OF INPATIENT DISCHARGES REPRESENTING THE TOP 75% OF ZIP CODES SERVED BY MH SUGAR LAND, BY CITY AND COUNTY, FISCAL YEAR 2015

Geography	# inpatient discharges	% inpatient discharges
Fort Bend County	3,394	80.4%
Wharton County	604	14.3%
Harris County	226	5.4%
Richmond	1,185	28.1%
Sugar Land	852	20.2%
Rosenberg	646	15.3%
Missouri City	335	7.9%
Wharton	281	6.7%
El Campo	234	5.5%
Houston	226	5.4%
Needville	204	4.8%
Stafford	172	4.1%
East Bernard	89	2.1%

DATA SOURCE: Memorial Hermann Health System, Inpatient Discharges for FY 2015

NOTE: Data reported for counties and cities corresponding to the top 75% of zip codes served

FIGURE 1. NUMBER OF INPATIENT DISCHARGES REPRESENTING THE TOP 75% OF ZIP CODES SERVED BY MH SUGAR LAND, BY ZIP CODE, FISCAL YEAR 2015



Zip codes

77469, 77471, 77479, 77406, 77488, 77498, 77437, 77459, 77461, 77407, 77477, 77083, 77478, 77489, 77099, 77435

Cities and towns

Missouri City, Needville, Richmond, Rosenberg, Stafford, Sugar Land, Houston, East Bernard, El Campo, Wharton

Counties

Fort Bend, Harris, and Wharton

DATA SOURCE: Map created by Health Resources in Action using 2010 data from the U.S. Department of Commerce, Bureau of the Census

APPROACH & METHODS

The following section describes how the data for the CHNA were compiled and analyzed, as well as the broader lens used to guide this process. Specifically, the CHNA defines health in the broadest sense and recognizes that numerous factors at multiple levels impact a community's health — from lifestyle behaviors (e.g., diet and exercise), to clinical care (e.g., access to medical services), to social and economic factors (e.g., employment opportunities), to the physical environment (e.g., air quality). The beginning discussion of this section discusses the larger social determinants of health framework which helped guide this overarching process.

Study Approach

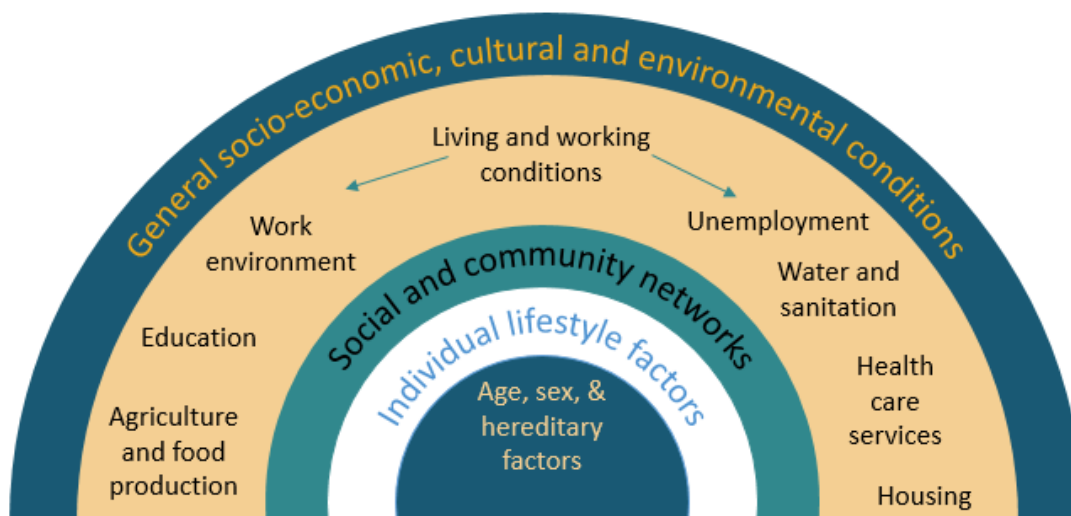
Social Determinants of Health Framework

It is important to recognize that multiple factors have an impact on health, and there is a dynamic relationship between real people and their lived environments. Where we are born, grow, live, work, and age—from the environment in the womb to our community environment later in life—and the interconnections among these factors are critical to consider. That is, not only do people's genes and lifestyle behaviors affect their health, but health is

also influenced by more upstream factors such as employment status and quality of housing stock. The social determinants of health framework addresses the distribution of wellness and illness among a population. While the data to which we have access is often a snapshot of a population in time, the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. Building on this framework, this assessment approaches data in a manner designed to discuss who is healthiest and least healthy in the community, as well as examines the larger social and economic factors associated with good and ill health.

FIGURE 2 provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as employment status and educational opportunities. This report provides information on many of these factors, as well as reviews key health outcomes among the residents of MH Sugar Land's community.

FIGURE 2. SOCIAL DETERMINANTS OF HEALTH FRAMEWORK



SOURCE: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005. Graphic reformatted by Health Resources in Action.

Health Equity

In addition to considering the social determinants of health, it is critical to understand how these characteristics disproportionately affect vulnerable populations. Health equity is defined as all people having the opportunity to “attain their full health potential” and no one is “disadvantaged from achieving this potential because of their social position or other socially determined circumstance.” When examining the larger social and economic context of the population (e.g., upstream factors such as housing, employment status, racial/ethnic discrimination, the built environment, and neighborhood level resources), a robust assessment should capture the disparities and inequities that exist for traditionally underserved groups. Thus a health equity lens guided the CHNA process to ensure data comprised a range of social and economic indicators and were presented for specific population groups. According to Healthy People 2020, achieving health equity requires focused efforts at the societal level to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

The framework, process, and indicators used in this approach were also guided by national initiatives including Healthy People 2020, National Prevention Strategy, and County Health Rankings.

Methods

Quantitative Data

In order to develop a social, economic, and health portrait of MH Sugar Land’s community through the social determinants of health framework and health equity lenses, existing data were drawn from state, county, and local sources. This work primarily focused on reviewing available social, economic, health, and health care-related data. Sources of data included, but were not limited to, the U.S. Census, U.S. Bureau of Labor Statistics, County Health Rankings, the Texas Department of State Health Services, and MHHS. Types of data included self-report of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), public health disease surveillance data, hospital data, as well as vital statistics based on birth and death records.

Qualitative Data

While social and epidemiological data can provide a helpful portrait of a community, it does not tell the whole story. It is critical to understand people’s health issues of concern, their perceptions of the health of their community, the perceived strengths and assets of the community, and the vision that residents have for the future of their community. Qualitative data collection methods not only capture critical information on the “why” and “how”, but also identify the current level of readiness and political will for future strategies for action.

Secondary data were supplemented by focus groups and interviews. In total, 11 focus groups and 25 key informant discussions were conducted with individuals from MH Sugar Land’s community from October 2015 through February 2016. Focus groups were held with 93 community residents drawn from the region. With the exception of seniors (65 years or older) for which two focus groups were conducted, one focus group was conducted for each of the following population segments:

- Adolescents (15-18 years old)
- Parents of preschool children (0-5 years old)
- Seniors (65+ years old)
- Spanish-speaking Hispanic community members (conducted in Spanish)
- English-speaking Hispanic community members
- Asian community members
- Low-income community members from urban area
- Low-income community members from suburban area
- Low-income community members from rural area
- Community members of moderate to high socioeconomic status

Twenty five key informant discussions were conducted with individuals representing the MH Sugar Land community as well as the region at large. Key informants represented a number of sectors including non-profit/community service, city government, hospital or health care, business, education, housing, transportation, emergency preparedness, faith community, and priority populations (e.g., the Spanish-speaking Hispanic residents representing the MH Sugar Land community).

Focus group and interview discussions explored participants' perceptions of their communities, priority health concerns, perceptions of public health, prevention, and health care services, and suggestions for future programming and services to address these issues. MH Sugar Land specifically addressed healthy eating, physical activity, and the availability and accessibility of community resources that promote healthy living. A semi-structured moderator's guide was used across all discussions to ensure consistency in the topics covered. Each focus group and interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, focus groups lasted 90 minutes and included 6-12 participants, while interviews lasted approximately 30-60 minutes. Participants for the focus groups were recruited by HRiA, working with clinical and community partners identified by MHHS and MH Sugar Land. Key informants were recruited by HRiA, working from recommendations provided by MHHS and MH Sugar Land.

Analysis

The collected qualitative data were coded using NVivo qualitative data analysis software and analyzed thematically for main categories and sub-themes. Data analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations relevant to the MH Sugar Land community. Frequency and intensity of discussions on a specific topic were key indicators used for identifying main themes. While geographic differences are noted where appropriate, analyses emphasized findings common across MH Sugar Land's community. Selected paraphrased quotes – without personal identifying information – are presented in the narrative of this report to further illustrate points within topic areas.

Limitations

As with all data collection efforts, there are several limitations related to the assessment's research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2013 may be the most current year available for data, while 2009 or 2010 may be the most current year for other sources. Some of the secondary data were not available at the town or county level. Additionally, several sources did not provide current data stratified by race and ethnicity, gender, or age –thus these data could only be analyzed by total population. Finally, youth-specific data were largely not available, and in cases where such data were available, sample sizes were often small and must be interpreted with caution.

Likewise, secondary survey data based on self-reports, such as the Behavioral Risk Factor Surveillance System survey (BRFSS) and the Texas Behavioral Risk Factor Surveillance System, should be interpreted with particular caution. In some instances, respondents may over- or under-report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias—that is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self-report surveys analyzed in this CHNA benefit from large sample sizes and repeated administrations, enabling comparison over time.

While the focus groups and interviews conducted for this study provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for focus groups was conducted by HRiA, working with clinical and community partners. Because of this, it is possible that the responses received only provide one perspective of the issues discussed. It is also important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

COMMUNITY SOCIAL AND ECONOMIC CONTEXT

About the MH Sugar Land Community

The health of a community is associated with numerous factors including what resources and services are available (e.g., safe green space, access to healthy foods) as well as who lives in the community. Focus group participants and key informants described many assets of the MH Sugar Land community. MH Sugar Land's primary communities of Sugar Land and Richmond are predominantly affluent communities with unemployment rates well below the state and national average. Most of Fort Bend's elementary schools are considered "Exemplary" or "Recognized" by the state of Texas. The communities served by MH Sugar Land increased their tax base considerably since the 1990s with the growth of several shopping centers and businesses. The Imperial Sugar Company maintains its headquarters in Sugar Land, along with several other large corporations spanning the energy, software, and engineering industries. The University of Houston also expanded its presence in the Sugar Land community in 2002, establishing the University of Houston System at Sugar Land.

Who lives in a community is significantly related to the rates of health outcomes and behaviors of that area. While age, gender, race, and ethnicity are important characteristics that have an impact on an individual's health, the distribution of these characteristics in a community may affect the number and type of services and resources available. MH Sugar Land's communities' popularity as a top place to live in Texas has led to dramatic increases in population, affecting the demand for resources by residents. Interview and focus group participants frequently noted that the communities served by MH Sugar Land are diverse across a number of indicators including age distribution, racial and ethnic composition, language, income, education, and employment. Factors affecting the population demographically are also reported, including housing, transportation, and crime and violence. The section below provides an overview of the socioeconomic context of MH Sugar Land's community, with a focus on Fort Bend County and the three principal communities of Sugar Land, Richmond, and Rosenberg—the areas from which a large majority of MH Sugar Land's inpatient discharges derive.

Population Size and Growth

According to the American Community Survey (ACS), the Texas population has increased by 9.5%—from 23,819,042 in 2005-2009 to 26,092,033 in 2010-2014 (TABLE 2). The total population across the three counties served by MH Sugar Land was 4,943,773 based on 2010-2014 ACS estimates, 18.9% of Texas' total population. Between the time periods 2005-2010 and 2010-2014, the population in Fort Bend, Wharton, and Harris Counties increased by 2.3%. Fort Bend County is the fastest growing county within the MH Sugar Land community defined for this CHNA, with a 3.9% increase in 2010-2014 over the 2005-2009 estimate. Among the three principal communities served by MH Sugar Land, Sugar Land (population: 82,420) is the most populous and Richmond (population: 11,769) is the least populous. Among all communities served by MH Sugar Land, several communities saw decreases in population between 2005-2010 and 2010-2014: Richmond, Missouri City, Wharton, Houston, Needville, and Stafford.

TABLE 2. POPULATION SIZE AND GROWTH ESTIMATES FOR 2005-2009 and 2010-2014 BY STATE, COUNTY, AND CITY/TOWN, 2005-2009 AND 2010-2014

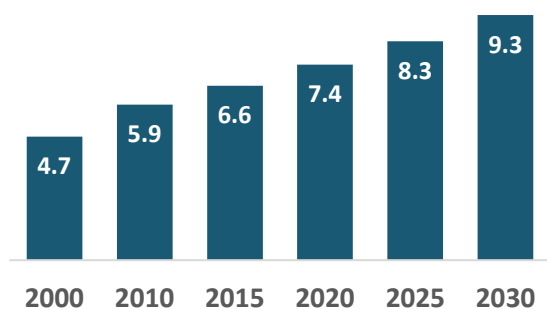
Geography	2005-2009	2010-2014	% change
Texas	23,819,042	26,092,033	9.5%
MH Sugar Land	4,832,409	4,943,773	2.3%
Fort Bend County	608,939	632,946	3.9%
Wharton County	41,185	41,219	0.1%
Harris County	4,182,285	4,269,608	2.1%
Richmond	13,446	11,769	-12.5%
Sugar Land	79,204	82,420	4.1%
Rosenberg	32,304	32,789	1.5%
Missouri City	72,789	69,152	-5.0%
Wharton	9,192	8,768	-4.6%
El Campo	10,808	11,549	6.9%
Houston	2,191,400	2,167,988	-1.1%
Needville	3,387	2,995	-11.6%
Stafford	19,089	17,990	-5.8%
East Bernard	2,099	2,745	30.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2005-2009 and 2010-2014

Focus group participants and key informants reported that the areas served by MH Sugar Land are experiencing rapid population growth, a trend that makes the community stand out nationally.

Some focus group participants also noted that the Greater Houston area's industries, particularly its energy industry, influence population growth. As one focus group participant reported, *"In the area...some of the big companies are here and people just come and go. A lot of it is because of the oil companies."* Focus group participants reported that population influx has had an effect on their neighborhoods. *"My neighborhoods is transitional. Many have moved away. Before, you would get to know people through your children. As a senior, you see people around, but you don't get to know them."* Rapid population growth in the Greater Houston area is a trend likely to continue well beyond this decade. The Houston metropolitan area is projected to increase from 5.9 million in 2010 to 9.3 million in 2030 (FIGURE 3).

FIGURE 3. PROJECTED TOTAL POPULATION IN MILLIONS, GREATER HOUSTON METROPOLITAN AREA,* 2010-2030



DATA SOURCE: Texas State Data Center, as cited by Greater Houston Partnership Research Department in Social, Economic, and Demographic Characteristics of Metro Houston, 2014

NOTE: Population projections assume the net immigration from 2010 to 2030 to be equal to that from 2000 to 2010

*Houston-The Woodlands-Sugar Land metropolitan statistical area is a nine-county area as defined by the Office of Management and Budget, which includes Harris and Fort Bend Counties but not Wharton County

Age Distribution

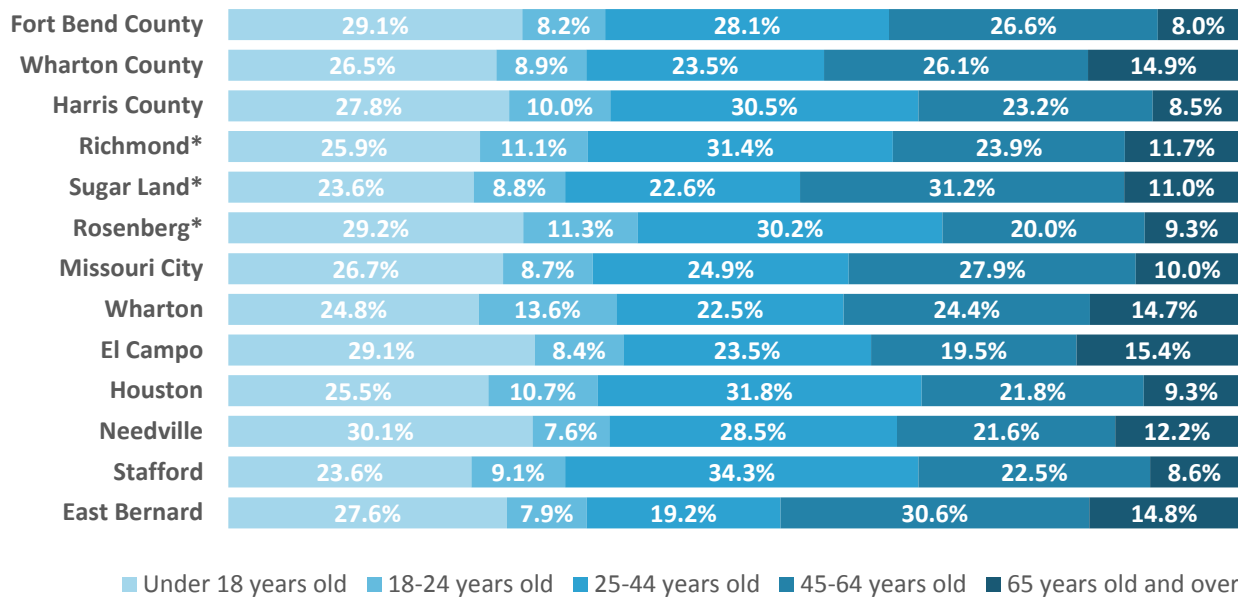
As populations age, the needs of the community shift based on increased overall need for healthcare services. The communities served by MH Sugar Land are diverse in terms of age. Focus group participants and interviewees described their communities as a mix of age groups, with seniors, young families, and middle age persons. FIGURE 4 shows the age distribution of MH Sugar Land's community at the county and city levels. Fort Bend and Harris Counties have the youngest population, whereas Wharton has the largest population of people 65 years of age and older (14.9%) among all three counties served by MH Sugar Land. It is important to note that Harris County serves the smallest proportion of patients at MH Sugar Land compared to Fort Bend and Wharton Counties.

"My neighborhood is diverse in terms of age. There are some seniors, but also a lot of working young people."

Focus group participant

Among the three principal communities served by MH Sugar Land, Rosenberg has the youngest population, with 40.5% of residents being under the age of 25 compared to 37.0% in Richmond and 32.4% in Sugar Land. Among all communities served by MH Sugar Land, East Bernard has the oldest population, with 45.4% of its residents being over the age of 44.

FIGURE 4. AGE DISTRIBUTION, BY COUNTY AND CITY, 2009-2013



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: * Indicates one of the three principal communities served by MH Sugar Land (covering 63.3% of all inpatient discharges in FY 2015)

Racial and Ethnic Distribution

Due to a number of complex factors, people of color experience high rates of health disparities across the United States. As such, examining outcomes by race and ethnicity is an important lens through which to view the health of a community.

Qualitative and U.S. Census data demonstrate the broad diversity of the population served by MH Northeast in terms of racial and ethnic composition. Focus group participants and key informants frequently described the racial and ethnic distribution of their community as diverse. One focus group participant reported, *“It’s a whole melting pot here.”* Hispanics comprise the largest minority population group in the region and were described as including both long-standing residents and more recent arrivals. Participants generally viewed diversity as a substantial strength, such as one key informant who stated, *“I think it is our diversification...of cultures. We are a very diverse community, and I think it gives our region great opportunity.”* However, focus group participants and interviewees also noted that some groups face challenges, including language isolation and cultural and other barriers to accessing health and social services. As another key informant explained, *“lack*

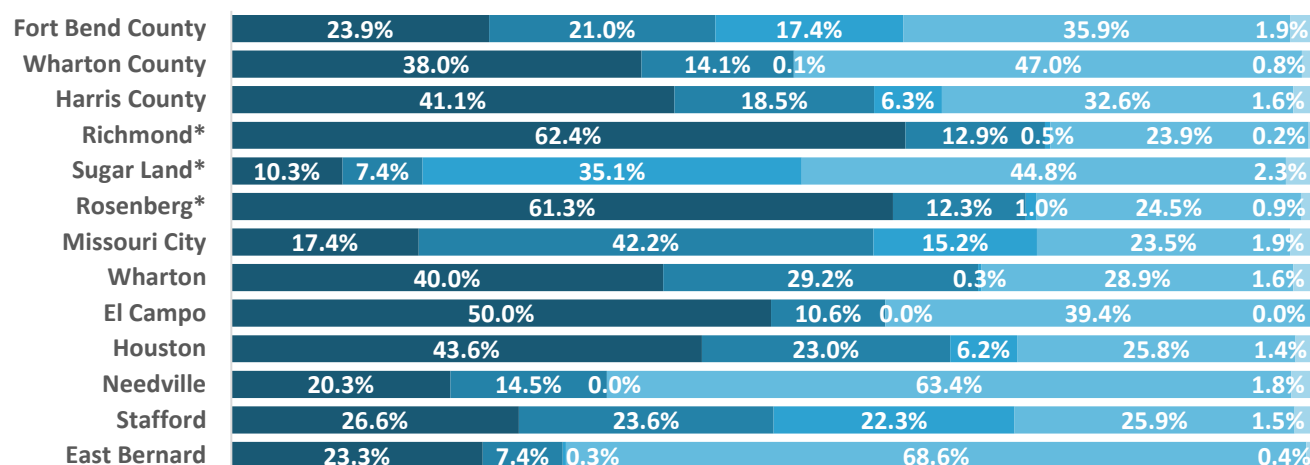
of options for immigrants is a big issue that is hard to quantify.” Several informants reported a growth in the number of undocumented people in the region, who were described as particularly vulnerable.

“It’s a whole melting pot here.”

Focus group participant

At the county level, Fort Bend County is predominantly comprised of residents who self-reported their racial and ethnic identity as White, non-Hispanic (35.9%) or Hispanic (23.9%). Among the three principal communities served by MH Sugar Land, Richmond and Rosenberg have a majority of Hispanic residents (over 60% in each community) followed by Black, non-Hispanic residents (over 12% each). Sugar Land’s largest racial and ethnic group is White, non-Hispanic (44.8%). FIGURE 5 illustrates the racial and ethnic distribution of MH Sugar Land’s communities.

FIGURE 5. RACIAL AND ETHNIC DISTRIBUTION, BY COUNTY AND CITY, 2009-2013



■ Hispanic, any race ■ Black, non-Hispanic ■ Asian, non-Hispanic ■ White, non-Hispanic ■ Other

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: Other includes American Indian and Alaska Native, non-Hispanic; Native Hawaiian and Other, non-Hispanic; and Two or more races, non-Hispanic;

NOTE: * Indicates one of the three principal communities served by MH Sugar Land (covering 63.3% of all inpatient discharges in FY 2015)

Linguistic Diversity and Immigrant Population

“There are as many languages spoken here in Greater Houston as there are people.”

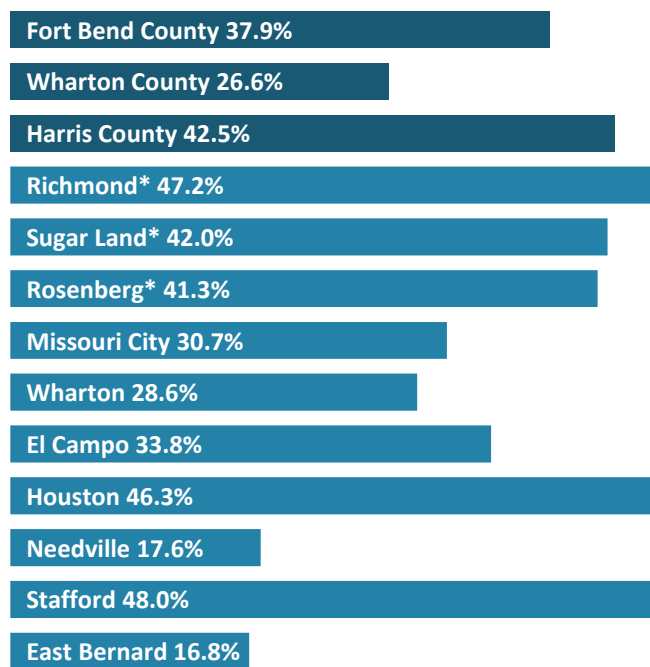
Key informant interviewee

The nativity of the population, countries from which immigrant populations originated, and language use patterns are important for understanding social and health patterns of a community. Immigrant populations face a number of challenges to accessing services such as health insurance and navigating the complex health care system in the United States.

FIGURE 6 shows the top five non-English languages spoken by County. There is a substantial population of people who speak an Asian language in Fort Bend

County, with 9.1% of non-English speakers speaking Chinese, 6.3% speaking Vietnamese, and 5.1% speaking another Asian language. One key informant described this linguistic diversity as presenting challenges for the healthcare system: *“The diversity [of languages] can be one of our greatest assets, though also there can be challenges. Many languages and dialects can lead to challenges. It creates a need to meet the health needs of a diverse group.”* FIGURE 7 shows the top five non-English languages spoken by County. Spanish was the language predominantly spoken in each of the communities served by MH Sugar Land: almost half 48.6% of the non-English speaking population in Fort Bend County served by MH Sugar Land spoke Spanish or Spanish Creole at home. Among the three principal communities served by MH Sugar Land, over 95% of Richmond and Rosenberg residents spoke Spanish or Spanish Creole at home compared to 17.6% of Sugar Land residents.

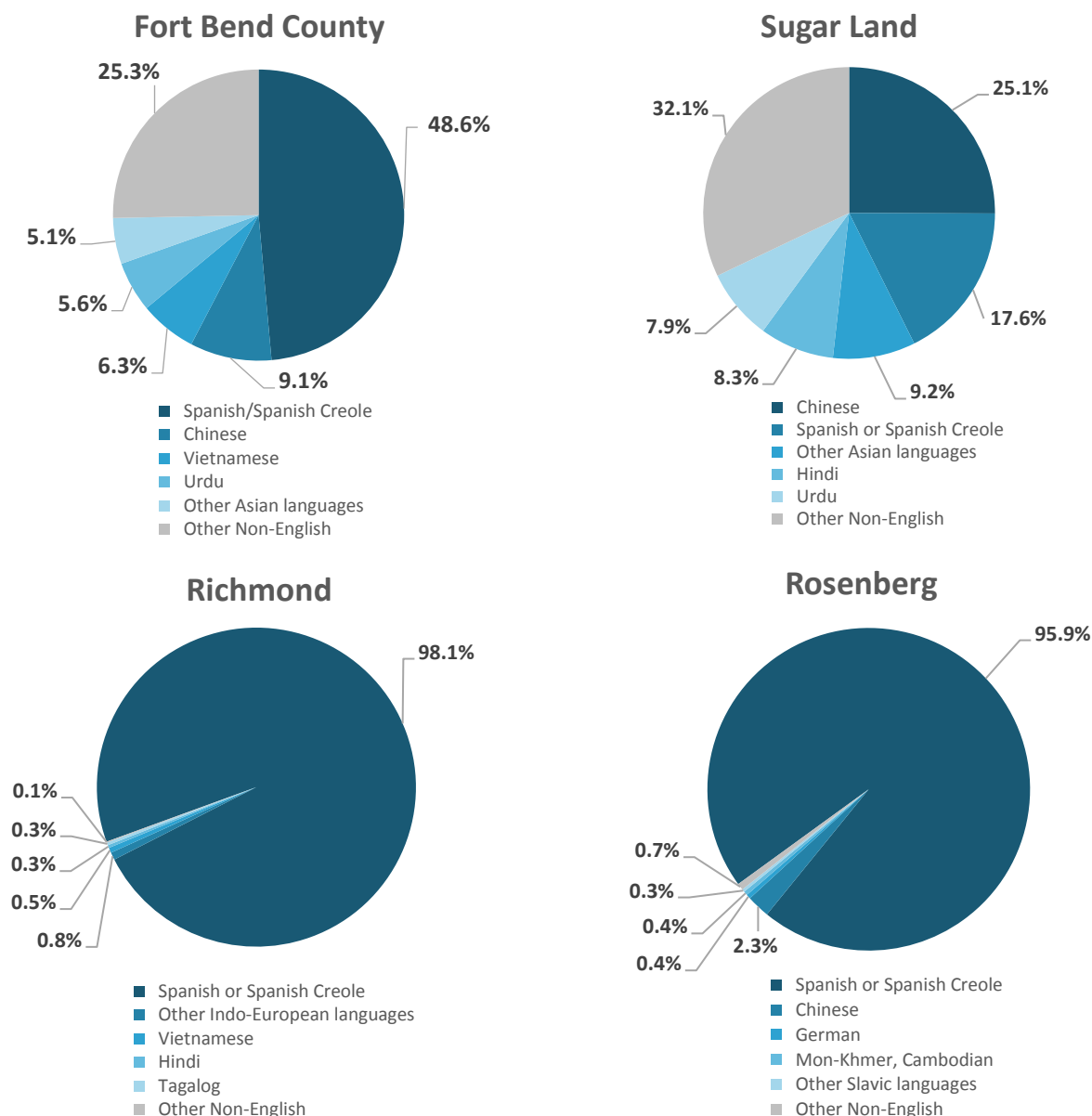
FIGURE 6. PERCENT POPULATION OVER 5 YEARS WHO SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME, BY COUNTY AND CITY, 2009-2013



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: * Indicates one of the three principal communities served by MH Sugar Land (covering 63.3% of all inpatient discharges in FY 2015)

FIGURE 7. TOP FIVE NON-ENGLISH LANGUAGES SPOKEN, BY COUNTY AND BY TOP THREE COMMUNITIES SERVED BY MH SUGAR LAND, 2009-2013

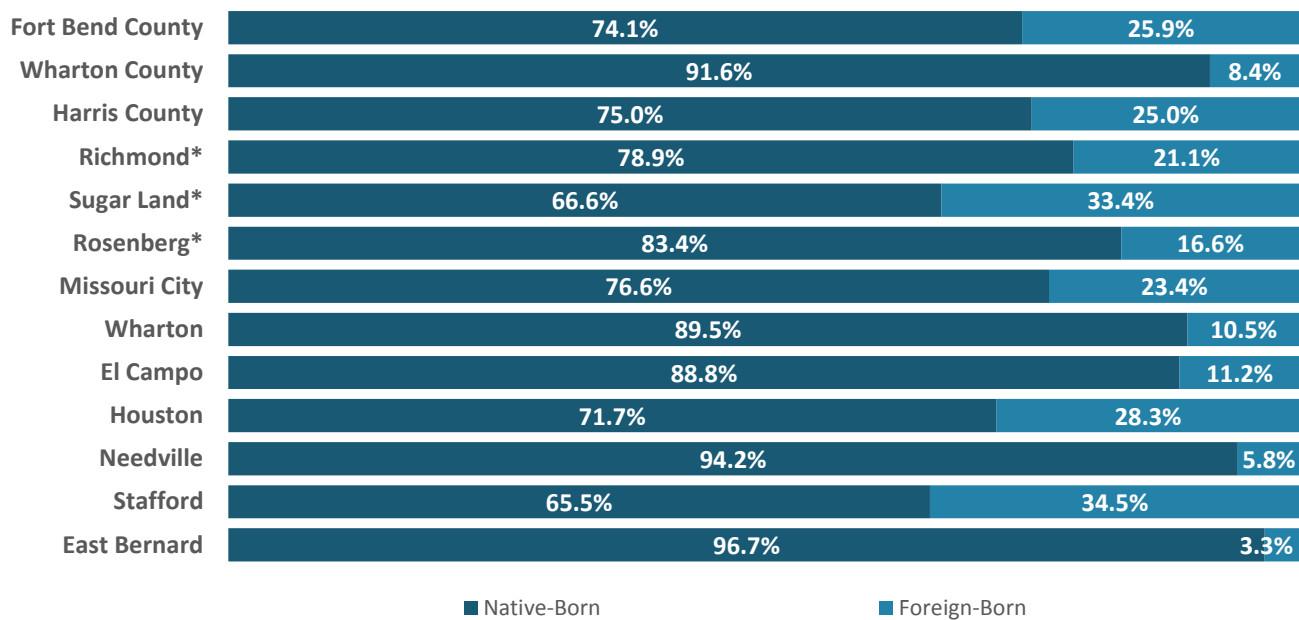


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

Immigration is a major part of the identity of the Greater Houston metropolitan area. Between 2000 and 2013, Houston's immigrant population grew nearly twice the national rate: 59% versus 33% (*A Profile of Immigrants in Houston*, 2015). The area's two largest established immigrants groups originate from Mexico and Vietnam, whereas the newest immigrant originate from Guatemala and Honduras. Informants universally described the MH Sugar Land community as a collection of immigrants from both within and outside of the United States. As pointed out by one focus group participant from Sugar Land:

"People are from all over. You see it on the playground... We have one neighbor from Norway and Venezuela. The other is from Scotland." These qualitative observations are reflected in demographics of the MH Sugar Land community. One in four residents in Fort Bend and Harris Counties are foreign-born, whereas only 8.4% of Wharton County residents are foreign-born (FIGURE 8). Two-thirds (66.6%) of Sugar Land residents are native born, compared to 78.9% of Richmond residents and 83.4% of Rosenberg residents.

FIGURE 8. NATIVITY, BY COUNTY AND CITY, 2009-2013



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: * Indicates one of the three principal communities served by MH Sugar Land (covering 63.3% of all inpatient discharges in FY 2015)

Income and Poverty

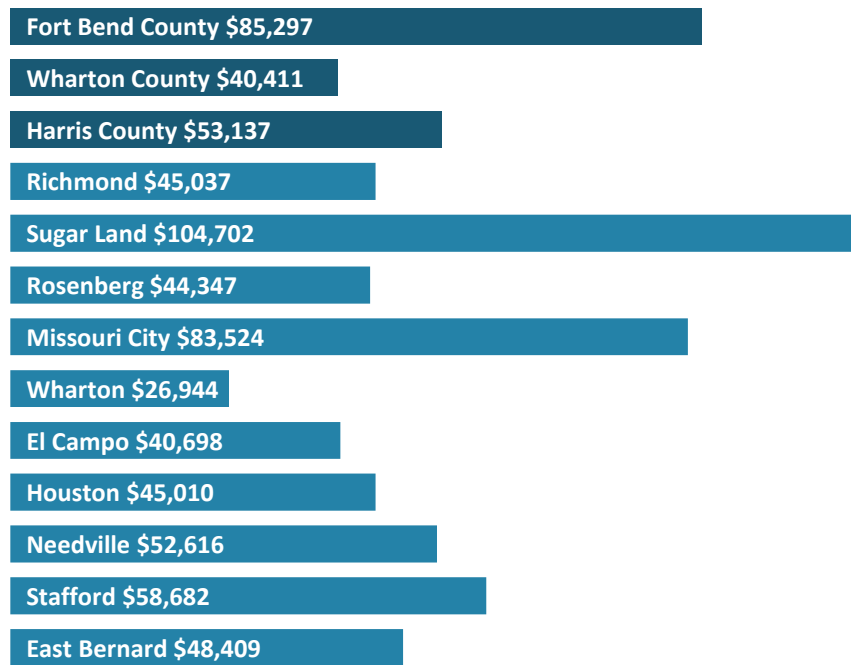
Income and poverty status have the potential to impact health in a variety of ways. A higher income makes it easier to live in a safe neighborhood with good schools and many recreational opportunities and higher wage earners are better able to buy health insurance and medical care and nutritious foods. For lower income earners the stress of living in poverty and struggling to make ends meet can have adverse effects on both mental and physical health, while financial hardship is a barrier to accessing goods and services.

Focus group participants and key informant interviewees alike reported that many residents face a choice between buying essentials such as food and rent and receiving health care. For example, a senior focus group participant shared, *“But at end of day, if you are on fixed income, do you choose to pay for insurance or pay for food for your family?”* Another senior focus group participant mentioned that obtaining access to the internet, a source of health care resource information, presented challenges due to income: *“Most seniors cannot afford the Internet because of their [low] income.”* Another population segment at risk for poverty and its effects identified by informants was the disabled population: *“People*

with disabilities have a hard time when they don’t have family or supports or social networks where they can get financial assistance and a place to live. I get a lot of people who can’t pay their rent and get evicted and we have to connect them with shelters or temporary housing, and it’s always very difficult. Poverty makes them relocate all the time.” A health care provider key informant highlighted how these choices affect the emergency care system in the community: *“A lot of times a patient is not going to take care of themselves if they have no shelter, may want to put food on table instead of see the doctor, and then they get to the ER. It’s a vicious cycle.”*

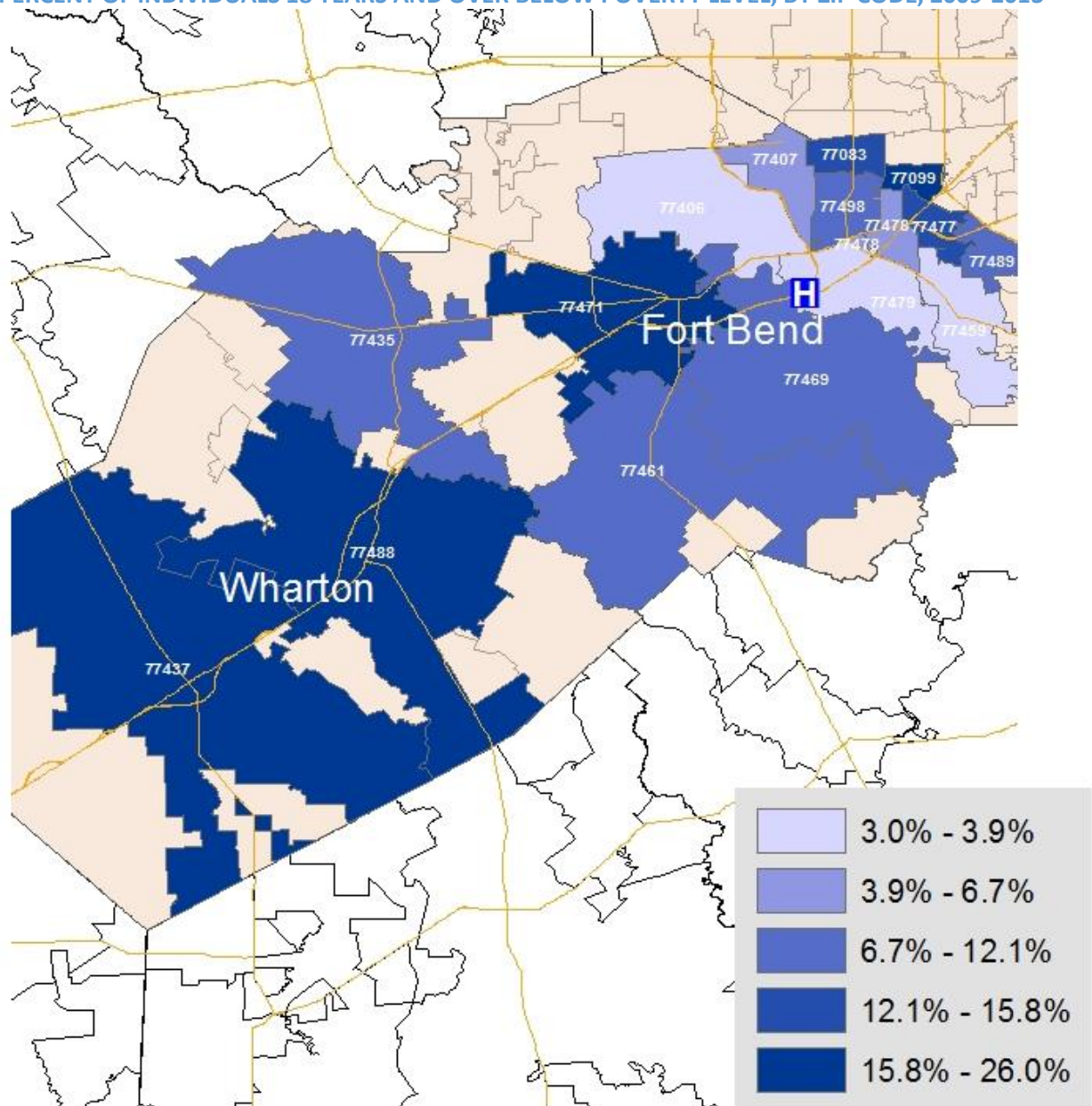
Data from the 2009-2013 American Community Survey shows that the median household income in the three counties served by MH Sugar Land ranges from \$40,411 in Wharton County to \$85,297 in Fort Bend County. However, income varies by town. In 2013, Sugar Land (\$104,702) had the highest median household income and Wharton (\$26,944) had the lowest median household income (FIGURE 9). FIGURE 10 shows the percent of adults below the poverty line in 2009-2013. The percent of adults below the poverty line in 2009-2013 was highest in Wharton (21.9%), El Campo (18.9%), Richmond (18.8%), and Houston (18.6%).

FIGURE 9. MEDIAN HOUSEHOLD INCOME, BY COUNTY AND CITY, 2009-2013



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

FIGURE 10. PERCENT OF INDIVIDUALS 18 YEARS AND OVER BELOW POVERTY LEVEL, BY ZIP CODE, 2009-2013



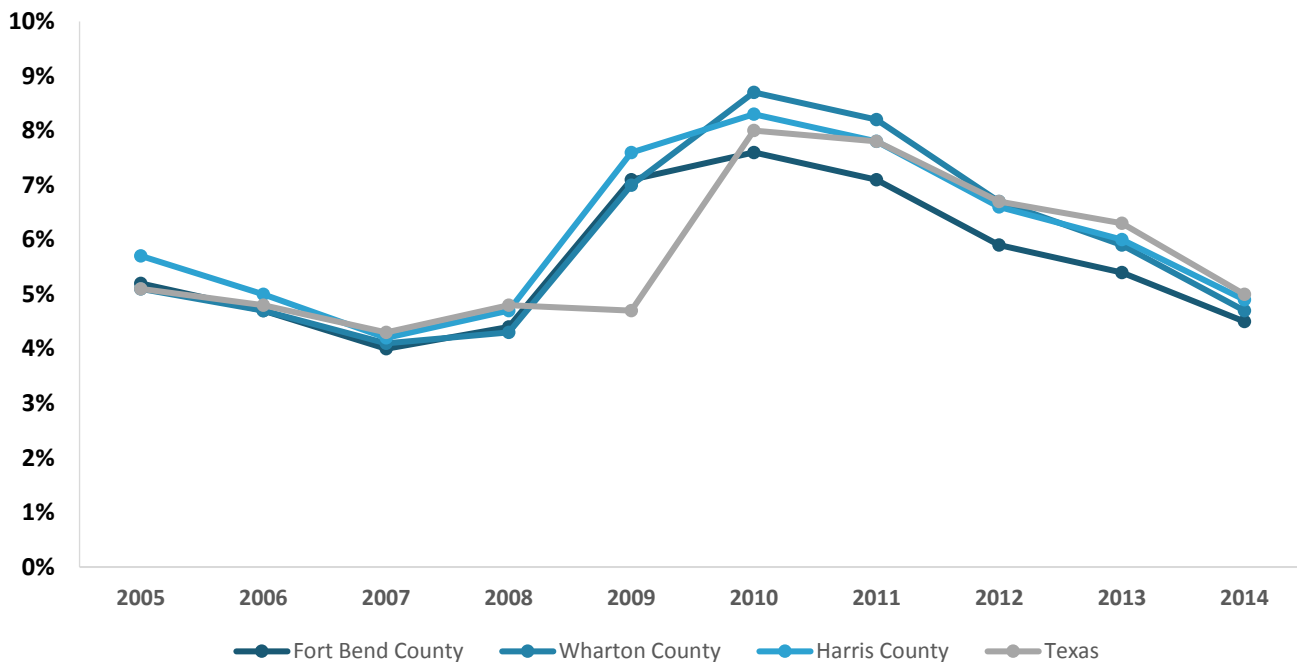
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

Employment

Employment status also can have a substantial impact on one's health. Many focus group participants and key informant interviewees reported the economic outlook of the Greater Houston area was positive. For example, one person stated: *"The economy is robust, a little slowed with the price of oil being low. It will continue to be low. Nothing indicating that it will*

rise anytime soon. I don't think we will see a lot of home foreclosures but you will see some unemployment due to the low oil costs." Data from the American Community Survey show that the unemployment rates for Texas and all three counties served by MH Sugar Land peaked in 2010 but have decreased consistently over the past five years (FIGURE 11).

FIGURE 11. TRENDS IN UNEMPLOYMENT RATE, BY COUNTY AND STATE, 2005-2014



DATA SOURCE: Bureau of Labor Statistics, Local Area Unemployment Statistics, Labor force data by county; and Bureau of Labor Statistics, Current Population Survey, Annual Averages, 2005-2014

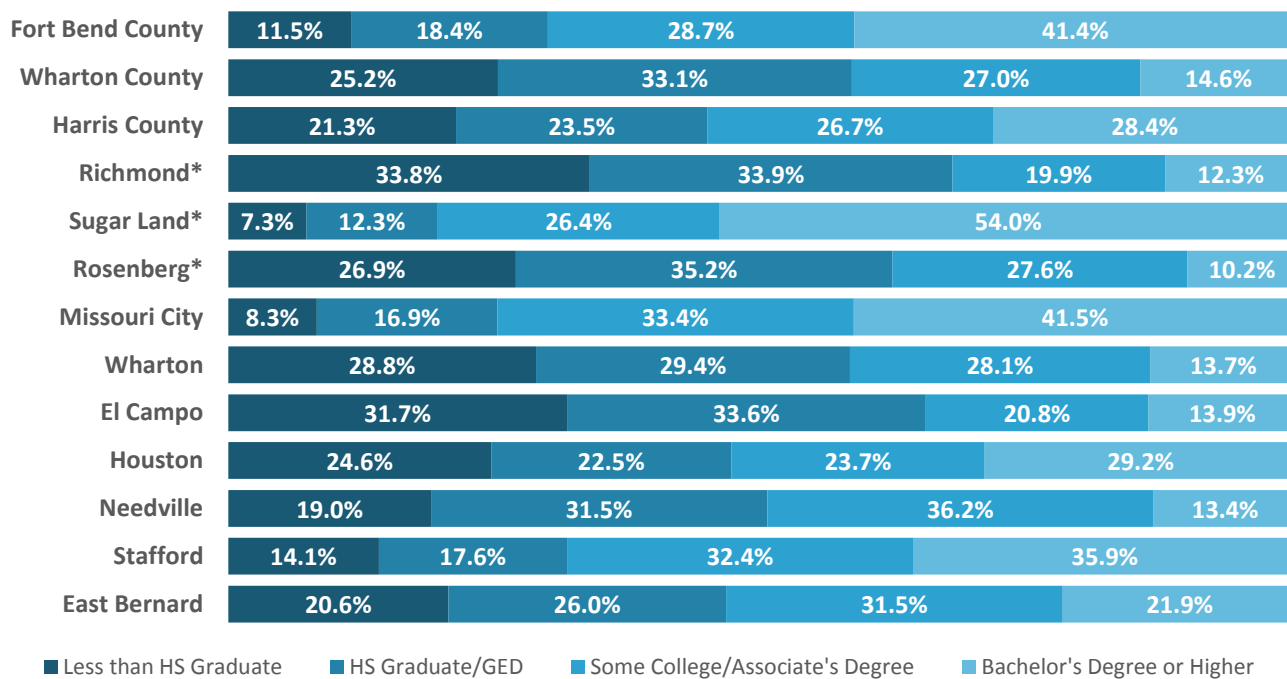
Education

Educational attainment is often associated with income, and higher educational levels can translate to greater health literacy. Interview and focus group participants described MH Sugar Land's community residents as "creative" and working in a wide range of professions. Compared to other municipalities served by MH Sugar Land, Richmond has the highest percentage of residents with a high school diploma or less (67.7%) (FIGURE 12). Sugar Land has the highest percentage of residents with a Bachelor's degree or higher (54.0%).

Experiences in school among youth predict a range of health issues in addition to economic

productivity as adults. High school student focus group participants expressed concern about the level of stress they experience as they pursue their academics and aspire to higher education. For example, one high school student focus group participant said *"College wasn't as hard to get into back then as it is now,"* when referring to the pressure her parents and teachers placed on her to get into college. Students also talked about stress as a problem not well understood by educators and parents. A high school student focus group participant illustrated this concept: *"My dad didn't think stress was a thing for kids. My brothers talked sense into my parents. Still my dad says, 'you're a kid, you don't know what stress is.'"*

FIGURE 12. EDUCATIONAL ATTAINMENT OF POPULATION 25 YEARS AND OVER, BY COUNTY AND CITY, 2009-2013



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

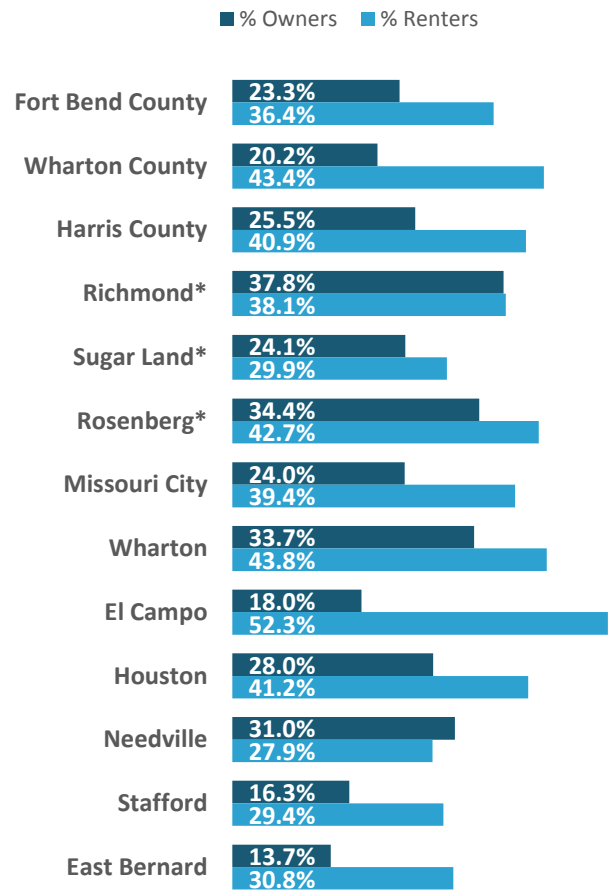
NOTE: * Indicates one of the three principal communities served by MH Sugar Land (covering 63.3% of all inpatient discharges in FY 2015)

Housing

Housing costs are generally a substantial portion of expenses, which can contribute to an unsustainably high cost of living. Additionally, poor quality housing structures, which may contain hazards such as lead paint, asbestos, and mold, may also trigger certain health issues such as asthma. Some participants were concerned about the strain of population growth on the need for housing and subsequent need for more roads. Many focus group participants talked about observing communities being uprooted by road construction. One low-income focus group participant reported: *“We’re going to have a bridge or overpass be built here. It’s good but they’re taking away homes from people, like in Rosenberg and Richmond, who have owned their homes for a long time.”* In more urban areas, stakeholders reported there being a lot of apartment complexes where violence may be more likely to occur.

Across the three counties served by MH Sugar Land, the monthly median housing costs for home-owners are highest for home-owners in Fort Bend County (\$1,590) and lowest for home-owners in Wharton County (\$595); for renters, costs are highest in Fort Bend County (\$1,167) and lowest in Wharton County (\$657) (data not shown). In all counties, a higher percent of renters compared to home-owners pay 35% or more of their household income towards their housing costs (FIGURE 13). In El Campo, for example, more than half of renters pay more than 35% of their income towards housing costs.

FIGURE 13. PERCENT HOUSING UNITS WHERE HOME-OWNERS AND RENTERS HAVE HOUSING COSTS THAT ARE 35% OR MORE OF HOUSEHOLD INCOME, BY COUNTY AND CITY, 2009-2013



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: * Indicates one of the three principal communities served by MH Sugar Land (covering 63.3% of all inpatient discharges in FY 2015)

Transportation

Transportation is important for people to get to work, school, health care services, social services, and many other destinations. Modes of active transportation, such as biking and walking, can encourage physical activity and have a positive impact on health. Almost all focus group participants and key informant interviewees reported transportation as a major concern in their community. Residents reported that private cars are the prominent means of transportation and those who do not have cars, most notably seniors and low-income residents, face substantial transportation challenges. As shared by a key informant: *“Transportation is a huge issue. It takes so long to commute.”* Many focus group participants mentioned the challenge of children walking safely to school due to traffic. *“Traffic during school hours is a problem,”* remarked one focus group participant.

There was conflicting feedback about the availability and quality of public transportation. One key informant reported: *“Our public transportation is not good enough. It’s a barrier.”* However, another informant shared the perspective that *“transportation is pretty good, we have a very strong public transportation system.”* Focus group respondents, particularly seniors living in areas where public transportation is largely unavailable,

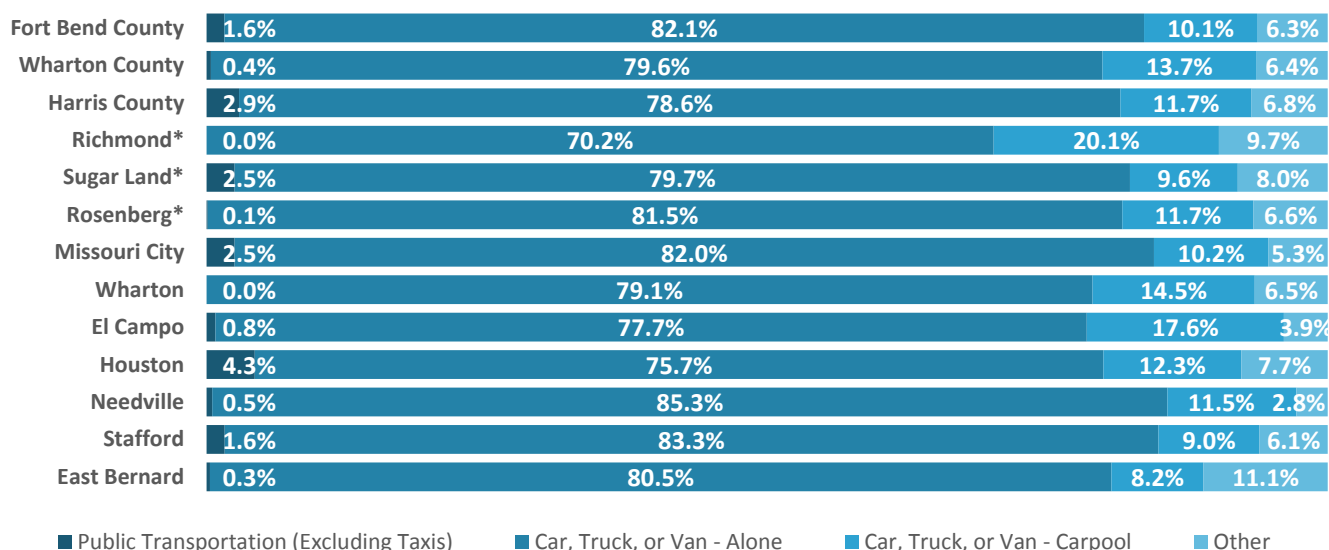
reported resources in the community that provide transportation to residents. As reported by a senior focus group participant, *“I’ve heard of those transportation services that are provided by certain institutions. Houston Transit Authority has buses that are made available for seniors and the disabled. I’ve seen those buses.”* When asked about active transportation options such as walking and biking, many respondents stated that concerns about safety, in addition to lack of sidewalks and bike paths, presented barriers.

“[Residents] have to take a commuter train to Houston, but it runs infrequently.”

Low-income rural area focus group participant

As reflected in the focus groups and interviews, a majority of residents in the three counties served by MH Sugar Land commute to work by driving alone in a car, truck, or van (FIGURE 14). Among the three principal communities served by MH Sugar Land, Sugar Land has the highest percentage of workers who commute by public transportation (2.5%).

FIGURE 14. MEANS OF TRANSPORTATION TO WORK, BY COUNTY AND CITY, 2009-2013



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: * Indicates one of the three principal communities served by MH Sugar Land (covering 63.3% of all inpatient discharges in FY 2015)

Crime and Violence

Exposure to crime and violence can have an impact on both mental and physical health. Certain geographic areas may have higher rates of violence, which can serve as stressors for nearby residents. Violence can include physical, social, and emotional violence, such as bullying, which can occur in person or online. In general, focus group participants and key informants did not identify violence or theft as being priority issues in their community; however, opinion varied based on neighborhood of residence within the MH Sugar Land community. In some areas, crime was not described as a salient issue but in others, crime was top of mind. Types of crime vary across the communities served by MH Sugar Land according to informants. Participants in the CHNA described a number of crimes affecting their community ranging from burglary and drug use and dealing to human trafficking and gang violence. Other focus group participants expressed concern that violence in the community places their children at risk:

“Unfortunately, I think [the top issue] is violence. It’s gun violence. Our kids...I think about their safety. Either because of media or something...we see an uptick in children being exposed to violence.”

Among the three principal communities served by MH Sugarland, the violent crime rate is highest in Richmond (360.7 offenses per 100,000 population) and lowest in Sugar Land (109.3 offenses per 100,000 population) (TABLE 3). Among those same three communities, the property crime rate is highest in Richmond (2,785.0 offenses per 100,000 population) and lowest in Sugar Land (1,646.0 offenses per 100,000 population).

TABLE 3. VIOLENT AND PROPERTY CRIME RATE PER 100,000 POPULATION, BY COUNTY AND CITY, 2014

Geography	Property Crime Rate	Violent Crime Rate
Texas	2,988.0	361.6
Fort Bend County	1,391.3	197.1
Wharton County	1,976.4	400.0
Harris County	3,825.0	691.4
Richmond*	360.7	2,785.0
Sugar Land*	109.3	1,646.0
Rosenberg*	226.2	2,157.9
Missouri City	153.8	1,640.0
Wharton	492.1	2,369.0
El Campo	384.1	2,584.0
Houston	954.8	4,693.7
Needville	132.8	630.6
Stafford	378.6	3,989.2

DATA SOURCE: Texas Department of Public Safety, Texas Crime Report, 2014

NOTE: * Indicates one of the three principal communities served by MH Sugar Land (covering 63.3% of all inpatient discharges in FY 2015); data unavailable for East Bernard

HEALTH OUTCOMES AND BEHAVIORS

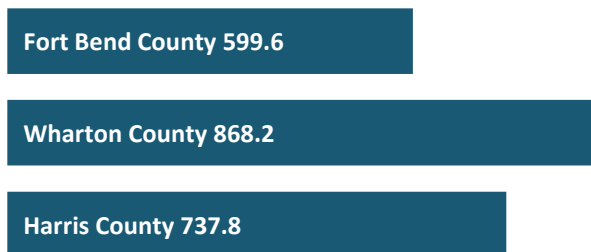
People who reside in the communities served by MH Sugar Land experience a broad range of health outcomes and exhibit health behaviors that reflect their socioeconomic status and the built environment around them. Many of the demographic factors described previously such as population growth and dependence on cars and other vehicles all have a role on population health, including mortality, chronic disease, behavioral health, communicable disease, and oral health, among other issues. Focus group participants and key informants representing the MH Sugar Land community generally described their community as healthy, but there are some neighborhoods that suffer a disproportionate burden of chronic disease and behavioral health problems. Poor access to food in some communities is an issue, especially for children and their families. From mortality to healthy living, this section provides a snapshot of health within the communities served by MH Sugar Land with a focus on the County of Fort Bend and the three principal communities served by MH Sugar Land: Richmond, Sugar Land, and Rosenberg.

Overall Leading Causes of Death

Mortality statistics provide insights into the most common causes of death in a community. This type

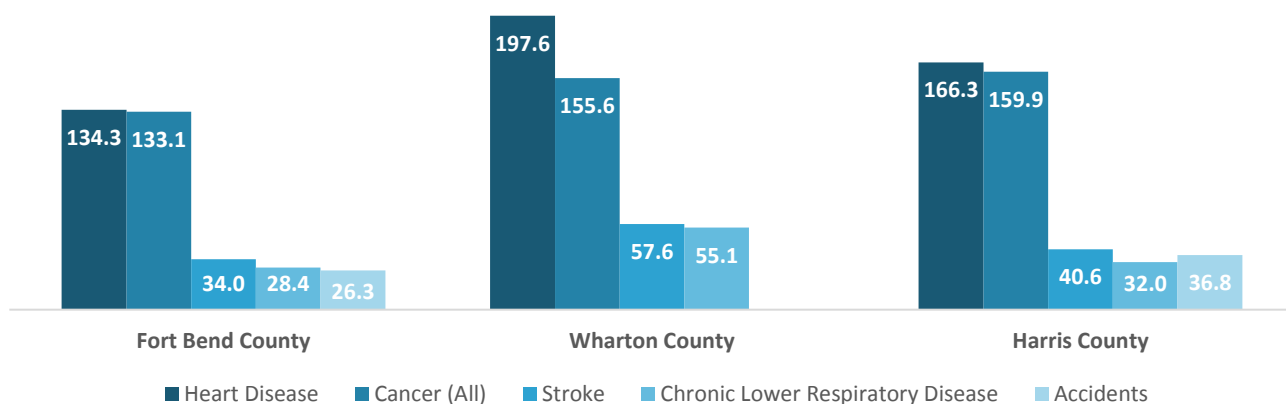
of information can be helpful for planning programs and policies targeted at leading causes of death. According to the Texas Department of State Health Services, Fort Bend County experienced an overall mortality rate of 599.2 per 100,000 population (FIGURE 15). Fort Bend County has lower mortality rates in all the top leading causes of mortality—including heart disease, cancer stroke, and chronic lower respiratory disease—compared to Harris and Wharton Counties (FIGURE 16). TABLE 4 presents the leading causes of death by age and county in 2013.

FIGURE 15. MORTALITY FROM ALL CAUSES AGE-ADJUSTED RATE PER 100,000 POPULATION, BY COUNTY, 2013



DATA SOURCE: Texas Department of State Health Services, Health Facts Profiles, 2013

FIGURE 16. LEADING CAUSES OF DEATH PER 100,000 POPULATION, BY COUNTY, 2013



DATA SOURCE: Texas Department of State Health Services, Health Facts Profiles, 2013

NOTE: Age-adjusted mortality rate per 100,000 population; rate not available for mortality due to accidents by Wharton County due to insufficient sample size

TABLE 4. LEADING CAUSES OF DEATH, MORTALITY RATE PER 100,000 POPULATION, BY AGE AND COUNTY, 2013

		Fort Bend County	Wharton County	Harris County
Under 1 year	Certain Conditions Originating in the Perinatal Period	208.2	-	347.5
	Congenital Malformations, Deformations and Chromosomal Abnormalities	122.5	-	133.9
	Homicide	-	-	19.9
	Accidents	-	-	12.8
	Septicemia	-	-	8.5
1-4 years	Cancer	-	-	4.4
	Accidents	-	-	4.1
	Congenital Malformations, Deformations and Chromosomal Abnormalities	-	-	2.6
	Heart Disease	-	-	1.9
5-14 years	Cancer	-	-	3.7
	Accidents	-	-	2.8
	Chronic Lower Respiratory Diseases	-	-	0.8
	Heart Disease	-	-	0.8
15-24 years	Accidents	19.3	-	24.1
	Homicide	-	-	16.2
	Suicide	8.6	-	8.6
	Cancer	-	-	4.8
	Heart Disease	-	-	2.3
25-34 years	Accidents	26.2	-	24.7
	Homicide	11.0	-	14.9
	Cancer	11.0	-	11.2
	Suicide	9.6	-	10.5
	Heart Disease	-	-	5.9
35-44 years	Cancer	22.7	-	29.3
	Accidents	15.8	-	28.2
	Heart Disease	9.9	-	19.3
	Suicide	11.1	-	11.1
	Homicide	-	-	9.8
	Chronic Liver Disease and Cirrhosis	4.9	-	*
45-54 years	Cancer	62.5	202.0	95.5
	Heart Disease	46.4	-	82.2
	Accidents	16.1	-	42.5
	Chronic Liver Disease and Cirrhosis	19.2	-	22.1
	Suicide	11.1	-	15.7
55-64 years	Cancer	199.1	198.8	273.3
	Heart Disease	123.3	198.8	194.8
	Accidents	32.1	-	49.7
	Stroke	*	-	39.5
	Diabetes Mellitus	*	-	38.2
	Chronic Liver Disease and Cirrhosis	19.3	-	*
	Septicemia	16.7	-	*

		Fort Bend County	Wharton County	Harris County
65-74 years	Cancer	473.2	533.0	618.1
	Heart Disease	240.6	444.2	419.8
	Chronic Lower Respiratory Diseases	59.5	-	97.9
	Stroke	73.0	-	92.0
	Diabetes	*	-	71.0
	Septicemia	43.3	-	*
75-84 years	Heart Disease	952.4	1,223.7	1,166.1
	Cancer	1,037.1	881.1	1,115.1
	Stroke	239.9	489.5	304.3
	Chronic Lower Respiratory Diseases	204.6	538.4	274.6
	Septicemia	*	-	173.5
	Alzheimer's Disease	148.2	-	*
	Nephritis, Nephrotic Syndrome, and Nephrosis	*	391.6	*
85+ years	Heart Disease	3,615.9	4,988.9	3,459.7
	Cancer	1,477.4	1,552.1	1,586.9
	Stroke	1,030.3	1,330.4	957.0
	Chronic Lower Respiratory Diseases	894.2	776.1	627.5
	Alzheimer's Disease	602.6	776.1	574.2

DATA SOURCE: Texas Department of State Health Services, Texas Health Data, Deaths of Texas Residents, 2013

NOTE: Dash (-) denotes unreliable rate

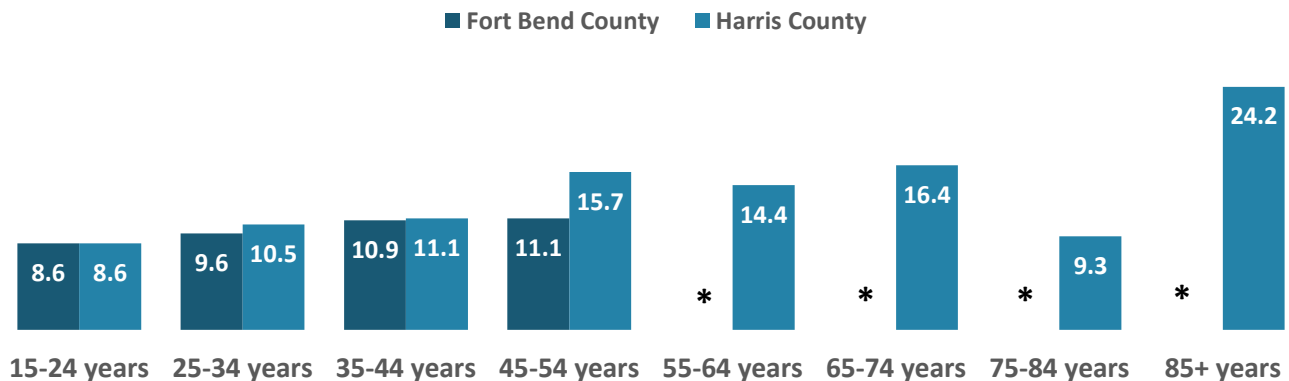
NOTE: Asterisk (*) indicates cause of death not one of the top five leading causes

NOTE: "All Other Diseases" not reported in leading causes

Suicide data for all age groups was available for Harris County, but limited to age 54 and younger for Fort Bend County. In Fort Bend, persons aged 45 to 54 years had the highest rate of suicide compared to other age groups, with a rate of 11.1 suicides per

100,000 population in 2013 (FIGURE 17). Persons aged 85 years of age or older were the most likely age group to commit suicide in 2013 in Harris County, with a rate of 24.2 suicides per 100,000 population.

FIGURE 17. SUICIDE MORTALITY RATE PER 100,000 POPULATION, BY AGE AND COUNTY, 2013



DATA SOURCE: Texas Department of State Health Services, Texas Health Data, Deaths of Texas Residents, 2013

NOTE: Data for Wharton County not reported due to unreliable rates (indicated with a * in the figure above)

Chronic Diseases and Related Risk Factors

Diet and exercise are risk factors for many chronic diseases. Access to healthy food and opportunities for physical activity depend on not only individual choices but also on the built environment in which we live, the economic resources we have access to, and the larger social context in which we operate. Risk factors for chronic diseases like overweight and obesity, heart disease, diabetes, cancer, and asthma include diet and exercise as well as genetics and stress. The prevention and management of chronic diseases is important for preventing disability and death, and also for maintaining a high quality of life.

Access to Healthy Food and Healthy Eating

One of the most important risk factors for maintaining a healthy weight and reducing risk of cardiovascular disease is healthy eating habits, secured by access to the appropriate foods and ensuring an environment that helps make the healthy choice the easy choice.

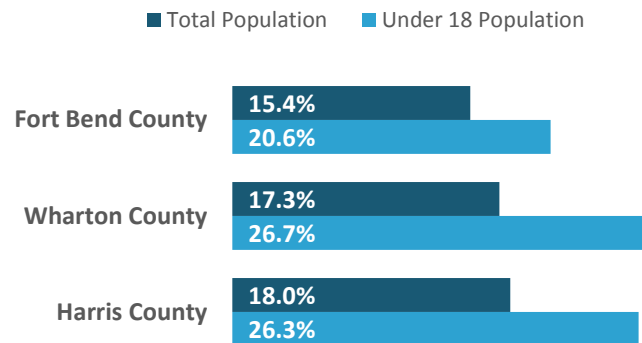
Food Access

Rates of food insecurity are similar for adults across all three counties served by MH Sugar Land, and children are more likely to be food insecure than adults. Focus group participants and key informants consistently identified food insecurity in children to be a major issue affecting the community. For example, a key informant interviewee discussed access to food at school being an area for improvement: “In regards to food insecurity- we’ve made a lot of strides in regards to school breakfasts that are healthy. But there’s much more that needs to be done in regards to after schools snacks, healthy lunches, and summer meals.” In Fort Bend County, one in five children (i.e., those under age 18) is food insecure (20.6%) in contrast to Harris and Wharton Counties where more than a quarter of all children are considered to be food insecure (FIGURE 18). Among households in Fort Bend

One in five children in Fort Bend County is food insecure.

County, 6.8% of families receive benefits from the Supplemental Nutrition Assistance Program (SNAP), the program providing nutritional assistance for low-income families (FIGURE 19).

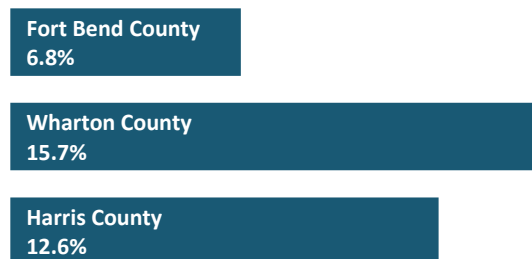
FIGURE 18. PERCENT FOOD INSECURE BY TOTAL POPULATION AND UNDER 18 YEARS OLD POPULATION, BY COUNTY, 2013



DATA SOURCE: Map the Meal Gap, 2015

NOTE: Food insecurity among children defined as self-report of two or more food-insecure conditions per household in response to eight questions on the Community Population Survey.

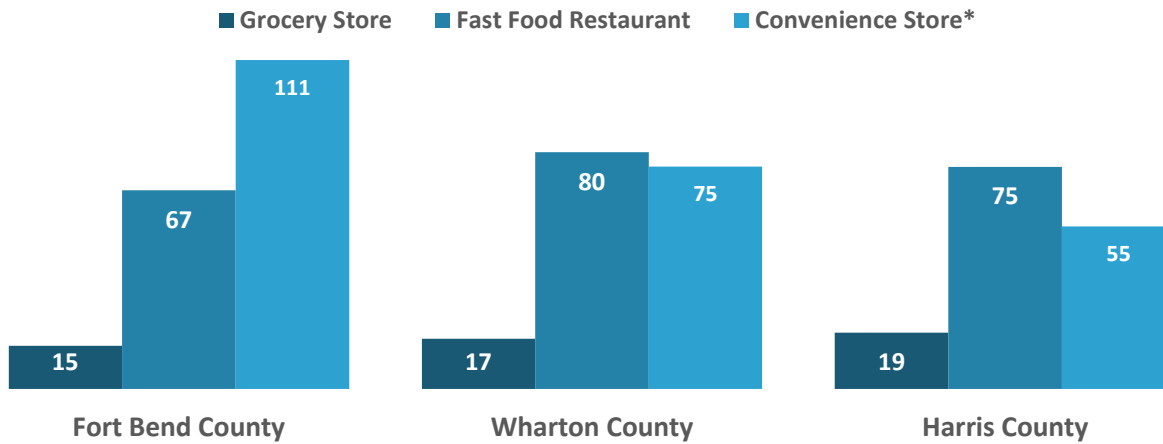
FIGURE 19. PERCENT HOUSEHOLDS RECEIVING SNAP BENEFITS, BY COUNTY, 2009-2013



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013, as cited by Prevention Resource Center Regional Needs Assessment, 2015

According to the US Department of Agriculture, in 2013 residents of Fort Bend County had access to 15 grocery stores per 100,000 population (FIGURE 20). Fort Bend County residents in 2012 had the highest access to convenience stores (111 convenience stores per 100,000 population) compared to 75 convenience stores in both Harris and Wharton Counties. Fort Bend County low-income residents have limited access to farmer’s markets (10.4%) (FIGURE 21).

FIGURE 20. ACCESS TO GROCERY STORES, FAST FOOD RESTAURANTS, AND CONVENIENCE STORES, PER 100,000 POPULATION, BY COUNTY, 2013



DATA SOURCE: US Census Bureau, County Business Patterns, as cited by Community Commons, 2013; and as city by USDA Food Environment Atlas, 2012

*Convenience store data reflects 2012

FIGURE 21. PERCENT LOW INCOME POPULATION LIVING NEAR A FARMER'S MARKET, BY COUNTY, 2015



DATA SOURCE: US Department of Agriculture, Agriculture Marketing Service, 2015, as cited by Community Commons

“Unhealthy food is more readily available and cheaper; it is too demanding to plan out healthy meals when working three jobs and stretching a budget.”

Key informant interviewee

Eating Behaviors

Eating healthy food promotes overall health. Focus group participants and key informant interviewees described healthy eating as a difficult habit to master. Poor access to healthy foods, the low cost of fast food, cultural food norms, and poor education about nutrition were cited across all informants as being top drivers of unhealthy eating habits. Key informants pointed to the lack of grocery stores in poor communities as contributing to unhealthy eating habits. For example, one person stated: *“We have food deserts and obesity problems with children and adults—fast food is cheaper and there aren’t many grocery stores in low-income communities. That is improving due to effort by grocery stores but it is still a problem.”* The low cost of and easy access to unhealthy, fast food was also cited as a contributor to unhealthy eating habits: *“Frankly it is faster and cheaper to eat food that isn’t good for you than it is to prepare healthy meals,”* said one key informant. Other key informants cited cultural factors as affecting whether people make healthy food choices. For example, one interviewee stated: *“Texas is the barbeque capital of the world. Barbeque and pizza are popular and very unhealthy. For 30 years, we have known that smoked meats cause cancer. Other than the recent announcement, you will never hear any kind of person in Texas saying it is unhealthy to eat barbeque.”* Key informants also reported that education is a driver of healthy eating habits. One key informant described this barrier as the power of assumption: *“We may take for granted that we*

know what a healthy lifestyle is. Exercise, healthy eating, alcohol consumption. Short of smoking, which everyone knows is a bad habit...we don’t think of food the same way.” The lack of knowledge about healthy eating and how to prepare healthy foods emerged as a key theme across several focus groups and interviewees.

Physical Activity

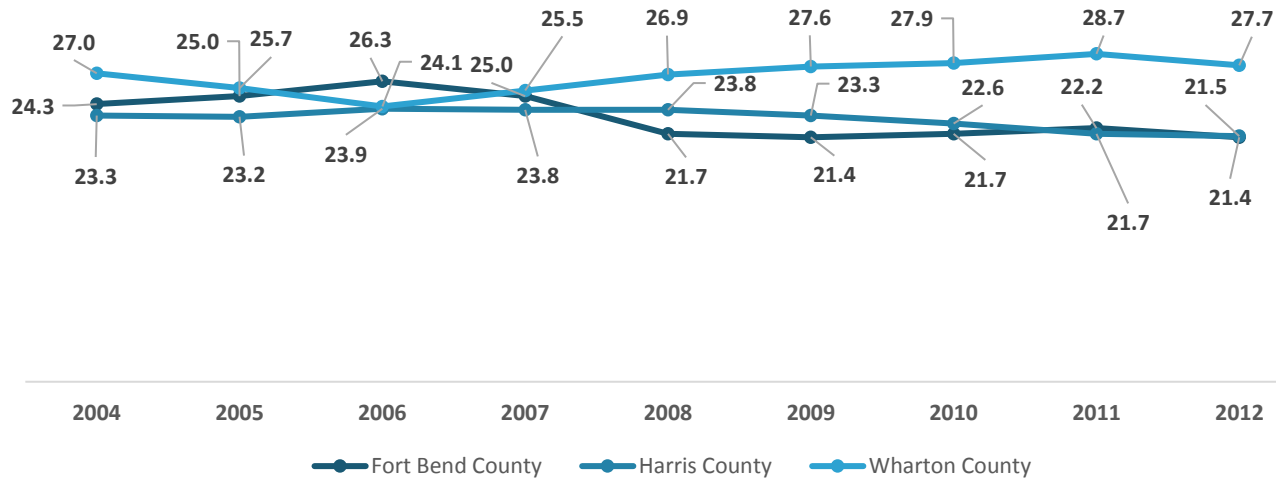
Another important risk factor for maintaining a healthy weight and reducing one’s risk of cardiovascular disease is physical activity. When asked about opportunities for physical activity in the region, focus group members and interviewees shared several perspectives. Some reported good access to parks and other opportunities for physical activity. However, some stated that these were not equally distributed across the region. As one informant mentioned, *“We have a fairly good park and recreation system, but not so much in lower income neighborhoods.”*

“Obesity is a significant problem because of the eating choices people make and the fact some of the population are not educated... We drive everywhere, and it’s too hot to run here.”

Key informant interviewee

In 2012, the most recent year for which rates on physical inactivity are available, the percentage of Fort Bend County adults aged 20 and over reporting no leisure-time physical activity was 21.4% (FIGURE 22). This rate has decreased from 24.3% in 2004 in contrast to the percentage of adults in Harris County reporting physical inactivity increasing over the same period.

FIGURE 22. AGE-ADJUSTED PERCENTAGE OF ADULTS AGED 20 AND OVER REPORTING NO LEISURE-TIME PHYSICAL ACTIVITY, BY COUNTY, 2004-2012



DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2004-2012

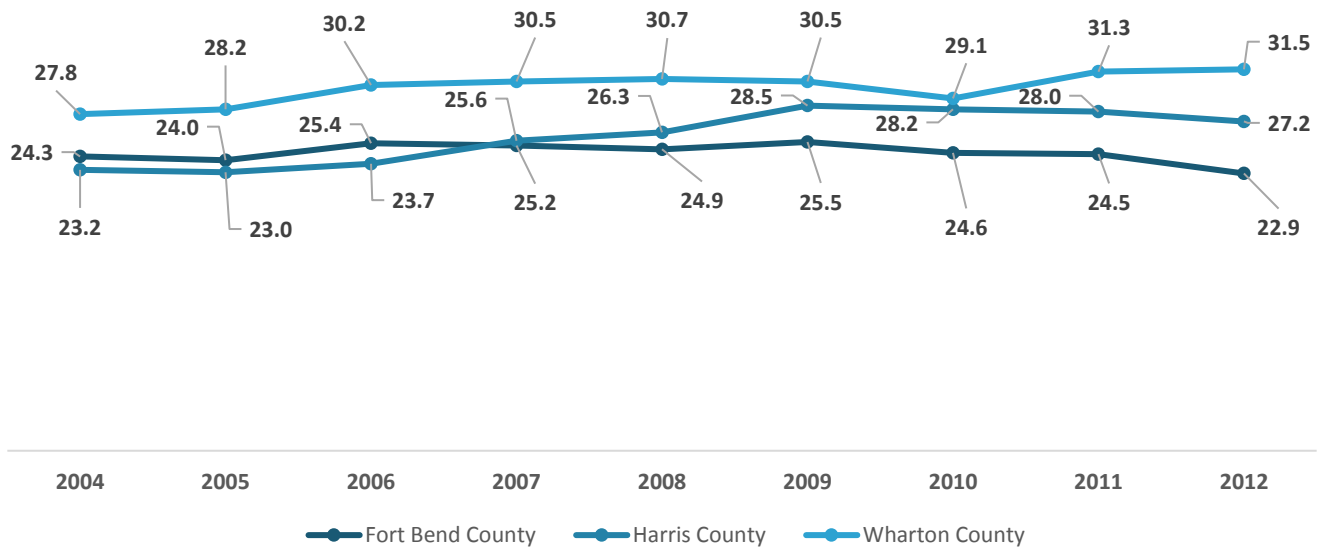
Overweight and Obesity

Obesity is a major risk factor for poor cardiovascular health and increases the risk of death due to heart disease, diabetes, and stroke. Every community served by MH Sugar Land is affected by obesity. Almost all focus group participants and key informant interviewees acknowledge overweight and obesity is a major issue in the community, alongside diabetes and heart disease. Obesity, as described by focus group participants and key informant interviewees, is driven by unhealthy eating habits and low levels of physical activity. For example, one key informant interviewee when discussing the Greater Houston area at large reported, “Houston has an obesity problem – we tend to spend a lot of time in cars and inside, not a lot outside in green spaces.” Other participants shared many concerns about children being at high risk for obesity and the long-term impact of childhood obesity. As one key informant discussed,

“I still think...the fact that school-aged children, if they are not getting proper nutrition will affect their lifestyle as they grow older. That impacts the kind of workforce we will have in the future. Kids who are not familiar with healthy eating, they will encounter health problems in adulthood, and that is the biggest cost to an employer – a sick or chronically ill employee. Promote healthy eating early on with school-aged children.”

In 2012, the most recent year for which rates on overweight and obesity are available, the percentage of Fort Bend County residents reported that they were overweight or obese was 22.9% (FIGURE 23). This rate has remained stable since 2004 in contrast to the percentage of adults in Harris County reporting a BMI of 30 or more which has increased over the past eight years.

FIGURE 23. AGE-ADJUSTED PERCENTAGE OF ADULTS THAT REPORT A BMI OF 30 OR MORE, BY COUNTY, 2004-2012



DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2004-2012

Diabetes

“Diabetes...it seems to be rampant.”

Low-income focus group participant

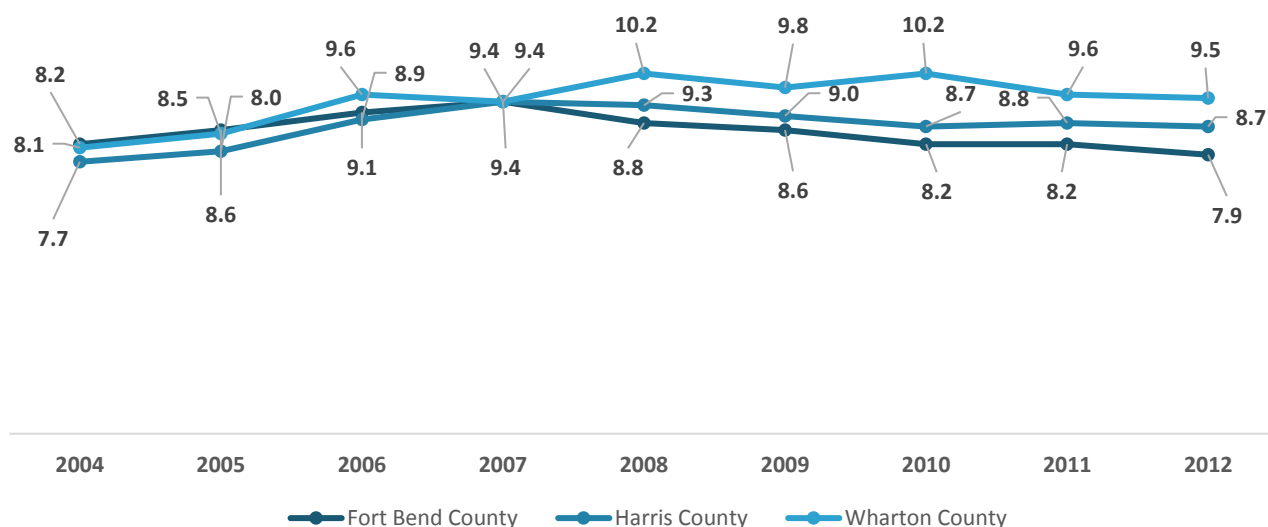
Diabetes is a life-long chronic illness that can cause premature death. According to the American Diabetes Association, care for diagnosed diabetes accounts for 1 in 5 health care dollars in the United States, a figure which has been rising over the last several years.

Diabetes is an issue for many residents in communities served by MH Sugar Land. The majority of focus group participants and key informants named diabetes (along with hypertension) as a top health issue in the region. Many key informants talked about the unmet needs

of diabetes, particularly due to lack of self-management and delaying care. One key informant provider reported, *“We see patients coming in for chronic conditions [like diabetes] that is not managed or controlled. Symptoms, like blindness, are then exacerbated.”* Many informants discussed diabetes *“running in families”* as though diabetes was an expectation of life. *“We see people who expect to have diabetes because everyone in their family does.”* This creates a burden on residents served by MH Sugar Land.

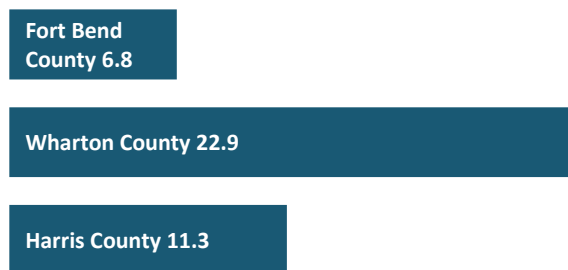
In 2012, the most recent year for which rates of self-reported diabetes diagnoses among adults are available, the percentage of Fort Bend County residents reported that they had diabetes was 7.9% (FIGURE 24). This statistic represents an improvement over rates which peaked at 9.4% in 2007. Compared to Harris and Wharton County, Fort Bend sees a smaller number of hospital admissions due to uncontrolled diabetes (6.8 per 100,000 population) (FIGURE 25).

FIGURE 24. AGE-ADJUSTED PERCENTAGE OF ADULTS AGED 20 AND ABOVE WITH DIAGNOSED DIABETES, BY COUNTY, 2004-2012



DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2004-2012

FIGURE 25. HOSPITAL ADMISSIONS DUE TO UNCONTROLLED DIABETES RATE PER 100,000 POPULATION, BY COUNTY, 2013



DATA SOURCE: Texas Health Care Information Collection, Texas Hospital Inpatient Discharge Public Use Data File, 2013, as cited by Texas Department of State Health Services

Heart Disease, Hypertension, and Stroke

Hypertension (e.g., high blood pressure) is one of the major causes of stroke, and high cholesterol is a major risk factor for heart disease. Both hypertension and cholesterol are preventable conditions, and unhealthy lifestyle choices can play a major role in the development of these top two cardiovascular risk factors. Heart disease and stroke are among the top five leading causes of death both nationally and within this region. Focus group participants named hypertension and heart disease as among the top issues affecting their community, especially among seniors. One focus group participant said many diseases affected her community, *“Especially heart disease...everybody*

has high pressure.” Many senior focus group participants talked about managing their heart disease. One senior said, *“I think there could be many ways to take care of this without medications. Health care companies are taking advantage of us.”* Other informants mentioned acculturation as being related to developing conditions like hypertension. Some key informants expressed concern that heart disease and stroke occurs more in populations experiencing health disparities.

In 2012, the most recent year for which rates of self-reported hypertension among adults are available, 25.7% of Fort Bend adults aged 18 and older had ever been told by a doctor that they have high blood pressure or hypertension (data not shown). In 2011 according to the Texas Behavioral Risk Factor Surveillance System, the prevalence of adults aged 45 years or older who have ever been told by a health professional that they had a stroke was 658 per 100,000 population in Fort Bend County.

“Everybody I know is on blood pressure medication.”

Senior focus group participant

Asthma

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma is an important area for public health intervention nationally since the condition is more common and more severe among children, women, low-income, urban, and Black Americans. In 2013, 12.6% Texas adults self-reported having asthma at one point in their lifetime according to the Texas Behavioral Risk Factor Surveillance System. In MH Sugar Land's CHNA-defined community, Fort Bend County adult residents had the highest self-reported rates of asthma (5.8%) and Harris County adult residents self-reported the lowest rates of asthma (4.6%) (FIGURE 26). In 2012, 5.7 per 10,000 population experienced an asthma related hospital discharge (FIGURE 27).

FIGURE 26. PERCENT ADULTS SELF-REPORTED TO CURRENTLY HAVE ASTHMA, BY COUNTY, 2013

Fort Bend County 5.8%

Harris County 4.6%

DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2013 as cited by Texas Department of State Health Services, Office of Surveillance, Evaluation and Research, Health Promotion and Chronic Disease Prevention Section, in Current Asthma Prevalence Among Adults and Children by Demographic Characteristics, Risk Factors, Other Conditions, and Place of Residence, Texas, 2013

NOTE: Data not available for Wharton County

FIGURE 27. AGE-ADJUSTED ASTHMA HOSPITAL DISCHARGE RATES PER 10,000 POPULATION, BY COUNTY, 2012

Fort Bend County 5.7

Wharton County 6.2

Harris County 8.4

DATA SOURCE: Texas Health Care Information Collection (THCIC), Inpatient Hospital Discharge Public Use Data File, 2012, as cited by Texas Department of State Health Services, Office of Surveillance, Evaluation and Research, Health Promotion and Chronic Disease Prevention Section, in Asthma Hospital Discharge Rates by County and by Demographics for Selected Counties, Texas, 2005-2012

NOTE: Data do not include HIV and drug/alcohol use patients

Cancer

Cancer is among the top two leading causes of death in the region. (In some cases, cancer is the leading cause of death, while heart disease is number one in others.) This trend is similar to what is seen nationally. Focus group participants and key informant interviewees described cancer as one of the top health conditions seen in their community. Many informants expressed concern that people do not have access to or are aware of early screening and detection resources. A focus group participant said, "You may get cancer because you don't get access to information or resources." Another focus group participant reported: "Some people don't know they have an illness [like cancer]."

Harris and Wharton Counties see slightly higher incidence rates of cancer (444.1 per 100,000 population and 435.4 per 100,000 population) compared to Fort Bend (409.4 per 100,000 population) (FIGURE 28). However, Wharton County (at 173.3 per 100,000 population) experienced a slightly higher cancer mortality rate than the other counties (Harris: 163.4 per 100,000 population and Fort Bend: 133.9 per 100,000 population) (FIGURE 29).

FIGURE 28. AGE-ADJUSTED INVASIVE CANCER INCIDENCE RATE PER 100,000 POPULATION, BY COUNTY, 2008-2012

Fort Bend County 409.4

Wharton County 435.4

Harris County 444.1

DATA SOURCE: Texas Cancer Registry, 2008-2012

FIGURE 29. AGE-ADJUSTED CANCER MORTALITY RATE PER 100,000 POPULATION, BY COUNTY, 2008-2012

Fort Bend County 133.9

Wharton County 173.3

Harris County 163.4

DATA SOURCE: Texas Cancer Registry, 2008-2012

Behavioral Health

Behavioral health issues, including mental health and substance use disorders, have a substantial impact on individuals, families, and communities. Mental health status is also closely connected to physical health, particularly in regard to the prevention and management of chronic diseases. This section describes the burden of mental health and substance use and abuse in the communities served by MH Sugar Land.

Mental Health

Focus group participants and key informants identified mental health and lack of access to mental health services as a major unmet need in the community served by MH Sugar Land and the entire Greater Houston area. For example, one key informant interviewee reported, the *“...biggest gap is mental health services...there are not enough services, not enough beds, people are in jails who don’t need to be there; and they are on the streets but need help.”* Other key informants echoed the link between mental health and incarceration. One key informant shared that, *“We have a huge problem with mental health...the largest mental health center is the county jail.”*

“Mental health issues are multi-cultural. They do not discriminate...it will touch every family regardless of their level of education and professional standing. It goes back to access to care and treatment. The lower income cohort is most vulnerable because they lack access to specialists.”

Key informant interviewee

Focus group participants and key informants reported that youth are at high risk for mental health problems, and the response to their needs is inadequate. For example, one person stated: *“Too many cases are undiagnosed for too long.”* Another informant pointed to teen suicide as a top issue of

concern in the community: *“We have high teen suicides. It’s anecdotal...but part of it is because we’re in affluent communities. If you don’t fit in, people will know that. If you live a different lifestyle (if you’re poor, if you’re gay, etc.), people will know and will make sure you fit yourself in.”*

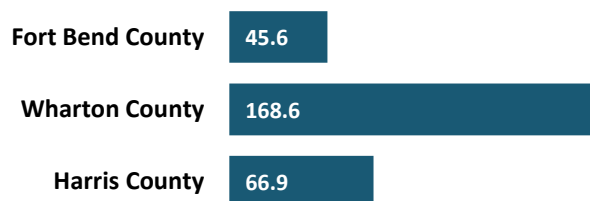
While more affluent residents were seen as having greater access to mental health services, low-income residents face substantial challenges including transportation and lack of insurance and resources to pay for services out of pocket. Stigma about mental illness was mentioned as a substantial barrier to identifying mental health concerns and seeking treatment. As one informant explained, *“People may not seek services because of the stigma or what they perceive is normal in their own families and may not realize that it’s correctable and there are services available.”*

Substance Use and Abuse

Substance use and abuse affects the physical and mental health of its recipients, their families, and the wider community. Stakeholders raised substance abuse as being an important health issue in the community by many interview and focus group participants. A low-income suburban focus group participant described this issue in her community: *“In North Richmond, it’s drugs. Drugs, alcohol, and prostitution is everywhere. Not too long ago, we had an outbreak where people were making drugs and people were dying. We need more education.”* Smoking is also identified as a health issue by some focus group participants, one of whom stated: *“I have not seen much of a decline in smoking. There’s a hard cultural stigma to drive home.”* Neither focus group participants nor key informant interviewees identified opioid addiction as a major health issue affecting the MH Sugar Land community. As with mental health services, residents reported that the need for substance use services—both prevention and treatment—exceeds the available supply.

Wharton County has the highest rates of non-fatal drinking-under-the-influence (DUI) motor vehicle accidents in the past month (168.6 per 100,000 population), and Fort Bend County had the lowest rate (45.6 per 100,000 population) according to the Texas Department of Transportation (FIGURE 30).

FIGURE 30. NON-FATAL DRINKING UNDER THE INFLUENCE (DUI) MOTOR VEHICLE CRASH RATE PER 100,000 POPULATION, BY COUNTY, 2010-2014



DATA SOURCE: Texas Department of Transportation, 2010-2014, as cited in Prevention Resource Center 6, Regional Needs Assessment, 2015

Communicable Diseases

Communicable diseases are diseases that can be transferred from person to person. These conditions are not as prevalent as chronic diseases in the region, but they do disproportionately affect vulnerable population groups.

Focus group participants and key informants had few concerns or comments about communicable disease apart from concern about vaccinations and HIV/AIDS education. Some informants reported concern about parents not getting their children vaccinated against diseases such as measles. One focus group participant said she was concerned about “...vaccination misinformation...People don’t get their kids vaccinated. We need to ensure that everyone is vaccinated.” Still other participants reported being afraid of vaccinations. Some focus group participants and key informants reported that

education and awareness about HIV/AIDS is lacking in some communities and perceive a lack of resources in low-income areas, contributing to disparate levels of education.

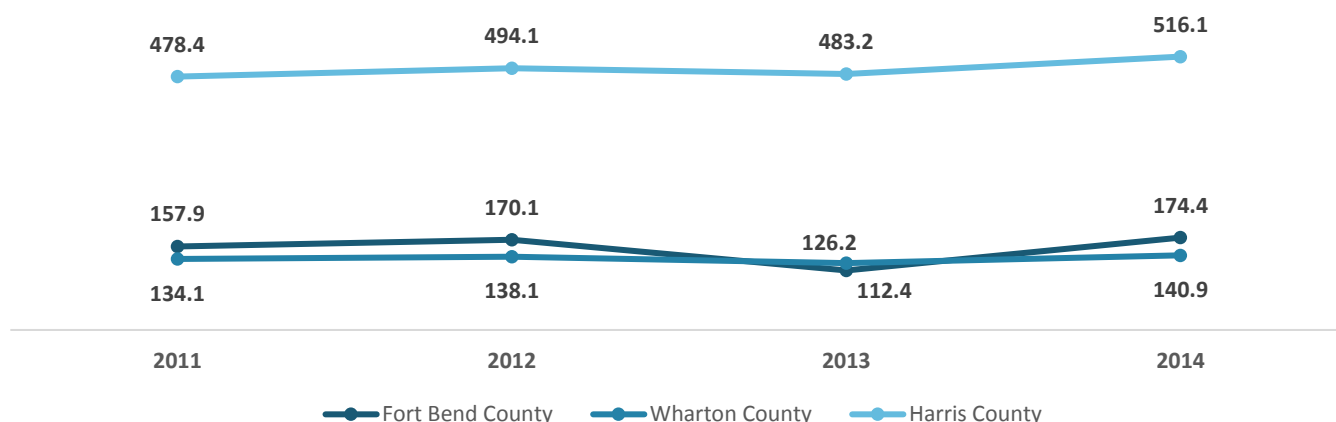
HIV

Fort Bend has among the lowest HIV rates in the region, with 174.4 people per 100,000 population living with HIV in the county, up from 157.9 per 100,000 population in 2011 (FIGURE 31). Although Harris County sends a smaller proportion of patients to MH Sugar Land, it is worth noting that Harris County experiences the highest HIV rate in the region, with 516.1 people per 100,000 population living with HIV in the county. This rate has increased since 2011, from 478.4 people per 100,000 population.

Other Sexually-Transmitted Diseases

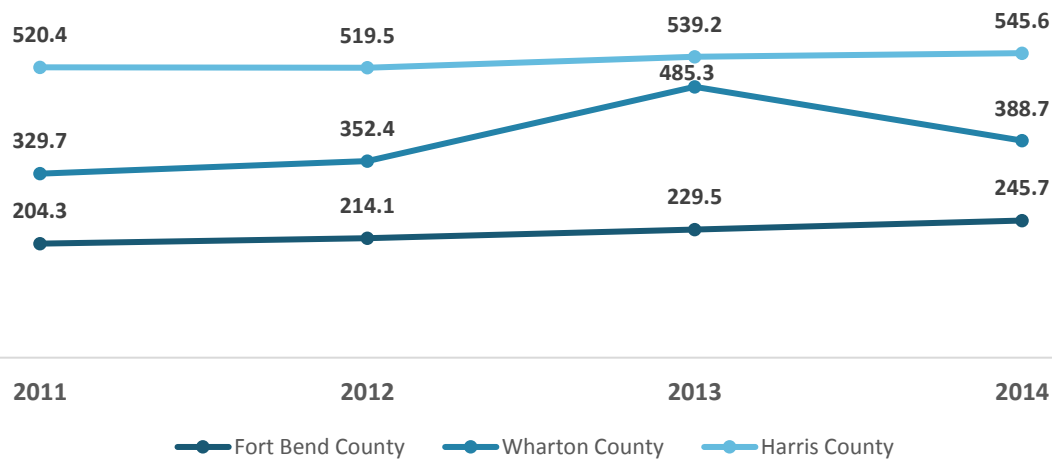
Trends in rates of chlamydia, gonorrhea, and syphilis varied by county. From 2011 to 2014, chlamydia and syphilis case rates have increased in all three counties served by MH Sugar Land (FIGURE 32 and FIGURE 33). In Wharton County, chlamydia rates dramatically increased in 2013 to 485.3 per 100,000 population from 352.4 per 100,000 population in 2012; however, this rate decreased to 388.7 per 100,000 population in 2014. Gonorrhea case rates increased in Harris and Fort Bend Counties but decreased in Wharton County from 2011-2014, although they increased substantially from 2011 to 2012 (FIGURE 34).

FIGURE 31. RESIDENTS LIVING WITH HIV RATE PER 100,000 POPULATION, BY COUNTY, 2011-2014



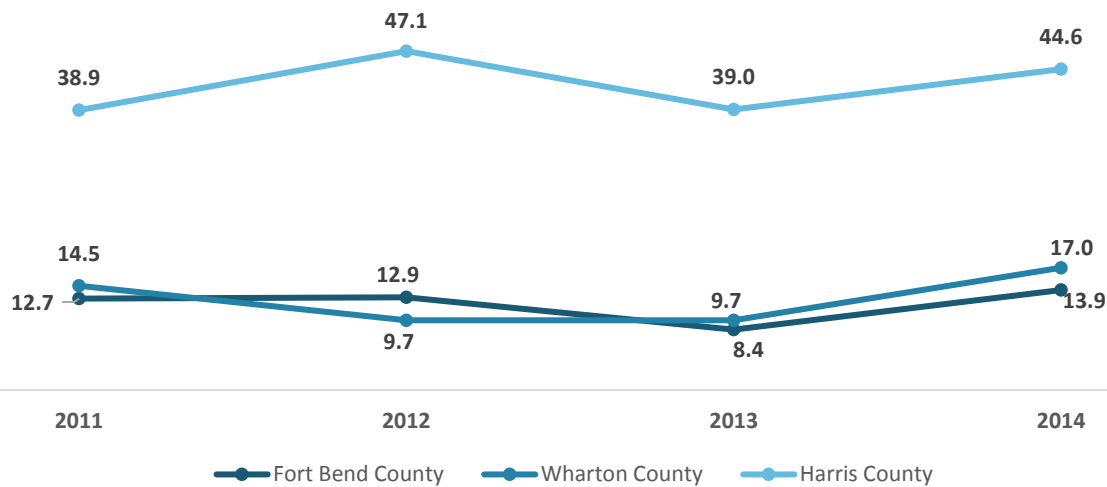
DATA SOURCE: Texas Department of State Health Services, Texas HIV Surveillance Report, 2011, 2012, 2013, and 2014

FIGURE 32. CHLAMYDIA CASE RATES PER 100,000 POPULATION, BY COUNTY, 2011-2014



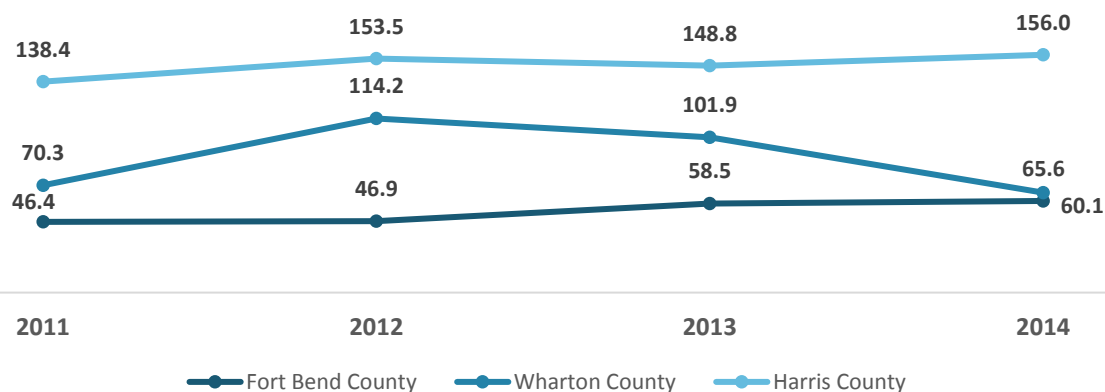
DATA SOURCE: Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, Texas STD Surveillance Report, 2014

FIGURE 33. SYPHILIS CASE RATES PER 100,000 POPULATION, BY COUNTY, 2011-2014



DATA SOURCE: Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, Texas STD Surveillance Report, 2014

FIGURE 34. GONORRHEA CASE RATES PER 100,000 POPULATION, BY COUNTY, 2011-2014



DATA SOURCE: Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, Texas STD Surveillance Report, 2014

Tuberculosis

Fort Bend County's tuberculosis rate is low compared to Harris County, 2.8 versus 7.2 cases per 100,000 population (FIGURE 35).

FIGURE 35. TUBERCULOSIS CASE RATE PER 100,000 POPULATION, BY COUNTY, 2014



DATA SOURCE: Texas Department of State Health Services, TB-HIV-STD and Viral Hepatitis Unit, TB Counts and Rates by, 2014

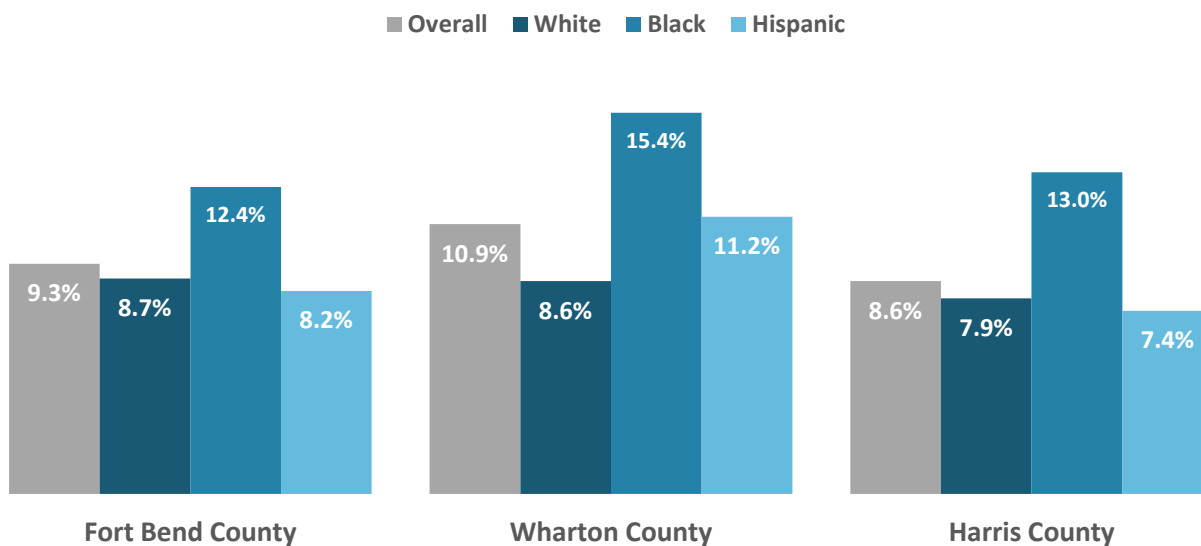
Reproductive and Maternal Health

Good reproductive and maternal health provides a stronger foundation for newborns and children to have a more positive health trajectory across their lifespans. This section presents information about birth outcomes and teen pregnancy in the communities served by MH Sugar Land.

Birth Outcomes

Approximately one in ten babies in the county was born low birthweight, although this varies by race. Babies who are Black, non-Hispanic in the counties are more likely to be born low birthweight than babies of other races and ethnicities with rates for Black babies ranging from 12.4% in Fort Bend to 15.4% in Wharton County (FIGURE 36).

FIGURE 36. PERCENT LOW BIRTH WEIGHT INFANTS, OVERALL AND BY RACE AND ETHNICITY, BY COUNTY, 2013



DATA SOURCE: Texas Department of State Health Services, Texas Vital Statistics Annual Report, 2013

NOTE: White includes Other and Unknown race and ethnicity

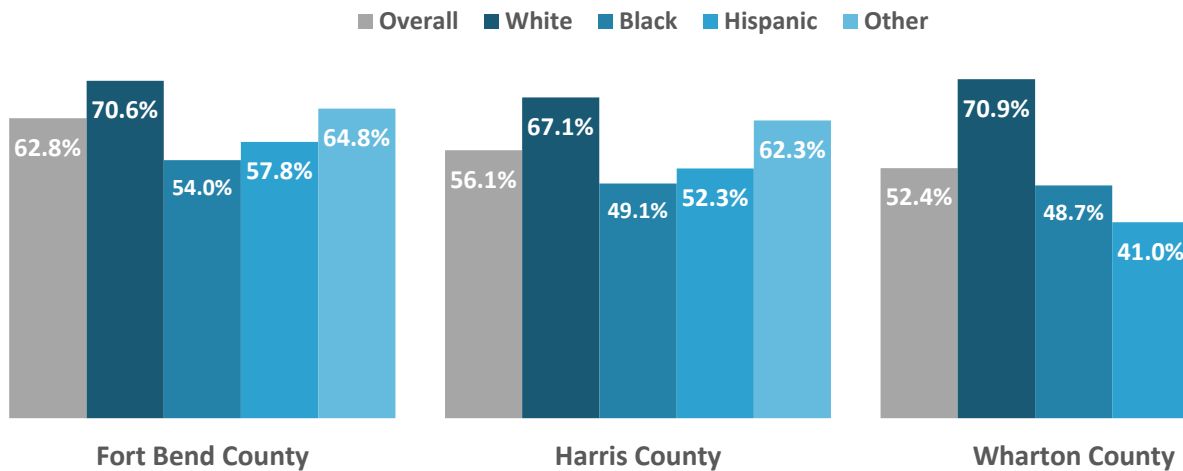
NOTE: Low birth weight is defined as under 2,500 grams

Prenatal Care

According to the Texas Department of State Health Services, 62.8% of live births in Fort Bend County in 2013 occurred to mothers who received prenatal care in their first trimester compared to 56.1% of Harris County live births and 52.4% of Wharton County live births (FIGURE 37). Rates of first trimester prenatal care in both counties were highest for White, non-Hispanic mothers and lowest for Black, non-Hispanic mothers. Rates of receiving

no prenatal care were 1.9% and 3.9% for Fort Bend and Harris County mothers, respectively (FIGURE 38). Rates of receiving no prenatal care in both counties were highest for Black, non-Hispanic mothers 2.6% in Fort Bend County and 5.4% in Harris County). In Fort Bend County, the rate of receiving no prenatal care was lowest for White mothers (1.4%); in Harris County, the rate of receiving no prenatal care was lowest for mothers of Other race and ethnicity (2.7%).

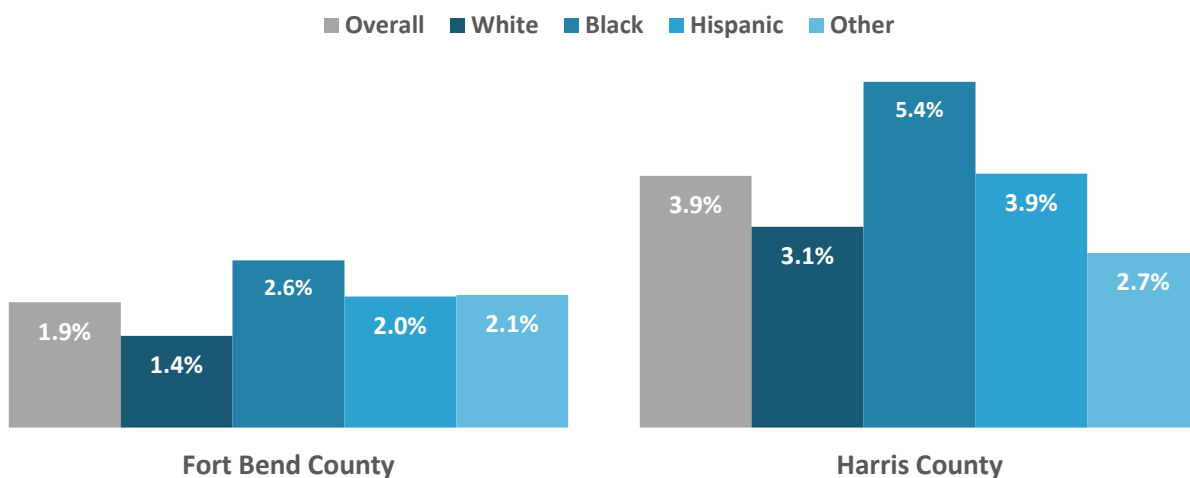
FIGURE 37. PERCENT BIRTHS WITH PRENATAL CARE IN THE FIRST TRIMESTER, BY RACE AND ETHNICITY OF MOTHER, 2013



DATA SOURCE: Texas Certificate of Live Birth, as cited by Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Birth Outcomes, 2013

NOTE: Insufficient data for Other race and ethnicity in Wharton County

FIGURE 38. PERCENT BIRTHS WITH NO PRENATAL CARE IN ANY TRIMESTER, BY RACE AND ETHNICITY OF MOTHER, 2013



DATA SOURCE: Texas Certificate of Live Birth, as cited by Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Birth Outcomes, 2013

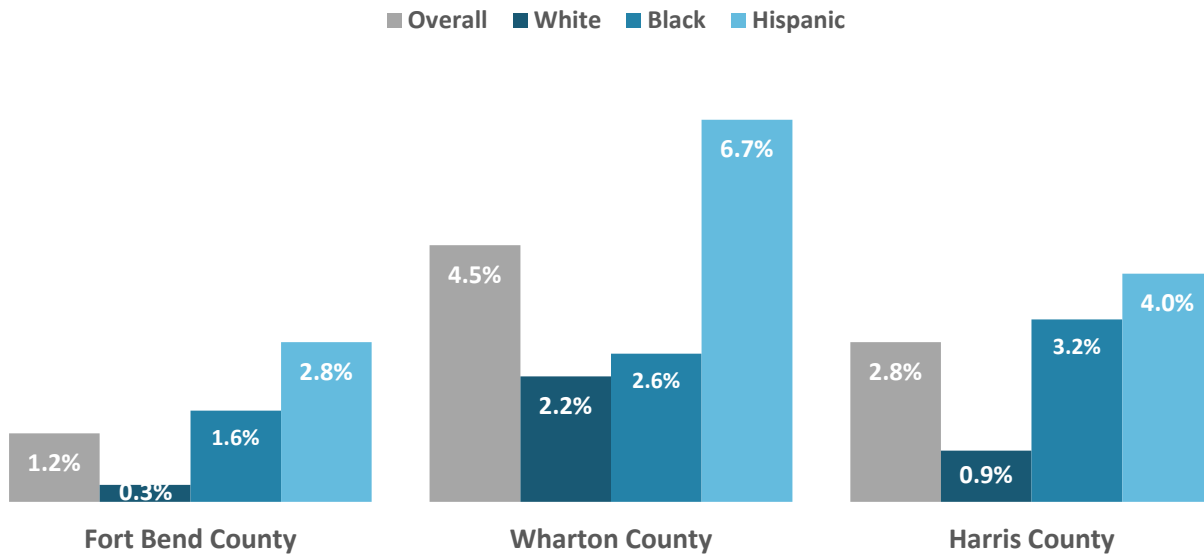
NOTE: Insufficient data for Wharton County

Teen Births

In 2013, 12,245 births occurred to Texas mothers aged 17 years or younger, representing 3.1% of all births in Texas according to the Texas Department of State Health Services (data not shown). Fort Bend County has the lowest rate of teen births (1.2%)

across all three counties served by MH Sugar Land (FIGURE 39). Teen births rates varied by race and ethnicity. In Fort Bend County, Hispanic mothers had the highest rates of teen births compared to other races and ethnicities.

FIGURE 39. PERCENT BIRTHS TO TEENAGED MOTHERS AGE 17 YEARS OLD AND UNDER, BY COUNTY, 2013



DATA SOURCE: Texas Department of State Health Services, Texas Vital Statistics Annual Report, 2013

NOTE: White includes Other and Unknown race and ethnicity

Oral Health

Oral health is a strong indicator of overall well-being and health. In addition to tooth decay and gum disease, poor oral hygiene has been linked in some studies to premature birth, cardiovascular disease, and endocarditis. Oral bacteria and inflammation can also lead to infection in people with diabetes and HIV/AIDS. Across the three counties served by MH Sugar Land, Fort Bend County had the highest rate of dentists (56.9 per 100,000 population) and Wharton County had the lowest rate of dentists (42.7 per 100,000 population) (FIGURE 40).

FIGURE 40. RATE OF DENTISTS PER 100,000 POPULATION, BY COUNTY, 2014

Fort Bend County 56.9

Wharton County 42.7

Harris County 57.4

DATA SOURCE: Texas Medical Board, as cited by Texas Center for Health Statistics, 2014

HEALTH CARE ACCESS AND UTILIZATION

Health Insurance

Health insurance is a significant predictor of access to health care services and overall population health. While interview and focus group participants generally stated that community members have access to health insurance, some noted gaps. One focus group participant from a mid to high socioeconomic status reported that some people do not have “access to medication...They can’t afford it. They can buy food, but can’t get insulin because they cannot afford the co-pay or do not have insurance.” Many focus group participants from low-income areas reported frustration regarding their lack of health insurance. One participant said, “You work 30+ years and retire, and now I don’t have insurance; they know you don’t have insurance and a whistle goes off. You have selective discrimination, that’s what I call it. You have to fill out a book to get care. After taking care of people all your life, you struggle.” A key informant health care provider also reported that being uninsured or underinsured affects the health of some residents. “People who aren’t insured or underinsured tend to neglect their health. They ignore it and hope it will go away so they won’t have to pay \$1,000 to fix it. They will suffer the consequences of an untreated condition. Do I pay my light bill or put groceries on the table or do I pay someone to look at me? If they aren’t suffering the consequences from a disease then it makes sense that they won’t pay for care.”

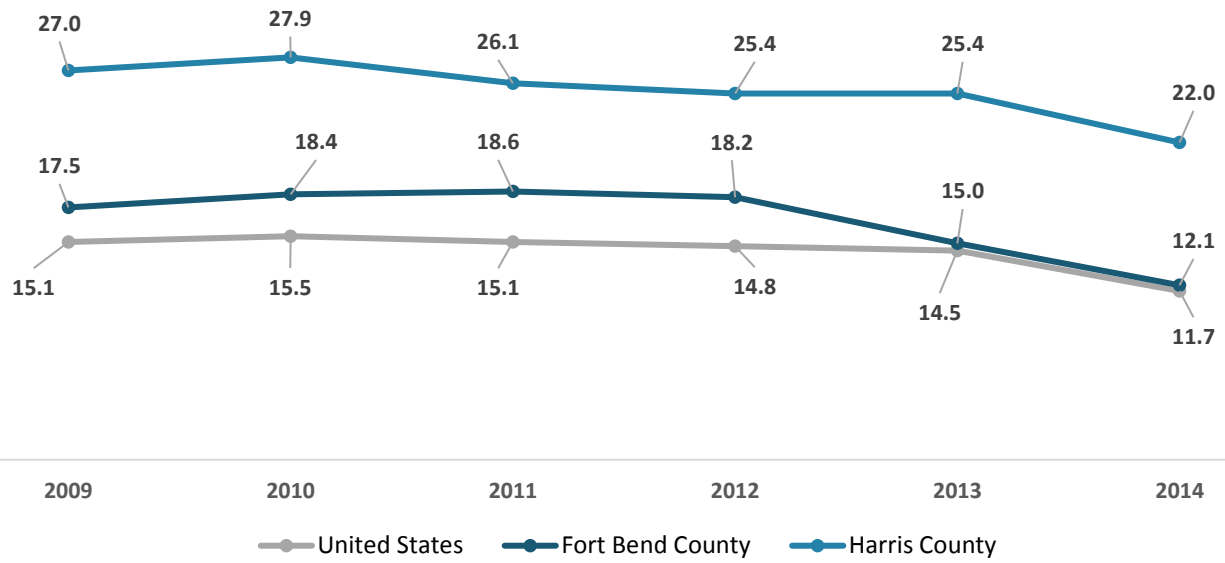
Another challenge cited by informants has been patients’ lack of understanding about what is covered by different insurance products and navigating their health insurance. Residents in focus groups expressed frustration when trying to understand co-pays and deductibles, in and out of network providers, services covered, and billing statements. This is especially challenging,

respondents reported, for those who don’t speak English or who have lower literacy levels as well as those who have never had insurance coverage. As one focus group member summed up, “[Insurance is very hard to understand] There are so many places and points of the process where it can go wrong.”

Uninsurance rates decreased for Harris and Fort Bend counties following the passage of the Affordable Care Act in 2010 (FIGURE 41). Harris County had higher rates of uninsurance than Fort Bend County during the 2009-2014 period. In 2014, Rates of uninsurance varied by zip code across the communities served by MH Sugar Land. In 2013, the zip codes in the immediate geographic area around the MH Sugar Land facility had the lowest rates of uninsurance for the total population (FIGURE 42). The following zip codes reported rates of uninsurance over 30% in 2013: 77099 (35.0%) in Houston, 77083 (33.7%) in Houston, and 77471 (30.4%) in Rosenberg. Among individuals aged 18 and younger, uninsurance rates reported in 2013 were lower than the overall population. The following zip codes reported rates of uninsurance over 20% for those 18 and younger in 2013: 77099 (22.3%) in Houston, and 77498 (20.1%) in Sugar Land (FIGURE 43).

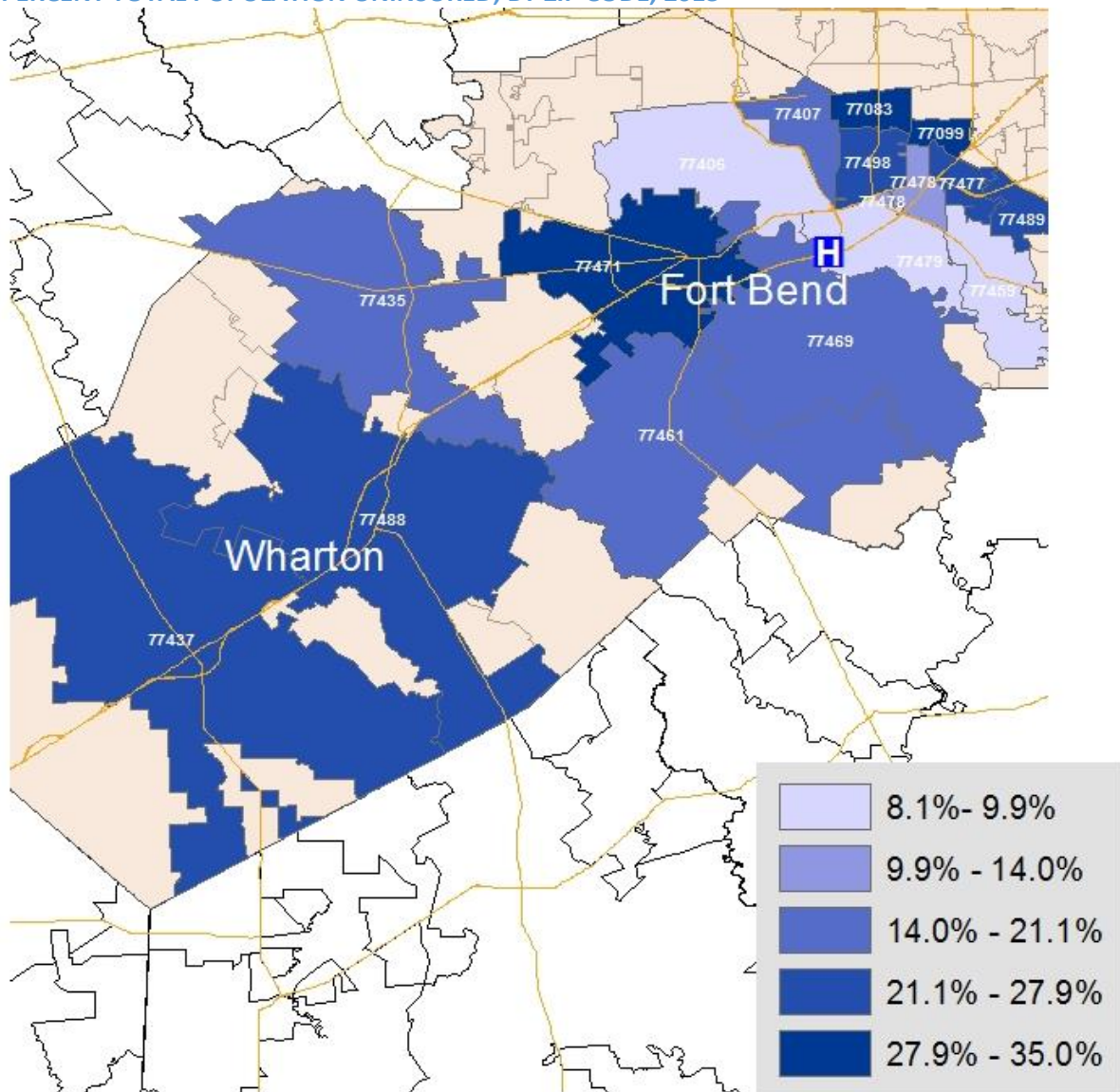
Among the zip codes served by MH Sugar Land, 75,563 residents were enrolled in Medicaid (data not shown). Enrollment in Medicaid varied by zip code. In Fort Bend County, the zip code with the most Medicaid enrollees was 77469 in Richmond (5,667 enrollees) (FIGURE 44). In Harris County, the zip code with the most Medicaid enrollees was 77083 in Houston (13,445 enrollees). In Wharton County, the zip code with the most Medicaid enrollees was 77437 in El Campo (3,101 enrollees).

FIGURE 41. PERCENT TOTAL POPULATION UNINSURED, BY COUNTY, 2008-2012, 2009-2013, AND 2010-2014



DATA SOURCE: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2010-2014

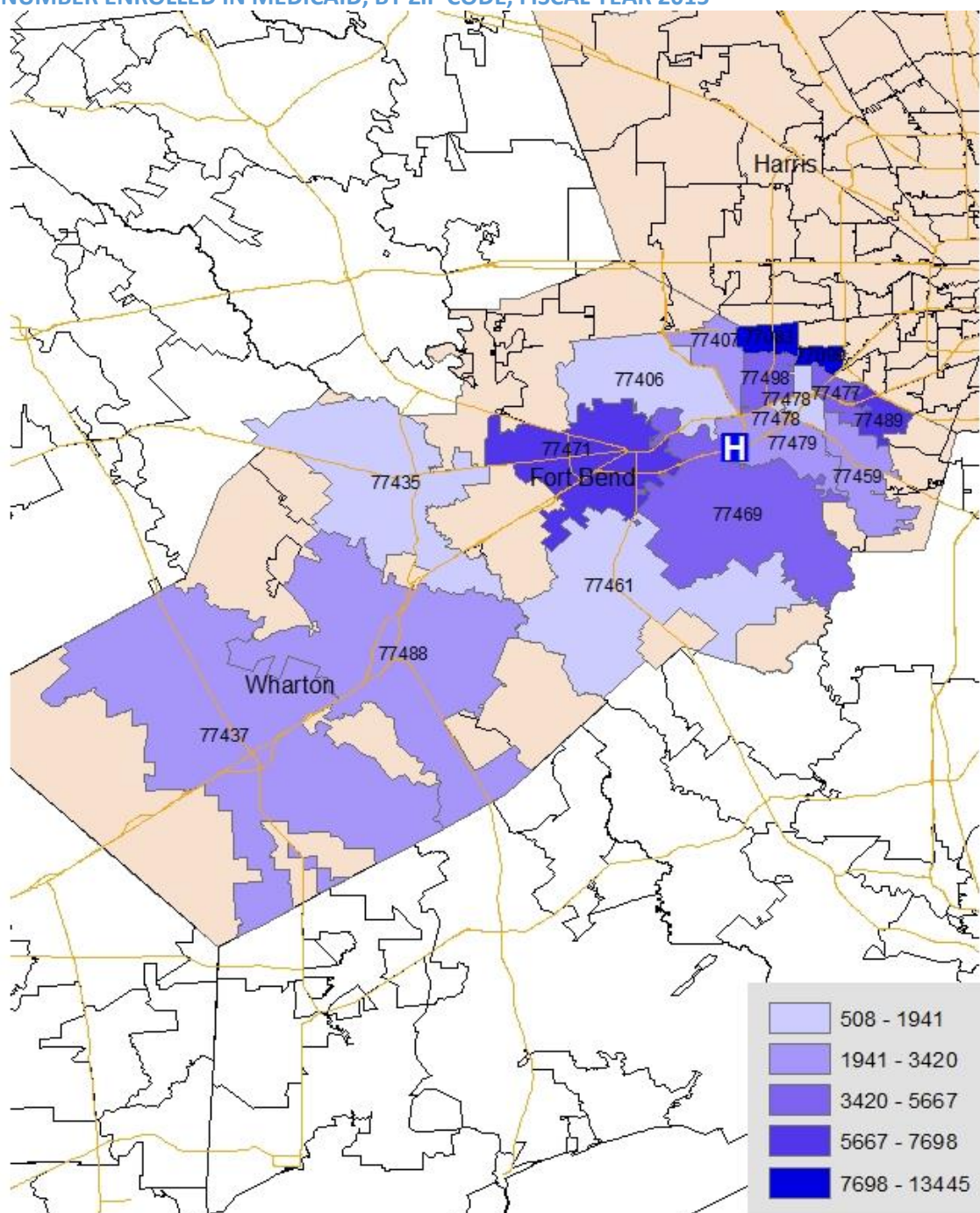
FIGURE 42. PERCENT TOTAL POPULATION UNINSURED, BY ZIP CODE, 2013



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

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FIGURE 44. NUMBER ENROLLED IN MEDICAID, BY ZIP CODE, FISCAL YEAR 2015



DATA SOURCE: Texas Health and Human Services Commission System Forecasting, March 2016

NOTE: Enrollment by zip code does not equal total enrollment due to lack of zip code data for some clients

Health Care Access and Utilization

Focus group participants and key informants reported that shortages of specialty providers, particularly in psychiatry, presented a barrier to access to care for area residents. For example, one person stated: *“I’m a social worker by training, and licensed, and I don’t think we can keep up with the demand on our systems and structures. I grew up in this community, and while tremendous evolution and growth has happened, it grows faster than our response...even our strategic response. We do not have enough service providers and not enough funding. Before you have innovative programming, you need providers in those arenas. Houston has made tremendous strides in investing in those systems.”*

Among those residents needing assistance to obtain health and social services, focus group participants reported challenges in meeting administrative requirements of existing programs as well as the lack of availability of assistance programs in some geographic areas. One focus group participant residing in a low-income area reported that *“...there are a lot of places that say they help people, but it’s a lot of paperwork. We need more assistance. Or you go there, and they say they have no funding. There is a lot more in Harris and Galveston...not Fort Bend.”* The cost of healthcare was also reported to be a challenge to accessing healthcare. Focus group members and interviewees reported that high deductibles and co-pays prevent some from accessing needed care. A related challenge is the cost of medication, some of which are not covered by insurance. One focus group participant reported that some people do not have *“access to medication...They can’t afford it. They can buy food, but can’t get insulin.”* While residents reported that there are medication assistance programs, these are seen as insufficient to meet the need. A couple of respondents also mentioned that cost of other health services—like dental and vision care—is expensive and often not covered by insurance.

In addition to the barriers described above, cultural and language minorities face unique challenges to accessing health care according to respondents. Newcomers often take low wage jobs with no health insurance. They must negotiate a complex and unfamiliar U.S. health care system and much paperwork. While respondents reported that some healthcare providers have bilingual staff or use translation services, not all do. Again,

undocumented individuals were identified by several respondents as a particularly vulnerable population. As one key informant shared, *“People who are undocumented often feel scared to seek out services. So we see those residents have the most challenges when accessing health care.”* Among those residents needing assistance to obtain health and social services, focus group participants reported challenges in meeting administrative requirements of existing programs as well as the lack of availability of assistance programs in some geographic areas. One focus group participant residing in a low-income area reported: *“...there are a lot of places that say they help people, but it’s a lot of paperwork. We need more assistance. Or you go there, and they say they have no funding.”*

Focus group participants and key informants reported that awareness of available health and social services programs is low. One focus group participant from a low-income area reported, *“There is not enough information about the places that can help you...I just heard about a health clinic (federally qualified health center) on the street. I don’t know what I would do without this place. You will only hear about by word of mouth.”*

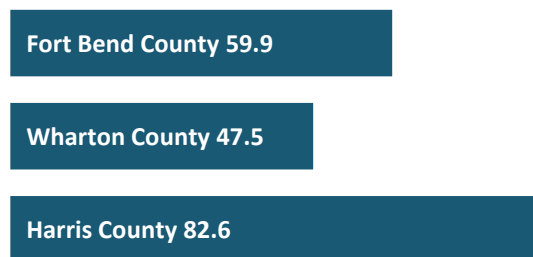
Access to Primary Care

The number of primary care physicians (including general practice, family practice, OB-GYN, pediatrics, and internal medicine) per 100,000 population varied by county. According to the Texas Medical Board, the number of primary care physicians serving Fort Bend County in 2014 was 59.9 per 100,000 population compared to 82.6 primary care physicians per 100,000 population in Harris County and 47.5 primary care physicians per 100,000 population in Wharton County (FIGURE 45). In Harris County, 38.2% of adult residents reported in the BRFSS survey that they did not have a doctor or health care provider (data not shown; data unavailable for Fort Bend and Wharton Counties).

According to the Texas Medical Association’s 2014 physician survey, the percent of Texas physicians who accept all new Medicaid patients decreased from 42% in 2010 to 37% in 2014. In the Houston-The Woodlands-Sugar Land MSA, which includes Fort Bend and Harris counties, 34% of physicians accepted all new Medicaid patients, 24% limited their acceptance of new Medicaid patients, and 42% accepted no new Medicaid patients. In Harris County in 2014, 37% of physicians accepted all new

Medicaid patients, 23% limited their acceptance of new Medicaid patients, and 40% accepted no new Medicaid patients. (Data on Medicaid acceptance is unavailable for Fort Bend and Wharton Counties due to low survey response rates.)

FIGURE 45. NUMBER OF PRIMARY CARE PHYSICIANS PER 100,000 POPULATION, COUNTY, 2014



DATA SOURCE: Texas Medical Board, as cited by Texas Center for Health Statistics, 2014

Emergency and Inpatient Care for Primary Care Treatable Conditions

People who are poor, uninsured or covered by Medicaid, certain racial/ethnic minorities and immigrants, and individuals with limited education,

literacy, or English language skills are all less likely to have a usual source of care (USOC) provider other than using a hospital emergency department (ED). In 2013, about four in ten ED visits were classified as primary care-related.

Of MH Sugar Land's 5,266 emergency room visits in 2013, 54.8% were from patients who were uninsured or on Medicaid, and 40.5% were classified as non-emergent or with primary care treatable conditions. Among the 16 zip codes in MH Sugar Land's CHNA-defined community, four zip codes are among the top 20 zip codes for emergency room visits for primary care treatable conditions in 2013 (data not shown). These zip codes included 77083 (16.1%), 77477 (14.5%), 77489 (11.6%), and 77099 (7.6%).

Of MH Sugar Land's 5,730 inpatient discharges in 2015, 2,694 inpatient discharges or 47% were related to an ambulatory care sensitive condition. The top three ambulatory care sensitive conditions that resulted in inpatient care at MH Sugar Land in 2015 were diabetes (57 discharges), cellulitis (49 discharges), and congestive heart failure (39 discharges).

COMMUNITY ASSETS AND RESOURCES

"[There is a] spirit of innovation...I see that with our health department and health institutions...We are known for key research."

Key informant interviewee

"Our school systems are strong."

Focus group participant

"Diverse cultures, races, ethnicities, and countries of origin contribute to the strength of the city."

Key informant interviewee

"The advantage is the financial stability right now."

Key informant interviewee

Diverse, Cohesive Community

Residents and stakeholders described diversity and social cohesion as being among the primary assets and strengths of their community. The Greater Houston area was described as *"an extremely diverse community"* with *"positive growth"* and a *"sense of community."* Informants described the positive role of diversity in driving the creation of robust communities to participate in and resources to meet those needs. *"The feeling is that you can always find community."* Many key informants and focus group participants described a sense of social cohesion across communities. This cohesion does not just occur within neighborhoods, but also within groups sharing a common issue. For example, one key informant reported: *"From what I see in the disability community is a strong sense of friendship. People know each other and care about each other because they see that they have similar difficulties. That brings people together and supports and connects them."*

High-Quality, Plentiful Medical Care

A key theme among key informants and focus group participants was the wide availability of health care services and the high quality of those services, both in Houston and within communities served by MH Sugar Land. For example, one person explained: *"[We have] one of the strongest complex of medical services in United States and the world."* The health care system is also described as having a strong community health system in addition to world-class acute care: *"We have a strong community healthcare system...there is a significant amount of*

hospitals available to people." Key informants and focus group participants also communicated the theme of innovation regarding the health care system.

Strong Schools

The communities served by MH Sugar Land have strong schools, according to key informants and focus group respondents. According to one key informant, *"We have great school districts. Education outreach is good."* Key informants and focus group participants reported that parental engagement is high in many of their communities, driven largely by the proactive outreach done to parents by schools and social cohesion among parents: For example, one person stated: *"We do proactive outreach as a district, embrace families and bring them in, provide additional training for parents especially around English as a Second Language, trying to connect them with social services and resources."*

Economic Opportunity

Many key informants and focus group participants reported improvement in the local economy, creating economic opportunities for residents and businesses in the communities served by MH Sugar Land. As one person described: *"There are jobs here. They may not be high paying jobs, but they provide some income for people to survive."* The cost of living was also reported as a positive by focus group participants. *"There's a lower cost of living. I came from California. Everything is cheaper here."*

COMMUNITY VISION AND SUGGESTIONS FOR FUTURE PROGRAMS AND SERVICES

Assessment participants were asked about their vision for the future of their community, and ideas for programs, services and initiatives. Prominent themes that emerged related to the future program and service environment included the promotion of healthy eating and physical activity, improvement of transportation and roads, supporting people in their navigation of the health care system, expansion of available and access to health care services, and multi-sector collaboration across institutions.

Promote Healthy Living

Promotion of healthy eating, physical activity, and disease self-management by health care delivery systems and supporting social service organizations was a top suggestion of stakeholders. Interviewees and focus group members identified a need to address the rising rates of obesity and chronic disease in the region and promote community health for the long term. As one informant stated, *“We should be focusing on healthy lifestyles... People need to know how to live healthy with diseases like diabetes or HIV.”* Suggestions about how to do this varied. For example, one informant suggested insurance incentives: *“An insurance product can encourage healthy lifestyles. If you can put a reasonable one in peoples’ hands...that incentivizes people and it could have the biggest effect.”* Other stakeholders suggested investment in education in communities with the highest rates of obesity to promote healthier habits. One stakeholder noted: *“I suggest major educational efforts. Not one size fits all but they would be tapping into multiple parts of the community where you can access individuals who need it.”* To address this, they suggested education programs around things like nutrition, cooking healthy foods, and more community-based events around physical activity. Parent engagement was seen as critical. As one person stated, *“We need to do more educating and engaging family. It needs to be reinforced at the family level.”* Respondents saw many potential partners in this work including hospitals, schools and school nurses, social service organizations, public programs like WIC, faith institutions, and workplaces. A couple stakeholders suggested PSAs with positive messaging around healthy lifestyles. One key informant noted that

promotion of healthy living must be aligned with better access to health care services: *“The long term solution is healthy living. Needs to be pushed concurrently with health care access. They need to come hand in hand.”*

Improve Transportation

Transportation presents many problems in the communities served by MH Sugar Land, and stakeholders offered perspectives and ideas for future programs and services to alleviate the burden caused by traffic and the lack of transportation in some communities. As one key informant shared, *“We really do need a robust transportation system. Increasing access to that will make a big difference in community health.”* Focus group participants and key informant interviewees made suggestions about the direction of future efforts to address transportation. For example, stakeholders suggested non-profits could offer more transportation services. As stated by one key informant: *“Having more vehicles available and of course more people to hire would help.”* Stakeholders also suggested public transportation be expanded and promoted, especially in areas where the population is expanding.

Provide Support to Navigate the Health Care System

Residents need assistance in facing the number of barriers to accessing health care services in the communities served by MH Sugar Land. Stakeholders described existing strategies such as community health workers that should be expanded. Respondents pointed to the critical role that Community Health Workers (CHWs) play in educating patients and community members about prevention and in helping them to navigate the health system. For example, a stakeholder stated that she suggests *“Navigator programs for people to access healthcare.”* Senior focus group respondents were particularly insistent that advocates be available for them to navigate the complexities of the health care system. As one senior focus group member stated, *“We need personal advocates for us seniors. We don’t have anyone to fight for us, no one to talk for us.”* Some stakeholders suggested the health care system become more holistic and consider incentivizing social support in the clinical

space. For example, one informant said, *“If there was a mechanism to reimburse providers to provide social support within the healthcare setting...that would make patients’ lives easier. They wouldn’t have to worry as much about how to navigate the system. Maybe like a one-stop shop. More comprehensive care. Looking more like holistic care.”*

Expand Availability and Access to Health Care Services

While the communities served by MH Sugar Land offer a multitude of health care services that are recognized as being among the best in the United States, access remains a top issue that community stakeholders wished to see addressed. As one informant shared: *“We’ve got some of the greatest physicians in town. The cardiologists, the OBs, the neonatologists...and that’s great but we need more.”* One strategy suggested by multiple stakeholders representing the Greater Houston area was investment in training local workforce to become health care professionals. One stakeholder also suggested partnerships with academic institutions to train the future workforce needed to meet the needs of the growing population.

Expand Access to Behavioral Health Services

Informants identified behavioral health care access as being a major unmet need in the communities served by MH Sugar Land. Respondents reported that more behavioral health services were needed across the region and across age groups. *“There is a major need for detox and behavioral health. There*

needs to be a closer link between population health and primary care,” said one key informant interviewee. Many stakeholders reported that the 1115 waiver had opened the door in Texas to improvement in access to and quality of behavioral health services. Stakeholders suggested Texas should pursue strategies that sustain these efforts and continue to promote innovation within the behavioral health services space.

Promote Multi-Sector, Cross-Institutional Collaboration

Health care and social service stakeholders frequently noted that, while many local services exist, there are opportunities to improve communication and collaborate to improve population health in the communities that serve MH Sugar Land. Lack of collaboration among big players in the health care space—from medical institutions to public health organizations, government, payers, and social services—was a consistent theme across the key informant interviews. Informants suggested that developing a common agenda across sectors with multiple institutions is a needed next step to improving population health. *“If we could get everybody working on a common agenda...Driving our resources into one area...If we could rally on one thing...that would be incredibly helpful. A concentrated effort.”* Respondents reported that because the 1115 waiver is intended to promote systems transformation, it provides an opportunity for regional partnerships to address service gaps.

KEY THEMES AND CONCLUSION

Through a review of the secondary data and discussions with community residents and key informants, this assessment report provides an overview of the social and economic environment of the community served by MH Sugar Land, health conditions and behaviors that most affect the population, and perceptions of strengths and gaps in the current environment. Overarching themes that emerge from this synthesis include:

- **Fort Bend County is unique in terms of demographics and population health needs compared to Harris and Wharton counties.** While Fort Bend County experiences fewer challenges in terms of population health than its more urban and rural county neighbors in the MH Sugar Land community, some communities lack access to some social and health resources and public transportation.
- **The increase in population over the past five years has placed tremendous burden on existing public health, social, and health care infrastructure, a trend that places barriers to pursuing a healthy lifestyle among residents.** The residents of communities served by MH Sugar Land are experiencing challenges associated with rapid population growth, including strain on housing availability, concerns about public safety, and the availability of resources to stay healthy. Infrastructure that does not keep up with demand leads to unmet need and sustains unhealthy habits in the community. Communities without easy access to healthy foods, safe roads, affordable housing, fewer sidewalks, and more violence are at a disadvantage in the pursuit of healthy living.
- **Although there is economic opportunity for many residents, there are pockets of poverty and some residents face economic challenges which can affect health.** Seniors and members of low-income communities face challenges in accessing care and resources compared to their younger and higher income neighbors. While uninsured rates have decreased slightly over the past five years, many adults and children face barriers to obtaining care without a payment source. There are many support organizations in the community that help the uninsured obtain health insurance and charitable care such as federally qualified health centers, but stakeholders report more support is needed for this vulnerable population. Strategies such as community health workers may increase residents' ability to navigate an increasingly complex health care and public health system.
- **Obesity and concerns related to maintaining a healthy lifestyle emerged as challenges for the region.** In Fort Bend, one in four adults is overweight or obese. It also emerged as a key issue in every focus group and interview discussion. Barriers ranged from individual challenges of lack of time to cultural issues involving cultural norms to structural challenges such as having limited access to sidewalks, recreational facilities, or affordable fruits and vegetables. While several initiatives in the region are trying to address this issue, there appears ample opportunity for action, partnership, and focusing on specific at-risk populations (e.g., rural communities, youth).
- **Behavioral health was identified as a key concern among residents.** Stakeholders highlighted significant unmet needs for mental health and substance abuse services in the communities served by MH Sugar Land, particularly the burden of mental illness in the incarcerated population. Findings from this current assessment process illustrate the importance of pursuing innovative strategies to address behavioral health issues, such as those programs that are part of the 1115 waiver. This area is ripe with opportunity to address needs that are currently not being met.
- **Communities served by MH Sugar Land have many health care assets, but access to those services is a challenge for some residents.** Transportation to health services was identified as a substantial concern, especially for seniors and lower income residents, as there are few public transportation options in the region. While existing public transportation is being expanded in a limited way in Harris County, some communities served by MH Sugar Land have limited access to public health transportation. There is an opportunity to

expand services to fill in gaps in transportation, ensuring residents are able to access primary care and behavioral health services as well as actively participating in their communities.

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

The CHNA data collection process was conducted over a six-month period. During that time, HRiA analyzed secondary data, and conducted numerous focus groups with community members and key informant interviews with leaders and providers. The severity and magnitude of epidemiological data were triangulated with level of concern among leaders and community members to identify key community needs. The following key health issues emerged most frequently from a review of the available data across all MHHS hospitals and were considered in the selection of the system-wide Strategic Implementation Plan (SIP) health priorities:

- Health Care Access
- Issues Related to Aging
- Behavioral Health, Including Substance Abuse and Mental Health
- Transportation
- Healthy Eating, Active Living, and Overweight/Obesity
- Chronic Disease Management

HRiA and MHHS conducted an initial narrowing of the priorities based on key criteria, outlined in

FIGURE 46, which could be applied across all CHNAs in the system. MHHS applied these criteria to select system-level priorities for approval by representatives from MH Sugar Land. The **final three key priorities identified by this process were:**

1. Healthy Living
2. Behavioral Health
3. Health Care Access

In May 2016, HRiA led a two-hour, facilitated conversation with Memorial Hermann Health Systems (MHHS), MH Sugar Land, and the other 12 MHHS hospitals participating in its 2016 CHNA-SIP process. This conversation included a presentation of the priorities identified by the community health needs assessment (CHNA) across all MHHS hospitals, including a discussion of the key criteria for prioritization and the impact of these health issues on the most vulnerable populations. After discussion among all hospital facilities, representatives came to consensus on these three final key priorities for each hospital facility and agreed to set hospital-specific goals, objectives, and strategies within them that addressed the facility’s specific service area and populations served.

FIGURE 46.PRIORITIZATION CRITERIA

RELEVANCE <i>How Important Is It?</i>	APPROPRIATENESS <i>Should We Do It?</i>	IMPACT <i>What Will We Get Out of It?</i>	FEASIBILITY <i>Can We do It?</i>
<ul style="list-style-type: none">• Burden (magnitude and severity, economic cost; urgency of the problem)• Community concern• Focus on equity and accessibility	<ul style="list-style-type: none">• Ethical and moral issues• Human rights issues• Legal aspects• Political and social acceptability• Public attitudes and values	<ul style="list-style-type: none">• Effectiveness• Coverage• Builds on or enhances current work• Can move the needle and demonstrate measureable outcomes• Proven strategies to address multiple wins	<ul style="list-style-type: none">• Community capacity• Technical capacity• Economic capacity• Political capacity/will• Socio-cultural aspects• Ethical aspects• Can identify easy short-term wins

APPENDIX A. REVIEW OF 2013 INITIATIVES

CHNA PRIORITIES	OBJECTIVES	RESULTS
Education and prevention for diseases and chronic conditions	To address education and prevention for diseases and chronic conditions (diabetes, heart disease, cancer, and Alzheimer's) through community programs such as education sessions, screenings, support groups and health education publications.	In the past three years, MH-Sugar Land served 45,635 individuals through 42 programs focused on education and prevention for diseases and chronic conditions.
Address issues with service integration, such as coordination among providers and the fragmented continuum of care	To address information sharing, patients' needs for medical homes, and inappropriate ED use through several programs.	<p>All 11 participating hospitals are responding to the community's concern about the lack of record sharing among providers through the Memorial Hermann Information Exchange (MHIE) which uses a secure, encrypted electronic network to integrate and house patients' digital medical records so they are easily accessible to authorized MHIE caregivers. The service is free to patients and only requires their consent. To date, 50.6% or 4,117,874 of Memorial Hermann patients have registered to participate. Another initiative is for all inpatient, outpatient, and emergency room progress notes to be electronic providing for up-to-date provider access anytime, anywhere.</p> <p>The ER Navigation services at MH-Sugar Land consist of navigating self-pay/uninsured and Medicaid patients without a primary care provider and who present to the Emergency Department (ED) for primary care reasons. Certified Community Health Workers (CHWs) provide the following navigation services: referrals to PCPs / Medical Homes; assistance with scheduling follow-up doctors' appointments, follow-up calls to assist patients with additional resources, and education on the importance of establishing a medical home. The Program has reduced ER visit utilization by 67% in the 12-months post discharge.</p> <p>The case management and ER Navigation teams collaborate with ACCESS Health (a Fort Bend County FQHC) to coordinate the post-acute care discharge follow up care of lower income patients who live in Fort Bend County. Access Health provides a maternity</p>

CHNA PRIORITIES	OBJECTIVES	RESULTS
		<p>program, as well as offers family practice, dental care and medical cases management and treatment support services.</p> <p>MH-Sugar Land Implemented a new scheduling process for AC CESS Health and the ER Navigator to work in collaboration to schedule uninsured patients directly into ACCESS Health via our Schedule NOW tool.</p> <p>MH-Sugar Land provides pharmaceutical support to two Memorial Hermann School-Based Health Centers located in Fort Bend County. The clinics are located in schools and school districts that have students with documented barriers to health care. Through transportation from feeder schools provided by the collaborating school districts, the Health Centers offer access to primary medical, mental health, nutritional and dental care services to underserved children. The clinics incur 6,400 visits annually.</p>
Address barriers to primary care, such as affordability and shortage of providers	To develop recruiting strategies for PCPs within the service area; To assess implementation of a Hospitalist Service to the medical staff to introduce, educate, and encourage service buy-in by physicians; and To continue to capitalize on community resources for primary care.	Memorial Hermann Medical Group (MHMG) employs primary care providers in our community and continues to promote and educate on the importance of having a family medicine physician in the community.
Address unhealthy lifestyles and behaviors	To continue to reinforce healthy lifestyles and influence and encourage behavior change.	<p>-MH-Sugar Land implemented a new partnership with the UT-Health Program that provides monthly wellness education to school district and corporate employees. All attendees track weight, BP, waist circumference, and exercise during the program.</p> <p>-The successful pilot “Eat This...Not That” was expanded. Eat This....Not That is offered and displayed at MH-Sugar Land's Entrée, Beverage and Grill station and provides the customer with a suggestion to a healthier option that is being served on the particular day. Current signage in these areas displays the caloric difference between two choices on the menu.</p>

CHNA PRIORITIES	OBJECTIVES	RESULTS
		<p>-Current vending has been enhanced to easily identify wellness offerings in the vending machines.</p> <p>-Catering and Patient Menus were revised. New designed menus visually guide the patients to choose and recognize healthy options by providing carbohydrate serving size and icons for patients to identify.</p> <p>-Employee wellness programs continue to include incentive/disincentive for wellness/non wellness selections.</p>
<p>Address barriers to mental healthcare, such as access to services and shortage of providers</p>	<p>To partner with the Psych Response Team to provide case management of post-discharge behavioral health patients in order to encourage compliance in prescribed health maintenance activities. To partner with the Psych Response Team to provide a crisis stabilization clinic that will provide rapid access to initial psychiatric treatment and outpatient services.</p>	<p>To address the barriers to obtaining mental health care, Memorial Hermann has a Psych Response Team used by all of its hospitals to identify, consult with and refer patients who would benefit from appropriate community mental health care. In FY 2016, consults totaled 8,335. Through appropriate referral and placement among 200+ mental health providers within the greater Houston area, the Psych Response Team has reduced emergency room average length of stay for psychiatric patients needing an inpatient psychiatric bed from 72 hours in 2000 to 5.5 hours today.</p> <p>The Psych Response Case Management Program provides intensive community-based case management services for individuals with chronic mental illness who struggle to maintain stability in the community. Since its inception in October 2013, this program has serviced 301 patients from enrollment to discharge. 1800 face-to-face encounters, where case manager and patient collaborate to maintain mental health stability, have resulted in a reduced client facility utilization of 68% in the 6-months post discharge.</p> <p>The Memorial Hermann Mental Health Crisis Clinic is an “Urgent Care” outpatient mental health clinic intended to serve individuals in crisis situations or individuals unable to follow up with other outpatient providers for their mental health needs. The clinic aims to promote better health outcomes for patients with mental health treatment needs, decrease unnecessary ED visits, and decrease inpatient hospitalizations and incarcerations due to inability to engage and remain in mental health treatment. Licensed Clinic Social Workers and Licensed Professional Counselors</p>

CHNA PRIORITIES	OBJECTIVES	RESULTS
		<p>assist in linking to outpatient follow-up, either by helping patients establish an appointment with an outpatient provider or by providing patients with resources and referrals. These clinics are not designed to provide continuous outpatient follow-up for mental health needs; rather, they serve as part of the mental health safety net in lieu of expensive ED visits. There are three clinic locations in the greater Houston area. From 2015-2016, patient encounters, including follow-up visits, totaled 7,149.</p> <p>Memorial Hermann Home Health has a behavioral health trained home health nurse that is available for home health needs that are complicated by behavioral health disease.</p>
Decrease health disparities by targeting specific populations	To address the populations most at risk including the safety net population, the unemployed, children, elderly and “almost elderly,” non-English speaking minorities, Asian immigrant populations and the homeless.	<p>Case Managers have an extensive list of resources to direct those who need assistance.</p> <p>Cab vouchers are provided when needed to assist with patient discharge.</p> <p>A Pediatric Neurologist and Pediatric Urologist were recruited in 2014.</p> <p>Pediatric Sleep studies and Pediatric Sedation for Imaging was added in 2015.</p> <p>MH-Sugar Land uses a language line for interpretation needs with the bulk of language needs falling in Spanish, Vietnamese, Korean, Arabic, Mandarin, Russian, Polish, Cantonese, Swahili, Hindi, Gujarati, Urdu, Portuguese, Thai, Romanian, Karen, French, Bengali and Bulgarian.</p>
Increased access to affordable dental care	Not Applicable	<p>The need for “increased access to affordable dental care” is not addressed due to the fact that dental is not a core business function of Memorial Hermann and the limited capacity of each hospital to address those needs.</p> <p>Memorial Hermann fully supports local governments in their efforts to impact these issues.</p>
Increased access to transportation	Not Applicable	<p>The need for “increased access to transportation,” is not addressed due to the fact that transportation is not a core business function of Memorial Hermann and the limited capacity of each hospital to address those needs. Furthermore, the hospitals do not have the expertise to address access to transportation and the system views this issue</p>

CHNA PRIORITIES	OBJECTIVES	RESULTS
		as a larger city and county infrastructure related concern. Memorial Hermann fully supports local governments in their efforts to impact these issues.

Note: Appendix A, Review of 2013 Initiatives, added to the 2016 Community Health Needs Assessment on 4/24/17.

APPENDIX B. FOCUS GROUP AND KEY INFORMANT ORGANIZATIONS

Organizations Involved in Focus Group Recruitment by Population Segment

Low-income community members from suburban area	ACCESS Health, Fort Bend County
Seniors (65+ years old)	The Pinnacle Senior Center
Community members from more mid to higher SES area	Fort Bend County Women's Club (Sugar Land)
Spanish-speaking Hispanic community members and English-speaking Hispanic community members	Association for the Advancement of Mexican Americans
Parents of preschool children (0-5 years old)	The Yellow School
Seniors (65+ years old)	Senior Center, City of South Houston
Low-income community members from rural area	Mamie George Community Center (Catholic Charities)
Adolescents (15-18 years old)	Katy Family YMCA
Low-income community members from urban area	Houston Food Bank
Asian community members	HOPE Clinic

Organizations Contributing Key Informant Interviews

ACCESS Health (FQHC)	Interfaith Ministries of Greater Houston
Asian American Health Coalition	LoneStar Family Health Center
Association for the Advancement of Mexican Americans	Mayor's Office for People with Disabilities
Blue Cross Blue Shield	Memorial Hermann Texas Medical Center
Children at Risk	Memorial Hermann Health System
Childrens Defense Fund	Office of Harris County Judge Ed Emmett
Christ Clinic	One Voice Texas
City of Houston, Department of Neighborhoods	Pasadena Independent School D
City of Houston, Department of Parks and Recreation	SETRAC (Southeast Texas Regional Advisory Council)
Community Health Choice	Sheltering Arms Senior Services, Neighborhood Centers Inc.
Fort Bend Health and Human Services	Southwest Management District
Harris County Public Health and Environmental Services	Texas Legislature
Harris Health	The Harris Center for Mental Health and IDD (MHMRA)
Houston Independent School District	Tri County Services
Institute for Spirituality and Health	United Way of Montgomery County
Interfaith Community Clinic	University of Texas School of Public Health

APPENDIX C. FOCUS GROUP GUIDE

Goals of the Focus Groups:

- To identify the perceived health needs and assets in the community
- To understand to what extent healthy living, including healthy eating and physical activity, is achievable in the community and perceived barriers to living a healthy lifestyle
- To gain an understanding of people's barriers to health and how these barriers can be addressed
- To identify areas of opportunity for Memorial Hermann to address needs

[NOTE: THE QUESTIONS IN THE FOCUS GROUP GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT.]

BACKGROUND (5 MINUTES)

- Welcome everyone. My name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston.
- We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.
- Memorial Hermann Health System is conducting a community health assessment to gain a greater understanding of the health issues facing residents in the Greater Houston area and its specific communities, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. The information you provide is a valuable part of this assessment and improving health services in the community.
- As you can see, I have a colleague with me today, [NAME], who is taking notes during our discussion. She works with me on this project. I want to give you my full attention, so she is helping me out by taking notes during the group and she doesn't want to distract from our discussion.
- [NOTE AUDIOTAPING IF APPLICABLE] Just in case we miss something in our note-taking, we are also audio-taping the groups tonight. We are conducting several of these discussion groups around the Greater Houston area, and we want to make sure we capture everyone's opinions. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, I might provide some general information on what we discussed tonight, but I will not include any names or identifying information. Your responses will be strictly confidential. In our report, nothing you say here will be connected to your name.
- You might also notice that I have a stack of papers here. I have a lot of questions that I'd like to ask you tonight. I want to let you know that so if it seems like I cut a conversation a little short to move on to the next question, please don't be offended. I just want to make sure we cover a number of different topics during our discussion tonight.
- Lastly, please turn off your cell phones or at least put them on vibrate mode. The group will last only about 80-90 minutes. If you need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time.
- Any questions before we begin our introductions and discussion?

INTRODUCTION AND WARM-UP (5-10 MINUTES)

- Now, first let's spend a little time getting to know one another. Let's go around the table and introduce ourselves. Please tell me: 1) Your first name; 2) what town or neighborhood you live in; and 3) something about yourself – such as how many children you have or what activities you like to do in your spare time. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

COMMUNITY AND HEALTH PERCEPTIONS (15-20 MINUTES)

- Tonight, we're going to be talking a lot about the community or neighborhood that you live in. How would you describe your community?
 - If someone was thinking about moving into your community, what would you say are some of its biggest strengths or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]
- What are some of the biggest problems or concerns in your community? [PROBE ON ISSUES IF NEEDED – HEALTH, ECONOMIC, SOCIAL, SAFETY, ETC.]
 - Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis?
- What do you think are the most pressing health concerns in your community? [PROBE ON THE FOLLOWING SPECIFIC ISSUES IF NOT MENTIONED: CHRONIC DISEASES/CONDITIONS, MENTAL HEALTH, SUBSTANCE ABUSE, VIOLENCE, ACCESS TO HEALTHY FOOD; ENSURE ADEQUATE DISCUSSION TIME; PROBE ON HEALTH CARE ACCESS IF MENTIONED]
 - How have these health issues affected your community? [PROBE FOR SPECIFICS]
- Thinking about health and wellness in general, what helps keep you healthy?
 - What makes it easier to be healthy in your community?
 - What supports your health and wellness?
 - What makes it harder to be healthy in your community?

PERCEPTIONS OF PUBLIC HEALTH/PREVENTION SERVICES AND HEALTH CARE (15-20 minutes)

- Let's talk about a few of the health issues you mentioned. [SELECT TOP HEALTH CONCERNS]
What programs, services, and policies are you aware of in the community that currently focus on these health issues?
- What's missing? What programs, services, or policies are currently not available that you think should be?
- What do you think the community should do to address these issues? [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]
 - What do you think are some things a community could do to make it easier for people to be healthy?
 - If these things were available in the community, what would make you more likely to access these opportunities? (PROBE ON SPECIFICS IF NEEDED: What would these programs/services include? Where should they be offered? During what hours? How often? Would you prefer an individual or group setting?)
- [IF NOT ALREADY MENTIONED] I'd like to ask specifically about health care in your community. Have you or someone close to you ever experienced any challenges in trying to get health care? What specifically? [PROBE FOR BARRIERS: INSURANCE ISSUES, LANGUAGE BARRIERS, LACK OF TRANSPORTATION, CHILD CARE, ETC.]
 - [NAME BARRIER] was mentioned as something that made it difficult to get health care. What do you think would help so that people don't experience the same type of problem that you did in getting health care? What would be needed so that this doesn't happen again? [REPEAT FOR OTHER BARRIERS]

PERCEPTIONS OF HEALTHY LIVING AND RELATED PROGRAMS (20-25 MINUTES)

- I'd now like to talk specifically about being able to live a healthy lifestyle such as being able to maintain a healthy weight and being able to exercise. In your opinion, is being able to maintain a healthy habits a concern in your community?
 - [PROBE IF NEEDED: How much of a concern is being able to live a healthy lifestyle relative to other health or economic issues?]
- What are some things that you think people can do to achieve or maintain a healthy weight in your community? [PROBE FOR RISK FACTORS AND BEHAVIORS: ACCESS TO HEALTHY FOODS, SAFE ENVIRONMENTS FOR BEING PHYSICALLY ACTIVE, EATING HEALTHY AT HOME OR WORK, TIME TO BE PHYSICALLY ACTIVE, ETC.]
- Let's talk about healthy eating.
 - Do you know of any programs in your community that currently try to address healthy eating? What are they?
 - What kinds of programs or services would you want to see in your community to help people with healthy eating? What would the program look like?

- If these programs or services were available in the community, what would make you more likely to access these opportunities? (PROBE ON SPECIFICS IF NEEDED: Where should they be offered? During what hours? How often? Would you prefer an individual or group setting?
- Let's talk about exercise.
 - Do you know of any programs in your community that currently try to help people exercise more? What are they?
 - What kinds of programs or services would you want to see in your community to help people with physical activity? What would the program look like?
 - If these programs or services were available in the community, what would make you more likely to access these opportunities? (PROBE ON SPECIFICS IF NEEDED: Where should they be offered? During what hours? How often? Would you prefer an individual or group setting?)

CLOSING (2 MINUTES)

- Thank you so much for your time and sharing your opinions. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?
- I want to thank you again for your time. And we'd like to express our thanks to you. [DISTRIBUTE STIPENDS AND HAVE RECEIPT FORMS SIGNED].
- As I mentioned before, we are conducting these groups around the Greater Houston area, and we're also talking to people who work at organizations. After all this is over, we're going to be writing up a report. Memorial Hermann wants to share these report findings with people who are interested in the results. We have a sign-up sheet here if you are interested in finding out more about the results of this effort and to receive a summary of the report findings. Feel free to provide your name and contact information, if you are interested. If you are not interested, you do not have to sign up. [PROVIDE CONTACT SHEET FOR INTERESTED PEOPLE]
- Thank you again. Your feedback is greatly valuable, and we greatly appreciate your time and for sharing your opinion.

APPENDIX D. KEY INFORMANT INTERVIEW GUIDE

Goals of the Key Informant Interview

- To determine perceptions of the health-related strengths and needs of individuals served in the primary service area of each MHHS facility
- To explore how these issues can be addressed in the future
- To identify the gaps, challenges, and opportunities for addressing community needs via the SIP planning process

[NOTE: QUESTIONS FOR THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

BACKGROUND (5 minutes)

- Hi, my name is _____ and I am with Health Resources in Action, a non-profit public health organization. Thank you for taking the time to speak with me today.
- As I mentioned previously, we are working with Memorial Hermann Health System on their community health needs assessment. This effort aims to gain a greater understanding of the health of area residents served by [NAME OF FACILITY], how these health needs are currently being addressed, and opportunities to facilitate successful implementation of community activities for the future.
- We are conducting interviews with leaders in the community to understand different people's perspectives on these issues. We greatly appreciate your feedback, insight, and honesty.
- Our interview will last about ____ minutes [EXPECTED RANGE FROM 30-60 MINUTES, DEPENDING ON INTERVIEWEE]. We recognize your time is valuable, so please let us know if you have any time constraints for our conversation. After all of the discussions are completed, we will be writing a summary report of the general themes that have emerged during the discussions. We will not connect any names or identifying information to any specific response. Nothing sensitive that you say here will be connected to directly to you in our report.
- Any questions before we begin our introductions and discussion?

THEIR AGENCY/ORGANIZATION

- What is role is at [NAME OF ORGANIZATION]? (probe: in relation to health care)

COMMUNITY ISSUES

- How would you describe the community which your organization serves?
 - What do you consider to be the community's strongest assets/strengths?
 - What are some of its biggest concerns/issues in general? What challenges do residents face day-to-day?
 - What do you think are the most pressing health concerns in the community? Why? [PROBE ON SPECIFICS]
- Memorial Hermann Health System has identified promotion of healthy living as one of their priority areas for its assessment.

- Does [NAME OF COUNTY] have any programs that promote healthy lifestyles? (Prompt for nutrition, exercise.) If yes:
 - Do you think these programs are adequate? What is needed to improve these programs?
 - Which populations are most vulnerable or at risk for unhealthy lifestyles?
 - How do residents obtain information about these programs?
 - What do you think are community residents' biggest challenges in adopting a healthy lifestyle?
- FOR ADDITIONAL PRIORITY HEALTH AREAS, ASK THE FOLLOWING QUESTIONS FOR EACH AREA:
 - Memorial Hermann has also identified [HEALTH ISSUE] as a priority area for its assessment of community needs.
 - How has [HEALTH ISSUE] affected your community?
 - Who do you consider to be the populations in the community most vulnerable or at risk for [THIS CONDITION / ISSUE]?
 - From your experience, what are community residents' biggest challenges to addressing [THIS ISSUE]?
 - From your experience, what are organizations' biggest challenges to addressing [THIS ISSUE]?
 - What programs, services, or policies are you aware of in the community that address [THIS HEALTH ISSUE]? [PROBE FOR SPECIFICS]
 - Where are the gaps? What program, services, or policies are currently not available that you think should be?

[REPEAT SET OF QUESTIONS FOR NEXT HEALTH ISSUE IDENTIFIED]

3. In general, what is occurring or has recently occurred that affects the health of the community you serve? [PROBE ON EXTERNAL FACTORS: Built environment, physical environment, economy, political environment, resources, organizational structures, etc.]
 4. What are some factors that make it easier to be healthy in your community?
 5. What are some factors that make it harder to be healthy in your community?

ACCESS TO CARE

- What do you see as the strengths of the health care and social services in your community? What do you see as its limitations?

- What challenges/barriers do residents in your community face in accessing health care and social services? What specifically? [PROBE IN DEPTH FOR BARRIERS TO CARE: INSURANCE ISSUES, LANGUAGE BARRIERS, LACK OF TRANSPORTION, CHILD CARE, ETC.]
- What programs, services, or policies are you aware of in the community that address access to care?
- Where are the gaps? What program, services, or policies are currently not available that you think should be?

ADDRESSING COMMUNITY NEEDS IN THE FUTURE

- What would be the 1 thing that you think needs to be done in the next year that would help make the biggest difference in improving community health?
- Thinking about the future, what would you like to see MHHS/[NAME OF FACILITY] work on to address community needs?
 - What resources or supports are needed to facilitate this success? What needs to be in place as planning and implementation move forward?

CLOSING (2 minutes)

- Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today? Thank you again. Have a good day.

Please address written comments on the CHNA and Strategic Implementation Plan and requests for a copy of the CHNA to:

Deborah Ganelin

Associate Vice President, Community Benefit Corporation

Email: Deborah.Ganelin@memorialhermann.org

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