Memorial Hermann Health System

Memorial Hermann Surgical Hospital – First Colony

Community Health Needs Assessment 2016

June 8, 2016

MEMORIAL HERMANN

Health Resources in Action

Advancing Public Health and Medical Research

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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 Surgical Hospital – First Colony (MH First Colony). 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, select strategies, and identify partners to address these priority issues across the community. This report provides an overview of key findings from MH First Colony'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 27 interviews with community stakeholders. Focus groups and interviews were conducted with individuals from the Greater Houston area and from within MH First Colony's diverse community. ***The community defined for this CHNA included the cities and towns of Sugar Land, Richmond, Missouri City, Houston, Rosenberg, Needville, Stafford, Katy, Bay City, El Campo, Fresno, and Wharton within the counties of Fort Bend, Harris, Matagorda, and Wharton.***

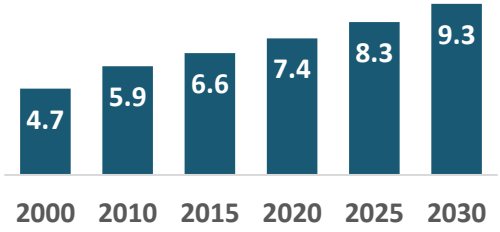
Key Findings

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

Community Social and Economic Context

- **Population Growth and Size:** The total population across the five counties served by MH First Colony was 4,980,384 in 2014, 19.1% of Texas' total population. Fort Bend County was the fastest growing county within the MH First Colony community defined for this CHNA, with a 3.9% increase in 2010-2014 over the 2005-2009 period. 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.

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



- **Age Distribution:** 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 four counties served by MH First Colony. Fresno has the youngest population, with 46.0% of residents under the age of 25 compared to 32.4% in Sugar Land. Sugar Land has the oldest population, with 42.2% of its residents over the age of 44.
- **Racial and Ethnic Distribution:** Harris County had greater racial and ethnic diversity among its residents than Fort Bend or Wharton Counties. Fort Bend County, from which over 80% of MH First Colony patients reside, is predominantly comprised of residents who self-report their racial and ethnic identity as White, non-Hispanic (35.9%) or Hispanic (23.9%). Black, non-Hispanic residents comprised 21.0% of the population of Harris Fort Bend and Asian, non-Hispanics comprised 17.4%.
- **Linguistic Diversity and Immigrant Population:** A substantial proportion of Fort Bend residents speak an Asian language at home, 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, whereas only 8.4% of Wharton County residents and 10.7% and Matagorda

County residents are foreign-born. Two-thirds (66.6%) of Sugar Land residents are native born, compared to 94.2% of Needville residents.

- **Income and Poverty:** Median household income in the four counties served by MH First Colony ranges from $40,411 in Wharton County to $85,297 in Fort Bend County. In 2012, Sugar Land ($104,702) had the highest median household income and Wharton ($26,944) had the lowest. The percent of adults below the poverty line among the municipalities served by MH First Colony in 2009-2013 was highest in Wharton (21.9%), El Campo (18.9%), Richmond (18.8%), Houston (18.6%), and Bay City (18.5%).
- **Employment:** Data from the American Community Survey shows that the unemployment rates for Texas and all counties served by MH First Colony peaked in 2010 and 2011 but have decreased consistently over the past four years. In Fort Bend County, the unemployment rate decreased from 7.6% in 2010 to 4.5% in 2014.
- **Education:** In the cities and towns served by MH First Colony, the proportion of residents with a high school diploma or less ranged from 19.6% in Sugar Land to 67.7% in Richmond. Sugar Land had the highest proportion of residents aged 25 years and older with a Bachelor's degree or higher (54.0%) while Richmond had the lowest (12.3%).
- **Housing:** The monthly median housing costs are highest for home-owners in Fort Bend County ($1,590) and lowest in Wharton County ($595). In all counties, a higher percent of renters compared to home-owners pay 35% or more of their household income towards their housing costs.
- **Transportation:** A majority of residents in the four counties served by MH First Colony commuted to work by driving in a car, truck, or van alone or in a carpool.
- **Crime and Violence:** Among the communities served by MH First Colony, 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). 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, Matagorda and Wharton Counties.
- **Overweight and Obesity:** In 2012, the most recent year for which rates on overweight and obesity are available, the percentage of residents served by MH First Colony that reported they were overweight or obese ranged from a low of 22.9% in Fort Bend County to a high of 33.4% in Matagorda County. Rates of overweight and obesity among adults increased in Harris, Wharton, and Matagorda Counties, and decreased in Fort Bend County between 2004 and 2012.
- **Diabetes:** In 2012, the most recent year for which rates on diabetes are available for all four counties served by MH First Colony, the percentage of residents served by MH First Colony that reported they had diabetes ranged from a low of 7.9% in Fort Bend County to a high of 9.6% in Matagorda County. Rates of diabetes among adults increased in Harris, Wharton, and Matagorda Counties, and decreased in Fort Bend County between 2004 and 2012. 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).
- **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. In 2011, 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; the prevalence of adults aged ≥18 years who ever had their cholesterol checked within the past 5 years was 918 per 100,000 population.
- **Asthma:** In 2013, 12.6% Texas adults self-reported having asthma at one point in

their lifetime. In 2012, the rate of asthma related hospital discharges among adults varied from a low of 5.7 per 10,000 population in Fort Bend County to a high of 8.4 per 100,000 population in Harris County. Among children in Harris County, asthma related hospital discharges were highest among Black, non-Hispanic children (24.2 per 10,000 population).

- **Cancer:** Rates of invasive cancer incidence ranged from a low of 409.4 per 100,000 population in Fort Bend County to a high of 441.1 per 100,000 population in Harris County. Wharton County (at 173.3 per 100,000 population) experienced a slightly higher cancer mortality rate than the other counties. In 2014, 81.6% of Harris County women aged 40 years or older indicated they had had a mammogram in the past two years while 70% indicated that they had a Pap test in the past three years. Over two thirds (64.8%) of adults 50 years of age and older in Harris County self-reported having a colonoscopy or sigmoidoscopy.
- **HIV and Sexually-Transmitted Diseases:** Harris County (516.1 per 100,000 population) experienced the highest HIV rate in the region in 2014, while Wharton County experienced the lowest (140.9 per 100,000 population) HIV rates in all four counties increased from 2011 to 2014.
- **Tuberculosis:** Harris County saw the highest tuberculosis rate in the area, with 7.2 cases per 100,000 population. The rate of tuberculosis in Harris County was 2.5 times the rate in Fort Bend County (2.8 per 100,000 population) and three times as high as in Wharton County (2.4 per 100,000 population).
- **Influenza:** In 2014, 35.9% of adults reported having had a seasonal flu shot or vaccine via nose spray. Residents aged 65 years or older were disproportionately more likely to have received a flu shot (59.0%) than other age groups.
- **Oral Health:** Harris County had the highest ratio of dentists (57.4 per 100,000 population) and Matagorda County had the lowest ratio of dentists (23.7 per 100,000 population). According to the Texas Behavioral Risk Factor Surveillance System, 58.2% of adults in Harris County in 2014 self-reported having visited a dentist or dental clinic within the past year for any reason.
- **Maternal and Child Health:** Approximately one in ten babies born in the four counties were premature, meaning born before 37 weeks gestation, in 2013. Matagorda County saw the highest proportion of premature births (12.4%). The proportion of low birthweight babies ranged from a low of 8.6% of babies born in Harris County to 10.9% of babies born in Wharton County. Fort Bend County has the lowest rate of teen births (1.2%) across all four counties served by MH First Colony. Rates of first trimester prenatal care were 62.9% of Fort Bend County live births, 56.1% of Harris County live births, 54.0% of Matagorda County live births, and 52.4% of Wharton County live births. Rates of receiving no prenatal care were 3.9% and 1.9% for Harris and Fort Bend County mothers, respectively (data unavailable for Matagorda and Wharton County).

Health Behaviors

- **Food Access:** 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 and Matagorda County where one in three children are food insecure.
- **Healthy Eating:** Surveys in Harris County reveal that only 12.2% of Harris County adults indicated that they ate fruits and vegetables five or more times per day (similar to the government recommendation). Adults who were younger (18-29 years old) were the highest percentage of respondents meeting this recommendation.
- **Physical Activity:** More than two thirds (68.2%) of adults surveyed in Harris County

"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."

Key informant interviewee

indicated that they had undertaken physical activity in the 30 days. When examining results by race and ethnicity, Hispanics were the least likely to report this, with 57.7% saying they had participated in any physical activity in the past month.

Behavioral Health

- **Adult Mental Health:** In 2014 19.3% of adults in Harris County self-reported as having five or more poor mental health days during the past month. Self-report of having had five or more days of poor mental health was highest among residents aged 18 to 29 (26.5%) and Black, non-Hispanic residents (24.2%) in Harris County.
- **Substance Use and Abuse:** In 2014, 13.7% of Harris County adults self-reported binge drinking in the past month, and 13.6% of adults self-reported being current smokers. Only 1.9% of Harris County adults self-reported to have drank alcohol and drove in the past month. 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. In 2014, 22.0% of the total population in Harris County was uninsured compared to 12.1% in Fort Bend County. Among the zip codes served by MH First Colony, 140,307 residents were enrolled in Medicaid. In Fort Bend County, the zip code with the most Medicaid enrollees was 77471 in Rosenberg (7,698 enrollees). In Harris County, the zip code with the most Medicaid enrollees was 77449 in Katy (15,314 enrollees).
- **Access to Primary Care:** The ratio of primary care physicians to residents served by MH First Colony varies by county. A large majority of Harris County residents of all ages have a primary care provider (82.6 per 100,000 population), in contrast to 63.2 per 100,000 population in Matagorda County, 59.9 per 100,000 population in Fort Bend County, and 47.5 per 100,000 population in Wharton County. Harris County had a higher proportion of primary care physicians (82.6 per 100,000 population) compared to Fort Bend (59.9 per 100,000 population) County. 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, Matagorda, and Wharton Counties.) In the Houston-The Woodlands-Sugar Land MSA in 2014, 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 other counties due to low survey response rates.)

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 First Colony. The health care system is also described as having a strong community health system in addition to world-class acute care.
- **Strong Public Health and Social Service System:** The communities of MH First Colony are served by a robust network of public health and social service organizations. Communities are served by a number of non-profit and other charitable organizations.

- **Strong Schools:** The communities served by MH First Colony, particularly those in Fort Bend County, 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 First Colony.

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 some of the communities served by First Colony, 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 First Colony. Stakeholders described existing strategies such as community health workers that should be expanded in outlying communities served by First Colony.
- **Expand Access to Behavioral Health Services:** Informants identified behavioral health care access as being a major unmet need in the communities served by MH First Colony.
- **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 First Colony.

Key Themes

- **Fort Bend County is unique in terms of demographics and population health needs compared to Harris, Matagorda, 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 First Colony 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 First Colony. 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 Texas Section 1115 Medicaid demonstration waiver.

- **Communities served by MH First Colony 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 Surgical Hospital — First Colony

Memorial Hermann Surgical Hospital – First Colony (hereafter MH First Colony), formerly Sugar Land Surgical Hospital, is a physician-health system partnership located in Fort Bend County. Patients who come to MH First Colony may receive treatment for a wide number of medical conditions, including orthopedics, otolaryngology, gastroenterology, podiatry, and pain management. Surgical services at MH First Colony include general surgery, hand surgery, and spine surgery. MH First Colony also offers imaging and emergency care services. MH First Colony was rated in the top 10 on Consumer Reports 2013 ranking of Houston-area hospitals based solely on surgical services.

Scope of Current Community Health Needs Assessment

There are 13 hospitals participating in MHHS's community health needs assessment (CHNA) process 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.

Purpose of Community Health Needs Assessment

As a way to ensure that MH First Colony 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 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 First Colony'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 First Colony, MHHS, and its community partners set programming, funding, and policy priorities

Definition of Community Served for the CHNA

The CHNA process delineated each facility's community using geographic cut-points based on its main service area. MH First Colony 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 communities of Sugar Land, Richmond, Missouri City, Houston, Rosenberg, Needville, Stafford, Katy, Bay City, El Campo, Fresno, and Wharton within the Counties of Fort Bend, Harris, Matagorda, and Wharton. As shown in TABLE 1, a large majority of MH First Colony inpatient discharges in fiscal year 2015 occurred among residents of Fort Bend County (83.4%) or Harris County (12.4%); only a small proportion of inpatient discharges occurred among Matagorda County residents (2.8%) and Wharton County residents (1.3%). At a city level, most MH First Colony inpatient discharges occurred among

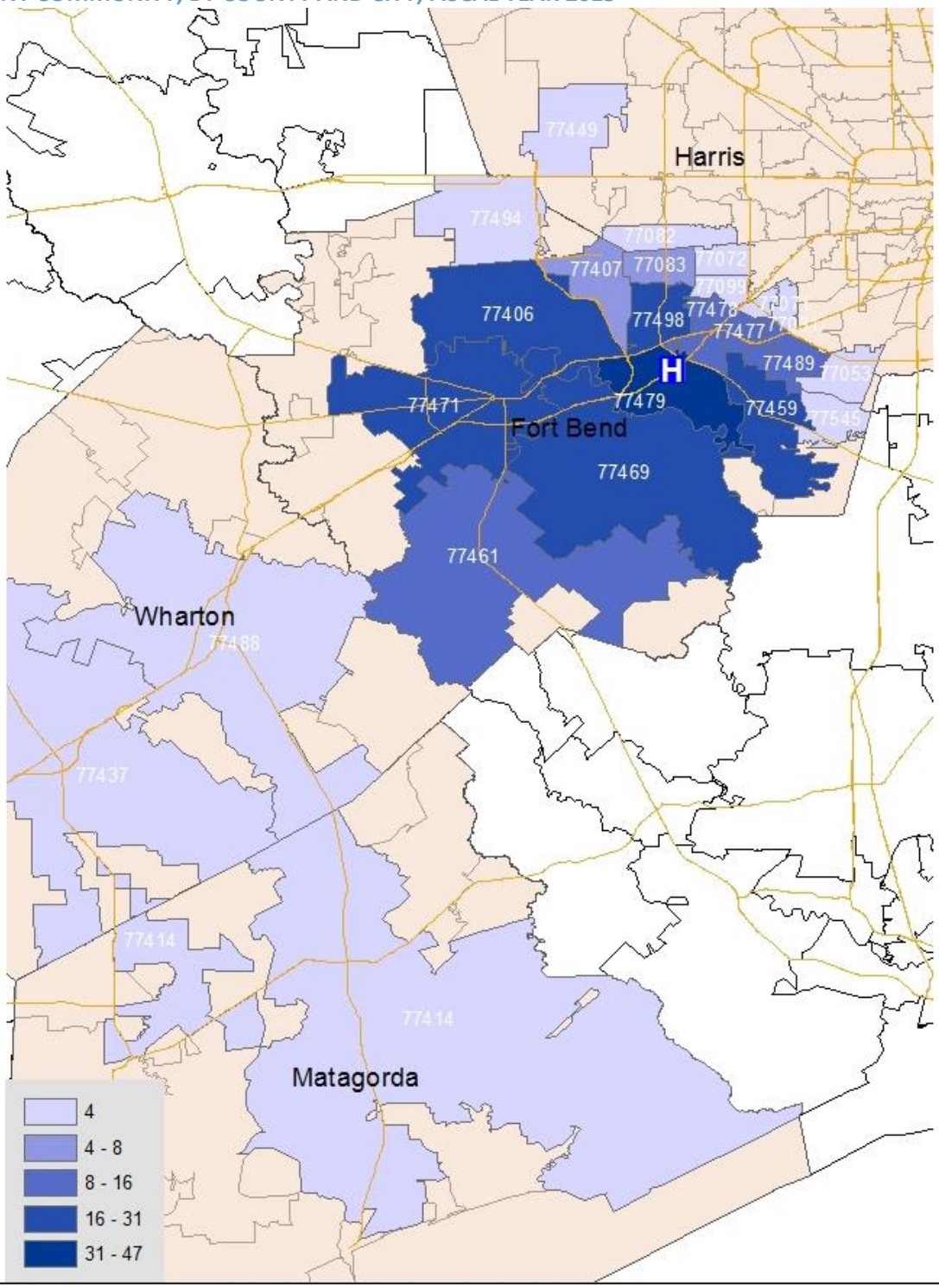
residents of Sugar Land (30.0%) and Richmond (19.3%). FIGURE 1 presents a map of MH First Colony's CHNA defined community by zip code.

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

Geography	# inpatient discharges	% inpatient discharges
Fort Bend County	242	83.4%
Harris County	36	12.4%
Matagorda County	8	2.8%
Wharton County	4	1.4%
Sugar Land	87	30.0%
Richmond	56	19.3%
Missouri City	43	14.8%
Houston	32	11.0%
Rosenberg	24	8.3%
Needville	12	4.1%
Stafford	12	4.1%
Katy	8	2.8%
Bay City	4	1.4%
El Campo	4	1.4%
Fresno	4	1.4%
Wharton	4	1.4%

DATA SOURCE: Memorial Hermann Surgical Hospital – First Colony, Inpatient Discharges for FY 2015
NOTE: Data reported for counties and cities corresponding to the top 75% of zip codes

FIGURE 1. NUMBER OF INPATIENT DISCHARGES REPRESENTING THE TOP 75% OF ZIP CODES SERVED BY MH FIRST COLONY COMMUNITY, BY COUNTY AND CITY, FISCAL YEAR 2015



Zip codes
77479, 77459, 77406, 77469, 77471, 77498, 77478, 77477, 77489, 77461, 77083, 77407, 77437, 77488, 77099, 77494, 77545, 77082, 77072, 77414, 77071, 77053, 77449, 77031

Cities and towns
Sugar Land, Richmond, Missouri City, Houston, Rosenberg, Needville, Stafford, Katy, Bay City, El Campo, Fresno, and Wharton

Counties
Fort Bend, Harris, Matagorda, and Wharton

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

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.

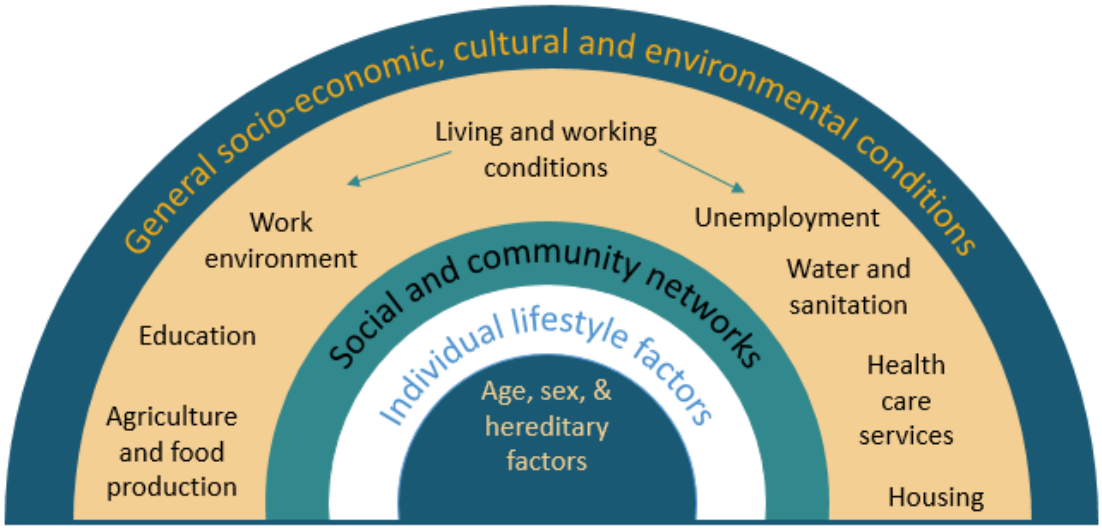
Study Approach

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 First Colony'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 sub-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 First Colony'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 First Colony'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) (two groups)
- Spanish-speaking Hispanic community members
- English-speaking Hispanic community members
- Asian-American 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 First Colony community as well as the Greater Houston community 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., low-income suburban area residents from the MH First Colony 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 First Colony 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 First Colony Key informants were recruited by HRiA, working from recommendations provided by MHHS and MH First Colony.

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 First Colony 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 First Colony'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 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 (BRFSS) and the Texas Behavioral Risk Factor Surveillance System, should be interpreted with particular caution. In some instances, respondents may over- or underreport 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 First Colony 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 First Colony community, particularly the diversity of the population. Located in Sugar Land, which is southwest of Houston, MH First Colony's primary county of Fort Bend is predominantly affluent with an unemployment rate 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 First Colony 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 related to the rates of health outcomes and behaviors of that area. While age, gender, race, and ethnicity are important social 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. The four counties served by MH First Colony's community have experienced an increase in population growth over the last several years, affecting the demand for resources by residents. Interview and focus group participants frequently noted that the communities served by MH First Colony 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 First Colony's community.

Population Size and Growth

American Community Survey (ACS) estimates indicate that the Texas population 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 five counties served by MH First Colony was 4,980,384 based on 2010-2014 ACS estimates, 19.1% of Texas' total population. Between the time periods of 2005-2009 and 2010-2014, the population in the counties of Harris, Fort Bend, Matagorda, and Wharton increased by 2.3%. Fort Bend County was the fastest growing county within the MH First Colony community defined for this CHNA, with a 3.9% increase in 2010-2014 over the 2005-2009 period. Houston (population: 2,167,988) was the most populous city within the four counties served by MH First Colony. Needville (population: 3,387) was the least populous city within the four counties served by MH First Colony.

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

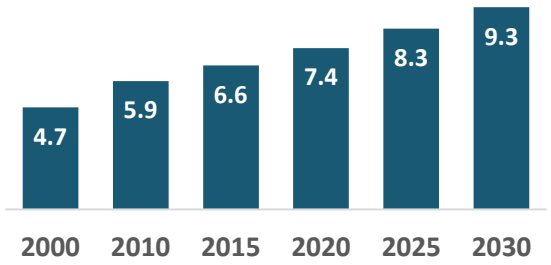
Geography	2005-2009	2010-2014	% change
Texas	23,819,042	26,092,033	9.5%
MH First Colony*	4,869,048	4,980,384	2.3%
Fort Bend County	608,939	632,946	3.9%
Harris County	4,182,285	4,269,608	2.1%
Matagorda County	36,639	36,611	-0.1%
Wharton County	41,185	41,219	0.1%
Sugar Land	79,204	82,420	4.1%
Richmond	13,446	11,769	-12.5%
Missouri City	72,789	69,152	-5.0%
Houston	2,191,400	2,167,988	-1.1%
Rosenberg	32,304	32,789	1.5%
Needville	3,387	2,995	-11.6%
Stafford	19,089	17,990	-5.8%
Katy	13,803	15,071	9.2%
Bay City	17,786	17,499	-1.6%
El Campo	10,808	11,549	6.9%
Fresno	13,543	20,374	50.4%
Wharton	9,192	8,768	-4.6%

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

*Population size for entire MH First Colony community

Focus group participants and key informants reported that the areas served by MH First Colony 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 neighborhood 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 2050 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

FIGURE 4 shows the age distribution of MH First Colony'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 four counties served by MH First Colony. It is important to note that Wharton County serves the smallest proportion of patients at MH First Colony compared to Fort Bend and Harris Counties.

Among the communities served by MH First Colony, Fresno has the youngest population, with 46.0% of residents being under the age of 25 compared to 32.4% in Sugar Land. Among all communities served by MH First Colony, Sugar Land has the oldest population, with 42.2% of its residents being over the age of 44.

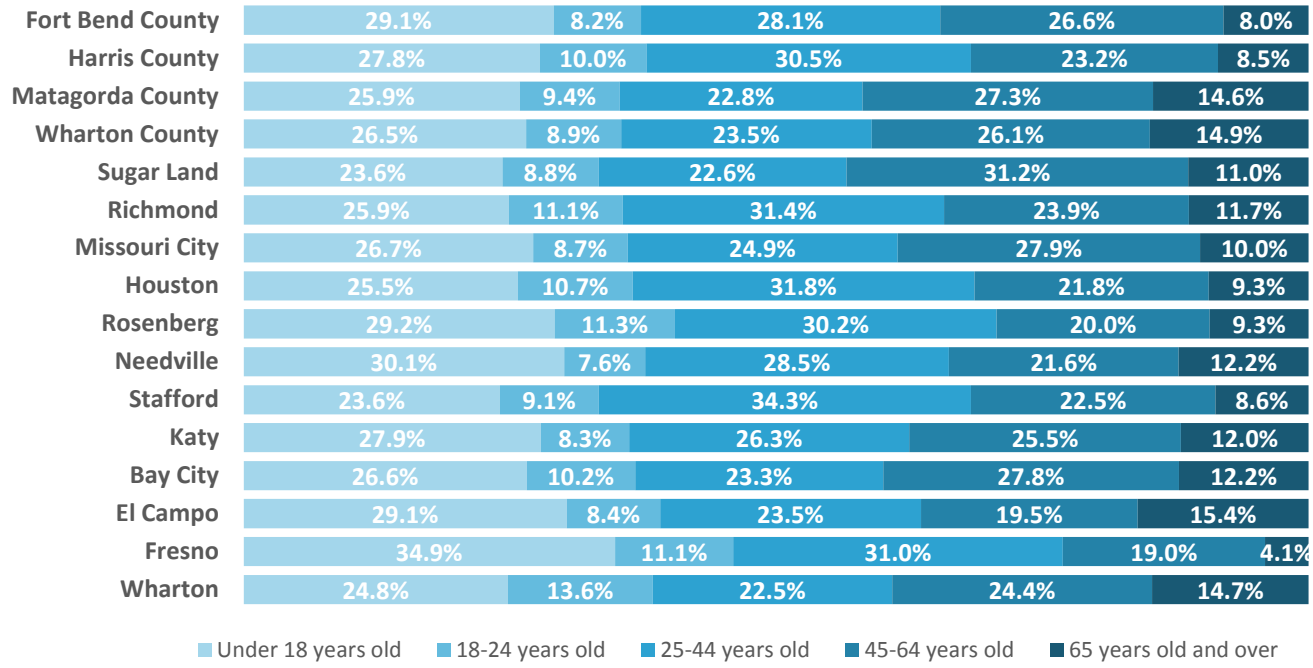
Racial and Ethnic Distribution

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 census data demonstrate the broad diversity of the population served by MH First Colony 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. A key informant talked about this diversity as being an asset within the MH First Colony community: "I think it is our diversification…of cultures. We are a very diverse community, and I think it gives our region great opportunity."

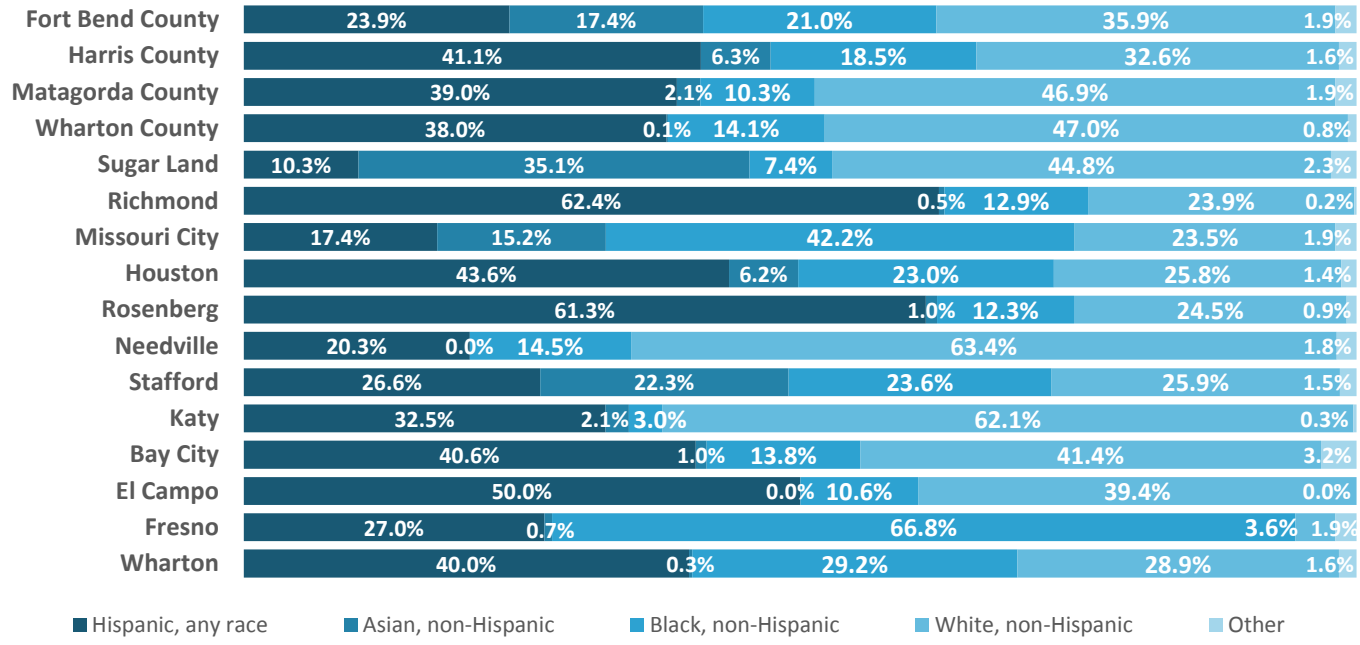
Harris County had greater racial and ethnic diversity among its residents than the other three counties. Harris County is predominantly comprised of residents who self-report their racial and ethnic identity as Hispanic (41.1%) or White, non-Hispanic (32.6%). Black, non-Hispanic residents comprised 18.5% of the population of Harris County and Asian, non-Hispanics comprised 6.3%. FIGURE 5 illustrates the racial and ethnic distribution of MH First Colony's communities:

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



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

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



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

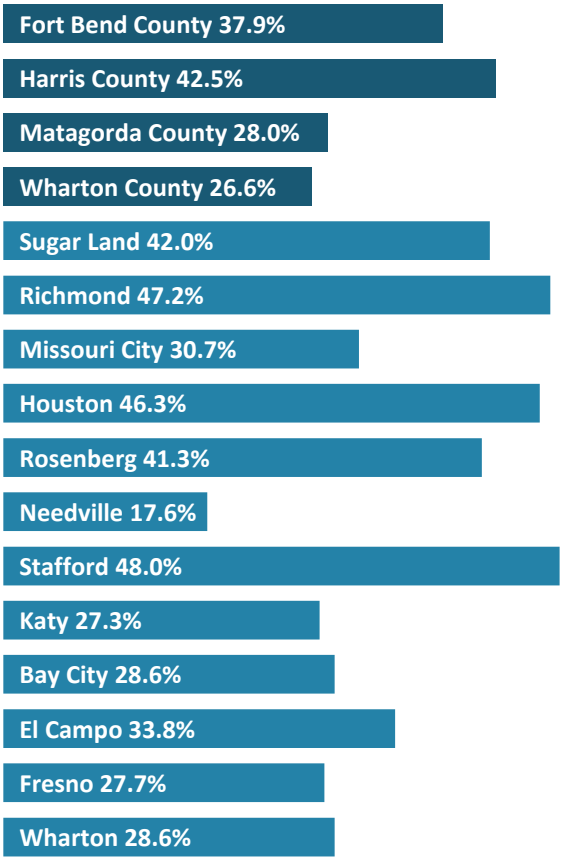
Linguistic Diversity and Immigrant Population

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 7 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.

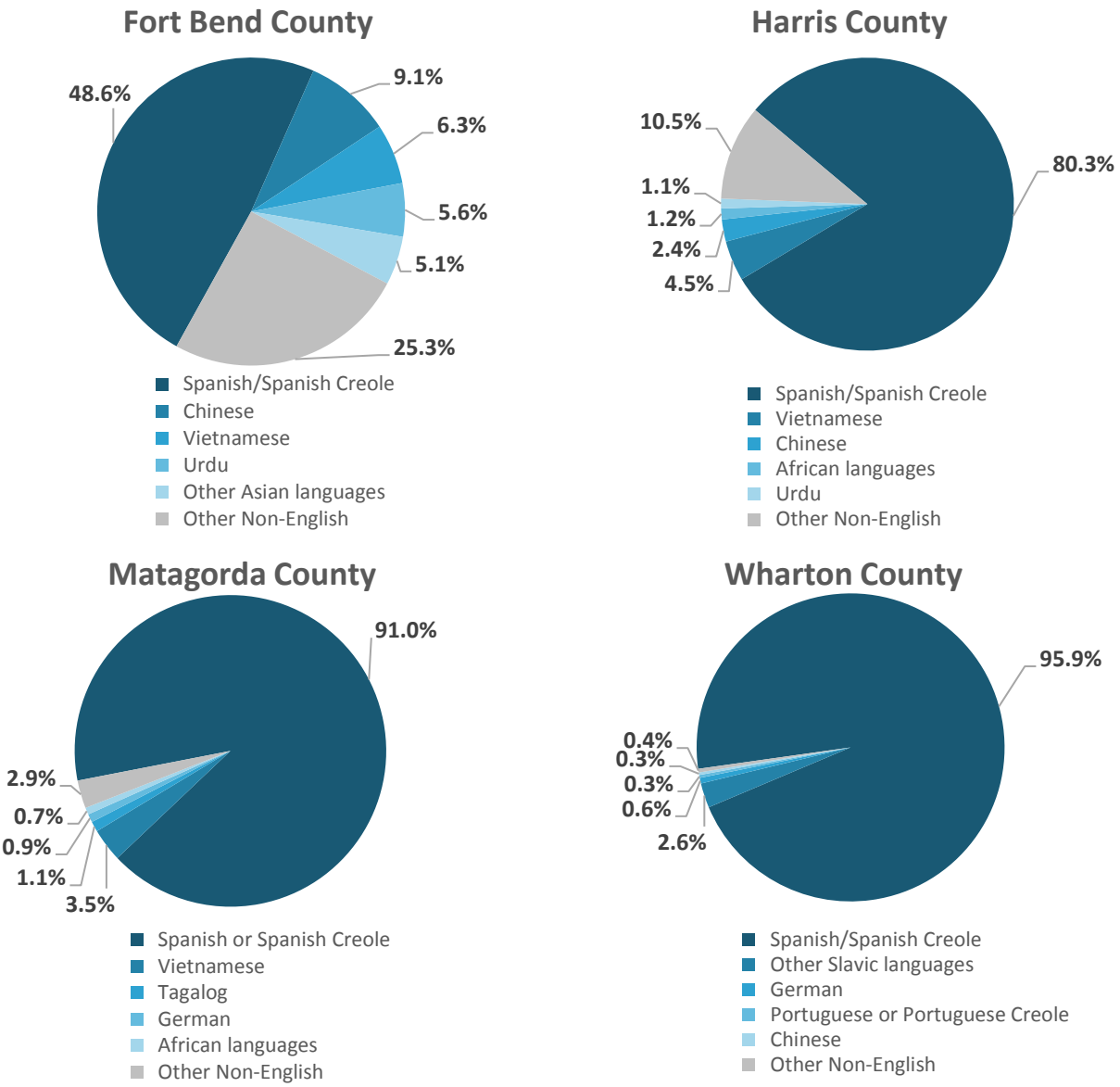
Immigration is a major part of the identity of the Greater Houston metropolitan area. Between 2000 and 2013, Houston's immigrant population grew nearly twice the national rate: 59% versus 33% (A Profile of Immigrants in Houston, 2015). The area's two largest established immigrants groups originate from Mexico and Vietnam, whereas the newest immigrant originate from Guatemala and Honduras. Informants universally described the MH First Colony 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 First Colony community. One in four residents in Fort Bend and Harris Counties are foreign-born, whereas only 8.4% of Wharton County residents and 10.7% and Matagorda County residents are foreign-born (FIGURE 8). Two-thirds (66.6%) of Sugar Land residents are native born, compared to 94.2% of Needville residents.

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



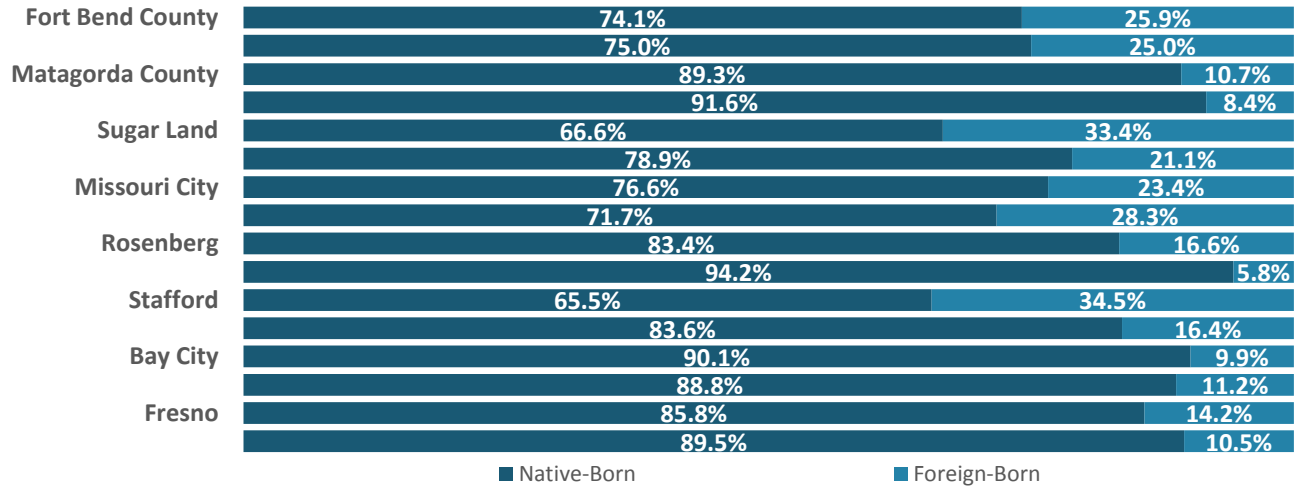
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

FIGURE 7. TOP FIVE NON-ENGLISH LANGUAGES SPOKEN, BY COUNTY, 2009-2013



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

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



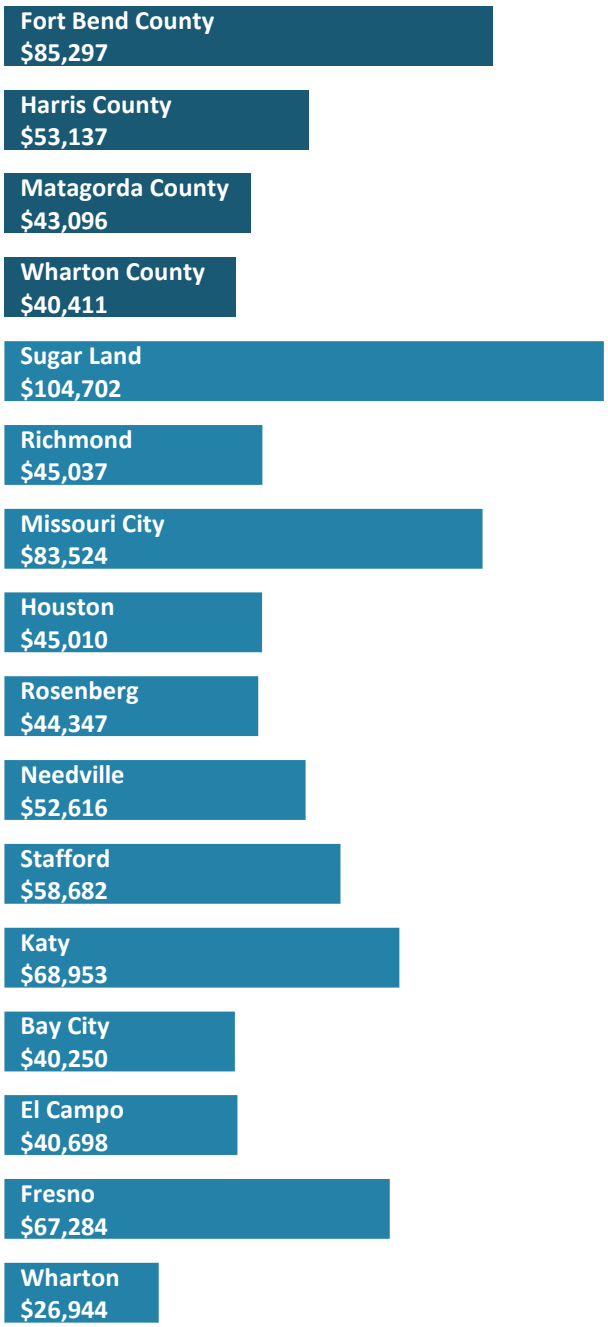
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

Income and Poverty

Income and poverty status have the potential to impact health in a variety of ways. For example, 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 significant 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 the table instead of see the doctor, and then they get to the ER. It's a vicious cycle."*

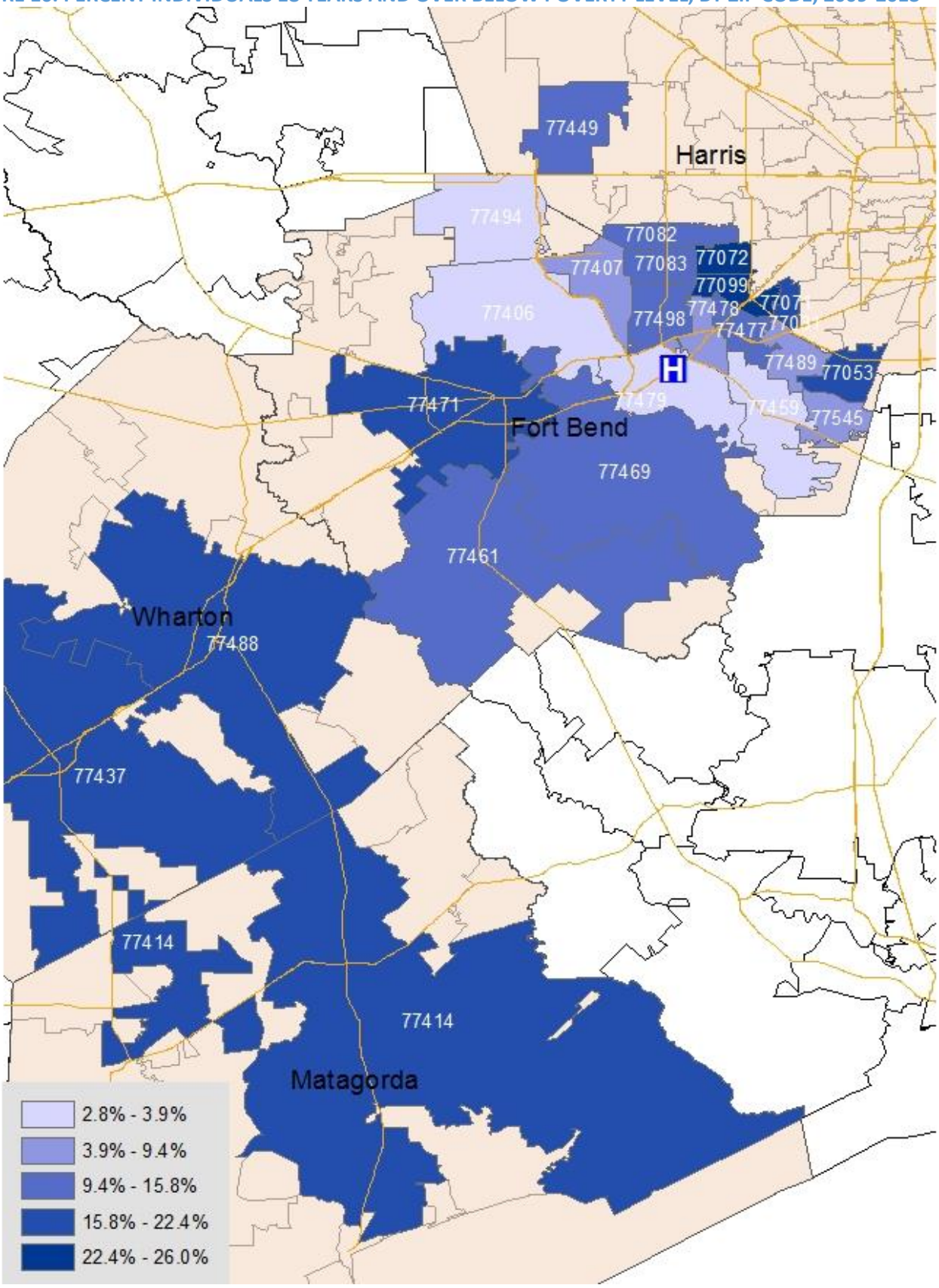
Data from the 2009-2013 American Community Survey shows that the median household income in the four counties served by MH First Colony ranges from $40,411 in Wharton County to $85,297 in Fort Bend County. However, income varies by town. In 2013, Sugar Land ($104,702) had the highest median household income and Wharton ($26,944) had the lowest median household income (FIGURE 9). FIGURE 10 shows a map of the percent of adults below the poverty line in 2009-2013. The percent of adults below the poverty line among the municipalities served by MH First Colony in 2009-2013 was highest in Wharton (21.9%), El Campo (18.9%), Richmond (18.8%), Houston (18.6%), and Bay City (18.5%).

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 INDIVIDUALS 18 YEARS AND OVER BELOW POVERTY LEVEL, BY ZIP CODE, 2009-2013

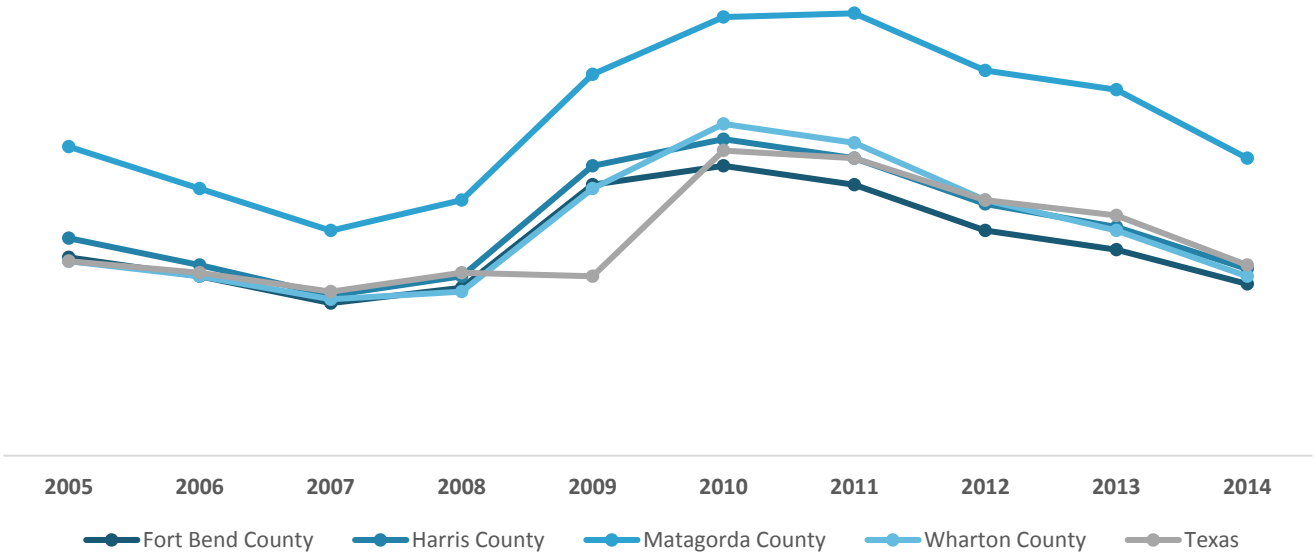


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2010-2014

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 First Colony peaked in 2010 and 2011 but have decreased consistently over the past four 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

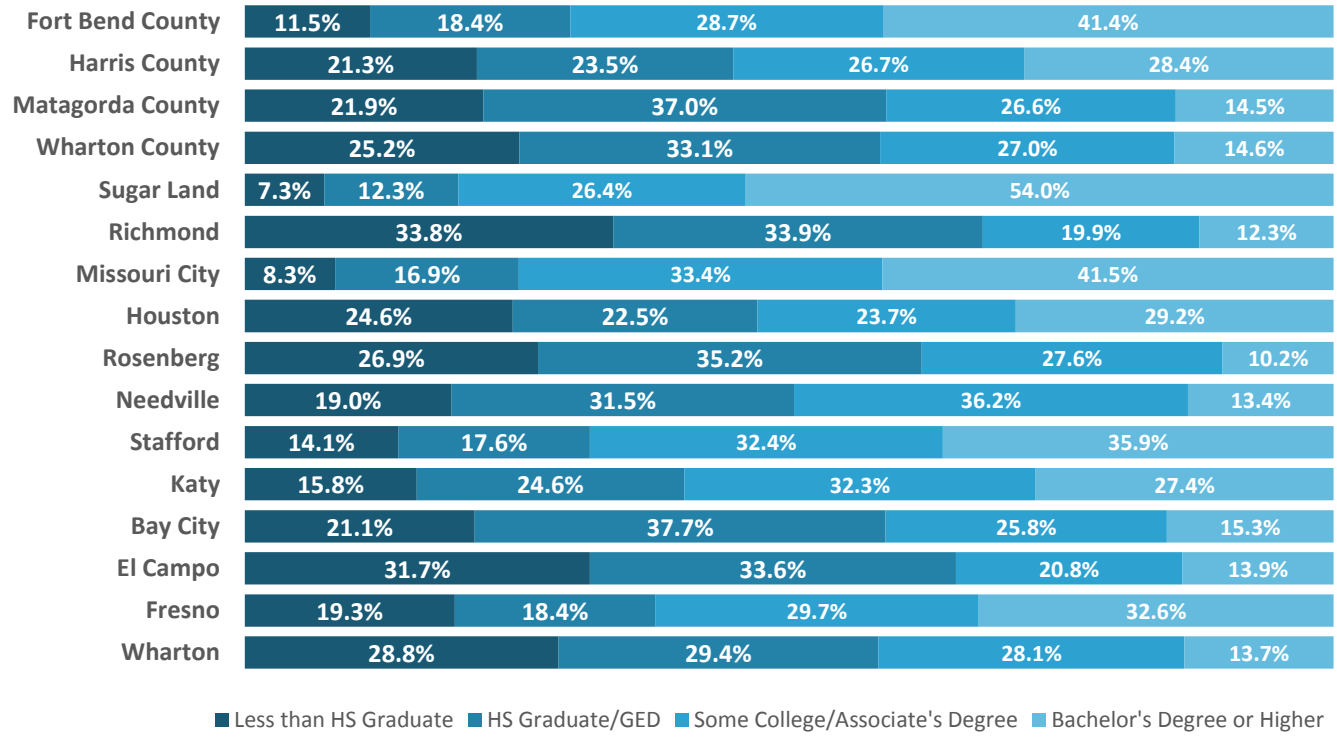
Education

Educational attainment is often associated with income, and higher educational levels can translate to greater health literacy. Interview and focus group participants described MH First Colony's community residents as *"creative"* and working in a wide range of professions.

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.'"*

Of the four counties served by MH First Colony, a higher proportion of residents over 25 years old had only a high school diploma or less in Matagorda County (58.9%) and Wharton County (58.3%) compared to Harris County (44.8%) or Fort Bend County (29.9%) (FIGURE 12). In the cities and towns served by MH Surgical Hospital Kingwood, the proportion of residents with a high school diploma or less ranged from 19.6% in Sugar Land to 67.7% in Richmond. Sugar Land had the highest proportion of residents aged 25 years and older with a Bachelor's degree or higher (54.0%) while Richmond had the lowest (12.3%).

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



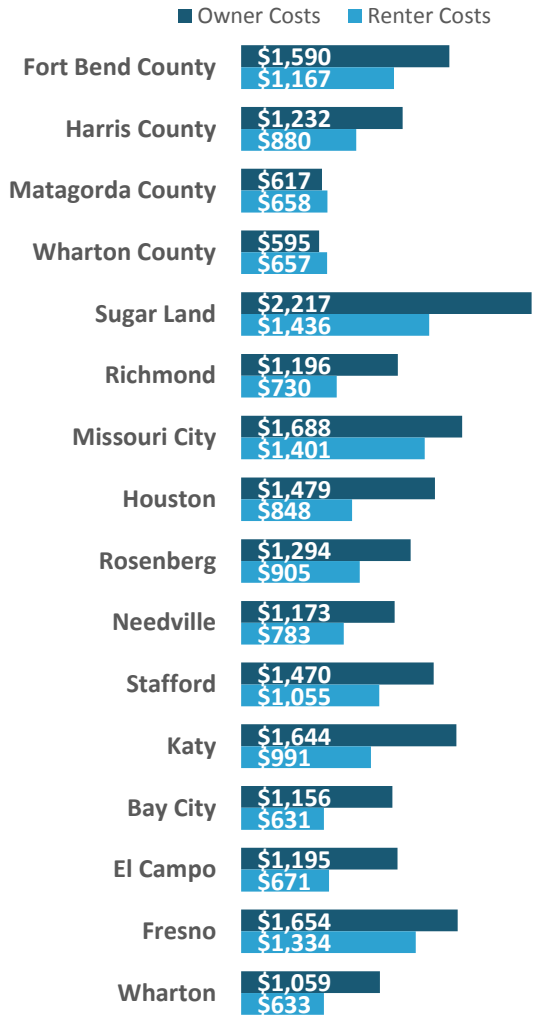
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

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.

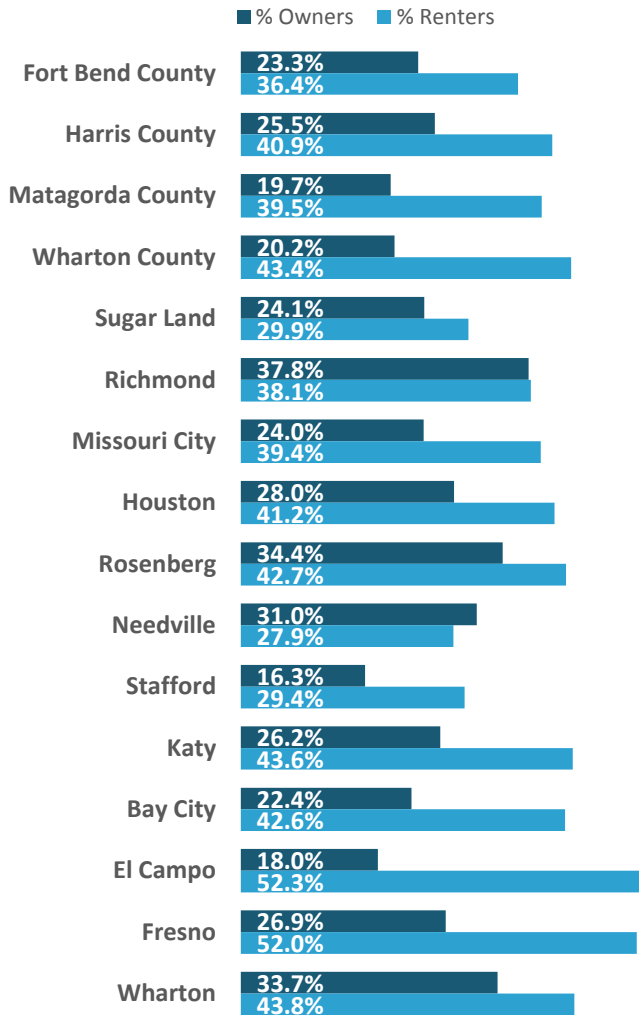
Across the three counties served by MH First Colony, the monthly median housing costs are highest for home-owners in Fort Bend County ($1,590) and lowest for home-owners in Wharton County ($595); for renters, costs are highest in Fort Bend County ($1,167) and lowest in Wharton County ($657) (FIGURE 13). 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 14). In Bay City, for example, more than half of renters pay more than 35% of their income towards housing costs.

FIGURE 13. MEDIAN MONTHLY HOUSING COSTS BY OWNERS AND RENTERS, BY COUNTY AND CITY, 2009-2013



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

FIGURE 14. PERCENT HOUSING UNITS WHERE OWNERS AND RENTERS HAVE HOUSING COSTS THAT ARE 35% OR MORE OF HOUSEHOLD INCOME, BY COUNTY AND CITY



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

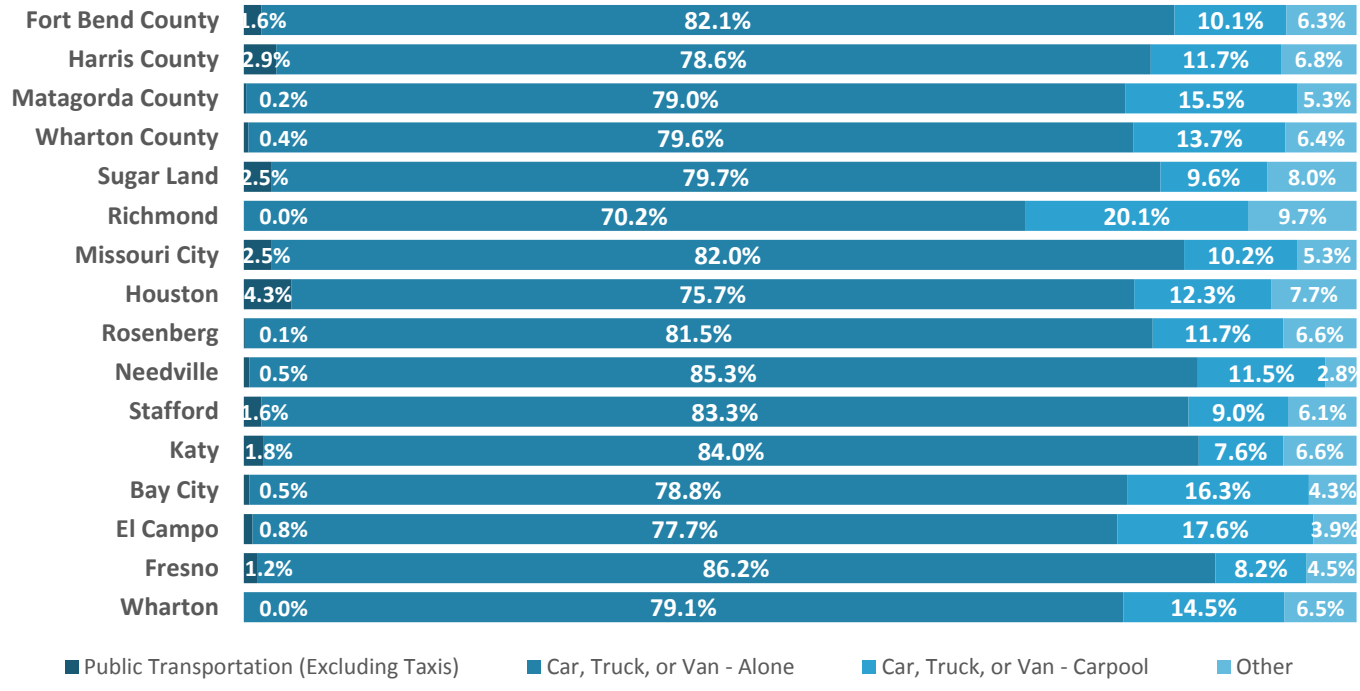
Transportation

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.

As reflected in the focus groups and interviews, a majority of residents in the four counties served by MH First Colony commute to work by driving alone in a car, truck, or van (FIGURE 15).

FIGURE 15. 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

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 First Colony community. In some areas, crime was not described as a salient issue but in others, crime was top of mind. For example, one focus group participant from urban Houston reported, "We're very low crime," but another focus group participant from the same group reported, "There's gang violence as well, especially in [my neighborhood]." Types of crime vary across the communities served by MH First Colony according to informants. Participants in the CHNA described a number of crimes affecting their community including burglary, drug use and dealing, 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 communities served by MH First Colony, 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). 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

Geography	Violent Crime Rate	Property Crime Rate
Fort Bend County	197.1	1,391.3
Harris County	691.4	3,825.0
Matagorda County	290.5	3,030.5
Wharton County	400.0	1,976.4
Bay City	280.3	4,153.3
El Campo	384.1	2,584.0
Houston	954.8	4,693.7
Katy	203.4	3,432.2
Missouri City	153.8	1,640.0
Needville	132.8	630.6
Richmond	360.7	2,785.0
Rosenberg	226.2	2,157.9
Stafford	378.6	3,989.2
Sugar Land	109.3	1,646.0
Wharton	492.1	2,369.0

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

NOTE: Violent crime includes murder, robbery, and assault; and property crime includes burglary, larceny, and auto theft; City data reported by city agency; Data not available for Fresno.

HEALTH OUTCOMES AND BEHAVIORS

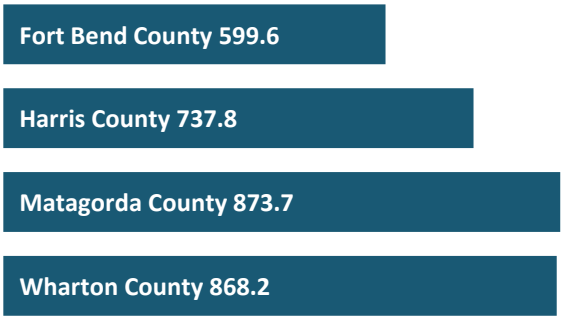
People who reside in the communities served by MH First Colony experience a broad range of health outcomes and exhibit health behaviors that reflect their socioeconomic status and the built environment around them. Many of the demographic factors described previously such as population growth and dependence 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 First Colony 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 First Colony.

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.

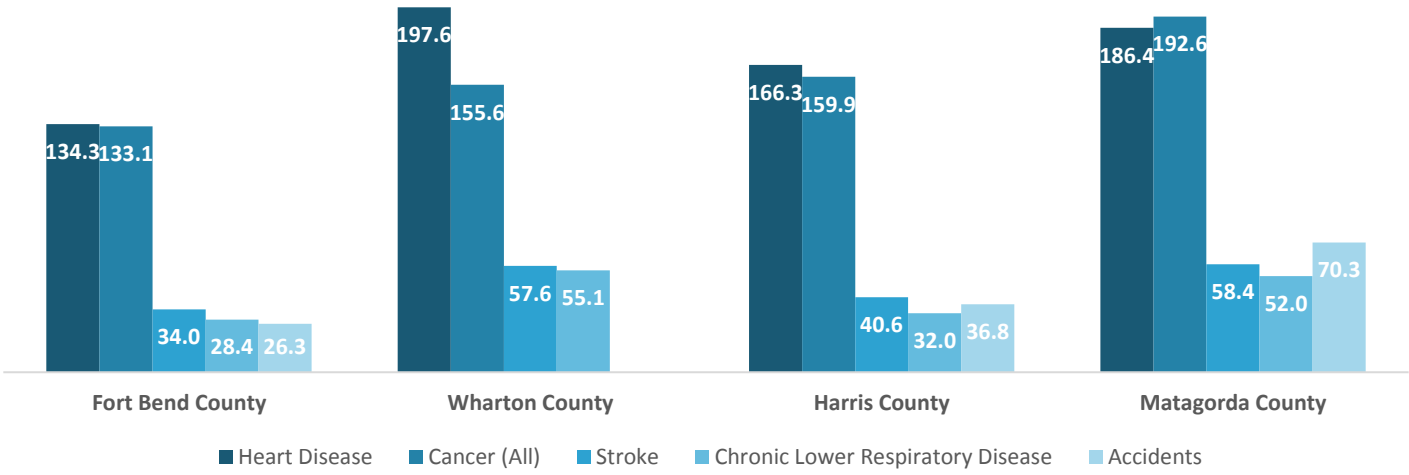
According to the Texas Department of State Health Services, Fort Bend County experienced an overall mortality rate of 599.2 per 100,000 population (FIGURE 16). Fort Bend County has lower mortality rates in all the top leading causes of mortality—including heart disease, cancer stroke, and chronic lower respiratory disease—compared to Harris, Matagorda and Wharton Counties (FIGURE 17). TABLE 4 presents the leading causes of death by age and county in 2013.

FIGURE 16. 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 17. LEADING CAUSES OF DEATH PER 100,00O 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
NOTE: 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

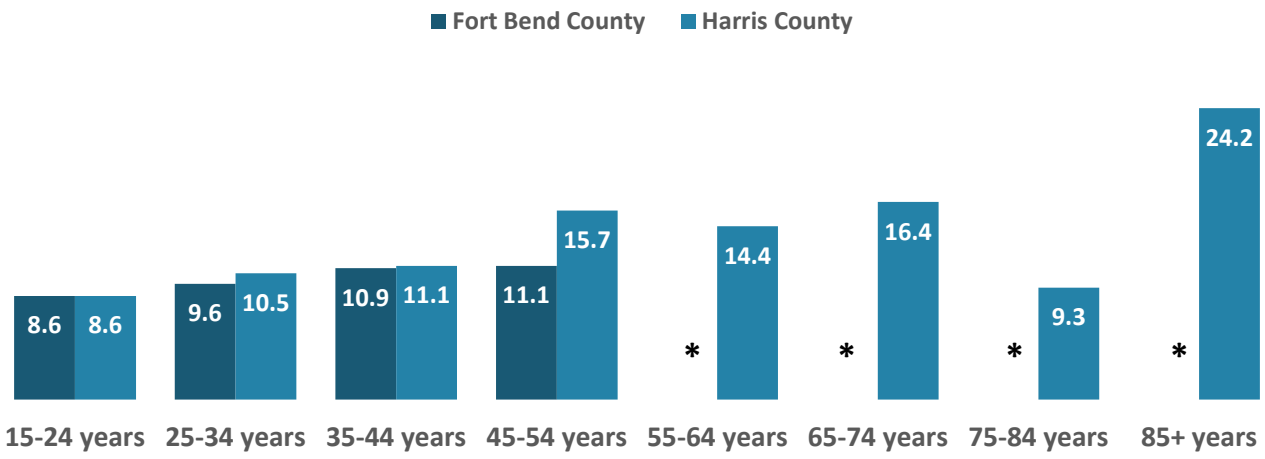
		Fort Bend County	Harris County	Matagorda County	Wharton County
Under 1 year	Certain Conditions Originating in the Perinatal Period	208.2	347.5	-	-
	Congenital Malformations, Deformations and Chromosomal Abnormalities	122.5	133.9	-	-
	Homicide	-	19.9	-	-
	Accidents	-	12.8	-	-
	Septicemia	-	8.5	-	-
1-4 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	122.1	-
	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	95.5	139.2	202.0
	Heart Disease	46.4	82.2	139.2	-
	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	273.3	311.4	198.8
	Heart Disease	123.3	194.8	330.9	198.8
	Accidents	32.1	49.7	-	-
	Stroke	*	39.5	-	-
	Diabetes	*	38.2	-	-
	Chronic Liver Disease and Cirrhosis	19.3	*	-	-
	Septicemia	16.7	*	-	-
65-74 years	Cancer	473.2	618.1	794.9	533.0
	Heart Disease	240.6	419.8	550.3	444.2

		Fort Bend County	Harris County	Matagorda County	Wharton County
65-74 years	Chronic Lower Respiratory Diseases	59.5	97.9	-	-
	Stroke	73.0	92.0	244.6	-
	Diabetes	*	71.0	152.9	-
	Septicemia	43.3	*	-	-
75-84 years	Heart Disease	952.4	1,166.1	791.9	1,223.7
	Cancer	1,037.1	1,115.1	1,244.3	881.1
	Stroke	239.9	304.3	-	489.5
	Chronic Lower Respiratory Diseases	204.6	274.6	565.6	538.4
	Septicemia	*	173.5	-	-
	Alzheimer's Disease	148.2	*	-	-
	Diabetes	*	*	282.8	-
	Nephritis, Nephrotic Syndrome, and Nephrosis	*	*	-	391.6
85+ years	Heart Disease	3,615.9	3,459.7	4,147.5	4,988.9
	Cancer	1,477.4	1,586.9	1,536.1	1,552.1
	Stroke	1,030.3	957.0	1,843.3	1,330.4
	Chronic Lower Respiratory Diseases	894.2	627.5	-	776.1
	Alzheimer's Disease	602.6	574.2	-	776.1
	Nephritis, Nephrotic Syndrome, and Nephrosis	*	*	921.7	*

DATA SOURCE: Texas Department of State Health Services, Texas Health Data, Deaths of Texas Residents, 2013
NOTE: Asterisk (*) denotes insufficient sample size
NOTE: Dash (-) denotes unreliable rate
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 18). 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 18. 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 Matagorda and Wharton Counties not reported due to unreliable rates (denoted by asterisks in graph)

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.

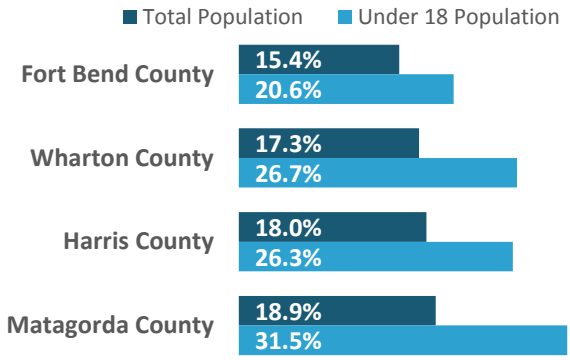
Access to Healthy Food and Healthy Eating

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

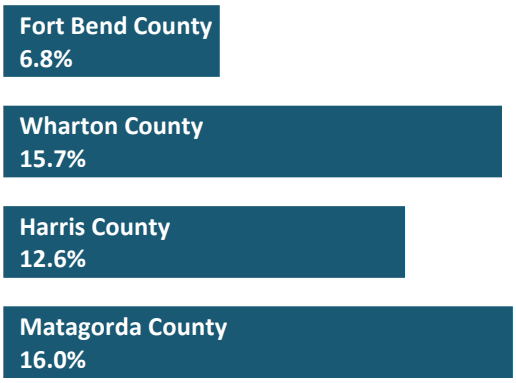
Rates of food insecurity for the total population range from 15.4% in Fort Bend County to 18.9% in Matagorda County, and children are more likely to be food insecure than the general population. Focus group participants and key informants consistently identified food insecurity in children to be a major 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 and Matagorda County where one in three children are food insecure (FIGURE 19). The proportion of families that receive benefits from the Supplemental Nutrition Assistance Program (SNAP), the program providing nutritional assistance for low-income families, ranges from 6.8% in Fort Bend County to 16.0% in Matagorda County (FIGURE 20).

FIGURE 19. 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.

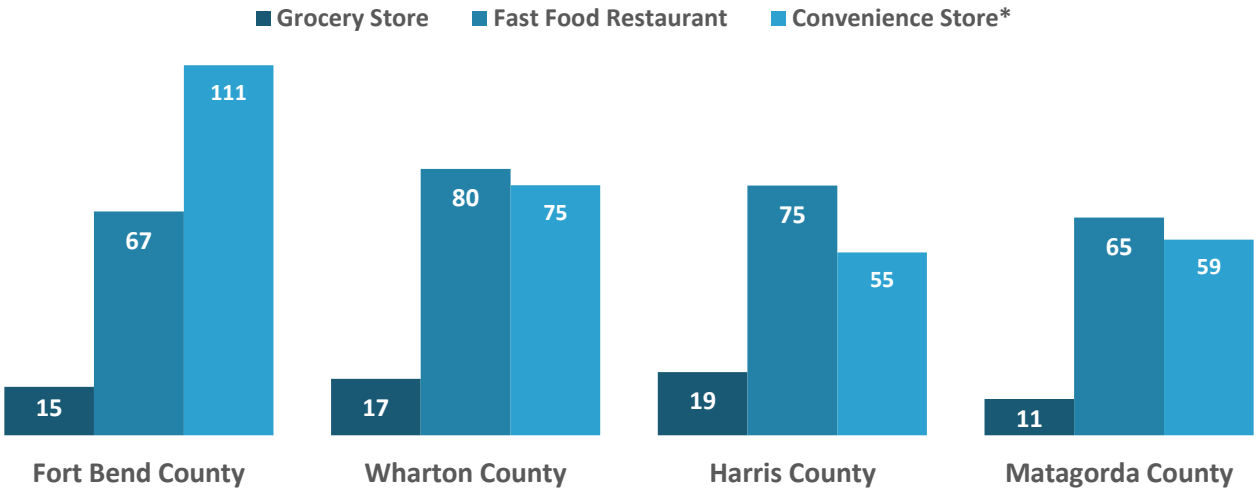
FIGURE 20. PERCENT HOUSEHOLDS RECEIVING SNAP BENEFITS, BY COUNTY, 2009-2013



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 21). 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 22). Among zip codes corresponding to MH First Colony's community, Houston zip code 77099 had the highest number of calls (3,845) to the United Way Helpline related to food in 2014 (FIGURE 23).

FIGURE 21. ACCESS TO GROCERY STORES, FAST FOOD RESTAURANTS, AND CONVENIENCE STORES, PER 100,000 POPULATION, BY COUNTY, 2013

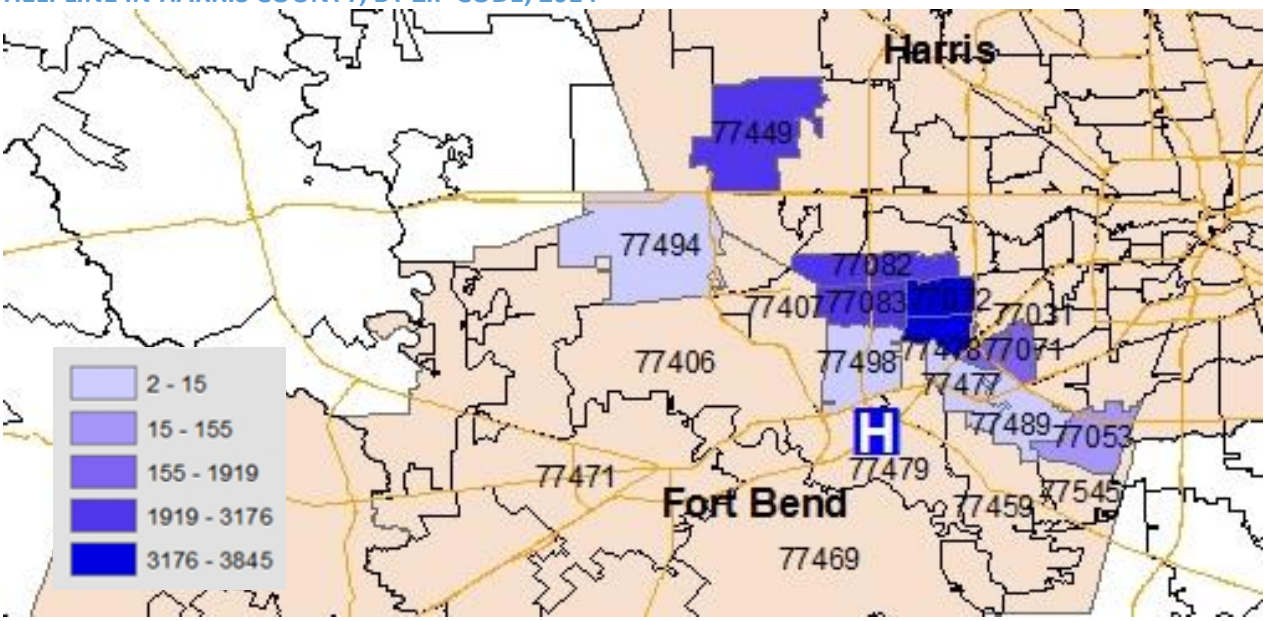


DATA SOURCE: U.S. Census Bureau, County Business Patterns, as cited by Community Commons, 2013; and as city by USDA Food Environment Atlas, 2012
*Convenience store data reflects 2012

FIGURE 22. 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

FIGURE 23. NUMBER OF FOOD-RELATED CALLS FROM MH FIRST COLONY ZIP CODES TO 2-1-1 UNITED WAY HELPLINE IN HARRIS COUNTY, BY ZIP CODE, 2014



DATA SOURCE: United Way of Harris County, 2014

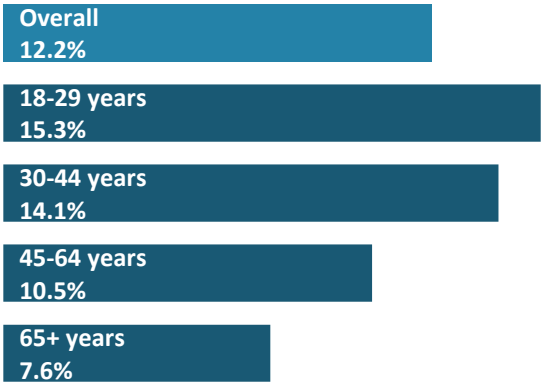
Eating Behaviors

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 efforts 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

> ***"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**

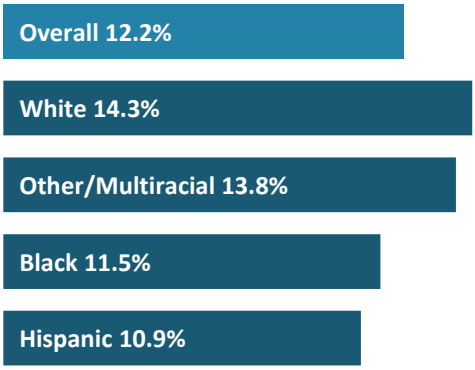
Surveys in Harris County reveal that only 12.2% of Harris County adults indicated that they ate fruits and vegetables five or more times per day (similar to the government recommendation) (FIGURE 24). Adults who were younger (18-29 years old) were the highest percentage of respondents meeting this recommendation. When examining responses by race and ethnicity, 14.3% of Whites indicated this eating behavior compared to 11.5% of Blacks and 10.9% of Hispanics (FIGURE 25). Lower income Harris County adults ate fewer fruits and vegetables than residents with higher median household incomes (FIGURE 26).

FIGURE 24. PERCENT ADULTS SELF-REPORTED TO HAVE CONSUMED FRUITS AND VEGETABLES AT LEAST FIVE TIMES PER DAY, BY AGE, HARRIS COUNTY, 2013



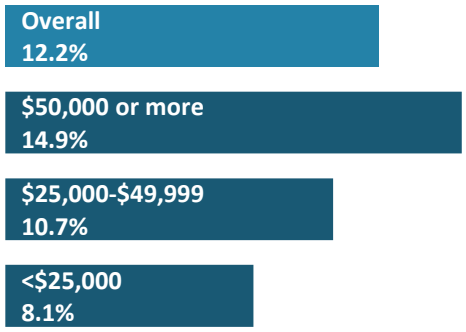
DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2013

FIGURE 25. PERCENT ADULTS SELF-REPORTED TO HAVE CONSUMED FRUITS AND VEGETABLES AT LEAST FIVE TIMES PER DAY, BY RACE AND ETHNICITY, HARRIS COUNTY, 2013



DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2013

FIGURE 26. PERCENT ADULTS SELF-REPORTED TO HAVE CONSUMED FRUITS AND VEGETABLES AT LEAST FIVE TIMES PER DAY, BY MEDIAN HOUSEHOLD INCOME, HARRIS COUNTY, 2013



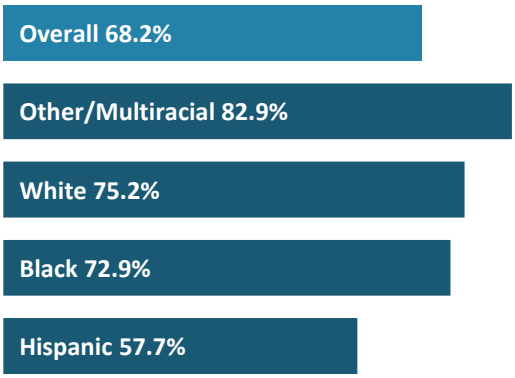
DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2013

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. Others commented on the region's lack of infrastructure such as sidewalks and bike routes. FIGURE 28 shows the location of parks in the Greater Houston area. Another factor affecting outdoor physical activity, according to some residents, is Texas' hot and dry climate. Given this, some residents mentioned that the region lacks low-cost opportunities for indoor physical activity such as gyms, community centers, and youth centers. Time for exercise was also identified as a substantial constraint for residents. As one informant stated, "[People] spend so much time commuting that by the time they get home they don't want to go somewhere to exercise."

More than two thirds (68.2%) of adults surveyed in Harris County indicated that they had undertaken physical activity in the 30 days before responding to the BRFSS (FIGURE 27). When examining results by race and ethnicity, Hispanics were the least likely to report this, with 57.7% saying they had participated in any physical activity in the past month.

FIGURE 27. PERCENT ADULTS SELF-REPORTED TO HAVE PARTICIPATED IN ANY PHYSICAL ACTIVITIES IN PAST MONTH, BY RACE AND ETHNICITY, HARRIS COUNTY, 2013

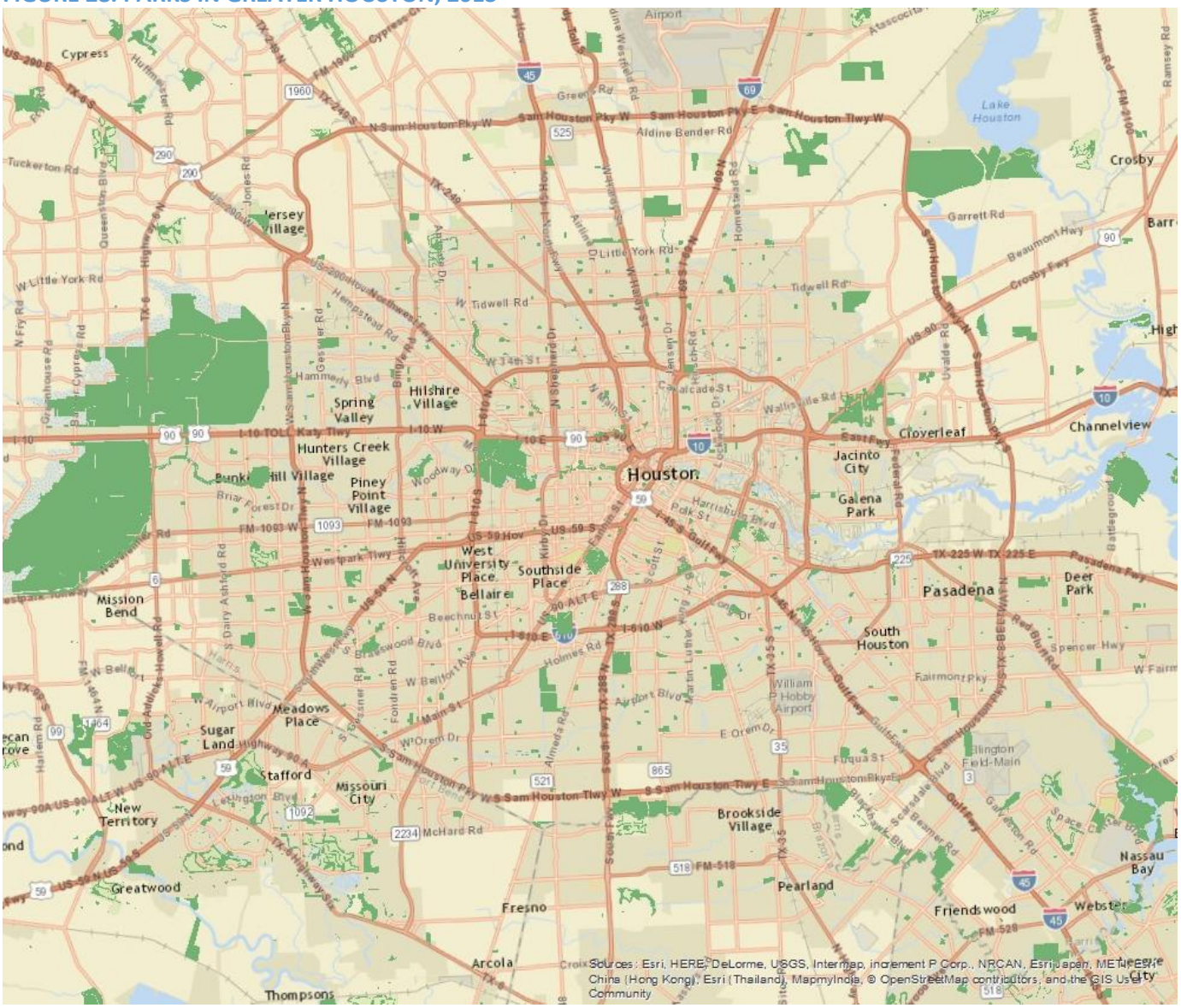


DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2013

"We have a fairly good park and recreation system, but not so much in lower income neighborhoods."

Key informant interviewee

FIGURE 28. PARKS IN GREATER HOUSTON, 2013



DATA SOURCE: Houston Parks and Recreation Department, 2013

Overweight and Obesity

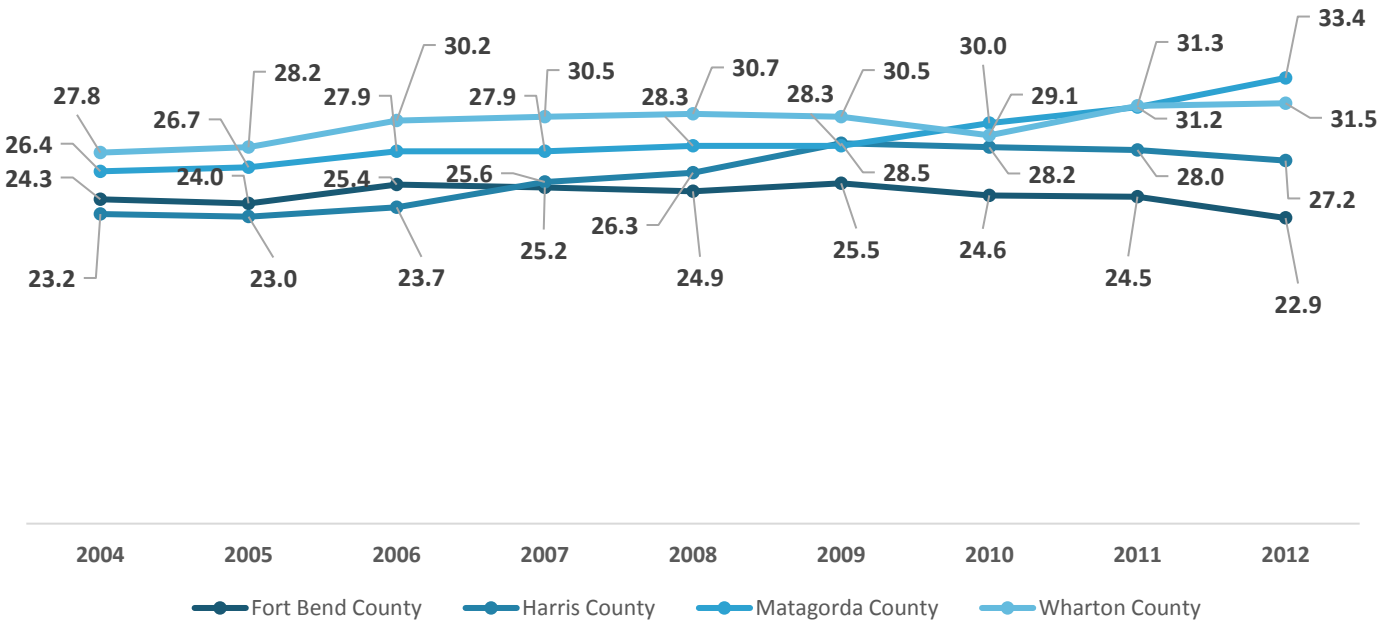
Obesity is a major risk factor for poor cardiovascular health and increases the risk of death due to heart disease, diabetes, and stroke. Every community served by MH First Colony is affected by obesity. Almost all focus group participants and key informant interviewees acknowledge overweight and obesity 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

> ***"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**

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 residents served by MH First Colony that reported they were overweight or obese ranged from a low of 22.9% in Fort Bend County to a high of 33.4% in Matagorda County (FIGURE 29). Rates of overweight and obesity among adults increased in Harris, Wharton, and Matagorda Counties, and decreased in Fort Bend County between 2004 and 2012.

FIGURE 29. AGE-ADJUSTED PERCENTAGE OF ADULTS THAT REPORT A BMI OF 30 OR MORE, BY COUNTY, 2004-2012



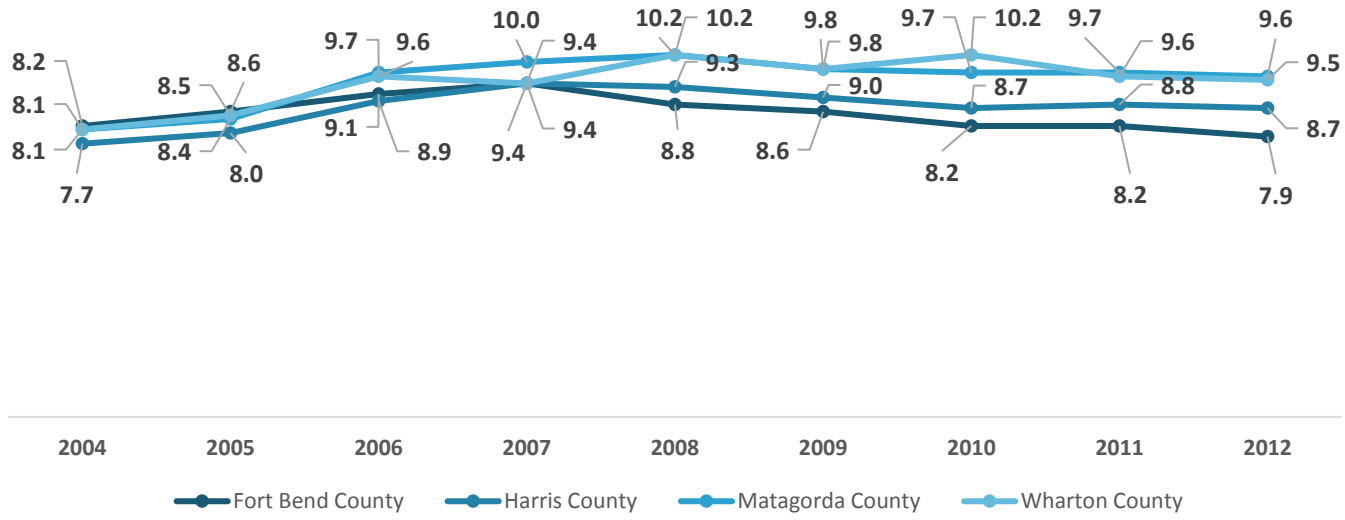
DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2004-2012

Diabetes

Diabetes 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 First Colony. 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 First Colony.

In 2012, the most recent year for which rates on diabetes are available for all four counties served by MH First Colony, the percentage of residents served by MH First Colony that reported they had diabetes ranged from a low of 7.9% in Fort Bend County to a high of 9.6% in Matagorda County (FIGURE 30). Rates of diabetes among adults increased in Harris, Wharton, and Matagorda Counties, and decreased in Fort Bend County between 2004 and 2012. 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 31).

FIGURE 30. 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 31. 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

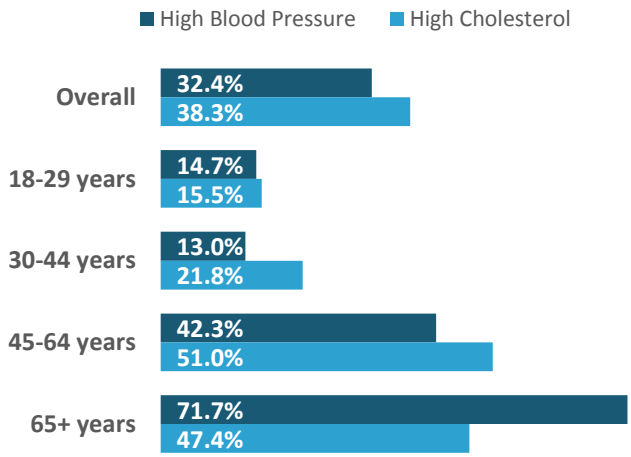
Heart Disease, Hypertension, and Stroke

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.

Data on heart disease, hypertension, stroke, and its risk factors is only available for Fort Bend County (MH First Colony's primary county) and Harris County. 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; the prevalence of adults aged ≥18 years who ever had their cholesterol checked within the past 5 years was 918 per 100,000 population.

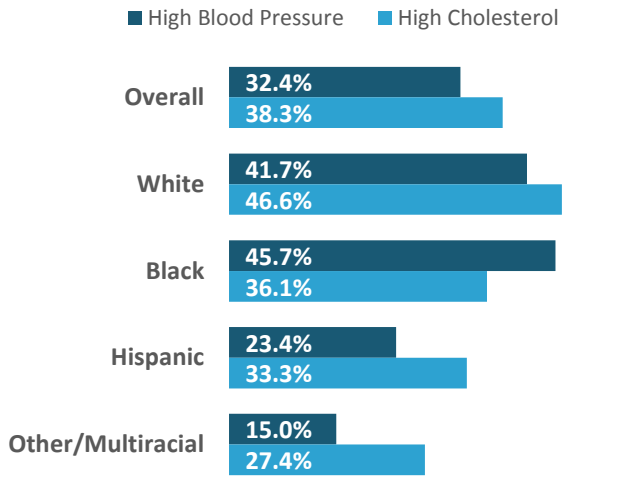
In Harris County in 2014, according to the Texas Behavioral risk Factor Surveillance System, 2.8% of adults self-reported having been diagnosed with angina or coronary heart disease (data not shown; data only available for Harris County). Similarly, in 2014, 3.6% of adults in Harris County self-reported having a heart attack, and 3.8% of Harris County adults self-reported having a stroke (data not shown; data only available for Harris County). Over a third of Harris County adults self-reported having high cholesterol (38.3%) and just under a third self-reported having high blood pressure (32.4%) (data not shown; data only available for Harris County). Harris County residents over the age of 65 were disproportionally likely to report having high blood pressure (71.7%) than their younger counterparts (FIGURE 32). White Harris County residents had the highest self-reported rate of high cholesterol (46.6%) while Black, non-Hispanic Harris County residents had the highest self-reported rate of high blood pressure (45.7%) (FIGURE 33).

FIGURE 32. PERCENT ADULTS SELF-REPORTED TO HAVE HAD HIGH BLOOD PRESSURE AND HIGH BLOOD CHOLESTEROL, BY AGE, HARRIS COUNTY, 2013



DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2013

FIGURE 33. PERCENT ADULTS SELF-REPORTED TO HAVE HAD HIGH BLOOD PRESSURE AND HIGH BLOOD CHOLESTEROL, BY RACE AND ETHNICITY, HARRIS COUNTY, 2013

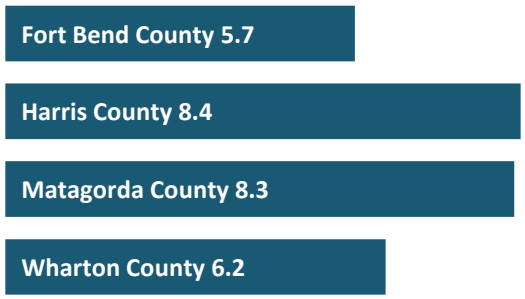


DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2013

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 (data not shown). 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%) (data not shown). In 2012, the rate of asthma related hospital discharges among adults varied from a low of 5.7 per 10,000 population in Fort Bend County to a high of 8.4per 100,000 population in Harris County (FIGURE 34). Among children in Harris County, asthma related hospital discharges were highest among Black, non-Hispanic children (24.2 per 10,000 population) (FIGURE 35).

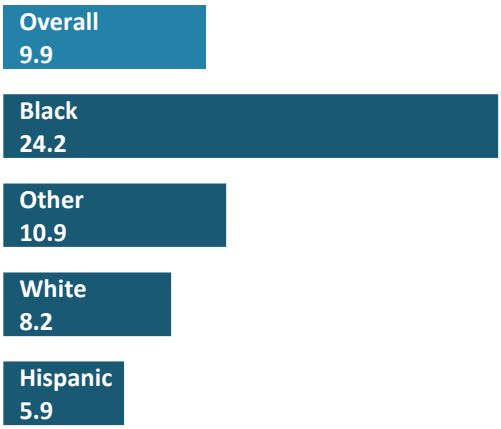
FIGURE 34. AGE-ADJUSTED ASTHMA HOSPITAL DISCHARGE RATES PER 10,000 POPULATION, BY COUNTY, 2012



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

FIGURE 35. AGE-ADJUSTED ASTHMA HOSPITAL DISCHARGE RATES PER 10,000 CHILDREN (0-17 YEARS OLD), BY RACE AND ETHNICITY, HARRIS COUNTY, 2012



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 Burden Among Children in Harris County, Texas, 2007-2012

NOTE: White, Black, and Other identifying as non-Hispanic

Cancer

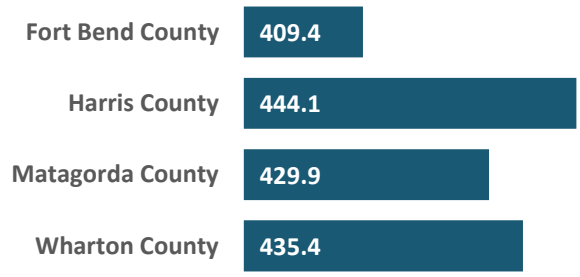
Cancer is among the top two leading causes of death in the region. In some counties, cancer is the leading cause of death, while heart disease is number one in others. This trend is similar to what is seen nationally. Focus group participants and key informant interviewees described cancer as one of the top health conditions seen in their communities. A few 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."*

> ***"We are seeing more and more cancers."***
>
> **Key informant interviewee**

Rates of invasive cancer incidence ranged from a low of 409.4 per 100,000 population in Fort Bend County to a high of 441.1 per 100,000 population in Harris County (FIGURE 36). However, Wharton County (at 173.3 per 100,000 population) experienced a slightly higher cancer mortality rate than the other counties (FIGURE 37). Cancer screening data is only available from Harris County. In 2014, 81.6% of women aged 40 years or older indicated they had had a mammogram in the past two years while 70% of women indicated that they had had a Pap test to test in the past three years (FIGURE 38). Over two thirds (64.8%) of adults 50 years of age and older in Harris County self-reported having a colonoscopy or sigmoidoscopy.

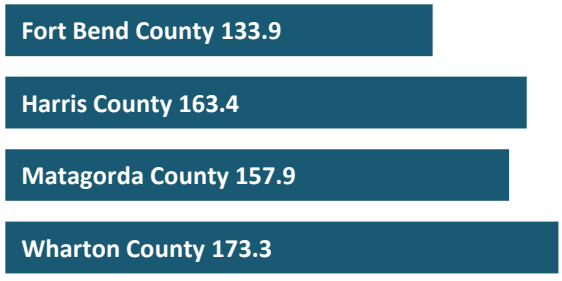
> ***"Our schools and counselors really do see a very significant increase in behavioral health concerns."***
>
> **Key informant interviewee**

FIGURE 36. AGE-ADJUSTED INVASIVE CANCER INCIDENCE RATE PER 100,000 POPULATION, BY COUNTY, 2008-2012



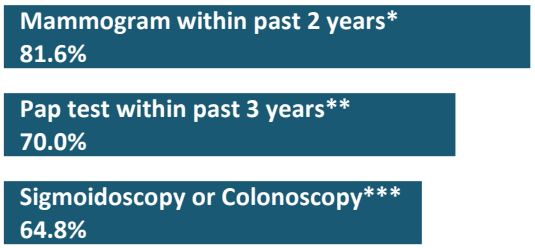
DATA SOURCE: Texas Cancer Registry, 2008-2012

FIGURE 37. AGE-ADJUSTED CANCER MORTALITY RATE PER 100,000 POPULATION, BY COUNTY, 2008-2012



DATA SOURCE: Texas Cancer Registry, 2008-2012

FIGURE 38. PERCENT ADULTS SELF-REPORTED CANCER SCREENING, HARRIS COUNTY, 2014



DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2014
* women aged 40 years old and over; ** women aged 18 years and over *** adults aged 50 years and over

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 First Colony.

Mental Health

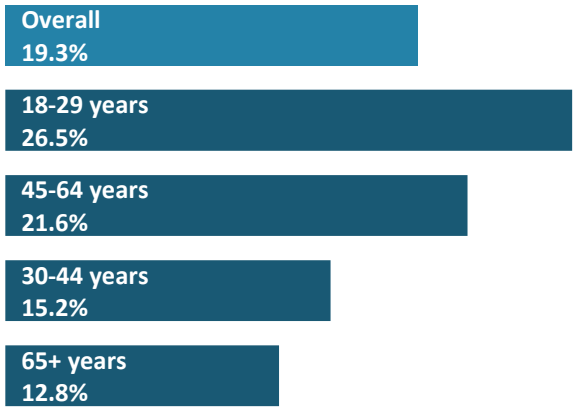
Focus group participants and key informants identified mental health and lack of access to mental health services as a major unmet need in the community served by MH First Colony and the entire Greater Houston area. For example, one key informant interviewee reported: "The biggest gap is mental health 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."

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 among all population groups. 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."* Respondents saw a need to destigmatize mental health illness.

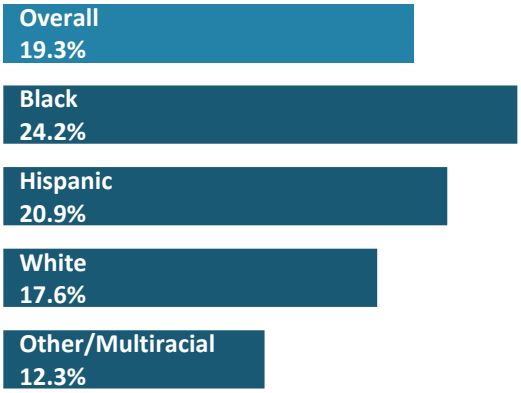
According to the Texas Behavioral Risk Factor Surveillance System, in 2014 19.3% of adults in Harris County self-reported as having five or more poor mental health days during the past month (FIGURE 39) (data available only for Harris County). Self-report of having had five or more days of poor mental health was highest among residents aged 18 to 29 (26.5%) and Black residents (24.2%) in Harris County (FIGURE 40).

FIGURE 39. PERCENT ADULTS SELF-REPORTED HAVE HAD FIVE OR MORE DAYS OF POOR MENTAL HEALTH IN THE PASTE MONTH, BY AGE, HARRIS COUNTY, 2014



DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2014
NOTE: Data available only for Harris County

FIGURE 40. PERCENT ADULTS SELF-REPORTED HAVE HAD FIVE OR MORE DAYS OF POOR MENTAL HEALTH IN THE PAST MONTH, BY RACE AND ETHNICITY, HARRIS COUNTY, 2014



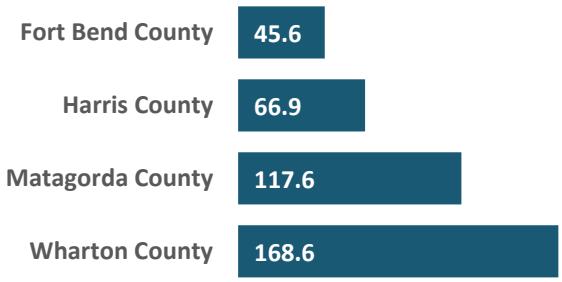
DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2014
NOTE: Data available only for Harris County

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 First Colony community. As with mental health services, residents reported that the need for substance use services—both prevention and treatment—exceeds the available supply.

In 2014, 13.7% of Harris County adults self-reported binge drinking in the past month, and 13.6% of adults self-reported being current smokers. Only 1.9% of Harris County adults self-reported to have drank alcohol and drove in the past month (data not shown). 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) according to the Texas Department of Transportation (FIGURE 41).

FIGURE 41. 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

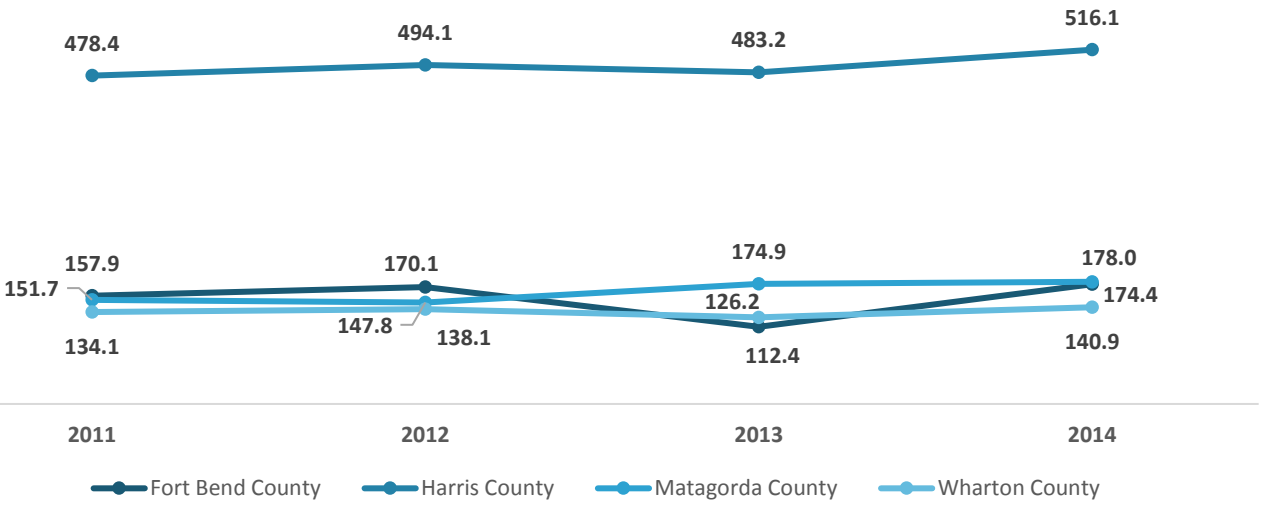
Communicable Diseases

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

Harris County (516.1 per 100,000 population) experienced the highest HIV rate in the region in 2014, while Wharton County experienced the lowest (140.9 per 100,000 population) (FIGURE 42). HIV rates in all four counties increased from 2011 to 2014.

FIGURE 42. RESIDENTS LIVING WITH HIV RATE PER 100,000 POPULATION, BY COUNTY, 2011-2014



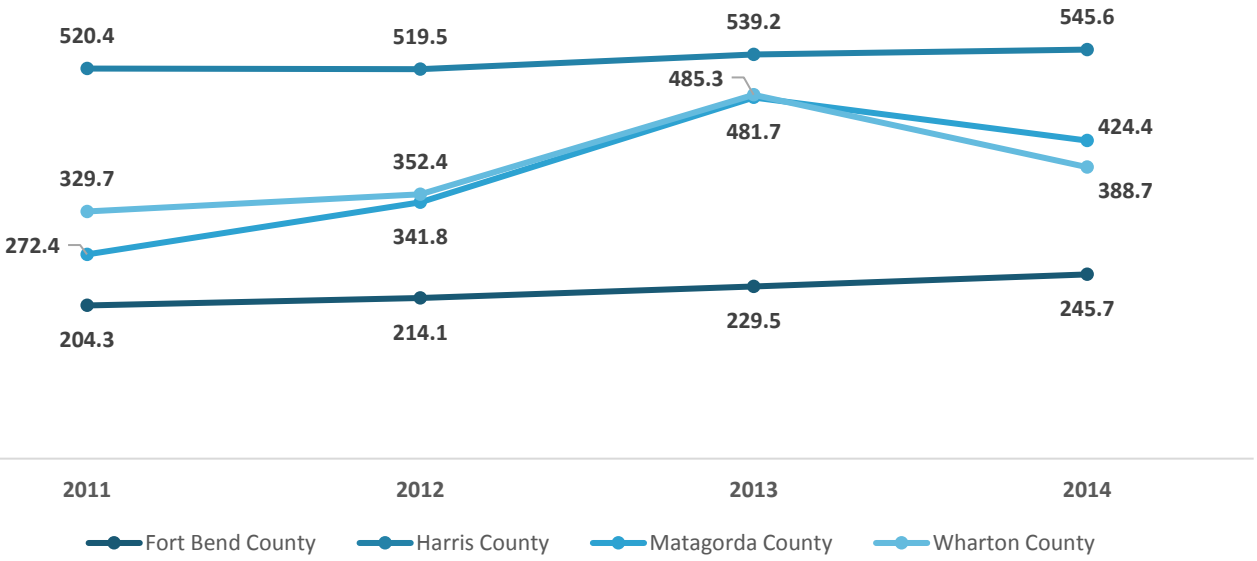
DATA SOURCE: Texas Department of State Health Services, Texas HIV Surveillance Report, 2011, 2012, 2013, and 2014

Other Sexually-Transmitted Diseases

Rates of sexually transmitted diseases (STDs)—chlamydia, gonorrhea, and syphilis—were higher in Harris County compared to the other three counties served by MH First Colony in 2014. In Wharton County, chlamydia rates substantially 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 (FIGURE 43). A similar trend in chlamydia rate accorded in Matagorda County. Syphilis rates decreased in Fort Bend County from 12.7 per 100,000 population in 2011 to 8.4 per 100,000 in 2013, but increased to 13.9 per 100,000 in 2014 (FIGURE 44).

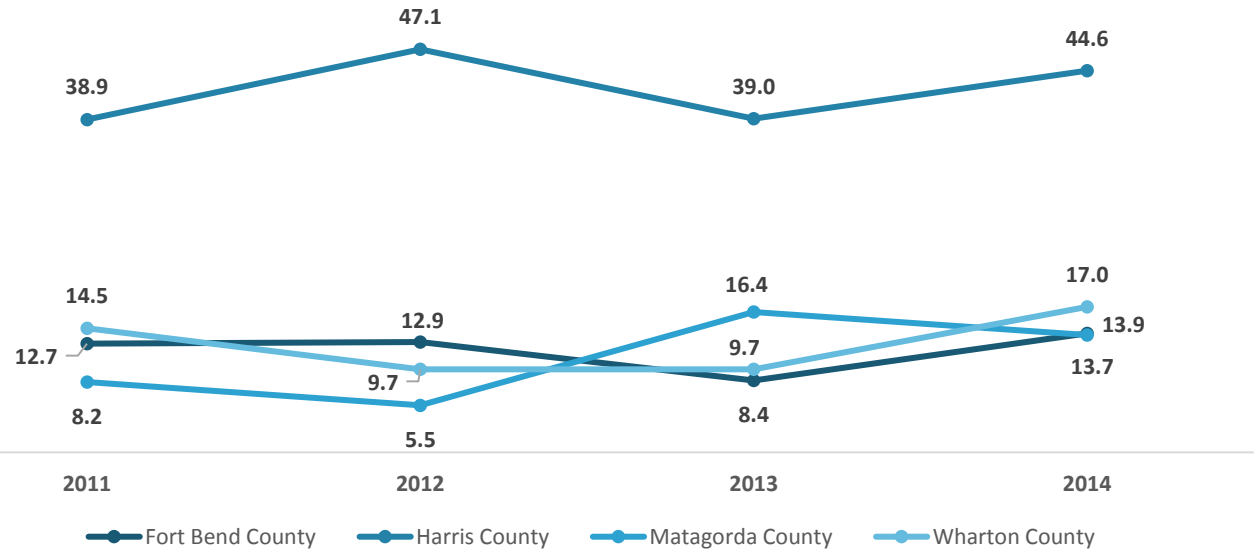
Gonorrhea case rates increased in all counties served by MH First Colony with the exception of Wharton County, where rates decreased from 114.2 per 100,000 population in 2012 to 65.6 per 100,000 population in 2014 (FIGURE 45).

FIGURE 43. CHLAMYDIA CASE RATES PER 100,000 POPULATION, BY COUNTY, 2011-2014



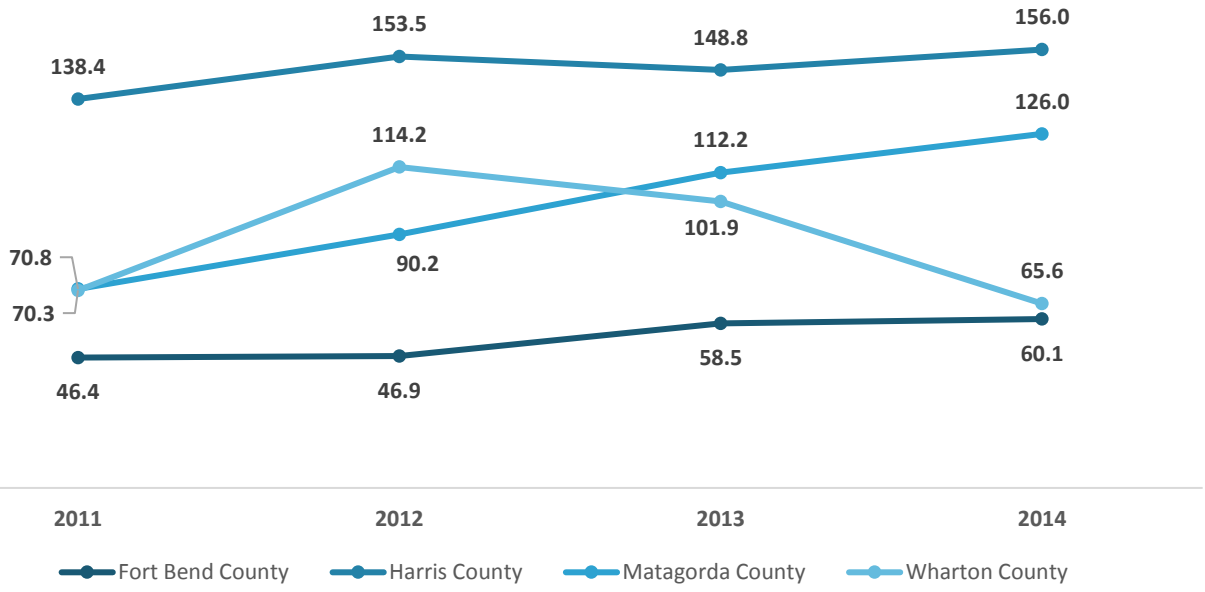
DATA SOURCE: Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, Texas STD Surveillance Report, 2014

FIGURE 44. SYPHILLIS 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 45. GONORRHEA CASE RATES PER 100,000 POPULATION, BY COUNTY, 2011-2014

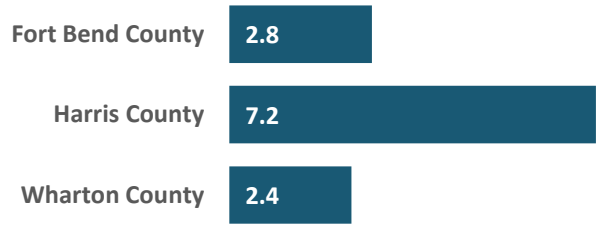


DATA SOURCE: Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, Texas STD Surveillance Report, 2014

Tuberculosis

Harris County saw the highest tuberculosis rate in the area, with 7.2 cases per 100,000 population. The rate of tuberculosis in Harris County was 2.5 times the rate in Fort Bend County (2.8 per 100,000 population) and three times as high as in Wharton County (2.4 per 100,000 population) (FIGURE 46).

FIGURE 46. TUBERCULOSIS CASE RATE PER 100,000 POPULATION, BY COUNTY, 2014

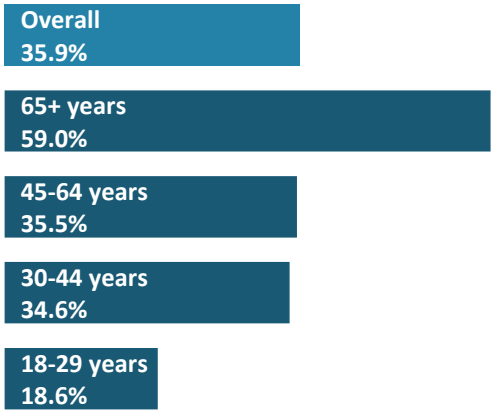


DATA SOURCE: Texas Department of State Health Services, TB-HIV-STD and Viral Hepatitis Unit, TB Counts and Rates, 2014
NOTE: There were no cases of tuberculosis recorded in 2014 in Matagorda County

Influenza

Data on influenza rates is only available for Harris County. In 2014, 35.9% of adults reported having had a seasonal flu shot or vaccine via nose spray, according to the Texas Behavioral Risk Factor Surveillance System (FIGURE 47). As shown in, residents aged 65 years or older were disproportionately more likely to have received a flu shot (59.0%) than other age groups.

FIGURE 47. PERCENT ADULTS SELF-REPORTED TO HAVE HAD SEASONAL FLU SHOT OR SEASONAL FLU VACCINE VIA NOSE SPRAY, BY AGE, HARRIS COUNTY, 2014



DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2014

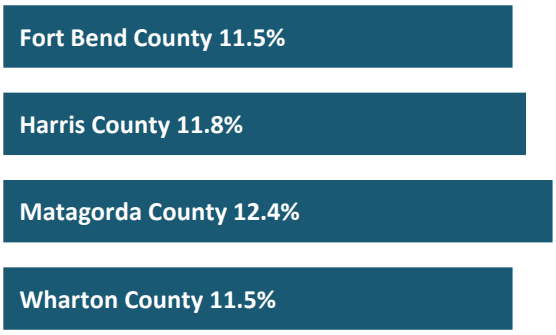
Reproductive and Maternal Health

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 First Colony.

Birth Outcomes

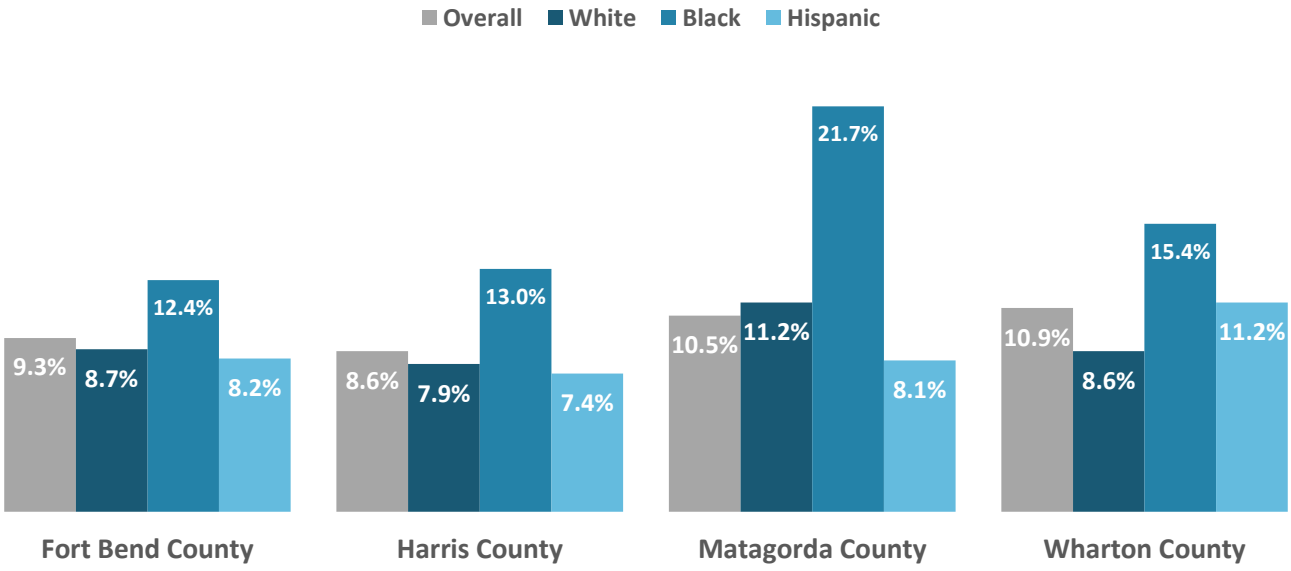
Approximately one in ten babies born in the four counties were born premature, meaning born before 37 weeks gestation, in 2013 (FIGURE 48). Matagorda County saw the highest proportion of premature births (12.4%). The proportion of babies born with low birthweight ranged from a low of 8.6% of babies born in Harris County to 10.9% in Wharton County (FIGURE 49). The proportion of babies born with low birthweight (less than 2,500 grams) varied by race and ethnicity. In all four counties served by MH First Colony, Black, non-Hispanic babies were far more likely to be born low birthweight than babies of other races and ethnicities (FIGURE 49).

FIGURE 48. PERCENT PREMATURE BIRTHS, BY COUNTY



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: Premature birth is defined as less than 37 known weeks of gestation

FIGURE 49. PERCENT LOW BIRTH WEIGHT INFANTS, OVERALL AND BY RACE AND ETHNICITY, BY COUNTY, 2013

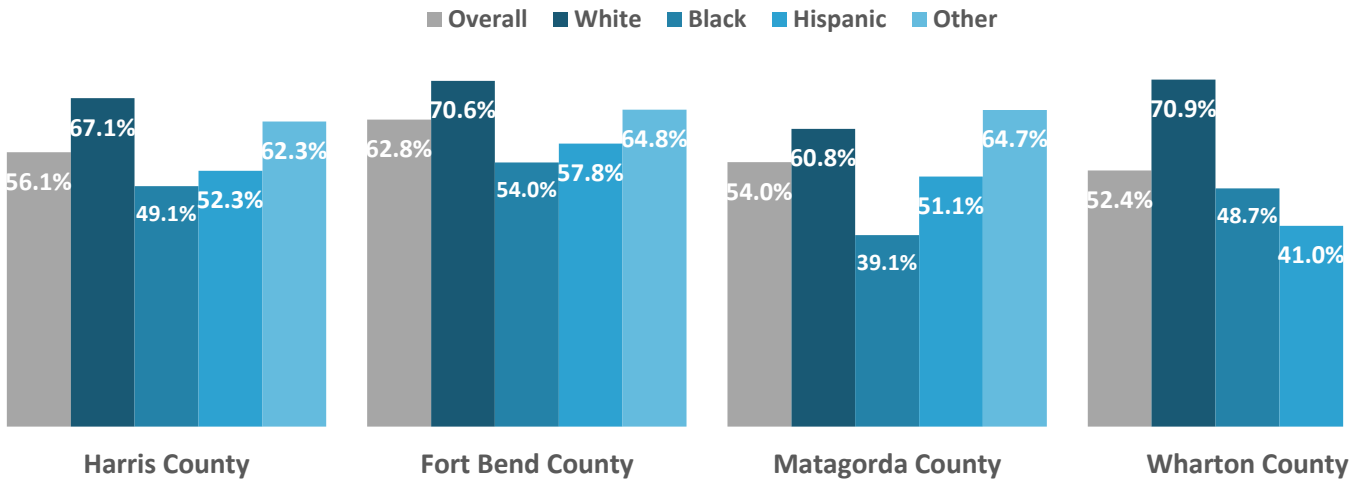


DATA SOURCE: Texas Department of State Health Services, Texas Vital Statistics Annual Report, 2013
NOTE: White includes Other and Unknown race and ethnicity
NOTE: Low birth weight is defined as under 2,500 grams

Prenatal Care

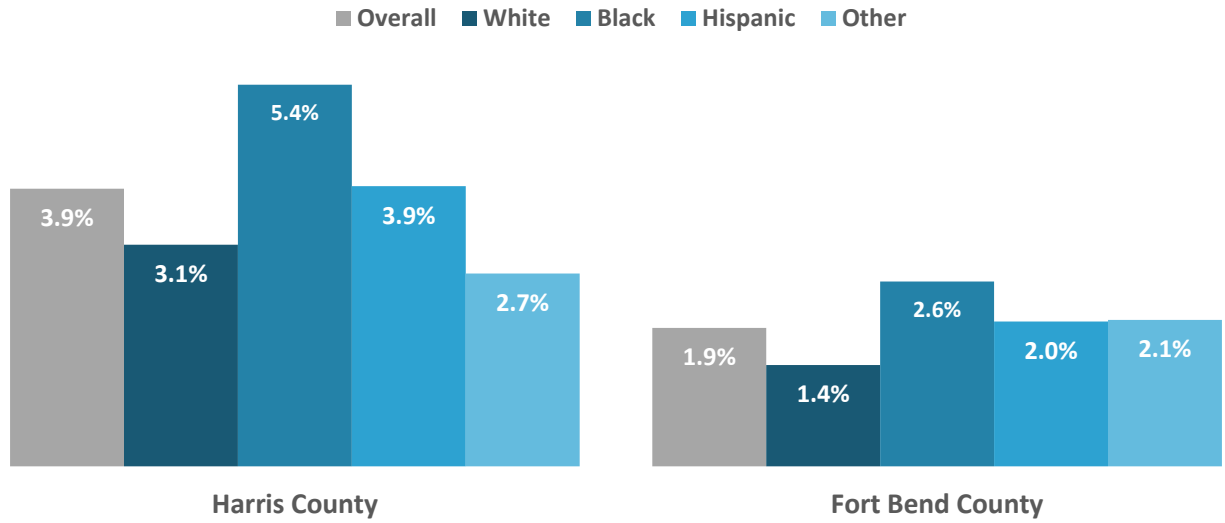
According to the Texas Department of State Health Services, 56.1% of live births in Harris County in 2013 occurred to mothers who received prenatal care in their first trimester compared to 62.8% of Fort Bend County live births, 54.0% of Matagorda County live births, and 52.4% Wharton County live births (FIGURE 50). Rates of first trimester prenatal care in all three counties were highest for White, non-Hispanic mothers except Matagorda County where mothers of Other race or ethnicity had the highest rate of first trimester prenatal care; first trimester prenatal care rates were lowest in Harris and Fort Bend Counties for Black, non-Hispanic mothers. Rates of receiving no prenatal care were 3.9% and 1.9% for Harris and Wharton County mothers, respectively (data unavailable for Matagorda and Wharton County) (FIGURE 51). Rates of receiving no prenatal care in Harris and Fort Bend counties were highest for Black, non-Hispanic mothers (5.4% in Harris County and 2.6% in Fort Bend County).

FIGURE 50. 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 51. PERCENT BIRTHS WITH NO PRENATAL CARE IN ANY TRIMESTER, BY RACE AND ETHNICITY OF MOTHER, 2013

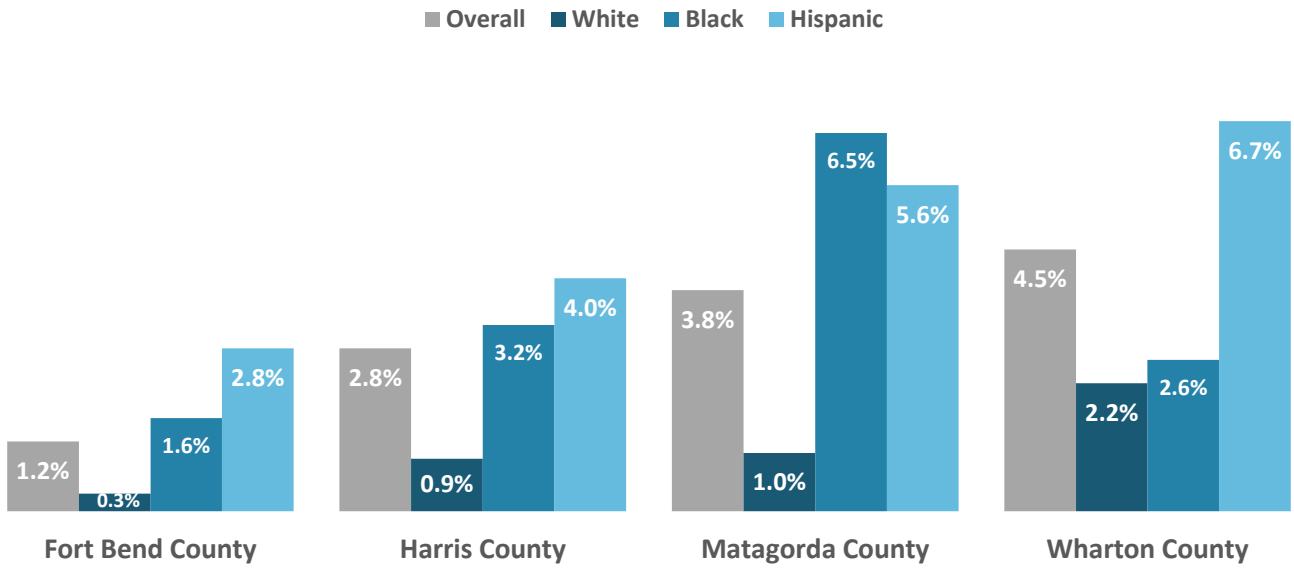


DATA SOURCE: Texas Certificate of Live Birth, as cited by Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Birth Outcomes, 2013
NOTE: Insufficient data in Matagorda and Wharton Counties

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 four counties served by MH First Colony (FIGURE 52). Teen births rates varied by race and ethnicity. In Fort Bend County, where the majority of patients served by MH First Colony reside, Hispanic mothers had the highest rates of teen births compared to other races and ethnicities.

FIGURE 52. PERCENT BIRTHS TO TEENAGED MOTHERS AGE 17 YEARS OLD AND UNDER, BY COUNTY, 2013

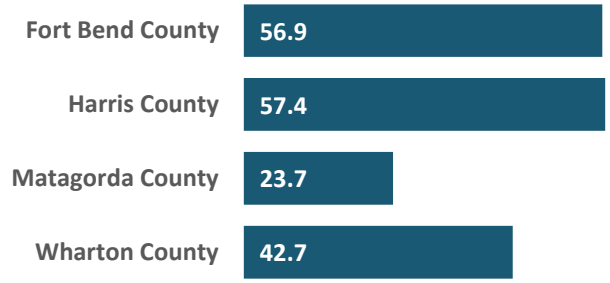


DATA SOURCE: Texas Department of State Health Services, Texas Vital Statistics Annual Report, 2013
NOTE: White includes Other and Unknown race and ethnicity

Oral Health

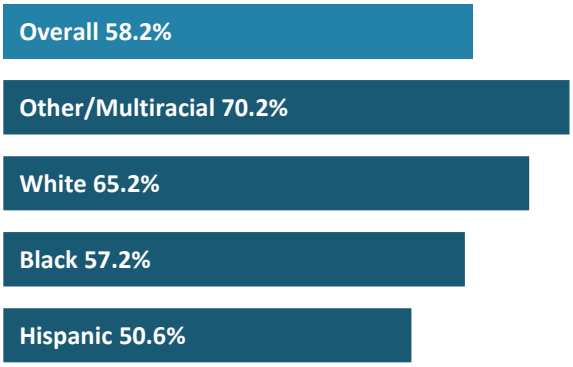
Oral health is a strong indicator of overall well-being and health. In addition to tooth decay and gum disease, poor oral hygiene has been linked in some studies to premature birth, cardiovascular disease, and endocarditis. Oral bacteria and inflammation can also lead to infection in people with diabetes and HIV/AIDS. Across the four counties served by MH First Colony, Harris County had the highest number of dentists (57.4 per 100,000 population) and Matagorda County had the lowest number of dentists (23.7 per 100,000 population) (FIGURE 53). According to the Texas Behavioral Risk Factor Surveillance System, 58.2% of adults in Harris County in 2014 self-reported having visited a dentist or dental clinic within the past year for any reason (data not shown; data not available for other counties). Hispanic adults in Harris County reported the lower rates of annual dental visitation (50.6%) compared to adults of other races or ethnicities (FIGURE 54). Adults with higher education levels (i.e., more than a high school education) were more likely to have received dental care in the past year in Harris County (FIGURE 55). Similarly, adults with higher incomes were more likely to have received dental care (data not shown).

FIGURE 53. NUMBER OF DENTISTS PER 100,000 POPULATION, BY COUNTY, 2014



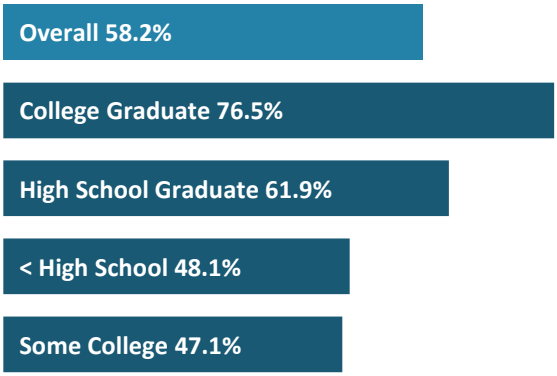
DATA SOURCE: Texas Medical Board, as cited by Texas Center for Health Statistics, 2014

FIGURE 54. PERCENT ADULTS SELF-REPORTED TO HAVE VISITED DENTIST OR DENTAL CLINIC WITHIN PAST YEAR FOR ANY REASON, BY RACE AND ETHNICITY, HARRIS COUNTY, 2014



DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2014

FIGURE 55. PERCENT ADULTS SELF-REPORTED TO HAVE VISITED DENTIST OR DENTAL CLINIC WITHIN PAST YEAR FOR ANY REASON, BY EDUCATION, HARRIS COUNTY, 2014



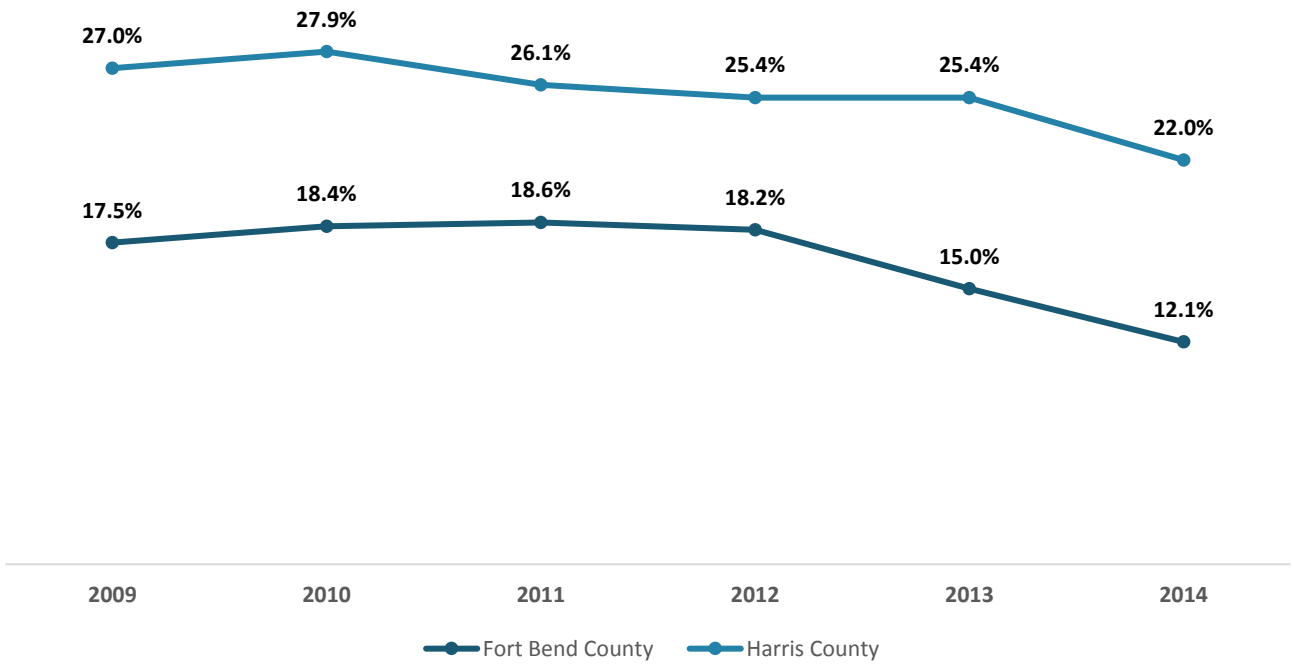
DATA SOURCE: Texas Behavioral Risk Factor Surveillance System, 2014

HEALTH CARE ACCESS AND UTILIZATION

Health Insurance

Health insurance is a significant predictor of access to health care services and overall population health. While interviewees 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."* 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, now you have no 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. (Data was unavailable for Matagorda and Wharton Counties.) Harris County had higher rates of uninsurance than Fort Bend County during the 2009-2014 period (FIGURE 56).

FIGURE 56. PERCENT TOTAL POPULATION UNINSURED, BY COUNTY AND CITY, 2009-2014

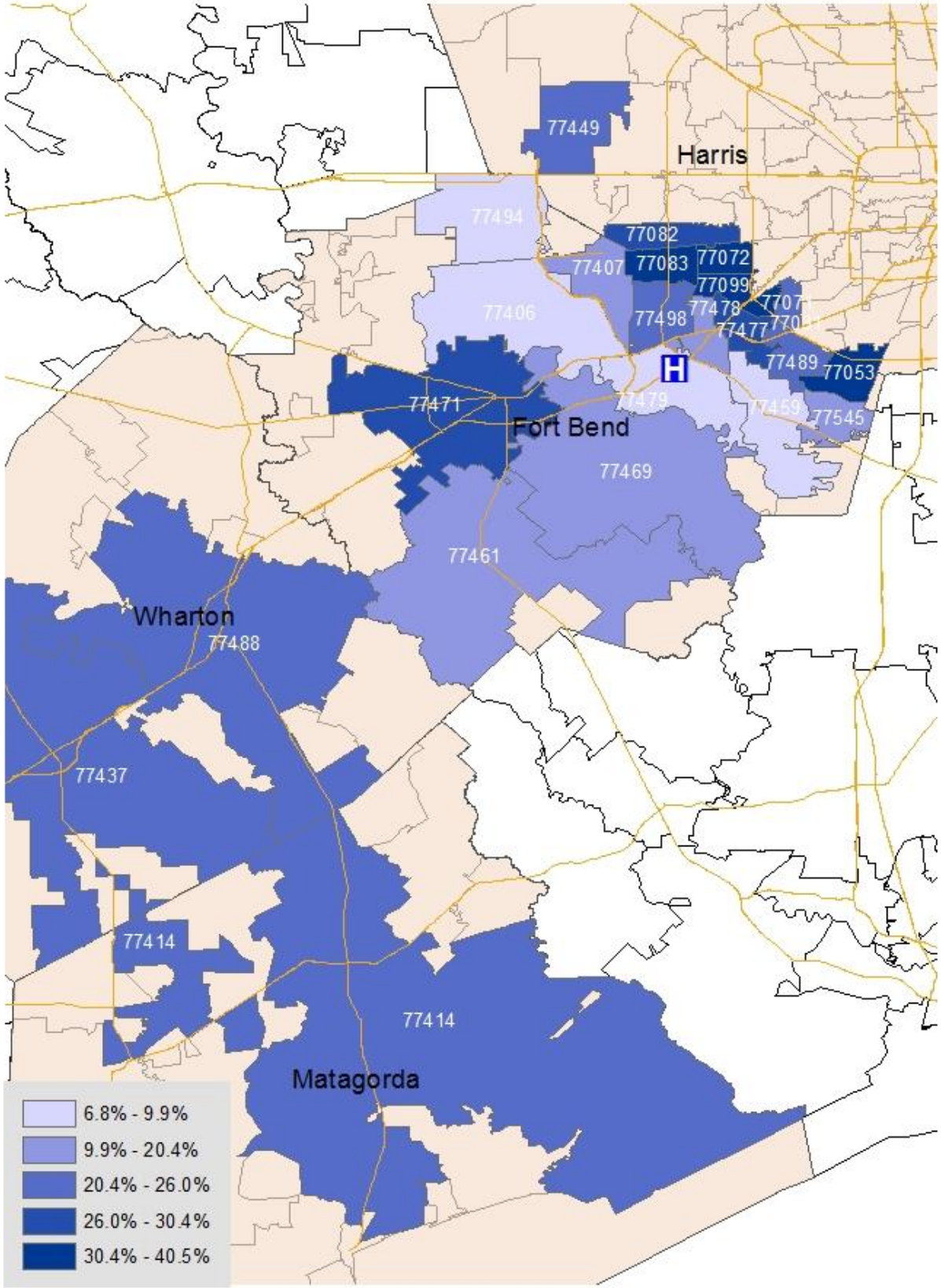


DATA SOURCE: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009, 2010, 2011, 2012, 2013, and 2014

Rates of uninsurance varied by zip code across the communities served by MH First Colony. In 2013, the zip codes in the immediate northeast geographic area around the MH First Colony facility had the highest rates of uninsurance for the total population (FIGURE 57). The following zip codes reported rates of uninsurance over 30% in 2013: 77053, 77477, 77099, 77072, and 77083. 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 and 77498.

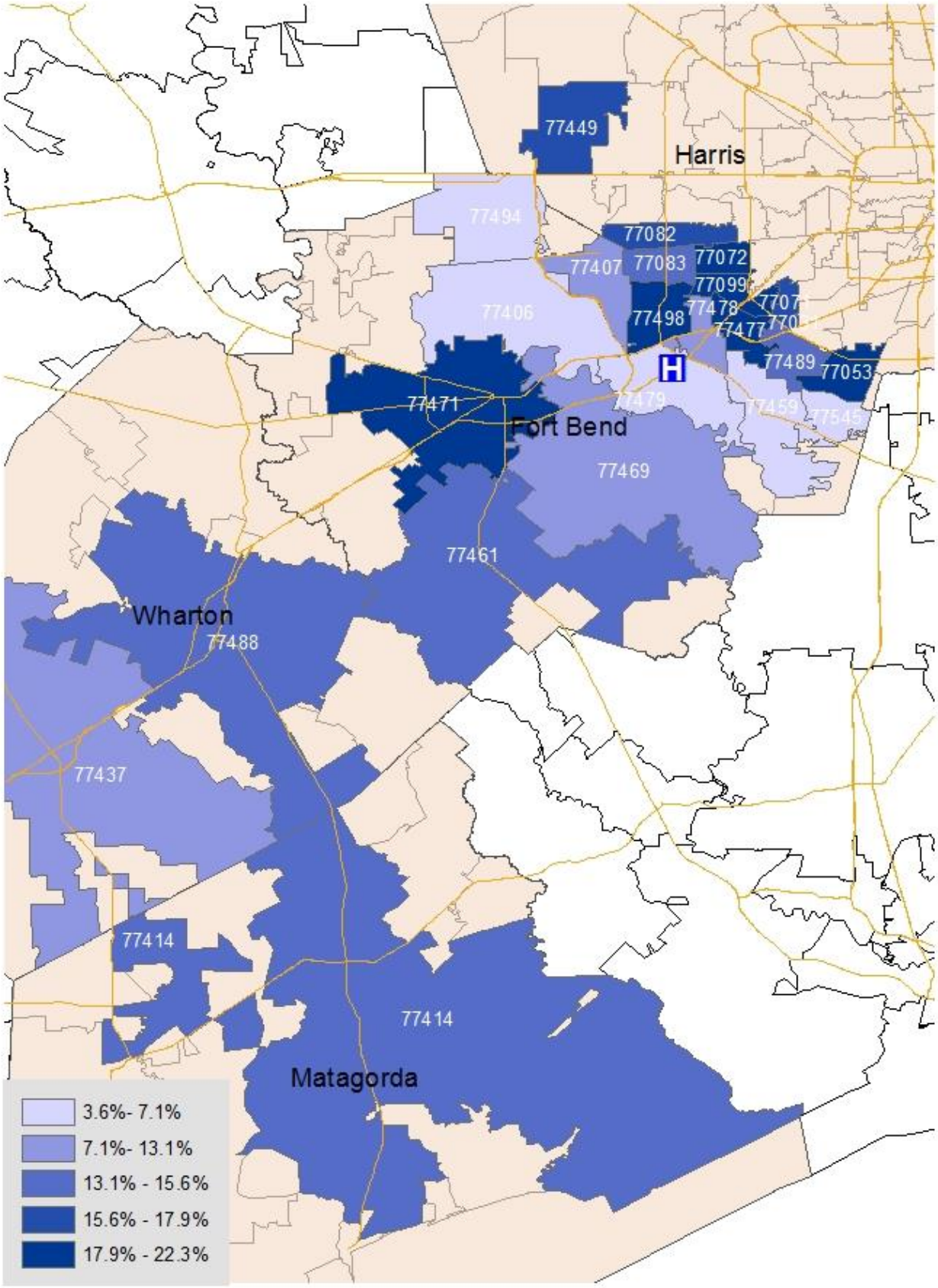
Among the zip codes served by MH First Colony, 140,307 residents were enrolled in Medicaid, and 93.0% of those enrollees resided in either Fort Bend or Harris Counties. In Fort Bend County, the zip code with the most Medicaid enrollees was 77471 in Rosenberg (7,698 enrollees). In Harris County, the zip code with the most Medicaid enrollees was 77449 in Katy (15,314 enrollees).

FIGURE 57. PERCENT TOTAL POPULATION UNINSURED, BY ZIP CODE, 2013



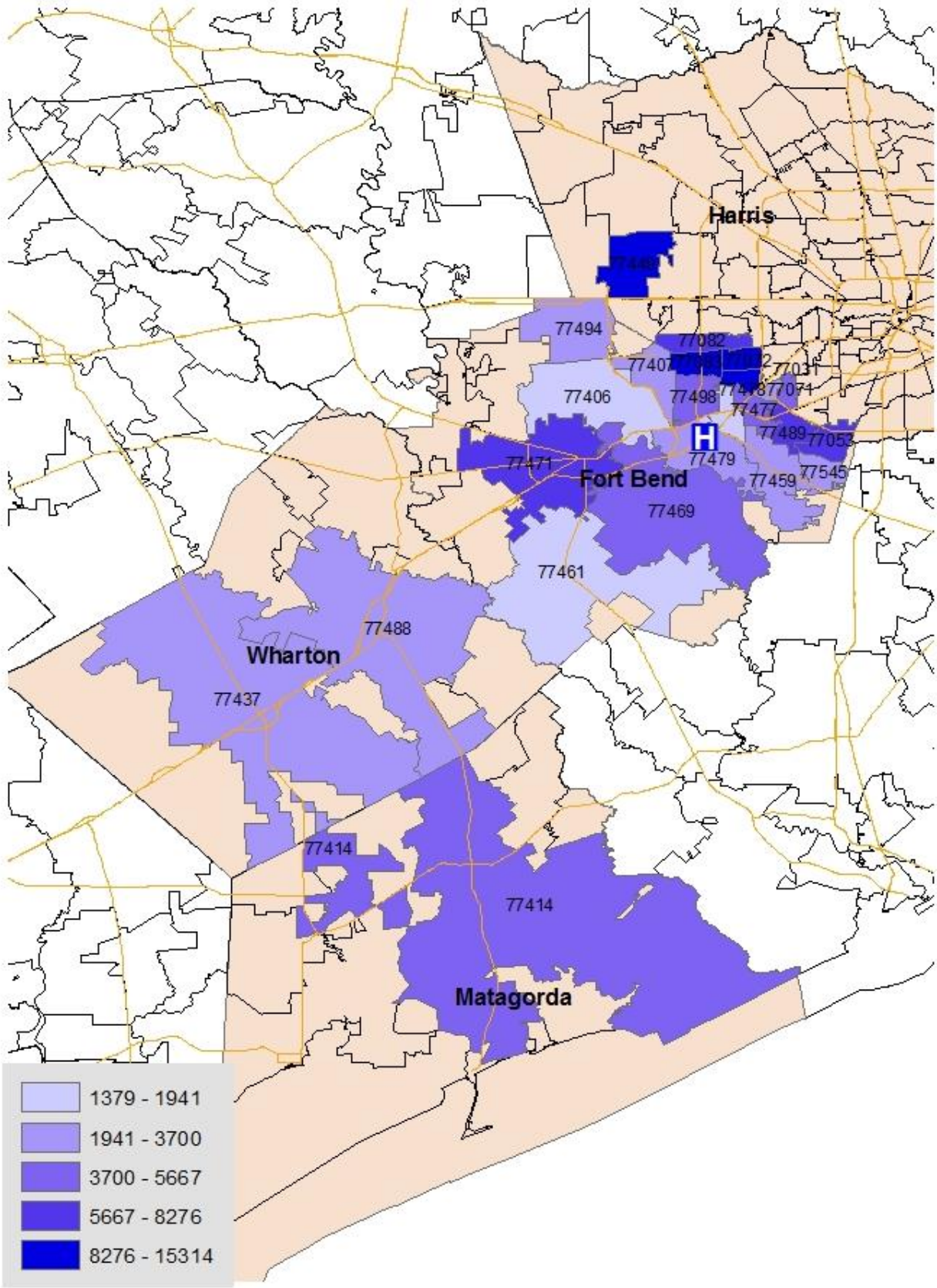
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

FIGURE 58. PERCENT UNDER 18 YEARS OLD POPULATION UNINSURED, BY ZIP CODE, 2013



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

FIGURE 59. 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. 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.

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 the health center (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."*

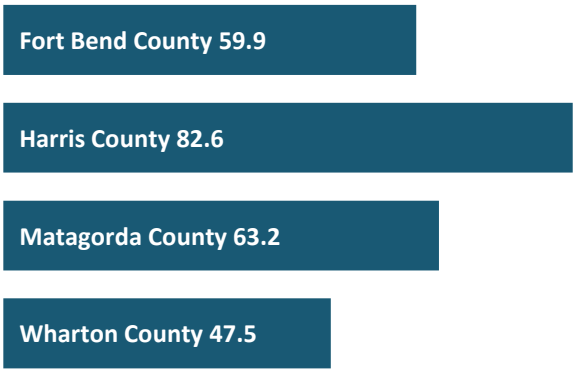
> ***"If the doctor prescribes a prescription and your insurance doesn't cover it. You go back and the doctor says 'you've got to get this.' It costs $400. How does any senior pay for that?"***
>
> **Senior focus group participant**

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. A large majority of Harris County residents of all ages have a primary care provider (82.6 per 100,000 population), in contrast to 63.2 per 100,000 population in Matagorda County, 59.9 per 100,000 population in Fort Bend County, and 47.5 per 100,000 population in Wharton County (FIGURE 60).

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 Montgomery 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 other counties due to a low survey response rate.)

FIGURE 60. NUMBER OF PRIMARY CARE PHYSICIAN 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 and 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 a hospital emergency department (ED). In 2013, about 4 in 10 ED visits were classified as primary care-related.

COMMUNITY ASSETS AND RESOURCES

"Houston is recognized as a world class medical care city with a mix of the most extensive high-end hospitals. Yes we have access issues, but the health care infrastructure is strong."

Key informant interviewee

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

Key informant interviewee

"Our school systems are strong [in Houston]."

Focus group participant

"Social services are of good quality. There are many strong community and business partners."

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 First Colony. 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 Public Health and Social Service System

The communities of MH First Colony are served by a robust network of public health and social service organizations. Many focus group participants and key informant interviewees reported that their communities are served by a number of non-profit and other charitable organizations. For example, one person stated: *"There are organizations doing good work with the resources they have. We have a very strong presence in our local health department, and they have a strong commitment at looking at and working with school districts to fill gaps, understanding needs of the community and creating the mission that intertwines with other organizations."* Along with the theme of social cohesion and a sense of community closeness reported earlier, key informants also described the community as being charitable. One key informant stated: *"We are a generous community. A lot of our services are supported by donations from foundations, individuals, or fundraisers. There is a lot of volunteer effort."*

Strong Schools

The communities served by MH First Colony, particularly in Fort Bend County, 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 First Colony. 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. Everything is more affordable 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 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. It 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 First Colony, 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 First Colony. 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 First Colony 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 obstetricians, the neonatologists…and that's great but we need more."* One strategy suggested by multiple stakeholders was investment in training local workforce to become health care professionals, particularly in specialties such as child psychiatry, vision, and behavioral health: *"We need educational institutions to staff the innovative programs we need. That's coming full circle. This is not what it was years ago…until we get enough providers…that's when we will achieve the structure and service delivery to meet all the needs. We have to look beyond our own walls to do this."* This 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 First Colony. 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 Texas Section 1115 Medicaid demonstration 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 First Colony. 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 Texas Section 1115 Medicaid demonstration 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 First Colony, 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, Matagorda, 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 First Colony 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 First Colony 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 needs 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 areas 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. 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 First Colony, 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 Texas Section 1115 Medicaid demonstration waiver. This area is ripe with opportunity to address needs that are currently not being met.

- **Communities served by MH First Colony 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, most communities served by MH First Colony 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 61, 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 First Colony. 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 First Colony, 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 61.PRIORITIZATION CRITERIA

RELEVANCE *How Important Is It?*	**APPROPRIATENESS** *Should We Do It?*	**IMPACT** *What Will We Get Out of It?*	**FEASIBILITY** *Can We do It?*
• Burden (magnitude and severity, economic cost; urgency of the problem) • Community concern • Focus on equity and accessibility	• Ethical and moral issues • Human rights issues • Legal aspects • Political and social acceptability • Public attitudes and values	• Effectiveness • Coverage • Builds on or enhances current work • Can move the needle and demonstrate measureable outcomes • Proven strategies to address multiple wins	• Community capacity • Technical capacity • Economic capacity • Political capacity/will • Socio-cultural aspects • Ethical aspects • Can identify easy short-term wins

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

APPENDIX B. 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 <u>you</u> deal with on a day-to-day basis?
- What do you think are the most pressing <u>health</u> concerns in your community? [PROBE ON THE FOLLOWING SPECIFIC ISSUES IF NOT MENTIONED: CHRONIC DISEASES/CONDITIONS, MENTAL HEALTH, SUBSTANCE ABUSE, VIOLENCE, ACCESS TO HEALTY 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 <u>easier</u> to be healthy in your community?
    - What supports your health and wellness?
    - What makes it <u>harder</u> 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 TRANSPORTION, 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 <u>want</u> 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 C. 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 <u>health</u> 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 <u>community residents'</u> biggest challenges to addressing [THIS ISSUE]?
        - From your experience, what are <u>organizations'</u> 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:

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