



**Baylor St. Luke's Medical Center**



# **2016 Community Health Needs Assessment & Implementation Strategy**



## **Baylor St. Luke's Medical Center**

The Community Health Needs Assessment and Implementation Strategy for the CHI St. Luke's Health - Baylor St. Luke's Medical Center were conducted and developed between September 2015 and May 2016 in fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code. It was approved by the Executive Committee on May 23, 2016.

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# Community Health Needs Assessment

## Introduction

CHI St. Luke's Health is a part of Catholic Health Initiatives (CHI), one of the nation's largest nonprofit, faith-based health systems. Headquartered in Englewood, Colorado, CHI operates in 19 states and comprises more than 100 hospitals, including four academic medical centers and teaching hospitals; 30 critical-access facilities; community health services organizations; accredited nursing colleges; home health agencies; living communities; and other services that span the inpatient and outpatient continuum of care.

CHI St. Luke's Health is dedicated to a mission of enhancing community health through high-quality, cost-effective care. In partnership with physicians and community partners, CHI St. Luke's Health is committed to excellence and compassion in caring for the whole person while creating healthier communities. CHI St. Luke's Health is comprised of three markets throughout Greater Houston, CHI St. Luke's Health Memorial and St. Joseph Health System.

CHI St. Luke's Health - Baylor St. Luke's Medical Center (Baylor St. Luke's), located in Houston, Texas, is a quaternary care facility that is home of the Texas Heart<sup>®</sup> Institute, a world-class cardiovascular research and education institution founded in 1962 by Denton A. Cooley, MD – consistently ranked as one of the nation's best in Cardiovascular Services & Heart Surgery. The first hospital in Texas and the Southwest designated a Magnet<sup>®</sup> hospital for Nursing Excellence by the American Nurses Credentialing Center, receiving the award four consecutive times. Baylor St. Luke's is home to eight freestanding community emergency centers offering adult and pediatric care. The hospital opened its doors in 1954 (formerly St. Luke's Episcopal Hospital). It currently houses 850 licensed beds and 3,919 employees; 1,555 RNs and 1,756 medical staff. Annual admissions account for 24,557 patients and the emergency department receives approximately 77,532 visits. The hospital holds a collaborative partnership with Baylor College of Medicine and affiliations with The University of Texas Medical School at Houston, The University of Texas Medical Branch (Galveston), Houston Baptist University, and Prairie View A&M University.

A Community Health Needs Assessment (CHNA) for Baylor St. Luke's was conducted by Baylor St. Luke's between September 2015 and May 2016 in fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code. The CHNA process involved the review of secondary data sources describing the health needs of the community served by Baylor St. Luke's, an email and telephone survey presented to the population within the Baylor St. Luke's service area, two separate focus groups including Baylor St. Luke's staff and community stakeholders, and telephone interviews with Baylor St. Luke's employed physicians to identify the priority community health needs. This CHNA document was developed by the CHI St. Luke's Health Healthy Communities Department and assisted by Saurage Marketing Research, Inc. It includes a description of the community served by Baylor St. Luke's; the process and methods used to conduct the assessment; a description of how Baylor St. Luke's included input from persons who represent the broad interests of the community served by Baylor St. Luke's; a prioritized description of all of the community health needs identified through the CHNA; and, a description of the existing healthcare facilities and other resources within the community available to meet the community health needs identified through the CHNA. An evaluation of impact is included to address the progress that has been made from the 2013 Implementation Strategy and the accompanying Implementation Strategy provides an overview of Baylor St. Luke's plan to address the current identified priority community health needs.

## Community Served by the Hospital

The community served by CHI St. Luke's Health - Baylor St. Luke's Medical Center is defined as the contiguous zip codes determined by 2014 Baylor St. Luke's hospital discharge data. Located in Houston, Texas, the Baylor St. Luke's service area includes a large metropolitan area that is home to over two million residents that spreads from Houston into many smaller suburban and rural communities. The hospital service area includes 39 Texas counties, with the majority of the service area found within Harris, Fort Bend, Brazoria, and Galveston Counties.

To describe the health needs of the Baylor St. Luke's community, this report used data from the United States Census Bureau American Community Survey 2014 Estimates (ACS) from Harris County for persons aged 18 years and older. The Baylor St. Luke's community is best defined by Harris County because of the diversity of its population and primary service area. The Baylor St. Luke's community will be compared to the ACS Texas state data as a reference. The Baylor St. Luke's service area map and zip codes are included in Appendix 1.

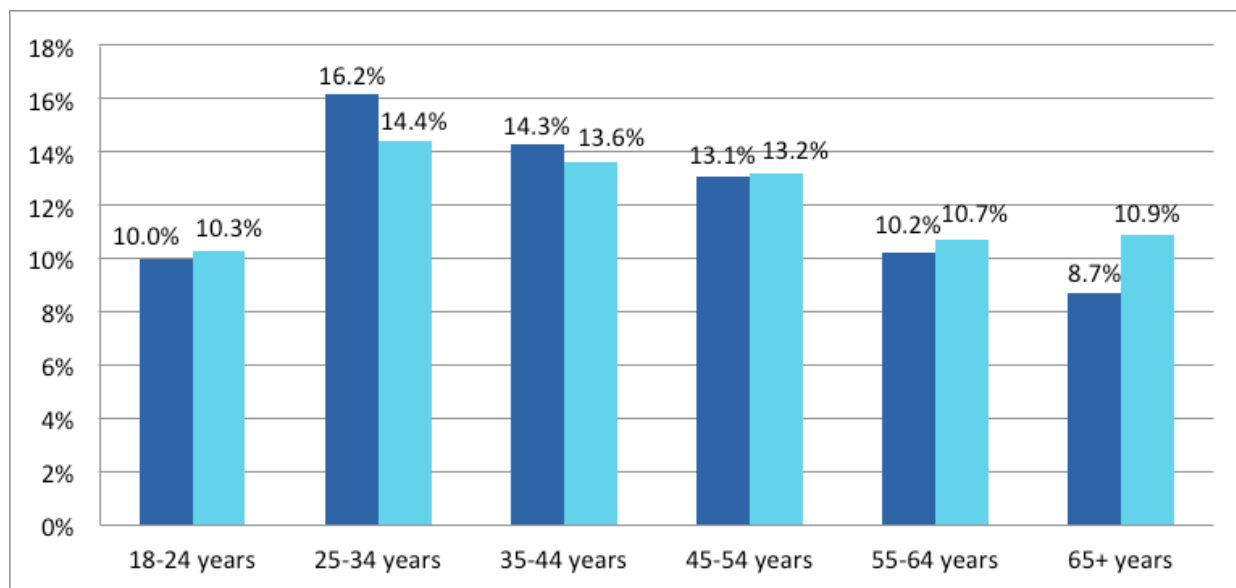
### Community Demographics

Demographic data were collected and analyzed for the Baylor St. Luke's community and compared to ACS 2014 Estimates data for the state of Texas (Texas). Overall, the community served by Baylor St. Luke's has a similar age distribution to Texas, a more diverse racial/ethnic distribution, and a very similar education comparison.

Below are additional details related to the demographics of the Baylor St. Luke's community compared with Texas:

- **Age:** The largest discrepancies in age between the Baylor St. Luke's community and Texas fall within 25-34 years (16.2% Baylor St. Luke's community vs. 14.4% Texas) and older than 65 years (8.7% Baylor St. Luke's community vs. 10.9% Texas). All other age category percentages in the Baylor St. Luke's community are similar to Texas (Figure 1).

Figure 1. Age distribution for the Baylor St. Luke's community and Texas



- **Race/Ethnicity:** Fewer residents self-identify as White, non-Hispanic in the Baylor St. Luke’s community (32.1%) than in Texas (44.3%). Compared with Texas, more residents of the Baylor St. Luke’s community self-identify as Hispanic (41.4% Baylor St. Luke’s community vs. 38.2% Texas), Black non-Hispanic (18.5% Baylor St. Luke’s community vs. 11.6% Texas) and Asian non-Hispanic (6.4% Baylor St. Luke’s community vs. 4.0% Texas) (Table 1).

Table 1. Racial/ethnic distribution for the Baylor St. Luke’s community and Texas

Ethnicity	Baylor St. Luke’s Community	Texas
White/Non-Hispanic	32.1%	44.3%
Hispanic	41.4%	38.2%
Black/Non-Hispanic	18.5%	11.6%
Asian/Non-Hispanic	6.4%	4.0%

- **Gender:** The Baylor St. Luke’s community and Texas presented a very similar distribution of males and females: males accounted for 50.7% of the Baylor St. Luke’s population and 49.6% of the Texas population, and females accounted for 49.3% of the Baylor St. Luke’s population and 50.4% of the Texas population.
- **Education:** In both the Baylor St. Luke’s community and Texas, most residents age 25 years or older have more than or equal to a high school education and/or GED. However, when compared to Texas, the Baylor St. Luke’s community is home to more individuals with less than a high school education (20.8% Baylor St. Luke’s community vs. Texas 18.5%). Those residing in Harris County (29%) identify as having more college, graduate or professional education than those in the state of Texas (27%) (Table 2).

Table 2. Education for the Baylor St. Luke’s community and Texas (population over 25 years of age)

Education Level	Baylor St. Luke’s Community	Texas
Less than 9 <sup>th</sup> grade	11.3%	9.3%
9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma	9.5%	9.2%
High School Graduate	23.3%	25.2%
Some college, no degree	21%	22.7%
Associate’s Degree	5.8%	6.6%
Bachelor’s Degree	18.7%	17.9%
Graduate or Professional Degree	10.3%	9.1%

## Community Health Needs Assessment Process

The CHI St. Luke’s Health Healthy Communities Department, located in Houston, TX, collaborated with Saurage Marketing Research, Inc., selected Baylor St. Luke’s physicians and staff, and community organizations to conduct the Baylor St. Luke’s CHNA. A survey, prepared by Saurage Research, Inc. in March 2016, was distributed via email and telephone to residents residing within the Baylor St. Luke’s service area. Telephone interviews were also performed with Baylor St. Luke’s employed physicians and two separate focus groups including Baylor St. Luke’s staff and community members were held. Survey, interview and focus group results were analyzed in April to report to the hospital advisory team in May. The Baylor St. Luke’s hospital team consisted of executive leadership staff and appropriate individuals identified following the prioritization of the community health needs.

The hospital advisory team worked together with the Department of Healthy Communities to implement a prioritized list of community health needs, gathered from the interviews, surveys and focus group discussions, and designed an implementation strategy to address the identified needs. The names, titles, organizations, and roles of those involved in the CHNA, including the data analysis and community focus groups, can be found in Appendix 2.

## Public Health Data

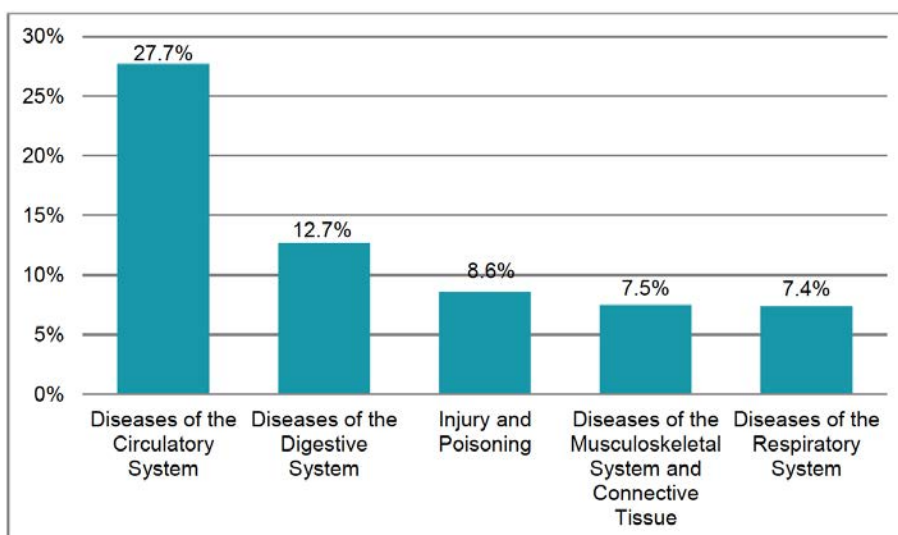
Public health data collection, review, and analysis efforts were guided by two main questions: “What are the health needs of the community served by the hospital facility?” and “What are the characteristics of the populations experiencing these health needs?” Quantitative data were obtained and analyzed between November 2015 and January 2016, from various data sources including the American Community Survey (ACS) 2014 Estimates, Texas Department of State Health Services (DSHS), Center of Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS) and the 2014 Baylor St. Luke’s Health System hospital discharge data. Data for this report were analyzed for Harris County, as being representative of the Baylor St. Luke’s service area and for the state of Texas to serve as a point of comparison.

## Hospital Discharge Data

Data on all hospital discharges for 2014 were provided by the Baylor St. Luke’s Health System. Data were aggregated by the 5-digit ICD-9 diagnosis code and were further aggregated into more relevant and less clinically specific categories. Discharge data were summarized for Baylor St. Luke’s and the categories reflecting the most frequently occurring diagnoses were highlighted (Appendix 3).

For those diagnoses with high prevalence, the categories were disaggregated to a level that aided understanding if the main description was extremely broad. Overall, the leading discharge categories were Diseases of the Circulatory System (27.7%); Diseases of the Digestive System (12.7%); Injury and Poisoning (8.6%); Diseases of the Musculoskeletal System and Connective Tissue (7.5%); and Diseases of the Respiratory System (7.4%) (Figure 2).

Figure 2. 2014 Baylor St. Luke’s Discharge by Diagnoses



## Key Indicators and Health Disparities

The Baylor St. Luke's community key indicators and health disparities were established by comparing data from the Texas Department of State Health Services (DSHS) for Harris County with the data for Texas as a whole. Data reviewed indicate that sufficient health information is already available from local public health sources to allow for the identification of the most important health needs of the Baylor St. Luke's community. The below indicators reflect analyses from the DSHS, CDC and Behavioral Risk Factor Surveillance System (BRFSS) data for both the Baylor St. Luke's community and Texas. Detailed 2014 weighted data tables provided by BRFSS for Harris County and Texas can be found in Appendix 4: Tables A-M.

- **Health insurance and poverty:** In 2015 the uninsured rate for persons in the United States was calculated at 11.6%. The number of uninsured has significantly decreased from 2013 after requirements for individuals to obtain health insurance changed through the Affordable Care Act. In 2014, more than 20% of Texans were uninsured (21.9%). In comparison, there were more residents of the Baylor St. Luke's community who were uninsured (25.2%). In fact, the Baylor St. Luke's community had a higher percentage, in all age categories, of persons who were uninsured (Table 3).

Table 3. Health Insurance by Age – Baylor St. Luke's Community and Texas

Age Category	Baylor St. Luke's Community	Texas
Less than 18 years	14.5%	12.6%
18-64 years	32.8%	29.5%
65+ years	3.7%	2.0%

In 2014, the number of persons living in poverty in the USA equaled 46.7 million (14.8%). According to 2014 ACS data, persons of all ages living in poverty in the Baylor St. Luke's community was 18.4%, slightly higher than the state of Texas, 17.7%. When compared, the Baylor St. Luke's community and Texas compared very similarly in all age categories for persons living below the poverty level (Table 4).

Table 4. Persons Living Below Poverty Level – Baylor St. Luke's Community and Texas

Age Category	Baylor St. Luke's Community	Texas
Less than 18 years	27.3%	25.3%
18-64 years	15.5%	15.5%
65+ years	11.6%	11.2%

- **Cancer:** DSHS data reported, in 2014, cancer was the leading cause of death from disease among Texans below age 85 years. The highest incidences of cancer were found in female breast, prostate and lung and bronchus in the state. Data illustrated that the Baylor St. Luke's community had higher incidence than the state of Texas in both breast (female) and prostate cancers, but lower incidence in lung and bronchus in comparison (Table 5).

Table 5. Age-adjusted cancer incidence rate (cases per 100,000)

Cancer Type	Baylor St. Luke's Community	Texas
Breast (Female)	118.9	113.1
Prostate	134.5	115.7
Lung & Bronchus	57.4	58.1



The mortality rate for breast (female) cancer was higher in the Baylor St. Luke's community compared to Texas. However, the Baylor St. Luke's community had similar or fewer deaths from prostate and lung and bronchus cancer in 2012 (Table 6).

Table 6. Age-adjusted cancer mortality rate (deaths per 100,000)

Cancer Type	Baylor St. Luke's Community	Texas
Breast (Female)	23.7	21.0
Prostate	19.7	19.6
Lung & Bronchus	41.9	43.5

According to 2014 BRFSS data, there is a much higher diagnosis of any type of cancer in the state of Texas when compared to the Baylor St. Luke's community (9.0% Texas vs. 7.7% Baylor St. Luke's community). Females also show significantly higher diagnoses in the state in comparison to the Baylor St. Luke's community (9.4% Texas vs. 6.6% Baylor St. Luke's community). Other comparisons by age and race are illustrated in Appendix 4: Table A.

- **Diabetes:** Approximately 9.3% of the United States population has diabetes; comprising 29.1 million people. Of those, 27.8% are undiagnosed. In 2013, Texas reported a 9.8 age-adjusted incidence rate (cases per 1,000); 109 total diagnosed cases (cases per 1,000). Data for the Baylor St. Luke's community suggest a lower age-adjusted incidence totaling 8.7 (cases per 1,000) of diagnosed diabetes. Additional 2014 BRFSS data for doctor diagnosed diabetes in the Baylor St. Luke's community can be found in Appendix 4: Table B.
- **Mental Health:** BRFSS data presented the age-adjusted average number of mentally unhealthy days reported in the past 30 days from adults in both the Baylor St. Luke's community and state of Texas to be the same as 3.3 days.
- **Cardiovascular disease:** In 2013, 5.5% of surveyed adults living in the Baylor St. Luke's community reported having been diagnosed with some form of heart disease, similar but slightly less than Texas (5.7%). Heart disease ranks as the third leading cause of death in the Baylor St. Luke's community. Mortality caused by heart disease amongst the Baylor St. Luke's community and Texas is similar with slightly more deaths in Texas (171.9 (per 100,000) Baylor St. Luke's community vs. 174.4 (per 100,000) Texas). According to 2014 BRFSS data, the highest discrepancies between the Baylor St. Luke's community and Texas in cardiovascular and heart disease falls within race/ethnicity, especially those who identify as Black only (Table 7). A more detailed table can be found in Appendix 4: Table D, Table E.

Table 7. Cardiovascular Disease & Heart Disease – Baylor St. Luke's Community and Texas

Ethnicity	Cardiovascular Disease		Heart Disease	
	Baylor St. Luke's	Texas	Baylor St. Luke's	Texas
White	8.0%	9.7%	4.6%	7.7%
Black	20.9%	10.3%	13.1%	6.0%
Hispanic	5.9%	4.9%	4.1%	3.7%
Other/Multiracial	0.1%	4.4%	0%	2.7%

- **Stroke:** Almost 1 out of every 20 American deaths is caused by stroke; equaling nearly 130,000 Americans per year. The majority of individuals who have a stroke are first or new strokes; however, it is possible for someone to suffer from more than one stroke. Stroke risk varies greatly by race and ethnicity. BRFSS data illustrates that a much larger number of individuals are having strokes in the Baylor St. Luke's community in comparison to the state of Texas (Table 8).

Table 8. Stroke – Baylor St. Luke's Community and Texas

Ethnicity	Baylor St. Luke's Community	Texas
White	3.5%	3.1%
Black	10.5%	5.8%
Hispanic	2.4%	1.9%
Other/Multiracial	0.1%	2.5%

- **Asthma:** Compared with Texas, the Baylor St. Luke's community reported lower rates of asthma (5.3% Baylor St. Luke's community vs. 6.7% Texas). In the Baylor St. Luke's community, women are more likely to report having asthma (5.7% vs. 4.9%). Race also plays a part in asthma reporting; blacks and whites are much more likely to report asthma than Hispanics (9.2% Blacks, 7.4% Whites, 1.8% Hispanics). A table providing data on current, former and never diagnosed asthma patients from the Baylor St. Luke's community compared to the state of Texas can be found in Appendix 4: Table G.
- **Smoking:** Tobacco use is the leading preventable cause of disease and death in the United States. Smoking rates have declined, for all age groups, in the past few years but it still poses as a significant problem. The percent of adults who are current smokers in the Baylor St. Luke's community is 16%, while 17% of the Texas adult population is current smokers. More detailed smoking statistics can be viewed in Appendix 4: Table H.
- **Overweight / Obesity:** According to 2014 BRFSS data, 67.8% of Texans are overweight or obese. An adult who has a BMI between 25 and 29.9 is considered overweight and an adult who has a BMI of 30 or higher is considered obese. When compared to the Baylor St. Luke's community, the statistics for overweight and obese residents are very similar. The only significant difference falls within those who identify as Black; 91.7% of black individuals in the Baylor St. Luke's community are at risk for obesity and only 79.1% of Texans fall in the same category (Appendix 4: Table I).
- **Exercise or physical activity:** Data offering percent of adults, age 30 years or older, reporting no leisure-time physical activity illustrated lower numbers in the Baylor St. Luke's community (21%) than the state of Texas (23%). This shows the Baylor St. Luke's community has slightly more leisure-time available for physical activity. This is further illustrated when reporting the percent without adequate access to locations for physical activity. Only 4% of the Baylor St. Luke's community reports not having adequate access to locations for physical activity while 16% of Texas reports lack of adequate access.
- **Access to Care:** Access to care regardless of insurance status can pose as a significant issue for many Americans. Cost can play a large factor in care for individuals. Almost 20% (19.8%) of residents in the Baylor St. Luke's community needed to see a doctor in 2014, but could not because of cost. Fortunately, the majority of residents within the Baylor St. Luke's community and the state of Texas say they can identify at least one personal doctor or healthcare provider and have had a routine check-up within the past 12 months (Appendix 4: Tables J-L).

## Community Input

Qualitative and quantitative research analysis was performed in the primary service area of Baylor St. Luke's by Saurage Research, Inc. Qualitatively, individual phone interviews were conducted with physicians employed by Baylor St. Luke's. In-person focus groups also took place with Baylor St. Luke's staff and community stakeholders. The group of community stakeholders was comprised to represent public health agencies, community health centers, government agencies, community organizations, academics, media organizations, policy makers, elected officials and others throughout the community with a credible understanding of the population, health and healthcare needs of those who reside in the Baylor St. Luke's service area. Quantitative data was collected via online and telephone interviews with 301 healthcare decision makers between the ages of 18-74 years living in Baylor St. Luke's service area. The complete qualitative and quantitative analysis can be found in Appendix 6.

### Qualitative Analysis

Between the feedback provided by hospital physicians and staff and external stakeholders, categories of interest were identified in: Access to Care; Education; Specialists; Services. Below clarifies the specific needs identified within each of these categories. A comprehensive table can be found in Appendix 6, Qualitative Summary.

- **Access to Care:** Those involved in the qualitative analysis suggested a need for undocumented individuals, uninsured, refugees, elderly, mentally ill, homeless, children, employed individuals who do not receive health insurance through their employer, Medicaid patients and the LGBT population to be given better access to necessary healthcare services. This included everything from transportation to physician access.
- **Education:** Participants discussed the growing need for staff diversity training as the number of diverse patients continues to rise. It was also important to communicate the resources that are available to all individuals seeking care both inside and outside of the hospital. A large majority of those involved discussed ways to correct poor facility perceptions of Baylor St. Luke's and the unwillingness of paying patients to come to the hospital. They believe Baylor St. Luke's has a perception in the public as a charity hospital more than it did in the past. Other educational opportunities included food and nutrition education for the Hispanic population, end of life practices and preparation, Alzheimer symptom and care education as well as outreach regarding obesity, exercise, hypertension and diabetes.
- **Specialists:** Those employed at Baylor St. Luke's saw an increased need for specialists in services such as oncology, palliative and hospice care, skilled nursing and home nursing care, gerontologists, and a community navigator for services and programs. They discussed the appropriateness of some of these to be housed within the facility versus in the community, however, all were deemed necessary for the population residing in the primary service area of Baylor St. Luke's.
- **Services:** It was discussed that the majority of the priority needs would be better approached if there were available services throughout the community for those who need them. The largest discussion took place around improving the management of discharged patients to prevent them from returning to the hospital. Another priority topic was providing shorter wait times to see a physician. Many individuals are arriving to the hospital sicker than in the past, this is partially due to the time it takes between making an appointment and being able to see a physician or specialist. Individuals involved in the focus group also wanted to see more collaboration and partnership with community outreach programs, as well as implement a plan for improving community relationships to address disease prevention. Numerous other services discussed in the interviews and focus groups are illustrated in Appendix 6, Qualitative Summary.

## Quantitative Analysis

A survey was conducted by Saurage Research, Inc. to residents of the greater Houston area (N=900) and those specifically located within the Baylor St. Luke's service area (N=301). The survey was distributed by both email and telephone. Survey questions focused on access to care, patient satisfaction and confidence, available services, and other pertinent information was gathered to identify the priority needs of the Baylor St. Luke's community. All quantitative key findings can be found in Appendix 6. Below are some brief descriptors of the surveyed answers using Houston as the comparison to the Baylor St. Luke's community.

- **Routine Care:** The majority of residents surveyed identified a doctor's office or private office as their location of routine care (86% Baylor St. Luke's vs. 87% Houston). Doctors' office or private clinic usage is highest among the more affluent 55-75 year olds, those with a great deal of choice, those who have never had to delay healthcare or prescriptions, and those with insurance. These same respondents are also most likely to identify a personal or family physician. Other areas of service acknowledged were community/county health or public clinics, specialists, emergency departments and outpatient departments. However, as a whole, individuals in the Baylor St. Luke's community are strongly reliant on a personal or family physician for most of their healthcare needs.
- **Personal/Family Physician:** Most surveyed residents could identify a personal or family physician when they are seeking healthcare (79% Baylor St. Luke's vs. 82% Houston). This is consistent with BRFSS data gathered (Appendix 4).
- **Distance Traveled for Access to Care:** The survey inquired on average how many miles a family must travel to receive healthcare. More than half travel less than 10 miles, one way, to receive the healthcare they need (67% Baylor St. Luke's vs. 65% Houston). Half of Baylor St. Luke's community respondents have developed long term personal relationships and positive experiences with their family provider and choose to continue care with that provider. Perceived provider quality, insurance acceptance and location also play important roles in their selection of a family doctor. Regardless of the exact reason for their decision, most are able to satisfy their routine needs close to home. Older, more affluent, White, males and those who haven't had to delay healthcare or prescriptions tend to travel shorter distances to meet their routine healthcare needs; while those who are younger, female, non-White, have less choice in providers and who have had to delay healthcare and prescriptions tend to travel further.
- **Satisfaction, Confidence & Choice:** In keeping with established standards across the broader Houston market, a strong majority of Baylor St. Luke's community respondents are satisfied with the care they receive from their routine provider, confident that they can easily access quality healthcare and have a great deal of choice in where they go for medical care. Satisfaction levels were highest among affluent, healthy and older adults, those with the most choice and greatest confidence and who have not delayed healthcare or prescriptions. Confidence was strongest among affluent and older adults, the most satisfied, who haven't delayed care or prescriptions, in good health and with insurance. Those with the most choice closely parallel those with the greatest confidence.
- **Delayed Health Care or Prescriptions:** Very few surveyed residents had previously delayed healthcare due to lack of money or insurance (35% Baylor St. Luke's vs. 34% Houston). There are, however, a sizeable segment of these Baylor St. Luke's community respondents who have faced these tradeoff decisions. Similar results were found when asking about the ability to fill prescriptions due to lack of money or insurance (22% Baylor St. Luke's vs. 21% Houston). The frequency of delayed healthcare and prescriptions is highest among younger, non-white, less affluent, females and the least satisfied respondents; those with the least amount of choice, least confidence, no insurance, and those with children living at home.

- **Available Services:** Care availability levels in the Baylor St. Luke's service area are highest for primary care, dental care and eye/ear care and lowest for organ transplants and geriatrics/older care. Across the various types of care listed, availability tends to be rated highest among men, White, older and more affluent respondents, those who are most confident, have the greatest choice, have not had to delay healthcare or prescriptions and those with insurance.
- **Concerns in Health Care:** Residents in the Baylor St. Luke's community readily offer one or more area of immediate concern. Costs dominate the top two concerns among both Baylor St. Luke's community residents and those in the broader Houston market. Long wait times for appointments, insurance cost and services not covered by insurance round out the top five concerns for those in the Baylor St. Luke's community.
- **Attitudes & Perceptions:** Overall, the attitudes and perceptions of the Baylor St. Luke's community closely parallel those for all of Houston. Among Baylor St. Luke's community respondents, the highest levels of agreement are for the availability and for availability and affordability of emergency services, vaccinations, health insurance and quality healthcare; all of which are also highest across all Houston area respondents. The lowest level of agreement in the Baylor St. Luke's service area are recorded for seniors getting the help they need to stay in their homes, the availability of affordable hospice services and seniors getting enough nutritious food.
- **Likelihood of Participation:** When identifying a strategy to address priority needs, it is sometimes essential to collaborate with community resources. In the 2013 CHNA, educational classes regarding the importance of health and health prevention methods were established to address some priority community needs. CHI St. Luke's Health deemed it important to understand if community members were likely to attend such locations or events in seek of healthcare prevention. When asked if they would participate in activities through community resources and educational classes, four in ten residents of the Baylor St. Luke's service area are likely to participate in these programs; similar across the Houston market. Participation likelihood for both of these communities is highest among non-White, less affluent, younger, female respondents who are in good health.
- **Safety & Violence:** When asked about the level of violence in their community, residents who were surveyed felt safe (62% Baylor St. Luke's vs. 61% Houston). However, more than half of the Baylor St. Luke's community residents question the adequacy of resources for victims of abuse, human trafficking and school violence.
- **Last Exam:** Seven in ten Baylor St. Luke's community respondents have not had a colon cancer screening or had their feet checked in the last two years; half of the women living in the community have not had a mammogram in the last two years, slightly higher than the number of men who have not been checked for prostate cancer. Across the various types of exams listed, those who tend toward less frequent exams are younger, less satisfied, less confident, have delayed care, less healthy and less affluent respondents.
- **Health Problems or Conditions:** The doctor alert profiles yield only minor differences between Baylor St. Luke's community residents and those in the broader Houston market. Respondents alerted to one of the problems discussed, such as high blood pressure, anxiety or depression and obesity, only 1.5 times on average, overall. Except for tending to be more satisfied, less healthy and less affluent, those with one or more of the issues share very few common characteristics. Almost half of the respondents had never been told they had any health issues discussed (49%).

- **Activity & Program Participation:** Few residents of the hospital service area or Houston, as a whole, have a health problem or disability that interferes with work, school or other activity participation. Those whose participation is affected are more often non-White, less affluent, less healthy and have delayed prescriptions. Only one in five respondents have taken part in a program offered by their doctor to help them manage a health problem compared to the four in ten who earlier said they were likely to participate in educational seminars & classes about health & prevention available in the community.
- **Other Health Care Use:** It was discussed whether or not a surveyed resident utilized the following health services: chiropractor, herbal medicines/treatments; homeopathy, acupuncture, and doctor of osteopathy. Overall, the Baylor St. Luke's community residents closely resemble the same profile for all of Houston. A chiropractor is most often used while a doctor of osteopathy is less used within the area.

## Prioritized Significant Community Health Needs

In summary, after reviewing all of the data from the qualitative and quantitative analysis, there is a need for the following in the community served by Baylor St. Luke's:

- Greater access to care for underserved population, including Medicaid patients, indigents, refugees, uninsurable, undocumented, unemployed, homeless, children, elderly, healthy seniors, LGBT and mentally ill
- Increase in specialist services such as oncology, gerontologists, palliative and hospice care, skilled and in-home nursing
- Community navigator available to link patients with existing services and programs in the area
- Correct negative perceptions of Baylor St. Luke's, as related to poor facilities and patient population
- Understanding what services and programs already exist within the community and learn how to utilize or possibly enhance those services and overall, learn more about them
- Increase community education for the following categories:
  - Avoiding, understanding and living with heart disease
  - COPD
  - Diabetes
  - Cancer
  - Stroke
  - Depression
  - Hypertension
  - Obesity
  - Alzheimer's
  - Renal Disease
  - Proper post-op and after-discharge self-care
  - Planning and preparation for end of life
  - Importance of regular health and well-being examinations and testing
  - Nutrition, food alternatives and making better decisions (children and Hispanics)
  - Importance of physical activity as PE/active play is being limited by schools
- Form volunteer health groups to educate in the Baylor St. Luke's community
- Increase knowledge for staff to effectively manage the increasingly diverse patient populations and the specific problems that they present

- Enhance the understanding that staff is treating a patient as a person rather than a disease or specific medical problem
- Improve management of discharged patients and repeat patients
- Implement effective and efficient home healthcare program
- Improve transitional care processes and communications for both patients and staff
- Significantly reduce time to get an appointment
- Overcome transport and navigation issues for patients and visitors from parking to appointment destination
- Effectively manage important personnel departures; loss of experience and expertise
- Increase consideration and use of Baylor St. Luke's by more local area residents
- Improve community relationships, understanding and presence
- Develop a more effective referral and/or feeder program for Baylor St. Luke's among primary care physicians
- Develop more effective partnerships with other CHI St. Luke's Health hospitals and existing organizations
- Facilitate and sponsor family activity programs
- Implement program of quality food availability and distribution
- Define a method for treating and/or referring children, mothers and mental health patients that Baylor St. Luke's cannot treat elsewhere in the CHI St. Luke's Health facilities
- Increase the cultural competencies among Baylor St. Luke's staff
- Invest in preventative care programs
- Link affordable medications with patients who need them
- Address social isolation among seniors
- Build on the San Jose-CHI St. Luke's partnership
- Address the perceived shortcomings in resource availability related to abuse, school violence and human trafficking

In order to highlight the implications for consideration, each suggestion was placed into a broader category. Following the analysis of Saurage Research, Inc. and discussion between the Healthy Communities Department and Baylor St. Luke's hospital team, the concerns and recommendations from the Baylor St. Luke's physicians and staff and community stakeholders and residents were prioritized into three categories:

### ***Coordination of Care***

- Increase access to care for Medicaid patients, indigents, refugees, uninsurable, undocumented, unemployed, homeless, children, elderly, and healthy seniors
- Define a procedure for treating and/or referring children, mothers and mentally ill patients that SLMC cannot treat today elsewhere in the CHI St. Luke's Health group

### ***Specialist Services***

- Provide a patient navigator to link patients to the appropriate identified services or programs outside of the hospital
- Strengthen palliative and hospice care program for patients

## Education

- Provide coordinated and culturally specific disease prevention and management educational outreach for heart disease, COPD, diabetes, cancer, stroke, depression, hypertension, obesity, Alzheimer's and renal problems
- Make available proper planning and preparation for end of life

## Marketing/Staff Training

- Clearly define, for staff and community, if Baylor St. Luke's is for indigent/uninsured or paying patients
- Enhance the understanding that staff is treating a patient as a person rather than a disease or specific medical problem

## Special Programs

- Develop more effective referral/feeder program for Baylor St. Luke's among primary care physicians
- Increase the cultural competencies among Baylor St. Luke's staff
- Build the San Jose – CHI St. Luke's partnership
- Increase prevention and treatment resources in areas of physical/sexual abuse, human trafficking and violence in schools

## Potentially Available Resources

During the focus groups with both Baylor St. Luke's staff and community stakeholders, existing resources and programs that address health in the community were discussed. Dialogue regarding these resources began to foster understanding and emphasize the importance of increasing awareness of existing services. The available resources identified in the Baylor St. Luke's community are listed below:

- **Active and Engaged Civic Clubs and Social Clubs** – Civic and social clubs are an important part of communities and could be a great avenue to reach communities to address health priorities.
- **Area Agency on Aging** – The Area Agency on Aging implements preventive programs for seniors that promote health for this important sector of the population.
- **Asthma-Related Support Services** – Although funding is no longer available for this initiative, participants noted a program that provided healthy alternatives for the home for families with children that suffer from asthma. The program was a relatively small resource to address a large problem, but it made a difference for children and families that struggle with asthma.
- **Community Health Workers** – Community Health Workers are certified to help bridge the gap between members of a community and healthcare and social service providers. Many Community Health Workers are available in the Baylor St. Luke's community but are an underutilized resource. While participants had a high level of interest around Community Health Workers and returned to this topic several times during the discussion, there was a general lack of understanding about how to access Community Health Workers.
- **Health Fairs** – Several community organizations such as schools, senior centers, and YMCAs sponsor health fairs that provide great opportunities for community members to meet local healthcare providers.
- **Healthy Choices Classes** – The Bridge sponsors classes for family units on making healthy and informed choices.
- **Healthy Eating Courses for Youth** – A local community organization sponsors a free summer program for youth that promotes healthy lifestyles through nutrition and exercise.
- **Pasadena Parks Department** – Pasadena has an impressive Parks Department that is willing to hold classes on obesity prevention.



- **Pasadena Independent School District, School Health Advisory Council** – The School Health Advisory Council for the Pasadena ISD is responsible for 54,000 children and provides a framework for collaboration among community health and social service organizations.
- **Meals on Wheels** – The Salvation Army sponsors a Meal on Wheels program that provides nutritional meals to seniors in the community.
- **Recreational Opportunities** – The YMCA and Madison Jobe Senior Center provide much-needed recreational and social opportunities for the community and for seniors.
- **Television** – Participants noted that television is an excellent way to reach the Hispanic population and the community at large with health-related public service announcements.
- **United Way** – The United Way is a great resource that addresses a myriad of health-related issues in the community. Participants specifically noted programs of the United Way related to cancer screenings and transportation to health related services.

## Evaluation of Impact

In order to complete an implementation strategy for the identified priority health needs defined in the 2013 Baylor St. Luke's Community Health Needs Assessment, analysis of four major data sources was completed: Baylor St. Luke's hospital advisory team, Baylor St. Luke's staff and community focus group discussions, and public health data for the Baylor St. Luke's community.

The highest priority health needs identified in 2013 for the community served by Baylor St. Luke's were defined as:

- **Access to care:** Lack of insurance, transportation, and access to primary care physicians and mental health services were identified as limiting access to healthcare, especially for vulnerable populations such as the elderly, Hispanics, and the poor.
- **Chronic disease management:** Lack of access to chronic disease management for asthma, diabetes, cardiovascular disease, sickle cell disease, and pain control.
- **Coordination of care and referrals:** Lack of an effective healthcare network was identified as an important local problem. There are limited channels to connect patients without medical homes to primary care. Transition services and other services that promote continuity of care are limited, especially for mental health.
- **Patient education:** There is a need to increase culturally relevant health literacy and healthcare system navigation among vulnerable populations, particularly Hispanics. More information is needed about accessing services using Medicaid, when to access emergency care, and how to access primary care. There is also a lack of health education and screening for cancer and chronic diseases among vulnerable populations.

Existing and new Baylor St. Luke's programs were assigned under each priority need with the purpose to fulfill the identified gap in the community. In addition to the programs identified and listed under each need, many other ongoing programs continue to be managed through Baylor St. Luke's. Below is a list highlighting a few programs that have proved successful and satisfied the previously identified need:

**Access to care highlight:** Federally Qualified Health Centers (FQHCs) are participating in the Liver Health Outreach (LHO) program and providing free Hepatitis C testing, paid for by CHI St. Luke's Health. More than 6,792 individuals have been tested since the previous CHNA.

**Chronic disease management highlight:** Education series have been presented by physicians, nurses or staff in diabetes, oncology, and stroke. Partnerships have been made with community organizations through these education series. Most of the series are presented at locations outside of the hospital and include participation from community members, with emphasis on vulnerable populations.

**Coordination of care highlight:** A resource guide of Harris County was made and distributed. It included over 200 community clinics in the area.

**Patient education:** Numerous health screenings have taken place at events throughout the community for both patients and staff. Most of these events are open to the public and promote health education, prevention and screening to community residents. A detailed table of the 2013 identified community health needs and their fulfillment can be found in Appendix 5.

## Community Health Needs Assessment Summary

The Community Health Needs Assessment (CHNA) for CHI St. Luke's Health - Baylor St. Luke's Medical Center (Baylor St. Luke's) spanned from September 2015 through May 2016. The CHI St. Luke's Health Healthy Communities Department collected and analyzed secondary data and gathered background information on community health needs. The data include national, state, local and hospital-specific sources. Additional public health data include community demographics, health indicators, health risk factors, access to healthcare and social determinants of health. Collaboration with Saurage Research, Inc. resulted in production and analysis of an email and telephone survey to residents within the Baylor St. Luke's service area. Focus groups including Baylor St. Luke's staff and community organizations and stakeholders were held in March while telephone interviews with physicians employed by Baylor St. Luke's were conducted in April and facilitated by Saurage Research, Inc. The qualitative and quantitative information was gathered and analyzed to identify priority needs for the community served by the Baylor St. Luke's. Priority needs were identified as:

### *Coordination of Care*

- Increase access to care for Medicaid patients, indigents, refugees, uninsurable, undocumented, unemployed, homeless, children, elderly, and healthy seniors
- Define a procedure for treating and/or referring children, mothers and mentally ill patients that SLMC cannot treat today elsewhere in the CHI St. Luke's Health group

### *Specialist Services*

- Provide a patient navigator to link patients to the appropriate identified services or programs outside of the hospital
- Strengthen palliative and hospice care program for patients

### *Education*

- Provide coordinated and culturally specific disease prevention and management educational outreach for heart disease, COPD, diabetes, cancer, stroke, depression, hypertension, obesity, Alzheimer's and renal problems
- Make available proper planning and preparation for end of life

## Marketing/Staff Training

- Clearly define, for staff and community, if Baylor St. Luke's is for indigent/uninsured or paying patients
- Enhance the understanding that staff is treating a patient as a person rather than a disease or specific medical problem

## Special Programs

- Develop more effective referral/feeder program for Baylor St. Luke's among primary care physicians
- Increase the cultural competencies among Baylor St. Luke's staff
- Build the San Jose – CHI St. Luke's partnership
- Increase prevention and treatment resources in areas of physical/sexual abuse, human trafficking and violence in schools

The Baylor St. Luke's hospital advisory team reviewed the CHNA and developed the Baylor St. Luke's Implementation Strategy in May 2016. The timeframe included in the Implementation Strategy is 2016-2019. The CHNA and Implementation Strategy were submitted for approval by the Executive Committee at the May 23, 2016 meeting. The CHNA and Implementation Strategy will be made widely available to the public on the St. Luke's Health System and CHI St. Luke's Health - Baylor St. Luke's Medical Center websites.

# Implementation Strategy

## Introduction

As an integral part of CHI St. Luke's Health System, CHI St. Luke's Health – Baylor St. Luke's (Baylor St. Luke's) has strived to enhance community health by delivering superior value in high-quality, cost-effective acute care since 1954. Baylor St. Luke's, a 850-bed facility located in Houston, Texas, offers clinical and diagnostic services, including cancer services; cardiovascular and heart services; diabetes and endocrinology; ear, nose, and throat; gastroenterology; geriatrics; nephrology; neurology and neurosurgical services; orthopedics; palliative care; pulmonology; surgical services; urology; and women's services. In collaboration with the medical staff, they are dedicated to excellence and compassion in caring for the whole person – body, mind and spirit. They also are committed to the growth and development of our care providers and employees, and to securing the health of future generations by creating, applying and disseminating health knowledge through education and research. Through their commitment to deliver faith-based, compassionate, quality and cost-effective care, Baylor St. Luke's shall be the provider of choice to residents in the greater Houston and surrounding areas. Baylor St. Luke's provides care by living the mission of Catholic Health Initiatives:

To nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

Baylor St. Luke's also follows the four core values of CHI St. Luke's Health, which are central to all care provided throughout the system:

- Reverence: Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others, and our journey to God

- Integrity: Moral wholeness, soundness, fidelity, trust, truthfulness in all we do
- Compassion: Solidarity with one another, capacity to enter into another's joy and sorrow
- Excellence: Preeminent performance, becoming the benchmark, putting forth our personal and professional best

In fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code, a Community Health Needs Assessment (CHNA) was conducted collaboratively with the Baylor St. Luke's hospital advisory team, CHI St. Luke's Health Healthy Communities Department, Saurage Marketing Research, Inc. and other community stakeholders between September 2015 and May 2016; the Implementation Strategy was developed by the Baylor St. Luke's hospital advisory team and the Healthy Communities Department in May 2016. The CHNA and Implementation Strategy were submitted for approval to the Executive Committee on May 23, 2016. The timeframe included in the Implementation Strategy covers 2016-2019. The CHNA and Implementation Strategy will be made widely available to the public on the CHI St. Luke's Health System and CHI St. Luke's Health - Baylor St. Luke's Medical Center websites.

## Overview of the Community Served by Baylor St. Luke's

The community served by CHI St. Luke's Health - Baylor St. Luke's Medical Center is defined as the contiguous zip codes determined by 2014 Baylor St. Luke's hospital discharge data. Located in Houston, Texas, the Baylor St. Luke's hospital service area includes a large metropolitan area, as well as many smaller suburban and rural communities. The hospital service area includes 39 Texas counties, with the majority of the service area found within Harris, Fort Bend, Brazoria, and Galveston Counties.

Baylor St. Luke's serves an area that is home to a population over two million residents that represent diverse ethnicities, backgrounds and needs. Key descriptors of the community served by Baylor St. Luke's include:

- Age: The largest population in the Baylor St. Luke's community falls in the age category of 25-34 years (16.2%). The second-largest age category is 35-44 years (14.3). There is the smallest number of persons in the Baylor St. Luke's community within the youngest (18-24 years (10%) and oldest (65+ years (8.7%)) age categories.
- Race/Ethnicity: The majority of Baylor St. Luke's community residents identify as Hispanic (41.4%) and White/Non-Hispanic (32.1%). 18.5% of the population identifies as Black/Non-Hispanic and 6.4% as Asian/Non-Hispanic.
- Education: Most residents in the Baylor St. Luke's community, age 25 years or older, have more than or equal to a high school education and/or GED.

## Implementation Strategy Process

The CHNA was conducted collaboratively with the Baylor St. Luke's hospital advisory team, CHI St. Luke's Health Healthy Communities Department, Saurage Marketing Research, Inc. and other community stakeholders between September 2015 and May 2016; the Implementation Strategy was developed by the Baylor St. Luke's hospital advisory team and the Healthy Communities Department in May 2016. Following the identification of the priority needs, individuals at Baylor St. Luke's were identified to collaborate with the Healthy Communities Department to review the needs and implement strategies to address those that were appropriate.

## Prioritized List of Significant Health Needs

The CHI St. Luke's Health Healthy Communities Department collected and analyzed secondary data and gathered background information on community health needs. The data include national, state, local and hospital-specific sources. Additional public health data include community demographics, health indicators, health risk factors, access to healthcare and social determinants of health. Collaboration with Saurage Research, Inc. resulted in production and analysis of an email and telephone survey to residents within the Baylor St. Luke's service area. Focus groups including Baylor St. Luke's staff and community organizations and stakeholders were held in March while telephone interviews with physicians employed by Baylor St. Luke's were conducted in April and facilitated by Saurage Research, Inc. The qualitative and quantitative information was gathered and analyzed to identify priority needs for the community served by the Baylor St. Luke's. Priority needs were identified as:

### *Coordination of Care*

- Increase access to care for Medicaid patients, indigents, refugees, uninsurable, undocumented, unemployed, homeless, children, elderly, and healthy seniors
- Define a procedure for treating and/or referring children, mothers and mentally ill patients that SLMC cannot treat today elsewhere in the CHI St. Luke's Health group

### *Specialist Services*

- Provide a patient navigator to link patients to the appropriate identified services or programs outside of the hospital
- Strengthen palliative and hospice care program for patients

### *Education*

- Provide coordinated and culturally specific disease prevention and management educational outreach for heart disease, COPD, diabetes, cancer, stroke, depression, hypertension, obesity, Alzheimer's and renal problems
- Make available proper planning and preparation for end of life

### *Marketing/Staff Training*

- Clearly define, for staff and community, if Baylor St. Luke's is for indigent/uninsured or paying patients
- Enhance the understanding that staff is treating a patient as a person rather than a disease or specific medical problem

### *Special Programs*

- Develop more effective referral/feeder program for Baylor St. Luke's among primary care physicians
- Increase the cultural competencies among Baylor St. Luke's staff
- Build the San Jose – CHI St. Luke's partnership
- Increase prevention and treatment resources in areas of physical/sexual abuse, human trafficking and violence in schools

<b>Coordination of Care</b>	
Increase access to care for Medicaid patients, indigents, refugees, uninsurable, undocumented, unemployed, homeless, children, elderly, and healthy seniors	<ul style="list-style-type: none"> <li>- Provide resources (education series, brochures, etc.) in English and Spanish</li> <li>- Discuss employment of patient navigators</li> <li>- Utilize volunteers (provide information, speak with patients being discharged, make follow-up calls, etc.)</li> </ul>
Define a procedure for treating and/or referring children, mothers and mentally ill patients that cannot be treated locally to another CHI St. Luke's Health group	<ul style="list-style-type: none"> <li>- Partner with psychologists or therapists to be able to talk with patients</li> <li>- Collaborate with Behavioral Health, if possible</li> </ul>
<b>Specialist Services</b>	
Provide a patient navigator to link patients to the appropriate identified services or programs outside of the hospital	<ul style="list-style-type: none"> <li>- Discuss employment of patient navigators (provide follow-up appointments upon discharge)</li> </ul>
Strengthen palliative and hospice care program for patients	<ul style="list-style-type: none"> <li>- Make existing program more visible for community</li> </ul>
<b>Education</b>	
Provide coordinated and culturally specific disease prevention and management educational outreach for heart disease, COPD, diabetes, cancer, stroke, depression, hypertension, obesity, Alzheimer's and renal problems	<ul style="list-style-type: none"> <li>- Assemble a team of hospital departments to work together to collaborate and provide community outreach</li> <li>- Collaborate with Baylor Healthcare Outreach</li> </ul>
Make available proper planning and preparation for end of life	<ul style="list-style-type: none"> <li>- Promote during required Sacred Vocation</li> </ul>
<b>Special Programs</b>	
Develop more effective referral/feeder program among primary care physicians	<ul style="list-style-type: none"> <li>- Discuss employment of patient navigators (provide follow-up appointments upon discharge)</li> </ul>
Increase the cultural competencies among staff	<ul style="list-style-type: none"> <li>- Provide Lunch &amp; Learn for staff and community regarding services, cultural difference that effect treatment, etc.</li> <li>- Discuss possibility of volunteers becoming certified translators</li> </ul>
Build the San Jose – CHI St. Luke's partnership	<ul style="list-style-type: none"> <li>- Increase opportunities for collaboration and volunteer</li> </ul>
Increase prevention and treatment resources in areas of physical/sexual abuse, human trafficking and violence in schools	<ul style="list-style-type: none"> <li>- Partner with Houston Women's Center to provide outreach program to educate staff on signs to recognize abused patients</li> </ul>

Most identified community health needs were similar at all CHI St. Luke's Health locations. One particular need specific to all locations was: Increase prevention and treatment resources in areas of physical and sexual abuse, human trafficking and violence in schools. It was determined by the Healthy Communities Department that each location would address this need as they were capable but the Healthy Communities Department would implement a system-wide initiative to unify the system. This initiative would include required education for all staff, at all locations, to understand and be able to identify warning signs of physical and/or sexual abuse from patients utilizing the facility. Research and information regarding a trained SANE nurse to be staffed at locations throughout the CHI St. Luke's Health Houston market will also be discussed.

Project RED (Re-Engineered Discharge) is a program to test and develop strategies to improve the hospital discharge process and promote patient safety and overall, reduce re-admission rates. This program has been used throughout the United States and has been shown especially successful for hospital facilities with diverse patient populations. As the diversity of patients at all CHI St. Luke's Health Houston locations increases, it is important to address the specific needs these populations may present during care and follow-up. Project RED is already used at some of the Houston hospital locations. As another system-wide initiative, the Healthy Communities Department would like to utilize this program and make it stronger throughout the entire system. Not only would this promote collaboration between the system hospitals, but it would address the growing re-admission rates as well as assist in patients receiving more routine care outside of the hospital before they must receive more invasive services at the hospital or turn to the ER for primary care.

## Significant Health Needs Not Addressed

Even though it was decided that all 2016 identified priority needs would be addressed in some way, it is understood that not all components of each need will be completely resolved. When defining a procedure to treat mentally ill mothers and/or children, Baylor St. Luke's is not capable of directly serving those patients because they do not provide mental illness services at the hospital. However, they would like to identify ways to provide successful referrals for those patients. Instead of directly addressing any of the needs associated with children, Baylor St. Luke's will strengthen its relationship with Texas Children's Hospital and provide referrals to those who utilize their services.





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## Appendix 2.

### Participants involved in the CHNA

CHI St. Luke's Health System Team			
<b>Valerie Mattice Ausborn, MPH</b>	Project Coordinator	CHI St. Luke's Health System, Healthy Communities	Overall CHNA Project Management
<b>Mike Sullivan, PhD</b>	Director	CHI St. Luke's Health System, Healthy Communities	Technical Assistance
<b>Janice Lamy</b>	Vice President	CHI St. Luke's Health System, Marketing & Communication	Technical Assistance
<b>Susan Saurage</b>	President	Saurage Marketing Research Inc.	Qualitative Data Analysis
<b>Rachel Goldsmith</b>	Director	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Transplant Services	Focus Group Staff Participant
<b>Fran Parent</b>	Director	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Volunteer Services	Focus Group Staff Participant Implementation Strategy
<b>Bernie Chance</b>	RN, MSN, FNP	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Transitional Care Clinic	Focus Group Staff Participant
<b>Elizabeth Hegarty</b>	Vice President	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Cardiovascular Services	Focus Group Staff Participant
<b>Kim Putney</b>	Manager	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Clinical Pharmacy	Focus Group Staff Participant
<b>Claudia Smith</b>	Nurse Scientist	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Nursing Research	Focus Group Staff Participant
<b>Eric Hartigan</b>	Director	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Nursing Operations	Focus Group Staff Participant
<b>Bill Wilson</b>	Manager	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Spiritual Care	Focus Group Staff Participant
<b>Janine Mazabob</b>	Stroke Program Coordinator	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Neuroscience	Focus Group Staff Participant
<b>Angelia Nedd</b>	Diabetes Educator	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Diabetes	Focus Group Staff Participant
<b>Ursula Mathis-Dennis</b>	Program Coordinator	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Oncology	Focus Group Staff Participant
<b>Beth Delledera</b>	Director	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Neuroscience Service	Focus Group Staff Participant Implementation Strategy
<b>Richelle Dixon</b>	Vice President	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Operations	Implementation Strategy
<b>Catherine Nwodo</b>	Director	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Oncology	Implementation Strategy
<b>April Ybarra</b>	Manager	CHI St. Luke's Health - Baylor St. Luke's Medical Center, Nursing	Implementation Strategy
Community Stakeholders			
<b>Elena Marks</b>	CEO	Episcopal Health Foundation	Community Stakeholder Focus Group Participant
<b>Alicia Lee</b>	Manager	Greater Houston Partnership, Public Policy	Community Stakeholder Focus Group Participant
<b>Lisa Hulick</b>	Patient	Texas Heart Institute	Community Stakeholder Focus Group Participant
<b>Anne Bunting</b>	Patient	Texas Heart Institute	Community Stakeholder Focus Group Participant
<b>Jometra Pinesette</b>	Senior Program Director	American Heart Association	Community Stakeholder Focus Group Participant
<b>Sheena Robertson</b>	Account Manager	American Cancer Society	Community Stakeholder Focus Group Participant
<b>Ashley Alexander</b>	Executive Director	Kelsey Research Foundation	Community Stakeholder Focus Group Participant
<b>Eliezer Lazaroff, Rabbi</b>	Executive Director	Aishel House	Community Stakeholder Focus Group Participant
<b>Paul Anne Lewis</b>	CEO	San Jose Clinic	Community Stakeholder Focus Group Participant
<b>Susan Deison</b>	CEO/President	Greater Houston Women's Chamber of Commerce	Community Stakeholder Focus Group Participant

### Appendix 3.

#### 2014 Baylor St. Luke's Discharges by ICD-9 Code

Data on all hospital discharges for 2014 were provided by the Baylor St. Luke's Health System. Data were available for Baylor St. Luke's and was aggregated by the 5 digit ICD-9 diagnosis code. No demographic or personally identifiable information was provided; therefore, the information below represents the types of health problems experienced by people who made use of Baylor St. Luke's from 2012-2014. In order to summarize the data more effectively, the ICD-9 codes were further aggregated into more relevant and less clinically specific categories.

Diagnostic Group	2012		2013		2014	
	n	%	n	%	n	%
<b>1. Infectious and Parasitic Disease (001-139)</b>	<b>1161</b>	<b>3.9</b>	<b>1036</b>	<b>3.9</b>	<b>1136</b>	<b>4.5</b>
<b>2. Neoplasms (140-239)</b>	<b>1877</b>	<b>6.3</b>	<b>1590</b>	<b>6.0</b>	<b>1664</b>	<b>6.6</b>
<b>3. Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)</b>	<b>1035</b>	<b>3.5</b>	<b>1031</b>	<b>3.9</b>	<b>964</b>	<b>3.8</b>
<b>4. Diseases of the Blood and Blood-Forming Organs (280-289)</b>	<b>653</b>	<b>2.2</b>	<b>564</b>	<b>2.1</b>	<b>468</b>	<b>1.9</b>
<b>5. Mental Disorders (290-319)</b>	<b>175</b>	<b>0.6</b>	<b>126</b>	<b>0.5</b>	<b>84</b>	<b>0.3</b>
• <i>290-294 organic psychotic conditions</i>	67	0.2	57	0.2	49	0.2
• <i>295-299 other psychoses</i>	35	0.1	24	0.1	8	0.03
• <i>300-316 neurotic disorders, personality disorders, and other nonpsychotic</i>	72	0.2	45	0.2	27	0.1
• <i>317-319 intellectual disabilities</i>	1	0.003	0	0	0	0
<b>6. Diseases of the Nervous System and Sense Organs (320-389)</b>	<b>826</b>	<b>2.8</b>	<b>713</b>	<b>2.7</b>	<b>698</b>	<b>2.8</b>
<b>7. Diseases of Circulatory System (390-459)</b>	<b>7606</b>	<b>25.5</b>	<b>7345</b>	<b>27.5</b>	<b>6979</b>	<b>27.7</b>
• <i>390-392 acute rheumatic fever</i>	2	0.007	0	0	0	0
• <i>393-398 chronic rheumatic heart disease</i>	75	0.3	73	0.3	56	0.2
• <i>401-405 hypertensive disease</i>	557	1.9	467	1.8	413	1.6
• <i>410-414 ischemic heart disease</i>	1433	4.8	1401	5.3	1282	5.1
• <i>415-417 diseases of pulmonary circulation</i>	178	0.6	171	0.6	179	0.7
• <i>420-429 other forms of heart diseases</i>	2931	9.8	2799	10.5	2811	11.1
• <i>430-438 cerebrovascular disease</i>	1314	4.4	1430	5.4	1202	4.8
• <i>440-449 diseases of arteries, arterioles, and capillaries</i>	712	2.4	689	2.6	728	2.9
• <i>451-459 diseases of veins and lymphatics, and other diseases of circulatory</i>	404	1.4	315	1.2	308	1.2
<b>8. Diseases of Respiratory System (460-519)</b>	<b>1977</b>	<b>6.6</b>	<b>2041</b>	<b>7.7</b>	<b>1870</b>	<b>7.4</b>
• <i>460-466 acute respiratory infections</i>	93	0.3	78	0.3	59	0.2
• <i>470-478 other diseases of upper respiratory tract</i>	40	0.1	36	0.1	29	0.1
• <i>480-488 pneumonia and influenza</i>	573	1.9	611	2.3	525	2.1
• <i>490-496 chronic obstructive pulmonary disease and allied conditions</i>	618	2.1	648	2.4	614	2.4
• <i>500-508 pneumoconioses and other lung diseases due to external agents</i>	120	0.4	126	0.5	93	0.4
• <i>510-519 other diseases of respiratory system</i>	533	1.8	542	2.0	550	2.2

<b>9.Diseases of the Digestive System (520-579)</b>	<b>3764</b>	<b>12.6</b>	<b>3600</b>	<b>13.5</b>	<b>3260</b>	<b>12.7</b>
• <i>520-529 diseases of oral cavity, salivary glands, and jaws</i>	43	0.1	38	0.1	35	0.1
• <i>530-539 diseases of esophagus, stomach, and duodenum</i>	518	1.7	399	1.5	299	1.2
• <i>540-543 appendicitis</i>	161	0.5	187	0.7	146	0.6
• <i>550-553 hernia of abdominal cavity</i>	253	0.8	248	0.9	235	0.9
• <i>555-558 noninfective enteritis and colitis</i>	349	1.2	263	1.4	271	1.1
• <i>560-569 other diseases of intestines and peritoneum</i>	910	3.0	827	3.1	740	2.9
• <i>570-579 other diseases of digestive system</i>	1530	5.1	1538	5.8	1480	5.9
<b>10.Diseases of the Genitourinary System (580-629)</b>	<b>1531</b>	<b>5.1</b>	<b>1426</b>	<b>5.3</b>	<b>1334</b>	<b>5.3</b>
• <i>580-589 nephritis, nephrotic syndrome, and nephrosis</i>	499	1.7	445	1.7	497	2.0
• <i>590-599 other diseases of urinary system</i>	756	2.5	788	3.0	641	2.5
• <i>600-608 diseases of male genital organs</i>	71	0.2	68	0.3	79	0.3
• <i>610-612 disorders of breast</i>	44	0.1	42	0.2	53	0.2
• <i>614-616 inflammatory disease of female pelvic organs</i>	33	0.1	18	0.1	12	0.05
• <i>617-629 other disorders of female genital tract</i>	128	0.4	65	0.2	52	0.2
<b>11.Complications of Pregnancy, Childbirth, and the Puerperium (630-677)</b>	<b>928</b>	<b>3.1</b>	<b>39</b>	<b>0.1</b>	<b>39</b>	<b>0.2</b>
<b>12.Diseases of the Skin and Subcutaneous Tissue (680-709)</b>	<b>605</b>	<b>2.0</b>	<b>581</b>	<b>2.1</b>	<b>539</b>	<b>2.1</b>
<b>13.Diseases of the Musculoskeletal System and Connective Tissue (710-739)</b>	<b>1998</b>	<b>6.7</b>	<b>1883</b>	<b>7.1</b>	<b>1888</b>	<b>7.5</b>
• <i>710-719 arthropathies and related disorders</i>	908	3.0	828	3.1	889	3.5
• <i>720-724 dorsopathies</i>	736	2.5	699	2.6	667	2.6
• <i>725-729 rheumatism, excluding the back</i>	133	0.4	152	0.6	109	0.4
• <i>730-739 osteopathies, chondropathies, and acquired musculoskeletal</i>	221	0.7	204	0.7	223	0.9
<b>14.Congenital Anomalies (740-759)</b>	<b>106</b>	<b>0.4</b>	<b>113</b>	<b>0.4</b>	<b>91</b>	<b>0.4</b>
<b>15.Certain Conditions Originating in the Perinatal Period (760-779)</b>	<b>4</b>	<b>0.01</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>16.Symptoms, Signs, and Ill-Defined Conditions (780-799)</b>	<b>1164</b>	<b>3.9</b>	<b>1145</b>	<b>4.3</b>	<b>926</b>	<b>3.7</b>
• <i>780-789 symptoms</i>	1094	3.7	1085	4.1	886	3.5
• <i>790-796 nonspecific abnormal findings</i>	66	0.2	52	0.2	36	0.1
• <i>797-799 ill-defined and unknown causes of morbidity and mortality</i>	4	0.01	8	0.03	4	0.01

<b>17. Injury and Poisoning (800-899)</b>	<b>2382</b>	<b>8.0</b>	<b>2286</b>	<b>8.6</b>	<b>2157</b>	<b>8.6</b>
• 800-804 fracture of skull	12	0.04	19	0.07	13	0.05
• 805-809 fracture of spine and trunk	90	0.3	106	0.4	73	0.3
• 810-819 fracture of upper limb	49	0.2	35	0.1	36	0.1
• 820-829 fracture of lower limb	199	0.7	202	0.8	208	0.8
• 830-839 dislocation	8	0.03	4	0.02	8	0.03
• 840-848 sprains and strains of joints and adjacent muscles	24	0.08	30	0.1	19	0.08
• 850-854 intracranial injury, excluding those with skull fracture	113	0.4	116	0.4	120	0.5
• 860-869 internal injury of chest, abdomen, and pelvis	18	0.06	11	0.04	15	0.06
• 870-879 open wound of head, neck, and trunk	7	0.02	7	0.03	6	0.02
• 880-887 open wound of upper limb	3	0.01	6	0.02	5	0.02
• 890-897 open wound of lower limb	2	0.007	7	0.03	5	0.02
• 900-904 injury to blood vessels	0	0	2	0.008	2	0.008
• 905-909 late effects of injuries, poisonings, toxic effects, and other external	1	0.003	3	0.01	1	0.004
• 910-919 superficial injury	1	0.003	1	0.004	4	0.02
• 920-924 contusion with intact skin surface	10	0.03	14	0.05	9	0.04
• 925-929 crushing injury	1	0.003	0	0	1	0.004
• 930-939 effects of foreign body entering through orifice	11	0.04	12	0.05	10	0.04
• 940-949 burns	3	0.01	1	0.004	3	0.01
• 950-957 injury to nerves and spinal cord	6	0.02	5	0.02	2	0.008
• 958-959 certain traumatic complications and unspecified injuries	11	0.04	7	0.03	11	0.04
• 960-979 poisoning by drugs, <u>medicinals</u> and biological substances	71	0.2	66	0.2	48	0.2
• 980-989 toxic effects of substances chiefly nonmedical as to source	6	0.02	3	0.01	0	0
• 990-995 other and unspecified effects of external causes	29	0.1	44	0.2	31	0.1
• 996-999 complications of surgical and medical care, not elsewhere classified	1707	5.7	1585	5.9	1527	6.1
<b>18. Sickle-cell Disease (282.60-282.69)</b>	<b>237</b>	<b>0.8</b>	<b>210</b>	<b>0.8</b>	<b>188</b>	<b>0.7</b>
• 282.60 sickle-cell disease unspecified	6	0.02	6	0.02	1	0.004
• 282.61 Hb-SS disease without crisis	0	0	0	0	0	0
• 282.62 Hb-SS disease with crisis	212	0.8	194	0.7	182	0.7
• 282.63 Sickle-cell/Hb-C disease without crisis	0	0	0	0	0	0
• 282.64 Sickle-cell/Hb-C disease with crisis	0	0	1	0.004	0	0
• 282.68 other Sickle-cell disease without crisis	0	0	1	0.004	0	0
• 282.69 other Sickle-cell disease with crisis	19	0.06	8	0.03	5	0.02
<b>V Codes Supplementary Classification of Factors Influencing Health Status and Contact</b>	<b>1607</b>	<b>5.4</b>	<b>692</b>	<b>2.6</b>	<b>678</b>	<b>2.7</b>
Unclassified	482	1.6	453	1.7	482	1.9
<b>Total</b>	<b>29881</b>		<b>26664</b>		<b>25203</b>	

## Appendix 4.

Texas BRFSS Data 2014 Harris County

Table A. Texas BRFSS 2014 Cancer Data – Harris County (Weighted Data)

Diagnosis of any type of cancer

Demographic Group	Sample Size	Harris County				Texas			
		Yes		No		Yes		No	
		Percent	CI 95%	Percent	CI 95%	Percent	CI 95%	Percent	CI 95%
<b>Total</b>	Total	665	7.7 (5.7-10.3)	92.3 (89.7-94.3)	9.0 (8.4-9.7)	91.0 (90.3-91.6)			
<b>Gender</b>	Male	308	8.9 (5.8-13.4)	91.1 (86.6-94.2)	8.6 (7.7-9.6)	91.4 (90.4-92.3)			
	Female	357	6.6 (4.3-10.0)	93.4 (90.0-95.7)	9.4 (8.5-10.3)	90.6 (89.7-91.5)			
<b>Age Groups</b>	18-29	112	0.4 (0.1-2.8)	99.6 (97.2-99.9)	0.9 (0.5-1.7)	99.1 (98.3-99.5)			
	30-44	157	0.5 (0.1-3.6)	99.5 (96.4-99.9)	3.4 (2.6-4.6)	96.6 (95.4-97.4)			
	45-64	235	8.1 (4.8-13.4)	91.9 (86.6-95.2)	9.8 (8.7-11.1)	90.2 (88.9-91.3)			
	65+	151	29.3 (20.5-40.1)	70.7 (59.9-79.5)	28.5 (26.2-30.8)	71.5 (69.2-73.8)			
<b>Race/Ethnicity</b>	White Only	309	17.0 (12.5-22.7)	83.0 (77.3-87.5)	15.0 (14.0-16.2)	85.0 (83.8-86.0)			
	Black Only	80	6.0 (1.8-17.7)	94.0 (82.3-98.2)	4.9 (3.2-7.4)	95.1 (92.6-96.8)			
	Hispanic	204	3.1 (1.3-7.5)	96.9 (92.5-98.7)	3.7 (2.9-4.7)	96.3 (95.3-97.1)			
	Other Only/Multiracial	55	0.0 (-.)	100.0 (-.)	3.2 (1.9-5.1)	96.8 (94.9-98.1)			
<b>Insurance</b>	Has Insurance	510	9.7 (7.1-13.2)	90.3 (86.8-92.9)	11.0 (10.2-11.9)	89.0 (88.1-89.8)			
	No Insurance	149	3.3 (1.1-9.0)	96.7 (91.0-98.9)	3.1 (2.3-4.2)	96.9 (95.8-97.7)			

Table B. Texas BRFSS 2014 Diabetes Data – Harris County (Weighted Data)

Doctor Diagnosed Diabetes

Demographic Group	Sample Size Harris County	Sample Size Texas	Yes (%)		No (%)		
			Harris County	Texas	Harris County	Texas	
			<b>Total</b>	Total	663	15,394	10.4
<b>Gender</b>	Male	307	6,195	10.1	11.5	89.9	88.5
	Female	356	9,199	10.7	10.5	89.3	89.5
<b>Age Groups</b>	18-29	112	1,706	1.4	1.2	98.6	98.8
	30-44	156	2,837	5.4	4.8	94.6	95.2
	45-64	234	5,367	13.2	16.3	86.8	83.7
	65+	151	5,302	22.8	25.3	77.2	74.7
<b>Race/Ethnicity</b>	White Only	308	9,116	10.5	9.9	89.5	90.1
	Black Only	80	1,129	15.2	12.9	84.8	87.1
	Hispanic	203	4,100	10.4	12.7	89.6	87.3
	Other Only/Multiracial	55	613	3.4	6.0	96.6	94.0
<b>Insurance</b>	Has Insurance	509	12,908	12.8	12.0	87.2	88.0
	No Insurance	148	2,392	5.4	8.1	94.6	91.9

Table C. Texas BRFSS 2014 Mental Health Data – Harris County (Weighted Data)  
 Days of mental health considered “not good” for 5+ days

Demographic Group	Sample Size	None to less than 5 days		5 or more days		
		Percent	CI 95%	Percent	CI 95%	
<b>Total</b>	Total	645	<b>80.7</b>	(76.7-84.2)	<b>19.3</b>	(15.8-23.3)
<b>Gender</b>	Male	300	<b>86.2</b>	(80.8-90.2)	<b>13.8</b>	(9.8-19.2)
	Female	345	<b>75.8</b>	(69.8-81.0)	<b>24.2</b>	(19.0-30.2)
<b>Age Groups</b>	18-29	110	<b>73.5</b>	(62.6-82.1)	<b>26.5</b>	(17.9-37.4)
	30-44	151	<b>84.8</b>	(77.8-89.9)	<b>15.2</b>	(10.1-22.2)
	45-64	232	<b>78.4</b>	(71.0-84.3)	<b>21.6</b>	(15.7-29.0)
	65+	142	<b>87.2</b>	(78.8-92.6)	<b>12.8</b>	(7.4-21.2)
<b>Race/Ethnicity</b>	White Only	304	<b>82.4</b>	(76.2-87.3)	<b>17.6</b>	(12.7-23.8)
	Black Only	76	<b>75.8</b>	(63.1-85.1)	<b>24.2</b>	(14.9-36.9)
	Hispanic	197	<b>79.1</b>	(72.2-84.7)	<b>20.9</b>	(15.3-27.8)
	Other Only/Multiracial	52	<b>87.7</b>	(75.1-94.4)	<b>12.3</b>	(5.6-24.9)
<b>Insurance</b>	Has Insurance	498	<b>81.0</b>	(76.1-85.1)	<b>19.0</b>	(14.9-23.9)
	No Insurance	142	<b>79.3</b>	(71.7-85.3)	<b>20.7</b>	(14.7-28.3)

Table D. Texas BRFSS 2014 Cardiovascular Disease Data – Harris County (Weighted Data)

Demographic Group	Sample Size Harris Co.	Sample Size Texas	Yes (%)		No (%)		
			Harris County	Texas	Harris County	Texas	
<b>Total</b>	Total	657	15,253	<b>8.5</b>	7.8	<b>91.5</b>	92.2
<b>Gender</b>	Male	304	6,159	<b>10.8</b>	9.0	<b>89.2</b>	91.0
	Female	353	9,097	<b>6.4</b>	6.7	<b>93.6</b>	93.3
<b>Age Groups</b>	18-29	110	1,699	<b>2.5</b>	1.1	<b>97.5</b>	98.9
	30-44	157	2,833	<b>2.9</b>	2.6	<b>97.1</b>	97.4
	45-64	232	5,335	<b>9.3</b>	10.0	<b>90.7</b>	90.0
	65+	148	5,209	<b>26.0</b>	22.6	<b>74.0</b>	77.4
<b>Race/Ethnicity</b>	White Only	304	9,032	<b>8.0</b>	9.7	<b>92.0</b>	90.3
	Black Only	80	1,122	<b>20.9</b>	10.3	<b>79.1</b>	89.7
	Hispanic	202	4,066	<b>5.9</b>	4.9	<b>94.1</b>	95.1
	Other Only/Multiracial	54	604	<b>0.1</b>	4.4	<b>99.9</b>	95.6
<b>Insurance</b>	Has Insurance	505	12,787	<b>9.3</b>	8.5	<b>90.7</b>	91.5
	No Insurance	146	2,375	<b>6.2</b>	5.6	<b>93.8</b>	94.4



Table E. Texas BRFSS 2014 Heart Disease Data – Harris County (Weighted Data)

Demographic Group		Sample Size Harris Co.	Sample Size Texas	Yes (%)		No (%)	
				Harris County	Texas	Harris County	Texas
<b>Total</b>	Total	657	15,253	<b>8.5</b>	7.8	<b>91.5</b>	92.2
<b>Gender</b>	Male	304	6,159	<b>10.8</b>	9.0	<b>89.2</b>	91.0
	Female	353	9,097	<b>6.4</b>	6.7	<b>93.6</b>	93.3
<b>Age Groups</b>	18-29	110	1,699	<b>2.5</b>	1.1	<b>97.5</b>	98.9
	30-44	157	2,833	<b>2.9</b>	2.6	<b>97.1</b>	97.4
	45-64	232	5,335	<b>9.3</b>	10.0	<b>90.7</b>	90.0
	65+	148	5,209	<b>26.0</b>	22.6	<b>74.0</b>	77.4
<b>Race/Ethnicity</b>	White Only	304	9,032	<b>8.0</b>	9.7	<b>92.0</b>	90.3
	Black Only	80	1,122	<b>20.9</b>	10.3	<b>79.1</b>	89.7
	Hispanic	202	4,066	<b>5.9</b>	4.9	<b>94.1</b>	95.1
	Other Only/ Multiracial	54	604	<b>0.1</b>	4.4	<b>99.9</b>	95.6
<b>Insurance</b>	Has Insurance	505	12,787	<b>9.3</b>	8.5	<b>90.7</b>	91.5
	No Insurance	146	2,375	<b>6.2</b>	5.6	<b>93.8</b>	94.4

Table F. Texas BRFSS 2014 Stroke Data – Harris County (Weighted Data)

Demographic Group		Sample Size Harris County	Sample Size Texas	Yes (%)		No (%)	
				Harris County	Texas	Harris County	Texas
<b>Total</b>	Total	664	15,370	<b>3.8</b>	3.0	<b>96.2</b>	97.0
<b>Gender</b>	Male	307	6,197	<b>4.5</b>	3.1	<b>95.5</b>	96.9
	Female	357	9,173	<b>3.2</b>	2.8	<b>96.8</b>	97.2
<b>Age Groups</b>	18-29	111	1,706	<b>1.2</b>	0.5	<b>98.8</b>	99.5
	30-44	157	2,840	<b>0.7</b>	1.2	<b>99.3</b>	98.8
	45-64	235	5,363	<b>5.6</b>	4.3	<b>94.4</b>	95.7
	65+	151	5,278	<b>9.3</b>	6.9	<b>90.7</b>	93.1
<b>Race/Ethnicity</b>	White Only	309	9,102	<b>3.5</b>	3.1	<b>96.5</b>	96.9
	Black Only	80	1,131	<b>10.5</b>	5.8	<b>89.5</b>	94.2
	Hispanic	203	4,090	<b>2.4</b>	1.9	<b>97.6</b>	98.1
	Other Only/ Multiracial	55	613	<b>0.1</b>	2.5	<b>99.9</b>	97.5
<b>Insurance</b>	Has Insurance	509	12,883	<b>4.4</b>	3.2	<b>95.6</b>	96.8
	No Insurance	149	2,390	<b>2.6</b>	2.3	<b>97.4</b>	97.7

Table G. Texas BRFSS 2014 Asthma Data – Harris County (Weighted Data)  
Computed Asthma Status

Demographic Group	Sample Size Harris Co.	Sample Size Texas	Current (%)		Former (%)		Never (%)		
			Harris County	Texas	Harris County	Texas	Harris County	Texas	
<b>Total</b>	Total	662	15,329	<b>5.3</b>	6.7	<b>3.4</b>	4.0	<b>91.3</b>	89.3
<b>Gender</b>	Male	307	6,178	<b>4.9</b>	4.6	<b>4.5</b>	4.6	<b>90.6</b>	90.9
	Female	355	9,151	<b>5.7</b>	8.7	<b>2.4</b>	3.5	<b>91.9</b>	84.9
<b>Age Groups</b>	18-29	112	1,696	<b>3.6</b>	7.0	<b>3.5</b>	5.7	<b>93.0</b>	87.3
	30-44	157	2,833	<b>3.0</b>	5.0	<b>2.5</b>	3.7	<b>94.6</b>	91.3
	45-64	233	5,351	<b>7.1</b>	7.3	<b>3.2</b>	3.4	<b>89.7</b>	89.3
	65+	150	5,267	<b>5.8</b>	7.5	<b>6.1</b>	3.6	<b>88.2</b>	89.0
<b>Race/Ethnicity</b>	White Only	308	9,068	<b>8.1</b>	7.3	<b>2.0</b>	4.5	<b>90.0</b>	88.2
	Black Only	79	1,125	<b>4.0</b>	9.4	<b>11.0</b>	5.4	<b>85.0</b>	85.2
	Hispanic	203	4,090	<b>3.9</b>	4.6	<b>1.9</b>	3.2	<b>94.2</b>	92.2
	Other Only/ Multiracial	55	612	<b>4.6</b>	6.7	<b>2.6</b>	2.0	<b>92.8</b>	91.3
<b>Insurance</b>	Has Insurance	507	12,849	<b>5.8</b>	6.9	<b>3.5</b>	4.1	<b>90.7</b>	88.9
	No Insurance	149	2,384	<b>3.6</b>	5.7	<b>2.7</b>	3.4	<b>93.7</b>	90.9

Table H. Texas BRFSS 2014 Smoking Data – Harris County (Weighted Data)  
Four-level Smoker Status

Demographic Group	Sample Size Harris Co.	Sample Size Texas	Current Smoker - Every Day (%)		Current Smoker - Some Days (%)		Former Smoker (%)		Never Smoker (%)		
			Harris County	Texas	Harris County	Texas	Harris County	Texas	Harris County	Texas	
<b>Total</b>	Total	629	14,536	<b>7.1</b>	8.7	<b>6.5</b>	5.9	<b>17.6</b>	21.3	<b>68.8</b>	64.2
<b>Gender</b>	Male	295	5,849	<b>7.9</b>	9.3	<b>9.9</b>	7.4	<b>23.0</b>	26.2	<b>59.2</b>	57.1
	Female	334	8,687	<b>6.5</b>	8.0	<b>3.4</b>	4.4	<b>12.6</b>	16.5	<b>77.5</b>	71.0
<b>Age Groups</b>	18-29	105	1,589	<b>2.1</b>	7.0	<b>10.5</b>	7.7	<b>6.0</b>	10.1	<b>81.4</b>	75.2
	30-44	148	2,655	<b>8.6</b>	10.0	<b>6.9</b>	7.0	<b>13.6</b>	17.8	<b>70.9</b>	65.2
	45-64	227	5,133	<b>10.5</b>	10.8	<b>4.5</b>	5.4	<b>16.9</b>	22.5	<b>68.1</b>	61.3
	65+	139	5,015	<b>2.7</b>	4.7	<b>5.8</b>	2.7	<b>41.7</b>	39.9	<b>49.8</b>	52.7
<b>Race/Ethnicity</b>	White Only	295	8,741	<b>8.8</b>	11.3	<b>5.3</b>	4.8	<b>27.3</b>	27.5	<b>58.6</b>	56.3
	Black Only	76	1,049	<b>5.1</b>	7.6	<b>4.9</b>	6.3	<b>18.5</b>	15.2	<b>71.4</b>	70.9
	Hispanic	191	3,805	<b>6.0</b>	6.1	<b>6.6</b>	7.3	<b>13.9</b>	16.5	<b>73.5</b>	70.2
	Other Only/ Multiracial	54	568	<b>10.3</b>	5.7	<b>10.7</b>	4.9	<b>3.4</b>	12.4	<b>75.6</b>	77.0
<b>Insurance</b>	Has Insurance	484	12,222	<b>5.8</b>	7.2	<b>5.1</b>	5.2	<b>20.7</b>	23.1	<b>68.4</b>	64.6
	No Insurance	140	2,237	<b>10.4</b>	13.4	<b>9.9</b>	8.3	<b>10.4</b>	16.0	<b>69.4</b>	62.4

Table I. Texas BRFSS 2014 Obesity Data – Harris County (Weighted Data)  
Overweight or Obese

Demographic Group		Sample Size Harris Co.	Sample Size Texas	At Risk (%)		Not At Risk (%)	
				Harris County	Texas	Harris County	Texas
<b>Total</b>	Total	603	14,058	<b>69.4</b>	67.8	<b>30.6</b>	32.2
<b>Gender</b>	Male	295	5,939	<b>74.5</b>	74.3	<b>25.5</b>	25.7
	Female	308	8,119	<b>64.1</b>	61.0	<b>35.9</b>	39.0
<b>Age Groups</b>	18-29	96	1,515	<b>50.7</b>	51.9	<b>49.3</b>	48.1
	30-44	137	2,511	<b>71.9</b>	70.9	<b>28.1</b>	27.1
	45-64	223	4,992	<b>72.2</b>	75.4	<b>27.8</b>	24.6
	65+	142	4,941	<b>78.6</b>	69.5	<b>21.4</b>	30.5
<b>Race/Ethnicity</b>	White Only	287	8,546	<b>63.2</b>	63.9	<b>36.8</b>	36.1
	Black Only	73	1,026	<b>91.7</b>	79.1	<b>8.3</b>	20.9
	Hispanic	179	3,558	<b>74.8</b>	73.8	<b>25.2</b>	26.2
	Other Only/Multiracial	53	578	<b>34.4</b>	40.4	<b>65.6</b>	59.6
<b>Insurance</b>	Has Insurance	484	11,904	<b>70.3</b>	67.3	<b>29.7</b>	32.7
	No Insurance	123	2,079	<b>68.3</b>	70.2	<b>31.7</b>	29.8

Table J. Texas BRFSS 2014 Access to Care Data – Harris County (Weighted Data)  
Do you have one person you think of as your personal doctor or healthcare provider?

Demographic Group		Sample Size Harris Co.	Sample Size Texas	Yes, one (%)		Yes, more than one (%)		No (%)	
				Harris County	Texas	Harris County	Texas	Harris County	Texas
<b>Total</b>	Total	661	15,336	<b>54.3</b>	58.8	<b>7.5</b>	8.2	<b>38.2</b>	32.9
<b>Gender</b>	Male	306	6,172	<b>47.3</b>	53.8	<b>5.2</b>	6.5	<b>47.5</b>	39.6
	Female	355	9,164	<b>60.4</b>	63.7	<b>9.6</b>	9.8	<b>30.0</b>	26.5
<b>Age Groups</b>	18-29	111	1,695	<b>33.8</b>	41.2	<b>4.2</b>	6.1	<b>62.0</b>	52.7
	30-44	157	2,833	<b>42.0</b>	52.6	<b>7.5</b>	5.9	<b>50.5</b>	41.5
	45-64	230	5,354	<b>68.1</b>	68.9	<b>5.7</b>	7.8	<b>26.2</b>	23.3
	65+	152	5,270	<b>69.8</b>	74.7	<b>16.7</b>	16.1	<b>13.5</b>	9.2
<b>Race/Ethnicity</b>	White Only	308	9,085	<b>67.3</b>	68.4	<b>11.5</b>	10.1	<b>21.2</b>	21.5
	Black Only	78	1,129	<b>70.4</b>	62.9	<b>8.6</b>	7.6	<b>21.0</b>	29.5
	Hispanic	203	4,081	<b>36.7</b>	45.0	<b>5.9</b>	6.4	<b>57.4</b>	48.6
	Other Only/Multiracial	55	612	<b>60.1</b>	59.8	<b>1.0</b>	5.3	<b>38.9</b>	34.8
<b>Insurance</b>	Has Insurance	508	12,865	<b>67.6</b>	68.9	<b>10.2</b>	10.0	<b>22.2</b>	21.1
	No Insurance	147	2,390	<b>25.7</b>	29.1	<b>1.8</b>	2.8	<b>72.6</b>	68.0

Table K. Texas BRFSS 2014 Access to Care Data – Harris County (Weighted Data)

Had a routine check up in the past year

Demographic Group	Sample Size Harris Co.	Sample Size Texas	Yes (%)		No (%)		
			Harris County	Texas	Harris County	Texas	
<b>Total</b>	Total	657	15,130	<b>71.0</b>	67.6	<b>29.0</b>	32.4
<b>Gender</b>	Male	305	6,104	<b>64.3</b>	63.6	<b>35.7</b>	36.4
	Female	352	9,026	<b>77.2</b>	71.5	<b>22.8</b>	28.5
<b>Age Groups</b>	18-29	107	1,642	<b>58.4</b>	56.8	<b>41.6</b>	43.2
	30-44	156	2,779	<b>63.3</b>	60.5	<b>36.7</b>	39.5
	45-64	232	5,320	<b>74.7</b>	70.0	<b>25.3</b>	30.0
	65+	151	5,210	<b>91.2</b>	89.4	<b>8.8</b>	10.6
<b>Race/Ethnicity</b>	White Only	307	8,978	<b>72.6</b>	71.9	<b>27.4</b>	28.1
	Black Only	80	1,121	<b>89.5</b>	74.0	<b>10.5</b>	24.0
	Hispanic	201	4,017	<b>66.4</b>	60.1	<b>33.6</b>	39.9
	Other Only/Multiracial	53	601	<b>57.8</b>	63.7	<b>42.2</b>	36.3
<b>Insurance</b>	Has Insurance	503	12,718	<b>81.2</b>	75.7	<b>18.8</b>	24.3
	No Insurance	148	2,329	<b>49.8</b>	43.3	<b>50.2</b>	56.7

Table L. Texas BRFSS 2014 Access to Care Data – Harris County (Weighted Data)

Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

Demographic Group	Sample Size Harris Co.	Sample Size Texas	Yes (%)		No (%)		
			Harris County	Texas	Harris County	Texas	
<b>Total</b>	Total	662	15,379	<b>19.8</b>	17.6	<b>80.2</b>	82.4
<b>Gender</b>	Male	307	6,193	<b>15.9</b>	14.1	<b>84.1</b>	85.9
	Female	355	9,186	<b>23.3</b>	21.1	<b>76.7</b>	78.9
<b>Age Groups</b>	18-29	111	1,700	<b>18.4</b>	16.1	<b>81.6</b>	83.9
	30-44	156	2,837	<b>24.4</b>	22.2	<b>75.6</b>	77.8
	45-64	233	5,371	<b>22.3</b>	20.9	<b>77.7</b>	79.1
	65+	151	5,287	<b>6.9</b>	5.9	<b>93.1</b>	94.1
<b>Race/Ethnicity</b>	White Only	310	9,110	<b>8.1</b>	10.9	<b>91.9</b>	89.1
	Black Only	79	1,130	<b>19.3</b>	21.2	<b>80.7</b>	78.8
	Hispanic	202	4,095	<b>28.5</b>	26.1	<b>71.5</b>	73.9
	Other Only/Multiracial	55	611	<b>16.0</b>	11.4	<b>84.0</b>	88.6
<b>Insurance</b>	Has Insurance	511	12,902	<b>10.0</b>	10.0	<b>90.0</b>	90.0
	No Insurance	145	2,384	<b>42.9</b>	41.0	<b>57.1</b>	59.0

Table M. Texas BRFSS 2014 Leisure Time Data – Harris County (Weighted Data)

During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?

	Demographic Group	Sample Size Harris County	Sample Size Texas	Yes (%)		No (%)	
				Harris County	Texas	Harris County	Texas
<b>Total</b>	Total	667	15,394	<b>70.7</b>	72.4	<b>29.3</b>	27.6
<b>Gender</b>	Male	310	6,200	<b>74.1</b>	75.0	<b>25.9</b>	25.0
	Female	357	9,194	<b>67.6</b>	70.0	<b>32.4</b>	30.0
<b>Age Groups</b>	18-29	112	1,707	<b>75.0</b>	77.0	<b>25.0</b>	23.0
	30-44	157	2,835	<b>69.9</b>	75.8	<b>30.1</b>	24.2
	45-64	235	5,380	<b>69.0</b>	69.4	<b>31.0</b>	30.6
	65+	152	5,287	<b>71.7</b>	65.1	<b>28.3</b>	34.9
<b>Race/Ethnicity</b>	White Only	310	9,110	<b>77.8</b>	78.1	<b>22.2</b>	21.9
	Black Only	80	1,133	<b>73.5</b>	69.4	<b>26.5</b>	30.6
	Hispanic	205	4,108	<b>62.6</b>	66.2	<b>37.4</b>	34.8
	Other Only/Multiracial	55	612	<b>79.3</b>	76.1	<b>20.7</b>	23.9
<b>Insurance</b>	Has Insurance	512	12,902	<b>79.3</b>	75.7	<b>20.7</b>	24.3
	No Insurance	149	2,398	<b>51.4</b>	62.5	<b>48.6</b>	37.5

## Appendix 5.

### 2013 CHNA Priority Need Actions / Evaluation of Impact

Each priority need identified by the Baylor St. Luke's hospital advisory board, staff and community stakeholders in the conducted 2013 Community Health Needs Assessment was assigned an action strategy to help eliminate or fulfill the need. Below is a table listing each identified need and the measure that was completed in order to fulfill the need. If a need was not fulfilled, it is noted.

Baylor St. Luke's Medical Center Priority Needs	Actions taken to fulfill priority need
<b>Access to Care</b>	
1) Baylor St. Luke's will continue to collaborate with MAT Psych Services, a team of mental health professionals that respond to calls from the ER when patients present symptoms of mental illness, depression, psychosis or chemical dependency	<ul style="list-style-type: none"> <li>Continued collaboration.</li> </ul>
2) Baylor St. Luke's will outreach and foster new relationships with primary care providers and healthcare service providers to assist linking hospital patients to medical homes.	<ul style="list-style-type: none"> <li>Nine local Federally Qualified Health Centers (FQHC) participating in Liver Health Outreach (LHO) and providing free Hepatitis C testing</li> <li>San Jose Clinic – CHF program, diabetes educator</li> </ul>
3) Baylor St. Luke's will enhance linkages to care by improving the care transition for congestive heart failure patients	<ul style="list-style-type: none"> <li>Transitional Care Clinic (TCC) established and provided over 30 uninsured patients with access to reliable primary care, medication and lab visits</li> <li>TCC reported 750 enrolled patients, 1,000 inpatient hospital visits and 500 post-visit calls or secondary visits</li> </ul>
4) Baylor St. Luke's will improve the identification and treatment of chronic diseases such as Hepatitis C (HCV) by collaborating with partners to educate	<ul style="list-style-type: none"> <li>9 FQHC testing sites in greater Houston area</li> <li>6,972 individuals tested through Liver Health Outreach (LHO) program</li> </ul>
5) Baylor St. Luke's will continue to be committed to telehealth opportunities that increase access to clinical education and provide webinars for primary care and specialty providers on various topics	<ul style="list-style-type: none"> <li>Number of physicians/providers participating in Project ECHO: 121</li> <li>Number of organizations participating in Project ECHO: 35</li> <li>Number of specialties offered: 6</li> <li>Number of cases presented: 232</li> </ul>
6) Baylor St. Luke's Center for Integrative Medicine will continue to offer massage therapy, yoga therapy, personal pet visitation and acupuncture	<ul style="list-style-type: none"> <li>Current staff includes 3 massage therapists, 1 yoga instructor, 1 acupuncturist</li> <li>Growing patient classes; potential to host outpatient services</li> </ul>
<b>Coordination of Care</b>	
1) Baylor St. Luke's will connect patients to information regarding medical homes, safety net clinics and primary care resources by distributing information on community resources in Harris County.	<ul style="list-style-type: none"> <li>A resource guide of the Harris County, including more than 200 community clinics, was made and distributed.</li> </ul>
2) Baylor St. Luke's will continue to coordinate patient care through the Patient Navigation Process	Unavailable information.
3) Baylor St. Luke's will continue to coordinate education programs for physicians and other clinicians focused on a variety of health topics	<ul style="list-style-type: none"> <li>Oncology education series: 10 classes offered at Houston area African American church; approximately 200 participants</li> </ul>
4) Baylor St. Luke's will communicate and promote resources on the hospital's website and on various social media outlets	<ul style="list-style-type: none"> <li>Media recognition through more than 251 articles</li> <li>Social media "hits": Facebook (likes): 9,052 Twitter (followers): 3,671 Pinterest (followers): 178 You Tube (followers): 16 Instagram (followers): 103</li> <li>chistlukeshealth.org (avg. views/mo): 310,511</li> </ul>
<b>Chronic Disease Management</b>	
1) Baylor St. Luke's will host chronic disease management educational programs throughout the year	<ul style="list-style-type: none"> <li>Diabetes education</li> <li>Health screenings for patients and staff</li> </ul>
2) Baylor St. Luke's will collaborate with other community organizations to promote and educate on healthy lifestyles focusing on prevention of chronic disease	<ul style="list-style-type: none"> <li>Oncology education series: 2015 – 10 classes offered at Houston area African American church; approximately 200 participants</li> <li>Grand Rounds: 2014 – 11 presentations; 2015 – 11 presentations</li> </ul>

	<ul style="list-style-type: none"> <li>Diabetes education and outreach: Heart Walk; Health Fair (2015 – 9); Diabetes Expo; Prevention presentations</li> <li>Stroke education team: 2014-2016 – almost 150 education classes offered at community locations</li> </ul>
3) Baylor St. Luke's will offer annual Pain Management educational programs on topics of prevention and treatment	<ul style="list-style-type: none"> <li>Classes offered to employees</li> </ul>
4) Baylor St. Luke's will strengthen relationships with providers and community organizations to coordinate and promote existing chronic disease management resources	<ul style="list-style-type: none"> <li>Stroke education team: 2014-2016 – almost 150 education classes offered at community locations</li> <li>Stroke support group: 2014-2016 – more than 20 meetings for patients and families</li> </ul>
<b>Patient Education</b>	
1) Baylor St. Luke's physicians will provide free educational programs on a variety of topics. Baylor St. Luke's will be committed to "Make a Stand", a system-wide initiative to provide breast cancer awareness and education to the community.	<ul style="list-style-type: none"> <li>Oncology education series: 10 classes offered at Houston area African American church; approximately 200 participants</li> <li>Flamingo Campaign - 100 flamingos were available for purchase at Baylor St. Luke's. \$1330 was raised and given to the breast cancer foundation.</li> <li>"Wear Pink" day and a proclamation was presented from the mayor.</li> <li>An informational event took place at the hospital where 2 physicians spoke, 50 individuals walked through the hospital and handed out pink balloons, and approximately 250 individuals attended a reception.</li> </ul>
2) Baylor St. Luke's nurse educators and dietitians will provide free educational programs for low-income and/or underserved populations	<ul style="list-style-type: none"> <li>Stroke education team: 2014-2016 – almost 150 education classes offered at community locations</li> </ul>
3) Baylor St. Luke's will collaborate with community organizations, churches, civic groups and support groups to present educational seminars on priority community health needs	<ul style="list-style-type: none"> <li>Stroke education team: 2014-2016 – almost 150 education classes offered at community locations</li> </ul>
4) Baylor St. Luke's will collaborate with organizations that focus on minority and vulnerable populations to present and distribute culturally relevant health information	<ul style="list-style-type: none"> <li>Stroke education team in Spanish</li> <li>Oncology education series in Spanish</li> </ul>
5) Baylor St. Luke's will offer annual Pain Management educational programs on a variety of topics	<ul style="list-style-type: none"> <li>Classes offered to employees</li> </ul>
6) Baylor St. Luke's will continue to host a stroke education support group	<ul style="list-style-type: none"> <li>Stroke support group: 2014-2016 – more than 20 meetings for patients and families</li> </ul>

# *Community Health Needs Assessment*

*CHI St. Luke's Health Houston Master Report*

FY 2016

## *Contents*

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## Overview

## Methodology

- This report summarizes the results of both qualitative and quantitative research in the primary service area for each of the 5 CHI St. Luke's Health hospitals in the Houston area.
  - **Qualitative** inputs were collected via both individual phone interviews with doctors, and in-person focus groups.
    - 1 group of staff members at each of the 5 hospitals.
    - 1 group among community decision makers external to each hospital. Included in the screening for the latter group were representatives of public health agencies, community health centers, government agencies, community organizations, academics, media organizations, policy makers, elected officials, etc.
  - **Quantitative** data were collected via online and phone interviews with 149-301 healthcare decision makers ages 18-74 living in the primary service area for each hospital (900 in total).
- This report summarizes these research results for Houston.
  - Individual reports are also available focusing on each hospital's PSA.

## Summary & Implications

## Summary & Implications for Consideration



Area of need	Description
Special Programs & Improvements	<ul style="list-style-type: none"> <li>• Minimizing/eliminating use of ER for primary and routine care</li> <li>• Improving transitional care for discharged patients, post op patients and children into adulthood</li> <li>• Overcoming language barriers (spoken, written and reading)</li> <li>• Increasing out of hospital and in home care and counsel alternatives</li> <li>• Identifying transportation alternatives and linking to patient needs</li> <li>• Focusing on and investing in disease prevention</li> <li>• Combatting reduced emphasis on physical education and health in schools</li> <li>• Overcoming social isolation for seniors</li> <li>• Improving availability and distribution of healthy and nutritious food for those who need it</li> <li>• Tearing down silos among providers, hospitals, community services and care organizations</li> <li>• Identify lower cost sources for meds and link to patients delaying prescription refills</li> <li>• More resources for sexual assault, human trafficking and school violence services</li> </ul>

## Summary & Implications for Consideration



Area of need	Description
Special Programs & Improvements	<ul style="list-style-type: none"><li>• Minimizing/eliminating use of ER for primary and routine care</li><li>• Improving transitional care for discharged patients, post op patients and children into adulthood</li><li>• Overcoming language barriers (spoken, written and reading)</li><li>• Increasing out of hospital and in home care and counsel alternatives</li><li>• Identifying transportation alternatives and linking to patient needs</li><li>• Focusing on and investing in disease prevention</li><li>• Combatting reduced emphasis on physical education and health in schools</li><li>• Overcoming social isolation for seniors</li><li>• Improving availability and distribution of healthy and nutritious food for those who need it</li><li>• Tearing down silos among providers, hospitals, community services and care organizations</li><li>• Identify lower cost sources for meds and link to patients delaying prescription refills</li><li>• More resources for sexual assault, human trafficking and school violence services</li></ul>



*Imagine better health.<sup>SM</sup>*

*Qualitative*  
**Key Findings**

## Qualitative Summary

	TOTAL	BSLMC	SLHV	SLPMC	SLSL	SLWH/ SLLH
CONCERNS EXPRESSED REGARDING ACCESS TO CARE						
Uninsured/uninsurable	X	X	X	X	X	X
Seniors	X	X	X	X	X	X
Veterans			X			X
Indigent	X	X	X	X		X
Low/much reduced income	X	X	X	X		X
Special needs						X
Disabilities				X		X
Mentally ill	X	X	X	X	X	X
Homeless	X	X		X		X
Medicare/Medicaid insured	X	X		X		X
Unemployed		X				
Depression/anxiety					X	
Hispanics			X	X		
Minorities			X			
LGBT		X				
Asthmatics/COPD			X			
Children/youths/teens	X	X	X	X	X	X
Undocumented/illegal		X				

NOTE: X = identified as underserved in 3 or more areas



### KEY FINDINGS

- Respondents in all five of the CHI-SLH areas show a high degree of overlap/agreement regarding the segments in greatest need for additional access.
  - Uninsured/uninsurable
  - Seniors
  - Indigent
  - Low or much reduced income
  - Mentally ill
  - Homeless
  - Medicare/Medicaid insured
  - Children/youths/teens

## Qualitative Summary

	TOTAL	BSLMC	SLHV	SLPMC	SLSL	SLWH/ SLLH
NEED MORE PROVIDERS/PROFESSIONALS						
Obstetricians				X		
Pediatrician				X		
Vascular specialist				X		
Cardio rehab				X		
Primary care/family care	X		X		X	X
Endocrinologists			X			
Neurologists/neuro surgeon			X			
Orthopedics			X			
Pediatric cardiologists			X			
Oncologists		X	X			
Sports medicine			X			X
Home health					X	
Trauma care						X
Wellness centers						X
Public health care						X
Palliative & hospice care		X				
Skilled nursing		X				
Home nursing care		X				
Community navigator		X				

NOTE: X = identified as underserved in 3 or more areas



### KEY FINDINGS

- In contrast, the need for more providers appears to be very unique/individual to each area.
- Only primary care/family care providers are identified as a true need in as many as 3 of the 5 CHI-SLH PSA's.

## Qualitative Summary

	TOTAL	BSLMC	SLHV	SLPMC	SLSL	SLWH/ SLH
COMMUNITY EDUCATION NEEDED						
Cultural diversity						x
COPD/pneumonia/lung disease						x
Diabetes	x	x	x	x	x	x
Kidney diseases						x
Int'l travel & disease risk						x
Taking better care of self	x	x			x	x
Nutrition	x	x	x	x	x	x
Available programs/services	x	x		x	x	x
Cardio	x	x		x	x	
Challenges & care of the aging			x		x	
Diet & exercise		x			x	
Depression					x	
Drugs/substance abuse						x
Suicide signs/response						x
PTSD						x
Obesity	x	x		x	x	x
Preventative care	x	x			x	x
Hypertension/high blood pressure	x	x		x	x	
Healthy lifestyle			x			

NOTE: x = identified as underserved in 3 or more areas



### KEY FINDINGS

- The educational need receiving the greatest amount of air time during these interviews was clearly a desire to better communicate to all what programs/services are currently available and how to find out about each one.
- Second in air time was respondent desire to focus more time & educational efforts on preventative care.
- In addition, respondents focused on specific needs related to diabetes, nutrition, heart diseases, obesity, preventative care, hypertension and taking better care of yourself.
- Respondents specifically mentioned school aged children, their parents and seniors as primary education targets in many of these need areas.
- Finally, there were many requests for better coordination, communication and consistency in designing, communicating and executing future educational outreach efforts.

## Qualitative Summary

	TOTAL	BSLMC	SLHV	SLPMC	SLSL	SLWH/ SLH
PROBLEMS/OPPORTUNITIES						
Reducing hospital/ER repeats	x	x	x		x	x
Improving transitional care	x	x	x			x
Longer time to get appointment		x				
Problems with global patient care		x				
Language (read/write/speak)	x	x			x	x
Difficult to navigate facility		x				
Losing experienced/expert staff		x				x
Improving community relations		x				
Dealing with patient, not disease		x			x	
Primary care feeder program		x				
Partnering plan for CHI hospitals		x				
Food availability & distribution	x	x	x	x		
How refer kids/moms within CHI		x				
Mental health profitability		x				

NOTE: x = identified as underserved in 3 or more areas



### KEY FINDINGS

- The list of problems/opportunities needing attention demonstrated both unique area differences and cross area consistencies.
- At least 3 of the 5 hospital PSA's defined the following as problems/opportunities:
  - Reducing hospital/ER repeats
  - Improving transitional care
  - Overcoming language hurdles
  - Food availability & distribution
  - Transportation limitations
  - Focusing/investing on prevention
  - Schools de-emphasizing PE & health
  - Social isolation for seniors
  - ER use for routine/PCP care
  - Dealing with more & sicker patients
  - Raising CHI-SLH awareness
  - Raising awareness of what services/programs are available

## Qualitative Summary

	TOTAL	BSLMC	SLHV	SLPMC	SLSL	SLWH/ SLLH
PROBLEMS/OPPORTUNITIES (continued)						
Plan for exploding senior needs					x	x
Raising awareness of local needs						x
Increasing meth/substance abuse					x	x
Growing suicide rate						x
Tearing down silos everywhere						x
Living longer & fewer DNRs					x	
Non-compliant patients					x	
Increasing physician coordination					x	
More patients & expectations			x		x	
Hospital awareness/perceptions	x	x	x		x	
Dealing with exploding diversity			x		x	
School bullying & violence					x	
Awareness of what's available	x	x			x	
Prioritize/focus - not try to do it all					x	



### KEY FINDINGS

- The list of problems/opportunities needing attention demonstrated both unique area differences and cross area consistencies.
- At least 3 of the 5 hospital PSA's defined the following a problems/opportunities:
  - Reducing hospital/ER repeats
  - Improving transitional care
  - Overcoming language hurdles
  - Food availability & distribution
  - Transportation limitations
  - Focusing/investing on prevention
  - Schools de-emphasizing PE & health
  - Social isolation for seniors
  - ER use for routine/PCP care
  - Dealing with more & sicker patients
  - Raising CHI-SLH awareness
  - Raising awareness of what services/programs are available

## Qualitative Summary

	TOTAL	BSLMC	SLHV	SLPMC	SLSL	SLWH/ SLLH
SERVICES NEEDED						
Managing discharged patients	x	x	x	x		x
Home PT, counsel & care program	x	x	x	x	x	x
Patient advocate		x				
Coordinated community outreach		x	x			
Group & family activity programs		x		x		
Health fairs/screens	x	x	x		x	
Mental health programs/services		x				x
Community health worker program		x				
Where find affordable meds	x	x	x	x		
Palliative care program		x				
Treating the mentally ill		x				
Bringing healthcare to the community						x
Kids trauma, suicide, sexual abuse						x
Sexual assault services						
After school programs for kids					x	x



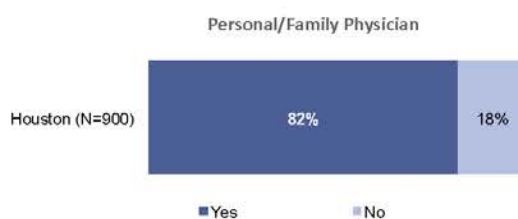
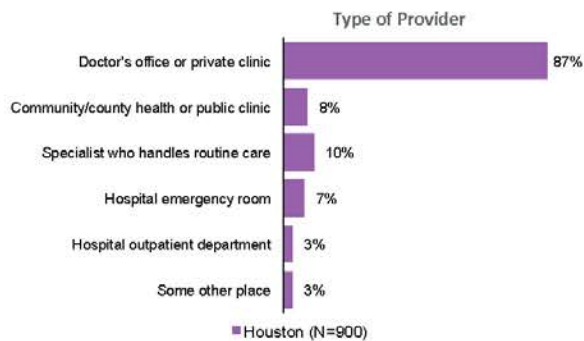
### KEY FINDINGS

- Finally, qualitative respondents also identified several specific suggestions of new/improved service needs. Across the five CHI-SLH, the most popular suggestions included:
  - Managing discharged patients
  - Home PT, counsel & care program
  - Health fairs/screens
  - Where to find affordable meds

**Key Findings**  
Quantitative

**Routine Care**

What kind of medical provider do you use for routine care or when you are sick? Do you use (ACCEPT MULTIPLE RESPONSES)  
Do you have a personal or family physician for most of your healthcare?



**KEY FINDINGS**

- Houston residents look first and foremost to doctor's offices or private clinics for their routine care.
- As a whole, individuals in Houston are strongly reliant on a personal or family physician for most of their healthcare needs.
- Doctor's office or private clinic usage is highest among healthier, older, insured, more affluent and Anglo respondents... those who are more satisfied, more confident, have a great deal of choice in their providers and have never had to delay healthcare or prescriptions.
- Those most likely to have a personal or family physician share these same profile skews.

## Routine Care

What kind of medical provider do you use for routine care or when you are sick? Do you use (ACCEPT MULTIPLE RESPONSES)  
Do you have a personal or family physician for most of your healthcare?

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>TYPE OF PROVIDER</b>						
Doctor's office/private clinic	87%	86%	87%	92%	86%	87%
Community/county public clinic	8%	8%	6%	7%	9%	9%
Specialist handles routine care	10%	8%	6%	19%	9%	7%
Hospital emergency room	7%	5%	5%	17%	5%	6%
Hospital outpatient department	3%	3%	3%	5%	1%	1%
Some other place	3%	3%	3%	5%	3%	3%
<b>PERSONAL/FAMILY PHYSICIAN</b>						
Yes	82%	79%	83%	89%	85%	85%
No	18%	21%	17%	11%	15%	15%

NOTE: The difference between the total and the SLWH/SLLH is statistically significant (p < 0.05) at the 90% confidence level.

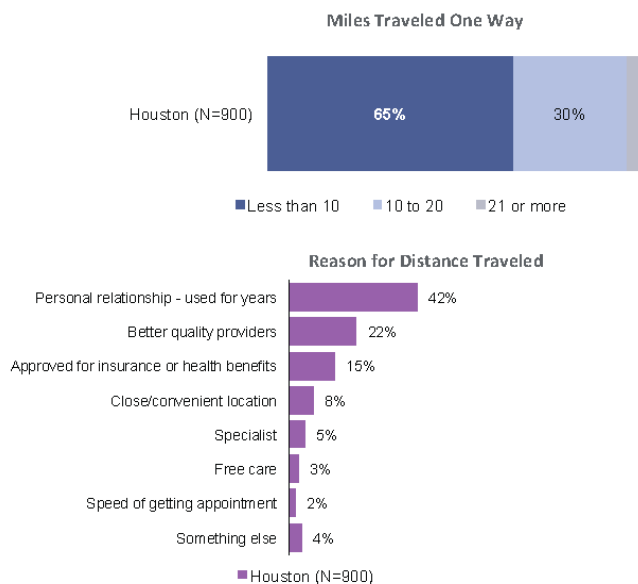


### KEY FINDINGS

- Residents in all 5 hospital areas prefer doctor's offices or private clinics and rely on a personal or family physician for their routine care.
- Those living in the SLPMC primary marketing area are more likely to utilize more than one provider type for routine care (especially specialists and hospital emergency rooms).

## Distance Travel for Routine Care

How many miles do you travel on average (one way) for most of your family's routine healthcare needs?  
What is the PRIMARY reason that you or someone in your household travel this distance for healthcare needs?



### KEY FINDINGS

- Nearly half of these respondents have developed long term personal relationships and positive experiences with their family provider and choose to stick with that provider.
- Perceived provider quality, insurance acceptance and location also play important roles in their selection of a family doctor.
- Regardless of the exact reason for their decision, most are able to satisfy their routine needs close to home.
- Older, insured, Anglos, males, those who are more confident and have not had to delay health care or prescriptions tend to travel shorter distances for their routine healthcare... while younger, non-White, females, those who are less confident and have delayed health care or prescriptions are more likely to travel longer distances for their routine healthcare.



## Distance Travel for Routine Care

	TOTAL (N=900/ 324)	BSLMC (N=301/ 100)	SLHV (N=150/ 51)	SLPMC (N=149/ 56)	SLSL (N=150/ 51)	SLWH/ SLLH (N=150/ 68)
<b>MILES TRAVELED ONE WAY</b>						
Less than 10	65%	67%	66%	62%	66%	56%
10-20	30%	29%	28%	31%	31%	35%
21 or more	5%	4%	6%	6%	3%	9%
<b>PERSONAL/FAMILY PHYSICIAN</b>						
Personal relationship - used for years	42%	38%	45%	45%	51%	41%
Better quality providers	22%	24%	24%	16%	20%	17%
Approved for insurance or health benefits	15%	13%	20%	12%	20%	23%
Close/convenient location	8%	9%	2%	12%	2%	9%
Specialist	5%	6%	4%	7%	0%	2%
Free care	3%	4%	0%	0%	4%	6%
Speed of getting appointment	2%	2%	4%	0%	2%	0%
Something else	4%	4%	2%	7%	2%	3%

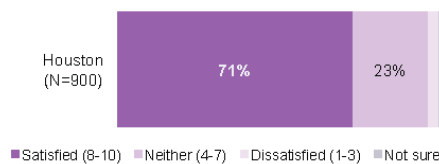


### KEY FINDINGS

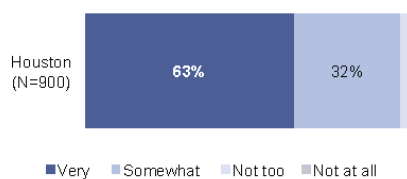
- Most residents in all 5 hospital areas travel less than 10 miles for their routine health care.
- A long-term personal relationship, better quality perceptions and insurance acceptance are the three most popular reasons justifying the distance traveled in all 5 areas.

## Satisfaction, Confidence & Choice

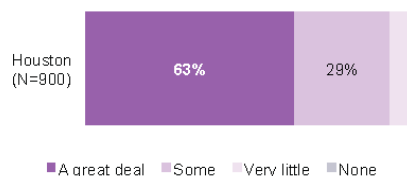
Describe your level of satisfaction with the care received from your routine healthcare provider.



How confident are you that you can easily access quality healthcare when you or your family need it?



How much choice do you have in where you go for medical care?



### KEY FINDINGS

- For the most part, Houstonians are satisfied with their routine healthcare provider. In addition, the majority are confident that they can easily access quality healthcare and have a great deal of choice in where they go for medical care.
- Satisfaction levels were highest among older, healthier and more affluent respondents... those with the most choice and greatest confidence... and those who have not delayed health care or prescriptions.
- Confidence was strongest among these same groups.
- And those with the most choice share these same characteristics plus being insured.

## Satisfaction, Confidence & Choice

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>LEVEL OF SATISFACTION</b>						
Satisfied (8-10)	71%	67%	77%	73%	77%	74%
Neither/nor (4-7)	23%	25%	19%	22%	21%	23%
Dissatisfied (1-3)	3%	3%	2%	4%	1%	1%
Not sure	3%	4%	1%	1%	1%	2%
<b>LEVEL OF CONFIDENCE CAN EASILY ACCESS QUALITY HEALTHCARE</b>						
Very confident	63%	63%	62%	66%	61%	63%
Somewhat confident	32%	32%	35%	29%	33%	33%
Not too confident	4%	4%	3%	3%	4%	3%
Not at all confident	1%	1%	0%	1%	1%	1%
<b>AMOUNT OF CHOICE IN WHERE GO FOR HEALTHCARE</b>						
A great deal of choice	63%	62%	68%	72%	55%	55%
Some choice	29%	29%	27%	19%	37%	39%
Not a lot of choice	7%	8%	5%	10%	5%	6%
No choice	1%	1%	0%	1%	3%	0%

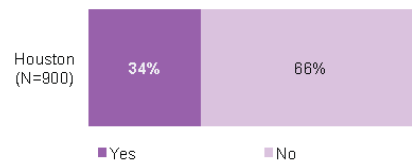


### KEY FINDINGS

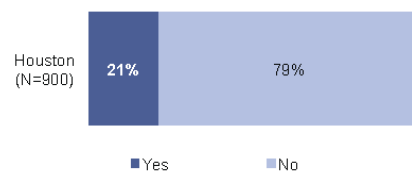
- The majority of respondents in all five areas are satisfied, confident and have a great deal of choice.
- Those in Sugar Land and The Woodlands appear to have somewhat less choice than others.

## Delayed Healthcare or Prescriptions

Have you or someone in your household delayed healthcare due to lack of money and/or insurance?



Have you or someone in your household been unable to fill prescriptions due to lack of money and/or insurance?



### KEY FINDINGS

- Most of these respondents have never had to delay healthcare or prescription purchases because of money shortage or no insurance.
- There are however a sizeable segment of Houston respondents who have faced these tradeoff decisions.
- The frequency of delayed healthcare is highest among females, younger, non-White and less affluent individuals... those with the least amount of choice, least satisfied & confident, no insurance, less healthy and living with children <18 at home.
- Those who delay filling prescriptions exhibit these same profile differences.

# Delayed Healthcare or Prescriptions

Have you or someone in your household delayed healthcare due to lack of money and/or insurance?  
 Have you or someone in your household been unable to fill prescriptions due to lack of money and/or insurance?

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLH (N=150)
<b>DELAYED HEALTHCARE DUE TO LACK OF MONEY/INSURANCE</b>						
Yes	34%	35%	33%	34%	28%	33%
No	66%	65%	67%	66%	72%	67%
<b>DELAYED FILLING PRESCRIPTIONS DUE TO LACK OF MONEY/INSURANCE</b>						
Yes	21%	22%	17%	19%	20%	29%
No	79%	78%	83%	81%	80%	71%



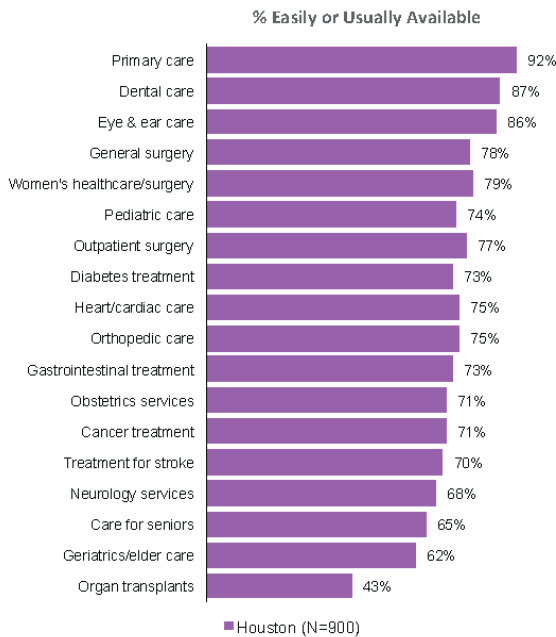
### KEY FINDINGS

- The percentage of delayed healthcare remains consistent across all five hospital regions.
- So too the percent of delayed prescriptions... except in The Woodlands where delays are more prevalent.

NOTE: ■ significantly stronger/weaker than Total at the 90+% confidence level

# Available Healthcare Services

How available are the following to you and your family?



### KEY FINDINGS

- Care availability levels in Houston are highest for primary care, dental care, and eye & ear care... and lowest for organ transplants.
- Across the various types of care listed, availability tends to be rated highest among men, older, healthier and more affluent respondents, Anglos, those who are most satisfied, confident, have the greatest choice, have not had to delay healthcare or prescriptions, those with insurance and no kids living at home.

## Available Healthcare Services

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>EASILY/USUALLY AVAILABLE HEALTHCARE SERVICES</b>						
Primary care	92%	90%	94%	94%	92%	95%
Dental care	87%	86%	92%	85%	85%	89%
Eye & ear care	86%	85%	91%	90%	84%	90%
General surgery	78%	77%	83%	84%	73%	87%
Women's healthcare/surgery	79%	75%	83%	85%	81%	83%
Pediatric care	74%	74%	75%	72%	71%	72%
Outpatient surgery	77%	73%	87%	85%	73%	85%
Diabetes treatment	73%	72%	76%	77%	72%	71%
Heart/cardiac care	75%	72%	83%	83%	74%	79%
Orthopedic care	75%	72%	83%	83%	75%	78%
Gastrointestinal treatment	73%	71%	80%	79%	68%	77%
Obstetrics services	71%	70%	71%	69%	69%	67%
Cancer treatment	71%	70%	73%	74%	69%	75%
Treatment for stroke	70%	70%	71%	72%	68%	69%
Neurology services	68%	65%	75%	75%	70%	67%

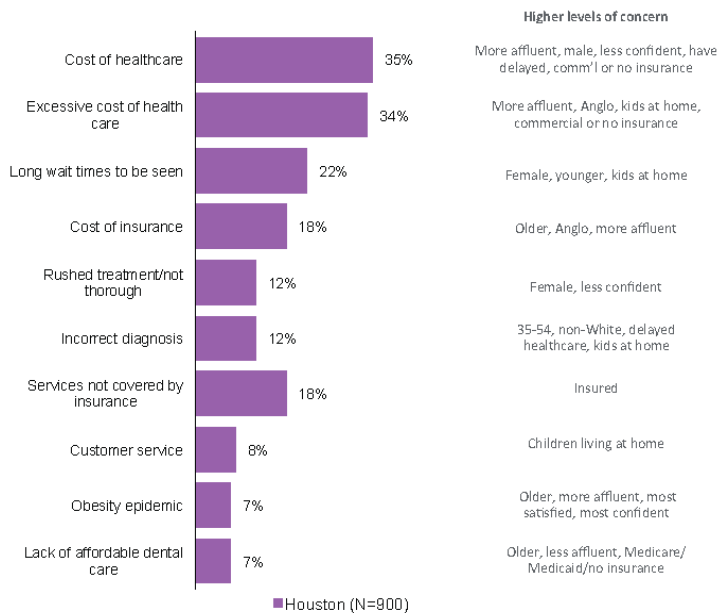


### KEY FINDINGS

- The same three services (primary care, dental care and eye & ear care) top the availability rankings in all 5 hospital areas... and organ transplants is also least available in all areas.
- In general, residents in The Vintage and Pasadena are more likely to identify broad provider availability a strength of their community.

## Biggest Concerns

Which of the following concern you most about healthcare in your area? (Max of 3)



### KEY FINDINGS

- Houston residents readily offer one or more areas of immediate concern regarding area healthcare.
- Cost of healthcare is clearly the biggest concern in the minds of most of these Houston respondents.
- Wait times Insurance costs, and services not covered by insurance round out the top 5 mentions.

# Biggest Concerns

Which of the following concern you most about healthcare in your area? (Max of 3)

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>BIGGEST CONCERNS</b>						
Cost of healthcare	35%	34%	38%	36%	37%	35%
Excessive cost of healthcare	34%	34%	51%	23%	35%	47%
Long wait times to be seen	22%	24%	22%	16%	21%	21%
Cost of insurance	18%	20%	23%	9%	17%	23%
Rushed treatment/not thorough	12%	13%	13%	7%	11%	9%
Incorrect diagnosis	12%	12%	13%	8%	14%	11%
Services not covered by insurance	18%	17%	24%	9%	25%	20%
Customer service	8%	9%	6%	8%	6%	8%
Obesity epidemic	7%	8%	5%	3%	5%	5%
Lack of affordable dental care	7%	8%	5%	5%	5%	9%

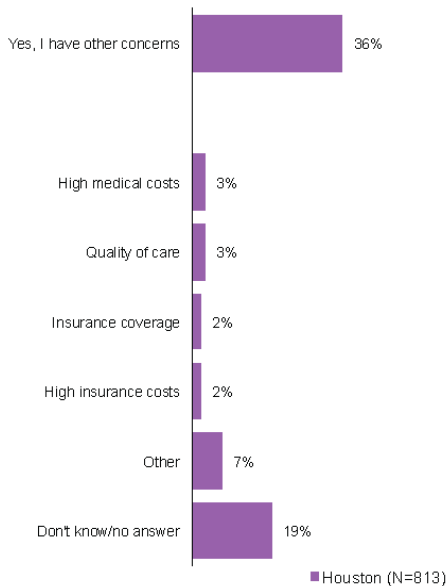


### KEY FINDINGS

- Healthcare costs are the two biggest concerns among residents in all 5 hospital PSA's.
- In general, Pasadena residents express the same concerns but at much lower levels than in other areas.

# Other Concerns

Is there anything else that concerns you about health care in your area?



### KEY FINDINGS

- It appears that all of the major concerns were included in answers to the previous question.
- Only 1 in 3 Houston respondents said they had additional concerns beyond those mentioned in answering the last question.
- Over half of these didn't offer any specifics, however.
- And most of those who did mentioned items already included in the previous question.

## Other Concerns

Is there anything else that concerns you about health care in your area?

	TOTAL (N=813)	BSLMC (N=300)	SLHV (N=150)	SLPMC (N=63)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>BIGGEST CONCERNS</b>						
Yes, I have other concerns	36%	37%	46%	29%	32%	37%
High medical costs	3%	3%	7%	3%	3%	1%
Quality of care	3%	3%	3%	6%	2%	5%
Insurance coverage	2%	2%	5%	2%	1%	1%
High insurance costs	2%	2%	2%	0%	3%	1%
Other	7%	7%	8%	4%	8%	8%
DK/NA	19%	20%	21%	14%	15%	21%

NOTE: ■ significantly stronger/weaker than Total at the 90+% confidence level

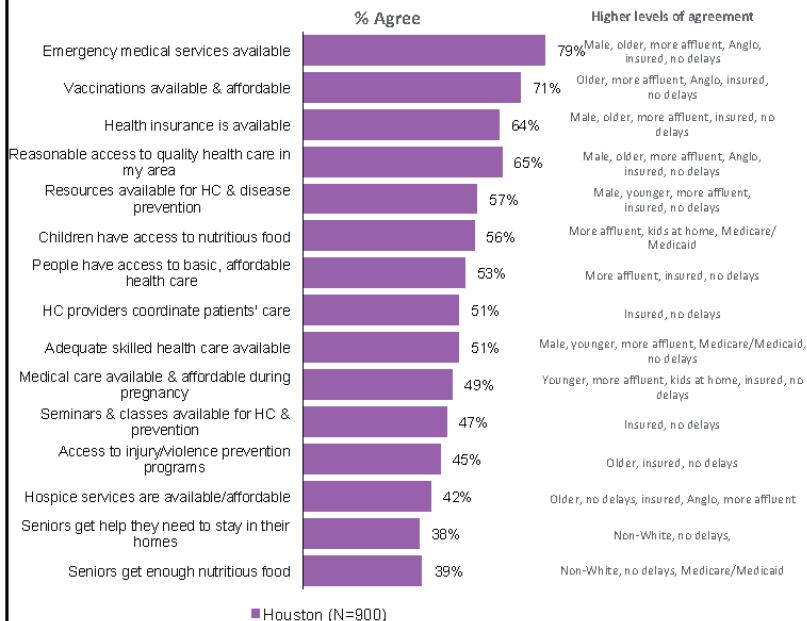


### KEY FINDINGS

- This same pattern repeated in all 5 of the hospital PSA's.

## Attitudes & Perceptions

Please tell me how much you agree or disagree with the following statements about healthcare in your area:



### KEY FINDINGS

- Among Houston area respondents, the highest levels of agreement are for the availability and affordability of emergency services, vaccinations, health insurance and access to quality healthcare.
- The lowest level of agreement among these Houston respondents are recorded for seniors getting enough nutritious food, seniors getting the help they need to stay in their homes and the availability of affordable hospice services.
- In addition to the profile differences highlighted, higher levels of agreement for all statements came from the healthier respondents who were more satisfied, most confident and got the most choice in where they go for healthcare.

# Attitudes & Perceptions

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>PERCENT AGREE WITH EACH STATEMENT</b>						
Emergency medical services available	79%	77%	83%	85%	77%	80%
Vaccinations available & affordable	71%	68%	73%	79%	70%	67%
Health insurance is available	64%	63%	69%	66%	59%	69%
Reasonable access to quality healthcare in my area	65%	63%	67%	70%	67%	69%
Resources available for HC & disease prevention	57%	57%	58%	56%	57%	47%
Children have access to nutritious food	56%	55%	54%	63%	51%	62%
People have access to basic, affordable healthcare	53%	50%	53%	57%	56%	57%
HC providers coordinate patients' care	51%	50%	53%	57%	46%	48%
Adequate skilled healthcare available	51%	49%	52%	57%	49%	50%
Medical care available & affordable during pregnancy	49%	48%	50%	53%	49%	53%
Seminars & classes available for HC & prevention	47%	48%	53%	41%	49%	37%



### KEY FINDINGS

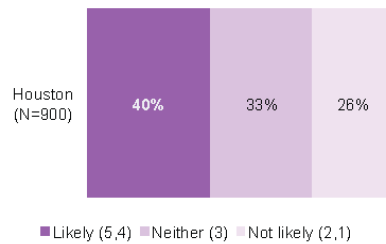
- With the exception of 4 statements agreement levels among Pasadena residents (all higher) and 2 among The Woodlands respondents (both lower), agreement levels did not vary a great deal across the 5 hospital PSA's.

NOTE: ■ significantly stronger/weaker than Total at the 90+% confidence level

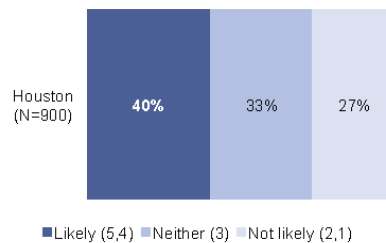
# Likelihood To Use/Participate

How likely are you to use or participate in the following if related directly to your health?

Community resources for healthcare & disease prevention available separately from my healthcare provider.



Educational seminars & classes about health & prevention available in the community



### KEY FINDINGS

- 4 in 10 Houston residents are likely to participate in each of these two programs.
- The profile for who is most likely to attend each one is remarkably similar... Younger, healthier, less affluent, female and non-White respondents who have delayed healthcare and prescriptions and have children under 18 living at home.

## Likelihood to Use/Participate

How likely are you to use or participate in the following if related directly to your health?

- Community resources for healthcare & disease prevention available separately from my healthcare provider.
- Educational seminars & classes about health & prevention available in the community

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>COMMUNITY RESOURCES FOR HEALTHCARE &amp; DISEASE PREVENTION</b>						
Likely	40%	41%	34%	41%	39%	37%
Neither/nor	33%	34%	40%	25%	37%	37%
Not likely	26%	25%	26%	29%	24%	26%
Don't know	1%	0%	0%	5%	0%	0%
<b>SEMINARS &amp; CLASSES ABOUT HEALTHCARE &amp; DISEASE PREVENTION</b>						
Likely	40%	40%	35%	39%	44%	39%
Neither/nor	33%	35%	36%	28%	30%	29%
Not likely	27%	26%	29%	30%	26%	32%
Don't know	0%	0%	0%	3%	0%	0%

NOTE: ■ significantly stronger/weaker than Total at the 90+% confidence level

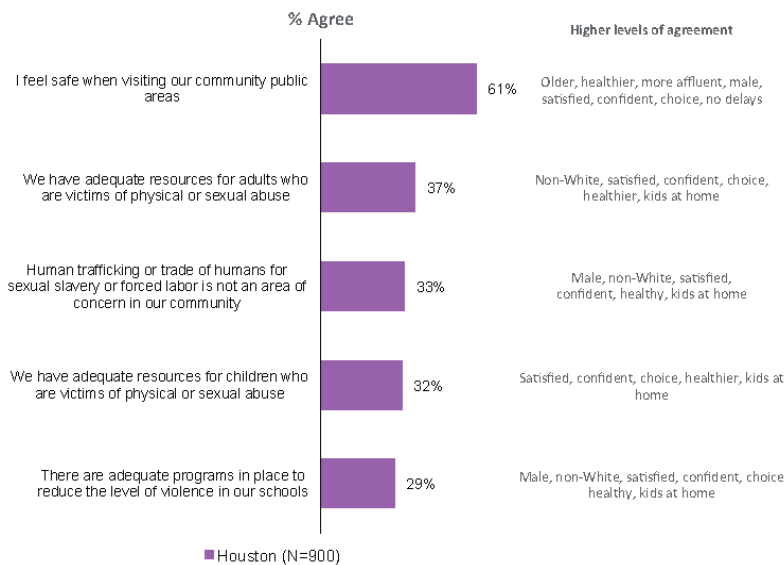


### KEY FINDINGS

- Once again, likelihood levels fluctuate minimally across the 5 hospital PSA's.

## Safety and Violence Issues

Thinking about the level of violence in your community, indicate your level of agreement with the following statements...



### KEY FINDINGS

- 6 in 10 Houston respondents feel comfortable in visiting public areas in their community.
- More than half, however, question the adequacy of resources for victims of abuse, human trafficking and school violence.



# Safety and Violence Issues

Thinking about the level of violence in your community, indicate your level of agreement with the following statements...

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>PERCENT AGREE WITH EACH STATEMENT</b>						
I feel safe when visiting our community public areas	61%	62%	57%	67%	53%	67%
We have adequate resources for adults who are victims of physical or sexual abuse	37%	36%	41%	45%	34%	31%
Human trafficking or trade of humans for sexual slavery or forced labor is not an area of concern in our community	33%	31%	26%	41%	35%	37%
We have adequate resources for children who are victims of						

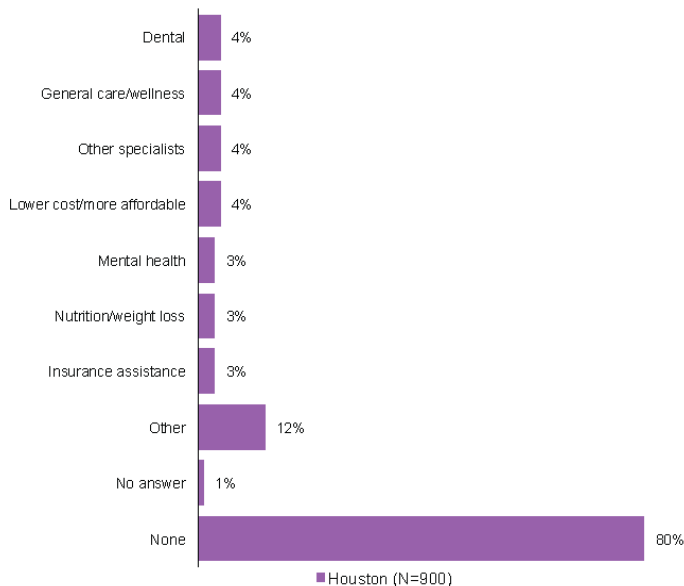


### KEY FINDINGS

- The same general pattern of agreement/ concern established for the whole of Houston repeats itself in each of the 5 hospital PSA's... the majority feeling safe when visiting public areas in their community... and most exhibiting some degree of concern regarding the resources devoted to fighting sexual abuse, human trafficking and school violence.

# Additional Healthcare Services

What additional healthcare service would help you and your family if it were available? (MAX of 3)



### KEY FINDINGS

- Only 1 in 5 respondents suggested a specific healthcare service they felt would help them or their family.
- Suggestions were equally divided at low levels across several items.
- Those offering suggestions were more likely to be less affluent, healthy and confident, those with the least amount of choice in where they go for healthcare and those who have delayed healthcare or prescriptions in the past.

## Additional Healthcare Services

What additional healthcare service would help you and your family if it were available? (MAX of 3)

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>BIGGEST CONCERNS</b>						
Dental	4%	4%	7%	3%	5%	8%
General care/wellness	4%	3%	5%	9%	5%	5%
Other specialists	4%	4%	3%	5%	5%	5%
Lower cost/more affordable	4%	2%	5%	11%	1%	4%
Mental health	3%	4%	5%	1%	3%	1%
Nutrition/weight loss	3%	2%	5%	4%	3%	1%
Insurance assistance	3%	2%	4%	7%	0%	3%
Other	12%	11%	10%	15%	17%	9%
No answer	1%	1%	5%	1%	3%	3%
None	80%	85%	81%	60%	84%	79%

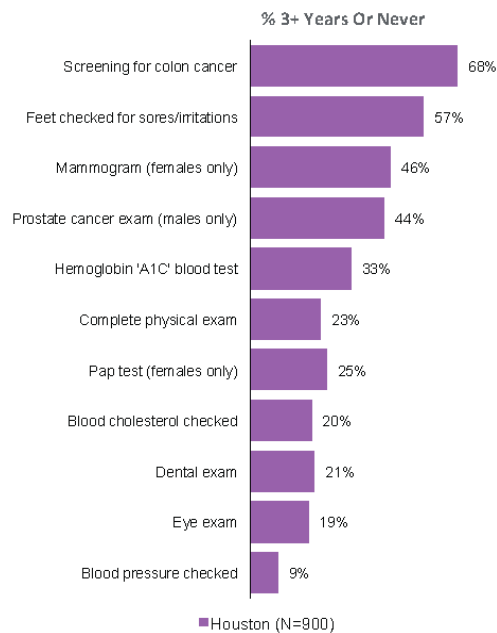


### KEY FINDINGS

- Except in Pasadena, residents were fairly consistent in their pattern of service suggestions.
- Pasadena residents offered more suggestions focused in the areas of lower costs, general care/wellness care and insurance assistance.

## Last Exam

How long ago did you have:



### KEY FINDINGS

- 7 in 10 Houston respondents have not had a colon cancer screening and 6 in 10 have not had their feet checked in the last 2 years.
- In addition, 4 in 10 women have not had a mammogram and a like number of men have not had a prostate exam for cancer in the last 2 years.
- Across the various types of exams listed, those who tend toward less frequent exams are younger, non-White, less healthy, satisfied & confident, have delayed healthcare, no insurance and less affluent respondents.

# Last Exam

How long ago did you have:

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>LAST EXAM WAS 3 OR MORE YEARS AGO...OR NEVER</b>						
Screening for colon cancer	68%	68%	63%	64%	73%	71%
Feet checked for sores/ irritations	57%	57%	61%	56%	55%	55%
Mammogram (females only)	46%	50%	43%	38%	45%	43%
Prostate cancer exam (males only)	44%	43%	33%	46%	55%	40%
Hemoglobin 'A1C' blood test	33%	37%	29%	21%	30%	35%
Complete physical exam	23%	24%	23%	21%	17%	25%
Pap test (females only)	25%	22%	25%	33%	28%	27%
Blood cholesterol checked	20%	23%	15%	9%	19%	22%
Dental exam	21%	20%	18%	25%	20%	24%
Eye exam	19%	19%	22%	23%	16%	21%

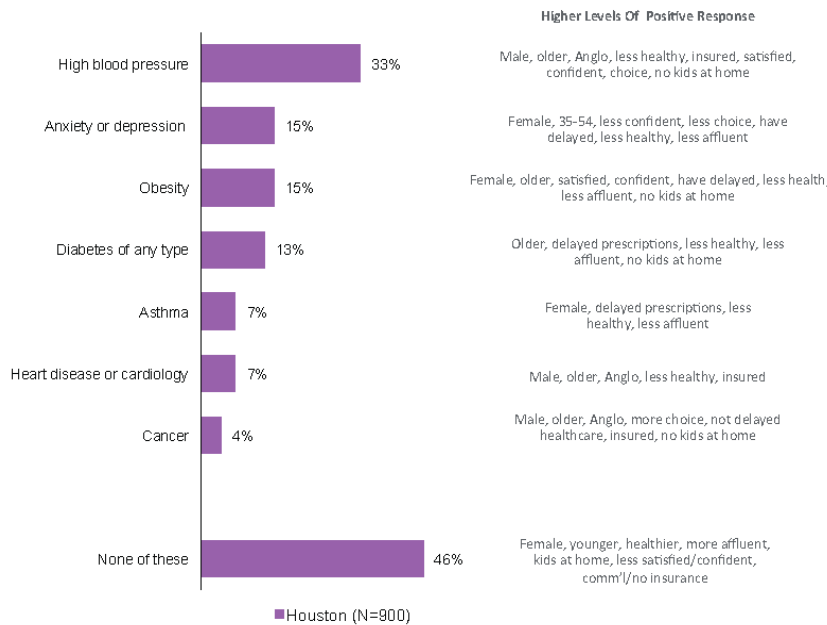


### KEY FINDINGS

- Again, with the exception of Pasadena residents the last-exam profile remains relatively consistent across the other 4 hospitals.

# Respondent Health Problems

Has a doctor told you that you, personally, have any of the following health problems or conditions? (MARK ALL THAT APPLY)



### KEY FINDINGS

- Just over half of Houston respondents have been told that they have at least one of the seven health problems listed.
- Houston patients who have been alerted to one of these problems actually average about 1.7 items on the list.
- On the whole, those with one or more of these problems tend to be male, older and have no kids living at home... less healthy and affluent... those who are more satisfied and confident, have delayed prescriptions, and insured by Medicare/Medicaid.

## Respondent Health Problems

Has a doctor told you that you, personally, have any of the following health problems or conditions? (MARK ALL THAT APPLY)

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>DOCTOR TOLD ME I HAVE THE FOLLOWING</b>						
High blood pressure	33%	31%	27%	46%	34%	29%
Anxiety or depression	15%	13%	19%	19%	17%	21%
Obesity	15%	12%	16%	24%	17%	15%
Diabetes of any type	13%	11%	10%	20%	12%	11%
Asthma	7%	7%	8%	11%	4%	6%
Heart disease or cardiology	7%	5%	8%	17%	4%	5%
Cancer	4%	3%	4%	5%	4%	7%
None of these	46%	49%	50%	32%	45%	45%

NOTE: ■ significantly stronger/weaker than Total at the 90+% confidence level

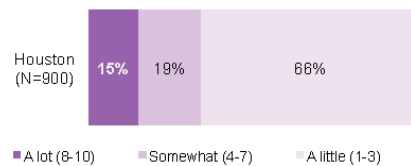


### KEY FINDINGS

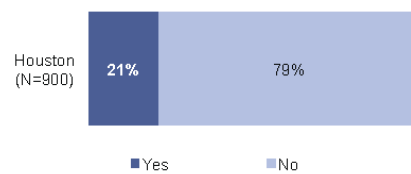
- It is this area, too, Pasadena residents differ significantly from respondents in other areas with higher incidences of high blood pressure, obesity, diabetes and heart disease.

## Activity & Program Participation

To what extent does a health problem or disability keep you from participating fully in work, school, or other activities?



Have you ever taken part in a program offered by your doctor or healthcare provider to help you manage a health problem?



### KEY FINDINGS

- Few Houston residents have a health problem or disability that interferes a lot in their participating fully in work, school or other activities
- Those whose participation is affected a lot are more often older, less affluent, less healthy and have delayed healthcare or prescriptions.
- Only 1 in 5 Houston respondents have taken part in a program offered by their doctor to help them manage a health problem compared to the 4 in 10 who earlier said they were likely to participate in educational seminars & classes about health & prevention available in the community
- Those who have taken part in a program are more often non-White, have delayed healthcare and prescriptions and have children under 18 living at home.

# Activity & Program Participation

To what extent does a health problem or disability keep you from participating fully in work, school, or other activities?  
 Have you ever taken part in a program offered by your doctor or healthcare provider to help you manage a health problem?

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>HEALTH PROBLEM OR DISABILITY KEEPS ME FROM PARTICIPATING FULLY</b>						
A lot (8-10)	15%	14%	15%	15%	17%	19%
Somewhat (4-7)	19%	18%	21%	17%	23%	22%
A little (1-3)	66%	66%	63%	66%	60%	59%
<b>TAKEN PART IN PROGRAM TO HELP MANAGE A HEALTH PROBLEM</b>						
Yes	21%	20%	19%	26%	25%	16%
No	79%	80%	81%	73%	77%	84%



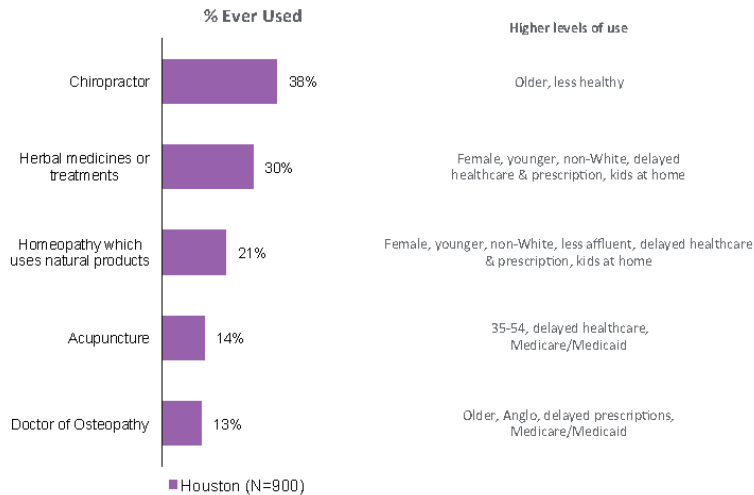
## KEY FINDINGS

- As in other areas, results here are consistent across all 5 hospitals.

NOTE: ■ ■ significantly stronger/weaker than Total at the 90+% confidence level

# Ever Used

Have you ever used any of the following?



## KEY FINDINGS

- The majority of Houston respondents do not use these types of treatment, or care.

## Ever Used

Have you ever used any of the following?

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>PERCENT HAVE USED</b>						
Chiropractor	38%	36%	40%	48%	32%	44%
Herbal medicines or treatments	30%	29%	31%	30%	29%	38%
Homeopathy which uses natural products	21%	19%	25%	20%	26%	25%
Acupuncture	14%	15%	15%	13%	13%	14%
Doctor of Osteopathy	13%	12%	16%	17%	10%	17%

NOTE: ■ significantly stronger/weaker than Total at the 90+% confidence level

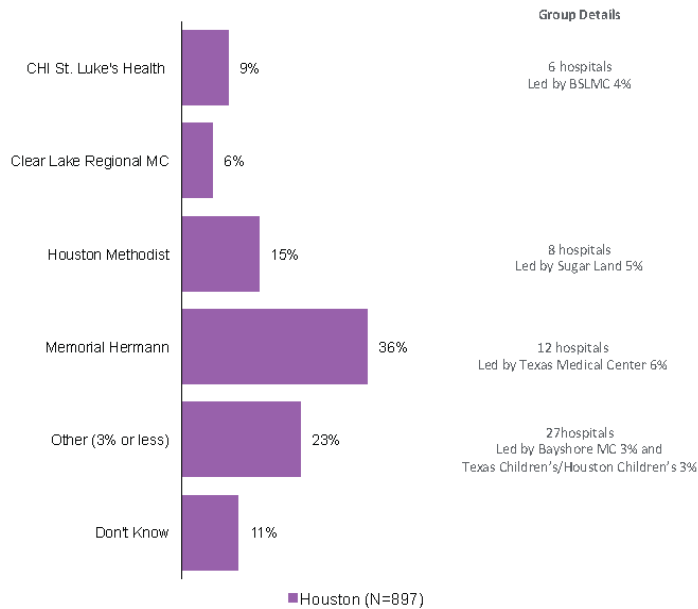


### KEY FINDINGS

- Ever-used profiles remain fairly constant across the 5 hospital PSA's

## Best Hospital for Basic Medical Needs

Think about the hospitals in your area. Which hospital is best at taking care of the basic medical needs of your community?



### KEY FINDINGS

- Houston respondents offered a long list of hospitals they felt best for basic medical needs.
- Memorial Hermann Medical Center and Clear Lake Regional Medical Center gathered the most votes.
- Memorial Hermann also posted the largest group share followed by Houston Methodist.
- CHI St. Luke's Health placed a distant 3<sup>rd</sup> behind the two leading groups with BSLMC receiving the most mentions in the group.

## Best Hospital for Basic Medical Needs

Think about the hospitals in your area. Which hospital is best at taking care of the basic medical needs of your community?

	TOTAL (N=897)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=147)	SLSL (N=149)	SLWH/ SLLH (N=150)
<b>BEST HOSPITAL FOR BASIC MEDICAL NEEDS</b>						
CHI St. Luke's Health	9%	5%	7%	24%	3%	21%
Clear Lake Regional MC	6%	7%	0%	12%	0%	0%
Houston Methodist	15%	12%	33%	6%	28%	8%
Memorial Hermann	36%	40%	29%	21%	42%	39%
Other	23%	23%	21%	29%	18%	23%
Don't Know	11%	13%	10%	8%	9%	9%



### KEY FINDINGS

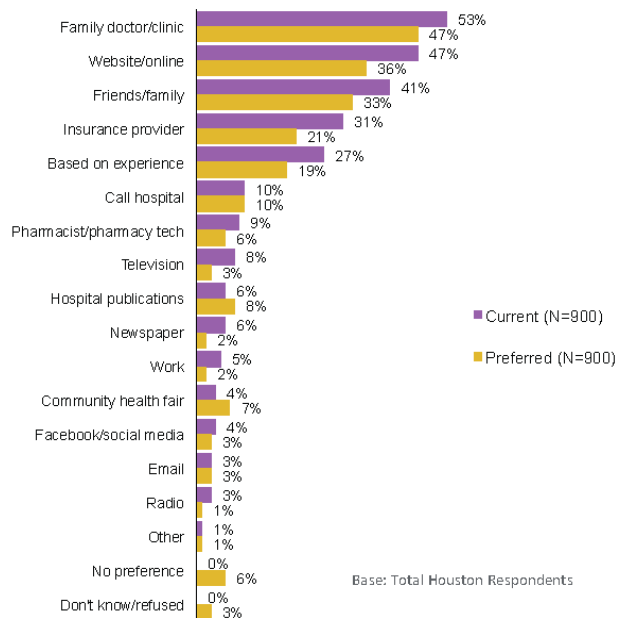
- Unsurprisingly, the group shares vary significantly by area.
- Memorial leads in 3 of the 5 hospital PSA's... Houston Methodist by a slim margin in The Vintage and CHI-SLH in Pasadena (again by a slim margin).
- SLPMC and SLWH/SLLH are the two strongest among the CHI-SLH hospitals, by a wide margin.

NOTE: ■ significantly stronger/weaker than Total at the 90+% confidence level

## Information Sources

Where do you currently get information about hospitals and healthcare services? (RECORD ALL RESPONSES)

Where would you prefer to get information about hospitals and healthcare services? (RECORD ALL RESPONSES)



### KEY FINDINGS

- Family doctors/clinics, the Internet, family/friends, insurance providers and personal experience are the top 5 information sources (both current and preferred) mentioned by Houston respondents.
- With few exceptions, preference shares are significantly lower than current shares... communicating a clear preference for the use of fewer sources rather than more.
- These respondents currently average 2.6 sources each... and their preferred average is 2.0.

## Current Information Sources

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>CURRENT INFORMATION SOURCES</b>						
Family doctor/clinic	53%	53%	57%	50%	56%	52%
Website/online	47%	50%	51%	38%	39%	45%
Friends/family	41%	44%	44%	28%	44%	46%
Insurance provider	31%	33%	34%	21%	36%	27%
Based on experience	27%	30%	26%	19%	25%	29%
Call hospital	10%	10%	10%	7%	13%	7%
Pharmacist/pharmacy tech	9%	10%	6%	4%	11%	6%
Television	8%	9%	9%	3%	9%	7%
Hospital publications	6%	7%	9%	2%	9%	3%
Newspaper	6%	7%	6%	6%	5%	2%
Work	5%	6%	5%	1%	2%	2%
Community health fair	4%	4%	3%	1%	8%	3%
Facebook/social media	4%	4%	7%	1%	3%	4%
Email	3%	3%	1%	3%	4%	3%
Radio	3%	3%	5%	1%	2%	4%
Other	1%	0%	1%	1%	1%	1%
Don't know/refused	0%	0%	0%	1%	1%	0%



### KEY FINDINGS

- Except for their use of the family doctor/clinic, residents of Pasadena currently use the fewest sources for hospital and healthcare information (averaging 1.9 each).

## Preferred Information Sources

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>PREFERRED INFORMATION SOURCES</b>						
Family doctor/clinic	47%	47%	56%	38%	47%	56%
Website/online	36%	36%	38%	26%	36%	33%
Friends/family	33%	33%	39%	28%	33%	39%
Insurance provider	21%	21%	29%	11%	25%	21%
Based on experience	19%	21%	21%	12%	20%	16%
Call hospital	10%	12%	7%	9%	11%	8%
Pharmacist/pharmacy tech	6%	6%	8%	5%	6%	7%
Television	3%	4%	3%	3%	3%	2%
Hospital publications	8%	9%	9%	5%	10%	4%
Newspaper	2%	2%	1%	1%	3%	1%
Work	2%	2%	2%	1%	3%	0%
Community health fair	7%	8%	7%	1%	9%	5%
Facebook/social media	3%	4%	3%	1%	3%	3%
Email	3%	3%	4%	4%	3%	4%
Radio	1%	1%	0%	1%	1%	2%
Other	1%	0%	0%	4%	1%	0%
No preference	6%	5%	3%	7%	7%	7%



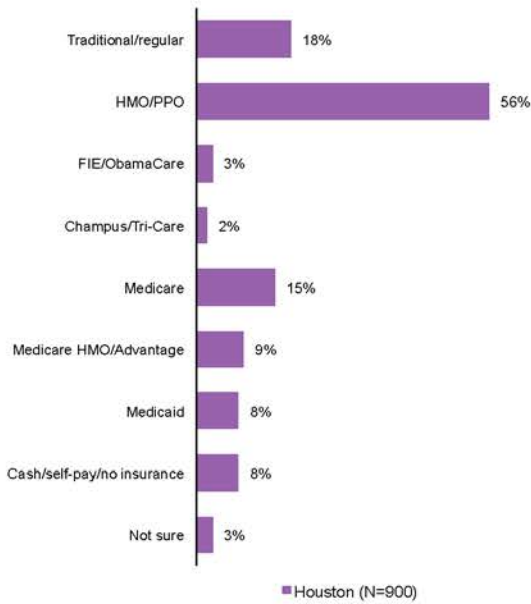
### KEY FINDINGS

- Still, these same Pasadena residents also signal their preference for using even fewer sources (averaging 1.5 each).



# Health Coverage

What type of healthcare coverage does your family have? (RECORD ALL RESPONSES)



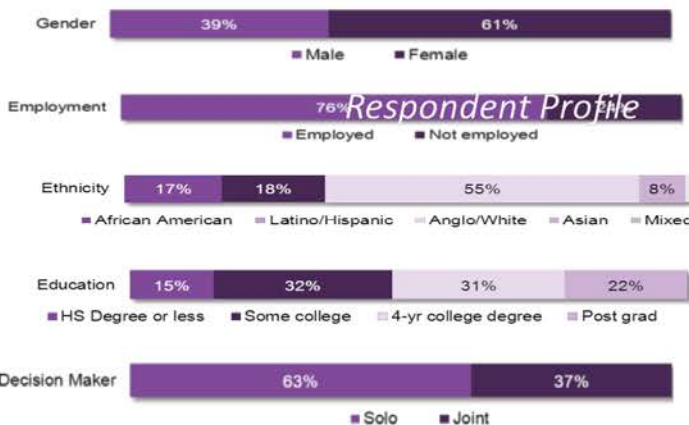
## KEY FINDINGS

- HMO/PPO and traditional/regular insurance together provide health coverage to 3 in 4 Houston respondents.
- These respondents average 1.2 types of coverage listed.
- Those more likely to be covered by HMO/PPO insurance are 35-54, more affluent, healthier and have not delayed healthcare or prescriptions...while those with traditional/regular insurance are also healthier, but tend to be more confident and have a greater say in their choice of providers.

# Respondent Profile

What is your gender?  
Do you or a family member work in any of the following?  
What best describes you? Respondent Profile

What is the highest level of formal education have you completed?  
Who is the decision-maker for the healthcare and medical needs in your household?



## KEY FINDINGS

- These Houston respondents are more often female, healthy, college graduates (or more), Anglo, and solo decision makers for household healthcare. They live in 1 & 2 person households with no children under 18 at home...and they are employed with an annual household income of less than \$100k.

## Current Information Sources

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>CURRENT INFORMATION SOURCES</b>						
Family doctor/clinic	53%	53%	57%	50%	56%	52%
Website/online	47%	50%	51%	38%	39%	45%
Friends/family	41%	44%	44%	28%	44%	46%
Insurance provider	31%	33%	34%	21%	36%	27%
Based on experience	27%	30%	26%	19%	25%	29%
Call hospital	10%	10%	10%	7%	13%	7%
Pharmacist/pharmacy tech	9%	10%	6%	4%	11%	6%
Television	8%	9%	9%	3%	9%	7%
Hospital publications	6%	7%	9%	2%	9%	3%
Newspaper	6%	7%	6%	6%	5%	2%
Work	5%	6%	5%	1%	2%	2%
Community health fair	4%	4%	3%	1%	8%	3%
Facebook/social media	4%	4%	7%	1%	3%	4%
Email	3%	3%	1%	3%	4%	3%
Radio	3%	3%	5%	1%	2%	4%
Other	1%	0%	1%	1%	1%	1%
Don't know/refused	0%	0%	0%	1%	1%	0%



### KEY FINDINGS

- Except for their use of the family doctor/clinic, residents of Pasadena currently use the fewest sources for hospital and healthcare information (averaging 1.9 each).

## Preferred Information Sources

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>PREFERRED INFORMATION SOURCES</b>						
Family doctor/clinic	47%	47%	56%	38%	47%	56%
Website/online	36%	36%	38%	26%	36%	33%
Friends/family	33%	33%	39%	28%	33%	39%
Insurance provider	21%	21%	29%	11%	25%	21%
Based on experience	19%	21%	21%	12%	20%	16%
Call hospital	10%	12%	7%	9%	11%	8%
Pharmacist/pharmacy tech	6%	6%	8%	5%	6%	7%
Television	3%	4%	3%	3%	3%	2%
Hospital publications	8%	9%	9%	5%	10%	4%
Newspaper	2%	2%	1%	1%	3%	1%
Work	2%	2%	2%	1%	3%	0%
Community health fair	7%	8%	7%	1%	9%	5%
Facebook/social media	3%	4%	3%	1%	3%	3%
Email	3%	3%	4%	4%	3%	4%
Radio	1%	1%	0%	1%	1%	2%
Other	1%	0%	0%	4%	1%	0%
No preference	6%	5%	3%	7%	7%	7%

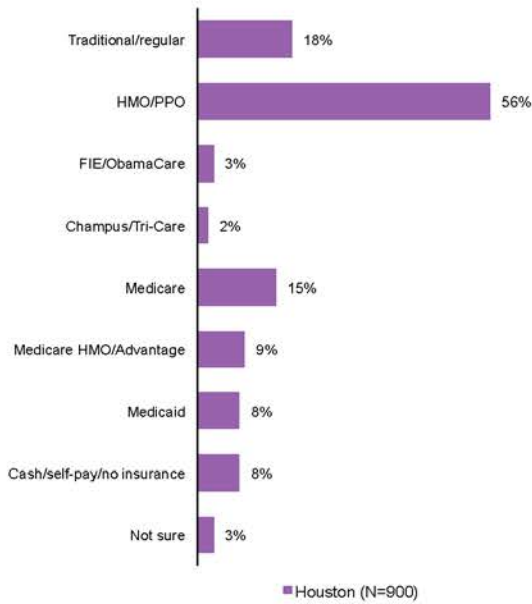


### KEY FINDINGS

- Still, these same Pasadena residents also signal their preference for using even fewer sources (averaging 1.5 each).

# Health Coverage

What type of healthcare coverage does your family have? (RECORD ALL RESPONSES)



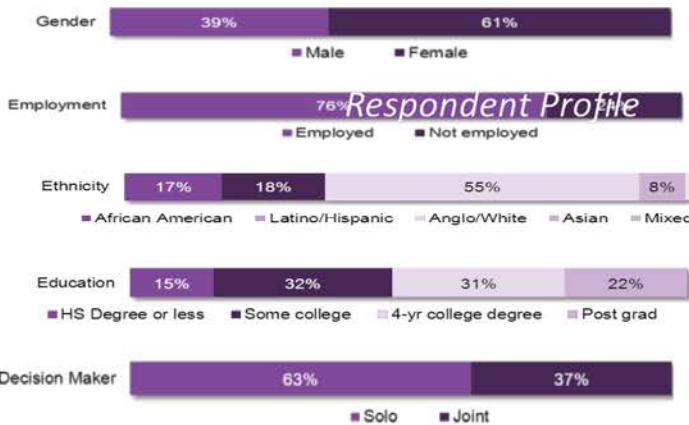
## KEY FINDINGS

- HMO/PPO and traditional/regular insurance together provide health coverage to 3 in 4 Houston respondents.
- These respondents average 1.2 types of coverage listed.
- Those more likely to be covered by HMO/PPO insurance are 35-54, more affluent, healthier and have not delayed healthcare or prescriptions...while those with traditional/regular insurance are also healthier, but tend to be more confident and have a greater say in their choice of providers.

# Respondent Profile

What is your gender?  
Do you or a family member work in any of the following?  
What best describes you? Respondent Profile

What is the highest level of formal education have you completed?  
Who is the decision-maker for the healthcare and medical needs in your household?



## KEY FINDINGS

- These Houston respondents are more often female, healthy, college graduates (or more), Anglo, and solo decision makers for household healthcare. They live in 1 & 2 person households with no children under 18 at home...and they are employed with an annual household income of less than \$100k.

## Respondent Profile

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>HOUSEHOLD SIZE</b>						
1	16%	17%	11%	19%	11%	13%
2	38%	38%	38%	40%	35%	41%
3	21%	23%	24%	19%	19%	15%
4	14%	14%	13%	9%	19%	16%
5+	11%	8%	14%	13%	16%	15%
<b>CHILDREN &lt;18 IN HOUSEHOLD</b>						
None	61%	61%	56%	72%	51%	60%
1	18%	20%	23%	12%	18%	13%
2	14%	13%	13%	9%	19%	14%
3+	7%	6%	8%	7%	12%	13%
<b>PERSONAL HEALTH</b>						
Good	54%	56%	59%	47%	51%	57%
Fair	43%	42%	38%	50%	45%	39%
Poor	3%	2%	3%	3%	4%	5%
<b>DECISION MAKER</b>						
Solo	63%	65%	47%	68%	59%	55%
Joint	37%	35%	53%	32%	41%	45%

NOTE: ■ significantly stronger/weaker than Total at the 90+% confidence level



### KEY FINDINGS

- The Pasadena respondent profile is most different from the overall market. It is most female, oldest, least healthy, least educated, least affluent and least likely to have children under 18 living at home.

## Respondent Profile

	TOTAL (N=900)	BSLMC (N=301)	SLHV (N=150)	SLPMC (N=149)	SLSL (N=150)	SLWH/ SLLH (N=150)
<b>EMPLOYMENT</b>						
Employed	76%	76%	80%	70%	79%	74%
Not employed	24%	24%	20%	30%	21%	26%
<b>HOUSEHOLD INCOME</b>						
Less than \$50K	29%	27%	21%	38%	28%	27%
\$50-\$99K	35%	36%	34%	32%	30%	36%
\$100K or more	29%	28%	38%	21%	37%	33%
Refused	8%	9%	7%	9%	5%	5%
<b>HEALTHCARE COVERAGE</b>						
Traditional/regular	18%	18%	22%	19%	13%	17%
HMO/PPO	56%	58%	61%	50%	53%	52%
FIE/Obamacare	3%	3%	2%	3%	4%	2%
Champus/Tri-Care	2%	2%	1%	1%	2%	4%
Medicare	15%	12%	16%	15%	23%	19%
Medicare HMO/Advantage	9%	10%	9%	9%	5%	6%
Medicaid	8%	8%	5%	4%	11%	5%
Cash/self-pay/no insurance	8%	10%	6%	5%	4%	7%
Not sure	3%	3%	3%	4%	3%	3%

NOTE: ■ significantly stronger/weaker than Total at the 90+% confidence level



### KEY FINDINGS

- The Pasadena respondent profile is most different from the overall market. It is most female, oldest, least healthy, least educated, least affluent and least likely to have children under 18 living at home.

## Appendix

## Consumer Survey Instrument

**Health Assessment Survey**  
(Community Survey)  
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**LETTERS FROM US**

Thank you for participating in this brief survey about health care services in your area. Please complete all questions to the best of your ability.

We will ensure your confidentiality in our future survey results. No results will be identified with individual surveys.

Thank you in advance for your participation.

Deann Young, MBA, Director  
Community Survey  
[www.chi.com/healthcare](http://www.chi.com/healthcare)  
800.226.2943

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**INSTRUCTIONS**

While completing this survey, please use the "Submit" button located at the bottom of each page.

- DO NOT REVERSE when faced with a question, unless the "Back" button.
- DO NOT USE the "Back" or "Forward" buttons at any point in time.

To complete a survey, click the "Next" button below.

---

**YOUR SURVEY QUESTIONS**

- What is the decision maker for this health care and health care needs in your household?
  - You (the respondent)
  - Spouse/partner
  - Next of kin/relative
  - Someone else (make note of the decision - "NAME")
- In which of the following categories does your age fall?
  - Under 18 - TEENAGER
  - 18-24 years
  - 25-34 years
  - 35-44 years
  - 45-54 years
  - 55-64 years
  - 65-74 years
  - 75+ years
  - Prefer not to say - "NAME"

**Health Assessment Survey**  
(Community Survey)  
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- What is your age group?
  - 18-24 years
  - 25-34 years
  - 35-44 years
  - 45-54 years
  - 55-64 years
  - 65-74 years
  - 75+ years
- What race/ethnicity are you?
  - White
  - Latino/Hispanic
  - Asian or Pacific Islander
  - African American
  - Other
  - Prefer not to answer - "NAME"

**PLEASE ANSWERS FOR COMMUNITY RESULTS**

- Think about the hospital or care area. Which hospital is best at taking care of the type medical health of your respondent?
  - Angelo/Gardner Medical Center
  - Eastern College of Podiatry
  - Eastman Medical Center
  - Mid-Texas Hospital
  - Midwest National (previously also called)
  - CHI St. Luke's Health Center St. Luke's Medical Center
  - CHI St. Luke's Health Liberty Hospital
  - CHI St. Luke's Health Liberty Medical Center
  - CHI St. Luke's Health Upper Lind Hospital
  - CHI St. Luke's Health The Bridge Hospital
  - CHI St. Luke's Health The Woodhouse Hospital
  - Clear Lake Regional Medical Center
  - Florida Regional Medical Center
  - Golden Gate Regional Medical Center
  - Fort Hood Regional Medical Center
  - Harbor Medical Center



# Consumer Survey Instrument (continued)

**Needs Assessment Survey**  
(Continued)  
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11. How confident are you that you can easily access quality health care when you or your family need it?

- Very confident
- Somewhat confident
- Not too confident
- Not confident at all

12. How much difficulty do you have in accessing the medical care? Select one box that best fits:

- A great deal of difficulty
- Some difficulty
- Very little difficulty
- No difficulty

13. How easy or convenient is your household's access to health care based on lack of funding and/or resources?

- Very
- Not

14. How easy or convenient is your household's access to health care based on transportation issues such as having a car or insurance?

- Very
- Not

15. How available are the following to you and your family? For each type of service, indicate if it is:

- Family available** (ready to go to your family)
- Community available** (but requires a short wait) (right an appointment for care)
- Hardly available** (requires an appointment every week) (right an appointment)
- Not available** (you or your family because of coverage issues or waiting time)

16. Check boxes if used more:

	Very	Some	Very	Not
	often	often	often	often
1. Office and on-call services				
2. Care for acute illness				
3. Care for chronic illness				
4. Treatment for geriatric patients				
5. Geriatric support				
6. Heart and vascular care				
7. Lung and asthma care				
8. Infectious care				
9. Immunization services				

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**Needs Assessment Survey**  
(Continued)  
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17. Select one box that best fits:

1. Diabetes care
2. Heart and vascular
3. Heart's health and lung, HIV, stroke, etc.
4. Kidney care
5. Lung and asthma
6. Neurology services
7. Oncology services
8. Primary care
9. Geriatric care
10. Infectious

18. Much of the following concern you most about health care in your area? Indicate use in three boxes:

Medical Services

- Lack of primary care services
- Lack of specialists
- Insurance eligibility
- Long wait times to be seen
- Quality of care or quality of care through

Medical Services

- Lack of health knowledge
- Lack of insurance
- Distance to hospital/ambulatory services
- Quality of personnel

General Concerns

- Transportation issues for staff services
- Access point of health care
- High facilities for young and old patients
- Health services
- Information with and the services
- Cost of services
- Quality of care
- Language not spoken by insurance
- Lack of insurance
- Lack of transportation services
- None of these / nothing is of concern

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# Consumer Survey Instrument (continued)

**Needs Assessment Survey**  
(Continued)  
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19. Is there anything about the services you need health care for you need? (Indicate how you feel)

20. Indicate your level of agreement with the following statements. (Circle number)

	Strongly	Disagree	Disagree	Agree	Strongly
	Disagree	Disagree	Disagree	Disagree	Disagree
1. The services are available and affordable					
2. Emergency medical services are available					
3. There is a 24-hour emergency service					
4. There is a 24-hour emergency service					
5. There is a 24-hour emergency service					
6. There is a 24-hour emergency service					
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100. There is a 24-hour emergency service					

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**Needs Assessment Survey**  
(Continued)  
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21. How likely are you to participate in the following if these directly impact health? (Circle number)

	Very	Some	Very	Not
	likely	likely	likely	likely
1. Participate in the health care system				
2. Participate in the health care system				
3. Participate in the health care system				
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98. Participate in the health care system				
99. Participate in the health care system				
100. Participate in the health care system				

22. How would you rate your general health? (For your own "Overall" for "How good")

23. How long ago did you have a health condition?

	Within	1-3	3-6	6-12	More
	12 months	12 months	12 months	12 months	12 months
1. Diabetes					
2. Heart and vascular					
3. Heart's health and lung, HIV, stroke, etc.					
4. Kidney care					
5. Lung and asthma					
6. Neurology services					
7. Oncology services					
8. Primary care					
9. Geriatric care					
10. Infectious					

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# Group Discussion Guide

**Discussion Guide**  
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 Chicago, Illinois 60606-3000

**Introduction**

Thank you for taking the time to discuss your perspective on health care in the area. I am very interested in what you have to say. Do you have any questions before we begin?

**Health Issues**

- How do you see the health of the area today, going to the doctor in the hospital? What resources do they have to meet health and prevent medical problems?
- What population groups seem to struggle most or experience care that they need?
- Tell me about the quality of physicians available in the hospital. Do you have the right mix of specialty people for the health care needs in this area?
- What groups or other groups of other areas do you think might benefit by working with you? How do you see the future, what do we need to be focused on now as an organization that is the leader of the community health care?
- In your opinion, what changes are needed to improve the health services within the county? Who should make these changes? What services need to be added that are currently unavailable to residents of the county? Who do you think would be the best provider of these services?
- How would you describe the quality of the providers that are available within the county? How do you compare to what you have seen elsewhere? What are some good examples of health care providers within the community?

**Specialty Areas of Interest**

- **Special Health** - may include musculoskeletal services, cardiac, substance abuse, falls and treatment, long-term care, orthopedic, behavioral, vision, etc.
- **Food and Nutrition** - may include accessibility of affordable foods, obesity, school meal programs, food pantries and meal programs, education, employment or financial stability, access to fresh foods, food storage in homes, community gardens, etc.
- **Public Safety** - may include domestic violence, sexual assault, substance, homelessness, accessibility, street lighting, bullying, substance abuse-related violence, and more.
- **Community Organizations** - communities that bring and help people to come together, included in the neighborhood or local politics. (Pew, Area Agencies, Local, religious, civic, non-profit, neighborhood, etc.)

**Closing**

These are all of my questions. What other suggestions do you have?

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**Discussion Guide**  
©2014 Catholic Health Initiatives  
 Chicago, Illinois 60606-3000

- If a member of your family, who is a senior citizen, needed health services, what resources would be available to you? Are there resources sufficient? How might they be improved or what additional services are needed?
- If you or a member of your family had a chronic health condition, what resources would be available to you? Are there resources sufficient? How might they be improved or what additional services are needed?
- Community strengths in terms of support services and programs? How do you build on that strength? How might different groups or populations within community work together to strengthen that strength? Who would benefit most from that availability? When do you think performance should be reviewed/checked?

**Health**

- What do you do to stay healthy? What do others do in your community? What options are there that members of your community often have that they don't have being away from home?
- What health concerns seem to be common within the county? What is being done to address these health concerns?
- If you were the supervisor about health care issues, who would your physician would you need for information regarding community health programs or other options aimed at improving the health of the community?

**Specialty Areas of Interest**

- **Special Health** - may include musculoskeletal services, cardiac, substance abuse, falls and treatment, long-term care, orthopedic, behavioral, vision, etc.
- **Food and Nutrition** - may include accessibility of affordable foods, obesity, school meal programs, food pantries and meal programs, education, employment or financial stability, access to fresh foods, food storage in homes, community gardens, etc.
- **Public Safety** - may include domestic violence, sexual assault, substance, homelessness, accessibility, street lighting, bullying, substance abuse-related violence, and more.
- **Community Organizations** - communities that bring and help people to come together, included in the neighborhood or local politics. (Pew, Area Agencies, Local, religious, civic, non-profit, neighborhood, etc.)

**Closing**

These are all of my questions. What other suggestions do you have?

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# Physician Interview

**Discussion Guide**  
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 Chicago, Illinois 60606-3000

**Introduction**

Thank you for taking the time to discuss your perspective on health care in the area. I am very interested in what you have to say. Do you have any questions before we begin?

**Health Issues**

- How do you see the health of the area today, going to the doctor in the hospital? What resources do they have to meet health and prevent medical problems?
- What population groups seem to struggle most or experience care that they need?
- Tell me about the quality of physicians available in the hospital. Do you have the right mix of specialty people for the health care needs in this area?
- What groups or other groups of other areas do you think might benefit by working with you? How do you see the future, what do we need to be focused on now as an organization that is the leader of the community health care?
- In your opinion, what changes are needed to improve the health services within the county? Who should make these changes? What services need to be added that are currently unavailable to residents of the county? Who do you think would be the best provider of these services?
- How would you describe the quality of the providers that are available within the county? How do you compare to what you have seen elsewhere? What are some good examples of health care providers within the community?

**Specialty Areas of Interest**

- **Special Health** - may include musculoskeletal services, cardiac, substance abuse, falls and treatment, long-term care, orthopedic, behavioral, vision, etc.
- **Food and Nutrition** - may include accessibility of affordable foods, obesity, school meal programs, food pantries and meal programs, education, employment or financial stability, access to fresh foods, food storage in homes, community gardens, etc.
- **Public Safety** - may include domestic violence, sexual assault, substance, homelessness, accessibility, street lighting, bullying, substance abuse-related violence, and more.
- **Community Organizations** - communities that bring and help people to come together, included in the neighborhood or local politics. (Pew, Area Agencies, Local, religious, civic, non-profit, neighborhood, etc.)

**Closing**

These are all of my questions. What other suggestions do you have?

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# Discussion Guide

## CHNA Voice of Community

Saurage Research (800) 828-2943

### Introduction

*Thank you for taking the time to discuss your perspective on healthcare in this area. I am very interested in what you have to say. Do you have any questions before we begin?*

### Health Services

- How do people stay healthy in this area besides going to doctors in the hospital? What resources do they have to maintain health and prevent medical problems?
- What population groups seem to struggle most or receive less care than they need?
- Tell me about the quality of physicians available in this hospital. Do we have the right mix to adequately handle the health care needs in this area?
- What groups or what areas or what services or what challenges need to be wrestled with? If you had to prioritize them, what do we need to be focused on now as an organization that is the center of this community health-wise?
- In your opinion, what changes are needed to improve the health services within the county? Who should make these changes?
- What services need to be offered that are currently unavailable to residents of the county? Who do you think would be the best provider of these services?
- Community strengths in terms of current services and programs? How to build on those strengths? How might different groups or populations in the community work together to leverage those strengths? Who would benefit most from their availability? Whom else might participate? Barriers to resolving [each] issue?

### Specific Issues of Concern

- Mental Health – may include crisis intervention services, suicide, substance abuse rates and treatment, binge drinking, self-injury, depression, isolation, etc.
- Food and Nutrition – may include accessibility of unhealthy foods, obesity, school meal programs, food pantry and meal program utilization, accessibility of farmers markets, access to ethnic foods, food allergies in schools, community gardens, etc.
- Public Safety – may include domestic violence, sexual assault, cybercrime, handicapped accessibility, street lighting, bullying, substance abuse-related violence, and more.
- Community Relationships – connections that bring and hold people in a town together. Included in this are participating in local politics, PTAs, library utilization, town meeting rates, civic involvement, volunteerism, etc.

### Closing

Those are all of my questions. What other suggestions do you have?

# Discussion Guide

## CHNA Voice of Community

Saurage Research (800) 828-2943

### Introduction

*Good morning/afternoon. My name is \_\_\_\_\_ with Saurage Research, an independent marketing research firm. Thank you for taking the time to discuss your perspective on healthcare in this area. I am very interested in what you have to say. Your identity will remain anonymous and your answers will in no way be tied to your identity. Do you have any questions before we begin?*

*In this session, which will 30/45/60 minutes, I want your input to help us understand healthcare options available to people in this community.*

- *We're just as interested in negative comments as positive ones. Negative comments are sometimes most useful as long as they are your honest opinion.*
- *I am recording the sessions so I can read your comments later.*

### Society

- How long have you been a resident of this area? What was life like here years ago? How would you describe it now? In your opinion, what positive changes have occurred? Negative?
- Tell me a little bit about the diversity in ethnic groups in the county. Talk a little about the positive impact this has on the community. Negative? What challenges exist, if any, between ethnic groups? How can they be overcome?
- How would you describe the job market in the county? What changes do you feel are needed to positively impact the job market? Who should be responsible for these changes?
- If a family moved to the county, which community organizations would you recommend they join? What makes these organizations worthwhile? What other organizations exist within the county? What is your impression of these groups?

### Health Services

- Let's talk a little bit about the health services that are available in the county. Who are the best health services providers in the county? What makes them so good? What providers in the county are not so well perceived? Is it real or a community perception problem? How can they overcome these problems?
- In your opinion, what changes are needed to improve the health services within the county? Who should make these changes? What services need to be offered that are currently unavailable to residents of the county? Who do you think would be the best provider of these services?

- How would you describe the quality of the physicians that are available within the county? Pharmacies? In comparison to what you may have experienced elsewhere, how would you describe the costs of healthcare and medicines within this community?
- If a member of your family, who is a senior citizen, needed health services, what resources would be available to him/her? Are these resources sufficient? How might they be improved or what additional services are needed?
- If you or a member of your family had a child that needed health services, what resources would be available to him/her? Are these resources sufficient? How might they be improved or what additional services are needed?
- Community strengths in terms of current services and programs? How to build on those strengths? How might different groups or populations in the community work together to leverage those strengths? Who would benefit most from their availability? Whom else might participate? Barriers to resolving [each] issue?

## Health

- What do you do to stay healthy and fit? What do others do in your community? What outlets exist that members of your community utilize to maintain their health? What more is needed?
- What health concerns seems to be dominant within the county? What is being done to overcome these health concerns?
- If you ever have questions about healthcare issues, who besides your physician would you seek for information regarding community health programs or other options aimed at improving the health of the community?

## Specific Issues of Concern

- Mental Health – may include crisis intervention services, suicide, substance abuse rates and treatment, binge drinking, self-injury, depression, isolation, etc.
- Food and Nutrition – may include accessibility of unhealthy foods, obesity, school meal programs, food pantry and meal program utilization, accessibility of farmers markets, access to ethnic foods, food allergies in schools, community gardens, etc.
- Public Safety – may include domestic violence, sexual assault, cyber crime, handicapped accessibility, street lighting, bullying, substance abuse-related violence, and more.
- Community Relationships –connections that bring and hold people in a town together. Included in this are participating in local politics, PTAs, library utilization, town meeting rates, civic involvement, volunteerism, etc.

## Closing

Those are all of my questions. What other suggestions do you have?

## LANDING PAGE

Thank you for participating in this brief survey about healthcare services in your area. Please complete all questions to the best of your ability. We will maintain your confidentiality as we tabulate survey results; no results will be identified with individual surveys.

Thank you in advance for your participation.

Susan Saurage-Altenloh, President  
Saurage Research, Inc.  
ssaurage@SaurageResearch.com  
(800) 828-2943

## INSTRUCTIONS

While navigating this survey, please use the **“Submit”** button located at the bottom of each page.

1. **DO NOT HIT ENTER** when finished with a question; use the “Next” button.
2. **DO NOT USE** the “Back” and “Forward” buttons that are on your browser.

To continue simply click the “Next” button below.

## SCREENER QUESTIONS

1. Who is the decision-maker for the healthcare and medical needs in your household?
  - a. You make most of the decisions - CONTINUE
  - b. You and someone else make decisions jointly - CONTINUE
  - c. Someone else makes most of the decisions – TERMINATE
2. In which of the following categories does your age fall?
  - a. Under 18 - TERMINATE
  - b. 18-24 years
  - c. 25-34 years
  - d. 35-44 years
  - e. 45-54 years
  - f. 55-64 years
  - g. 65-74 years
  - h. 75+ TERMINATE
  - i. PREFER NOT TO SAY - TERMINATE
3. What is your zip code?
  - a. BSLMC (TMC)
  - b. SLHV (Vintage NW)
  - c. SLPMC (Pasadena)
  - d. SLSL (Sugar Land)
  - e. SLWH/SLLH (Woodlands)
  - f. Other Terminate

GEND: Are you....? A. Male B. Female

4. What best describes you?
  - a. African American
  - b. Latino or Hispanic
  - c. Anglo or white
  - d. Asian
  - e. Mixed race
  - f. Prefer not to answer - TERMINATE

## BEST HOSPITAL FOR COMMUNITY NEEDS

5. Think about the hospitals in your area. Which hospital is best at taking care of the basic medical needs of your community?
  - a. Angleton/Danbury Medical Center
  - b. Baylor College of Medicine
  - c. Bayshore Medical Center
  - d. Ben Taub Hospital
  - a. Brazosport Memorial Hospital/Lake Jackson
  - b. CHI St. Luke's Health Baylor St. Luke's Medical Center
  - c. CHI St. Luke's Health Lakeside Hospital
  - d. CHI St. Luke's Health Patients Medical Center
  - e. CHI St. Luke's Health Sugar Land Hospital
  - f. CHI St. Luke's Health The Vintage Hospital
  - g. CHI St. Luke's Health The Woodlands Hospital
  - h. Clear Lake Regional Medical Center
  - i. Conroe Regional Medical Center
  - j. Cypress Fairbanks Medical Center
  - k. East Houston Regional Medical Center
  - l. Houston Methodist San Jacinto Hospital
  - m. Houston Methodist St. Catherine Hospital
  - n. Houston Methodist St. John Hospital
  - o. Houston Methodist Sugar Land Hospital
  - p. Houston Methodist The Woodlands Hospital
  - q. Houston Methodist West Hospital
  - r. Houston Methodist Willowbrook Hospital
  - s. Houston Northwest Medical Center
  - t. Kingwood Medical Center
  - u. Lyndon B. Johnson Hospital
  - v. MD Anderson Cancer Center
  - w. Memorial Hermann Children's Memorial Hermann Hospital
  - x. Memorial Hermann Katy Hospital
  - y. Memorial Hermann Memorial City Medical Center
  - z. Memorial Hermann Northeast Hospital
  - aa. Memorial Hermann Northwest Hospital
  - bb. Memorial Hermann Southeast Hospital
  - cc. Memorial Hermann Southwest Hospital
  - dd. Memorial Hermann Sugar Land Hospital
  - ee. Memorial Hermann Texas Medical Center
  - ff. Memorial Hermann The Woodlands Hospital
  - gg. Memorial Hermann Women's Memorial City Hospital
  - hh. Memorial Hermann Women's Hospital The Woodlands
  - ii. OakBend Medical Center (formerly Polly Ryon)
  - jj. Park Plaza Hospital
  - kk. Pearland Medical Center
  - ll. Quentin Mease Hospital

- mm. St. John (Christus) in Nassau Bay
- nn. St. Joseph
- oo. Sweeny Community Hospital
- pp. Texas Children's/Houston Children's
- qq. Texas Heart Institute
- rr. Texas Orthopedic Hospital
- ss. Texas Women's/Houston Women's
- tt. The Woman's Hospital of Texas
- uu. TIRR
- vv. Tomball Regional Medical Center
- ww. UTMB /Galveston
- xx. West Houston Medical Center
- yy. Other Specify
- zz. None
- aaa. Don't know

## PHYSICIAN ACCESS

6. What kind of medical provider do you use for routine care or when you are sick?
  - a. Doctor's office or private clinic
  - b. Community health center, county health unit or other public clinic
  - c. Hospital outpatient department
  - d. Hospital emergency room
  - e. A specialist who handles your routine care
  - f. Some other place
  
7. Do you have a personal or family physician for most of your health care?
  - a. Yes
  - b. No
8. How many miles do you travel on average (one way) for most of your family's routine health care needs?
  - a. Less than 10 miles Go to Q9
  - b. 10-20 miles
  - c. 21-30 miles
  - d. More than 30 miles
  
9. What is the PRIMARY reason that you or someone in your household travel this distance for health care needs? ACCEPT ONE RESPONSE
  - a. Personal relationship/have used for years
  - b. Better quality of providers
  - c. Closer/convenient location
  - d. Free care
  - e. Approved provider for insurance or health benefits
  - f. Specialist
  - g. Nicer facilities
  - h. Speed of getting an appointment
  - i. Something else
  
10. Using a scale of 1 to 10 where 10 means you are extremely satisfied and 1 means you are extremely dissatisfied, describe your level of satisfaction with the care received from your routine health care provider. You may use any number between 1 and 10. 10=extremely satisfied, 1= extremely dissatisfied, not sure



## ACCESS TO HEALTH CARE

11. How confident are you that you can easily access quality health care when you or your family need it?
  - a. Very confident
  - b. Somewhat confident
  - c. Not too confident
  - d. Not confident at all
  
12. How much choice do you have in where you go for medical care? Would you say that you have:
  - a. A great deal of choice
  - b. Some choice
  - c. Very little choice
  - d. No choice
  
13. Have you or someone in your household delayed health care due to lack of money and/or insurance?
  - a. Yes
  - b. No
  
14. Have you or someone in your household been unable to fill prescriptions due to lack of money and/or insurance?
  - c. Yes
  - d. No
  
15. How available are the following to you and your family? For each type of care, indicate if it is....Rotate variables
  - a. Easily available to you and your family
  - b. Usually Available but requires a short wait to get an appointment for care
  - c. Barely available because it requires a very long wait to get an appointment
  - d. Unavailable to you and your family because of coverage issues or waiting time

	Easily available	Usually available	Barely available	Unavailable	Don't know
a. Babies and birthing (obstetrics) services					
b. Care for senior citizens					
c. Treatment for diabetes					
d. Treatment for gastrointestinal problems					
e. General surgery					
f. Heart and cardiac care					
g. Organ transplants					
h. Orthopedic care					
i. Outpatient surgery					
j. Pediatric care					
k. Treatment of cancer					
l. Women's healthcare and surgery, NOT including obstetrics					
m. Eye and ear care					
n. Neurology services					
o. Treatment for Stroke					
p. Primary care					
q. Geriatrics / elder care					
r. Dental care					

16. Which of the following concern you most about health care in your area? Indicate up to three items.

**Physician Concerns**

- a. Lack of primary care doctors
- b. Lack of specialists
- c. Incorrect diagnoses
- d. Long wait times to be seen
- e. Rushed treatment or care/not thorough

**Hospital Concerns**

- f. Lack of latest technology
- g. Overall cleanliness
- h. Customer service
- i. Distance to hospital/emergency services
- j. Expertise of personnel

**General Concerns**

- k. Transportation/ambulance transport services
- l. Excessive cost of health care
- m. High birthrate for young unwed mothers
- n. Obesity epidemic
- o. Unfamiliar with available services

**Cost Concerns**

- p. Cost of healthcare
- q. Little/no insurance
- r. Services not covered by insurance
- s. Cost of insurance
- t. Lack of affordable dental care
- u. None of these / Nothing is of concern

17. Is there anything else that concerns you about health care in your area? 100-character open field.

	Strongly agree (5)	(4)	(3)	(2)	Strongly disagree (1)
a. Vaccinations are available and affordable.					
b. Emergency medical services are available.					
c. Children have access to nutritious food.					
d. Hospice services are available and affordable.					
e. Older adults get enough nutritious food to eat through home delivered meals or are able to attend group meals.					
f. Adequate skilled health care is available for older, frail adults who need it.					
g. People have access to basic, affordable health care services, including regular checkups, dental, eye exams, glasses, mental health, and orthodontic care as needed.					
h. Older adults get the help they need to stay in their homes even if they have health problems.					
i. Medical care is available and affordable for all pregnant women throughout their pregnancies.					
j. Health insurance is available.					
k. Local residents have reasonable access to quality health care in my community.					
l. People have access to injury and violence prevention programs.					
m. Healthcare providers coordinate their patients' care with other available resources.					
n. Community resources for healthcare and disease prevention are available.					
o. Educational seminars and classes about health and prevention are available in the community.					

18. Indicate your level of agreement with the following statements: Rotate variables

19. How likely are you to use or participate in the following if related directly to your health? Rotate variables

	Very likely (5)	(4)	(3)	(2)	Not at all likely (1)
a. Community resources for healthcare and disease prevention available separately from my healthcare provider.					
b. Educational seminars and classes about health and prevention available in the community.					

20. Thinking about the level of violence in your community, indicate your level of agreement with the following statements: Rotate variables

	Strongly Agree (5)	(4)	(3)	(2)	Strongly Disagree (1)
a. There are adequate programs in place to reduce the level of violence in our schools (fights, bullying, etc)					
b. I feel safe when visiting our community public areas, such as parks.					
c. We have adequate resources for children who are victims of physical or sexual abuse.					
d. We have adequate resources for adults who are victims of physical or sexual abuse.					
e. Human trafficking (trade of humans for sexual slavery or forced labor) is not an area of concern in our community.					

21. What additional healthcare service would help you and your family if it were available?

- a. Short field
- b. Short field
- c. Short field

## PERSONAL HEALTH

22. How would you rate your personal health? Ten-point scale, "Excellent" to "Very poor"

	Less than 1 year ago	1-2 years ago	3-5 years ago	More than 5 yrs ago	Never
a. A dental exam					
b. An eye exam					
c. Your feet checked for sores or irritations					
d. A hemoglobin "A1C" blood test to check for sugar control					
e. Your blood pressure checked					
f. A complete physical exam					
g. A test or exam for prostate cancer (males only)					
h. A screening for colon cancer					
i. A mammogram (females only)					
j. A Pap test (females only)					
k. Your blood cholesterol checked					

23. How long ago did you have: Rotate variables

24. Has a doctor told you that you, personally, have any of the following health problems or conditions?

Mark all that apply.

- a. High blood pressure
- b. Heart disease or cardiology problem
- c. Cancer
- d. Diabetes of any type
- e. Anxiety or depression
- f. Obesity
- g. Asthma
- h. None of these

25. To what extent does a health problem or disability keep you from participating fully in work, school, or other activities? Ten-point scale, "A great deal" to "Not at all"

26. Have you ever taken part in a program offered by your doctor or health care provider to help you manage a health problem?

- a. Yes
- b. No

27. Have you used any of the following? Rotate variables. Mark all that apply.

	Yes, in last 2 years	Yes, more than 2 yrs ago	No, never used this
a. Herbal medicines or treatments			
b. Acupuncture			
c. A chiropractor			
d. A D.O., or doctor of osteopathy			
e. Homeopathy, which uses natural products			

28. Where do you currently get information about hospitals and healthcare services?

- a. Call hospital
- b. Based on experience
- c. Family doctor or clinic where you have received care
- d. Friends and family
- e. Pharmacist or pharmacy tech
- f. Website or online
- g. Community health fair
- h. Hospital publications
- i. Insurance provider
- j. Newspaper
- k. Television
- l. Radio
- m. Work
- n. Facebook and other social media
- o. Email
- p. Other Specify

29. Where would you prefer to get information about hospitals and healthcare services?

- a. Call hospital
- b. Based on experience
- c. Family doctor or clinic where you have received care
- d. Friends and family
- e. Pharmacist or pharmacy tech
- f. Website or online
- g. Community health fair
- h. Hospital publications

- i. Insurance provider
- j. Newspaper
- k. Television
- l. Radio
- m. Work
- n. Facebook and other social media
- o. Email
- p. Other Specify
- q. Don't have a preference
- r. Don't know
- s. None of these

## DEMOGRAPHICS

30. What type of healthcare coverage does your family have?
- a. Traditional/regular
  - b. HMO/PPO
  - c. Federal Insurance Exchange / ObamaCare
  - d. Champus/Tri-Care
  - e. Medicare
  - f. Medicare HMO/advantage
  - g. Medicaid
  - h. Cash/self pay/no insurance
  - i. Not sure
31. How many persons under 18 years of age live in the household?
- a. 1
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6
  - g. 7
  - h. 8
  - i. 9 or more
  - j. No persons younger than 18 years in the household
32. What is the total number of persons living in your household, including you?
- a. 1
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6
  - g. 7
  - h. 8
  - i. 9 or more

33. What is the highest level of formal education have you completed?
- Less than high school degree
  - High school degree
  - Some college or technical training
  - 4-year college degree
  - Post-graduate education
34. Do you or a family member work in any of the following? Mark up to two.
- Retail trade
  - Manufacturing
  - Healthcare and social assistance
  - Administration and support
  - Government
  - Construction
  - Non-profit organization
  - Information technology / hi tech
  - Oil and gas
  - Transportation/logistics
  - A family business
  - Not employed
35. Indicate your annual household income before taxes.
- Less than \$20,000
  - At least \$20,000 but less than \$35,000
  - At least \$35,000 but less than \$50,000
  - At least \$50,000 but less than \$75,000
  - At least \$75,000 but less than \$100,000
  - At least \$100,000 but less than \$150,000
  - \$150,000 or more
  - Prefer not to answer
36. That's the end of our survey. Thank you very much for your time.