



# Community Health Needs Assessment 2022

Report adopted by the Board of Directors in June 2022.

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## Executive Summary

### **Purpose Statement**

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Baylor St. Luke's Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a CHNA at least once every three years.

### **CommonSpirit Health Commitment and Mission Statement**

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

### **CHNA Collaborators**

This CHNA was conducted in partnership with St. Luke's Health – Patients Medical Center, St. Luke's Health – The Vintage Hospital, St. Luke's Health – The Woodlands Hospital, St. Luke's Health – Springwoods Village Hospital, St. Luke's Health – Lakeside Hospital, and St. Luke's Health – Sugar Land Hospital. Baylor St. Luke's Medical Center engaged Biel Consulting, Inc. to conduct the CHNA.

### **Community Definition**

Baylor St. Luke's Medical Center is located at 1101 Bates Avenue, Houston, Texas 77030. The population of the hospital service area is 3,621,776. Children and youth, ages 0-17, make up 26.1% of the population, 63.4% are adults, ages 18-64, and 10.5% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as Hispanic/Latino (38.8%), 28.6% of the population identifies as White/Caucasian, 21.4% are Black/African American and 9.2% are Asian. 1.5% of the population identifies as multiracial (two-or-more races), 0.8% as Native Hawaiian/Pacific Islander, and 0.2% as American Indian/Alaskan Native. Those who are of another race/ethnicity or are not listed represent an additional 0.3% of the service area population. In the service area, 56.2% of the population, 5 years and older, speak only English in the home. Among the area population, 31.9% speak Spanish, 5.9% speak an Asian/Pacific Islander language, and 3.9% speak an Indo-European language in the home.

Among the residents in the service area, 14.9% are at or below 100% of the federal poverty level (FPL) and 34.1% are at 200% of FPL or below. Those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 33.2% of owner and renter occupied households spend 30% or more of their income on housing. This is higher than the state rate (30.5%). Educational attainment is a key driver of health. In the hospital service area, 17.1% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.3%). 34.4% of area adults have a Bachelor’s degree or higher degree.

### **Assessment Process and Methods**

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of the City of Houston, Harris County and Texas, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

Interviews with community stakeholders were conducted to obtain input on health needs, barriers to care and resources available to address the identified health needs. Thirteen (13) interviews were conducted from December 2021 to February 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have “current data or other information relevant to the health needs of the community served by the hospital facility.”

### **Process and Criteria to Identify and Prioritize Significant Health Needs**

Significant health needs were identified from an analysis of the primary and secondary data sources. Interviews with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

The key informant stakeholders were asked to prioritize the health needs according to

the highest level of importance in the community.

### **List of Prioritized Significant Health Needs**

Access to care, chronic disease and mental health were identified as priority needs by the community stakeholders.

Access to health care – Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.1% coverage. 81.1% of the population in the service area has health insurance and 88.9% of children, ages 18 and younger, have health insurance coverage in the service area. A community stakeholder noted that access to care depends on factors such as income, insurance status, and the costs of provider visits, medicines, and transportation.

Chronic disease – Leading causes of death in Harris County are heart disease and cancer. 12% of area adults have been diagnosed with diabetes, 31.7% have high blood pressure and 8.7% of adults have been diagnosed with asthma. Stakeholders commented that lower income neighborhoods have higher rates of chronic disease.

Mental health – Frequent mental distress is defined as 14 or more bad mental health days in the last month. In the hospital service area, the rate of mental distress among adults was 13.2%. Community stakeholders noted there are cultural barriers to seeking mental health services. In many cases, there is a stigma to talking about mental health issues.

### **Resources Potentially Available to Address Needs**

Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

### **Report Adoption, Availability and Comments**

This CHNA report was adopted by the Baylor St. Luke's Medical Center Board of Directors in June 2022. The report is widely available to the public on the web site at <https://www.stlukeshealth.org/about-st-lukes-health/healthy-communities>. A paper copy of the report is available for inspection upon request at the Baylor St. Luke's Medical Center Mission and Spiritual Care Office, 1101 Bates Avenue, Houston, TX 77030. Please send comments or questions about this report to Ken Carlson, Director, Mission and Spiritual Care at [ken.carlson@commonspirit.org](mailto:ken.carlson@commonspirit.org).

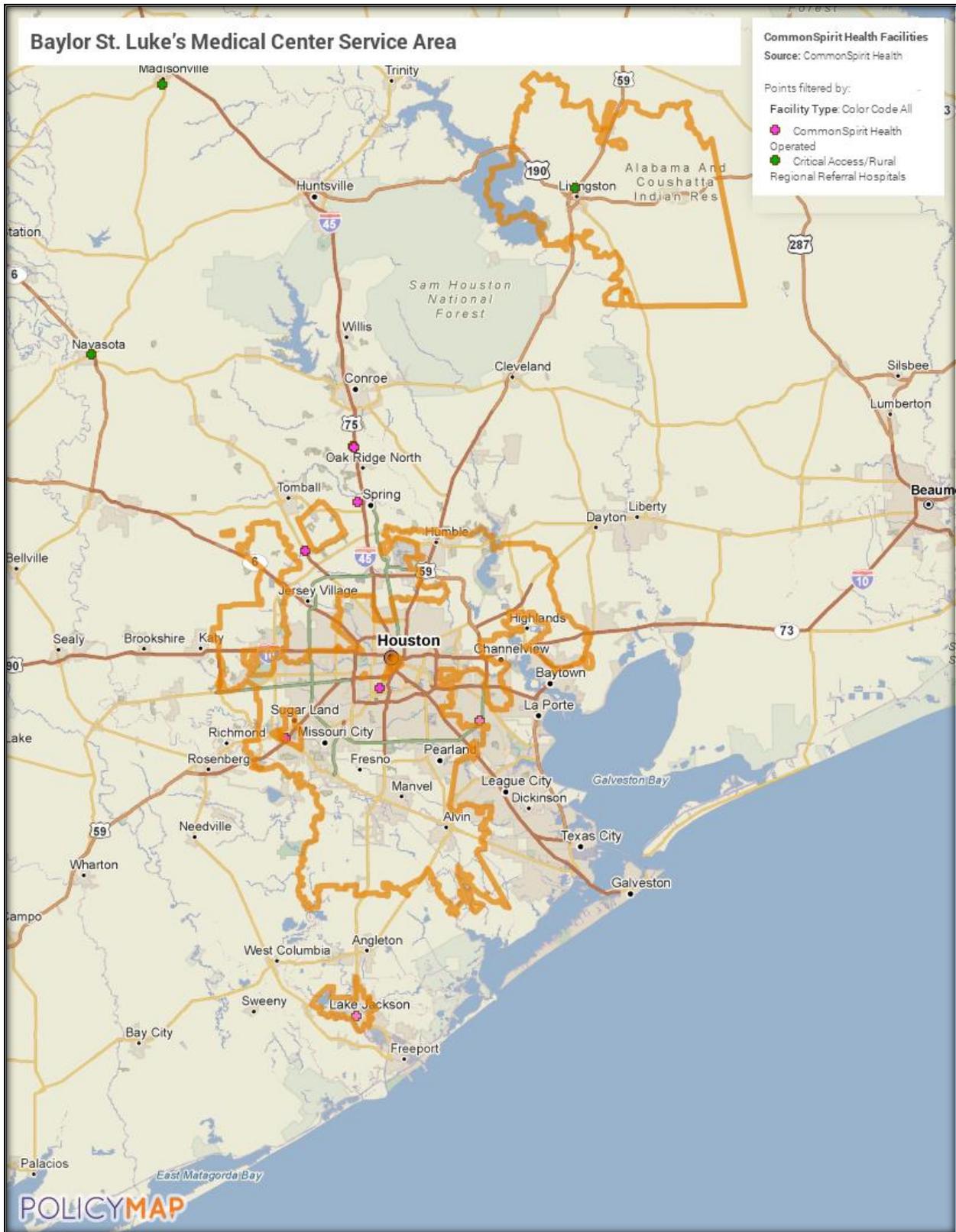
## Community Definition

### Service Area

Baylor St. Luke's Medical Center (Baylor) is located at 1101 Bates Avenue, Houston, TX 77030. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its service area to include 75% of patient origin ZIP Codes. For Baylor this includes 89 ZIP Codes, the majority of which are located within Harris County. The service area also includes portions of Fort Bend, Galveston and Brazoria Counties, and noncontiguous portions of Brazoria and Polk Counties.

### Baylor St. Luke's Medical Center Service Area

ZIP Codes					
77003	77020	77036	77072	77093	77477
77004	77021	77042	77074	77095	77479
77005	77022	77044	77075	77096	77489
77006	77023	77045	77077	77098	77498
77007	77024	77047	77078	77099	77511
77008	77025	77048	77081	77338	77521
77009	77026	77049	77082	77346	77532
77011	77027	77051	77083	77351	77536
77012	77028	77053	77084	77379	77545
77013	77029	77054	77085	77396	77566
77015	77030	77056	77087	77401	77578
77016	77031	77057	77088	77429	77581
77017	77033	77061	77089	77449	77583
77018	77034	77063	77091	77450	77584
77019	77035	77071	77092	77459	





The population of the hospital service area is 3,621,776. Children and youth, ages 0-17, make up 26.1% of the population, 63.4% are adults, ages 18-64, and 10.5% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as Hispanic/Latino (38.8%), 28.6% of the population identifies as White/Caucasian, 21.4% are Black/African American and 9.2% are Asian. 1.5% of the population identifies as multiracial (two-or-more races), 0.8% as Native Hawaiian/Pacific Islander, and 0.2% as American Indian/Alaskan Native. Those who are of another race/ethnicity or are not listed represent an additional 0.3% of the service area population. In the service area, 56.2% of the population, 5 years and older, speak only English in the home. Among the area population, 31.9% speak Spanish, 5.9% speak an Asian/Pacific Islander language, and 3.9% speak an Indo-European language in the home.

Among the residents in the service area, 14.9% are at or below 100% of the federal poverty level (FPL) and 34.1% are at 200% of FPL or below. Those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 33.2% of owner and renter occupied households spend 30% or more of their income on housing. This is higher than the state rate (30.5%). Educational attainment is a key driver of health. In the hospital service area, 17.1% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.3%). 34.4% of area adults have a Bachelor’s degree or higher degree.

Harris County and Houston are designated as Medically Underserved Areas (MUA) and Health Professional Shortage Areas (HPSA) for primary care, dental health and mental health.

### **Community Need Index**

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the ZIP Code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP Code in the community. The mean CNI score for the Baylor St. Luke’s Medical Center service area is 4.1. Twenty of the 89 service area ZIP Codes have the highest possible CNI score (5.0), and all are located in the city of Houston: 77003, 77009, 77011, 77013, 77020, 77022, 77023, 77026, 77028, 77029, 77033, 77036, 77051, 77061, 770074, 77075, 77081, 77087, 77091, and 77093. Bellaire has the lowest CNI score in the service area (2.0), followed by Cypress and Missouri City 77459 (2.4). Research has shown that communities with the highest CNI scores (those between 4.2 and 5.0) experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores (1.0 to 1.7).

Lowest Need

1 - 1.7 Lowest

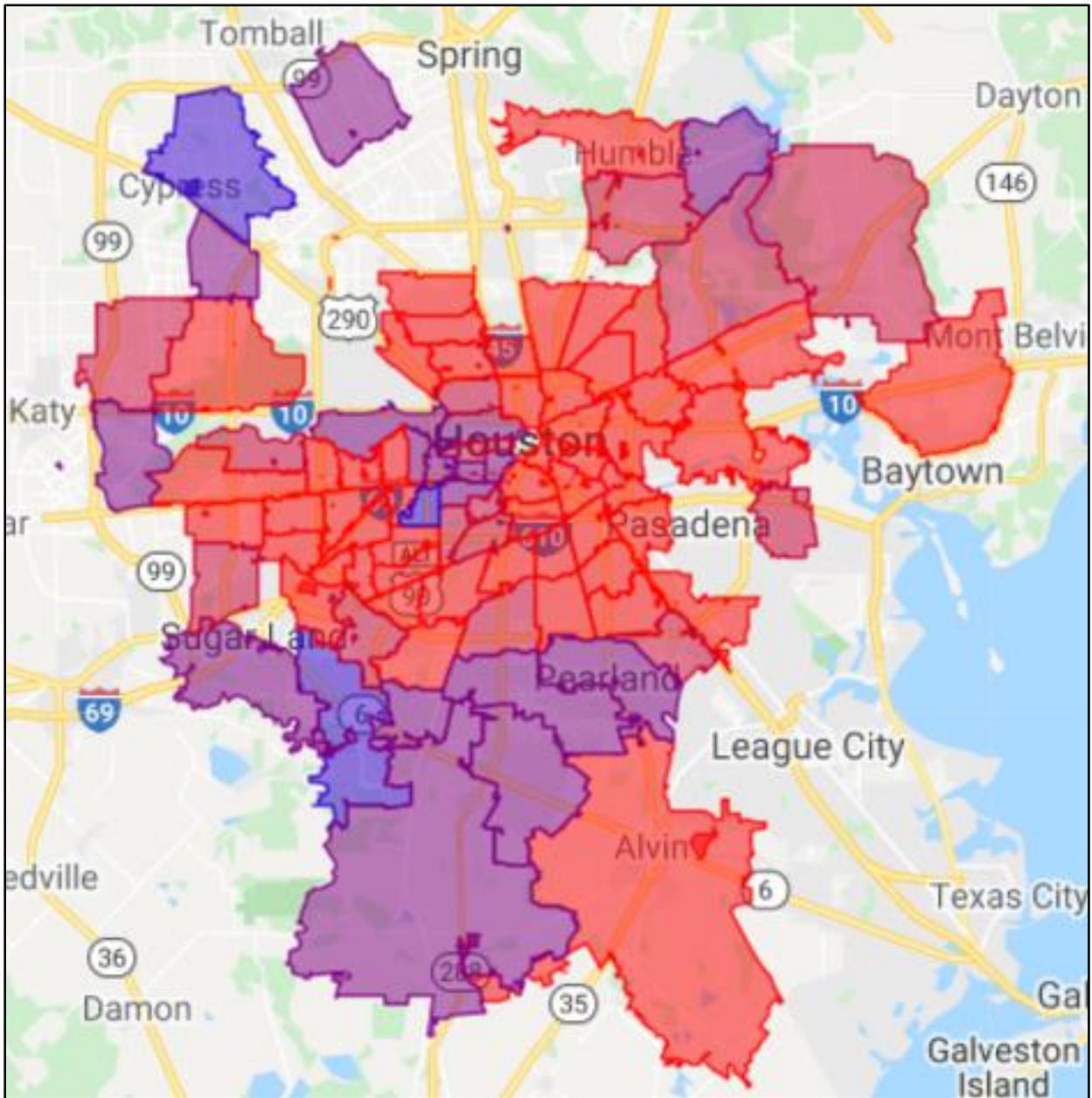
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



77072	4.8	59660	Houston
77074	5	39644	Houston
77075	5	45191	Houston
77077	3.6	59845	Houston
77078	4.8	14990	Houston
77081	5	51984	Houston
77082	4.4	60032	Houston
77083	4.4	81740	Houston
77084	4.4	117695	Houston
77085	4.4	20429	Houston
77087	5	38026	Houston
77088	4.8	56510	Houston
77089	4	55766	Houston
77091	5	27120	Houston
77092	4.8	36214	Houston
77093	5	49998	Houston
77095	3.2	79403	Houston
77096	4.2	33661	Houston
77098	3.2	15478	Houston
77099	4.8	52043	Houston
77338	4.4	44072	Humble
77346	3	70251	Humble
77351	4.2	37467	Livingston
77379	2.6	85825	Spring
77396	4	56923	Humble
77401	2	17727	Bellaire
77429	2.4	93087	Cypress
77449	3.6	123925	Katy
77450	3.2	81674	Katy
77459	2.4	77717	Missouri City
77477	4.2	41132	Stafford
77479	2.6	102503	Sugar Land
77489	3.4	40932	Missouri City
77498	3.4	62961	Sugar Land
77511	4.2	54402	Alvin
77521	4.2	61924	Baytown
77532	3.8	32809	Crosby
77536	3.4	34547	Deer Park
77545	3	27212	Fresno
77566	3.2	32733	Lake Jackson
77578	3.2	21628	Manvel
77581	3	53039	Pearland
77583	3.2	37720	Rosharon
77584	3	98395	Pearland

## Assessment Process and Methods

### Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of the City of Houston, Harris County and Texas, framing the scope of an issue as it relates to the broader community.

The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives (Attachment 1). Texas is divided into 11 Public Health Regions, and this distinction is used in some of the data tables in this report. Harris County is part of Health Service Region (HSR) 6, along with the following counties: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton.

### Primary Data Collection

Baylor conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs.

#### Interviews

Thirteen (13) telephone interviews were conducted from December 2021 through February 2022. Interview participants included a broad range of stakeholders concerned with health and wellbeing within the service area, which spans Harris County, Texas.

The hospital identified stakeholders who were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations.

A review of health data and needs in Harris County was conducted prior to the interviews in order to develop an interview framework. The interview asked questions to identify the major health issues impacting the community and the social determinants of health contributing to poor health outcomes. Interviewees were asked to identify populations least likely to receive or seek services. They were also asked to reflect on the impact that COVID-19 had on the health issues in the community. Key stakeholders shared their perspectives on the issues, challenges, and barriers relative to the

identified community needs (What makes each need a significant issue in the community? What are the challenges and barriers people face in addressing these needs?). They also identified potential resources to address the community needs, such as services, programs and/or community efforts. Stakeholder responses to the questions from the interviews are detailed in Attachment 3.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews focused on these significant health needs:

- Access to care
- Birth indicators
- Chronic diseases
- COVID-19
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices (screenings, vaccines)
- Sexually transmitted infections
- Substance use
- Tuberculosis
- Violence and injury/human trafficking

### **Public Comment**

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. These documents are posted on the web site where they are widely available to the public at <https://www.stlukeshealth.org/about-st-lukes-health/healthy-communities>. No written comments have been received.

### **Project Oversight**

The CHNA process was overseen by:  
Ken Carlson, MDiv.  
Division Director Mission Integration  
Texas Division CommonSpirit Health  
Director, Mission and Spiritual Care  
Baylor St. Luke's Medical Center, Houston

### **Consultants**

Biel Consulting, Inc. conducted the CHNA. Melissa Biel, MSN, DPA was joined by Denise Flanagan, BA and Smruti Shah, MPH. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit

organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. [www.bielconsulting.com](http://www.bielconsulting.com)

## Community Demographics

### Population

The population of the Baylor service area is 3,621,776. From 2014 to 2019, the population increased by 9%, which is a faster rate of growth than in the county (8.8%) and the state (8.3%). Much of the service area’s growth took place outside of the City of Houston, which grew at a rate of 6.6%.

### Total Population and Change in Population

	Baylor Service Area	Houston	Harris County	Texas
Total population	3,621,776	2,310,432	4,646,630	28,260,856
Change in population, 2014-2019	9.0%	6.6%	8.8%	8.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. <http://data.census.gov>

While data from the 2020 U.S. Census are not yet available at the city or ZIP Code level, population data for Harris County shows a 15.6% increase in population over the 2010 Census. The population in Texas increased at a rate of 15.9% since the 2010 Census.

### Total Population and Change in Population, 2010-2020

	Harris County	Texas
Total population	4,731,145	29,145,505
Change in population, 2010-2020	15.6%	15.9%

Source: U.S. Census Bureau, U.S. Decennial Census, 2010-2020. <https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html>

The service area population is 50.5% female and 49.5% male.

### Population, by Gender

	Baylor Service Area	Houston	Harris County	Texas
Male	49.5%	49.9%	49.7%	49.7%
Female	50.5%	50.1%	50.3%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov>

Children and youth, ages 0-17, make up 26.1% of the population, 63.4% are adults, ages 18-64, and 10.5% of the population are seniors, ages 65 and older.

### Population, by Age

	Baylor Service Area		Houston		Harris County	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	267,414	7.4%	176,302	7.6%	352,470	7.6%
Age 5-17	677,686	18.7%	403,252	17.5%	893,422	19.2%
Age 18-24	339,406	9.4%	227,663	9.9%	436,781	9.4%

	Baylor Service Area		Houston		Harris County	
	Number	Percent	Number	Percent	Number	Percent
Age 25-44	1,104,045	30.5%	749,843	32.5%	1,425,905	30.5%
Age 45-64	854,253	23.6%	510,236	22.1%	1,075,904	23.2%
Age 65+	378,972	10.5%	243,136	10.5%	472,148	10.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov/>

In the service area, 26.1% of the population are children and youth, which is lower than Harris County (26.8%). The percent of the service area population, ages 65 years and older, is 10.5%, which is higher than the county rate of 10.2%.

### Population, by Youth, Ages 0-17, and Seniors, Ages 65 and Older

	Total Population	Youth Ages 0 – 17	Seniors Ages 65 and Older
Baylor Service Area	3,621,776	26.1%	10.5%
Houston	2,310,432	25.1%	10.5%
Harris County	4,646,630	26.8%	10.2%
Texas	28,260,856	26.0%	12.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov/>

### Race/Ethnicity

The largest portion of the population in the service area identifies as Hispanic/Latino (38.8%), with 28.6% of the population identifying as White/Caucasian, 21.4% of the population as Black/African American, and 9.2% of the population as Asian. 1.5% of individuals identify as multiracial (two-or-more races), 0.2% as of a race/ethnicity not listed, and 0.2% as American Indian/Alaskan Natives. Native Hawaiians/Pacific Islanders represent 0.04% of the service area population.

The service area has a smaller percentage of Hispanic and Black residents and a larger percentage of White and Asian residents than the City of Houston. Compared to the county, the service area has a smaller percentage of Hispanic and White residents, and a larger percentage of Black and Asian residents.

### Race/Ethnicity

	Baylor Service Area	Houston	Harris County	Texas
Hispanic or Latino	38.8%	45.0%	42.9%	39.3%
White	28.6%	24.4%	29.6%	42.0%
Black/African American	21.4%	22.1%	18.6%	11.8%
Asian	9.2%	6.7%	6.9%	4.7%
Multiracial	1.5%	1.4%	1.5%	1.7%
Some other race	0.2%	0.3%	0.2%	0.2%
American Indian/AK Native	0.2%	0.1%	0.2%	0.3%
Native HI/Pacific Islander	0.04%	0.04%	0.05%	0.08%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov/>

## Language

In the service area, 56.2% of the population, ages 5 and older, speak only English in the home. Among the area population, 31.9% speak Spanish, 5.9% speak an Asian/Pacific Islander language, and 3.9% speak an Indo-European language in the home. 2.1% of the population speak some other language.

### Language Spoken at Home for the Population, 5 Years and Older

	Baylor Service Area	Houston	Harris County	Texas
Population, 5 years and older	3,354,362	2,134,130	4,294,160	26,261,053
English only	56.2%	51.1%	55.6%	64.5%
Speaks Spanish	31.9%	38.9%	35.0%	29.3%
Speaks Asian or Pacific Islander language	5.9%	4.4%	4.6%	3.0%
Speaks Indo-European language	3.9%	3.5%	3.1%	2.2%
Speaks other language	2.1%	2.0%	1.6%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/>

Among area school districts, the percentage of students classified as Limited English Proficient and English Language Learners ranged from 9.2% in the Pearland Independent School District to 36.7% in the Spring Branch Independent School District. The percentage of English Learner students in most area school districts, with the exception of Pearland, Spring Branch, and Spring ISDs, were lower than in Harris County (26.7%).

### English Language Learner Students, by School District

	Number	Percent
Alvin Independent School District	4,436	16.5%
Angleton Independent School District	960	14.1%
Brazosport Independent School District	1,527	12.6%
Crosby Independent School District	971	15.1%
Cypress-Fairbanks Independent School District	16,280	13.9%
Deer Park Independent School District	1,491	11.8%
Fort Bend Independent School District	12,334	15.9%
Goose Creek Consolidated ISD	4,412	18.5%
Houston Independent School District	71,165	34.0%
Humble Independent School District	4,315	9.6%
Katy Independent School District	15,566	18.7%
Lamar Consolidated Independent School District	5,256	15.0%
Livingston Independent School District	385	9.7%
Pearland Independent School District	1,994	9.2%
Spring Independent School District	9,880	28.0%
Spring Branch Independent School District	12,895	36.7%
Stafford Municipal School District	734	20.9%
<b>Harris</b>	<b>241,272</b>	<b>26.7%</b>
<b>Texas</b>	<b>1,112,588</b>	<b>20.3%</b>

Source: Texas Education Agency, Snapshot 2020 (2019-2020). <https://rptsvr1.tea.texas.gov/perfreport/snapshot/2020/index.html>

### **Veteran Status**

In the service area, 4.6% of the civilian population, 18 years and older, are veterans. This is higher than Houston (4%) and similar to the county (4.7%), but below the state rate of veterans (7.0%).

### **Veteran Status**

	<b>Percent</b>
Baylor Service Area	4.6%
Houston	4.0%
Harris County	4.7%
Texas	7.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov>

### **Citizenship**

In the service area, 26.7% of the population is foreign-born, which is lower than Houston (29.3%), higher than Harris County (26.1%) and state (17%) rates. Of the foreign-born, 60.2% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

### **Foreign-Born Residents and Citizenship**

	<b>Baylor Service Area</b>	<b>Houston</b>	<b>Harris County</b>	<b>Texas</b>
Foreign born	26.7%	29.3%	26.1%	17.0%
Of the foreign born, not a U.S. citizen	60.2%	69.0%	63.4%	62.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov>

## Social Determinants of Health

### Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county’s residents. Texas has 254 counties, 243 of which are ranked from 1 to 243 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 243 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Harris County is ranked 160 among ranked counties in Texas, according to social and economic factors, placing it in the bottom third quartile.

### Social and Economic Factors Ranking

	County Ranking (out of 243)
Harris County	160

Source: County Health Rankings, 2021 <http://www.countyhealthrankings.org>

### Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was \$13,011 and for a family of four \$25,926.

Among the residents in the service area, 14.9% are at or below 100% of the federal poverty level (FPL) and 34.1% are at 200% of FPL or below. The service area poverty rate is above the state rate (14.7%) but below Harris County (15.7%) and Houston (20.1%). The low-income rate in the service area is below the City of Houston, county and state rates.

### Income below 100% and 200% of Federal Poverty Level

	<100% FPL	<200% FPL
Baylor Service Area	14.9%	34.1%
Houston	20.1%	43.1%
Harris County	15.7%	36.3%
Texas	14.7%	34.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. <http://data.census.gov/>

The rate of poverty among children in the service area (21.9%) is higher than the state (20.9%) but lower than Harris County (23.4%) and below the City of Houston (31.2%). The rate of poverty among seniors in the service area (11.4%) is higher than the state (10.6%) and county (11.3%) but below the City of Houston (14.2%). The rate of poverty for female heads-of-household (HoH), living with their own children, under the age of

18, is 37.3% in the service area. This rate is below the state (37.6%), county (38.9%) and City of Houston (44.1%).

**Poverty Levels of Children, under Age 18; Seniors, Ages 65 and Older, and Female HoH**

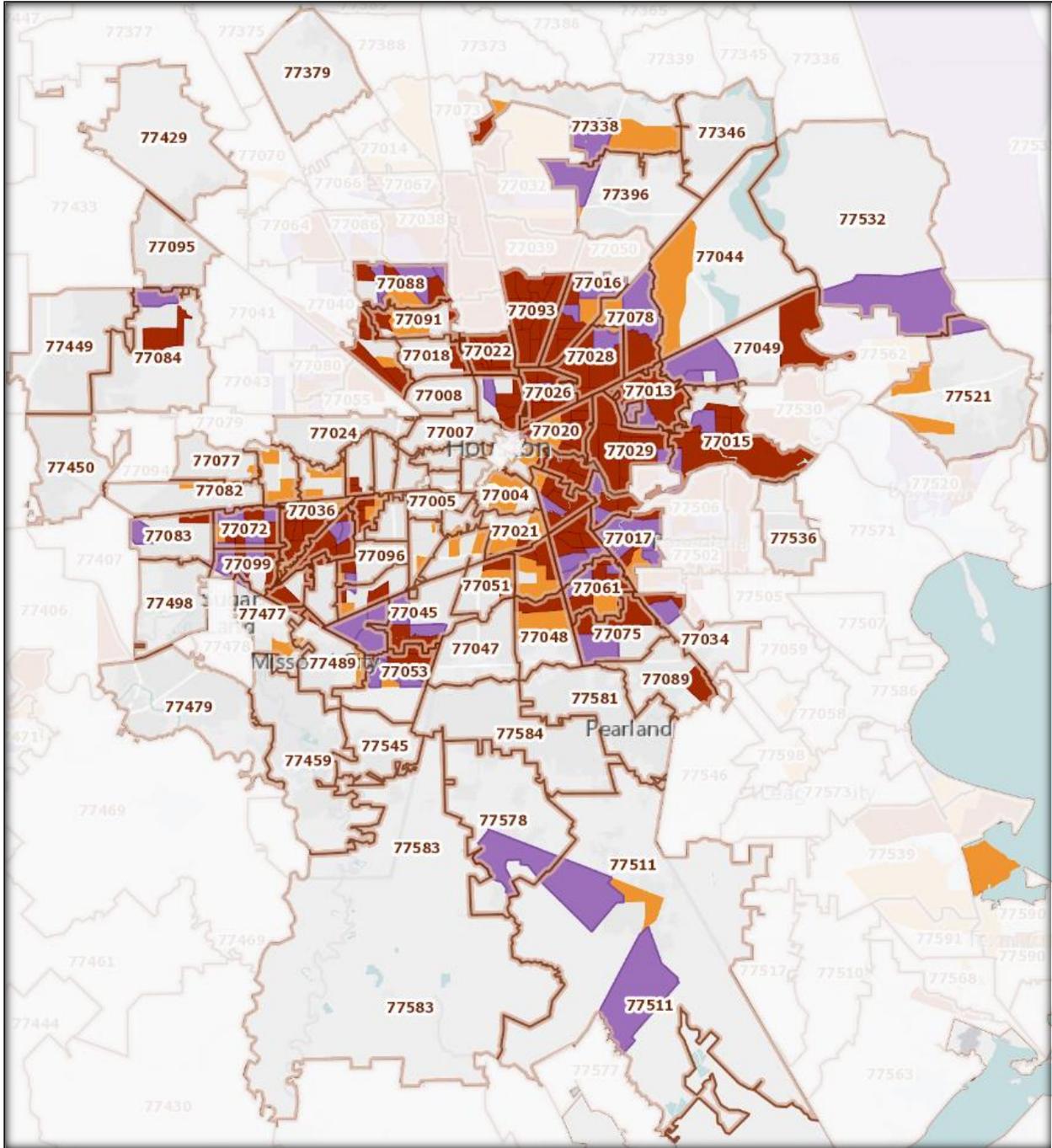
	<b>Children</b>	<b>Seniors</b>	<b>Female HoH with Children*</b>
Baylor Service Area	21.9%	11.4%	37.3%
Houston	31.2%	14.2%	44.1%
Harris County	23.4%	11.3%	38.9%
Texas	20.9%	10.6%	37.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701 & \*S1702. <http://data.census.gov/>

**Vulnerable Populations**

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the majority of the service area (with the exception of the Lake Jackson area to the south and Livingston to the north) and surrounding areas, highlighting the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable thresholds for poverty and education are noted on the map in brown.

In the service area, parts of central Houston show a high percentage of poverty without low education levels, and parts of Manvel and Alvin ZIP Codes, to the south of Houston, show a population with low education levels but without corresponding poverty. Large sections of Houston, though, particularly on the northern and eastern sides, contain a high percentage of vulnerable populations, with 25% or more of the population possessing less than a high school education and poverty found among 20% or more of the population



Source: Center for Applied Research and Engagement Systems (CARES), Vulnerable Populations Footprint Map.  
[https://careshq.org/map-room/?action=tool\\_map&tool=footprint](https://careshq.org/map-room/?action=tool_map&tool=footprint)

**Economically Disadvantaged Students**

The percentage of students determined by the Texas Education Agency to be 'Economically Disadvantaged' is another indicator of socioeconomic status. This classification is determined by eligibility for the national free and reduced-price meals program, or other public assistance. In the Spring Independent School District (ISD),

82.6% of the students enrolled in the 2019-2020 school year were considered Economically Disadvantaged. In addition to Spring ISD, Houston ISD (79.3%), Stafford Municipal SD (73.6%), Angleton ISD (70.6%), and Goose Creek Consolidated ISD (69.7%) had rates of economic disadvantage higher than Harris County (66%) and the state (60.3%).

### Economically Disadvantaged Students

	Percent	
	2018 - 2019	2019 - 2020
Alvin Independent School District	51.7%	49.2%
Angleton Independent School District	62.0%	70.6%
Brazosport Independent School District	61.7%	57.7%
Crosby Independent School District	53.5%	52.8%
Cypress-Fairbanks Independent School District	54.5%	54.3%
Deer Park Independent School District	47.4%	47.1%
Fort Bend Independent School District	43.2%	43.5%
Goose Creek Consolidated ISD	69.3%	69.7%
Houston Independent School District	79.9%	79.3%
Humble Independent School District	38.0%	40.5%
Katy Independent School District	31.6%	32.7%
Lamar Consolidated ISD	45.2%	45.5%
Livingston Independent School District	73.0%	55.0%
Pearland Independent School District	31.4%	30.9%
Spring Independent School District	70.1%	82.6%
Spring Branch Independent School District	58.9%	59.4%
Stafford Municipal School District	72.7%	73.6%
<b>Harris County</b>	<b>65.5%</b>	<b>66.0%</b>
<b>Texas</b>	<b>60.6%</b>	<b>60.3%</b>

Source: Texas Education Agency, Snapshots 2019 & 2020. <https://rptsvr1.tea.texas.gov/perfreport/snapshot/2020/index.html>

### Unemployment

The unemployment rate in the service area, averaged over 5 years, was 5.7%. This is lower than Houston (5.9%) and Harris County (5.8%) but higher than the state unemployment rate (5.1%).

### Employment Status for the Population, Ages 16 and Older

	Civilian Labor Force	Unemployed	Unemployment Rate
Baylor Service Area	1,875,545	106,218	5.7%
Houston	1,202,685	70,465	5.9%
Harris County	2,387,583	138,920	5.8%
Texas	13,962,458	708,827	5.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov/>

## Households

In the service area, there were 1,256,905 households and 1,387,771 housing units. Over the past five years, the population grew by 9%, the number of households grew at a rate of 9.6%, housing units grew at a rate of 7.9%, and vacant units decreased by 5.5%. Owner-occupied housing increased by 7.6% and renters increased by 12.1%.

### Households and Housing Units and Percent Change

	Baylor Service Area			Houston		
	2014	2019	Percent Change	2014	2019	Percent Change
Households	1,147,212	1,256,905	9.6%	792,763	858,374	8.3%
Owner occ.	57.3%	56.3%	7.6%	44.5%	42.3%	2.8%
Renter occ.	42.7%	43.7%	12.1%	55.5%	57.7%	12.6%
Housing units	1,285,701	1,387,771	7.9%	913,006	968,704	6.1%
Vacant	10.8%	9.4%	(-5.5%)	13.2%	11.4%	(-8.2%)

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. <http://data.census.gov/>

The weighted average of the median household income in the area was \$71,241. This was higher than median household incomes in the state (\$61,874), Harris County (\$61,705) and the City of Houston (\$52,338).

### Median Household Income

	Households	Median Household Income
Baylor Service Area	1,256,905	\$71,241
Houston	858,374	\$52,338
Harris County	1,605,368	\$61,705
Texas	9,691,647	\$61,874

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov/> \*Weighted average of the medians.

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 33.2% of owner and renter occupied households in the service area spent 30% or more of their income on housing. This was above the state rate (30.5%), below the county rate (34%) and below the rate of cost-burdened households in Houston (38.1%).

### Households that Spend 30% or More of Income on Housing

	Percent
Baylor Service Area	33.2%
Houston	38.1%
Harris County	34.0%
Texas	30.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. <http://data.census.gov/>

### Households by Type

25.1% of service area households were families (married or cohabiting couples) with

children, under age 18, and 7% of households were households with a female as head of household with children. Seniors living alone may be isolated and lack adequate support systems. 7.1% of area households were seniors who live alone, which was higher than the county rate (6.9%), but lower than Houston rates (8.1%).

### Households, by Type

	Total Households	Family Households* with Children Under Age 18	Female Head of Household with own Children Under Age 18	Seniors, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
Baylor Service Area	1,256,905	25.1%	7.0%	7.1%
Houston	858,374	20.1%	7.7%	8.1%
Harris County	1,605,368	25.0%	7.4%	6.9%
Texas	9,691,647	24.6%	6.5%	8.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/> \*Family Households refers to married or cohabiting couples with householder's children under 18.

6.8% of unmarried-partner households in the service area and in Houston were same-sex couples, while 93.2% were heterosexual-couples. This was a higher rate of same-sex unmarried-partner households than the state (6.6%) and Harris County (6.4%).

### Unmarried Partner Households, by Gender of Partner

	Total Households	Same-Gender Households		Mixed-Gender Households	
	Number	Number	Percent	Number	Percent
Baylor Service Area	70,418	4,769	6.8%	65,649	93.2%
Houston	56,264	3,853	6.8%	52,411	93.2%
Harris County	95,110	6,044	6.4%	89,066	93.6%
Texas	513,894	33,857	6.6%	480,037	93.4%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, B11009. <http://data.census.gov/>

### Homelessness

A point-in-time count (PIT Count) of persons experiencing homelessness is conducted annually in every state in the nation, scheduled to occur on a single night in the third week of January, unless weather does not permit. Most of the service area is covered under The Way Home Continuum of Care (CoC), which covers Harris, Fort Bend and Montgomery Counties. The 2020 PIT Count occurred on January 27, 2020 with the unsheltered portion of the county conducted over a three-day period from January 28-30. It was organized and led by the Coalition for the Homeless of Houston/Harris County in consultation with UTHealth School of Public Health.

At the time of the 2020 PIT Count, there were an estimated 3,974 homeless individuals

in The Way Home CoC, most in Harris County. Over the past three years, the homeless population has risen statewide. In the local CoC, both the number and proportion of homeless who were sheltered has declined, suggesting a loss of shelter beds over that period. In the state, the proportion of homeless who were chronically homeless has declined, while in the local CoC it has risen, from 15% to 20.1%, or 800 chronically homeless persons at the start of 2020. The number and proportion of persons experiencing homeless who were veterans has declined locally and in Texas.

### Homeless Point-in-Time Count, 2017 and 2020

	The Way Home (Harris, Fort Bend, Montgomery Counties) CoC				Texas			
	2017		2020		2017		2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total Homeless</b>	<b>3,605</b>	<b>100%</b>	<b>3,974</b>	<b>100%</b>	<b>23,548</b>	<b>100%</b>	<b>27,229</b>	<b>100%</b>
Sheltered	2,477	68.7%	2,318	58.3%	15,055	63.9%	14,017	51.5%
Unsheltered	1,128	31.3%	1,656	41.7%	8,493	36.1%	13,212	48.5%
Chronically homeless	539	15.0%	800	20.1%	3,711	15.8%	4,033	14.8%
Veteran	405	11.2%	267	6.7%	2,200	9.3%	1,948	7.2%

Source: U.S. Department of Housing and Urban Development (HUD), Annual Homeless Assessment Report (AHAR), 2017 & 2020.  
<https://www.hudexchange.info/homelessness-assistance/ahar/>

### Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments summarized and edited for clarity:

- There is not enough quality affordable housing to meet the needs of the unhoused or housing insecure population
- The waitlist for public housing is currently five years long. Who can wait that long?
- Some people would rather be homeless. We have a huge homeless population living in wooded and forested areas in Harris County.
- For victims of domestic violence, there are not enough beds in emergency shelters.
- Black women have an increased need of emergency or short-term housing to escape violent situations at home.
- Many of the homeless population in Harris County are men between the ages of 30-40. They are unemployed, have mental health issues and bounce between the ER, shelters and other services.
- Case managers are overwhelmed trying to place individuals and families with the services they need. There is not enough temporary housing
- The risk of evictions has increased with unemployment and job losses.
- Hurricane Harvey greatly affected the housing quality and many of the housing complexes have not been rebuilt or upgraded.
- We need housing placements for foster youth.

## Public Program Participation

In the service area, 4.1% of residents received SSI benefits, 1.4% received cash public assistance income, and 12% of residents received food stamp benefits. These rates were the same as, or lower than, Houston and Harris County rates.

## Household Supportive Benefits

	Baylor Service Area	Houston	Harris County
<b>Total households</b>	<b>1,256,905</b>	<b>858,374</b>	<b>1,605,368</b>
Supplemental Security Income (SSI)	4.1%	4.4%	4.1%
Public assistance	1.4%	1.4%	1.4%
Food stamps/SNAP	12.0%	14.6%	12.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov>

## Food Insecurity

The U.S. Department of Agriculture (USDA) utilizes an 18-question Food Security Supplement module to determine food insecurity rates of households. Feeding America, the nation's largest domestic hunger-relief organization, defines 'Food Insecure' as three or more affirmative responses to these questions.

In Harris County, 13.9% of all residents in 2019 were food insecure. Of those who reported being food insecure, 70% in Harris County were likely eligible for SNAP benefits due to household income at or below 165% of the Federal Poverty Level (FPL). Among Harris County children, 20.1% were food insecure. 68% of food insecure children were likely to be eligible for federal hunger programs due to household incomes at or below 185% FPL.

## Food Insecurity

	Harris County	Texas
Food insecure population, all ages	644,710	4,092,850
Food insecure rate, all ages	13.9%	14.1%
Income eligible for SNAP, all ages, at or <165% FPL	70%	62%
Food insecure, children	250,600	1,448,490
Food insecure rate, children	20.1%	19.6%
Income eligible for federal programs, children, at or <185% FPL	68%	66%

Source: Feeding America, Map the Meal Gap, based on Current Population Survey data, 2019. <https://map.feedingamerica.org/county/2019/overall/texas>

## Educational Attainment

Educational attainment is a key driver of health. In the service area, 17.1% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.3%), but lower than Harris County (18.6%) and Houston (21.1%). 34.4% of area

adults have a Bachelor’s degree or higher, which is higher than Houston (32.9%), the county (31.5%) and state (29.9%) rates.

### Education Levels, Population 25 Years and Older

	Baylor Service Area	Houston	Harris County	Texas
Population 25 years and older	2,337,270	1,503,215	2,963,957	18,131,554
Less than 9 <sup>th</sup> grade	9.6%	12.4%	10.4%	8.2%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	7.5%	8.7%	8.2%	8.1%
High school graduate	22.4%	22.8%	23.4%	25.0%
Some college, no degree	19.5%	17.8%	19.8%	21.6%
Associate’s degree	6.6%	5.5%	6.7%	7.2%
Bachelor’s degree	21.4%	20.0%	20.1%	19.5%
Graduate/professional degree	13.0%	12.9%	11.4%	10.4%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/>.

### High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9<sup>th</sup> grade. The Healthy People 2030 objective for high school graduation is 90.7%. Among area school districts, Brazosport Independent School District (89.7% graduation rate), Spring Branch ISD (89.3%), Spring ISD (83.5%) and Houston ISD (81%) do not meet this objective.

### High School Graduation Rates

	Percent
Alvin Independent School District	96.9%
Angleton Independent School District	96.3%
Brazosport Independent School District	89.7%
Crosby Independent School District	92.7%
Cypress-Fairbanks Independent School District	93.6%
Deer Park Independent School District	91.7%
Fort Bend Independent School District	95.0%
Goose Creek Consolidated ISD	92.8%
Houston Independent School District	81.0%
Humble Independent School District	95.3%
Katy Independent School District	95.4%
Lamar Consolidated Independent School District	95.1%
Livingston Independent School District	91.4%
Pearland Independent School District	99.0%
Spring Independent School District	83.5%
Spring Branch Independent School District	89.3%
Stafford Municipal School District	94.1%
<b>Harris County</b>	<b>*89.1%</b>
<b>Texas</b>	<b>*92.8%</b>

Source: Texas Education Agency, Snapshot 2020 (Class of 2019). <https://rptsrv1.tea.texas.gov/perfreport/snapshot/2020/index.html>

\*County and State rates do not include Districts whose graduation rates were either suppressed or otherwise unavailable.

## Preschool Enrollment

46% of children, ages 3 and 4, were enrolled in preschool in the service area, which was higher than Houston (44.4%), state (43.2%), and Harris County (43%) rates. The Texas Public Education Information Resource (TPEIR) website reports that among children eligible for public preschool, those who attended were more likely to graduate high school than those who did not (<https://www.texaseducationinfo.org/>).

### Enrolled in Preschool, Children, Ages 3 and 4

	Population, Ages 3 and 4	Percent Enrolled
Baylor Service Area	107,104	46.0%
Houston	69,271	44.4%
Harris County	140,708	43.0%
Texas	823,538	43.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. <http://data.census.gov/>

## Crime and Violence

Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. Violent crimes include homicide, rape, robbery, and aggravated assault. Property crimes include arson, burglary, larceny theft, and motor vehicle theft. Care should be taken when interpreting the crime data, as many of these cities have small populations, and rates can vary widely based on even a single case.

Violent crime rates increased from 2014 to 2019 in Harris County and Texas. Crime rates were higher in the county than for the state. The rate of violent crimes reported was lower in all service area cities than in the county, with the exception of Houston. Property crime rates decreased from 2014 to 2019 in the state, county, Houston and all area cities for which data were available, with the exception of Arcola, Brookside Village and Hedwig Village. In Hedwig Village, Livingston and Houston, property crime rates were higher than the county rate.

### Violent Crimes Rates and Property Crime Rates, per 100,000 Persons

	Violent Crimes		Property Crimes	
	2014	2019	2014	2019
Arcola	183.2	38.0	1,038.4	2,107.5
Bellaire	138.1	150.7	1,829.4	1,772.9
Brookside Village	387.0	0.0	580.6	623.8
Deer Park	137.2	140.4	2,040.3	1,618.5
Hedwig Village	414.1	223.5	7,680.7	7,749.6
Houston	996.3	1,086.1	4,769.1	4,402.4
Iowa Colony	N/A	49.4	N/A	741.1
Jacinto City	92.6	122.2	2,742.2	2,144.4
Livingston	619.1	332.5	6,191.9	5,809.8

	Violent Crimes		Property Crimes	
	2014	2019	2014	2019
Manvel	57.1	102.1	1,243.2	927.6
Piney Point Village	33.7	64.1	666.7	601.3
Stafford	428.0	587.5	3,989.2	3,264.4
West University Place	12.8	37.9	1,089.6	783.9
<b>Harris County</b>	<b>717.6</b>	<b>723.3</b>	<b>3,801.2</b>	<b>3,325.8</b>
<b>Texas</b>	<b>406.8</b>	<b>418.9</b>	<b>3,016.6</b>	<b>2,386.3</b>

Source: Federal Bureau of Investigations, Nationwide Crime Counts and Rates, via PolicyMap.

<https://commonspirit.policymap.com/tables> NOTE: Rates for several of these cities are based on very small overall populations, and therefore may vary widely based on even a single case.

### Community Input – Violence and Injury

Stakeholder interviews identified the following issues, challenges and barriers related to violence and injury. Following are their comments summarized and edited for clarity:

- Seniors need support to age in place in a healthy and safe manner. WE need more home checks, visitors, etc.
- There’s a stigma against reporting intimate person violence. Victims feel like it’s their fault and don’t seek help.
- Contracted Counselors need to be used in the ER.
- Fear of removing kids from their home keeps many victims from reporting being trafficked.
- It’s difficult to find referrals and placements for the numbers of trafficked victims we see.
- Undocumented or illegal Immigration status keeps people from reporting.
- The pandemic exacerbated the trafficking issue.
- Many providers are not attuned to signs of trafficking. They need more education.
- Often victims can’t get away from the trafficker and their health problems go untreated.
- Domestic and intimate partner violence rose dramatically during COVID because victims were at home with their abusers and increased stressors like job loss and fear of illness.
- The short- and long-term effects of violence have manifested in mental health issues and risky behaviors such as substance abuse and diminished quality of life.
- Many health care providers do not know that their patients are being trafficked. We need to focus on training providers to recognize the signs.

## Health Care Access

### Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 81.1% of the population in the service area had health insurance. 88.9% of children, ages 0-18, had health insurance coverage in the service area. Among adults, ages 19-64, 75.1% in the service area had health insurance. The service area did not meet the Healthy People 2030 objective of 92.1% coverage, except among seniors.

### Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	Total Population	Children, Ages 0-18	Adults, Ages 19-64
Baylor Service Area	81.1%	88.9%	75.1%
Houston	76.9%	86.9%	69.5%
Harris County	79.8%	87.9%	73.3%
Texas	82.8%	89.2%	76.7%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov/>

When examined by race/ethnicity, there were differences in the rate of health insurance coverage in the service area. In every age group, with the exception of children, health insurance coverage was lowest among those who identified as some Other race than the listed races (non-Hispanic White, Asian, Black, American Indian/Alaskan Natives (AIAN), or Hawaiian/Pacific Islander). Among children, AIAN had the lowest rate in the service area (72.3%). Hispanics had the second-lowest coverage rate in every age group with the exception of children.

### Health Insurance, by Race/Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	92.5%	95.3%	89.7%	99.5%
Asian	88.4%	93.2%	86.1%	92.3%
Multiracial	87.1%	93.6%	80.1%	97.4%
Black/African American	85.0%	93.2%	79.3%	98.3%
Native Hawaiian/Pacific Islander	81.1%	78.0%	79.7%	100.0%
American Indian/Alaskan Native	71.4%	72.3%	67.6%	96.7%
Hispanic	68.5%	83.4%	58.1%	90.2%
Other race	62.2%	78.8%	52.1%	88.4%
<b>Baylor Service Area</b>	<b>81.1%</b>	<b>88.9%</b>	<b>75.1%</b>	<b>96.2%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, C27001B - C27001I. <http://data.census.gov/>

### Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 34.1% of adults in the service area do not have a usual primary care provider, which is lower than in Harris County (34.9%),

and a higher rate of no usual provider than for Texas (31.8%).

### No Usual Primary Care Provider

	Percent
Baylor Service Area*	34.1%
Harris County	34.9%
Texas	31.8%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates.

### Unmet Medical Need

15.6% of adults in Harris County reported an unmet medical need as a result of not being able to afford care. The rate of unmet need was higher in Texas (16.8%) and the Health Service Region 6 (17.9%). The Healthy People 2030 objective is 3.3% of the population to have an unmet medical need.

### Unmet Medical Need Due to Cost, Adults

	Percent
Harris County	15.6%
Health Service Region 6	17.9%
Texas	16.8%

Source: for Harris County: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System, 2018. via Houston State of Health <http://houstonstateofhealth.com> Source for HSR6 and Texas: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System Dashboard, 2018. <http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/behavioral-risk-factor-surveillance-system>

### Primary Care Physicians

The ratio of the population to primary care physicians in Harris County was 1,710:1. This equates to fewer primary care physicians per capita than the state rate (1,640:1).

### Primary Care Physicians, Number and Ratio

	Harris County	Texas
Number of primary care physicians	2,749	17,476
Ratio of population to primary care physicians	1,710:1	1,640:1

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org>

### Access to Primary Care Community Health Centers

Community Health Centers (CHCs) provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)<sup>1</sup>, 34.1% of the service area population was low-income (200% of Federal Poverty Level) and 14.9% of the population were living in poverty.

<sup>1</sup> The UDS is an annual reporting requirement for grantees of HRSA primary care programs:  
 • Community Health Center, Section 330 (e)

There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area. Even with Section 330 funded CHCs serving the area, there were a number of low-income residents who were not served by one of these clinic providers. The FQHCs had a total of 202,711 patients in the service area, which equates to 16.6% penetration among low-income patients and 5.6% penetration among the total population. From 2018-2020, the CHCs providers added 13,071 patients for a 6.9% increase in patients served by Community Health Centers in the service area. However, there remain 1,018,909 low-income residents, 83.4% of the population at or below 200% FPL, which were not served by an FQHC.

### Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
1,221,620	202,711	16.6%	5.6%	1,018,909	83.4%

Source: UDS Mapper, 2020, 2015-2019 population numbers. <http://www.udsmapper.org>

### Dental Care

Among Harris County adults, 40.9% did not access dental care in the prior year. The county and state meet the Healthy People 2030 objective among adults, ages 18 and older, that 45% of the population have a dental visit within the prior 12 months.

### Did Not Access Dental Care, Prior Year, Adults

	Crude Rate
Harris County	40.9%
Texas*	42.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020. 2018 data. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

\*Weighted average of Texas county rates.

The ratio of residents to dentists in Harris County was 1,410:1. This equates to more dentists per capita than the state rate.

### Dentists, Number and Ratio

	Harris County	Texas
Number of dentists	3,333	17,293
Ratio of population to dentists	1,410:1	1,680:1

Source: County Health Rankings, 2019 <http://www.countyhealthrankings.org>

- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

## Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Harris County, the ratio of residents to mental health providers was 800:1, as compared to 830 persons per mental health provider in Texas.

### Mental Health Providers, Number and Ratio

	Harris County	Texas
Number of mental health providers	5,889	35,039
Ratio of population to mental health providers	800:1	830:1

Source: County Health Rankings, 2020. <http://www.countyhealthrankings.org>

### Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments summarized and edited for clarity:

- Access to care depends on factors such as income, insurance status, and the costs of provider visits, medicines, transportation to the provider versus time taken away from work and other needs. If the calculation is not in your favor, you will make other decisions.
- Harris County Gold Card is a financial assistance program that connects patients to lower cost public health services. We try to help people who don't qualify for Medicaid to apply for the Gold Card but the process is overwhelming and we don't have enough people to help. The number of people who have a Gold Card is less than it should be.
- The lack of public transportation to medical and social services especially in under resourced neighborhoods keeps people from seeking care. In addition, long waiting time for appointments, especially for specialty care is a problem.
- If you are working full time, you can only get services after hours so you don't lose pay. And many providers don't have appointments after normal work hours.
- Case managers are overwhelmed trying to place patients with referrals. There is more demand than supply, especially for mental health and substance abuse.
- Service providers don't always have cultural and language resources that patients need.
- Access to technology is the gateway for appointments especially during and post COVID. Many people, especially the undocumented, do not have access to smart phones or the Internet to make appointments.
- Oral health is also a major issue among many adults and children from low-income communities.

## Birth Indicators

### Births

In 2019, the number of births in Harris County was 66,354. The average annual rate of birth from 2015 to 2019 was 69,554 births.

### Total Births

	2015	2016	2017	2018	2019
Harris County	73,478	72,420	68,422	67,095	66,354
Texas	403,618	398,047	382,050	378,624	377,599

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

The race/ethnicity of mothers in Harris County was Hispanic/Latina (50.6%), White (22.4%), Black/African-American (19.1%), and Asian (6.6%).

### Births, by Mother's Race/Ethnicity

	Hispanic/ Latina	White	Black/African American	Asian	Other or Unknown
Harris County	50.6%	22.4%	19.1%	6.6%	1.3%
Texas	47.6%	33.0%	12.5%	5.3%	1.6%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data, 2019, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

### Teen Birth Rate

From 2013 to 2017, births to mothers ages 15 to 19 occurred in Harris County at a rate of 72.9 per 1,000 live births (or 7.3% of total births). This rate is lower than the statewide teen birth rate (82.2 per 1,000 live births, or 8.3%). The Healthy People 2030 objective is 31.4 pregnancies per 1,000 teens, ages 15 to 19.

### Teen Mother Birth Rates, per 1,000 Live Births, Ages 15-19, Five-Year Average

	Harris County	Texas
Births to mother ages 14 and younger	68.2	431.2
Births to mothers ages 15 – 17	1,562.0	9,740.0
Births to mothers ages 18 – 19	3,593.6	22,622.4
<b>Births to mothers ages 19 and younger</b>	<b>5,223.8</b>	<b>32,793.6</b>
Rate per 1,000 live births, mothers ages 14 and younger	1.0	1.1
Rate per 1,000 live births, mothers ages 15 - 17	22.1	24.7
Rate per 1,000 live births, mothers ages 18 - 19	50.8	57.4
<b>Rate per 1,000 live births, mothers ages 15 to 19</b>	<b>72.9</b>	<b>82.2</b>

Source: Texas Department of State Health Services, Texas Health Data, Live Births Dashboard, 2013-2017. <https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/live-births-2005-2017>

## Prenatal Care

60.8% of pregnant women in Harris County entered prenatal care on-time – during the first trimester – where time-of-entry was known. County and state rates of on-time prenatal care did not meet the Healthy People 2020 objective of 84.8% of women receiving on-time prenatal care. The Healthy People 2030 objective is not comparable with data as currently reported by Texas or the CDC.

### First Trimester Prenatal Care, Three-Year Average

	Percent of Births
Harris County	60.8%
Texas	68.9%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2019, on CDC WONDER. <http://wonder.cdc.gov/natality-expanded-current.html>

## Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies in Harris County was 9%, which was higher than the state rate (8.4%).

### Low Birth Weight (Under 2,500 grams), Three-Year Average

	Percent of Births
Harris County	9.0%
Texas	8.4%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2019, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

## Preterm Births

Preterm births – those occurring before 37 weeks of gestation – have higher rates of death and disability. 11.5% of births in Harris County were preterm births, which was higher than the state rate (10.8%).

### Preterm Births, Babies Born Before 37 Weeks of Gestation

	Percent of Births
Harris County	11.5%
Texas	10.8%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2019, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

## Maternal Smoking During Pregnancy

Among pregnant women, 98.9% in Harris County did not smoke during pregnancy. This rate meets the Healthy People 2030 objective of 95.7% of women to abstain from cigarette smoking during pregnancy.

## No Smoking during Pregnancy

	Percent of Births
Harris County	98.9%
Texas	97.3%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2018, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

## Infant Mortality

For the purposes of this report, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in Harris County, from 2016 to 2018, was 6.10 deaths per 1,000 live births. This did not meet the Healthy People 2030 objective of 5.0 deaths per 1,000 live births, and was higher than the state rate (5.69 deaths per 1,000 live births).

### Infant Mortality Rate, per 1,000 Births, Three-Year Average

	Rate
Harris County	6.10
Texas	5.69

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2016-2018, on CDC WONDER. <https://wonder.cdc.gov/lbd-current.html>

## Breastfeeding Initiation

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. According to data from birth certificates, 90% of infants in Harris County were breastfed prior to discharge from the hospital.

### Infants Breastfed at Some Point Prior to Discharge

	Percent
Harris County	90.0%
Texas	88.2%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2019, on CDC WONDER. <http://wonder.cdc.gov/natality-expanded-current.html>

## Community Input – Birth Indicators

Stakeholder interviews identified the following issues, challenges and barriers related to birth indicators. Following are their comments summarized and edited for clarity:

- There is a lack of trust in the medical community in certain communities due to historical prejudice and discrimination. This negatively impacts access to care for pregnant women.
- For some people of Hispanic background, it's not part of the culture to access care until they are sick. They rely on traditional medicine and cultural practices versus coming to a doctor. This impacts those who need to access prenatal care.
- We see increased black maternal and infant mortality due to factors that delay

seeking care and include discrimination when getting care.

- There is a general lack of health literacy on how and when to navigate prenatal care in Harris County.
- Undocumented individuals don't go for care as they are afraid of the repercussions of the paperwork if they or someone in their family is undocumented.
- Women of color are less likely to seek prenatal care. We see a lot of mothers coming to the ER in the final stages of pregnancy with chronic diabetes or other co-morbidities.

## Mortality/Leading Causes of Death

### Life Expectancy at Birth

The life expectancy at birth in Harris County was 79.9 years.

### Life Expectancy at Birth

	Number of Years
Harris County	79.9
Texas	79.2

Source: County Health Rankings 2021, Years of Data: 2017-2019. via Houston State of Health <http://houstonstateofhealth.com>

While the life expectancy at birth for residents of Harris County was 79.9 years, it varied by race/ethnicity. The group with the highest expected life expectancy was American Indians/Alaskan Natives, at 103.1 years. While this estimate was based on a small population size, even the lower edge of the confidence interval for their data places them at 89.4 years of expected life. In comparison, Black/African-American residents had a life expectancy at birth of 74.8 years, and the life expectancy of White residents was 79.2 years.

### Life Expectancy at Birth, Harris County, by Race/Ethnicity

	Number of Years
American Indian/Alaska Native	103.1
Asian	87.5
Hispanic	84.3
White	79.2
Black	74.8
<b>Total Population</b>	<b>79.9</b>

Source: County Health Rankings 2021, Data from years 2017-2019, via Houston State of Health <http://houstonstateofhealth.com>

### Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in Harris County was 686 deaths annually per 100,000 persons.

### Mortality Rates, per 100,000 Persons, Three-Year Average

	Number	Crude Rate	Age-Adjusted Rate
Harris County	26,901.0	573.8	686.0
Texas	201,226.3	701.9	728.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2017-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

## Leading Causes of Death

The top two leading causes of death in Harris County were heart disease and cancer. The age-adjusted heart disease mortality rate in Harris County was 156.4 deaths per 100,000 persons, which was significantly lower than the state rate (167.5 deaths per 100,000 persons). The Healthy People 2030 objective is specific to ischemic heart disease: 71.1 deaths per 100,000 persons. The county rate was 85.3 deaths from ischemic heart disease per 100,000 persons, which was lower than the state rate (93.0 per 100,000 persons), but did not meet the Healthy People 2030 objective.

The cancer death rate in Harris County was 137.8 per 100,000 persons, which was significantly lower than the state rate (143.5 per 100,000 persons), but did not meet the Healthy People 2030 objective for cancer of 122.7 deaths per 100,000 persons.

In addition to heart disease and cancer, stroke, unintentional injury, and Alzheimer's disease were in the top five causes of death in Harris County. Among the top 15 causes of death, the age-adjusted rates that significantly exceeded state rates were septicemia (18.9 deaths per 100,000 persons), kidney disease (17.8 deaths per 100,000 persons), and homicide (8.5 per 100,000 persons).

## Mortality, Crude and Age-Adjusted Rates, per 100,000 Persons, Three-Year Average

	Harris County			Texas		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
All causes	26,901.0	573.8	686.0	201,226.3	701.9	728.2
Heart disease	5,986.7	127.7	156.4	46,082.7	160.7	167.5
Ischemic heart disease	3,309.3	70.6	85.3	25,823.0	90.1	93.0
All Cancers	5,609.0	119.6	137.8	41,007.7	143.0	143.5
Stroke	1,497.0	31.9	40.6	10,802.3	37.7	40.2
Unintentional injury	1,725.7	36.8	39.2	10,931.0	38.1	38.7
Alzheimer's disease	1,018.0	21.7	30.9	9,803.0	34.2	38.5
Chronic Lower Respiratory Disease	1,024.7	21.9	28.1	10,737.7	37.5	39.6
Diabetes	826.7	17.6	20.4	6,237.3	21.8	22.0
Septicemia	730.3	15.6	18.9	3,901.3	13.6	14.1
Kidney disease	686.3	14.6	17.8	4,316.7	15.1	15.7
Pneumonia and flu	453.0	9.7	12.1	3,209.3	11.2	11.8
Chronic liver disease and cirrhosis	496.0	10.6	10.9	4,206.7	14.7	14.1
Suicide	493.7	10.5	10.6	3,866.3	13.5	13.5
Essential hypertension and hypertensive renal disease	334.7	7.1	9.1	2,356.7	8.2	8.7

	Harris County			Texas		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
Homicide	408.0	8.7	8.5	1,634.7	5.7	5.7
Parkinson's disease	256.7	5.5	7.6	2,452.3	8.6	9.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2017-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

### Cancer Mortality

The age-adjusted mortality rate for female breast cancer in Harris County was 21.3 per 100,000 women, while the rate for prostate cancer deaths was 19.1 per 100,000 men. The rates of death for both these types of cancer were higher for Harris County than for the state.

#### Cancer, Crude and Age-Adjusted Death Rates, per 100,000 Persons

	Female Breast Cancer			Prostate Cancer		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
Harris County	2,287	19.8	21.3	1,342	11.7	19.1
Texas	14,585	20.8	19.7	9,214	13.3	17.5

Source: Texas State Department of Health, Texas State Cancer Registry, 2014-2018. <https://www.cancer-rates.info/tx/>

The age-adjusted rate of colorectal cancer deaths in Harris County was 13.7 per 100,000 persons, and the rate of lung cancer mortality was 31.2 per 100,000 persons. Mortality rates from both these types of cancer were lower for the county than for the state.

#### Cancer, Crude and Age-Adjusted Death Rates, per 100,000 Persons

	Colorectal Cancer			Lung Cancer		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
Harris County	2,656	11.5	13.7	5,805	25.2	31.2
Texas	18,758	13.4	13.9	45,514	32.6	34.0

Source: Texas State Department of Health, Texas State Cancer Registry, 2014-2018. <https://www.cancer-rates.info/tx/>

### Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have been rising since 2014. Drug overdose deaths have been higher than the statewide rate for most of the previous decade. The state and county meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

### Drug Overdose, Age-Adjusted Death Rates, per 100,000 Persons

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Harris County	10.3	11.0	9.2	8.6	9.8	8.9	9.9	11.2	11.2	12.4	12.8
Texas	9.8	9.6	10.1	9.4	9.3	9.7	9.4	10.1	10.5	10.4	10.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

Opioid deaths include those from heroin, methadone, fentanyl and other synthetic opioids, and oxycodone and other natural or semi-synthetic opioids. The rate of opioid drug overdoses in Harris County is 6.3 per 100,000 persons. This rate is higher than the state (5 deaths per 100,000 persons) but meets the Healthy People 2030 objective of 13.1 deaths from opioids per 100,000 persons.

### Fatal Opioid Overdoses, Age-Adjusted Rate, per 100,000 Persons, Three-Year Average

	Number	Rate
Harris County	300.3	6.3
Texas	1,452.3	5.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Multiple Cause Death public-use data 2017-2019, on CDC WONDER. <https://wonder.cdc.gov/mcd.html>

From 2015 through 2019 combined, Whites had the highest rates of drug overdose deaths (14.7 deaths per 100,000 persons), followed by Blacks (11.5 deaths per 100,000 deaths), and American Natives (8.3 deaths per 100,000 deaths). Asians had the lowest rate of drug overdose deaths (1.9 deaths per 100,000 persons).

### Drug Overdose, Age-Adjusted Death Rates, per 100,000 Texas Residents, by Race and Ethnicity

	Number, 5 Years Combined	Rate
Asian, non-Hispanic	149	1.9
Hispanic	3,174	6.0
American Indian/Alaskan Native	44	8.3
Black, non-Hispanic	2,023	11.5
White, non-Hispanic	9,087	14.7
<b>Texas, all races</b>	<b>14,549</b>	<b>10.3</b>

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

## COVID-19

In Harris County, there have been 558,870 confirmed cases of COVID-19 reported as of October 5, 2021. This represents a rate of 11,835.4 cases per 100,000 persons. This was lower than the statewide rate of 14,051.1 confirmed or probable cases per 100,000 persons. As of the same date, according to the Texas Department of State Health, 8,502 persons had died in Harris County due to COVID-19 complications, a rate of 179.7 deaths per 100,000 persons. This was lower than the statewide rate of 224.5 deaths per 100,000 persons.

### COVID-19, Cases and Crude Death Rates, per 100,000 Persons, as of 10/5/21

	Harris County		Texas	
	Number	Rate *	Number	Rate *
Confirmed or probable cases	559,950	11,835.4	4,095,261	14,051.1
Deaths	8,502	179.7	65,443	224.5

Source: Texas Department of State Health Services, Updated October 6, 2021. \*Calculated based on 2020 U.S. Census data. <https://dshs.texas.gov/coronavirus/>

The number of total confirmed COVID-19 cases (561,870) and COVID-19 deaths (5,816) reported by Harris County Public Health was different than the number reported by the Texas Department of Health Services. The number of total confirmed COVID-19 cases reported by Harris County Public Health Department, as of a given date, vary from the number reported by the Texas Department of Health and Human Services due to timing issues related to reporting and case updates. Harris County counts are higher at the County website level. The discrepancies in the number of deaths in each county reported by the state's website versus those reported by the county's website (the number reported at the state level is higher) is due to a difference in how that data are compiled. The state data are an automated count utilizing death certificates, and may include 'probable' as well as confirmed COVID-19 cases, whereas those reported at the county level are only included after review and confirmation utilizing death certificates, physicians' notes and/or medical examiner's reports."

### COVID-19, Cases and Death Rates, per 100,000 Persons, as of 10/5/21

	Total Reported Cases	Deaths
	Number	Number
Harris County	561,870	5,816

Source: Harris County Public Health, Updated October 6, 2021. <https://covid-harriscounty.hub.arcgis.com/>

The percent of Harris County residents, ages 12 and older, who received at least one dose of a COVID-19 vaccine was 76.5%. 90.5% of the county's population, ages 65 and older, received at least one vaccine dose. These rates were higher than the statewide rates of partial or completed vaccinations.

### COVID-19 Vaccinations, Percent Partial and Full, Ages 12+ and Seniors, as of 10/6/21

	Harris County		Texas	
	Partially Vaccinated	Completed	Partially Vaccinated	Completed
Population 12 and older	10.9%	65.6%	9.9%	62.3%
Population 65 and older	9.3%	81.2%	8.5%	79.4%

Source: Texas Department of State Health Services, Vaccine Dashboard. Updated October 6, 2021. <https://dshs.texas.gov/coronavirus/>

While the percent of those vaccinated who were simply marked ‘Other’ (14.5% of all vaccinated, despite representing only 2% of the county population) or ‘Unknown’ (5.3% of all vaccinated) was a confounding factor, it appeared that Black/African American residents were underrepresented in the vaccinated population of Harris County.

### Harris County Vaccinations for COVID-19, by Race, as of 10/6/21

	Percent of Population*	Percent of People Vaccinated**
Hispanic or Latino	42.9%	46.1%
White	29.6%	30.3%
Black/African American	18.6%	14.5%
Asian	6.9%	9.1%

Source: Texas Department of State Health Services, Vaccine Dashboard. Updated October 6, 2021. \*per ACS 2015-2019 data. \*\*Where ethnicity of the vaccinated was known/recorded. <https://dshs.texas.gov/coronavirus/>

### Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments summarized and edited for clarity:

- There is a lack of equity in access to testing sites and services. Sites were not available in the communities where the greatest needs were identified.
- Community centers are overwhelmed with the volume of requests for assistance in meeting community food, rental assistance, and other needs.
- A lot of people couldn’t afford to buy a lot of PPE so they stopped wearing them.
- There was a lot of misinformation about COVID floating around the community that was spread by individuals and groups that didn’t believe COVID was a problem. Because there was already mistrust of the medical community among certain demographic groups, this made it worse. Public Health agencies stepped in to provide guidance but they were hampered by confusing messages from the government.

## Chronic Disease

### Diabetes

When asked if they had ever been diagnosed with diabetes by a health professional, 12% of adults in the service area answered ‘yes’, which was higher than Harris County (11.7%) but lower than the state rate (12.6%).

#### Diabetes, Adults

	Percent
Baylor Service Area*	12.0%
Harris County	11.7%
Texas	12.6%

Source: PolicyMap, utilizing the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates

### Heart Disease and Stroke

3.4% of service area adults reported being told by a health professional they had heart disease, which was the same as Harris County adults. 3% of service area adults reported being told by a health professional they had a stroke, compared to 2.9% of Harris County adults and 3.7% of Texas adults.

#### Heart Disease and Stroke Prevalence, Adults

	Heart Disease	Stroke
Baylor Service Area*	3.4%	3.0%
Harris County	3.4%	2.9%
Texas	3.8%	3.7%

Source: PolicyMap, utilizing the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates

5.7% of service area adults reported having been diagnosed with angina or coronary heart disease, or a heart attack (Myocardial Infarction), the same rate as in Harris County and lower than the 6.7% state rate.

#### Heart Disease or Heart Attack, Adults

	Percent
Baylor Service Area*	5.7%
Harris County	5.7%
Texas	6.7%

Source: PolicyMap, utilizing the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates

### High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure

(hypertension) and high blood cholesterol. The percent of adults who reported being diagnosed with high blood pressure in the service area was 31.7%, which was higher than in the county (31.2%) but lower than the state (32.5%). The rate of high cholesterol diagnosis in the service area (28.8%) was above the county rate (28.6%), but was lower than the state rate (34.0%).

### High Blood Pressure and High Cholesterol

	Hypertension	High Cholesterol
Baylor Service Area*	31.7%	28.8%
Harris County	31.2%	28.6%
Texas	32.5%	34.0%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates.

### Cancer

In Harris County, the age-adjusted cancer incidence rate was 392.8 per 100,000 persons, which was lower than the state rate (410.7 per 100,000 persons). The incidence of prostate cancer and stomach cancer was higher for Harris County than the state. The incidence of cervical cancer in the county (10.3 per 100,000 persons) was higher than the state rate (9.3 per 100,000 persons).

### Cancer Incidence Rates, Age Adjusted, per 100,000 Persons

	Harris County	Texas
<b>All sites</b>	<b>392.8</b>	<b>410.7</b>
Breast (female)	111.0	114.1
Prostate	102.0	97.5
Lung and Bronchus	45.3	49.4
Colon and Rectum	37.1	37.8
Leukemia	12.8	14.2
Cervix	10.3	9.3
Stomach	7.5	6.6

Source: Texas State Department of Health, Texas State Cancer Registry, 2014-2018. <https://www.cancer-rates.info/tx/>

### Asthma

Rates of adult asthma in the service area (8.7%) were the same as the Harris County rate, and higher than the state rate (7.4%).

### Asthma Prevalence, Adults

	Percent
Baylor Service Area*	8.7%
Harris County	8.7%
Texas	7.4%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates

Asthma hospitalization in children, under age 18, occurred at a rate of 8.4 hospitalizations per 10,000 children in HSR 6. This rate was lower than the state rate of 10.9 hospitalizations per 10,000 children.

#### Asthma Hospitalizations, Number and Age-Adjusted Rate, per 10,000 Children, Ages 0-17

	Number	Rate
Health Service Region 6	1,469	8.4
Texas	7,736	10.9

Source: Texas Department of State Health Services, 2016 Child Asthma Fact Sheet, March 2016.  
<https://www.dshs.texas.gov/asthma/data.aspx>

#### Tuberculosis

The tuberculosis rate in Harris County declined in 2019, continuing a downward trend, though it was consistently higher than the state rate. The rate of TB was 5.6 per 100,000 persons in Harris County. In Texas it was 4.0 cases per 100,000 persons.

#### Tuberculosis, Number and Crude Rates, per 100,000 Persons

	2015		2016		2017		2018		2019	
	No.	Rate								
Harris County	320	7.0	277	6.0	272	5.8	274	5.9	264	5.6
Texas	1,334	4.9	1,250	4.5	1,127	4.0	1,129	3.9	1,159	4.0

Source: Texas Department of State Health Services, TB Surveillance Report, 2019.  
<https://www.dshs.texas.gov/idcu/disease/tb/statistics/>

#### Disability

In the service area, 9% of the non-institutionalized civilian population identified as having a disability. In Harris County, 9.2% had a disability, while the rate of disability in the state was 11.5%.

#### Disability, Five-Year Average

	Percent
Baylor Service Area	9.0%
Houston	9.5%
Harris County	9.2%
Texas	11.5%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, S1810. <http://data.census.gov>

#### Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments summarized and edited for clarity:

- There are high rates of chronic diseases like heart disease, diabetes, respiratory diseases, and associated co-morbid conditions (hypertension, high cholesterol, obesity and high blood pressure) especially in less affluent parts of Harris County.
- Many people don't have the financial resources to keep up with medications and be

compliant to manage their lifestyle.

- Providers need to recognize that there are systemic issues that affect medical and lifestyle choices and work with agencies and patients to address those issues.
- Chronic asthma is exacerbated by air pollution and other environmental issues.
- Where you live determines how healthy you are.
- If you live in a food desert or food swamp you are more at risk for diabetes, hypertension and cardiovascular disease. You can't make healthy choices if there aren't healthy options nearby.
- Lower income neighborhoods have higher rates of chronic disease. The 3rd and 5th wards of Houston are classic examples.
- There are not enough options for the community to learn healthy cooking and disease management. A few nonprofits offer programs, but it needs to be part of a larger lifestyle change process.
- There is a high burden of poor oral health due to fear of treatment and lack of education on the importance of checkups. Dental insurance is expensive and does not cover all the services needed.
- Physical health is related to mental health. If you are stressed and thinking about where your next paycheck will pay for a doctor's visit or rent, you will probably not go to the doctor.
- The size of the county makes it difficult for services to be co-located where the need is.

## Health Behaviors

### Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. Texas has 254 counties, 243 of which are ranked from 1 (healthiest) to 243 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 15 puts Harris County in the top 10% of Texas counties for healthy behaviors.

### Health Behaviors Ranking

	County Ranking (out of 243)
Harris County	15

Source: County Health Rankings, 2021. <http://www.countyhealthrankings.org>

### Overweight and Obesity

Over a third of adults in the service area (35.5%) were obese and another third (32.5%) were overweight.

### Overweight and Obesity, Adults

	**Overweight	Obese	Combined
Baylor Service Area*	32.5%	35.5%	68.0%
Harris County	32.6%	35.5%	68.1%
Texas	34.7%	34.8%	69.5%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates. \*\*Calculated by subtracting percentage of those with BMI of 30 or more from the percentage of total population with a BMI over 24.9.

34.7% of Texas high school students and 38.3% in Houston were overweight (85<sup>th</sup> percentile or above for BMI by age and sex, but below the 95<sup>th</sup> percentile) or obese (95<sup>th</sup> percentile or above for BMI by age and sex).

### Overweight and Obese, 9<sup>th</sup> - 12<sup>th</sup> Grade Youth

	Overweight	Obese	Combined
Houston	18.8%	19.5%	38.3%
Texas	17.8%	16.9%	34.7%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019. <https://nccd.cdc.gov/youthonline/app/default.aspx>

### Youth Body Dysmorphia and Dieting

33.1% of students surveyed in the *Texas Youth Risk Behavior Survey* described themselves as slightly or very overweight – less than the percentage who were

classified as overweight or obese (34.7%). This apparent lack of self-awareness varied by gender, with 30.1% of boys viewing themselves as overweight when 34.8% were actually overweight or obese. Among females, 36.2% viewed themselves as overweight while only 34.6% of them were classified as overweight or obese. Black students were most likely to underestimate their rates of overweight: 27.5% of Black students said they were overweight versus 37.6% being classified as overweight or obese.

Despite only 33.1% of students describing themselves as overweight, and 34.7% of the total surveyed population being classified as overweight or obese, 51.3% of students described themselves as currently trying to lose weight. Girls were more likely to describe themselves as trying to lose weight (61%), despite only 34.6% being actually classified as overweight or obese and only 36.2% describing themselves as overweight. 41.8% of boys said they were trying to lose weight, despite only 34.8% of them being classified as overweight or obese and only 30.1% describing themselves as overweight. This dieting despite not being overweight or obese – and not describing themselves as either slightly or very overweight – was most common among non-White, non-Black, non-Hispanic students, 53.9% of whom were trying to lose weight despite only 31.2% being classified as overweight or obese.

#### Described Self as Overweight, and Trying to Lose Weight, 9<sup>th</sup> - 12<sup>th</sup> Grade Youth

	Described Self as Overweight	Combined Overweight and Obese	Trying to Lose Weight
Texas	33.1%	34.7%	51.3%

Source: Texas Youth Risk Behavior Survey (YRBS), 2019. <http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey>

#### Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments summarized and edited for clarity:

- Food banks and pantries aren't always good sources of healthy foods. There are a lot of starchy, high fat options that stretch a lot farther in terms of feeding families.
- Exercise and physical activities become an afterthought for many people who are struggling to get by.
- Nutrition education on how to cook healthy meals, and buy healthy groceries for families is needed.
- Many cultural traditions are tied in with food. It's difficult to unpack that without judgement and work on healthy behaviors around eating and lifestyle management.
- There is a reluctance to call out obesity and overweight as issues with some groups of people. We don't use these words to describe people because it is shaming.

## Physical Activity

The CDC recommendation for adult physical activity is 30 minutes of moderate activity five times a week or 20 minutes of vigorous activity three times a week, and strength training exercises that work all major muscle groups at least 2 times per week. In the service area, 83.7% of adults did not meet these recommendations, which was similar to the county (83.8%) but worse than the state (83%).

### Physical Activity Recommendations Not Met, Adults

	Percent
Baylor Service Area*	83.7%
Harris County	83.8%
Texas	83.0%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates

36.8% of adults in the service area were sedentary and did not participate in any leisure-time physical activity in the previous month. This was better than Harris County (37.1%) and the rate of sedentary adults reported statewide (38.1%).

### Sedentary Adults

	Percent
Baylor Service Area*	36.8%
Harris County	37.1%
Texas	38.1%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates

30.4% of adults in Health Service Region 6 limited their activities for at least 5 of the prior 30 days due to poor mental or physical health, and 14.7% limited them for at least 14 of the prior 30 days.

### Limited Activity Due to Poor Health, Days Per Month, Adults

	> = 5 days	> = 14 days
Health Service Region 6	30.4%	14.7%
Texas	26.6%	17.0%

Source for Texas: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System Dashboard, 2018. <http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/behavioral-risk-factor-surveillance-system>

The CDC recommendation for youth physical activity is 60 minutes or more each day. Among Houston youth, 82.6% of high school students did not meet this activity recommendation, which was worse than the 77.1% seen statewide. 31.3% of student were active for at least 60 minutes on at least 5 of the past 7 days (compared to 41.8% for Texas). 23.2% of Houston's high school students surveyed indicated there was not one day in the previous week where they got at least an hour of exercise. In all

categories, girls were less active than boys.

### Physical Activity, 9<sup>th</sup> - 12<sup>th</sup> Grade Youth

	Houston	Texas
Active for 60+ minutes, 7 of past 7 days	17.4%	22.9%
Boys	21.8%	29.9%
Girls	13.0%	15.9%
Active for 60+ minutes, at least 5 of past 7 days	31.3%	41.8%
Boys	35.8%	49.5%
Girls	26.8%	34.0%
Active for 60+ minutes, 0 of past 7 days	23.2%	20.1%
Boys	19.3%	18.0%
Girls	27.3%	22.4%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.

<https://nccd.cdc.gov/youthonline/app/default.aspx>

### Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 91% of Harris County residents lived in close proximity to exercise opportunities, which was higher than the state rate of 81%.

### Adequate Access to Exercise Opportunities, 2010 and 2019 Combined

	Percent
Harris County	91%
Texas	81%

Source: County Health Rankings, 2020 ranking, utilizing 2010 and 2019 combined data. <http://www.countyhealthrankings.org>

### Soda Consumption

Houston high school students were less likely to consume soda than students statewide. 28.4% of Houston teens drank no soda in the past week.

### Daily Soda Consumption, Past Week, 9<sup>th</sup> - 12<sup>th</sup> Grade Youth

	Houston	Texas
Drank soda at least once per day, past 7 days	14.4%	19.5%
Drank soda at least twice per day, past 7 days	8.5%	10.6%
Drank no soda, past 7 days	28.4%	23.6%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.

<https://nccd.cdc.gov/youthonline/app/default.aspx>

### Fruit and Vegetable Consumption

11.5% of Texas high school students and 13.4% in Houston said they ate no

vegetables, including salads, carrots, potatoes (excluding fried potatoes, chips or fries) or other vegetables, during the 7 days prior to the survey. 8.8% of Texas students and 8% in Houston said they ate no fruit and drank no 100% fruit juice (such as orange, apple or grape juice but excluding all fruit-flavored or sweetened drinks) in the 7 days prior to the survey. Cost and access must be considered as factors that may affect fruit and vegetable consumption, not solely personal preference.

### Consumed No Vegetables, Fruit or 100% Fruit Juice, Past Week, 9<sup>th</sup> - 12<sup>th</sup> Grade Youth

	Houston	Texas
Consumed no vegetables, past 7 days	13.4%	11.5%
Did not consume fruit or 100% fruit juice	8.0%	8.8%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.

<https://nccd.cdc.gov/youthonline/app/default.aspx>

### Youth Sexual Behaviors

Among Houston high-school students surveyed in the *Texas Youth Risk Behavior Survey*, 32.7% of 10<sup>th</sup> graders and 53% of 12<sup>th</sup> graders have had sex. These rates were lower than the statewide rates of sexual activity. 43.9% of Texas 10<sup>th</sup> graders who had sex during the prior three months did not use a condom during their last sexual encounter, and 54.4% of 12<sup>th</sup> graders did not use a condom during their last sexual encounter.

### Sexual Behaviors, Youth

	Has had Sex		Did Not Use a Condom During Last Sexual Encounter	
	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Houston	32.7%	53.0%	N/A	53.7%
Texas	38.3%	65.7%	43.9%	54.4%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.

<https://nccd.cdc.gov/youthonline/app/default.aspx> N/A = suppressed due to sample size too small for statistical validity.

### Sexually Transmitted Infections

Chlamydia occurred at a rate of 583.5 per 100,000 persons in Harris County. The rate of gonorrhea was 185.8 per 100,000 persons. Primary and Secondary syphilis occurred at a rate of 12 cases per 100,000 persons in Harris County. Rates of STIs were higher in Harris County than the state.

### Sexually Transmitted Infections Rates, per 100,000 Persons

	Harris County	Texas
Chlamydia	583.5	508.2
Gonorrhea	185.8	163.6
Syphilis (primary & secondary)	12.0	8.8

Source: Texas Department of State Health Services, Texas STD Surveillance Report, 2018. <https://www.dshs.texas.gov/hivstd/>

## HIV

The rate of newly-diagnosed cases of HIV fell from 2014 to 2019 in Harris County and the state. The Harris County rate of newly-diagnosed HIV cases fell from 28.2 per 100,000 persons in 2016, to 24.9 cases per 100,000 persons in 2019, which was higher than the state rate of 14.5 cases per 100,000 persons.

### Newly Diagnosed HIV Cases, Annual Count and Rates, per 100,000 Persons

	2014	2015	2016	2017	2018	2019	2019 Rate
Harris County	1,256	1,266	1,257	1,098	1,194	1,172	24.9
Texas	4,462	4,551	4,548	4,368	4,419	4,203	14.5

Source: Texas Department of State Health Services, Texas HIV Surveillance Report, 2019. <https://www.dshs.texas.gov/hivstd/>

The incidence of HIV (annual new cases) in Harris County over five years was 25.8 cases per 100,000 persons. In Texas the average incidence of HIV was 15.6 cases per 100,000 persons. The prevalence of HIV/AIDS (those living with HIV/AIDS regardless of when they might have been diagnosed or infected) was 581.2 cases per 100,000 persons in the county, compared to 337.4 cases per 100,000 persons in the state.

### HIV Incidence and HIV/AIDS Prevalence Rates, per 100,000 Persons

	5-Year Average Incidence Rate, 2015-2019	2019 Prevalence
Harris County	25.8	581.2
Texas	15.6	337.4

Source: Texas Department of State Health Services, Texas HIV Surveillance Report, 2019 and Interactive Data Dashboard.

<https://www.dshs.texas.gov/hivstd/>

### Community Input – Sexually Transmitted Infections

Stakeholder interviews identified the following issues, challenges and barriers related to sexually transmitted infections. Following are their comments summarized and edited for clarity:

- STDs go untreated because victims are unable to see a care provider.
- There is shame or stigma in seeking care for STDs.

## Mental Health

### Frequent Mental Distress

Frequent mental distress is defined as 14 or more bad mental health days in the last month. In the service area, 13.2% of adults had frequent mental distress, which was less than the county rate (13.4%), but higher than the state rate (11.7%).

### Frequent Mental Distress, Adult

	Percent
Baylor Service Area*	13.2%
Harris County	13.4%
Texas	11.7%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates

### Youth Mental Health

Among Texas high school students, 38.3% had experienced depression in the previous year, described as 'feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities'.

### Depression, Past 12 Months, 9<sup>th</sup> - 12<sup>th</sup> Grade Youth

	Percent
Texas	38.3%

Source: Texas Youth Risk Behavior Survey (YRBS), 2019. <http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey>

19.6% of high school students in Texas said they had considered suicide in the past year, while 10% said they had attempted suicide in the past year.

### Considered and Attempted Suicide, Past 12 Months, 9<sup>th</sup> - 12<sup>th</sup> Grade Youth

	Seriously Considered Suicide	Attempted Suicide
Texas	18.9%	10.0%

Source: Texas Youth Risk Behavior Survey (YRBS), 2019. <http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey>

Experiencing physical or sexual violence from someone they were dating during the prior year was a concern for youth beginning in at least the 9<sup>th</sup> grade, rising by grade level. 9.3% of Houston teens and 8.3% of Texas teens said they were physically hurt on purpose by someone they were dating during the past 12 months.

6.5% of Houston teens and 15.4% of Texas teens said they were forced to do sexual things by someone they were dating during the past 12 months.

## Dating Violence, in the Past 12 Months, 9<sup>th</sup> - 12<sup>th</sup> Grade Youth

	Physical Dating Violence	Sexual Dating Violence
Houston	9.3%	6.5%
Texas	8.3%	15.4%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.

<https://nccd.cdc.gov/youthonline/app/default.aspx>

### Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments summarized and edited for clarity:

- If patients don't have a medical home, they have to seek out services by themselves and don't know how to navigate that. Harris County is not an easy place to access mental health care and psychiatric services. There are a lack of qualified mental health professionals and beds in psychiatric hospitals to meet the growing need.
- Specific services needed are: more beds for teens, more services for bipolar treatment and more providers that have experience with minority families.
- Even with a sliding scale for payment, seeing a therapist or receiving services more than once or a few times is not affordable for most people.
- There are often cultural barriers to seeking mental health services. In many cases, there is a stigma to talking about these issues.
- Mental health and wellbeing need to be normalized and put at the center of health. Too often it is addressed when it is too late.
- The demand for mental health services far outstrips the number of providers and services available in Harris County. The Eastside of Houston is particularly under-resourced for mental health care providers.
- COVID has exacerbated mental health issues ranging from stress to depression, anxiety to suicide ideation. Lived trauma from issues like poverty, immigration status and stress has worsened and has impacted people's physical wellbeing.
- Mass unemployment and loss of jobs due to COVID and a depressed economy has lowered the ability for many to remain grounded and secure about their family's future health and wellbeing.
- Seniors are at risk for social isolation during COVID, which leads to depression and feelings of being cut off from everyone.

## Substance Use and Misuse

### Cigarette Smoking

13.3% of Harris County adults were current smokers, which was below the state (15.7%) rate. The Healthy People 2030 objective is for 5% of the population to smoke cigarettes.

#### Smoking, Adults

	Percent
Harris County	13.3%
Texas	15.7%

Source: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System, Years of Data: 2017. via Houston State of Health <http://houstonstateofhealth.com>

Vapor products are now the most common nicotine product used by youth. 3.8% of high school students surveyed in Houston smoked cigarettes in the prior 30 days, 3.1% used smokeless tobacco in the prior 30 days, and 11.1% had used vapor products. These rates were lower than the statewide rates of tobacco use.

#### Tobacco Use, Past 30 Days, 9<sup>th</sup> - 12<sup>th</sup> Grade Youth

	Smoked Cigarettes	Used Smokeless Tobacco	Used Vapor Products
Houston	3.8%	3.1%	11.1%
Texas	4.9%	3.4%	18.7%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019. <https://nccd.cdc.gov/youthonline/app/default.aspx>

### Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 17.3% in the service area reported having engaged in binge drinking in the previous 30 days, which was lower than the county (17.6%) and state (17.4%) rates.

#### Binge Drinking, Past 30 Days, Adults

	Percent
Baylor Service Area*	17.3%
Harris County	17.6%
Texas	17.4%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates

Alcohol use among youth increased by age. 28.9% of 12<sup>th</sup> grade youth in Houston had consumed at least one alcoholic drink on one or more occasions in the past 30 days.

Consumption of alcohol was seen in 25.9% of 11<sup>th</sup> graders, 14.7% of 10<sup>th</sup> graders and 16% of 9<sup>th</sup> graders. Rates of reported alcohol use were lower in Houston than in the state.

### Alcohol Use in Past 30 Days, Youth

	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Houston	16.0%	14.7%	25.9%	28.9%
Texas	16.1%	28.1%	28.6%	39.9%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.  
<https://nccd.cdc.gov/youthonline/app/default.aspx>

Binge drinking was described in the *Texas Youth Risk Behavior Survey* as four or more alcoholic drinks in a row for female students or five or more drinks in a row for male students, within a couple of hours, on at least one day during the previous month. Extreme binge drinking was described as ten or more alcoholic drinks in a row, within a couple of hours, regardless of gender, on at least one occasion in the prior month. Reported rates of binge drinking (not extreme) among 10<sup>th</sup> graders in Houston was 3% and among 12<sup>th</sup> graders it was 8.8%. Extreme binge drinking among 10<sup>th</sup> graders in Houston was 1% and among 12<sup>th</sup> graders it was 2.1%.

### Binge Drinking, and Extreme Binge Drinking, in Past 30 Days, Youth

	10 <sup>th</sup> Grade		12 <sup>th</sup> Grade	
	Binge Drinking	Extreme Binge Drinking	Binge Drinking	Extreme Binge Drinking
Houston	3.0%	1.0%	8.8%	2.1%
Texas	13.6%	4.0%	18.6%	6.6%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.  
<https://nccd.cdc.gov/youthonline/app/default.aspx>

### Youth Drug Use

40.3% of 12<sup>th</sup> grade youth, and 30.6% of the 10<sup>th</sup> grade youth in Houston indicated they had tried marijuana. These rates of marijuana usage were lower than state rates. Rates of marijuana use among 12<sup>th</sup> grade students in the past 30 days were higher in Houston (25.6%) than in the state (22%).

### Marijuana Use, Ever and in Past 30 Days, Youth

	10 <sup>th</sup> Grade		12 <sup>th</sup> Grade	
	Ever	Past 30 Days	Ever	Past 30 Days
Houston	30.6%	13.8%	40.3%	25.6%
Texas	31.1%	15.3%	42.2%	22.0%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.  
<https://nccd.cdc.gov/youthonline/app/default.aspx>

While Houston youth were less likely to have tried or currently use tobacco or alcohol, or to binge drink, they were more likely than their statewide peers to use marijuana and to have experimented with other drugs. Among Houston 9<sup>th</sup> – 12<sup>th</sup> graders, 17.5% have used prescription pain medications obtained without a prescription, 7.6% had used inhalants, 6.8% had tried ecstasy and 6% cocaine.

**Other Drug Use, 9<sup>th</sup> - 12<sup>th</sup> Grade Youth**

	Houston	Texas
Rx pain meds without a prescription	17.5%	16.6%
Inhalants (glue, aerosol, paints, sprays, etc.)	7.6%	6.3%
Ecstasy	6.8%	4.0%
Cocaine (any form)	6.0%	4.8%
Steroids	4.8%	2.1%
Methamphetamines	4.5%	2.2%
Heroin	3.8%	1.3%
Injected drugs	3.8%	1.2%

Source: Centers for Disease Control (CDC), Youth Risk Behavior Survey (YRBS), 2019.  
<https://nccd.cdc.gov/youthonline/app/default.aspx>

**Community Input – Substance Use**

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments summarized and edited for clarity:

- There is a lack of detox beds in the county for alcohol and substance abuse. Only 12 beds exist for the whole county- and they are almost always full.
- There has been a steady increase in alcohol use since before the pandemic and during the pandemic it just exploded.
- The use of marijuana and street drugs increased during the pandemic. There are not enough resources to address this.
- Diagnosis and referrals for substance misuse treatment often requires a concurrent mental health referral. The two are not always available concurrently.
- Even before COVID, there’s been an increase in the use of drugs and tobacco by youth and young adults.
- We don’t have enough beds or residential facilities for substance abuse treatment.
- Harris County needs more substance abuse/misuse services. We need more beds and more trained counselors who understand the health issues related to substance use. Funding should be used to develop programs for younger audiences.

## Preventive Practices

### Flu and Pneumonia Vaccines

23.9% of adults in the service area received a flu shot, which was higher than Harris County (23.7%) and lower than state (26.4%) rates. The service area rate of flu shots fell below the Healthy People 2030 objective for 70% of all adults, 18 and older, to receive a flu shot.

#### Flu Shots, Adults, Past 12 Months

	Percent
Baylor Service Area*	23.9%
Harris County	23.7%
Texas	26.4%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://commonspirit.policymap.com/tables/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates

The state rate of pneumonia vaccination among adults, ages 65 and older, was 71.3%, which was higher than the pneumonia vaccine rate in Health Service Region 6 (70.8%).

#### Pneumonia Vaccine, Adults, Ages 65 and Older

	Percent
Health Service Region 6	70.8%
Texas	71.3%

Source for Texas: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System Dashboard, 2018. <http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/behavioral-risk-factor-surveillance-system>

### Immunization of Children

Among area school districts, rates of vaccinations among children entering Kindergarten ranged from 91.4% (for Varicella in Livingston ISD) to 99.1% (for Polio in Fort Bend ISD). In the service area, Livingston ISD had the lowest rates across all required vaccines, with the exception of Hepatitis B (HepB).

#### Up-to-Date Immunization Rates of Children Entering Kindergarten

	DTaP	Hep A	Hep B	MMR	Polio	Varicella
Alvin ISD	97.0%	97.1%	98.2%	97.9%	97.5%	97.4%
Angleton ISD	98.6%	97.7%	99.2%	98.8%	99.0%	98.4%
Brazosport ISD	98.3%	98.6%	98.9%	98.2%	98.4%	98.3%
Crosby ISD	97.1%	97.3%	97.5%	96.7%	97.1%	96.5%
Cypress-Fairbanks ISD	97.9%	96.1%	97.5%	97.4%	97.3%	96.6%
Deer Park ISD	96.9%	97.0%	98.1%	97.8%	97.5%	97.0%
Fort Bend ISD	98.9%	98.9%	99.0%	98.8%	99.1%	98.7%
Goose Creek CISD	97.3%	97.1%	98.1%	97.8%	97.7%	97.6%
Houston ISD	94.6%	94.1%	96.2%	94.7%	94.6%	93.2%
Humble ISD	96.4%	96.0%	96.8%	96.6%	96.6%	96.2%

	<b>DTaP</b>	<b>Hep A</b>	<b>Hep B</b>	<b>MMR</b>	<b>Polio</b>	<b>Varicella</b>
Katy ISD	98.7%	98.8%	98.8%	98.7%	98.7%	98.6%
Lamar CISD	98.0%	97.3%	98.6%	98.4%	98.3%	97.8%
Livingston ISD	92.8%	93.1%	96.4%	92.4%	93.4%	91.4%
Pearland ISD	97.6%	97.2%	98.6%	98.0%	97.8%	97.5%
Spring ISD	95.5%	95.2%	96.7%	95.9%	95.4%	95.1%
Spring Branch ISD	98.6%	98.7%	98.7%	98.7%	98.5%	98.6%
Stafford Municipal SD	98.4%	98.0%	98.8%	98.8%	98.8%	98.8%
<b>Harris County</b>	<b>96.9%</b>	<b>96.3%</b>	<b>97.3%</b>	<b>96.8%</b>	<b>96.6%</b>	<b>95.9%</b>
<b>Texas</b>	<b>96.6%</b>	<b>96.4%</b>	<b>97.4%</b>	<b>97.0%</b>	<b>96.8%</b>	<b>96.5%</b>

Source: Texas Department of State Health Services, 2019-2020. <https://www.dshs.texas.gov/immunize/coverage/schools/>

## Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 and 74, to have a mammogram in the past two years. This translates to a maximum of 22.9% who lack screening. The county (27.6%) and state (28.3%) do not meet this objective.

### No Mammogram, Past Two Years, Women, Ages 50-74, Five-Year Average

	<b>Crude Rate</b>
Harris County	27.6%
Texas*	28.3%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020. 2018 data. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

\*Weighted average of Texas county rates.

## Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. This equates to a maximum of 15.7% of women who lack screening. Harris County and Texas (18.2%) do not meet this objective.

### No Pap Test, Past 3 Years, Women, Ages 21-65

	<b>Crude Rate</b>
Harris County	18.2%
Texas*	18.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020. 2018 data. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

\*Weighted average of Texas county rates.

## Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 55.4% of Harris County residents, ages 50-75, had

been screened for colorectal cancer. The county and the state did not meet the Healthy People 2030 objective.

### Screening for Colorectal Cancer, Adults, Ages 50-75

	Crude Rate
Harris County	55.4%
Texas*	58.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020. 2018 data. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>  
 \*Weighted average of Texas county rates.

### Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments summarized and edited for clarity:

- Many providers will accept patients without insurance but not increase the number of appointment slots. So, while there is increased access, people can't get appointments for prevention visits.
- People who don't have a regular provider, lack insurance or mistrust the system will go to the ER for care.
- We are just catching up with a backlog of preventive visits and screenings that were delayed due to COVID. A lot of progress around health conditions has been undone because of the lag in care.
- People will move around from provider to provider to get the care they need as fast as possible. They will go to an FQHC near their home for one visit, then visit another provider if they can't get an appointment at the same place. That makes continuity of care difficult.
- Children from African-American and Latino backgrounds tend to have lower immunizations rates than other ethnic and racial groups.
- It is hard to create a continuum of care when prevention is underutilized and emergency care is overused.

## Prioritized Description of Significant Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Mental health, COVID-19, chronic disease and violence and injury had the highest scores for severe and very severe impact on the community. Mental health, homelessness and overweight and obesity were the top needs that had worsened over time. Chronic disease, homelessness, mental health and violence and injury had the highest scores for insufficient resources available to address the need.

<b>Significant Health Needs</b>	<b>Severe and Very Severe Impact on the Community</b>	<b>Worsened Over Time</b>	<b>Insufficient or Absent Resources</b>
Access to health care	75%	75%	75%
Birth indicators	33.3%	25%	37.5%
Chronic disease	77.8%	66.7%	88.9%
COVID-19	88.9%	37.5%	37.5%
Homelessness	66.7%	88.9%	88.9%
Mental health	100%	100%	88.9%
Overweight and obesity	66.7%	77.8%	55.6%
Preventive practices	33.3%	44.4%	55.6%
Sexually transmitted infections	11.1%	14.3%	14.3%
Substance use	44.4%	62.5%	50%
Tuberculosis	0%	0%	0%
Violence and injury/human trafficking	77.8%	66.7%	88.9%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Access to care, chronic disease and mental health were ranked as the top three priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

<b>Significant Needs</b>	<b>Priority Ranking (Total Possible Score of 4)</b>
Access to health care	4.00
Chronic disease	4.00
Mental health	4.00
Birth indicators	3.60
Preventive practices	3.56
Substance use	3.50
Homelessness	3.44
Overweight and obesity	3.44
Violence and injury/human trafficking	3.44
COVID-19	3.38
Sexually transmitted infections	3.33
Tuberculosis	3.00

## Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to <https://www.211texas.org/>

Significant Needs	Community Resources
Access to care	Acres Home Health Center (north and northwest), Baker Ripley, Ben Taub Hospital, Catholic Charities ,Centro de Corazon, Christus Foundation, Chinese Community Center, Common Thread, Harris Health (LBJ Hospital) , Harris County Gold Card, Harris County Public Health, UT Physicians, Houston Food Bank Head Start, Health Equity Collective, HOPE clinic, UT Health, 211, Houston Methodist Hospital ,Houston Police Department, DART, Memorial Hospital, BCM Anti Human Trafficking, Legacy Community Health, Rescue Houston, San Jose Clinic, Texas Children’s Hospital, International Refugee Resettlement, WIC, SNAP, Access Harris, United Way, Unitas, VA, YMCA
Birth indicators	Catholic Charities, Healthy Women Houston, San Jose Clinic, Harris County Public Health, United Way, UTHealth School of Dentistry, March of Dimes, Parenting classes, University of Houston The Lactation Foundation, Texas AIM, WIC, Youth Central
Chronic diseases	Baker Ripley, City of Houston Health Dept, Harris County Health Dept, Harris Center, multiple FQHCs, Houston Food Bank, some private health care providers, Harris Health, Houston ISD, Legacy Health, March of Dimes, Mobile Clinics, San Jose Clinic, United Way
COVID-19	Faith communities, FQHCs, school districts, County offices, Public Health Department Community Centers
Housing and homelessness	Beacon of Hope, Coalition for the Homeless of Houston/Harris County, Common Thread, Covenant House, Healthcare for the Homeless, Law enforcement, Redeemed Mentor, St. Vincent de Paul, Redeemed Mentor, refugee services, Salvation Army, San Jose Clinic, St. Vincent De Paul, Star of Hope, Sunrise Shelter, SEARCH Homeless Services, The Way Home
Mental health	Attachment and Trauma Center of Houston, Baylor College of Medicine-Be Well, Be Connected, Ben Taub Hospital, Bo’s Place, BCM Anti Human Trafficking, Faith based counseling, Harris County Mental Health Dept, Harris Health Center, Harris County IDD, Houston Police Department, Mental Health Division-Crisis Intervention Response Team, San Jose Clinic, Santa Maria Hostel, Teen Health Clinic, UTHealth Harris County Psych Center
Overweight and obesity	Baker Ripley, Child and Adult Care Food Program, Church food pantries, Houston Food Bank, Houston Independent School District, Ivy Farms, San Jose Clinic, USDA Healthy Lunchbox program
Sexually transmitted infections	The Landing, SANE nurses, Forensic Examiners, Hospital staff Ryan White HIV/AIDS funding, Harris County Public Health, Local FQHCs
Preventive practices	AVANCE, Texas Children’s Hospital, Harris Health Clinics, MD Anderson University of Houston Vision Clinics, NW Assistance Ministries, The PATH Collaborative, The Rose Clinic, Houston ISD, UT medical students providing bilingual services at local FQHC’s, The Rose Clinic, The PATH collaborative

<b>Significant Needs</b>	<b>Community Resources</b>
Substance use	Al Anon, AA, The ARC of Greater Houston, Cenikor, Cheyenne Center, Council on Recovery, Project Hope, Opioid Overdose Prevention (Harris County Public Health), Santa Maria Hostel, Harris County Sheriff's Office, Hospital Social Workers, The Women's Home
Unintentional injury/ human trafficking	Baylor College Medicine Anti Human Trafficking Program, Bridge over Troubled Waters, City of Houston, Emergency Food and Shelter programs, Faith Communities, GAIA, Harris County DV Coordination Council , Houston Area Women's Center, Harris County DA, Jewish Human Service Agencies, Polaris Project, Red Barrels at HEB Grocery stores, The Houston 20, Texas Council on Family Violence, Texas Forensic Medical Examiner Association ,The Landing, United Against Human Trafficking-Houston, Sheriff's Department, Human Trafficking Rescue Alliance, YMCA International

## **Impact of Actions Taken Since the Preceding CHNA**

In 2019, Baylor conducted the previous CHNA and significant health needs were identified from issues supported by primary and secondary data sources. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to health care, behavioral health, human trafficking and obesity through a commitment of community benefit resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2019 CHNA.

### **Access to Care**

- Provided education for the community regarding services and cultural differences that impact bias and affect treatment.
- Collaborated with community organizations, churches, civic groups and support groups to present educational seminars.
- Fostered new relationships with primary care providers and health care service providers to assist linking hospital patients to medical homes.

### **Behavioral Health**

- Developed resources in the emergency department to manage needs of behavioral health patients.
- Strengthened community partnerships to advocate for additional support for behavioral health specialists to work alongside caregivers.
- Provided front line responders with education sessions on behavioral health topics.

### **Human Trafficking**

- Defined a procedure for treating and/or identifying trafficked victims in our facilities and collaborating with community partners, including law enforcement and health care providers.
- Increased prevention and treatment resources in areas of physical/sexual abuse, human trafficking and violence in schools.
- Partnered with the Houston Women's Center to educate staff on how to recognize abused patients.
- Partnered with law enforcement and social service organizations to increase trauma informed care to human trafficking victims.

### **Obesity**

Partnered with schools to provide youth with resources and educational support focused on nutrition, obesity, and healthy lifestyles.

## Attachment 1: Benchmark Comparisons

Where data were available, the Baylor service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
<b>High school graduation rate</b>	<b>83.5%</b> - 99.0%	90.7%
<b>Child health insurance rate</b>	<b>88.9%</b>	92.1%
<b>Adult health insurance rate</b>	<b>75.1%</b>	92.1%
<b>Unable to obtain medical care</b>	<b>15.6%</b>	3.3%
<b>Ischemic heart disease deaths</b>	<b>85.3</b>	71.1 per 100,000 persons
<b>Cancer deaths</b>	<b>137.8</b>	122.7 per 100,000 persons
<b>Colon/rectum cancer deaths</b>	<b>13.7</b>	8.9 per 100,000 persons
<b>Lung cancer deaths</b>	<b>31.2</b>	25.1 per 100,000 persons
<b>Female breast cancer deaths</b>	<b>21.3</b>	15.3 per 100,000 persons
<b>Prostate cancer deaths</b>	<b>19.1</b>	16.9 per 100,000 persons
<b>Stroke deaths</b>	<b>40.6</b>	33.4 per 100,000 persons
Unintentional injury deaths	39.2	43.2 per 100,000 persons
Suicides	10.6	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	10.9	10.9 per 100,000 persons
<b>Homicides</b>	<b>8.5</b>	5.5 per 100,000 persons
Drug-overdose deaths	13.0	20.7 per 100,000 persons
Overdose deaths involving opioids	6.4	13.1 per 100,000 persons
No smoking during pregnancy	98.9%	95.7%
<b>Infant death rate</b>	<b>6.1</b>	5.0 per 1,000 live births
Adult obesity	35.9%	36.0%, adults, ages 20+
<b>High school student obesity</b>	<b>19.5%</b>	15.5%, children and youth, ages 2 to 19
Adults engaging in binge drinking	17.2%	25.4%
<b>Cigarette smoking by adults</b>	<b>13.3%</b>	5.0%
<b>Pap smears, ages 21-65, screened in the past 3 years</b>	<b>81.8%</b>	84.3%
<b>Mammogram, ages 50-74, screened in the past 2 years</b>	<b>72.4%</b>	77.1%
<b>Colorectal cancer screenings, ages 50-75, screened per guidelines</b>	<b>55.4%</b>	74.4%
<b>Annual adult influenza vaccination</b>	<b>23.9%</b>	70.0%

## Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Cynthia Aulds	Director	Coalition to Combat Human Trafficking
Mary Beck	President/CEO	Council on Recovery
Katelyn Bleiweiss	Community Intervention Specialist	Jewish Family Service Houston
Najah Callander	Director of Community Relations	Houston Independent School District
Daunte Cauley	Public Health Analyst	Harris County Public Health
Anthony Ciatto	Manager, Strategic Partnerships	San Jose Health Clinic
Janet Deleon	Chief Development and Communications Officer	AVANCE
Brian Gillen	Vice President Development and Stewardship	Catholic Charities
Stephen Ives	CEO	YMCA Houston
Chau Nguyen	Chief Public Strategies Officer	Houston Area Women's Center
Kelly Reed	Director Case Management/Social Worker	Baylor St. Luke Medical Center
Sister Carmen Sanchez	Director	Martha's Kitchen
Kimberley Williams	Program Director, Anti-Human Trafficking Initiative Director, Houston Area Human Trafficking Healthcare Consortium	Anti-Human Trafficking Initiative

### **Attachment 3: Community Stakeholder Interview Responses**

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- Many people lack health insurance and, therefore, lack access to care for these reasons: affordability, lack of employment, lack of knowledge on how to apply and eligibility. Basically, getting health care is expensive. People are always having to weigh the decision- Do I pay my rent or buy medicines?
- During COVID, and even prior to the pandemic, there were long waiting lists to get an appointment with certain providers, especially those serving uninsured or underinsured individuals.
- There are systemic inequities to access to care everywhere. The neighborhood you live in, the language you speak, and where you're from makes a difference in how you experience care.
- We have a diverse community with African Americans and Latinos but if the care and support is not culturally appropriate (providers that have the same background or speak the same language), diversity is a barrier to care.
- A lack of reliable public transportation options in certain parts of the county makes it difficult to reach providers.
- There is a perception that screenings for certain services are hard to get. This in turn drives low numbers (i.e., the number of mammograms screenings are low even though they are available at the local facility).
- Seniors who have limited mobility need more in home support and help getting to appointments.
- There is an education gap around the value of preventive care to address chronic disease. We assume people understand the importance of seeing providers regularly but many people associate seeing a provider with being sick.
- Most agencies don't have the funding or time to keep updating their list of resources or provide in-depth support to individuals needing help with referrals.
- Many of the communities do not have large or centrally located grocery stores with fresh and healthy food. There are about 12 communities in Houston that can be considered food deserts where residents have to travel an average of 3 miles to find healthy food choices.
- There are high levels of air pollution due to factory and manufacturing corridor emissions especially in Southeast and Eastern Harris County leading to higher rates of respiratory issues, including asthma.

#### **Social Determinants of Health**

Interviewees were asked about the underlying systemic issues/social determinants of health that impacted health and health outcomes in the area. Responses were outlined

according to the five domains of Social Determinants of Health. (Healthy People 2030).<sup>2</sup>

### **Economic Stability**

- Economic stability is a key component that facilitates access to care. The more money you have, the easier it is to access care.
- In Texas, Medicaid expansion did not occur, so many individuals are caught between not being able to access public funds and not being able to afford private providers.
- For women, especially those in precarious or violent situations, the lack of equal pay, financial security and literacy keeps them in violent situations or keeps them returning once they have left.
- Many of the working poor get caught in a vicious circle of financial abuse, bad credit, unpaid bills and medical debt.
- Untreated or chronic illnesses cause people to miss work and lose wages. They end up in debt due to unpaid medical bills and ER visits.
- Many Harris County residents living near the poverty line work low paying service jobs -or multiple jobs. As a result, they find it hard to access medical care due to time or costs.
- There is a lack of support for affordable child care for working parents. Many times, one parent has to give up work to take care of the children.
- There is a lack of safe and stable affordable housing units throughout Harris County. The physical infrastructure of many of the complexes hasn't been updated in years.
- Larger grocery stores don't invest in certain neighborhoods. You'll find bigger stores in the affluent parts of Houston but not in other neighborhoods. Some of the identified food deserts where there are no grocery stores are in Sunnyside, the 5<sup>th</sup> Ward and East Houston or Humble. Magnolia Park is considered a food swamp as it has a high concentration of fast-food outlets and lack of healthy food options.
- Some organizations are starting community gardens to encourage more fruit and vegetable consumption but it needs to be linked to nutrition education.

### **Neighborhood and Built Environment**

- Lack of reliable transportation options present the biggest barrier to health. There are some parts of Harris County where public transportation does not exist, especially in the outlying parts of Harris County. Many individuals who don't have their own vehicles can spend up to an hour trying to get from where they live to medical offices.
- The physical environment is fine within the city limits with lots of greenspace, lighted areas and parks, but as soon as you cross the city limits or travel to more rural

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<sup>2</sup> For this report, there was no discussion around education access and quality by interviewees.

areas, they deteriorate.

- Gentrification in some of the inner-city Houston neighborhoods is pushing people that have lived for multiple generations out into places where they can't afford to live. It might be improving the area for newcomers but not for the current residents.
- The City of Houston is slowly working on increasing the quality of parks and greenspace options.

### **Health Care Access and Quality**

- There is a lot of fragmentation and lack of coordination in the referral process. Nonprofits can refer patients to a health system, but the process is not streamlined. We can't physically hand off the patients due to different documentation requirements and often patients feel frustrated and fall through the cracks before finishing the referral process.
- Many people find the amount of required documentation to receive services is overwhelming. This is often cited as a reason why people don't continue with appointments or referrals. We have volunteers to help but it's not enough to meet the demand. Paperwork is a significant hurdle and there is a lack of coordination between providers
- There are many networks of providers that work well together and provide a safety net of services. But entering that network is difficult if you are not referred by someone already in the network.
- The health systems in Harris County can be intimidating to understand. When you don't speak the language or have experience interacting with health providers, it is overwhelming.
- Underinsured individuals face the additional barrier of not qualifying for federal programs. The cost of better insurance is beyond their financial means.
- There is prejudice in certain parts of Harris County against people who speak Spanish. Often, they're thought of as "illegals."
- Providers need to check their biases and better understand their patient population. Often, they are not attuned to cultural traditions surrounding health care and call it 'noncompliance' when patients don't follow their treatment plans. They need to understand what else is going on in that person's life.
- Dental insurance isn't affordable for all and it doesn't cover all services
- Many health systems use mobile clinics but they need to become a medical home for patients, not just provide episodic care in neighborhoods before moving on to the next site.

### **Social and Community Context**

- Family and cultural dynamics plays a huge role in health behaviors and decision making.

- The backlash around mask mandates has divided many communities.
- There is a cultural and generation gap around access to care and the role of the medical establishment.
- COVID was in some ways an opportunity to lean on each other and get past our silos.
- People rely heavily on their faith communities and neighborhoods where they feel understood and heard
- Health literacy is lowest among seniors and individuals who don't speak enough English to navigate the health system. In many cases, they don't have access to technology to make appointments or look up information. We have been told that in general, people just don't know where to go. More emphasis should be placed on developing strategies to help people obtain information, learn how to ask the right questions and advocate for their health.

### **Gaps in Accessing Care**

Interviewees were asked to identify populations and geographies that were lacking access to regular health care and social services within Harris County. The following groups and areas came up multiple times in the interviews as having the most barriers to access.

### **Demographic groups**

- Undocumented men of working age
- Hispanic/Latinos
- African Americans
- LBGTQ+ individuals
- Seniors (living alone, lack access to technology)
- Middle school-aged children
- Newly arrived or recent immigrants
- African immigrants (Nigerian Community)
- Southeast Asian community (Vietnamese)
- Veterans
- Individuals without insurance (especially without Harris County Gold Card)
- Single mothers
- Afghan refugees
- Individuals in the 12- to 16-year-old and 54 and older age ranges
- Families living in poverty
- Homeless individuals

## **Under resourced neighborhoods**

- Third (Southeast) and Fifth (Northeast) wards
- Southwest Houston
- Pasadena
- Sunnyside
- Magnolia Park
- Altadena
- Spring
- East Houston
- Baytown

## **Impact of COVID-19**

Interviewees were asked to reflect on how the pandemic influenced or changed the unmet health-related needs in the community.

- Coordination of care between nonprofit providers increased because we all recognized the need to be flexible and innovate together to address basic needs such as financial and food resources. Increased government financial support and reduction in paperwork barriers in this area helped, especially for undocumented individuals or those who had a distrust of the medical system.
- All parts of the community stepped up to help. Churches provided free WI-FI in their parking lots, providers came to the school district to treat family and children's health needs, breakfast and lunch was provided to thousands of families and bilingual support was given to medical providers.
- Chronic health issues were exacerbated by the drop-off in provider visits and lack of compliance with treatment. With job loss and drops in income, people had to choose whether they would pay rent, buy food or pay for medicines.
- Seniors were especially vulnerable, as the senior centers closed for in-person services and many lived alone. Social isolation and depression led to untreated health problems.
- Mental health issues such as depression and anxiety soared with an accompanying increase in substance overdose and relapses without an accompanying increase in service availability.
- Multigenerational families were hit the hardest. If the head of household lost employment everyone was hungry and became stressed.
- Many people died at home because they didn't come in for care until it was too late. We also don't know how many homeless people died because we couldn't get an accurate number.
- Medical staff was overwhelmed and got really burned out. Consequentially, many left the field, leaving a health care worker shortage.

- Early childhood education and development was severely disrupted for many children, especially those who relied on the educational and social supports from schools.
- Kids weren't signed up for SNAP, which could have helped with access to nutritious foods. Many families wanted to stay anonymous when getting help due to immigration status or stigma.
- Providers could not provide health education through the usual venues of health fairs, screening visits and checkups.
- COVID really showed where the gaps in the health system were and amplified them.
- The numbers of individuals and families living on the edge of poverty and just getting by sharply increased.
- COVID resulted in unhealthy eating behaviors and fewer people using gyms or being physically active.
- The community felt dystopian. The political uncertainty around COVID rules affected families and communities.