



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



## **Sugar Land Hospital**

The Community Health Needs Assessment and Implementation Strategy for the CHI St. Luke's Health - Sugar Land Hospital 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 - Sugar Land Hospital is an acute care hospital offering medical and surgical services to the Fort Bend community. Clinical services include heart and vascular, gastroenterology, neurosciences, diagnostic imaging, women services, orthopedics, and surgical services including the latest in robotic surgery technology, the da Vinci® Xi. The hospital offers The University of Texas MD Anderson Regional Care Center on its campus. Sugar Land Hospital is a Pink Ribbon Facility offering 3-D digital mammography – one of only 100 sites in the United States. Sugar Land Hospital opened its doors in 2008 and now has 100 licensed beds and 400 employees, including 181 RNs and 462 medical staff. More than 3,000 visits account for annual admissions and the emergency department receives 18,489 annual visits.

A Community Health Needs Assessment (CHNA) for Sugar Land Hospital was conducted by Sugar Land Hospital 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 Sugar Land Hospital, an email and telephone survey presented to the population within the Sugar Land Hospital service area, two separate focus groups including Sugar Land Hospital staff and community stakeholders, and telephone interviews with Sugar Land Hospital 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 Sugar Land Hospital; the process and methods used to conduct the assessment; a description of how Sugar Land Hospital included input from persons who represent the broad interests of the community served by Sugar Land Hospital; 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 Sugar Land Hospital's plan to address the identified priority community health needs.

## Community Served by the Hospital

The community served by CHI St. Luke's Health - Sugar Land Hospital is described by the geographic area of hospital and the contiguous zip codes determined by 2014 Sugar Land Hospital discharge data. Located in Fort Bend County, the hospital service area contains both a large urban complex, as well as smaller rural communities, and is home to nearly 600,000 residents. This county is one of the fastest growing in the United States, with an annual growth rate twice that of the state of Texas. The hospital service area includes 11 counties, with the majority of the service area found within Fort Bend and Harris Counties.

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

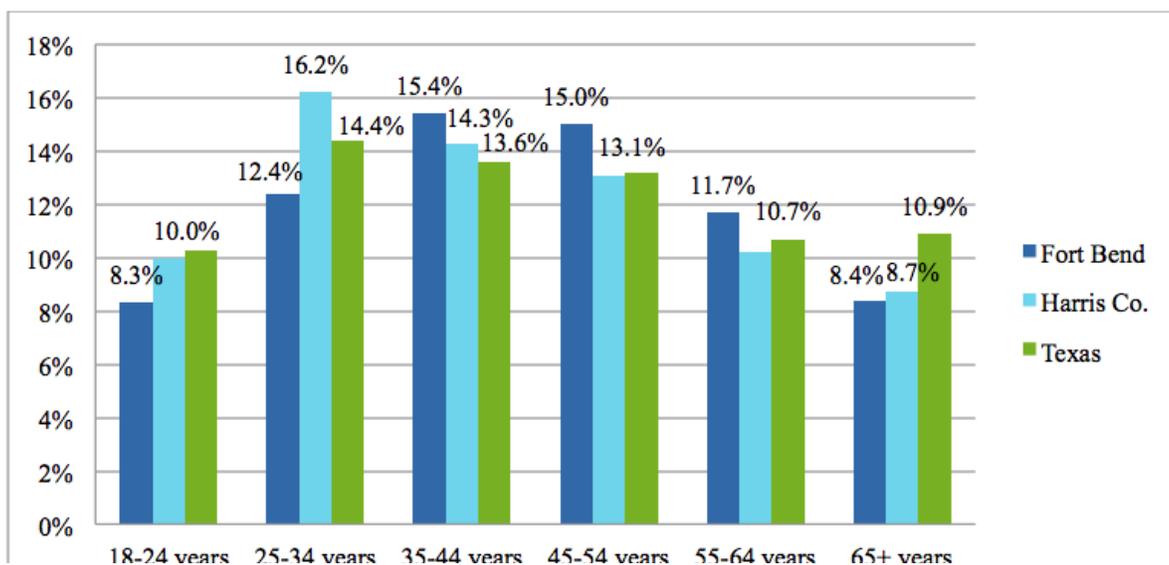
### Community Demographics

Demographic data were collected and analyzed using comparisons within the area designated as the Sugar Land Hospital community (Fort Bend County data), with the aggregated county data representing Harris County and data representing the state of Texas. Overall, the community served by Sugar Land Hospital compared with Harris County and Texas has a higher number of community residents aged 35 years and older, has more diversity in race and ethnicity, and has a larger population of residents with a college education.

Below are additional details related to the demographics of the Sugar Land Hospital community compared with Harris County and the state of Texas:

- **Age:** In comparison with Harris County and Texas, the Sugar Land Hospital community has a higher number of residents 35 years and older. Residents 65 years or older are similar between the Sugar Land Hospital community and Harris County (8.4% Sugar Land Hospital community vs. 8.7% Harris County), but differs from the state of Texas (10.9%). The largest discrepancy can be found in the age category of 25-34 years (12.4% Sugar Land Hospital community vs. 16.2% Harris County vs. 14.4% Texas) (Figure 1).

Figure 1. Age distribution for Sugar Land Hospital community, Harris County and Texas



- **Race/Ethnicity:** The majority of the Sugar Land Hospital community identify as White/Non-Hispanic (35.5%). However, there is more diversity found in the residents of the Sugar Land Hospital community in comparison to Harris County and Texas. Both Harris County and Texas have more Hispanic residents than the Sugar Land Hospital community but overall there is higher diversity (Table 1).

Table 1. Race/ethnicity distribution for Sugar Land Hospital community and Harris County

Ethnicity	Sugar Land Hospital Community	Harris County	Texas
<b>White/Non-Hispanic</b>	35.5%	32.1%	44.3%
<b>Hispanic</b>	24.0%	41.4%	38.2%
<b>Black/Non-Hispanic</b>	20.8%	18.5%	11.6%
<b>Asian/Non-Hispanic</b>	17.8%	6.4%	4.0%

- **Gender:** The gender of those in the Sugar Land Hospital community is evenly distributed between males and females (49.1% and 50.9%, respectively). This breakdown closely resembles the Harris County gender rates of 50.7% males and 49.3% females, as well as the Texas gender rates (49.6% male and 50.4% female).
- **Education:** Only 11.4% of the Sugar Land Hospital community did not obtain a high school education. This is much lower in comparison with Harris County and Texas (20.8% and 18.5%, respectively). The Sugar Land Hospital community has a significantly larger number of residents with a college education and degree.

Table 2. Educational attainment rates for Sugar Land Hospital community, Harris County and Texas

Education Level	Sugar Land Hospital Community	Harris County	Texas
<b>9<sup>th</sup>-12<sup>th</sup> grade, no diploma</b>	5.9%	9.5%	9.2%
<b>High School Graduate</b>	18.1%	23.3%	25.2%
<b>Some college, no degree</b>	21.6%	21%	22.7%
<b>Associate's Degree</b>	6.5%	5.8%	6.6%
<b>Bachelor's Degree</b>	27.5%	18.7%	17.9%
<b>Graduate or Professional</b>	14.8%	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 Sugar Land Hospital physicians and staff, and community organizations to conduct the Sugar Land Hospital CHNA. A survey, prepared by Saurage Research, Inc. in March 2016, was distributed via email and telephone to residents residing within the Sugar Land Hospital service area. Telephone interviews were also performed with Sugar Land Hospital employed physicians and two separate focus groups including Sugar Land Hospital 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 Sugar Land 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

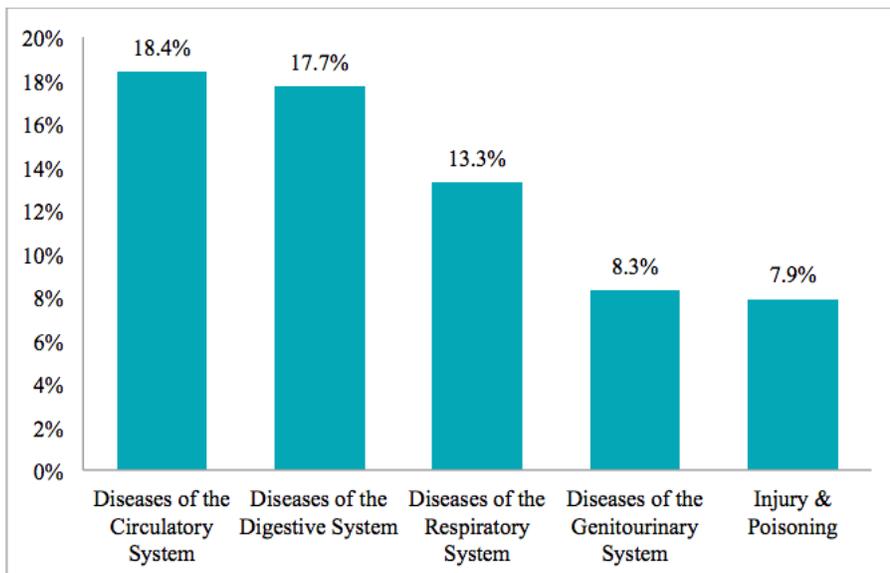
Public health data collection, review, and analysis efforts were guided by two main questions: “What are the health needs of the community served by the hospital facility?” and “What are the characteristics of the populations experiencing these health needs?” Quantitative data were obtained and analyzed 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 St. Luke’s Health System hospital discharge data. Data for this report were analyzed for Fort Bend County, as being representative of the Sugar Land Hospital’s service area, Harris County 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 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 Sugar Land Hospital 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, utilization of Sugar Land Hospital was from diseases in the following categories: Diseases of the Circulatory System (18.4%); Diseases of the Digestive System (17.7%); Diseases of the Respiratory System (13.3%); Diseases of the Genitourinary System (8.3%); Injury and Poisoning (7.9%).

Figure 2. 2014 Sugar Land Hospital Discharge by Diagnoses



## Key Indicators and Health Disparities

The Sugar Land Hospital community key indicators and health disparities were established by comparing data from the Texas Department of State Health Services (DSHS) for Montgomery County with the data for Harris County and Texas. 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 Sugar Land Hospital community. The below indicators reflect analyses from the DSHS, CDC and Behavioral Risk Factor Surveillance System (BRFSS) data for both the Sugar Land Hospital community, Harris County and Texas. Detailed 2014 weighted data tables provided by BRFSS for Houston-The Woodlands-Sugar Land can be found in Appendix 4: Tables A-M. This data includes the following counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller in order to accurately represent the service area of the hospital.

- **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 less residents of the Sugar Land Hospital community who were uninsured (16.2%). The Sugar Land Hospital community had fewer uninsured individuals in age categories less than 18 years and 18-64 years, but more uninsured residents age 65 years and older, compared to both Harris County and the state of Texas (Table 3).

Table 3. Health insurance by age category for Sugar Land Hospital community, Harris County and Texas

Age Category	Sugar Land Hospital Community	Harris County	Texas
Less than 18 years	9.7%	14.5%	12.6%
18-64 years	20.9%	32.8%	29.5%
65+ years	4.2%	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 Sugar Land Hospital community was 8.7%, significantly lower than Harris County (18.4%) and the state of Texas (17.7%). The Sugar Land Hospital community presented significantly lower numbers of residents living in poverty in all age categories (Table 4).

Table 4. Persons living below poverty level by age for Sugar Land Hospital community, Harris County and Texas

Age Category	The Vintage Hospital Community	Texas
Less than 18 years	27.3%	25.3%
18-64 years	15.5%	15.5%
65+ years	11.6%	11.2%

- **Cancer:** According to 2014 DSHS data, 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 for the Sugar Land Hospital community illustrated much higher rates of breast (female) cancer in comparison with Harris County and the state of Texas. It presented lower incidence rates of lung and bronchus cancer (Table 5).

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

Cancer Type	Sugar Land Hospital Community	Harris County	Texas
Breast (Female)	120.4	118.9	113.1
Prostate	130.6	134.5	115.7
Lung & Bronchus	47.4	57.4	58.1

When compared to Harris County and Texas data, mortality rates for all cancers were lower in the Sugar Land Hospital community (Table 6).

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

Cancer Type	Sugar Land Hospital Community	Harris County	Texas
<b>Breast (Female)</b>	18.2	23.7	21.0
<b>Prostate</b>	17.1	19.7	19.6
<b>Lung &amp; Bronchus</b>	32.4	41.9	43.5

According to 2014 BRFSS data, there is a slightly higher diagnosis of any type of cancer in the state of Texas when compared to the Sugar Land Hospital community (9.0% Texas vs. 8.0% Sugar Land Hospital community). Females also show significantly higher diagnoses in the state in comparison to the Sugar Land Hospital community (9.4% Texas vs. 7.7% Sugar Land Hospital community). Other comparisons through age and race are illustrated in Appendix 4: Table A.

- **Diabetes:** Approximately 9.3% of the United States population has diabetes; that calculates to 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 Sugar Land Hospital community suggest a lower age-adjusted incidence of 7.9 (cases per 1,000) of diagnosed diabetes. Additional 2014 BRFSS data for doctor diagnosed diabetes in the Sugar Land Hospital 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 Harris County and state of Texas to be the same as 3.3 days. The Sugar Land Hospital community reported a slightly lower number of days at 2.7.
- **Cardiovascular disease:** According to 2014 BRFSS data, the highest discrepancies between the Sugar Land Hospital 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 – Sugar Land Hospital Community and Texas

Race	Cardiovascular Disease Sugar Land		Heart Disease Sugar Land	
	Hospital	Texas	Hospital	Texas
<b>White</b>	8.6%	9.7%	6.3%	7.7%
<b>Black</b>	17.8%	10.3%	10.1%	6.0%
<b>Hispanic</b>	5.4%	4.9%	3.6%	3.7%
<b>Other/Multiracial</b>	1.1%	4.4%	0.9%	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 Sugar Land Hospital community in comparison to the state of Texas (Table 8).

Table 8. Stroke – Sugar Land Hospital Community and Texas

Race	Sugar Land Hospital Community	Texas
White	3.3%	3.1%
Black	9.6%	5.8%
Hispanic	2.6%	1.9%
Other/Multiracial	1.0%	2.5%

- Asthma:** Compared with Texas, the Sugar Land Hospital community reported lower rates of asthma (5.2% Sugar Land Hospital community vs. 6.7% Texas). In the Sugar Land Hospital community, women are more likely to report having asthma (5.5% vs. 4.8%). Race also plays a part in asthma reporting. In comparison to the state of Texas, those who identify as Black in the Sugar Land Hospital community are half as likely to be current asthma sufferers (4.5% Sugar Land Hospital community vs. 9.4% Texas). A table providing data on current, former and never diagnosed asthma patients from the Sugar Land Hospital 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 is still a significant problem. According to BRFSS data, 10% of the Sugar Land Hospital community population currently smoke. This is lower than Harris County (16%) and the state (17%). 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 Sugar Land Hospital community, the statistics for overweight and obese residents are very similar (Appendix 4: Table I).
- Exercise or physical activity:** The percent of adults age 30 years or older reporting no leisure-time physical activity in the Sugar Land Hospital community reported between (22%) Harris County (21%) and the state of Texas (23%). Differences were also reported when reviewing data for the percent of population without adequate access to locations for physical activity. There is approximately 6% of the Sugar Land Hospital community that does not have adequate access to locations for physical activity while only 4% of those in Harris County report inadequate access and slightly more, 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. Exactly 18% of residents in the Sugar Land Hospital community needed to see a doctor in 2014, but could not because of cost. Fortunately, almost two-thirds of residents within the Sugar Land Hospital community and the state of Texas say they can identify at least one personal doctor or healthcare provider and the majority 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 Sugar Land Hospital by Saurage Research, Inc. Qualitatively, individual phone interviews were conducted with physicians employed by Sugar Land Hospital. In-person focus groups also took place with Sugar Land Hospital 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 creditable understanding of the population, health and healthcare needs of those who reside in the Sugar Land Hospital service area. Quantitative data was collected via online and telephone interviews with 150 healthcare decision makers between the ages of 18-74 years living in the Sugar Land Hospital 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 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 uninsured, elderly, teens and mental health. The priority on mental health is focused most on making more providers and facilities available, especially for females suffering with anxiety or depression.
- **Education:** Participants discussed the growing need for educational outreach programs especially focused on nutrition and exercise for children and teens. Other subjects of importance were chronic diseases such as diabetes, hypertension and obesity.
- **Specialists:** Hospital physicians and staff believed there needed to be an increase in family care doctors, home health services and parenting skills for the residents of the community served by Sugar Land Hospital.
- **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 primary services concentrated on approaching the growing diversity in the community, decreasing ER visits due to non-compliance, increasing exercise and nutrition education, and sexual assault and school violence.

## **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 Sugar Land Hospital service area (N=150). 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 to identify the priority needs of the Sugar Land Hospital 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 Sugar Land Hospital community.

- **Routine Care:** The majority of residents surveyed identified a doctor's office or private office as their location of routine care (86% Sugar Land Hospital vs. 87% Houston). Doctors' offices or private clinic usage is highest among the more affluent, older respondents with insurance, who have not had to delay healthcare or prescriptions and do not have any children living in the home. These same respondents are also those most likely to have a personal or family physician.
- **Personal/Family Physician:** Most surveyed residents could identify a personal or family physician when they are seeking healthcare (85% Sugar Land Hospital 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 (66% Sugar Land Hospital vs. 65% Houston). Half of Sugar Land Hospital 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 respondents who are White and do not have children living at home are more likely to travel shorter distances to meet their routine healthcare needs. Non-White respondents tend to travel much further.

- **Satisfaction, Confidence & Choice:** A strong majority of Sugar Land Hospital community respondents are satisfied with the care they receive from their routine provider. In fact, the respondents in Sugar Land are significantly more satisfied than the city of Houston (77% Sugar Land Hospital vs. 71% Houston). The majority are confident that they can easily access quality healthcare, however there is a significant difference between the Sugar Land Hospital community and Houston when believing they have a great deal of choice in where they go for medical care. Houston showed a significantly higher difference when having this choice (55% Sugar Land Hospital vs. 63% Houston). Satisfaction levels were highest among older, healthier and more affluent respondents. Confidence was strongest among affluent respondents with insurance and those who have the most say in choosing health providers. Those with the most choice are more affluent, most satisfied and confident and have never delayed healthcare.
- **Delayed Health Care or Prescriptions:** Very few surveyed residents had previously delayed healthcare due to lack of money or insurance (28% Sugar Land Hospital vs. 34% Houston). There are, however, a sizeable segment of these Sugar Land Hospital 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 (20% Sugar Land Hospital vs. 21% Houston). The frequency of delayed healthcare and prescriptions is highest among younger, non-white, less affluent, 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 Sugar Land Hospital service area are highest for primary care, dental and eye/ear care and lowest for organ transplants, care for seniors and geriatrics/older care. Across the various types of care listed, availability tends to be rated highest among White, older and more affluent respondents, those who are most satisfied, confident, have the greatest choice, and have not had to delay healthcare or prescriptions
- **Concerns in Health Care:** Costs dominate the top two concerns among both Sugar Land Hospital community residents and those in the broader Houston market. Insurance costs are also a significant area of concern regarding healthcare.
- **Attitudes & Perceptions:** Among Sugar Land Hospital community respondents, the highest levels of agreement are the availability and affordability of emergency services, vaccinations and quality healthcare; both of which are also highest across all Houston area respondents. The lowest level of agreement in the Sugar Land Hospital service area are recorded for seniors getting the help they need to stay in their homes, and seniors getting enough nutritious food, access to injury and violence prevention programs, and the affordability and availability of hospice care.
- **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 Sugar Land Hospital 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, satisfied respondents with children living in the home.

- **Safety & Violence:** When asked about the level of violence in their community, just over half of the respondents feel safe in community public areas; this is significantly different than the city of Houston (53% Sugar Land Hospital vs. 61% Houston). More than half of the Sugar Land Hospital community residents question the adequacy of resources for victims of abuse, human trafficking and school violence.
- **Last Exam:** The Sugar Land Hospital community response closely parallels that of the city of Houston with the exception of more frequent complete physical exams. Houston reports significantly higher results than the Sugar Land Hospital community (16% Sugar Land Hospital vs. 23% Houston). Seven out of ten Sugar Land Hospital community respondents have not had a colon cancer screening, had their feet checked, nor have half of the men had a prostate exam in the last two years. Those who tend toward less frequent exams are female, younger, non-White, least satisfied, confident and have little choice for health providers, they tend to delay their healthcare, are uninsured and less affluent.
- **Health Problems or Conditions:** There are only minor differences between the Sugar Land Hospital community and Houston. It seems that asthma is more prevalent in Houston than the Sugar Land area (4% Sugar Land Hospital vs. 7% Houston). Those with one or more of the doctor alerted problems shared the overall characteristic of poor health.
- **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 fall within the categories of more confident, less healthy and less affluent. Only a quarter of 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 and classes about health and 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. This profile closely resembles that of Houston and none of the services were used significantly different than the others.

## 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 Sugar Land Hospital:

- Greater access to care for uninsured, elderly teens and mentally ill
- More services provided within family care doctors, home health services and school system counsellors
- Increased communication regarding available community programs and services and how to receive more information about them
- Increase hospital visibility, community involvement and community knowledge
- Improve awareness of and attendance at community outreach and education events
- Promote community education on topics focused on diabetes, hypertension, obesity, heart disease, depression, drugs and contagious diseases

- Provide information regarding health challenges and care for seniors, especially in regard to properly preparing for end of life
- Increase the knowledge and understanding of the importance of diet and exercise in children; improve parenting skills
- Effectively manage the rapid increase in patient and community member diversity
- Emphasize the importance of regular health and well-being examinations and testing

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 Sugar Land Hospital team, the concerns and recommendations from the Sugar Land Hospital physicians and staff and community stakeholders and residents were prioritized into three categories:

### *Access to Care*

- Increase access to care for uninsured, elderly, teens and mentally ill

### *Communication of Resources*

- Make aware what healthcare programs, providers and services are available to residents and how to contact them for more

### *Education*

- Implement and promote programs focused on recognizing, preventing and living with diabetes, hypertension, obesity and heart disease
- Provide information about health challenges and care for seniors and properly preparing for end of life
- Emphasize the importance of regular health and well-being examinations and testing

## Potentially Available Resources

During the focus groups with both Sugar Land Hospital 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 Sugar Land Hospital community are listed below:

- **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.
- **Civic Clubs and Social Clubs** – Civic and social clubs are an important part of communities in Houston and could be a great avenue to reach communities to address health priorities.
- **Churches and the Faith Community** – The active church and faith-based communities throughout Houston are often involved in all aspects of life, including health and wellness.
- **Fort Bend Independent School District** – Fort Bend ISD provides health resources for its employees, who make up a significant part of the community.
- **Gateway to Care (Houston)** – Gateway to Care in Houston is a program through which doctors, hospitals, and other healthcare providers volunteer time and resources to those in need. While this program does not exist in Fort Bend County, it could be a great model for Fort Bend County to follow.

- **Personal Prevention** – Personal Prevention is a program that helps employers provide incentives to employees around healthy living through an employer sponsored point system.
- **Service to Seniors** – Sugar Land Hospital educates senior to visit the hospital after falls and to seek care with other medical issues such as UTIs.
- **Shape Up Fort Bend** – Shape Up Fort Bend is a program that connects the Fort Bend community with resources for a healthy lifestyle. The Shape Up Fort Bend website could be used as a central site for publishing community healthcare resources and services.
- **United Way** – The United Way is a great resource in Houston 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.
- **Women’s 3D Mammogram Program** – this program at Sugar Land Hospital includes speakers, education, screening, and referral.
- **YMCA** – The YMCA in Fort Bend County provides services to many different populations within the Fort Bend population. The YMCA is not only a resource for exercise and healthy living, but it is a resource for social interaction, stress relief, and many other services for “the mind, body, and spirit.”

## Evaluation of Impact

In order to complete an implementation strategy for the identified priority health needs defined in the 2013 Sugar Land Hospital Community Health Needs Assessment, analysis of four major data sources was completed: Sugar Land Hospital advisory team, Sugar Land Hospital staff and community focus groups and public health data for the Sugar Land Hospital community.

The highest priority health needs for the community served by Sugar Land Hospital were defined as:

- **Access to care:** The area served by the hospital has experienced significant population growth in recent years that has caused a shortage in primary care coverage.
- **Chronic Disease:** Screening, diagnosis and education on chronic disease was seen as a priority need. Chronic diseases such as sickle cell, cardiovascular disease, and diabetes were concerns from the both hospital and community stakeholders.
- **Communication of Community Resources:** There is a need for more communication regarding education and treatment programs, services, and referrals for those with mental health needs and those with specific chronic diseases.
- **Mental health services:** The hospital does not have a mental health department, and there are very few local facilities to receive transfers or referrals. There are no local resources for mental health evaluations or inpatient care. This is particularly challenging for the uninsured.

Existing and new Sugar Land Hospital programs and events 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 Sugar Land Hospital. Below is a list highlighting a few programs that satisfied the previously identified need:

**Access to care highlight:** Eleven physicians have been recruited since 2014 in a variety of services, including specialties.

**Chronic Disease:** Numerous health education classes focused on chronic disease prevention, education and management have been offered in the past two years.

**Communication of Community Resources Highlight:** Sugar Land Hospital is planning to develop a resource center at the Mamie George Community Center in Rosenberg.

**Mental Health Services Highlight:** The hospital has a strong relationship with Texana. Texana provides assessment and placement for patients who are uninsured. Since developing and implementing this strategic plan, it was discovered that education was not needed by Texana, so none has been given.

**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 - Sugar Land Hospital (Sugar Land Hospital) 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 Sugar Land Hospital service area. Focus groups including Sugar Land Hospital staff and community organizations and stakeholders were held in March and facilitated by Saurage Research, Inc. The information from the focus group discussions was gathered to identify priority needs for the community served by the Sugar Land Hospital. Priority needs were identified as:

### *Access to Care*

- Increase access to care for uninsured, elderly, teens and mentally ill

### *Communication of Resources*

- Make aware what healthcare programs, providers and services are available to residents and how to contact them for more

### *Education*

- Implement and promote programs focused on recognizing, preventing and living with diabetes, hypertension, obesity and heart disease
- Provide information about health challenges and care for seniors and properly preparing for end of life
- Emphasize the importance of regular health and well-being examinations and testing

The Sugar Land Hospital advisory team reviewed the CHNA and developed the Sugar Land Hospital 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 Sugar Land Hospital websites.

# Implementation Strategy

## Introduction

As an integral part of St. Luke's Health System, Sugar Land Hospital's mission is to contribute to enhancing community health by delivering superior value in high-quality, cost-effective acute care since 2008. Sugar Land Hospital, a 100-bed facility located in Sugar Land, Texas, offers clinical and diagnostic services, including heart and vascular, gastroenterology, neurosciences, diagnostic imaging, women services, orthopedics and surgical services. Just recently, in 2016, Sugar Land Hospital has added more advanced obstetrics and gynecology services as well as opened the Family Birthing Center at the hospital. In collaboration with the medical staff, they are dedicated to excellence and compassion in caring for the whole person - body, mind and spirit. Located in Fort Bend County, the hospital service area contains both a large urban complex, as well as smaller rural communities, and is home to nearly 600,000 residents. This county is one of the fastest growing in the United States, with an annual growth rate twice that of the state of Texas. 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 our commitment to deliver faith-based, compassionate, quality and cost-effective care, Sugar Land Hospital shall be the provider of choice in the Greater Fort Bend community. Sugar Land Hospital 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.*

Sugar Land Hospital also adopts 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 Sugar Land 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 Sugar Land 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 - Sugar Land Hospital websites.

## Overview of the Community Served by Sugar Land Hospital

The community served by CHI St. Luke's Health - Sugar Land Hospital is described by the geographic area of hospital and the contiguous zip codes determined by 2014 Sugar Land Hospital discharge data. Located in Fort Bend County, the hospital service area contains both a large urban complex, as well as smaller rural communities. This county is one of the fastest growing in the United States, with an annual growth rate twice that of the state of Texas. The hospital service area includes 11 counties, with the majority of the service area found within Fort Bend and Harris Counties.

Sugar Land Hospital serves an area that is home to a population of over 600,000 residents that represent many diverse ethnicities, backgrounds, and needs. Key descriptors of the community served by Sugar Land Hospital include:

- **Age:** The majority of residents in the Sugar Land Hospital community are 35 years or older.
- **Race/Ethnicity:** Most of the Sugar Land Hospital community identify as White/Non-Hispanic (35.5%). However, the second highest race/ethnicity is Hispanic (24%), followed closely by Black/Non-Hispanic (20.8%) and Asian/Non-Hispanic (17.8%). The Sugar Land Hospital community includes a highly diverse population.
- **Education:** Only 11.4% of the Sugar Land Hospital community did not obtain a high school education. The Sugar Land Hospital community has a significantly large number of residents with a college education and degree.

## Implementation Strategy Process

The CHNA was conducted collaboratively with the Sugar Land 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 Sugar Land Hospital advisory team and the Healthy Communities Department in May 2016. Following the identification of the priority needs, individuals at Sugar Land Hospital 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 Sugar Land Hospital service area. Focus groups including Sugar Land Hospital staff and community organizations and stakeholders were held in March while telephone interviews with physicians employed by Sugar Land Hospital 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 Sugar Land Hospital. Priority needs were identified as:

## Access to Care

- Increase access to care for uninsured, elderly, teens and mentally ill

## Communication of Resources

- Make aware what healthcare programs, providers and services are available to residents and how to contact them for more

## Education

- Implement and promote programs focused on recognizing, preventing and living with diabetes, hypertension, obesity and heart disease
- Provide information about health challenges and care for seniors and properly preparing for end of life
- Emphasize the importance of regular health and well-being examinations and testing

## Significant Health Needs to be Addressed

It was decided by the Sugar Land Hospital advisory team and the Healthy Communities Department that it was feasible to address all identified significant concerns for Sugar Land Hospital. Many initiatives discussed to address one priority need had the ability to additionally cover another. Below lists the initiatives or programs that Sugar Land Hospital will implement before 2019 to respond to the identified needs of the community:

Access to Care	
<b>Increase access to care for uninsured, elderly, teens and mentally ill</b>	<ul style="list-style-type: none"> <li>- Provide resources (education series, brochures, etc.) in English in Spanish</li> <li>- Provide education on understanding healthcare/insurance benefits</li> </ul>
<b>Implement and promote programs focused on recognizing, preventing and living with diabetes, hypertension, obesity and heart disease</b>	<ul style="list-style-type: none"> <li>- Continue use of Project RED (Re-Engineered Discharge)</li> <li>- Provide education classes and/or screenings in partnership with Mamie George Community Center</li> <li>- Initiate physician speaker quarterly</li> </ul>
<b>Provide information about health challenges and care for seniors and properly preparing for end of life</b>	<ul style="list-style-type: none"> <li>- Provide community educational seminars addressing long term care, power of attorney, preparation for life-altering illness, importance of will and testament, advance directives, etc.</li> </ul>
<b>Emphasize the importance of regular health and well-being examinations and testing</b>	<ul style="list-style-type: none"> <li>- Facilitate education classes and/or health screenings in partnership with Mamie George Community Center</li> <li>- Initiate physician speaker quarterly</li> <li>- Provide patient/community related resources (education series, brochures, etc.) in English and Spanish</li> </ul>
<b>Make aware what healthcare programs, providers and services are available to residents and how to contact them for more</b>	<ul style="list-style-type: none"> <li>- Increase information on web page/social media outlets – advertise education by Sugar Land Hospital</li> <li>- Provide informational brochures in hospital</li> <li>- Education Channel – Hospital will provide health related topics for patient benefit on the in-house Education Channel</li> </ul>

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 Sugar Land Hospital; however there is room for improvement in its utilization. As a 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 preventative care rather than getting ill and have to undergo more invasive services at the hospital or utilize to the ER for primary care.

Most identified community health needs were similar at all CHI St. Luke's Health locations. One particular need specific to almost all locations was: Increase prevention and treatment resources in areas of physical and sexual abuse, human trafficking and violence in schools. This was a need that was discussed but did not appear as a primary need for Sugar Land Hospital. 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. Four ED RNs at Sugar Land Hospital are in the process of becoming trained SANE nurses. This will be the only CHI St. Luke's Health facility to obtain this skill. Research and information regarding a trained SANE nurse to be staffed at all CHI St. Luke's Health Houston locations will also be discussed, as well as the possibility of sharing trained nurses throughout the market.

## 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 achieving better access to care specifically for youth or patients with mental illness, Sugar Land Hospital is not capable of directly serving those patients because they do not provide pediatric or mental illness services at the hospital. However, they will work toward providing resources for those patients and provide appropriate referrals for the patient.

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CHI St. Luke's Health - Sugar Land Hospital 2014 Hospital Discharge Data. Obtained by request from St. Luke's Health System.



## Appendix 2.

### Participants involved in the CHNA

<b>CHI St. Luke's Health System Team</b>			
<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>Lisa Ann Brown</b>	RN Navigator	CHI St. Luke's Health - Sugar Land Hospital	Focus Group Staff Participant
<b>Michael Thomas</b>	Director Imaging	CHI St. Luke's Health - Sugar Land Hospital	Focus Group Staff Participant
<b>Abel Montalvo</b>	Pharmacist	CHI St. Luke's Health - Sugar Land Hospital	Focus Group Staff Participant
<b>Gloria L. Boror</b>	Ambulatory Representative	CHI St. Luke's Health - Sugar Land Hospital	Focus Group Staff Participant
<b>Rainier Mendoza</b>	ED Director	CHI St. Luke's Health - Sugar Land Hospital	Focus Group Staff Participant/ Implementation Strategy
<b>Alicia Joseph</b>	Administration	CHI St. Luke's Health - Sugar Land Hospital	Focus Group Staff Participant
<b>Lastenia Holton</b>	Manager	CHI St. Luke's Health - Sugar Land Hospital, Case Management	Implementation Strategy
<b>Community Stakeholders</b>			
<b>Cindy King</b>	Battalion Chief EMS	Sugar Land Fire EMS	Community Stakeholder Focus Group Participant
<b>Nancy Porter</b>	Chief Communications Officer	Fort Bend ISD	Community Stakeholder Focus Group Participant
<b>Rosemin Premji</b>	COO	Your Hospice/Shining Nightingale	Community Stakeholder Focus Group Participant

### Appendix 3.

#### 2012-2014 Sugar Land Hospital discharges by ICD-9 Code

Data on all hospital discharges for 2014 were provided by the St. Luke's Health System. Data were available for Sugar Land Hospital and was aggregated by the 5 digit ICD-9 diagnosis code. No demographic or personally identifying information was provided; therefore, the below information represents the types of health problems experienced by people who made use of the Sugar Land Hospital between 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>216</b>	<b>6.5</b>	<b>189</b>	<b>6.3</b>	<b>186</b>	<b>6.4</b>
<b>2. Neoplasms (140-239)</b>	<b>120</b>	<b>3.6</b>	<b>161</b>	<b>5.4</b>	<b>106</b>	<b>3.7</b>
<b>3. Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)</b>	<b>230</b>	<b>6.9</b>	<b>158</b>	<b>5.3</b>	<b>206</b>	<b>7.1</b>
<b>4. Diseases of the Blood and Blood-Forming Organs (280-289)</b>	<b>104</b>	<b>3.1</b>	<b>75</b>	<b>2.5</b>	<b>62</b>	<b>2.1</b>
<b>5. Mental Disorders (290-319)</b>	<b>25</b>	<b>0.7</b>	<b>12</b>	<b>0.4</b>	<b>28</b>	<b>1.0</b>
<i>290-294 organic psychotic conditions</i>	13	0.4	5	0.2	17	0.6
<i>295-299 other psychoses</i>	3	0.1	3	0.1	2	0.1
<i>300-316 neurotic disorders, personality disorders, and other nonpsychotic</i>	9	0.3	4	0.1	9	0.3
<i>317-319 intellectual disabilities</i>	0	0	0	0	0	0
<b>6. Diseases of the Nervous System and Sense Organs (320-389)</b>	<b>74</b>	<b>2.2</b>	<b>60</b>	<b>2.0</b>	<b>69</b>	<b>2.4</b>
<b>7. Diseases of Circulatory System (390-459)</b>	<b>545</b>	<b>16.3</b>	<b>563</b>	<b>18.7</b>	<b>532</b>	<b>18.4</b>
<i>390-392 acute rheumatic fever</i>	0	0	0	0	0	0
<i>393-398 chronic rheumatic heart disease</i>	0	0	2	0.1	0	0
<i>401-405 hypertensive disease</i>	44	1.3	58	1.9	66	2.3
<i>410-414 ischemic heart disease</i>	126	3.8	138	4.6	124	4.3
<i>415-417 diseases of pulmonary circulation</i>	36	1.1	32	1.1	37	1.3
<i>420-429 other forms of heart diseases</i>	203	6.1	190	6.3	182	6.3
<i>430-438 cerebrovascular disease</i>	68	2.0	80	2.7	76	2.6
<i>440-449 diseases of arteries, arterioles, and capillaries</i>	12	0.4	11	0.4	8	0.3
<i>451-459 diseases of veins and lymphatics, and other diseases of circulatory</i>	56	1.7	52	1.7	39	1.3
<b>8. Diseases of Respiratory System (460-519)</b>	<b>392</b>	<b>11.7</b>	<b>421</b>	<b>14.0</b>	<b>384</b>	<b>13.3</b>
<i>460-466 acute respiratory infections</i>	9	0.3	18	0.6	8	0.3
<i>470-478 other diseases of upper respiratory tract</i>	2	0.1	1	0.03	1	0.03
<i>480-488 pneumonia and influenza</i>	159	4.8	161	5.4	168	5.8
<i>490-496 chronic obstructive pulmonary disease and allied conditions</i>	141	4.3	129	4.3	104	3.6

<i>500-508 pneumoconioses and other lung diseases due to external agents</i>	11	0.3	19	0.6	19	0.7
<i>510-519 other diseases of respiratory system</i>	66	2.0	93	3.1	84	2.9
<b>9.Diseases of the Digestive System (520-579)</b>	<b>554</b>	<b>16.6</b>	<b>545</b>	<b>18.1</b>	<b>513</b>	<b>17.7</b>
<i>520-529 diseases of oral cavity, salivary glands, and jaws</i>	7	0.2	11	0.4	8	0.3
<i>530-539 diseases of esophagus, stomach, and duodenum</i>	71	2.1	67	2.2	55	1.9
<i>540-543 appendicitis</i>	46	1.4	47	1.6	31	1.1
<i>550-553 hernia of abdominal cavity</i>	22	0.7	20	0.7	20	0.7
<i>555-558 noninfective enteritis and colitis</i>	58	1.7	55	1.8	58	2.0
<i>560-569 other diseases of intestines and peritoneum</i>	134	4.0	142	4.7	144	5.0
<i>570-579 other diseases of digestive system</i>	216	6.5	203	6.8	197	6.8
<b>10.Diseases of the Genitourinary System (580-629)</b>	<b>253</b>	<b>7.6</b>	<b>223</b>	<b>7.4</b>	<b>240</b>	<b>8.3</b>
<i>580-589 nephritis, nephrotic syndrome, and nephrosis</i>	97	2.9	83	2.8	103	3.6
<i>590-599 other diseases of urinary system</i>	118	3.5	105	3.5	112	3.9
<i>600-608 diseases of male genital organs</i>	8	0.2	7	0.2	5	0.2
<i>610-612 disorders of breast</i>	10	0.3	11	0.4	5	0.2
<i>614-616 inflammatory disease of female pelvic organs</i>	4	0.1	7	0.2	8	0.3
<i>617-629 other disorders of female genital tract</i>	16	0.5	10	0.3	7	0.2
<b>11.Complications of Pregnancy, Childbirth, and the Puerperium (630-677)</b>	<b>59</b>	<b>1.8</b>	<b>11</b>	<b>0.4</b>	<b>12</b>	<b>0.4</b>
<b>12.Diseases of the Skin and Subcutaneous Tissue (680-709)</b>	<b>115</b>	<b>3.4</b>	<b>91</b>	<b>3.0</b>	<b>83</b>	<b>2.9</b>
<b>13.Diseases of the Musculoskeletal System and Connective Tissue (710-739)</b>	<b>216</b>	<b>6.5</b>	<b>136</b>	<b>4.5</b>	<b>105</b>	<b>3.6</b>
<i>710-719 arthropathies and related disorders</i>	57	1.7	18	0.6	17	0.6
<i>720-724 dorsopathies</i>	108	3.2	81	2.7	51	1.8
<i>725-729 rheumatism, excluding the back</i>	30	0.9	18	0.6	24	0.8
<i>730-739 osteopathies, chondropathies, and acquired musculoskeletal</i>	21	0.6	19	0.6	13	0.4
<b>14.Congenital Anomalies (740-759)</b>	<b>6</b>	<b>0.2</b>	<b>6</b>	<b>0.2</b>	<b>1</b>	<b>0.03</b>
<b>15.Certain Conditions Originating in the Perinatal Period (760-779)</b>	<b>0</b>	<b>0</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>132</b>	<b>3.9</b>	<b>135</b>	<b>4.5</b>	<b>131</b>	<b>4.5</b>
<i>780-789 symptoms</i>	125	3.7	129	4.3	127	4.4
<i>790-796 nonspecific abnormal findings</i>	6	0.2	5	0.2	4	0.1
<i>797-799 ill-defined and unknown causes of morbidity and mortality</i>	1	0.03	1	0.03	0	0
<b>17.Injury and Poisoning (800-899)</b>	<b>247</b>	<b>7.4</b>	<b>209</b>	<b>7.0</b>	<b>229</b>	<b>7.9</b>

<b>800-804 fracture of skull</b>	4	0.1	4	0.1	3	0.1
<b>805-809 fracture of spine and trunk</b>	16	0.5	19	0.6	18	0.6
<b>810-819 fracture of upper limb</b>	8	0.2	4	0.1	9	0.3
<b>820-829 fracture of lower limb</b>	40	1.2	40	1.3	53	1.8
<b>830-839 dislocation</b>	0	0	1	0.03	2	0.1
<b>840-848 sprains and strains of joints and adjacent muscles</b>	1	0.03	1	0.03	1	0.03
<b>850-854 intracranial injury, excluding those with skull fracture</b>	4	0.1	6	0.2	3	0.1
<b>860-869 internal injury of chest, abdomen, and pelvis</b>	2	0.1	3	0.1	1	0.03
<b>870-879 open wound of head, neck, and trunk</b>	0	0	1	0.03	1	0.03
<b>880-887 open wound of upper limb</b>	4	0.1	0	0	0	0
<b>890-897 open wound of lower limb</b>	0	0	1	0.03	0	0
<b>900-904 injury to blood vessels</b>	0	0	0	0	0	0
<b>905-909 late effects of injuries, poisonings, toxic effects, and other external</b>	0	0	0	0	0	0
<b>910-919 superficial injury</b>	1	0.03	0	0	0	0
<b>920-924 contusion with intact skin surface</b>	1	0.03	3	0.1	0	0
<b>925-929 crushing injury</b>	0	0	0	0	0	0
<b>930-939 effects of foreign body entering through orifice</b>	1	0.03	0	0	1	0.03
<b>940-949 burns</b>	1	0.03	0	0	0	0
<b>950-957 injury to nerves and spinal cord</b>	0	0	0	0	0	0
<b>958-959 certain traumatic complications and unspecified injuries</b>	2	0.1	1	0.03	0	0
<b>960-979 poisoning by drugs, medicinals and biological substances</b>	33	1.0	35	1.2	40	1.4
<b>980-989 toxic effects of substances chiefly nonmedical as to source</b>	2	0.1	0	0	1	0.03
<b>990-995 other and unspecified effects of external causes</b>	3	0.1	4	0.1	5	0.2
<b>996-999 complications of surgical and medical care, not elsewhere classified</b>	124	3.7	86	2.9	91	3.1
<b>18.Sickle-cell Disease (282.60-282.69)</b>	<b>38</b>	<b>1.1</b>	<b>21</b>	<b>0.6</b>	<b>23</b>	<b>0.8</b>
<b>282.60 sickle-cell disease unspecified</b>	0	0	1	0.03	0	0
<b>282.61 Hb-SS disease without crisis</b>	0	0	0	0	0	0
<b>282.62 Hb-SS disease with crisis</b>	32	1.0	17	0.6	23	0
<b>282.63 Sickle-cell/Hb-C disease without crisis</b>	0	0	0	0	0	0
<b>282.64 Sickle-cell/Hb-C disease with crisis</b>	0	0	0	0	0	0
<b>282.68 other Sickle-cell disease without crisis</b>	0	0	0	0	0	0
<b>282.69 other Sickle-cell disease with crisis</b>	6	0.2	3	0.1	0	0
<b>V Codes Supplementary Classification of Factors Influencing Health Status and Contact</b>	<b>56</b>	<b>1.7</b>	<b>9</b>	<b>0.3</b>	<b>6</b>	<b>0.2</b>
<b>Unclassified</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0.1</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>3344</b>		<b>3007</b>		<b>2893</b>	

#### Appendix 4.

Texas BRFSS Data 2014 Houston

2014 BRFSS data for Houston – The Woodlands – Sugar Land MSA includes the following counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller.

Demographic Group		Sample Size MSA	Sample Size Texas	Yes (%)		No (%)	
				Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,865	15,370	<b>8.0</b>	<b>9.0</b>	<b>92.0</b>	<b>91.0</b>
<b>Gender</b>	Male	763	6,196	<b>8.3</b>	<b>8.6</b>	<b>91.7</b>	<b>91.4</b>
	Female	1,102	9,174	<b>7.7</b>	<b>9.4</b>	<b>92.3</b>	<b>90.6</b>
<b>Age Groups</b>	18-29	169	1,705	<b>0.3</b>	<b>0.9</b>	<b>99.7</b>	<b>99.1</b>
	30-44	338	2,833	<b>1.4</b>	<b>3.4</b>	<b>98.6</b>	<b>96.6</b>
	45-64	702	5,365	<b>9.0</b>	<b>9.8</b>	<b>91.0</b>	<b>90.2</b>
	65+	628	5,285	<b>26.8</b>	<b>28.5</b>	<b>73.2</b>	<b>71.5</b>
<b>Race/Ethnicity</b>	White Only	1,145	9,089	<b>14.9</b>	<b>15.0</b>	<b>85.1</b>	<b>85.0</b>
	Black Only	226	1,132	<b>4.5</b>	<b>4.9</b>	<b>95.5</b>	<b>95.1</b>
	Hispanic	356	4,103	<b>3.9</b>	<b>3.7</b>	<b>96.1</b>	<b>96.3</b>
	Other Only/Multiracial	87	610	<b>0.8</b>	<b>3.2</b>	<b>99.2</b>	<b>96.8</b>
<b>Insurance</b>	Has Insurance	1,570	12,880	<b>10.2</b>	<b>11.0</b>	<b>89.8</b>	<b>89.0</b>
	No Insurance	283	2,394	<b>2.5</b>	<b>3.1</b>	<b>97.5</b>	<b>96.9</b>

Table B. Texas BRFSS 2014 Diabetes Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)  
Doctor Diagnosed Diabetes

Demographic Group		Sample Size MSA	Sample Size Texas	Yes (%)		No (%)	
				Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,863	15,394	<b>10.2</b>	<b>11.0</b>	<b>89.8</b>	<b>89.0</b>
<b>Gender</b>	Male	762	6,195	<b>10.5</b>	<b>11.5</b>	<b>89.5</b>	<b>88.5</b>
	Female	1,101	9,199	<b>9.9</b>	<b>10.5</b>	<b>90.1</b>	<b>89.5</b>
<b>Age Groups</b>	18-29	169	1,706	<b>0.9</b>	<b>1.2</b>	<b>99.1</b>	<b>98.8</b>
	30-44	337	2,837	<b>5.4</b>	<b>4.8</b>	<b>94.6</b>	<b>95.2</b>
	45-64	701	5,367	<b>13.1</b>	<b>16.3</b>	<b>86.9</b>	<b>83.7</b>
	65+	628	5,302	<b>22.4</b>	<b>25.3</b>	<b>77.6</b>	<b>74.7</b>
<b>Race/Ethnicity</b>	White Only	1,147	9,116	<b>9.7</b>	<b>9.9</b>	<b>90.3</b>	<b>90.1</b>
	Black Only	225	1,129	<b>14.8</b>	<b>12.9</b>	<b>85.2</b>	<b>87.1</b>
	Hispanic	354	4,100	<b>10.0</b>	<b>12.7</b>	<b>90.0</b>	<b>87.3</b>
	Other Only/Multiracial	86	613	<b>4.3</b>	<b>6.0</b>	<b>95.7</b>	<b>94.0</b>
<b>Insurance</b>	Has Insurance	1,570	12,908	<b>12.0</b>	<b>12.0</b>	<b>88.0</b>	<b>88.0</b>
	No Insurance	281	2,392	<b>5.9</b>	<b>8.1</b>	<b>94.1</b>	<b>91.9</b>

Table C. Texas BRFSS 2014 Mental Health Data: Houston – The Woodlands – Sugar Land MSA (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	1,812	<b>82.8</b>	(79.7-85.5)	<b>17.2</b>	(14.5-20.3)
<b>Gender</b>	Male	740	<b>87.7</b>	(83.6-90.9)	<b>12.3</b>	(9.1-16.4)
	Female	1,072	<b>78.5</b>	(73.8-82.5)	<b>21.5</b>	(17.5-26.2)
<b>Age Groups</b>	18-29	166	<b>74.6</b>	(65.0-82.2)	<b>25.4</b>	(17.8-35.0)
	30-44	331	<b>83.9</b>	(78.3-88.3)	<b>16.1</b>	(11.7-21.7)
	45-64	688	<b>83.8</b>	(78.4-88.0)	<b>16.2</b>	(12.0-21.6)
	65+	600	<b>87.6</b>	(81.6-91.8)	<b>12.4</b>	(8.2-18.4)
<b>Race/Ethnicity</b>	White Only	1,117	<b>83.7</b>	(79.2-87.4)	<b>16.3</b>	(12.6-20.8)
	Black Only	218	<b>79.4</b>	(69.3-86.9)	<b>20.6</b>	(13.1-30.7)
	Hispanic	346	<b>81.3</b>	(75.4-86.0)	<b>18.7</b>	(14.0-24.6)
	Other Only/Multiracial	83	<b>89.1</b>	(78.9-94.7)	<b>10.9</b>	(5.3-21.1)
<b>Insurance</b>	Has Insurance	1,529	<b>83.6</b>	(80.0-86.6)	<b>16.4</b>	(13.4-20.0)
	No Insurance	274	<b>80.2</b>	(73.3-85.7)	<b>19.8</b>	(14.3-26.7)

Table D. Texas BRFSS 2014 Cardiovascular Disease Data: Houston – The Woodlands – Sugar Land MSA

Demographic Group		Sample Size MSA	Sample Size	Yes (%)		No (%)	
				Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,851	15,256	<b>8.5</b>	<b>7.8</b>	<b>91.5</b>	<b>92.2</b>
<b>Gender</b>	Male	758	6,159	<b>10.6</b>	<b>9.0</b>	<b>89.4</b>	<b>91.0</b>
	Female	1,093	9,097	<b>6.6</b>	<b>6.7</b>	<b>93.4</b>	<b>93.3</b>
<b>Age Groups</b>	18-29	167	1,699	<b>1.7</b>	<b>1.1</b>	<b>98.3</b>	<b>98.9</b>
	30-44	338	2,833	<b>2.8</b>	<b>2.6</b>	<b>97.2</b>	<b>97.4</b>
	45-64	697	5,335	<b>9.1</b>	<b>10.0</b>	<b>90.9</b>	<b>90.0</b>
	65+	621	5,209	<b>26.8</b>	<b>22.6</b>	<b>73.2</b>	<b>77.4</b>
<b>Race/Ethnicity</b>	White Only	1,136	9,032	<b>8.6</b>	<b>9.7</b>	<b>91.4</b>	<b>90.3</b>
	Black Only	224	1,122	<b>17.8</b>	<b>10.3</b>	<b>82.2</b>	<b>89.7</b>
	Hispanic	354	4,066	<b>5.4</b>	<b>4.9</b>	<b>94.6</b>	<b>95.1</b>
	Other Only/Multiracial	86	604	<b>1.1</b>	<b>4.4</b>	<b>98.9</b>	<b>95.6</b>
<b>Insurance</b>	Has Insurance	1,559	12,787	<b>9.6</b>	<b>8.5</b>	<b>90.4</b>	<b>91.5</b>
	No Insurance	280	2,375	<b>5.0</b>	<b>5.6</b>	<b>95.0</b>	<b>94.4</b>

Table E. Texas BRFSS 2014 Heart Disease Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)

Demographic Group		Sample Size MSA	Sample Size Texas	Yes (%)		No (%)	
				Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,855	15,274	5.7	5.8	94.3	94.2
<b>Gender</b>	Male	760	6,161	6.8	6.9	93.2	93.1
	Female	1,095	9,113	4.7	4.8	95.3	95.2
<b>Age Groups</b>	18-29	168	1,702	0.8	0.6	99.2	99.4
	30-44	338	2,833	1.9	1.7	98.1	98.3
	45-64	699	5,344	5.1	7.0	94.9	93.0
	65+	622	5,215	20.3	18.4	79.7	81.6
<b>Race/Ethnicity</b>	White Only	1,140	9,038	6.3	7.7	93.7	92.3
	Black Only	224	1,123	10.1	6.0	89.9	94.0
	Hispanic	355	4,078	3.6	3.7	96.4	96.3
	Other Only/Multiracial	85	603	0.9	2.7	99.1	97.3
<b>Insurance</b>	Has Insurance	1,563	12,802	6.6	6.4	93.4	93.6
	No Insurance	280	2,379	2.7	3.9	97.3	96.1

Table F. Texas BRFSS 2014 Stroke Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)

Demographic Group		Sample Size MSA	Sample Size Texas	Yes (%)		No (%)	
				Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,864	15,370	3.9	3.0	96.1	97.0
<b>Gender</b>	Male	762	6,197	4.5	3.1	95.5	96.9
	Female	1,102	9,173	3.4	2.8	96.6	97.2
<b>Age Groups</b>	18-29	168	1,706	0.8	0.5	99.2	99.5
	30-44	338	2,840	1.3	1.2	98.7	98.8
	45-64	703	5,363	5.2	4.3	94.8	95.7
	65+	627	5,278	9.7	6.9	90.3	93.1
<b>Race/Ethnicity</b>	White Only	1,145	9,102	3.3	3.1	96.7	96.9
	Black Only	226	1,131	9.6	5.8	90.4	94.2
	Hispanic	355	4,090	2.6	1.9	97.4	98.1
	Other Only/Multiracial	87	613	1.0	2.5	99.0	97.5
<b>Insurance</b>	Has Insurance	1,569	12,883	4.5	3.2	95.5	96.8
	No Insurance	283	2,390	2.3	2.3	97.7	97.7

Table G. Texas BRFSS 2014 Asthma Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)  
Computed Asthma Status

Demographic Group		Sample Size MSA	Sample Size Texas	Current (%)		Former (%)		Never (%)	
				Houston MSA	Texas	Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,862	15,329	5.2	6.7	3.9	4.0	90.9	89.3
<b>Gender</b>	Male	761	6,178	4.8	4.6	5.1	4.6	90.1	90.9
	Female	1,101	9,151	5.5	8.7	2.9	3.5	91.6	87.9
<b>Age Groups</b>	18-29	169	1,696	5.3	7.0	4.3	5.7	90.4	87.3
	30-44	337	2,833	2.6	5.0	2.7	3.7	94.8	91.3
	45-64	700	5,351	6.0	7.3	4.1	3.4	89.9	89.3
	65+	628	5,267	6.5	7.5	5.6	3.6	87.9	89.0
<b>Race/Ethnicity</b>	White Only	1,144	9,068	6.9	7.3	3.3	4.5	89.7	88.2
	Black Only	226	1,125	4.5	9.4	8.9	5.4	86.6	85.2
	Hispanic	355	4,090	3.4	4.6	2.5	3.2	94.1	92.2
	Other Only/Multiracial	87	612	3.6	6.7	2.1	2.0	94.2	91.3
<b>Insurance</b>	Has Insurance	1,569	12,849	5.8	6.9	4.3	4.1	89.9	88.9
	No Insurance	281	2,384	3.0	5.7	2.6	3.4	94.4	90.9

Table H. Texas BRFSS 2014 Smoking Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)  
Four-level Smoker Status

Demographic Group		Sample Size MSA	Sample Size Texas	Current Smoker - Every Day (%)		Current Smoker - Some Days (%)		Former Smoker (%)		Never Smoker (%)	
				Houston MSA	Texas	Houston MSA	Texas	Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,788	14,536	7.1	8.7	5.6	5.9	18.9	21.3	68.4	64.2
<b>Gender</b>	Male	733	5,849	7.8	9.3	7.6	7.4	24.1	26.2	60.4	57.1
	Female	1,055	8,687	6.5	8.0	3.8	4.4	14.3	16.5	75.4	71.0
<b>Age Groups</b>	18-29	160	1,589	3.1	7.0	9.3	7.7	4.2	10.1	83.3	75.2
	30-44	318	2,655	8.7	10.0	5.4	7.0	16.3	17.8	69.6	65.2
	45-64	682	5,133	9.5	10.8	4.9	5.4	20.6	22.5	65.0	61.3
	65+	601	5,015	3.7	4.7	3.9	2.7	37.2	39.9	55.3	52.7
<b>Race/Ethnicity</b>	White Only	1,108	8,741	10.2	11.3	3.9	4.8	24.5	27.5	61.4	56.3
	Black Only	214	1,049	3.8	7.6	5.2	6.3	19.4	15.2	71.6	70.9
	Hispanic	336	3,805	5.1	6.1	6.5	7.3	15.0	16.5	73.4	70.2
	Other Only/Multiracial	86	568	8.3	5.7	8.4	4.9	7.4	12.4	75.9	77.0
<b>Insurance</b>	Has Insurance	1,508	12,222	5.6	7.2	4.5	5.2	22.1	23.1	67.8	64.6
	No Insurance	269	2,237	11.1	13.4	8.9	8.3	10.5	16.0	69.5	62.4

Table I. Texas BRFSS 2014 Obesity Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)  
Overweight or Obese

Demographic Group		Sample Size MSA	Sample Size Texas	At Risk (%)		Not At Risk (%)	
				Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,731	14,058	<b>68.2</b>	<b>67.8</b>	<b>31.8</b>	<b>32.2</b>
<b>Gender</b>	Male	741	5,939	<b>76.6</b>	<b>74.3</b>	<b>23.4</b>	<b>25.7</b>
	Female	990	8,119	<b>59.6</b>	<b>61.0</b>	<b>40.4</b>	<b>39.0</b>
<b>Age Groups</b>	18-29	150	1,515	<b>49.7</b>	<b>51.9</b>	<b>50.3</b>	<b>48.1</b>
	30-44	299	2,511	<b>72.2</b>	<b>70.9</b>	<b>27.8</b>	<b>29.1</b>
	45-64	667	4,992	<b>70.8</b>	<b>75.4</b>	<b>29.2</b>	<b>24.6</b>
	65+	599	4,941	<b>75.2</b>	<b>69.5</b>	<b>24.8</b>	<b>30.5</b>
<b>Race/Ethnicity</b>	White Only	1,084	8,546	<b>62.6</b>	<b>63.9</b>	<b>37.4</b>	<b>36.1</b>
	Black Only	212	1,026	<b>87.8</b>	<b>79.1</b>	<b>12.2</b>	<b>20.9</b>
	Hispanic	310	3,558	<b>73.0</b>	<b>73.8</b>	<b>27.0</b>	<b>26.2</b>
	Other Only/Multiracial	84	578	<b>37.0</b>	<b>40.4</b>	<b>63.0</b>	<b>59.6</b>
<b>Insurance</b>	Has Insurance	1,474	11,904	<b>68.3</b>	<b>67.3</b>	<b>31.7</b>	<b>32.7</b>
	No Insurance	245	2,079	<b>68.8</b>	<b>70.2</b>	<b>31.2</b>	<b>29.8</b>

Table J. Texas BRFSS 2014 Access to Care Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)  
Do you have one person you think of as your personal doctor or healthcare provider?

Demographic Group		Sample Size MSA	Sample Size Texas	Yes, one (%)		Yes, more than one (%)		No (%)	
				Houston MSA	Texas	Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,865	15,336	<b>57.2</b>	<b>58.8</b>	<b>8.3</b>	<b>8.2</b>	<b>34.5</b>	<b>32.9</b>
<b>Gender</b>	Male	761	6,172	<b>52.7</b>	<b>53.8</b>	<b>5.7</b>	<b>6.5</b>	<b>41.6</b>	<b>39.6</b>
	Female	1,104	9,164	<b>61.2</b>	<b>63.7</b>	<b>10.6</b>	<b>9.8</b>	<b>28.2</b>	<b>26.5</b>
<b>Age Groups</b>	18-29	168	1,695	<b>42.8</b>	<b>41.2</b>	<b>4.0</b>	<b>6.1</b>	<b>53.2</b>	<b>52.7</b>
	30-44	337	2,833	<b>47.0</b>	<b>52.6</b>	<b>6.0</b>	<b>5.9</b>	<b>47.0</b>	<b>41.5</b>
	45-64	700	5,354	<b>66.3</b>	<b>68.9</b>	<b>8.1</b>	<b>7.8</b>	<b>25.5</b>	<b>23.3</b>
	65+	631	5,270	<b>71.3</b>	<b>74.7</b>	<b>18.2</b>	<b>16.1</b>	<b>10.6</b>	<b>9.2</b>
<b>Race/Ethnicity</b>	White Only	1,147	9,085	<b>68.1</b>	<b>68.4</b>	<b>11.5</b>	<b>10.1</b>	<b>20.4</b>	<b>21.5</b>
	Black Only	225	1,129	<b>68.1</b>	<b>62.9</b>	<b>10.2</b>	<b>7.6</b>	<b>21.6</b>	<b>29.5</b>
	Hispanic	355	4,081	<b>39.6</b>	<b>45.0</b>	<b>5.6</b>	<b>6.4</b>	<b>54.8</b>	<b>48.6</b>
	Other Only/Multiracial	87	612	<b>57.5</b>	<b>59.8</b>	<b>1.3</b>	<b>5.3</b>	<b>41.2</b>	<b>34.8</b>
<b>Insurance</b>	Has Insurance	1,573	12,865	<b>69.2</b>	<b>68.9</b>	<b>10.8</b>	<b>10.0</b>	<b>20.0</b>	<b>21.1</b>
	No Insurance	281	2,390	<b>27.1</b>	<b>29.1</b>	<b>2.1</b>	<b>2.8</b>	<b>70.8</b>	<b>68.0</b>

Table K. Texas BRFSS 2014 Access to Care Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)  
Had a routine check up in the past year

Demographic Group		Sample Size MSA	Sample Size Texas	Yes (%)		No (%)	
				Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,838	15,130	<b>70.1</b>	<b>67.6</b>	<b>29.9</b>	<b>32.4</b>
<b>Gender</b>	Male	755	6,104	<b>65.2</b>	<b>63.6</b>	<b>34.8</b>	<b>36.4</b>
	Female	1,083	9,026	<b>74.6</b>	<b>71.5</b>	<b>25.4</b>	<b>28.5</b>
<b>Age Groups</b>	18-29	164	1,642	<b>58.3</b>	<b>56.8</b>	<b>41.7</b>	<b>43.2</b>
	30-44	332	2,779	<b>62.8</b>	<b>60.5</b>	<b>37.2</b>	<b>39.5</b>
	45-64	693	5,320	<b>72.5</b>	<b>70.0</b>	<b>27.5</b>	<b>30.0</b>
	65+	621	5,210	<b>91.0</b>	<b>89.4</b>	<b>9.0</b>	<b>10.6</b>
<b>Race/Ethnicity</b>	White Only	1,129	8,978	<b>71.9</b>	<b>71.9</b>	<b>28.1</b>	<b>28.1</b>
	Black Only	225	1,121	<b>86.6</b>	<b>76.0</b>	<b>13.4</b>	<b>24.0</b>
	Hispanic	351	4,017	<b>64.5</b>	<b>60.1</b>	<b>35.5</b>	<b>39.9</b>
	Other Only/Multiracial	84	601	<b>60.5</b>	<b>63.7</b>	<b>39.5</b>	<b>36.3</b>
<b>Insurance</b>	Has Insurance	1,550	12,718	<b>78.9</b>	<b>75.7</b>	<b>21.1</b>	<b>24.3</b>
	No Insurance	279	2,329	<b>48.7</b>	<b>43.3</b>	<b>51.3</b>	<b>56.7</b>

Table L. Texas BRFSS 2014 Access to Care Data: Houston – The Woodlands – Sugar Land MSA (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 MSA	Sample Size Texas	Yes (%)		No (%)	
				Houston MSA	Texas	Houston MSA	Texas
<b>Total</b>	Total	1,863	15,379	<b>18.0</b>	<b>17.6</b>	<b>82.0</b>	<b>82.4</b>
<b>Gender</b>	Male	762	6,193	<b>14.3</b>	<b>14.1</b>	<b>85.7</b>	<b>85.9</b>
	Female	1,101	9,186	<b>21.3</b>	<b>21.1</b>	<b>78.7</b>	<b>78.9</b>
<b>Age Groups</b>	18-29	168	1,700	<b>16.9</b>	<b>16.1</b>	<b>83.1</b>	<b>83.9</b>
	30-44	336	2,837	<b>21.7</b>	<b>22.2</b>	<b>78.3</b>	<b>77.8</b>
	45-64	702	5,371	<b>20.5</b>	<b>20.9</b>	<b>79.5</b>	<b>79.1</b>
	65+	628	5,287	<b>7.5</b>	<b>5.9</b>	<b>92.5</b>	<b>94.1</b>
<b>Race/Ethnicity</b>	White Only	1,147	9,110	<b>9.3</b>	<b>10.9</b>	<b>90.7</b>	<b>89.1</b>
	Black Only	225	1,130	<b>23.2</b>	<b>21.2</b>	<b>76.8</b>	<b>78.8</b>
	Hispanic	354	4,095	<b>25.0</b>	<b>26.1</b>	<b>75.0</b>	<b>73.9</b>
	Other Only/Multiracial	87	611	<b>12.9</b>	<b>11.4</b>	<b>87.1</b>	<b>88.6</b>
<b>Insurance</b>	Has Insurance	1,574	12,902	<b>9.1</b>	<b>10.0</b>	<b>90.9</b>	<b>90.0</b>
	No Insurance	278	2,384	<b>41.8</b>	<b>41.0</b>	<b>58.2</b>	<b>59.0</b>

Table M. Texas BRFSS 2014 Leisure Time Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)  
 During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?

Approval	Approval	Yes (%)		No (%)			
		Approval	Approval	Approval	Approval		
<b>Total</b>	Total	1,869	15,394	72.4	72.4	27.6	27.6
<b>Gender</b>	Male	766	6,200	74.9	75.0	25.1	25.0
	Female	1,103	9,194	70.0	70.0	30.0	30.0
<b>Age Groups</b>	18-29	169	1,707	76.4	77.0	23.6	23.0
	30-44	338	2,835	73.7	75.8	26.3	24.2
	45-64	705	5,380	70.3	69.4	29.7	30.6
	65+	628	5,287	69.9	65.1	30.1	34.9
<b>Race/Ethnicity</b>	White Only	1,148	9,110	78.5	78.1	21.5	21.9
	Black Only	226	1,133	72.1	69.4	27.9	30.6
	Hispanic	357	4,108	63.7	65.2	36.3	34.8
	Other Only/Multiracial	87	612	79.4	76.1	20.6	23.9
<b>Insurance</b>	Has Insurance	1,575	12,902	78.6	75.7	21.4	24.3
	No Insurance	283	2,398	56.4	62.5	43.6	37.5

## Appendix 5.

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

Each priority need identified by the Sugar Land 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.

2013 CHI St. Luke's Health - Sugar Land Hospital Priority Needs	Actions taken to fulfill priority need
<b>Access to Care</b>	
1) Sugar Land Hospital will work with private transportation companies to assure patients receive transportation needed for medical care.	<ul style="list-style-type: none"> <li>Fort Bend County does not offer a mass transit system, but they do provide transportation services Monday – Friday from 8:00 a.m. to 5:00 p.m. for residents living in Fort Bend County. The fare is \$1.00 each way. They also provide services for persons with disabilities.</li> </ul>
2) Utilize the Sugar Land Doctor Group primary care physicians to treat the uninsured or underinsured.	
3) Continue to recruit specialty physicians to medical staff to help ease the limited access patients have to specialty care.	<p>In 2014 and 2015 the following physicians have been recruited:</p> <p>Sugar Land Medical Group</p> <ol style="list-style-type: none"> <li>January 2013 – Lesley Park, M.D. – Internal Medicine –</li> <li>July 2013 – Hari Susarla, M.D. – Med/Peds</li> <li>July 2013 – Percy Howard, M.D. – Family Medicine</li> <li>May 2014 – Jasvinder Sidhu, M.D. – EP Cardiology</li> <li>August 2015 – Brooke Jemelka, M.D. – OB/Gyn</li> <li>August 2015 – Kathryn Karges, M.D. – Ob/Gyn</li> <li>October 2015 – Jamie Hernandez, M.D. – Ob/Gyn</li> <li>August 2015 – Steven Maisios, M.D. – Urology</li> </ol> <p>Baylor College of Medicine</p> <ol style="list-style-type: none"> <li>Wes Mayer – Urology</li> <li>Alexander Pastuszak, M.D. – Urology</li> <li>Dr. Chung - Vascular</li> </ol>
<b>Chronic Disease</b>	
1) Sugar Land Hospital will continue to provide health education to the community. Through relationships with Exchange Club of Fort Bend County, Sugar Land Senior Center, Civic Clubs, area churches, schools and other organizations, Sugar Land Hospital will provide health related lectures to community organizations – bringing healthcare to the community.	<p><b>2014</b></p> <p><b>February</b> – Heart Healthy Seminar to the Young at Heart Group. Dr. Ooga Park spoke about heart disease. (20 attendees)</p> <p><b>February</b> – Dietician spoke to the Yang Ming Corporation America employees regarding healthy eating habits for women and heart disease. (75 employees)</p> <p><b>February</b> – Participated in the City of Rosenberg employee health fair and distributed health information to participants. (200 attendees)</p> <p><b>February</b> – participated in As One Foundation 5K to raise awareness of sickle cell. Distributed health information. Provided water bottles to educate on the importance of dehydration and the sickle cell trait. (200 attendees)</p> <p><b>March</b> – participated in the Ben E Keith employee health fair. Performed CPR demonstrations and distributed health information. (150 employees)</p> <p><b>March</b> – participated in the Grant A Starr Foundation Run and distributed health information to participants. (250 participants)</p> <p><b>April</b> – Spoke to Exchange Club of Fort Bend the importance of going to the emergency room. (100 attendees)</p> <p><b>May</b> – Educated community on advantages of using robotic surgery. (250 attendees)</p> <p><b>September</b> – VPSS –Shree Nithji Cultural Health Fair. Distributed health related material to participants. (300 participants)</p> <p><b>October</b> – Hosted Pink is the Word Fashion Show. A breast cancer survivor spoke and representatives from the Medical Group and St. Luke's Breast Center distributed information regarding the importance of breast cancer awareness. (200 attendees)</p> <p><b>October</b> – Participated in the City of Sugar Land Senior Citizen Pink Walke to raise awareness of breast cancer. Disturbed material and taught women the importance of early detection. (100 participants)</p> <p><b>October</b> – Dillard's Pink Bra Event. Educated women on the importance of early breast cancer detection and technology in available to screen for breast cancer. (200+ participants) Throughout the year participated in events for the Exchange Club of Fort Bend and the Fort Bend Chamber of Commerce.</p> <p><b>2015</b></p> <p><b>February</b> – Hosted Go Red for Women Event to promote heart health for women. Dr. Sonbol presented and a yoga instructor led us through meditation</p>

	<p>exercises. 50 people attended.</p> <p><b>February</b> – Participated in the City of Rosenberg employee health fair and distributed health information to participants. (200 attendees)</p> <p><b>March</b> – participated in the Grant A Starr Foundation Run and distributed health information to participants. (250 participants)</p> <p><b>October</b> – participated in the City of Sugar Land Senior Citizen Pink Walk to raise awareness of breast cancer. Distributed material and taught women the importance of early detection. (100 participants)</p> <p><b>October</b> – Dillard's Pink Bra Event. Educated women on the importance of early breast cancer detection and technology in place screen for breast cancer. (200+ participants)</p> <p><b>December</b> – Employees participated in Christmas gift drive for clients of the Mamie George Community Center. Collected donations to reach approximately 35 clients. Hospital is building strong relationship with Mamie George to provide monthly health related seminars and screening.</p> <p>Throughout the years participated in events for the Exchange Club of Fort Bend and the Fort Bend Chamber of Commerce.</p>
2) Sugar Land Hospital will host a lecture series at the hospital to educate and raise awareness of chronic disease to the community. Topics will include diabetes, heart disease, colon cancer, the importance of mammograms and nutrition.	<ul style="list-style-type: none"> <li>Only a handful of lectures have been given regarding chronic diseases. Several lectures have been given on heart disease during 2014 and 2015 with approximately 75 participants. The hospital has also given lectures on women and breast disease and has educated over 500 people.</li> </ul>
3) Sugar Land Hospital will continue to educate the community regarding chronic diseases through the four-page editorial pull-out the hospital has in Living Magazine	<ul style="list-style-type: none"> <li>In 2014 and 2015, 24 articles have been published through Living Magazine.</li> </ul>
<b>Communication of Community Resources</b>	
1) Sugar Land Hospital will increase awareness of hospital sponsored events on the website, social media and paid advertisement.	<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</li> </ul>
	<ul style="list-style-type: none"> <li>Instagram (followers): 103</li> <li>chistlukeshealth.org (avg. views/mo): 310,511</li> </ul>
2) Sugar Land Hospital will develop a resource center for the public to be able to access health related information.	<p>Not fulfilled.</p> <p>Still working on developing a resource center, but have plans to develop one at the Mamie George Community Center in Rosenberg.</p>
<b>Mental Health Services</b>	
1) Sugar Land Hospital will provide psychological needs assessments to patients in the emergency department and hospital inpatients utilizing the West Oaks Hospital multidisciplinary assessment team (MAT). West Oaks Hospital will assist Sugar Land Hospital in locating available community resources for the patient and arrange for appropriate transfer for the patient.	<ul style="list-style-type: none"> <li>The hospital is still under contract with West Oaks to provide mental health assessments and placement for insured patients. The numbers of referrals have not been tracked.</li> </ul>
2) Sugar Land Hospital will explore partnering with Texana Center, an organization that provides behavioral healthcare and developmental disabilities services to residents of a six county area. Sugar Land Hospital will provide education to hospital staff on identifying mental illness in patients.	<ul style="list-style-type: none"> <li>The hospital has a strong relationship with Texana. Texana provides assessment and placement for patients who are non-insured. Since developing and implementing this strategic plan, it was discovered that education was not needed by Texana, so none has been given.</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/ SLLH
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/ SLLH
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	NOTE: x = identified as underserved in 3 or more areas		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			NOTE: x = identified as underserved in 3 or more areas			
After school programs for kids					x	x



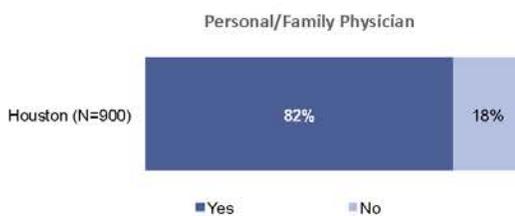
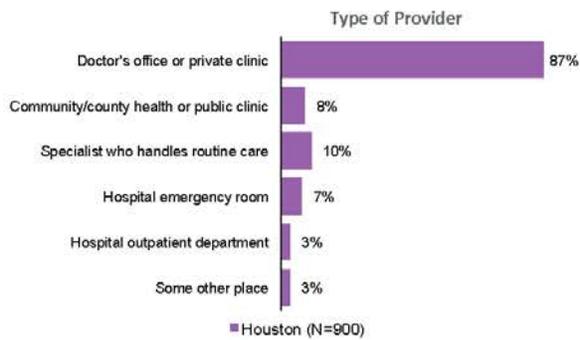
### KEY FINDINGS

- 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.

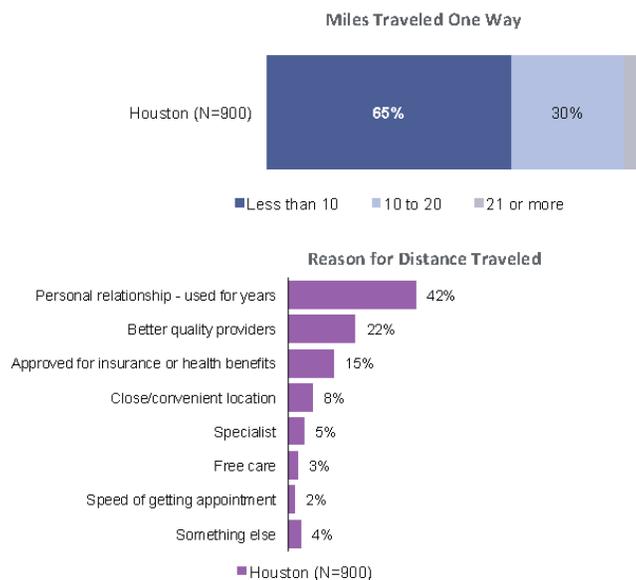


### KEY FINDINGS

- 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%

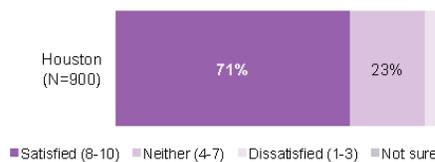


### KEY FINDINGS

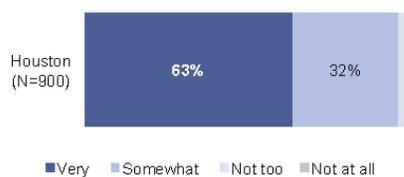
- Most residents in all 5 hospital areas travel less than 10 miles for their routine health care.
- A long-term personal relationship, better quality perceptions and insurance acceptance are the three most popular reasons justifying the distance traveled in all 5 areas.

## Satisfaction, Confidence & Choice

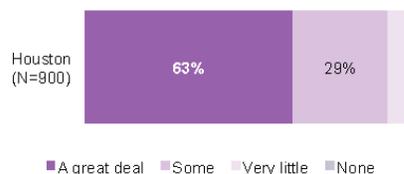
Describe your level of satisfaction with the care received from your routine healthcare provider.



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%	20%	5%	6%
No choice	1%	1%	0%	1%	3%	0%

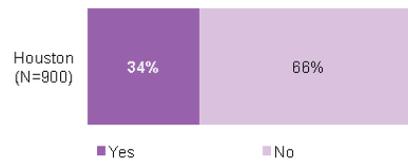


### KEY FINDINGS

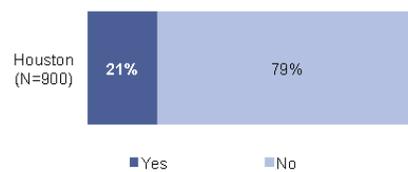
- The majority of respondents in all five areas are satisfied, confident and have a great deal of choice.
- Those in Sugar Land and The Woodlands appear to have somewhat less choice than others.

## 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%



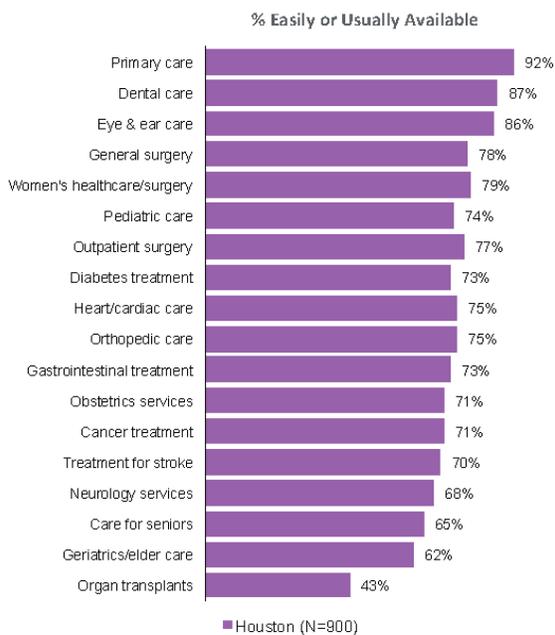
### KEY FINDINGS

- 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%

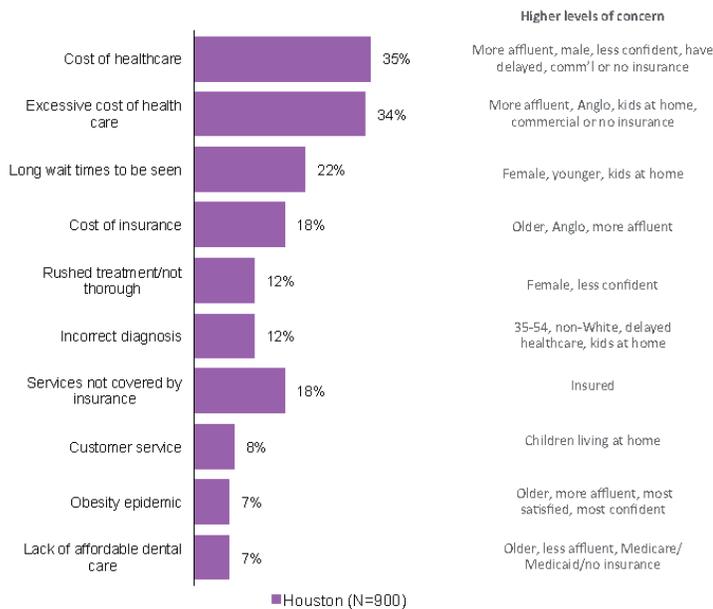


### KEY FINDINGS

- 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%

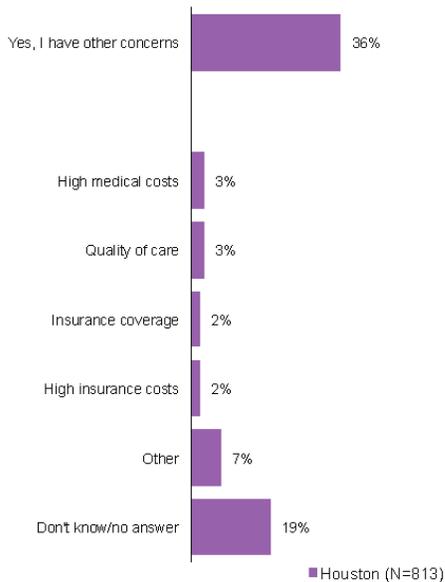


## KEY FINDINGS

- 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

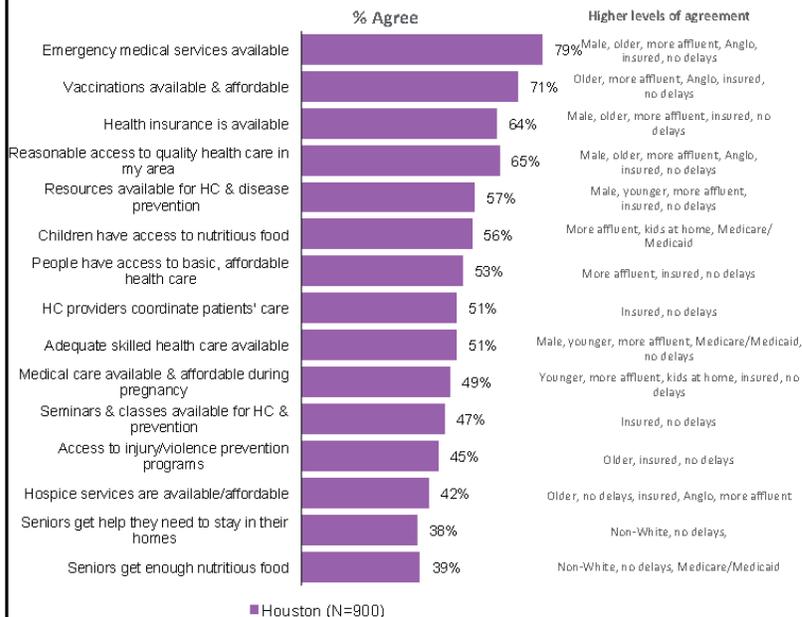


### KEY FINDINGS

- 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

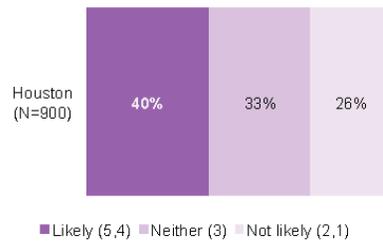
- With the exception of 4 statements agreement levels among Pasadena residents (all higher) and 2 among The Woodlands respondents (both lower), agreement levels did not vary a great deal across the 5 hospital PSA's.

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

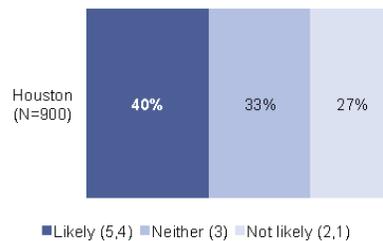
# Likelihood To Use/Participate

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

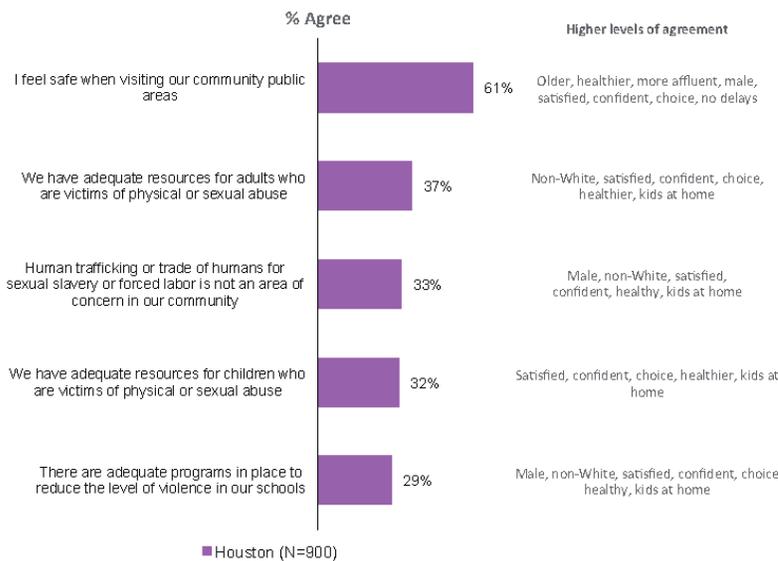


### KEY FINDINGS

- 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						

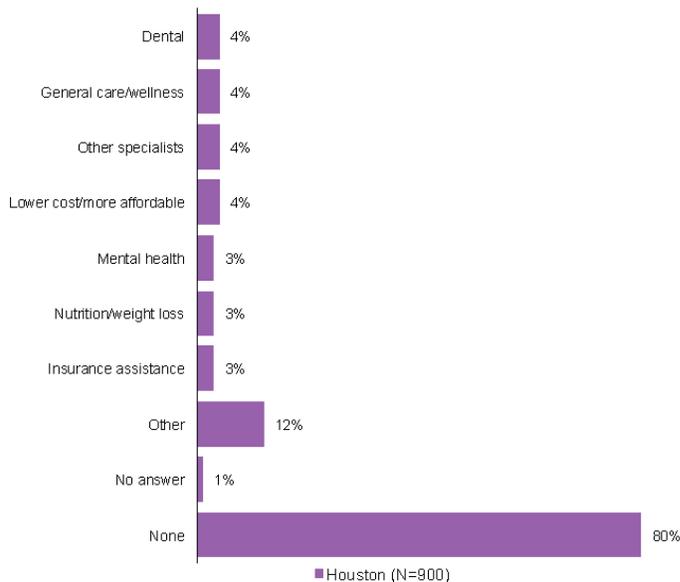


### KEY FINDINGS

- 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%

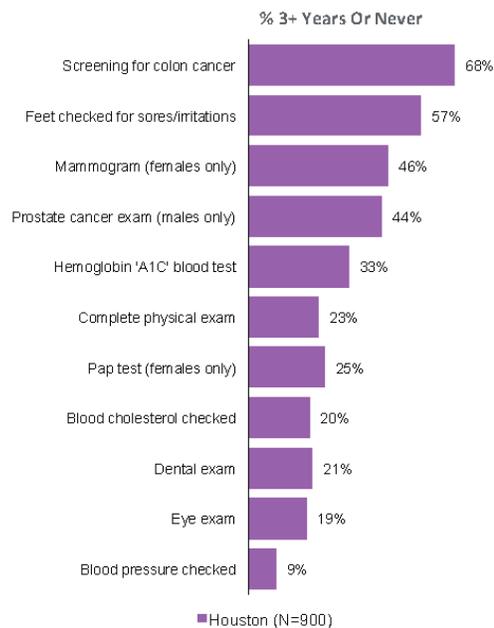


### KEY FINDINGS

- 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%

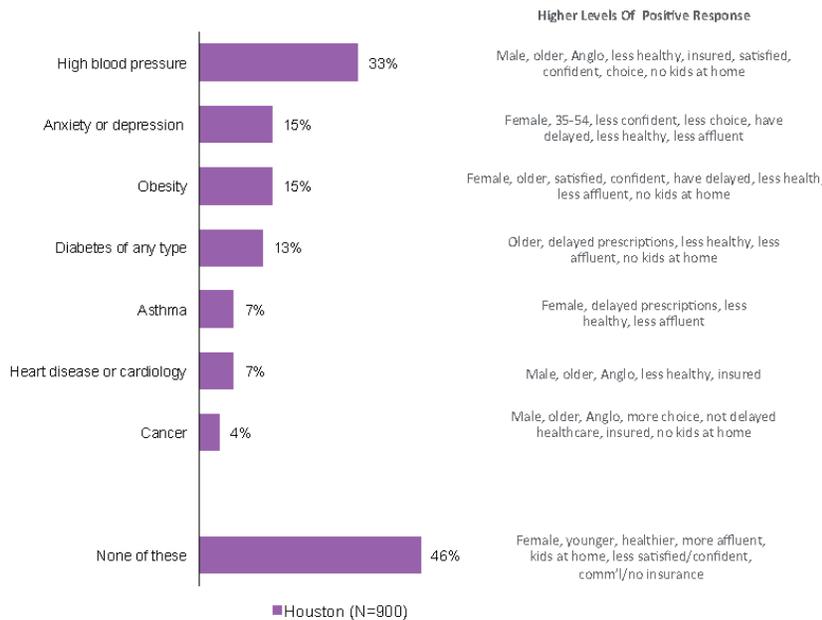


### KEY FINDINGS

- 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

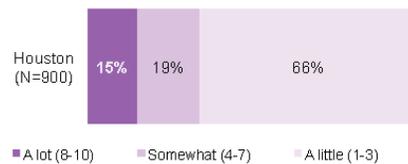


### KEY FINDINGS

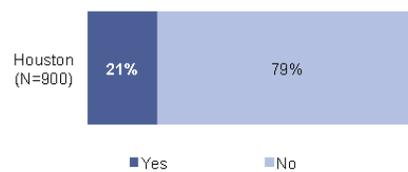
- It is this area, too, Pasadena residents differ significantly from respondents in other areas with higher incidences of high blood pressure, obesity, diabetes and heart disease.

## 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%



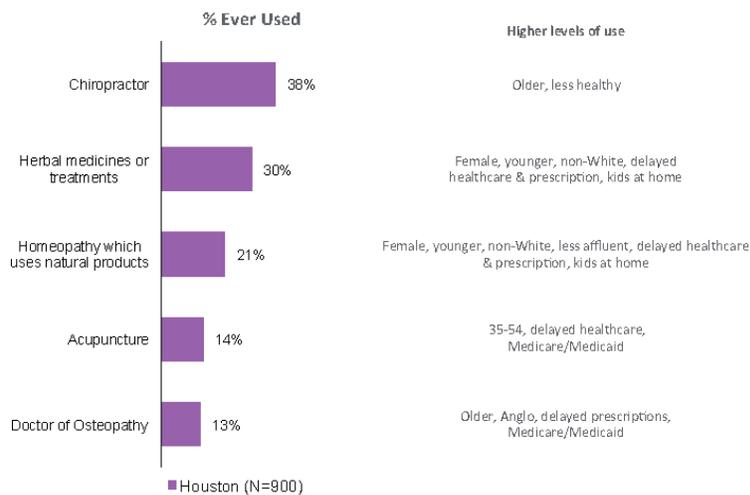
### KEY FINDINGS

- 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

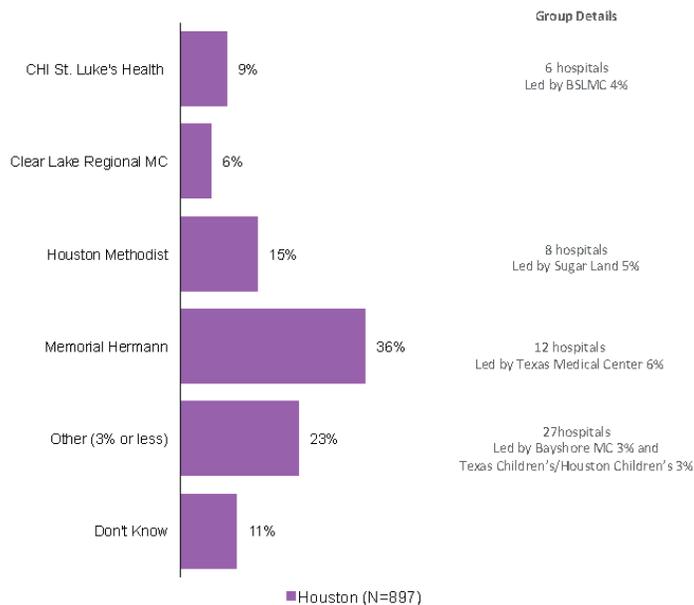


### KEY FINDINGS

- 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

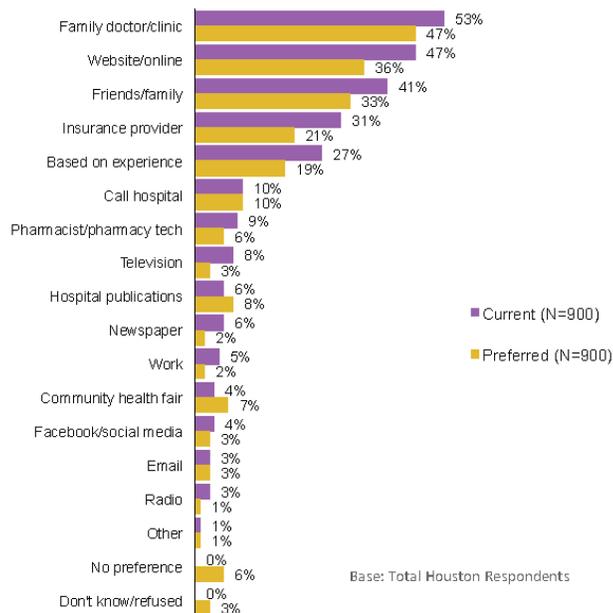
- Unsurprisingly, the group shares vary significantly by area.
- Memorial leads in 3 of the 5 hospital PSA's... Houston Methodist by a slim margin in The Vintage and CHI-SLH in Pasadena (again by a slim margin).
- SLPMC and SLWH/SLLH are the two strongest among the CHI-SLH hospitals, by a wide margin.

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%

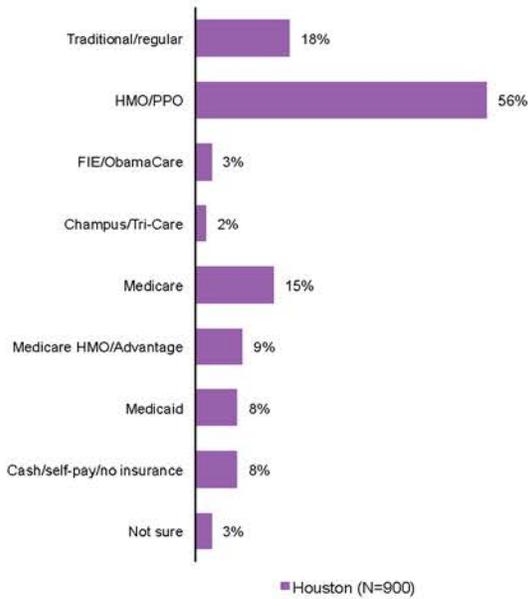


### KEY FINDINGS

- 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)



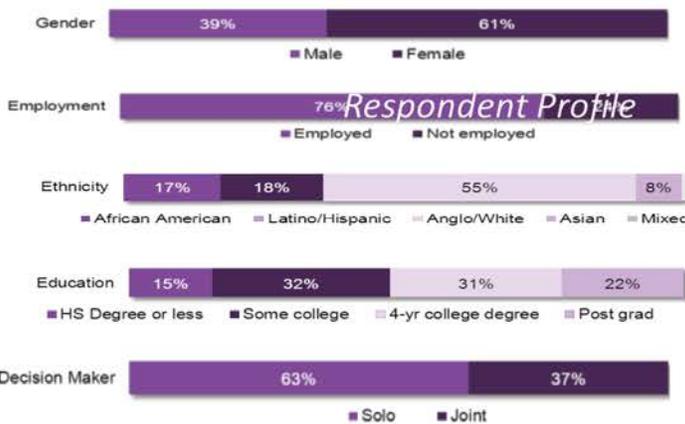
## KEY FINDINGS

- 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%
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Work	5%	6%	5%	1%	2%	2%
Community health fair	4%	4%	3%	1%	8%	3%
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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%

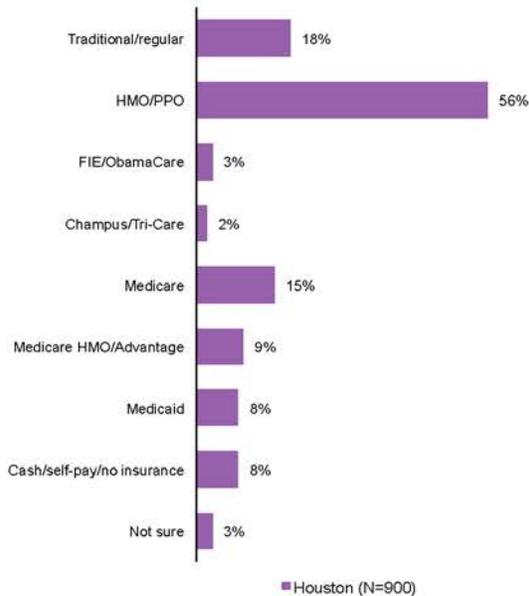


### KEY FINDINGS

- 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)



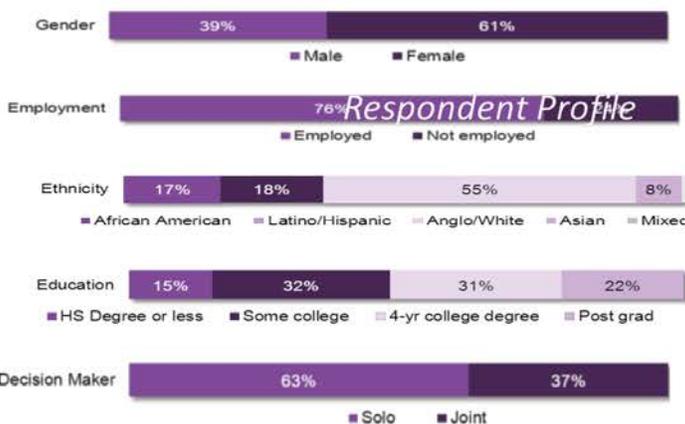
## KEY FINDINGS

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- 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

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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)  
Survey Instrument, rev. 02/07, 02/10, 02/11

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**LETTERS PAGE**

Thank you for participating in this Mail 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 database survey results; no results will be identified with individual names.

Thank you in advance for your participation.

Deann Young, Manager, Planning  
Catholic Health Initiatives  
[www.chi.org/healthcare](http://www.chi.org/healthcare)  
0002 026 2943

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**INSTRUCTIONS**

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

- DO NOT hit ENTER when finished with a question, until the "Next" button.
- DO NOT hit the "Back" or "Forward" buttons at any point in the survey.

To exit the survey, simply click the "Next" button below.

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**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 - "OTHER")
- 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

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**Health Assessment Survey**  
(Community Survey)  
Survey Instrument, rev. 02/07, 02/10, 02/11

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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 - "OTHER"

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**HEALTH SERVICES FOR COMMUNITY NEEDS**

- Think about the hospital in your area. Which hospital is best at taking care of the type medical needs of your community?
  - Angelo/Gardner Medical Center
  - Eastern College of Podiatry
  - Eastman Medical Center
  - East Todd Hospital
  - Eastwood Memorial Hospital (near location)
  - 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
  - Heald Memorial Community Hospital

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# Consumer Survey Instrument (continued)

**Needs Assessment Survey**  
QUESTIONS REPRODUCED FROM THE 2012 NEEDS ASSESSMENT SURVEY

---

11. How often do you visit the following locations?  
 a. How often do you visit the Catholic Health Center?  
 b. How often do you visit the Sugar Land Hospital?  
 c. How often do you visit The Woodlands Hospital?  
 d. How often do you visit The Woodlands Medical Center?  
 e. How often do you visit The Woodlands Medical Center?  
 f. How often do you visit The Woodlands Medical Center?  
 g. How often do you visit The Woodlands Medical Center?  
 h. How often do you visit The Woodlands Medical Center?  
 i. How often do you visit The Woodlands Medical Center?  
 j. How often do you visit The Woodlands Medical Center?  
 k. How often do you visit The Woodlands Medical Center?  
 l. How often do you visit The Woodlands Medical Center?  
 m. How often do you visit The Woodlands Medical Center?  
 n. How often do you visit The Woodlands Medical Center?  
 o. How often do you visit The Woodlands Medical Center?  
 p. How often do you visit The Woodlands Medical Center?  
 q. How often do you visit The Woodlands Medical Center?  
 r. How often do you visit The Woodlands Medical Center?  
 s. How often do you visit The Woodlands Medical Center?  
 t. How often do you visit The Woodlands Medical Center?  
 u. How often do you visit The Woodlands Medical Center?  
 v. How often do you visit The Woodlands Medical Center?  
 w. How often do you visit The Woodlands Medical Center?  
 x. How often do you visit The Woodlands Medical Center?  
 y. How often do you visit The Woodlands Medical Center?  
 z. How often do you visit The Woodlands Medical Center?

**Needs Assessment Survey**  
QUESTIONS REPRODUCED FROM THE 2012 NEEDS ASSESSMENT SURVEY

---

**PHYSICIAN ACCESS**

12. What kind of physician provides the care 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 when needed for routine care  
 f. Some other place

13. Do you have a personal or family physician for most of your health care?  
 a. Yes  
 b. No

14. How many times do you (or your family) go to a doctor for most of your health care needs?  
 a. Less than 20 times in a year  
 b. 20-30 times  
 c. 30-40 times  
 d. More than 40 times

15. What is the **REASON** you do not go or someone in your household does not go to a health care provider?  
 a. Personal responsibility/need to take care  
 b. Better quality of provider  
 c. Close/ convenient location  
 d. Financial  
 e. Appointment/ provider for insurance or health benefits  
 f. Specialized  
 g. Hours of service  
 h. Specializing in an appointment  
 i. Something else

16. Using a scale of 1 to 10 where 10 means you are extremely satisfied and 1 means you are extremely dissatisfied, how do you rate your satisfaction with the care received from your routine health care provider? (You may use any number between 1 and 10. A midpoint may be marked, if necessary, at 5.0 and 6.0.)

---

**ACCESS TO SPECIALTY CARE**

# Consumer Survey Instrument (continued)

**Needs Assessment Survey**  
QUESTIONS REPRODUCED FROM THE 2012 NEEDS ASSESSMENT SURVEY

---

11. How often do you visit the following locations?  
 a. How often do you visit the Catholic Health Center?  
 b. How often do you visit the Sugar Land Hospital?  
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 d. How often do you visit The Woodlands Medical Center?  
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 f. How often do you visit The Woodlands Medical Center?  
 g. How often do you visit The Woodlands Medical Center?  
 h. How often do you visit The Woodlands Medical Center?  
 i. How often do you visit The Woodlands Medical Center?  
 j. How often do you visit The Woodlands Medical Center?  
 k. How often do you visit The Woodlands Medical Center?  
 l. How often do you visit The Woodlands Medical Center?  
 m. How often do you visit The Woodlands Medical Center?  
 n. How often do you visit The Woodlands Medical Center?  
 o. How often do you visit The Woodlands Medical Center?  
 p. How often do you visit The Woodlands Medical Center?  
 q. How often do you visit The Woodlands Medical Center?  
 r. How often do you visit The Woodlands Medical Center?  
 s. How often do you visit The Woodlands Medical Center?  
 t. How often do you visit The Woodlands Medical Center?  
 u. How often do you visit The Woodlands Medical Center?  
 v. How often do you visit The Woodlands Medical Center?  
 w. How often do you visit The Woodlands Medical Center?  
 x. How often do you visit The Woodlands Medical Center?  
 y. How often do you visit The Woodlands Medical Center?  
 z. How often do you visit The Woodlands Medical Center?

**Needs Assessment Survey**  
QUESTIONS REPRODUCED FROM THE 2012 NEEDS ASSESSMENT SURVEY

---

**PHYSICIAN ACCESS**

12. What kind of physician provides the care 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 when needed for routine care  
 f. Some other place

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 a. Yes  
 b. No

14. How many times do you (or your family) go to a doctor for most of your health care needs?  
 a. Less than 20 times in a year  
 b. 20-30 times  
 c. 30-40 times  
 d. More than 40 times

15. What is the **REASON** you do not go or someone in your household does not go to a health care provider?  
 a. Personal responsibility/need to take care  
 b. Better quality of provider  
 c. Close/ convenient location  
 d. Financial  
 e. Appointment/ provider for insurance or health benefits  
 f. Specialized  
 g. Hours of service  
 h. Specializing in an appointment  
 i. Something else

16. Using a scale of 1 to 10 where 10 means you are extremely satisfied and 1 means you are extremely dissatisfied, how do you rate your satisfaction with the care received from your routine health care provider? (You may use any number between 1 and 10. A midpoint may be marked, if necessary, at 5.0 and 6.0.)

---

**ACCESS TO SPECIALTY CARE**



# Consumer Survey Instrument (continued)

**Needs Assessment Survey**  
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24. How often do you get information about health and healthcare services?  
 a. Never  
 b. Rarely  
 c. Sometimes  
 d. Often  
 e. Very often

25. How do you currently get information about health and healthcare services?  
 a. Call center  
 b. Based on experience  
 c. Family doctor or other where you have relationships  
 d. Friend or family  
 e. Pharmacist or pharmacy tech  
 f. Website or online  
 g. Community health fair  
 h. Health publications  
 i. Insurance provider  
 j. Newspaper  
 k. Television  
 l. Radio  
 m. Word  
 n. Facebook and other social media  
 o. Email  
 p. Other (specify)

26. What type of health care coverage do you have?  
 a. Traditional  
 b. Medicare  
 c. Medicaid  
 d. Health care exchange / Obamacare  
 e. Church/union  
 f. Military  
 g. Medicare/Medicaid  
 h. None/other  
 i. Catholic/faith insurance  
 j. Not sure

**Needs Assessment Survey**  
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27. How often does your health problem or condition keep you from participating fully in work, school, or other activities? (The more often, the greater the "Yes" or "No")

28. How often do you take part in a program offered by your doctor or health care provider to help you manage a health problem?  
 a. Yes  
 b. No

29. Have you used any of the following? (Select all that apply)

Health Condition	Yes	No
Chronic condition		
Acute condition		
Chronic condition		
Acute condition		

30. Where do you currently get information about health and healthcare services?  
 a. Call center  
 b. Based on experience  
 c. Family doctor or other where you have relationships  
 d. Friend or family  
 e. Pharmacist or pharmacy tech  
 f. Website or online  
 g. Community health fair  
 h. Health publications  
 i. Insurance provider

# Consumer Survey Instrument (continued)

**Needs Assessment Survey**  
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31. How many people under 18 years of age live in the household?  
 a. 0  
 b. 1  
 c. 2  
 d. 3  
 e. 4  
 f. 5  
 g. 6  
 h. 7  
 i. 8  
 j. 9  
 k. 10 or more

32. What is the total number of people living in your household, including you?  
 a. 1  
 b. 2  
 c. 3  
 d. 4  
 e. 5  
 f. 6  
 g. 7  
 h. 8  
 i. 9  
 j. 10 or more

33. What is the highest level of formal education that you completed?  
 a. Less than high school degree  
 b. High school diploma  
 c. Some college or two-year degree  
 d. Four-year college degree  
 e. Postgraduate education

34. Do you or family member work in any of the following? (Check all that apply)  
 a. Retail store  
 b. Manufacturing  
 c. Healthcare and social work  
 d. Business and management  
 e. Construction  
 f. Education  
 g. Non-profit organization  
 h. Information technology / IT tech  
 i. Other (specify)

**Needs Assessment Survey**  
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35. How many people under 18 years of age live in the household?  
 a. 0  
 b. 1  
 c. 2  
 d. 3  
 e. 4  
 f. 5  
 g. 6  
 h. 7  
 i. 8  
 j. 9  
 k. 10 or more

36. What is the total number of people living in your household, including you?  
 a. 1  
 b. 2  
 c. 3  
 d. 4  
 e. 5  
 f. 6  
 g. 7  
 h. 8  
 i. 9  
 j. 10 or more

37. How often does your health problem or condition keep you from participating fully in work, school, or other activities? (The more often, the greater the "Yes" or "No")

38. How often do you take part in a program offered by your doctor or health care provider to help you manage a health problem?  
 a. Yes  
 b. No

39. Have you used any of the following? (Select all that apply)

Health Condition	Yes	No
Chronic condition		
Acute condition		
Chronic condition		
Acute condition		

40. Where do you currently get information about health and healthcare services?  
 a. Call center  
 b. Based on experience  
 c. Family doctor or other where you have relationships  
 d. Friend or family  
 e. Pharmacist or pharmacy tech  
 f. Website or online  
 g. Community health fair  
 h. Health publications  
 i. Insurance provider  
 j. Newspaper  
 k. Television  
 l. Radio  
 m. Word  
 n. Facebook and other social media  
 o. Email  
 p. Other (specify)

41. What type of health care coverage do you have?  
 a. Traditional  
 b. Medicare  
 c. Medicaid  
 d. Health care exchange / Obamacare  
 e. Church/union  
 f. Military  
 g. Medicare/Medicaid  
 h. None/other  
 i. Catholic/faith insurance  
 j. Not sure





# 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
  - e. Don't know / not sure

	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.