

# Community Health Needs Assessment Plan & Implementation Strategy

*CHI Baylor St. Luke's – CommonSpirit Health*

2019

The Community Health Needs Assessment and Implementation Strategy for the CHI St. Luke's Health - Baylor St. Luke's Medical Center and affiliated hospitals in the Houston area – CommonSpirit Health were conducted and developed between September 2016 and May 2018 in fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code. It was reviewed by the Executive Committee on April 26, 2019 and recommended for approval by the CHI St Luke's Health System Board of Directors.

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# *Community Health Needs Assessment*

## EXECUTIVE SUMMARY

### Introduction

In order to fulfill the requirements established by the Affordable Care Act and the Internal Revenue Service, nonprofit hospitals must conduct a community health needs assessment (CHNA) and adopt an implementation plan at least once every three years. In fulfillment of its 2018-2022 Strategic Plan to take a systems-focused approach to community health, the Episcopal Health Foundation (hereafter “the Foundation”) coordinated an interview initiative in 2018 to support four Greater Houston area hospital systems in preparing their 2019 community health needs assessments. The collaborating hospitals include CHI St. Luke’s, Houston Methodist Hospital, Memorial Hermann Health System, and Texas Children’s Hospital. The goal of the CHNA shared initiative was to collect qualitative data from a group of stakeholders representing diverse populations residing in the ten-county Greater Houston service area. Through this collaborative effort, the four hospitals sought to minimize burden to respondents who may receive multiple requests for interviews by the participating hospitals for their respective CHNAs. This collaboration is unique; the Foundation intends for this effort to serve as groundwork for future collaboration between the four hospitals on community benefit initiatives.

### Methods

The approach for the shared CHNA was guided by the social determinants of health framework which recognizes that multiple factors have an impact on health, and there is a dynamic relationship between people and their lived environments. HRIa conducted phone interviews with 53 stakeholders for this report. The interviews captured in-depth perceptions of stakeholders relative to the primary areas of inquiry including communities’ health needs and strengths (including assets and resources), challenges and successes of working in their communities, and perceived opportunities to address these needs. In total, respondents are distributed across the ten-county service area. Interviews were conducted with stakeholders, community leaders, providers, and staff from a wide range of organizations including public health, health care, education, housing, transportation, immigrant services, the faith-based community, local government, early childhood, and social services, among others.

## FINDINGS

### Community Health Status

Respondents who shared their thoughts for this report represent a wide range of sectors and work with many different populations. Each was asked to rate the overall health status of the community their organization serves on a scale of 1 (poor) to 5 (very healthy). The largest proportion of respondents rated overall health as a “3”; no respondent provided a “5” rating.

Interviewees identified several health issues of prominent concern in the community:

- **Mental Health.** Mental health was identified as a top concern for the community and one that has been a long-standing health issue. Respondents reported rising rates of anxiety and depressed as well as serious mental illness. Mental health concerns were seen as affecting all demographic

groups. Of particular concern were mental health issues among children and youth, immigrants, seniors, and those who are homeless. Untreated mental illness was linked to lack of access to care, limited services, cost barriers, and stigma.

- **Obesity and Related Chronic Disease.** Obesity and related chronic diseases, including diabetes, hypertension, and cardiovascular disease, were identified as a top health concern in Houston. Respondents named several factors that contribute to obesity and chronic disease in the community including lack of access to healthy food and opportunities for physical activity, poor lifestyle choices, and lack of understanding about the causes and consequences of these health issues. Lower income individuals and children were seen as particularly vulnerable.
- **Access to Healthcare.** Many respondents identified lack of access to health care as one of the top three health concerns for the communities they serve. They noted that although Houston has a substantial and well-respected health care infrastructure, there are residents who face challenges getting medical care. Barriers include lack of insurance, cost, lack of providers, and inability to navigate health insurance and/or the health care system.
- **Maternal and Child Health.** A few respondents mentioned maternal and child health as a concern for the community, although this issue was not as prevalent as the other health issues discussed in this section. High-risk pregnancies and poor birth outcomes were mentioned by a couple of respondents and are linked to poor access to prenatal and postnatal care. Respondents reported that screening services exist however some women are not accessing them, because they are unaware of them or prevented from doing so. Sexually-transmitted diseases (STDs) and sexually-transmitted infections (STIs) and sexual violence are also a concern in some communities.
- **Substance Use.** Substance use disorders were also identified as a concern in the community, and like mental illness, one that is not limited to any particular demographic group. Respondents shared that substance use often accompanies mental health issues, as a response to stress and anxiety. Opioids—both street drugs and prescriptions—were identified as concerns in the community as are synthetic marijuana and alcohol. As with mental health, respondents identified a lack of treatment services as a barrier to addressing this issue.
- **Other Health Concerns.** Other concerns identified by respondents, although not as prominent, were oral health, infectious and communicable diseases, asthma and cancer.

## Health-Related Resources and Gaps

Respondents identified numerous assets in Houston to improve health:

- **Health Care Resources.** Respondents generally reported that the Houston community is rich in health care resources. They mentioned the presence of the large hospital systems, as well as their expansion to outlying areas in recent years and reported a growing number of urgent care and walk-in clinics, which they felt increased convenience for patients and reduced overload in hospital emergency rooms. Federally qualified health centers (FQHCs) are seen as a tremendous community asset in providing accessible and culturally competent health care services to lower income residents. Several respondents mentioned that in recent years, coordination of care across the health care system has improved.
- **Community Institutions.** The greater Houston area has many social services organizations working to address the needs of the residents, many of which have been around for a long time. They include housing and transportation organizations, childcare centers, and programs serving the homeless, youth, pregnant women, and people in recovery, among others. Schools were described by respondents as critical community institutions—a key link to children and families. The presence of school-based health clinics was seen as an asset to support good health. Respondents reported

that collaboration among institutions working in Houston is high and they shared numerous examples of current collaborations.

- **Existing Programming.** When asked about existing programs in the community that support health, respondents were able to point to numerous examples that address factors such as healthy living, food security, and disease prevention. These include region-wide and local efforts to promote healthy living, initiatives that address food security, and prevention services.

Respondents also identified gaps in programs or policies including:

- **Access to Health Care.** Respondents identified access to health care as a top health concern in the Houston area. Gaps in health care access included lack of health insurance, unequal distribution of health care resources across the region, lack of providers for the uninsured, and cost. Additional barriers included navigating the health care system and health insurance.
- **Behavioral Health Services.** Numerous respondents stated the Houston region lacks sufficient mental health as well as substance use prevention providers. Lack of a mental health treatment infrastructure, including psychiatric inpatient beds as well as outpatient/community-based treatment services, contribute to high amounts of untreated mental illness. An additional constraint is that many mental health providers do not accept insurance, further restricting access to care for lower income residents. Some reported a shortage of bi-lingual mental health providers and those with expertise in the cultural aspects that affect mental health and its treatment.
- **Healthy Living Programming.** Respondents reported the community has substantial programs to support healthy living and prevent disease. However, similarly to health care, respondents also saw challenges related to distribution of programs across the region. Several respondents reported that more should be done to foster healthy eating and physical activity among community members.

## Facilitators and Barriers to Health

- **Individual Determinants.** According to respondents, lack of engagement in healthy behaviors such as eating healthy food and engaging in physical activity is a fundamental cause of obesity and related chronic diseases. Respondents noted that some community members lack understanding about the importance of and ways to engage in behaviors that support good long-term health. Several respondents mentioned that culture and language affect health. Additionally, currently, respondents stated that immigrants are afraid to seek services. Lack of time to address health care needs and engage in healthy behaviors is another barrier to good health.
- **Social Determinants.** Numerous respondents stated that poverty is the fundamental root cause of health disparities. Income affects the many factors that influence health including food security and access to healthy food, opportunities for physical activity, and education. Access to health care is also driven by wealth and the ability to pay. A couple of respondents identified lack of education and employment opportunities that create economic mobility as barriers to good health. Concerns about community safety were expressed by a number of respondents, who saw this as a substantial constraint to getting physical activity, especially in poorer neighborhoods. Lack of safe and affordable housing is another barrier to good health according to respondents. Lack of transportation, specifically for lower income residents, was identified by respondents as a top barrier to accessing health care as well as other things like healthy food.
- **Physical Determinants.** Some respondents reported the community has numerous walking and biking trails, parks, and playgrounds. They reported positive changes to enhance green space and provide more opportunities for physical activity. At the same time, not all communities are benefitting from these infrastructure efforts. One year after the devastation of Hurricane Harvey,

the consequences of that disaster continue to have health and mental health impacts on Texas Gulf Coast residents.

- **Systemic Determinants.** Funding was seen as a substantial systemic constraint to addressing the health concerns of the community, one that affects the scope, depth, and sustainability of services. The lack of public investment in services was noted by several respondents. Those providing health care and publicly-funded social services noted that reimbursement rates are extremely low, making it hard to hire qualified staff.

## General opportunities to improve community health

- **Address Social Determinants.** Many respondents reported that they believed that addressing the root causes that affect access to health care and health, while difficult and costly, would create the most comprehensive and sustainable change. They mentioned the need to address income inequality and invest in educational and employment opportunities for residents, especially those who are lower income. This was seen as fundamental to enabling the community's families to afford health insurance, access health care, and overcome the financial barriers to good health. Several respondents mentioned the importance of ensuring quality affordable housing in the community.
- **Expand Needed Health Services.** Another consistent health need identified by respondents was more health services. They identified a need for more community clinics/FQHCs that can provide a range of culturally and linguistically appropriate preventative and treatment services to lower income residents across the community. More specialty care, especially behavioral health care and care for indigent patients, was seen as a need as well. Respondents suggested expanding on innovative approaches to providing health care including mobile vans, school-based clinics, and housing-based health care as well as new workforce models such as navigators and community health workers.
- **Promote Prevention.** Respondents stressed the need to reorient the current medically-focused health care system to one that prioritizes prevention. Key to this is increasing residents' understanding of the importance of engaging in healthy behaviors and giving them the tools to do so. Respondents also reported that this requires addressing barriers that prevent people from accessing healthy food, opportunities for physical activity, and screenings and immunizations.
- **Advance Systems-Level Collaboration.** The importance of collaboration across organizations and systems was seen as key to forward movement in addressing the community's health challenges. Some respondents reported that this work has already begun, pointing to more partnerships between hospitals and community-based organizations and across the social services sector. More was seen as needed, including greater engagement of schools, employers, and government. Key to this change, according to several respondents, is information sharing across systems to both better understand health conditions and needs on the ground, and to more efficiently serve residents.

## Hospital-specific opportunities to improve community health

- **Mental Health.** *Respondents urged hospitals to prioritize mental health. They see a role for hospitals in expanding services and playing a role in mental health through various tactics including school- and community-based mental health services, workforce enhancements, and education.*
- **Obesity and Related Chronic Disease.** *Respondents had numerous suggestions for addressing the high rates of obesity and chronic disease in the community. These largely focused on enhancing education and health promotion programs in the community to create needed behavior change. They suggested community-based and patient-focused education efforts as well as school-based programming and community-based wellness activities.*
- **Access to Care.** *Respondents provided numerous suggestions to hospitals to increase access to care. They suggested expansion of telemedicine. Respondents reported a need for more primary care for indigent residents and suggested that hospitals consider providing funding for FQHCs given the critical role they play in the health care continuum. Numerous respondents see opportunity for hospitals to play a greater role in enhancing specialty care for lower income residents. They also provided suggestions related to improving the quality of care through care coordination.*

- **Maternal and Child Health.** Respondents provided few suggestions to enhance maternal and child health specifically, although they recognized that women and children are affected by issues such as mental health, access to care, and obesity and chronic disease. They suggested enhancing prenatal and postnatal care and increasing the availability of sexual assault exams.
- **Substance Use.** A few respondents provided suggestions to address issues related to substance use including expanding services and increasing screening and provider training.
- **Support for Community Institutions.** A theme across many interviews was the recommendation that when considering what to do to advance community health, hospitals should look to work already on the ground and seek to build on this, rather than start new programs and services. Respondents suggested that hospitals consider enhancing funding for these community supports, especially as they are called upon to support hospitals' goals. Several respondents suggested that hospitals can advance collective work around community health by sharing information they have that points to needs and gaps.

### Strategies to inform hospital strategic health improvement planning

- **Reorient to a Community-Focused, Prevention Approach.** Numerous respondents stressed the need to focus on community-oriented prevention approaches, ones that take a long view. Respondents suggested being proactive around wellness and prevention and promoting healthy communities and programs and services that reside in communities. Respondents acknowledged the tensions inherent in this approach, including reimbursement structures that reward treatment rather than prevention.
- **Focus on Systems-Level Changes.** Respondents urged a systems-level approach to community health improvement, one that relies on hospital leadership, as well as partnership with others. They noted the credibility and resources that hospitals bring to conversations about health and see this as a force for good. A couple of respondents advocated for a standing, cross-sectoral leadership body that convenes to address community health issues. Respondents also frequently mentioned the need for collaboration between hospitals and community institutions, as these local organizations are connected and know their communities.
- **Recognize that Each Community is Different.** A couple of respondents stressed that hospitals should recognize that each community is different—in terms of both needs and community resources and develop differentiated strategies. Several respondents stressed the importance of gathering input from community members directly, including patients.
- **Be Focused and Committed.** A few respondents suggested making sure strategy is prioritized and reasonable, and not too diffuse. They also urged that hospitals stay committed to the priorities they adopt because it will take time to realize change.

## CONCLUSION

Respondents shared several common themes across interviews. These major themes, which could inform future community health improvement planning, include:

- Health status varies across the community, with those who are insured and can afford to take advantage of the many and high-quality resource having better health than those who are uninsured, of lower income, or more vulnerable (seniors, immigrants, homeless).

- Obesity and related chronic disease and mental illness were identified as the top health concerns for the community, affecting almost every demographic, social and age group in the community. Access to care is also a top concern, particularly for those of lower income.
- Houston has many assets upon which strategies to improve community health can be built. These include health care institutions, social service agencies, schools, and coalitions and collaboratives. Additionally, good work is already underway to address healthy living, food access, and disease prevention.
- Respondents identified gaps as well related to access to health care, behavioral health services, and healthy living programming.
- Numerous factors both support and hinder good community health. Respondents noted the influence of individual factors such as behaviors, health literacy, culture/language, immigration status and time. Social determinants of health, including poverty, education and employment, safety and housing and transportation, play an important role in health as well. The built and natural environments were also identified as factors affecting health. Finally, respondents shared that funding/reimbursement and the medical model of health create systemic barriers to improving community health.
- Respondents saw general opportunities to improve community health through investment in efforts that address the social determinants of health, expand needed health services, promote prevention and advance systems-level collaboration.
- Suggestions for potential hospital roles in addressing health needs include: expanding mental health services particularly those that are embedded in schools and community institutions; addressing obesity and related chronic disease through education and enhanced school and community programming; and expanding access to care through funding for primary care and community-based prevention services, expansion of specialty care to lower income residents, and increased use of telemedicine, and care coordination. Respondents also recommended increased support for community institutions through partnership, funding, and information sharing.
- Respondents expressed hope and recommended that health the improvement planning process include a shift to community-focused and prevention solutions, systems-level change efforts, and recognition that each community is different. Finally, respondents stressed that focused, long-term commitment to community health improvement is needed.

## **INTRODUCTION**

### **Background of the CHNA and Service Area**

In order to fulfill the requirements established by the Affordable Care Act and the Internal Revenue Service, nonprofit hospitals must conduct a community health needs assessment (CHNA) and adopt an implementation plan at least once every three years. In fulfillment of its 2018-2022 Strategic Plan to take a systems-focused approach to community health, the Episcopal Health Foundation (hereafter “the Foundation”) coordinated an interview initiative in 2018 to support four Greater Houston area hospital systems in preparing their 2019 community health needs assessments. The collaborating hospitals include CHI St. Luke’s Medical Center, Patients Medical Center, Springwoods Village Hospital, Memorial Livingston, Memorial San Augustine, Sugar Land Hospital, The Vintage Hospital, and the Woodlands Hospital. For the sake of this report all of the subsidiary venues within the prevue of each hospital unit are included in this CHNA for the Greater Houston area.

The goal of the CHNA shared initiative was to collect qualitative data from a group of stakeholders representing diverse populations residing in the ten-county Greater Houston service area. Through this collaborative effort, the four hospitals sought to minimize burden to respondents who may receive multiple requests for interviews by the participating hospitals for their respective CHNAs. This collaboration is unique; the Foundation intends for this effort to serve as groundwork for future collaboration between the four hospitals on community benefit initiatives.

The Foundation hired Health Resources in Action (HRiA), a nonprofit public health institute, to conduct respondent interviews with respondents identified by the four hospitals and to analyze those interviews for prominent themes. The results of those analyses are summarized in this report for inclusion in each of the four hospitals’ separate CHNAs.

### **About the Episcopal Health Foundation**

The Episcopal Health Foundation works to improve the health and well-being of the 10 million people in the 57 counties of the Episcopal Diocese of Texas by investing in communities through grant-making, outreach to Diocesan churches and critical research to advance community health. The Episcopal Health Foundation was established through the 2013 transfer of the St. Luke's Episcopal Health System by the Episcopal Diocese of Texas to Catholic Health Initiatives. The Foundation is a 501(c)(3) not-for-profit corporation that operates as a supporting organization of the Episcopal Diocese of Texas pursuant to Section 509(a)(3)(B)(i) of the Internal Revenue Code. The Foundation embraces the World Health Organization's broad, holistic definition of health: a state of complete physical, mental and social well-being and not merely the absence of disease.

## About the CHI Houston Area Hospitals

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

CHI St. Luke's Health Memorial 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.

### Patients Medical Center

Patients Medical Center provides inpatient and outpatient medical and surgical services to residents of Pasadena, Deer Park, La Porte, Baytown, and Clear Lake.

### Springwoods Village Hospital

Springwoods Village Hospital offers personalized treatment to residents of Springwoods Village and the surrounding North Houston Communities. .

### Sugar Land Hospital

Sugar Land Hospital is an acute care hospital offering medical and surgical services to the Fort Bend Community.

### The Vintage Hospital

The Vintage Hospital is an acute care hospital that caters to the Northwest Houston community.

### The Woodlands Hospital

The Woodlands Hospital is a primary and secondary care hospital serving North Harris and Montgomery counties.

### Lakeside Hospital

Lakeside Hospital – in the Woodlands community.

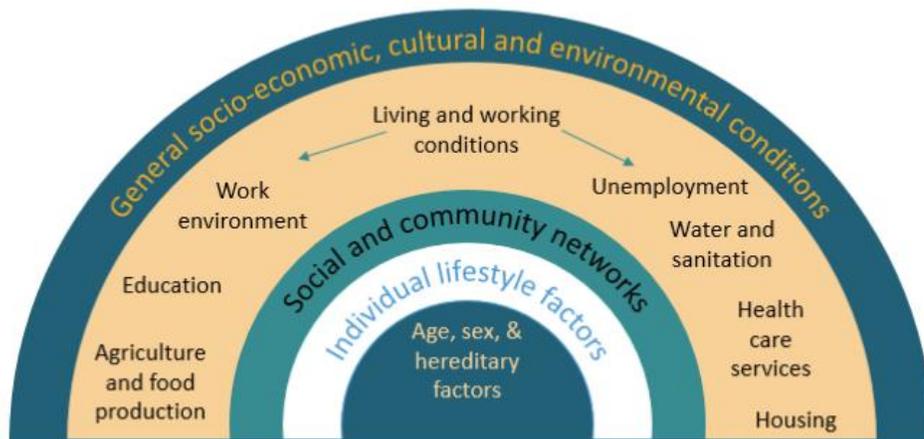
### Community Served by the Hospital

The community served by CHI St. Luke's Health - Baylor St. Luke's Medical Center is defined as the contiguous zip codes determined by 2017 Baylor St. Luke's hospital discharge data. Located in Houston, Texas, the Baylor St. Luke's service area includes a large metropolitan area that is home to over two million residents that spreads from Houston into many smaller suburban and rural communities. The hospital service area includes 39 Texas counties, with the majority of the service area found within Harris, Fort Bend, Brazoria, and Galveston Counties (see appendix 1).

The approach for the shared CHNA was guided by the social determinants of health framework (Figure 1) which recognizes that multiple factors have an impact on health, and there is a dynamic relationship between people and their lived environments. This framework addresses the distribution of wellness and illness among a population, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as employment status and educational opportunities. This framework also highlights how differing

health outcomes across different population groups (health disparities) are deeply rooted in other social conditions. The CHNA interview guide (see Appendix A) was developed using the social determinants of health framework and the influence of these factors are discussed in this report.

**Figure 1. Social Determinants of Health Framework**

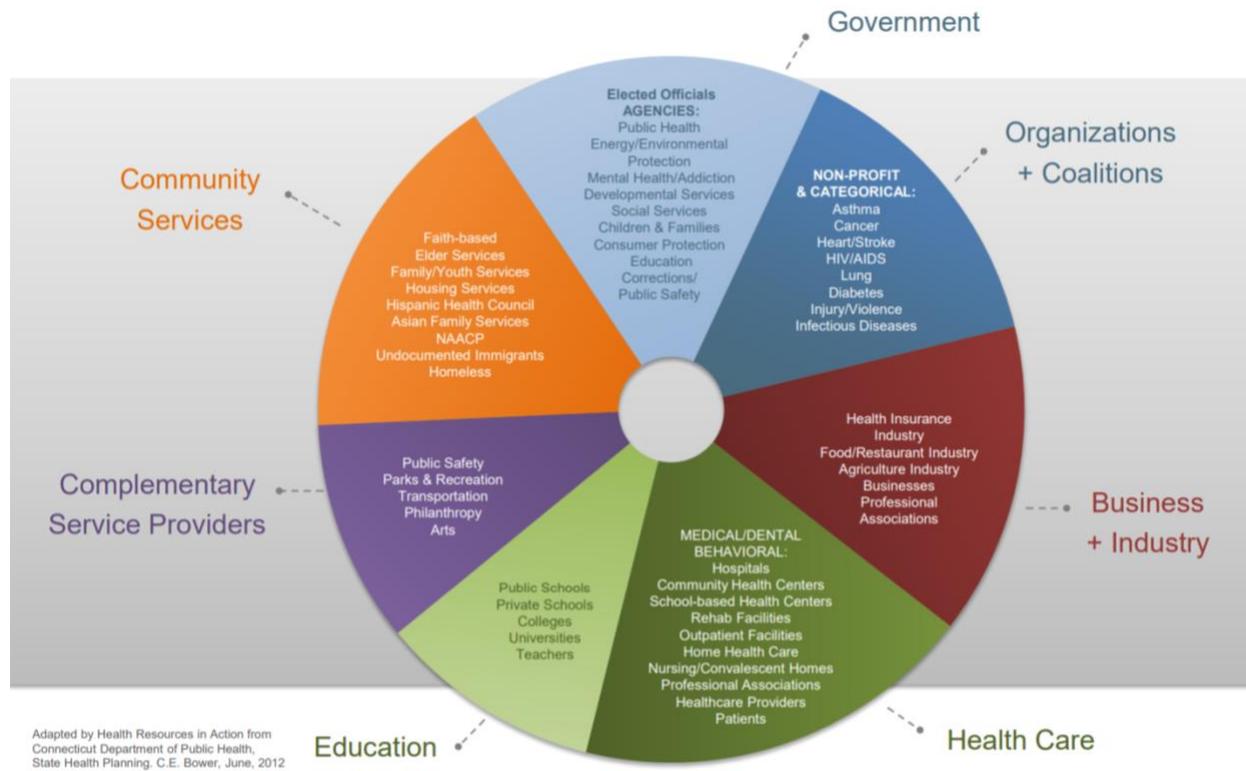


## Data Collection

### Respondent Selection

HRiA conducted phone interviews with 53 stakeholders for this report. An interview approach was chosen for its methodological strength in capturing in-depth perceptions of stakeholders relative to the primary areas of inquiry including communities' health needs and strengths (including assets and resources), challenges and successes of working in their communities, and perceived opportunities to address these needs. Respondents were identified from an initial list developed from recommendations provided by each hospital. The hospitals and the Foundation participated in a prioritization exercise to select the final respondent list. Respondents across seven sectors were identified and interviewed (Figure 2).

**Figure 2. Sector Wheel**



In total, respondents are distributed across the ten-county service area. Interviews were conducted with stakeholders, community leaders, providers, and staff from a wide range of organizations across the seven sectors represented in the Sector Wheel, including public health, health care, education, housing, transportation, immigrant services, the faith-based community, local government, early childhood, and social services, among others. A summary of respondent characteristics is provided in Table 1.

**Table 1: Characteristics of the 2018 Shared Community Health Needs Assessment Respondents**

	Number
<b>Sector<sup>1</sup></b>	
Business & Industry, Education, Advocacy	8
Community Services	15
Complementary Service Providers	9
Government	12
Health Care	23
<b>County</b>	
Brazoria	2
Chambers	2

<sup>1</sup> Some respondents represent more than one sector and are counted multiple times.

	Number
Fort Bend	10
Galveston	3
Harris	29
Liberty	2
Matagorda	1
Montgomery	5
Waller	4
Wharton	1
Multiple Counties <sup>2</sup>	12
<b>Community<sup>3</sup></b>	
Arts	1
Businesses	4
Children	29
Chronically Ill	6
Developmental & Physical Disability	2
Domestic Violence & Sexual Assault	2
ESOL or Little English	13
Health Insurance Beneficiaries	1
HIV/AIDS	5
Homeless	8
Homeless Youth (incl. in Homeless)	2
Incarcerated	1
Intellectual Disabilities & Dementia	4
Law Enforcement	2
LGBT	2
Low-income	29
Mentally Ill	10
Persons of Color	23
Rural	7
Seniors	10
Substance Use	6
Women	19

## Interview Protocol Development

HRiA utilized a semi-structured interview guide for data collection (see Appendix A). The interview questions were developed through a collaborative process that began with brainstorming about

<sup>2</sup> Respondents are also included in individual county counts.

<sup>3</sup> Some respondents represent more than one community and are counted multiple times.

potential questions by HRiA, the Foundation, and the hospitals. HRiA developed a draft interview protocol and shared that with the Foundation and the hospitals for review. HRiA finalized the protocol based on this feedback.

HRiA staff conducted the interviews by phone from the end of August through early November 2018. Each interview lasted between 45 and 60 minutes and was tape recorded with permission. Interviews were conducted in English and transcribed verbatim. HRiA provided identifiable interview transcripts to the Foundation and hospitals as a product of this process. HRiA staff discussed the mode of quote attribution with each respondent prior to beginning the interview. Each respondent was asked how they wished any quotes attributed to them to be identified: anonymously without name or organization; only through sector affiliation; or with name and organization. Each respondent's preference was noted. A list of respondents who agreed to share their name and organization is presented in Appendix B.

### **Analysis**

HRiA examined the key themes that emerged in the interviews and developed a coding framework. HRiA coded the transcripts applying the framework using NVivo software. These results were aggregated and are summarized in this report. Quotes, using the attribution chosen by respondents [anonymously without name or organization; only through sector affiliation; or with name and organization] are provided throughout the report to illustrate the themes discussed. Quotes were edited by HRiA staff where necessary to enhance understanding.

### **Limitations**

As with all data collection efforts, there are several limitations related to the assessment's research methods that should be acknowledged. While the interviews conducted for this study provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for interviews was conducted by the Foundation or HRiA, working with hospital partners. Because of this, it is possible that the responses received only provide one perspective of the issues discussed. It is also important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

## **FINDINGS**

### **Community Health Status**

The following section describes respondents' views about overall community health status and presents top health issues identified across all 53 interviews.

## Overall Community Health Status

Respondents who shared their thoughts for this report represent a wide range of sectors and work with many different populations. Each was asked to rate the overall health status of the community their organization serves on a scale of 1 (poor) to 5 (very healthy).<sup>4</sup> The largest proportion of respondents rated overall health as a “3”; no respondent provided a “5” rating. Specifically:

- Twenty-six respondents rated overall health status as a “3”. Most commonly, respondents stated that they provided this rating because it is “average” and most accurately represents what many see as extremes relative to health status. For example, one respondent shared, *“in general, I would give Houston, probably, a 3 on a 5-point scale, not that everybody’s a 3, but that there’s lots of 5’s out there, but way too many 1’s.”* [K.Janda, Community Health Choice] Another respondent provided a similar explanation for her rating: *“I would be cautiously optimistic and give it a 3. I think it would be in between to say that we are located in the world’s largest medical center, but yet, we still have almost third world country needs.”* [M.Mir & K. Young, El Centro de Corazon]
- Twenty respondents rated the health status of those they serve as a “2” also citing access to care issues as well as chronic conditions as reasons for this rating. As one respondent explained, *“I would say that we do a really good job at providing health care, but the folks we see are highly diabetic, or highly obese, or unhealthy. I would rate the population at probably about a 2.”* [Healthcare Interviewee] Another respondent shared a similar view when providing a rating of “2”, saying, *“when our families first enter, they many times have not addressed their health care needs for a long time and there’s lots of issues related to substance use disorder that need to be addressed.”* [Community Services]
- Ten respondents rated overall health status of those they serve as a “4” but tended to qualify that to specific populations, mostly those of higher income. As one person shared, *“it depends on your socioeconomic status. If you’re in a high socioeconomic status, then your health I would say is a four.”* [K.Caldwell, Legacy Community Health] Another respondent provided the same rating for her organization’s population explaining, *“I’d say four because there is a disproportionate number of affluent people who have access to health care. When I say four, that doesn’t pick up your special populations.”* [L.Poynor, Fort Bend Regional Council on Substance Abuse]
- Seven respondents rated health status of those they serve as a “1”. Those who provided this rating work primarily with vulnerable populations such as homeless individuals, those in recovery, people with developmental disabilities, and lower income residents. They cited issues such as lack of health insurance and inability to access health care as well as poverty and other social determinants of health as the reasons for this rating. As one respondent stated, *“my uninsured group, I’d be hard-pressed to put a 1 on them.”* [D. Gibbons, The Rose]

## Top Health Concerns

Respondents were asked to identify the top three health concerns in the community and then to name the issue of greatest concern. The two most prominent issues for the community, according to respondents, are mental health and obesity and related chronic disease. Other top health issues mentioned are access to health care, maternal and child health, and substance use.

<sup>4</sup> Several respondents’ organizations served different populations, and some respondents provided a rating for each of those populations.

## Mental Health

- *“I’d say mental health probably is our primary issue in schools today.”* [Education]
- *“The mental health ‘safety net’ is, in my opinion, just busted open and full of holes.”* [Community Services]
- *“We haven’t really created an alternative to the criminal justice system that operates at scale that pays for people to be handled and treated, their issues to be addressed. So, the criminal justice system, the jail, has become the default answer to that.”* [B. Harvey, Greater Houston Partnership]

Mental health emerged as a top concern for the 10-county Houston community and one which, according to respondents, has been a long-standing health issue. Respondents reported rising rates of anxiety and depression among residents, as well as serious mental illness such as schizophrenia and bipolar disorders. They pointed to rising rates of suicide in the community, as well as homelessness and incarceration which they linked to untreated mental health issues. Several respondents stated that they see many people with undiagnosed mental illness.

Respondents identified several factors negatively affecting residents’ mental health including stress, technology and media, and unstable family life. Several respondents reported that trauma associated with natural disasters, most recently Hurricane Harvey, has also caused distress among community members. As one respondent explained, *“for many people, children and adults, [the devastation of Harvey] has a profound effect and is continuing to have a profound effect on them emotionally and psychologically.”* [R. Mefford, Child Advocates of Fort Bend]

Of great concern to respondents is untreated mental illness, which they attributed to lack of access to care, limited services available, cost barriers, and stigma. Currently, respondents reported, the demand for mental health services far exceeds the supply. One respondent concluded *“we just don’t have a very well developed mental health system.”* [B. Harvey, Greater Houston Partnership] Although there has been some progress in public funding for mental health services in Texas, this is seen as insufficient to meet the need. Texas remains among the lowest of the 50 states for the level of public investment in mental health services. Houston lacks a sufficient number of psychiatric beds and community-based treatment. Some areas, respondents reported, do not have any mental health services. Respondents also reported that a growing number of mental health providers do not accept insurance at all, further restricting access for those who cannot self-pay. A lack of providers who speak other languages or who are culturally competent creates additional challenges for some groups.

Stigma creates additional barriers to care. Within some cultural groups, respondents shared, mental health issues are kept hidden. For example, within the Hispanic community, one respondent explained, *“if you have a mental health issue or a substance use disorder, it is kept very hushed. The family will do everything they can to hide it, and it’s considered to be very shameful if a member of your family is seeking treatment for those kinds of things.”* [Community Services] Another respondent stated that concerns about “labeling” prevents some parents from seeking a diagnosis or addressing mental health concerns for their children.

## Populations Affected

Respondents reported that mental health is a concern across age and demographic groups. Among children and youth, ADHD, depression, and anxiety were noted, along with rising rates of trauma and the effects of adverse childhood experiences. As one health care provider shared, *“the mental health*

*component [among children] has certainly been something we've targeted and, I think, have been surprised by how much need is there.*" [Health Care] Changing family demographics and societal stressors were identified by respondents as key factors contributing to mental health concerns among children. Although there are a growing number of school-based mental health services, these were reported to be limited in scope and not present in all schools. High mobility of some children and youth, one respondent noted, means that some children are less likely to be diagnosed with mental illness or receive continuous care.

Interviewees identified increased risk for anxiety among immigrant populations. Several respondents stated that the current political climate has created substantial stress and concern about safety in the immigrant community. As one person shared, *"just that fear of what could happen and may happen, it creates a lot of anxiety for people."* [Community Services] Immigrants, particularly those who are undocumented, do not seek care for mental health concerns respondents reported. Women in immigrant communities, some respondents shared, are more likely to experience sexual assault than other women, which further contributes to mental anxiety. Finally, the stigma against mental illness can be strong in immigrant communities, which often delays diagnosis and treatment.

Seniors are another population affected by mental health concerns, according to respondents who shared that declining health, social isolation, and for some, the pressures of caring for grandchildren and great grandchildren, contributes to depression and stress among these residents. Additionally, dementia was described by a couple of respondents as an unaddressed but significant health issue for the community, and one that will grow as the baby boom generation ages.

Respondents working with homeless individuals reported high rates of mental health concerns among this population. Similarly, those working with women in recovery shared that anger, depression, and trauma, often stemming from physical abuse and sexual assault, are prevalent among their clients. Low-income individuals across all groups were noted as more vulnerable. As one person shared, *"just the low-incomes are a cause of continual stress. It's 'Can I afford my housing payment? Can I afford to put food on the table?'"* [M.Lawler, Avenue CDC]

### Impact on the Community

Poor mental health has a substantial impact on the health and quality of life of individuals affected, as well as their families and friends. Mental health issues can lead to substance misuse. Mental health issues also affect individuals' ability to get and maintain employment and housing, leading some to become homeless. The large number of homeless with mental health needs in Houston was identified by several respondents as a concern for the community as they are most often untreated for mental health issues.

Respondents reported that mental illness—and the lack of resources to address this—also places a burden on community institutions. Schools, for example, are called upon to address the growing mental health needs of students. Increasingly, respondents stated, schools have made investments to increase the number of school resource officers and to bring in counseling and other behavioral health services for students. *"I know a lot of folks are putting a lot of funding behind [school-based clinics] and effort behind our schools being fully staffed to support mental health."* [Education] Police and EMS providers increasingly respond to calls that involve mental health issues, a task for which they often do not have sufficient training. As one respondent observed, *"we have farmed out mental health services to the police."* [Community Services] Some respondents mentioned the high rate of mental health issues

among incarcerated individuals, leading one to reference the fact that , *“our largest mental health facility is the Harris County Jail.”* [Community Services]

Mental health issues also cause substantial stress to the health care system, according to respondents. Lack of mental health services, especially for lower income residents, causes those in crisis to often use the hospital ER for services. Those with mental illness are less likely to be able to effectively care for their other health conditions, leading to health crises and greater cost to the health care system.

### ***Obesity and Related Chronic Disease***

- *“It’s very difficult to eat healthy if you’re living on food stamps or you’re living on a small amount of money. You’re going to buy the cheaper, heavily processed foods that you can buy in bulk because that’s how you survive on low income. You’re not going to go to the grocery store and buy fresh vegetables if you can buy 12 boxes of macaroni and cheese for that same amount of money and make it stretch.”* [E. Roberson, Tri County Services Behavioral Healthcare]
- *“People are being told, ‘Oh, you’re diabetic, here’s your medication, take it,’ but they’re not expected or given the opportunity to take ownership for it and work on means that can help them do that.”* [L. Hargrove, Coastal Areas Health Education Centers]

Obesity and related chronic diseases, including diabetes, hypertension, and cardiovascular disease, were identified as a top health concern in Houston. Respondents named several factors that contribute to obesity and chronic disease in the community including lack of access to healthy food and opportunities for physical activity, poor lifestyle choices, and lack of understanding about the causes and consequences of these health issues.

Respondents reported that lack of access to healthy food is an issue in some Houston communities, which contributes to obesity. They mentioned that some neighborhoods are food deserts, having only convenience and dollar store options for food, and an overabundance of fast food outlets. The expense of healthy food is a barrier for some residents. As one person stated, *“if you don’t have financial resources, whether or not the store is in your neighborhood or not, it’s going to be hard for you to make choices that others of us might make in terms of choosing health options.”* [Health Care] Lack of time and understanding how to prepare healthy meals also contribute to poor eating habits according to respondents. As one person summed up, *“the fast food generation, and the nutrition around dollar menu, versus taking the time to shop, and then prepare it and eat a meal at home. Those are just some cultural things that are taking place.”* [Community Services]

Opportunities for physical activity, respondents reported, are growing in Houston as investment is made in more trails, sidewalks, bike lanes. and parks. However, these are not available in all neighborhoods. Additionally, the hot climate makes it difficult to get outside for exercise many months of the year and some communities remain unsafe for outdoor activity. The prevalence of technology also contributes substantially to lack of physical activity according to respondents. As one person explained, *“a lot of it has to do with just having very sedentary lifestyles. Screen time. And that even applies to adults. A lot more adults are gamers.”* [Anonymous]

Lack of understanding about chronic disease also plays a role in their prevalence. Health care providers reported that their patients with chronic disease often do not understand the cause of their disease or

how to manage it beyond taking medication. As one health care provider explained, “ *we find that many of our patients don't even have a basic understanding of if you—that when you're a diabetic, there are certain foods that you should avoid.*” [Interfaith Community Clinic]

### Populations Affected

Obesity was identified as a concern across all age groups. Lower income individuals were seen as particularly vulnerable because they face challenges accessing healthy foods, often live in communities with fewer options for physical activity, and frequently lack access to prevention services and education. Respondents reported that the cost of food generally, and healthy food in particular, is contributing to high levels of food insecurity for some Houston residents. As one person shared, “*we have a huge number of families who are living off of whatever they can buy at the Dollar General which leaves out any fresh fruits, vegetables, non-processed meats, those types of things.*” [L. Hargrove, Coastal Areas Health Education Centers]

Obesity and diabetes among children was mentioned by numerous respondents as a concern for the community. Food insecurity is one cause of this. As one respondent shared, “*there are places which we are really concerned about, which is east of I45 where there's this food insecurity, food desert, and all other problems that are happening, and we're seeing increasing incidences of child obesity in those areas and those zip codes.*” [Anonymous] Schools are increasingly paying attention to obesity among their students according to respondents, and are addressing it through food programs, wellness policies that improve food options, and support for physical activity. However, more attention to obesity among children and youth was seen as needed.

Chronic disease, particularly diabetes and cardiovascular disease, was reported to be a health concern for seniors in the community. As one person working with seniors reported: “*they're at that age where they're going to have a lot of things happening to them, and they're going to be high risk as far as their health is concerned.*” [M. Arroyos, Fort Bend Seniors]

### Impact on the Community

Obesity and chronic disease has individual and community costs. For individuals, chronic disease can negatively affect quality and length of life. Additionally, the cost of medication and medical supplies, such as strips for diabetes testing, can be a financial burden, especially for lower income residents. Lack of prevention and good self-management of chronic disease often means residents with these conditions end up receiving more costly acute care.

### Access to Care

- “*There's too many people that don't have good access to care, even though there are plenty of doctors and hospital beds in Houston.*” [Community Services]
- “*I think all the research I know tells me that not having health insurance is the most basic cause of inadequate access to health care.*” [S.Klineberg, Kinder Institute]
- “*I think we get caught up saying that we have one of the best health systems in the country, or in the world, and we're forgetting that huge group of low-income families that aren't being served well by medicine.*” [Anonymous]

Many respondents identified lack of access to health care as one of the top three health concerns for the communities they serve. They noted that although Houston has a substantial and well-respected health care infrastructure, there are residents who face challenges getting medical care. Barriers include lack of insurance, cost, lack of providers, and inability to navigate health insurance and/or the health care system.

Respondents shared that despite passage of the Affordable Care Act (ACA), there are substantial numbers of adults who remain uninsured, in part because Texas did not pass Medicaid expansion. As one respondent explained, *“the state has failed to expand Medicaid and that means that there are more than a million people in the state, and probably a quarter of them or a third of them are in the greater Houston area, who simply don’t have the means to obtain affordable health insurance.”* [Anonymous] For some, the cost of insurance, including high deductibles and co-pays, is a barrier to seeking health services, especially preventative care. Insufficient or unequal distribution of health care resources across the region was also mentioned as a factor contributing to lack of access. Respondents reported that health care services are concentrated in the urban parts of the city, while outlying and more rural communities have fewer options and people from these areas must often travel to access health care. For those without cars, this creates an added burden since Houston does not have a well-developed public transit system.

Numerous respondents stated that access to specialists, such as mental health professionals, geriatricians, and providers experienced in treating those with developmental disabilities or co-existing morbidities, is particularly difficult, especially for those of lower income. Finally, challenges in effectively utilizing health insurance and navigating a complex health care system were seen as barriers to accessing care. Health insurance, as several respondents noted, is very difficult to understand and there are few supports to help patients navigate it. As one respondent stated the challenge as follows: *“now that people have coverage, do they understand how to use it, that they can use it, where they can go and be seen. Just because you have coverage doesn’t mean you have access.”* [Government] Those with multiple or complex health conditions, often seniors, additionally face challenges in managing their health care across multiple systems and providers.

### Populations Affected

Low-income individuals face the greatest challenges to accessing health care according to respondents. They are less likely to have insurance, more likely to live further away from providers, and have fewer resources for medical-related expenses. They are also less likely to understand the importance of or have access to preventative care. Additionally, lower income residents are less likely to have reliable transportation to get to health services. Respondents report that while FQHCs play a critical role in meeting the health care needs of the indigent and uninsured in the Houston region, accessing specialists is particularly difficult. As one person shared, *“when folks need specialty care and they’re uninsured, it is a beg, steal, and borrow endeavor.”* [Health Care] For the working poor—who often work two or three jobs—the hours of operation of many health care providers and the inability to take time off from work for medical appointments are additional barriers to accessing health care.

Undocumented residents face particularly acute challenges to accessing health care services according to respondents, particularly in the current political environment. The undocumented are not eligible for insurance and are barred from accessing many publicly-financed health and prevention programs. Respondents from the social services and health sector repeatedly shared their perceptions that fewer and fewer immigrants and undocumented residents are seeking health care and other services for fear of being reported.

Respondents working with some groups reported unique challenges to accessing care their clients face. Those supporting homeless individuals and those with developmental disabilities observe a reluctance on the part of providers to care for their clients, in part, they report, because it is costly and in part because providers may not have the skills to work with these patients. As one respondent who works

with the homeless explained, *“most people don’t want our folks...they’re more expensive, they’re most complicated.”* [F.Isbell, Healthcare for the Homeless-Houston]

### Impact on the Community

Lack of access to health care has substantial consequences for Houston-area residents, respondents report. Those facing barriers to care are less likely to seek preventative care, including screenings and programs that support healthy lifestyles. They are also more likely to delay treatment for illness and disease, often resulting in more costly treatment and poorer health outcomes.

Barriers to accessing care also increase costs to the overall health system. Numerous respondents pointed to inappropriate use of the hospital emergency room as one expensive consequence of lack of insurance or access to primary or specialty care. Several shared that use of the ER for primary or nonurgent care issues is a concern. As one respondent explained, *“families use emergency rooms-- that’s still a very viable way because they can go afterhours.”* [K.Young, AIDS Foundation of Houston] Another respondent who works with uninsured residents shared that the inability to access specialty care early, such as for a gallbladder attack or a hernia, often results in *“an urgent situation, and [patients] end up in the emergency room, and they’re given surgery on an emergency basis.”* [Interfaith Community Clinic]

### Maternal and Child Health

- *“I do think that, at least in Houston, you have an issue around women’s sexual health in general. For women being able to have access to prenatal care, we still have a very high infant mortality rate.”* [K.Young, AIDS Foundation of Houston]
- *“Texas ranks very low in dollars spent on health for children. We’re not putting enough money and resources into it...we need to have more attention, more focus and more resources dedicated to our children.”* [R.Mefford, Child Advocates of Fort Bend]

A few respondents mentioned maternal and child health as a concern for the community, although this issue was not as prevalent as the other health issues discussed in this section. High-risk pregnancies and poor birth outcomes were mentioned by a couple of respondents and are linked to poor access to prenatal and postnatal care. Some communities, respondents report, do not have obstetrical services so women must travel to deliver.

Respondents reported that screening services exist, including free mammograms and pap smears for low-income women. However, some women are not accessing them, because they are unaware of them or prevented from doing so. Lack of familiarity with the importance of preventative screenings, particularly among some groups, was seen as a barrier.

Sexually-transmitted diseases (STDs) and sexually-transmitted infections (STIs) and sexual violence are also a concern in some communities according to a couple of respondents. Abuse contributes to a lack of access to care as one respondent explained: *“the abuser won’t let her go to the doctor because the doctor might find a bruise that he can’t explain or that kind of thing.”* [V.Goodell, Fort Bend Women’s Center] Cost effective family planning options were described as limited, particularly for lower income women.

Overall, respondents reported that CHIP enables children to access care. However, as one respondent explained, currently some undocumented Hispanic families are reluctant to enroll their children in the program for fear of being deported.

More broadly, a couple of respondents suggested that more attention needs to be paid to early childhood development. As one shared, *“I think we need to shift our attention and focus more, give more attention to children’s health and how important it is for early childhood development and for brain development and ongoing health in the rest of their lives.”* [R.Mefford, Child Advocates of Fort Bend]

### Populations Affected

Lower income women were reported to be more likely to experience high-risk pregnancies and be affected by maternal health issues. Delayed or inability to access prenatal care was identified as key concern for this group. One respondent shared that low-income women often delay accessing early prenatal care until they become approved for Medicaid coverage, which can take between 45-60 days. Another stated that low-income women are also more likely to change providers in mid-pregnancy, which disrupts continuity of care. Lower income women also have less access to basic gynecological services and face cost barriers to accessing care for STDs and effective methods of contraception.

Respondents also identified immigrant women as a vulnerable population. Immigrant women are more likely to be low income. Cultural norms about gender roles, contraception, and the need to access care during pregnancy also affect the ability of women from immigrant communities to receive timely and quality care. Lack of access to preventative care and reluctance to seek prenatal care among undocumented women is of high concern to providers. A couple of respondents reported that rates of violence and sexual assault are higher in some cultural groups, further contributing to poorer health among these women.

Women with behavioral health concerns were also mentioned as a vulnerable population. These women, one respondent explained, not only face challenges with healthy pregnancy, but there are implications for their children. As one health care provider stated, *“if you have women who are not accessing prenatal care until later in their pregnancies and they have other challenges, such as the substance use that providers may not necessarily know how to address, that can lead to adverse outcomes.”* [Community Services] Women struggling with mental illness are often unable to care for their own health concerns, as well as those of their children.

### Impact on the Community

Maternal mortality and poor child outcomes are consequences of lack of access to good prenatal care. According to one respondent, high maternal mortality has been recognized as a community health issue and a task force has been convened to examine it.

### Substance Use

Substance use disorders were also identified as a concern in the community, and like mental illness, one that is not limited to any particular demographic group. Respondents mentioned an increase in calls to

EMS and visits to emergency departments for substance-use related issues. They shared that substance use often accompanies mental health issues, as a response to stress and anxiety. Opioids—both street drugs and prescriptions—were identified as concerns in the community as are synthetic marijuana and alcohol.

As with mental health, respondents identified a lack of treatment services as a barrier to addressing this issue. They reported that while substance use services are available for those residents who can afford them, there are limited options and long wait times for others. As one person explained, *“substance abuse treatment’s almost unavailable in our community if you’re Medicaid, low-income. There’s almost nothing.”* [E. Roberson, Tri County Services Behavioral Healthcare] As a result, as with mental health, those with substance use issues end up in the criminal justice system, where few treatment services are available.

### Populations Affected

Children and youth were seen as affected by substance misuse issues. Many children grow up with substance use in the home, increasing the likelihood that they will misuse substances. One respondent reported that substance use among Houston youth is rising. Another expressed concern about rising rates of vaping among students in the community.

Misuse of prescription drugs was mentioned as a concern, particularly among wealthier residents. As one person explained, *“I’m talking about people getting hold of prescription drugs that were never prescribed for them by a physician.”* [K.Reynolds, Fort Bend County Health and Human Services]

Substance use among the homeless is also of great concern. As one provider who works with homeless people stated that synthetic drugs, *“bath salts, or potpourri, or whatever, in this population is truly epic proportions in our population. That’s been true for probably close to three years now. And it’s just devastating them.”* [F.Isbell, Healthcare for the Homeless]

### Impact on the Community

Substance use disorders pose substantial cost to individuals and families. At individual level, substance misuse affects one’s financial life, social health, career goals, and overall wellbeing. As one person working with women in recovery stated, *“substance use disorder touches every aspect of a person’s life.”* [Community Services] Substance misuse also has substantial negative effects on one’s health, not only due to the effects of substances on the body but also because substance misuse can exacerbate other health issues.

Like mental health, substance abuse costs the health care system when those with untreated substance use issues utilize the hospital emergency room. At the community level, substance abuse can lead to engagement with the criminal justice system. As one respondent reported, a high proportion of people in prisons and jails have a history of addiction, and few treatment options are available for them.

### Other Health Concerns

Respondents identified some other health challenges for Houston, although none of these were as prominent as those described above. They include oral health, infectious and communicable diseases, asthma, and cancer.

## Oral Health

Several respondents identified poor oral health as a community health concern, especially among seniors and lower income residents as well as those with developmental disabilities. Many dental services are not covered by Medicare or Medicaid, and low cost or free programs for low-income adults and seniors have long waitlists. The effects of poor oral health on seniors' nutrition was mentioned by one respondent who shared, *"it's just really sad to see our seniors who can't chew their food properly. We can't serve raw carrots in our café. They don't chew the apples. They don't like a lot of crunchy food."* [G.Brumfield, Catholic Charities, Fort Bend] One respondent who works with developmentally delayed residents noted that these individuals face unique challenges in finding dentists willing to care for them and for personal oral hygiene. As this person stated, *"our population doesn't do [caring for their teeth] well themselves."* [Anonymous]

Dental decay among children was reported to be an issue although school-based sealant programs, some hospital-supported, were seen as effective in preventing new decay. Respondents also reported that lack of parent understanding about the role of poor nutrition on children's oral health and how to care for their children's teeth contributes to poor oral health.

## Infectious and Communicable Diseases

Few respondents identified infectious or communicable diseases as a top community health concern. Some however expressed concern about declining rates of immunization, particularly among children and immigrants. As one person described, *"looking at the lack of immunizations in this city, we are a time bomb just waiting to happen because we're a port city. We are an entry port for just about anything coming in. We have become a chronic disease-focused medical population. We have failed to heed the warning signs of what infectious disease has given and costs in a very short period of time."* [L.Jones, Prairie View A&M]

A couple of respondents expressed concern about STD rates, particularly among those who do not have access to health care. HIV among LGBT and African American populations was identified by one respondent as a concern. Another respondent identified Hepatitis B and Hepatitis C within the multicultural community, especially among newer refugees, as a community health issue.

## Asthma

A couple of respondents identified asthma, especially asthma among lower income children, as a community health concern. They attributed this to poor housing quality as well as environmental issues such as natural disasters and industrial pollution. As one person stated, *"I don't want to leave out asthma, especially with Harvey hitting us. Lately, we have seen a change in that."* [Education]

## Cancer

Only a few respondents mentioned cancer as a community health issue. Overall, this was seen as an issue that most commonly affects seniors in the community. High lung cancer incidence in Chambers County was specifically mentioned. A couple of respondents expressed concern that people are not getting screened for cancer, due to issues of access as well as confusion about screening guidelines. As one health care provider shared, *"women are so confused about the recommendations for*

*mammograms that they don't know when to come. Used to be our women came back every 12, 14 months. Now they're coming back every 18 to 22 months.*" [D.Gibbons, The Rose]

## Health-Related Resources and Gaps

### Assets to Improve Health

#### Health Care Resources

- *"I think a big benefit that has emerged recently is the fact that health care is geographically more accessible."* [Anonymous]
- *"Those federally qualified health centers have really expanded and have really increased the access to care. They recognized a need and they grew in neighborhoods and in specific geographic areas where they already had the cultural competencies and the trust of the community."* [Community Services]

Respondents generally reported that the Houston community is rich in health care resources. They mentioned the presence of the large hospital systems, as well as their expansion to outlying areas in recent years. As one person explained, *"there's nothing like having a hospital right by your side in case it's ever needed."* [Anonymous] Respondents also reported a growing number of urgent care and walk-in clinics, which they felt increased convenience for patients and reduced overload in hospital emergency rooms. Respondents also mentioned the presence of mobile vans that provide health care to hard-to-reach populations. As one person shared, *"you constantly see mobile units everywhere, and I think that's awesome."* [Community Services] Federally qualified health centers (FQHCs) are seen as a tremendous community asset in providing accessible and culturally competent health care services to lower income residents, often applying a medical home model.

Several respondents mentioned that in recent years, coordination of care across the health care system has improved. They pointed to greater linkages between hospitals and primary care clinics. One respondent praised the social workers in hospitals for the work they do to connect families to community resources. Others mentioned greater use of case management models to connect patients to different health care services, integration of pharmacies into clinical care, and increased partnership between health care and community-based organizations to provide wrap-around services to patients. While these approaches were not described as ubiquitous, they were seen as movement in a positive direction to better address the multiple factors that affect health.

#### Community Institutions

##### Social Service Agencies

- *"A lot of the nonprofits here in Houston do an outstanding job."* [J.Jimenez, Association for the Advancement of Mexican Americans]
- *"The social service network here is very strong, from a big one, like Baker Ripley, to the smallest like The Rose that does the mammograms. There is this huge range of nonprofits, and all providing social good, and having measurable impact, so I think that's a huge strength."* [Community Services]

Those interviewed for this report stated that the greater Houston area has many organizations working to address the needs of the residents, many of which have been around for a long time. They include housing and transportation organizations, childcare centers, and programs serving the homeless, youth, pregnant women, and people in recovery, among others. As one person stated, *"I think the strength would be in the sheer numbers."* [Education] While funding is always challenging for nonprofit

organizations, a couple of respondents credited a strong United Way infrastructure for funding many community-based efforts. Several also pointed to strong partnerships with local hospitals, which provide funding and strengthen the community-based work of these institutions. One of the challenges, according to a couple of respondents, is ensuring that social services programs reach residents. As one respondent shared, *“it’s making [services] equitable and accessible to all communities that tends to be a challenge because of the sheer size of the district.”* [Education]

Several respondents specifically mentioned organizations such as Boat People SOS and the Chinese Community Center that work to meet the needs of specific cultural groups. These local organizations play an important role in providing needed services but also connecting clients to more mainstream organizations and services. As one health care provider shared, *“I think some of the strengths are there are some agencies that are very much in the communities they need to be in, they’re entrenched, that have the ability to, both culturally and linguistically, work with the communities they serve.”* [L.Hargrove, Coastal Area Health Education Centers]

## Schools

- *“[School clinics are] a huge strength because it puts clinical care in the space where people already are—so the kids who are in class.”* [Health Care]

Schools were described by respondents as critical community institutions—a key link to children and families. Those working in social service agencies shared examples of partnerships they have developed to bring programs to schools including those related to healthy eating, bullying, mental health, and gardens. For low-income students, schools address food insecurity through free and reduced breakfast and lunch programs. For some low-income students, one respondent explained, *“the school lunch and the school meals that we prepare, even the afterschool program meals, are going to be their only meal.”* [J.Jimenez, Association for the Advancement of Mexican Americans]

School-based health clinics, present in some communities, were described by respondents as a critical health resource for families, connecting children to health care for both preventive needs and more acute but manageable health issues. As one person stated, *“were it not for those programs in the schools, there are a lot of complicated gymnastics around schedule that parents and kids would have to make in order to make an appointment happen.”* [Health Care]

Schools also have School Health Advisory Councils that guide wellness policies such as nutrition and physical activity standards and promote wellness programming. One respondent shared that a collaborative of school districts has recently come together to promote kinesthetic classrooms that engage students in physical activity while learning. Schools, respondents observe, have also served as an ideal platform from which to launch innovative programs that support families. For example, one respondent described a program that embeds navigators within schools to help families to connect to needed community-based services.

## Coalitions and Collaboratives

- *“I think that many agencies are starting to think more broadly. They’re starting to look at how can we become a part of a bigger picture.”* [Anonymous]
- *“I think that Houston has a very collaborative spirit. I think that providers are very willing to come together and work together to solve challenges rather than staying in their own personal silos and I think that is a little bit unusual for other communities and I think we do a very good job of that.”* [Community Services]

Respondents reported that collaboration among institutions working in Houston is high and they shared numerous examples of current collaborations. Examples include the 1115 Waiver Collaborative that brings together Health Care for the Homeless, Search Homeless Services and Avenue 360, to reduce hospital ER use by providing clinical case management support and subsidized housing to chronically homeless people. Fort Bend Connects, another example, uses a shared information system to bring together food banks, senior services, social services and health organizations to ensure that the various needs of seniors and their families are met through case management and referral. Another respondent pointed to work of the Greater Northside Health Collaborative which brings together close to 50 partners from local social service and health organizations to improve community health through access to healthy food and green space as well as access to health care. In addition, examples of smaller partnerships were shared, such as police departments working with mental health providers and housing and workforce services working with health care institutions.

Recognition of the need for and benefits of collaboration to address community challenges is increasing according to respondents, leading to more collaborative work. As one respondent observed, *“what’s really encouraging to me is that there are so many people and so many different organizations that are really starting to think about how they work together.”* [K.Janda, Community Health Choice]

Respondents also shared that more collaborative work is needed because some organizations remain siloed, either because they are not interested in partnering or because funding streams constrain their ability to do so. A couple of respondents reported that partnership is sometimes hindered by the fact that organizations are not familiar enough with each other’s work. As one respondent stated, *“one of the weaknesses is that we don’t collaborate enough and the organizations don’t really know what each organization does to the full extent.”* [M.Mir & K.Young, El Centro de Corazon]

### ***Existing Programming***

When asked about existing programs in the community that support health, respondents were able to point to numerous examples that address factors such as healthy living, food security, and disease prevention.

#### **Healthy Living**

- *“Houston is doing some things to make people be more healthy.”* [Community Services]

When asked about efforts that support healthy living, respondents cited numerous examples that span both large and small scope efforts. These efforts most often provide programming and education; a few address broader systemic and policy issues.

Often mentioned was the *Healthy Living Matters Collaborative*, a community-wide initiative engaging health systems, nonprofits, school districts begun in 2011 to address childhood obesity. Other examples of larger-scale efforts identified by respondents include *Can Do Houston* which is working with parents and schools and promoting health corner stores, *Shape Up Houston* (and related efforts at the county level) which is promoting fitness and healthy living in partnership with employers; the *Time Texas Community Challenge* which is encouraging mayors to pledge to foster efforts that increase physical activity and healthy eating; and the *Bayou Greenway Initiative* which is promoting changes in the built environment to support more physical activity.

Respondents also shared examples of more local efforts such as *Healthy Eating Active Living*, an educational program in Galveston that focuses on healthy food options, diabetic recipes, how to shop on a budget, and various exercise alternatives. *Be Well Baytown*, a partnership effort through MD Anderson and ExxonMobil, that involves walking clubs and healthy living type activities; and *Better Living for Texas* provided by Texas AgriLife Extension for WIC clients in Brazoria County.

Local organizations like YMCAs, Boys & Girls Clubs, community and senior centers, universities and schools also provide healthy living programming, largely focused on educating people about healthy lifestyles. Some schools, for example, implement the CATCH Curriculum, an evidence-based program that promotes healthy student behaviors. As one respondent shared, “*I think what’s being done in the schools here is extremely successful. All of the programs that have been put in place in the schools are good.*” [Health Care]

Hospitals, clinics, and health insurers are also active in healthy living efforts in Houston. FQHC staff reported that they provide nutrition classes. One respondent mentioned a partnership with FQHC Access Health and Houston Food Bank on a Food Rx program to promote healthy eating among low-income patients.

## Food

- “*Houston has a wonderful food bank that actually supplies to WIC as well as the community.*” [Community Services]
- “*I think our food bank has worked really well in terms of band aids around food insecurity. I think there are plenty of little bright spots to build off of.*” [Anonymous]

Numerous respondents stated that food insecurity is of concern in parts of the greater Houston area and that programs that support access to food and food programming play an important role in meeting residents’ needs. The Houston Food Bank and county food banks were frequently mentioned as playing a lead role in this and they often work in partnership with other community organizations to reach residents. Senior centers, through congregate meal and food delivery programs, are also a key part of the food infrastructure. Respondents mentioned other programs as well, including Our Daily Bread which provides meals, Second Servings which gathers and distributes leftover food from restaurants and food stores, and the Snap Kitchen which provides meals.

Schools, respondents report, are effective in addressing students’ food needs through free lunch and breakfast programs. Several respondents reported that the program *Brighter Bites*, which works with schools in low-income areas, has been effective in increasing consumption of healthy foods through its education and fruit and vegetable program. *Lunches for Love* is a summer program for students to address the food gap that comes with the close of the school year.

Several respondents reported that it is important to complement food distribution programs with educational components that teach people how to budget for healthy foods and how to prepare healthy meals. As one person working on school-based education on how to prepare healthy meals mentioned, “*there’s a sense that some of these backpack programs that bring healthy fruits and vegetables into schools – the vegetables would go home with kids and then not get prepared.*” [Anonymous] Programs that help to educate mentioned by respondents include Texas A&M AgriLife which works with families on healthy food preparation and the Association for the Advancement of Mexican Americans which has a new program, *Comprando Rico y Sano*, that educates Hispanic residents about healthy food purchasing within a budget.

## Disease Prevention

Respondents also reported that prevention services are available. Hospitals offer free screenings, flu shots, and blood pressure checks. The Heart Association offers the *Go Red initiative* that teaches about heart health. Employers, especially larger ones, are increasingly playing a role in prevention. Respondents mentioned that *Shape Up Sugarland* is partnering with employers to support physical activity, and some government employers are sponsoring exercise and nutrition classes.

## Gaps in Programs or Policies

### *Access to Health Care*

*“We have the largest medical center in the country, if not the world, and it’s vast resources are not regularly available to people who aren’t well-insured or able to pay out-of-pocket. So we’ve got it, but it’s not there.”* [Anonymous]

*“Houston has world-renowned health care. In our outlying areas like Fort Bend County, there are certainly very qualified specialists. These hospitals are getting certified as stroke centers and trauma centers and all of the credentialing that goes along with that. There are services through the emergency room. When you get to the uninsured, this might as well not be there.”* [L.Poynor, Fort Bend Regional Council on Substance Abuse]

*“A lot of folks work from paycheck to paycheck, so if they actually end up at one of these medical centers and they require a thirty dollar copay or ten dollars or fifteen dollars, then they’re not going to have it. So they’re going to walk away until they do have that money and that could be months later. So, if they are sick, they’re just going to become sicker.”*  
[J.Jimenez, Association for the Advancement of Mexican Americans]

As discussed earlier, respondents identified access to health care as a top health concern in the Houston area. The gaps in health care access are due to a variety of factors including lack of health insurance, unequal distribution of health care resources across the region, lack of providers for the uninsured, and cost. Additional barriers are difficulty navigating the health care system and health insurance, leading to challenges in coordinating care.

Lack of health insurance is a primary reason for inadequate access to care according to respondents. As one person explained, *“we have one segment of our population that takes advantage of these incredible health facilities we have in Houston, leading edge medicine. But then we have another segment of our population that is uninsured, or Medicaid, or falls in the so-called, ‘hole in the donut’ of Medicaid.”* [B.Harvey, Greater Houston Partnership] Lack of Medicaid expansion in Texas is one primary reason for the high uninsured rate according to respondents who report that many families fall into the gap of not qualifying for Medicaid and not being able to afford marketplace insurance rates or qualify for subsidies. Another provider mentioned that Texas has among the most conservative restrictions in the nation relative to Medicaid eligibility and Medicaid services, which further restricts access to insurance for low-income people.

Insufficient or unequal distribution of health care resources across the region, especially specialty and emergency care, was mentioned as a factor contributing to lack of access. Several respondents noted

that while health care resources are being expanded to outlying areas, they still remain concentrated in some parts of the community. As one explained, *“if you look at a map of Houston, if you look at where these hospitals are, hugely biased towards the west side, north side, where the insured populations are.”* [Community Services] Respondents reported that fewer health care services exist in suburban and rural areas in counties like Montgomery, San Jacinto, Liberty, and Chambers. In describing access to emergency care in some Waller County towns, for example, one respondent explained, *“when it could be a life or death matter, you’re looking at at least 30 minutes to get to a facility.”* [C.Duhon, County Judge] A few respondents mentioned that parts of the region also lack sufficient primary care services, especially FQHCs to serve lower income individuals. They attributed this, in part, to workforce constraints in primary care, including a lack of mid-level providers such as nurse practitioners and physician’s assistants as well as to lack of sufficient funding.

Respondents also reported that increasingly, providers are unwilling to take certain insurances or any insurance. As one respondent explained, *“there are very few of the specialists who will take somebody without insurance, even the health care marketplace insurance, because they know that it’s month by month and it may not be there the next time they bill it.”* [K.Reynolds, Fort Bend County Health and Human services] Some FQHCs address this by bringing specialists into their facilities periodically to care for their lower income patients, but these services were described as insufficient.

Social service providers working with special populations such as homeless individuals, undocumented immigrants, those with developmental disabilities, autism, or dual diagnosis report challenges finding health care providers to serve their clients. A couple of respondents noted that the Houston area lacks medical professions who have specific expertise in caring for seniors which they described as a growing need. As one person stated, *“if I had to cite a biggest limitation on the health care side it is in the lack of geriatric specialization with a small, small number of geriatricians, small number of people within the health care system that really understand the uniqueness of older adults and their health conditions.”* [C.Aguirre & J.Bavineau, Baker Ripley]

Respondents also mentioned the cost of health insurance and related out-of-pocket costs such as copays, and deductibles as a constraint to health care access. While FQHCs offer sliding fees and payment options, even these can be a hardship for lower income patients. A couple of providers shared examples of the trade-offs people must make: *“if I have to pay money for my health care, then what am I giving up? Am I giving up food? Am I giving up paying my rent on time?”* [Health Care] For lower income individuals and seniors, prescription drugs may be cost prohibitive As one respondent shared, *“you may be able to get to the doctor, but then how do you pay for the prescription?”* [Community Services]

Respondents described the health care system as cumbersome and confusing, which also creates barriers to accessing care. This is especially difficult for those who are newly insured, have lower literacy, or are from another country or speak another language. As one provider reported, *“there is a big gap in understanding how to utilize your insurance. That’s not only for our population but in general. There’s a lot of questions about what insurances do and how they work.”* [A.Caracostis, HOPE Clinic] Lack of understanding of benefits hinders access. As one person explained, *“folks that are in Medicare Advantage plans, which are often very generous, don’t even understand or realize what they have so*

*they don't access them.*" [C.Aguirre & J.Bavineau, Baker Ripley] Complicated billing—in which multiple ancillary services and providers charge within one visit— is of growing concern as well, respondents report, and often results in confusion and unexpected costs for patients.

Constraints in knowing how to navigate the health care and insurance systems often lead to lack of care coordination, according to respondents. Many pointed to the benefits of a coordinated approach to helping patients navigate health and community services, and care coordination was reported to be increasing. However, for many people, accessing care coordination can be difficult. For seniors and those with chronic illnesses, this can mean that patients are not connected to important follow-up care or community supports; additionally, they may be taking too many medications or medications that should not be taken together. Respondents reported that another identified barrier to care coordination is lack of reimbursement. As one health care provider stated, *"in Texas all of that really robust care coordination that needs to occur is not reimbursable. That's a real barrier for people who are trying to provide that kind of care."* [F.Isbell, Healthcare for the Homeless Houston]

Several respondents also identified stigma as a barrier to care for some individuals, specifically those who have behavioral health problems, disabilities, HIV/AIDS or are homeless, These patients, respondents explain, tend to be more costly to treat and can be difficult to work with. Often, services are not reimbursable. A social service provider working with homeless people shared *"most people don't want our folks. One, because this will be 100 percent charity care, and two, because the people that we see are often very disruptive...They're more complicated. They require really rich wraparound services."* [F.Isbell, Healthcare for the Homeless Houston]

### **Behavioral Health Services**

*"The number one issue is there are no [substance abuse] providers. If you have money in Montgomery County, there are a few providers. If you don't have money, forget it in this county."* [E.Roberson, Tri County Services Behavioral Health]

*"What is our need? It is more psychiatric beds, in-patient beds. That is our need."*  
[Anonymous]

Numerous respondents stated that the Houston region lacks sufficient mental health as well as substance use prevention providers. They shared that there are some mental health providers, including Gulf Coast Center and Texana. Hospitals provide some emergency psychiatric services but the demand has grown so much that, respondents report, they focus on the most severe cases. For example, respondents report, those needing in-patient services in Liberty County must go to Montgomery County, Galveston residents needing these services must go to Harris County. Increasingly, respondents also shared, there are fewer providers for those with less serious mental health concerns. As one respondent stated, *"[our clients] may have severe depression but they're not suicidal. They can't get services. They are not severe enough."* [V.Goodell, Fort Bend Women's Center]

Lack of a mental health treatment infrastructure, including psychiatric inpatient beds as well as outpatient/community-based treatment services, contribute to high amounts of untreated mental illness. An additional constraint is that many mental health providers do not accept insurance, further restricting access to care for lower income residents. As one respondent explained, *"many psychiatrists*

*in the community are not taking insurance anymore. It's cash only because they get tired of dealing with all of the bureaucracy, and they're in such demand, they can get away with that."* [E.Roberson, Tri County Services Behavioral Health]

Those working with non-English speaking clients report a shortage of bi-lingual mental health providers and those with expertise in the cultural aspects that affect mental health and its treatment for these populations. Those working with the homeless and those with developmental disabilities face severe challenges to accessing mental health care for their clients. As one respondent shared, *"there are precious little mental health services in our county. When you pair that with an intellectual disability, there become fewer."* [Anonymous]

### **Healthy Living Programming**

Respondents reported that the community has substantial programs to support healthy living and prevent disease. However, similarly to health care, respondents also saw challenges related to distribution of programs across the region. As one person stated, *"the challenge and I have to say it in the context of its balancing it and putting them in the right places and having access. It's equity across all communities that tends to be the challenge."* [Education]

Several respondents reported that more should be done to foster healthy eating and physical activity among community members. They suggested that while schools already promote this in multiple ways—through school breakfast and lunch programs and other educational programs—they reported that more schools could take advantage of USDA food programs. They also stated that more opportunities for physical activity are needed in schools, such as more time to physical education and opportunities for students to engage in sports. They identified a gap in low-cost physical activity programs and sports for children and youth.

Lack of awareness of programs was also identified as a gap by several respondents. As one shared, *"a lot of the people who need to take advantage of services are not in the organizations to hear about what services there are."* [Complementary Services]

Some respondents also reported that while collaboration is growing, there is still competition among organizations, that can create redundancies and duplication of some services and a lack of others. As one respondent explained, *"in a community this size, that kind of incongruence and disconnections that can happen. Sometimes things aren't well aligned, or it can be really kind of niched where it's like 'I do it for this group, who are these people who have these things, but no, we don't do it for those people who have those things', and so kind of that segmentation of target populations and people to be impacted."* [Government] This was attributed to various factors including scarce funding, a myopic focus on a segment of clients, and lack of leadership and will.

## **Facilitators and Barriers to Health**

### **Individual Determinants**

#### **Behaviors**

*"It's a privilege to be able to exercise and eat healthy."* [K.Young, AIDS Foundation of Houston]

*“I don’t see enough upfront activation opportunity for people to get out, lead an active lifestyle, integrate that into their life, enough choices besides fast food or processed food things like that, enough healthy choices available across the city of Houston.”* [City of Houston, Parks & Recreation]

*“[Youth] are so oriented and sitting in front of a computer and playing a game on a phone or listening to music, and they’re not getting activity. They just sit and play games and eat.”* [B.Rader, Liberty County Sheriff’s Office]

*“The culture among kids is just not being created around physical activity.”* [Anonymous]

According to respondents, lack of engagement in healthy behaviors such as eating healthy food and engaging in physical activity, as described above, is a fundamental cause of obesity and related chronic diseases. Poor eating habits were mentioned frequently. The reasons for this behavior, however, are numerous and discussed above including the availability of cheap, high-calorie food, the high cost and limited access to healthy food, , a shortage of time, and limited knowledge about the importance of healthy eating and how to have a good diet.

The food environment affects nutritional behavior. As one stated, *“it stands to reason that if I’m eating fresh fish and lean vegetables that’s going to be more expensive and healthier than if I’m eating boxed macaroni and cheese and hot dogs.”* [Anonymous] In some communities, lack of access to a grocery store and the presence of only convenience stores limits the opportunity to purchase healthier food options. The convenience of pre-packaged and fast food is a substantial factor affecting healthy eating as well, respondents note. As one person stated, *“I can speak from a personal level as well as a professional level, it’s hard [to eat healthy food] and drive-through is so easy. So, easy. Too easy.”* [Community Services]

According to respondents, residents face similar barriers to engaging in physical activity. Lower income individuals who work in construction or landscape services were seen as getting sufficient physical activity. However, many people in the community do not. Sedentary lifestyles, attributed to the high use of technology, are one reason. While the community was reported to have opportunities for outdoor activity, safety issues in some communities and the hot climate make it difficult to engage in outdoor activity for many months of the year. As one respondent observed, *“it’s not that pleasant to walk around at 100 degrees for six or seven months of the year, which is what we seem to be in now.”* [K.Reynolds, Fort Bend County Health and Human Services] Gyms are available, but expensive. Lack of motivation or disinterest in exercise is also at play according to some respondents, a couple of whom noted that despite efforts to make outdoor facilities conducive to exercise, few people do so. As one explained, *“over the years, there’s been pretty big investments made by Parks and Rec department from cities and for very nice parks and trails, within kind of the lower income pockets of certain neighborhoods, and they’re empty.”* [Anonymous]

Lack of knowledge about the importance of engaging in healthy behaviors and how to do so also affect nutrition and physical activity according to respondents. They noted that many residents don’t understand the nutritional value of different foods, for example, or how addictive sugar can be. As one

respondent explained, “*I watch people buy juice because they think it’s healthy for their kids, but it’s a lot of sugar. That’s great that you don’t do diet soda, but you are doing orange juice, which has a ton of sugar in it.*” [K.Young, AIDS Foundation of Houston] While respondents advocated for greater education to promote behavior change, they also acknowledged the difficulty, such as one respondent who said, “*it’s hard to ask someone to change their lifestyle -- that’s why it’s a lifestyle.*” [J.Jimenez, Association for the Advancement of Mexican Americans]

## **Health Literacy**

*“People don’t necessarily go to a doctor’s appointment for well care, they go for acute care needs. Just being able to crack into that norm and promote the importance of maintaining your health over time as a way to prevent the need for those acute visits, I think is important.”* [Health Care]

*“Being able to talk to a doctor, how do you know what to ask, how do you know how to describe symptoms, making food choices that could better your heart health, or better manage diabetes, that requires a level of literacy that often people don’t have.”* [Community Services]

Understanding about factors affecting health and how to be healthy was identified as a gap in the community. As described above, respondents noted that some community members lack understanding about the importance of and ways to engage in behaviors that support good long-term health. They cited examples such as understanding the importance of early dental appointments for children and vaccinations, knowing when to seek treatment for a child’s illness at the emergency room and when not to, how to access CHIP, and the importance of high-quality, consistent prenatal and postnatal care. Those working with diabetics specifically mentioned lack of understanding about nutrition as a barrier for these patients. As one provider explained, “*people don’t know what diabetes is and what you’re supposed to eat and not eat and what happens. Diabetes, in the beginning, is not as big of a deal, but if you let it get uncontrolled – all sorts of havoc...I think a lot of it is lack of knowledge and lack of getting in to see the doctor and follow-up.*” [Anonymous]

## **Culture/Language**

*“The biggest non-English language in Houston is Spanish, by a large margin, and there’s absolutely not enough Spanish speaking health care workers, be they nurses, medical assistants, physicians.”* [K.Janda, Community Health Choice]

Several respondents mentioned that culture and language affect health. Cultural values reflecting gender roles may influence health outcomes, such as seeking prenatal care. Additionally, currently, respondents stated that immigrants are afraid to seek services. As one person explained, “*for the Latino community, the biggest barrier is that sort of culture of fear around asking for benefits.*” [Anonymous] Culture also affects whether and how people access services. Stigma about mental health, for example, in some cultures, leads fewer to access these services.

Cultural norms also affect eating and nutrition. One person explained that for new immigrants eating fast food can be perceived as status. As this person stated, *“being able to afford those unhealthy things like pizza and hot dogs and fast food and all those things really was a symbol of status in the cultures that [some immigrants] came from. So, moving to the United States or having access to these things kind of feels like you’ve arrived.”* [L.Hill, Christ Clinic]

Respondents’ perspectives on language accessibility were mixed. Some reported that health care and social service providers in the community have substantial bilingual capability, particularly in Spanish. As one person described, *“I think Houston’s very good in terms of bilingual. There’s many more bilingual people than many other communities. I think the fact that you could go almost anywhere and find somebody who speaks Spanish. I think that really helps.”* [Anonymous] FQHCs, in particular, were praised for their language and cultural competency. Others, however, remarked that there is a need for more capacity, particularly in other languages (including the indigenous languages of Latin America) and particularly within specialty practices.

### **Immigration Status**

*“Immigrants and refugees, right now the environment just feels so unfriendly to them, they are really backing off of utilizing services.”* [Community Services]

*“Because people are not here legally, they are afraid to first seek care, or if we reach out to them, they’re afraid to come forward and get the help that they need.”* [Government]

*“Every time there’s an immigration thing on the TV, they just go deeper underground.”*  
[Government]

A prominent theme related to access to health and other social services is the fear and anxiety related to immigration status in this current political environment. Respondents from the social services and health sector repeatedly shared their perceptions that fewer and fewer immigrants and undocumented residents are seeking services for fear of being reported. Undocumented residents are unable to obtain public benefits including publicly-funded health care. Respondents from social service agencies that are not publicly funded report that undocumented residents are not seeking services from them either. As one person from healthcare summed up, *“people are afraid of asking for anything or enrolling or getting assistance. I think we see our patients really not wanting any kind of social support. They don’t want to participate.”* [A.Caracostis, HOPE Clinic] This, respondents report, has substantial implications for the health and well-being of these individuals and their families and also affects community health. For example, one respondent stated that fewer immigrants are accessing TB clinics.

### **Time**

*“A poor family in Texas is usually a working family, so there’s just not a lot of time.”*  
[Anonymous]

*“I think [time] is why our population continues to go to the emergency room for care. Because they can go after hours. If they have to wait a long time, it’s not on their work time.”*

*They don't have to take off work to do.” [K.Reynolds, Fort Bend County Health and Human Services]*

Lack of time to address health care needs and engage in healthy behaviors is another barrier to good health, according to respondents. Lack of time to prepare healthy meals is a substantial constraint for many families. Lower income people face additional constraints: they often work multiple jobs or have less flexible work hours, leaving them unable to take time from work to go to health care appointments and take time to exercise or prepare healthy meals. As one health care provider explained, *“they’re limited to our hours, and if our hours aren’t conducive to their schedule, they are limited to emergency rooms.”* [Health Care]

### **Child Care**

Childcare was not a prominent theme in interviews. The few people who mentioned child care as a barrier most frequently noted that childcare is expensive, especially for lower income residents. This can be a barrier to seeking services, especially for maternal health care. As one person explained, *“when you have three children and you look at the childcare costs and some of them are making minimum wage or lower salaries, they can’t afford to work, so they’re just kind of in a circle to where they’re staying at home, where they could be out working if there was more access to affordable childcare.”* [Business & Industry]

## **Social Determinants**

### **Poverty/Income Disparity**

*“I think from an income standpoint, we have a lot of poor folks who are worrying about legal issues, who are worrying about how to pay the rent, how to keep the lights on, how to pay the food bill, and their own health is probably last on that list. So, from a social standpoint, I do think all roads lead back to money.”* [Health Care]

*“The biggest driver of health inequality in Houston is income inequality.”* [K.Janda, Community Health Choice]

*“The population I serve sometimes are very concerned about basic needs. Housing, safety, security. They are not thinking about trying to get to a preventative care primary appointment, when they don’t have gas money and they’re trying to figure out where they’re going to be staying over the next few weeks.”* [Government]

Numerous respondents stated that poverty is the fundamental root cause of health disparities. Income affects the many factors that influence health including food security and access to healthy food, opportunities for physical activity, and education. Access to health care is also driven by wealth and the ability to pay. As one respondent stated, *“the key point for Houston is if you are wealthy, you get the best care on this planet, and if you are poor, our mechanisms for bringing health care to poor folk without insurance are abysmal by world class standards.”* [S.Klineberg, Kinder Institute] Money also affects housing and the communities in which people live. Several respondents pointed out that lower income residents of Houston are more likely to live in neighborhoods that are unsafe, prone to flooding or near heavy industry compared to higher income residents. As one person summarized, *“the lower*

*your income, the more likely you are not to be able to live in a community where you have access to the means to live a healthy life.” [Anonymous]*

### **Education and Employment**

A couple of respondents identified lack of education and employment opportunities that create economic mobility as barriers to good health. Texas, like many states across the country, is currently experiencing low unemployment, but, as several respondents shared, there are a large number of working poor in the community. As one respondent remarked, *“we don't have high unemployment, but we have very high low-wage.”* [B.Greene, Houston Area Food Bank] These jobs often do not provide health insurance, nor do they allow the flexibility that enables workers to take time off to address health concerns for themselves or their families. One respondent reported that better-paying job opportunities are growing in Houston, especially those requiring mid-level (training beyond high school but less than a bachelor's degree) skills that few lower income individuals possess. As a result, one respondent explained, this gap *“is creating a certain amount of people being trapped in that low-income setting.”* [B.Harvey, Greater Houston Partnership] Some programs are beginning to address this. One example shared is *UpSkill Houston*, that brings together numerous partners across sectors, including employers, community colleges, school districts, families and students, to work on multiple pathways to employment and career success.

### **Community Safety**

*“If you live in a more rural area, there may not be sidewalks, there's dogs, no lighting; we're constantly hearing of people being accidentally shot.”* [L.Hargrove, Coastal Area Health Education Center]

*“It's hard for people to exercise if they don't feel safe exercising, so if they're in a community that has a lot of violence, they're probably not going to want to go out to the neighborhood park, they're probably not going to want to send their children out to play.”* [Community Services]

Concerns about community safety were expressed by a number of respondents, who saw this as a substantial constraint to getting physical activity, especially in poorer neighborhoods. They mentioned concerns about poor street and trail lighting, poor quality sidewalks, stray dogs, deteriorating playground equipment, and high-traffic streets. In some communities, drug dealing and street crime were reported to be prevalent. These conditions, respondents report, affect residents' decisions about whether to exercise outdoors or let children outside to play. As one person shared, *“we have basic problems like stray dogs running around in neighborhoods, where people are afraid to let their kids play outside.”* [Anonymous]

### **Housing**

*“We don't have enough housing. If we don't have enough affordable housing in Fort Bend County for the people that need something decent to live in that's affordable.”* [Community Services]

*“I think affordable housing in some of our areas – we have some neighborhoods that we serve that have been gentrifying, and affordable housing is getting more and more difficult to find.” [K.Caldwell, Legacy Community Health]*

Lack of safe and affordable housing is another barrier to good health according to respondents. Numerous respondents reported that housing in Houston can be expensive and there are not enough affordable options. Housing for lower income residents is especially challenging. Respondents also mentioned concerns about the quality of housing for lower income residents including lead and mold. As one person stated, *“[lead exposure] is becoming an urgent concern...This is probably going to be a bigger thing than we know it is.”* [M.Lawler, Avenue CDC] More affordable options, they report, are often located some distance from the center of the city, where there are fewer services and transportation is a substantial barrier. Lower income housing is also located in areas prone to floods or near refineries, respondents report, creating additional health concerns. As one person stated, *“there are some unhealthy air places in Houston along the ship channel and the petrochemical industry, on the eastside of town, that I wish people didn’t live so close to, but that’s where rent is cheaper and low-income people tend to go to those places.”* [K.Janda, Community Health Choice] The important connection between housing and health was mentioned by several respondents including one who stated, *“if you’re treating asthma in a clinic environment and you’re treating it every other week, it does no good to send someone home to a house with mold in it. That is something that we deal with on a daily basis.”* [Health Care]

Water-impacted housing is of particular concern, respondents report, in the wake of Hurricane Harvey. They shared that housing rehabilitation takes time and can be expensive; there are long waitlists for public housing rehabilitation programs. As a result, residents may stay in housing that is substandard. As one respondent shared, *“because of Harvey, of course, we’ve seen housing impacted by mold. Some of our families are not able, especially if they live in housing projects, they’re not necessarily able to just move.”* [Education]

## **Transportation**

*“In general, we don't have a really strong public transit system. Even within that East End community, going between two of our health centers that are no more than three miles apart, can take an hour and a half on the bus. And then, if you have kids, it just adds to it.”*  
[M.Mir & K.Young, El Centro de Corazon]

*“Transportation to get to a doctor, a hospital, a pharmacy is very difficult if you don’t own a car and if you don’t have money to put gas in the car.”* [Anonymous]

*“Houston is maybe the most spread out, the least dense, the most automobile dependent city in America. The city built by, for and on behalf of the automobile.”* [S.Klineberg, Kinder Institute]

Lack of transportation, specifically for lower income residents, was identified by respondents as a top barrier to accessing health care as well as other things like healthy food. They noted that the large footprint of the city—and its sprawling nature—makes it difficult to get anywhere except by car. While there is a public bus system, respondents reported that using the system can be cumbersome and

expensive. Respondents shared that travel by bus can require more than one bus and take a lot of time. Some residents face additional burdens using public transportation, as one person shared: *“riding the bus isn’t exactly conducive for a sick person, or a person who is disabled. Riding the buses on the roads here—the roads are kind of rough. And so, it can be a difficult experience for someone who actually needs to see a doctor.”* [Anonymous]

Some counties and providers have created their own transportation services, which have their own limitations. Demand-driven transportation services, for examples, require that riders make appointments substantially ahead of time and scheduling means that patients often have to wait before or after appointments. Programs that provide transportation for their clients are often limited in the number of people they can transport. Some communities have no transportation options at all. As one respondent shared, *“many people [in Montgomery County] have to rely on neighbors, taxis, and I would say that’s probably our number one reason for someone not showing up for their appointment or canceling their appointment at the last minute is lack of transportation.”* [Interfaith Community Clinic]

## Physical Determinants

### *Built Environment*

*“We are adding new parks, we got the Bayou Greenways initiative. By the time that’s completed, 60% of everybody in the city of Houston will be within a walking distance of a Bayou trail.”* [S.Klineberg, Kinder Institute]

*“If you can’t afford the healthy foods or you live in a place where it’s not safe to be outside to exercise, it can be really tough even when you have knowledge and even when you have motivation to figure out how to make those healthy lifestyle choices.”* [Health Care]

Perspectives on the built environment in Houston varied across respondents. Some respondents reported that the community has numerous walking and biking trails, parks, and playgrounds. They mentioned recent construction in Galveston to put in sidewalks and bike lanes, community-based complete streets efforts, and the Bayou Greenways Initiative which they reported were positive changes to enhance green space and provide more opportunities for physical activity. At the same time, not all communities are benefitting from these infrastructure efforts. Some pointed out that issues of safety are of concern to community residents, especially those in poorer communities. Lack of lighting, poorly maintained sidewalks, isolated trails, and traffic were all reported to be barriers to utilizing the amenities that are available.

### *Natural Environment*

*“When we have a rainstorm, I want you to know, it goes kind of bananas around here. They’re scared. This community’s not going to feel safe for a long time. Rich, poor, young, or old. I have a very big concern about that.”* [D.Gibbons, The Rose]

*“There are people who live in neighborhoods that are routinely disregarded as the economy develops, and that is whether they are downstream of flooding so that they are the victims of flooding, whether they are in parts of the community that are very industrialized where you could be living next door to a refinery.”* [Anonymous]

One year after the devastation of Hurricane Harvey, the consequences of that disaster continue to have health and mental health impacts on Texas Gulf Coast residents. While respondents generally praised recovery efforts, they noted several ongoing challenges. Many residents have begun to have their homes rebuilt or have relocated, while others have not and continue to grapple with the effects of living in housing that has mold or rodent issues. The economic impact of rebuilding homes has placed additional burdens on families, particularly lower income ones. Homelessness has increased in the community. Lower income residents have, according to respondents, have faced more challenges rebuilding their homes and their lives. As one person stated, *“even though rich houses were affected as much as poor houses, the folks in the rich houses are able to come back and to stay in good shape, in a way that poor families are not.”* [S.Klineberg, Kinder Institute]

Respondents also shared that the “trauma of Harvey” has had lingering effects on the mental health of residents, including PTSD-type symptoms, fear, anxiety, and the stress that has come with disruption and being uprooted from homes. Some, according to respondents, are still not back in their homes.

Additionally, respondents shared that the hot temperature in Houston makes it even more difficult to spend time outside and the heat is a substantial constraint to outdoor activity for many months of the year. Students are kept inside during the warm days. A couple of respondents mentioned air pollution as a concern, citing the large number of refineries in the region, which they linked to increasing rates of asthma in the community.

## Systemic Determinants

### *Funding/Reimbursement*

*“I think that funding and the nature of our work keeps us separated. It’s not intent of any one funder, but you have a contract to do, you provide a certain service, and you do it, and then you move on.”* [Community Services]

Funding was seen as a substantial systemic constraint to addressing the health concerns of the community, one that affects the scope, depth, and sustainability of services. The lack of public investment in services was noted by several respondents. This means that organizations must rely on private funders. Grant dependency means that organizations must be responsive to the desires of funders, which often requires a narrow focus on target population and services, resulting in siloed efforts. Grants are also often time-limited, meaning services are discontinued. Requirements that nonprofits provide matching funding for grants further constrains opportunities. As one respondent explained, *“there’s lots of clients that we just cannot take care of because the fund doesn’t provide the funding for them. On top of that, nonprofit organizations have a matching part to that grant. When we get a grant, we have to match it.”* [J.Jimenez, Association for the Advancement of Mexican Americans]

Those providing health care and publicly-funded social services noted that reimbursement rates are

extremely low, making it hard to hire qualified staff. As one person working with residents with developmental disabilities explained, *“reimbursement rates are pitiful. When they go to hire a direct care worker to work in a group home with their clients, that direct care worker can earn more money at McDonald’s than they can from them.”* [Anonymous]

### **Medical Model of Health**

*“We’re still operating a health care system that, for the most part, still operates on kind of a fee for service and treating sick people while they’re sick kind of perspective. it’s a product of the overall health care system in our country that causes us to not have definitive strategies and plans and reinforce prevention and wellness as a primary area.”* [Government]

*“We focus way too much, of course, in America on curing people disease, rather than on helping them live healthy lives, and prevent those diseases from occurring in the first place, or when they do occur, having them be much less serious than they become.”* [S.Klineberg, Kinder Institute]

Closely tied to the issue of reimbursement and funding, according to some respondents, is the current approach to health care that emphasizes treatment over prevention. Respondents acknowledged that this is changing as new funding structures such as value-based funding are being implemented.

### **Opportunities for Community Health Improvement**

#### **General opportunities to improve community health**

Respondents were asked for suggestions about opportunities to improve community health, including overall suggestions and those specifically for the four hospitals involved in this study. General suggestions to improve community health included addressing the social determinants of health, expanding needed health services, promoting prevention, and advancing systems-level collaboration.

#### **Address Social Determinants**

*“I think some of the foundational causes [of poor health], at least on the financial side, are really the big, big picture problems that need to be addressed and not all of them live under the health umbrella.”* [Health Care]

*“Really creating pathways to opportunity in a healthy economy, that will do more than anything else over time, I would argue.”* [B.Harvey, Greater Houston Partnership]

Many respondents reported that they believed that addressing the root causes that affect access to health care and health, while difficult and costly, would create the most comprehensive and sustainable change. They mentioned the need to address income inequality and invest in educational and employment opportunities for residents, especially those who are lower income. This was seen as fundamental to enabling the community’s families to afford health insurance, access health care, and overcome the financial barriers to good health. Several respondents mentioned the importance of ensuring quality affordable housing in the community. As one summarized, *“a lot of problems, in terms*

*of people's health, can be tied to their housing – that they're living in unsafe conditions or unaffordable conditions that are impacting their physical or mental health.” [M.Lawler, Avenue CDC] Addressing transportation constraints, through infrastructure investment or programs that provide transportation, was also mentioned. Addressing health from a social determinants frame, one respondent noted, requires a fundamental shift in focus from individual patients to families and neighborhoods, and a critical look at the question of “how do we create healthy neighborhoods where we mean ‘healthy’ in the broad sense, not in the narrow sense.” [B.Harvey, Greater Houston Partnership]*

### ***Expand Needed Health Services***

Another consistent health need identified by respondents was more health services. They identified a need for more community clinics/FQHCs that can provide a range of culturally and linguistically appropriate preventative and treatment services to lower income residents across the community. More specialty care, especially behavioral health care and care for indigent patients, was seen as a need as well. Respondents suggested expanding on innovative approaches to providing health care including mobile vans, school-based clinics, and housing-based health care as well as new workforce models such as navigators and community health workers.

### ***Promote Prevention***

*“I really would like to see more focus on prevention and on addressing health needs as a whole person and working on things that we could be doing at the community level rather than looking at tertiary care once it's a huge problem and they're having to be admitted.”*  
[L.Hargrove, Coastal Area Health Education Center]

*“I think health literacy is a big issue that people don't always even understand what it is they need to do to be healthy.”* [K.Reynolds, Fort Bend County Health and Human Services]

Respondents stressed the need to reorient the current medically-focused health care system to one that prioritizes prevention. Key to this is increasing residents' understanding of the importance of engaging in healthy behaviors and giving them the tools to do so. Respondents also reported that this requires addressing barriers that prevent people from accessing healthy food, opportunities for physical activity, and screenings and immunizations.

### ***Advance Systems-Level Collaboration***

*“I think one of the real opportunities is for all of us that work in the low-income space to think better about how we can collaborate and work together, rather than being so scattered.”* [K.Janda, Community Health Choice]

The importance of collaboration across organizations and systems was seen as key to forward movement in addressing the community's health challenges. Some respondents reported that this work has already begun, pointing to more partnerships between hospitals and community-based organizations and across the social services sector. More was seen as needed, including greater engagement of schools, employers, and government. Key to this change, according to several

respondents, is information sharing across systems to both better understand health conditions and needs on the ground, and to more efficiently serve residents. As one respondent explained, *“if we figured out a way to tie us all in so that we could really look holistically at an individual living in our community and not just in one of the systems, then we would do a much better job for the patient or the client, and we would probably be more efficient and more cost-effective.”* [Health Care] Funding was also seen as important to foster this systems-level change, to ensure, for example, that social services organizations and programs have sufficient capacity to address needs.

### **Hospital-specific opportunities to improve community health**

Respondents were asked for suggestions about actions the hospitals could take to improve community health. They were asked to think broadly, as well as identify any “low hanging fruit”—initiatives that could be done by hospital systems immediately and with quicker results. This section shares those thoughts relative to the top health concerns identified by respondents—mental health, obesity and chronic disease, access to care, maternal and child health, and substance use. The section concludes with additional suggestions that cut across health issues or are specific to other health concerns of interest to respondents.

#### ***Mental Health***

Respondents urged hospitals to prioritize mental health. They see a role for hospitals in expanding services and playing a role in mental health through various tactics including school- and community-based mental health services, workforce enhancements, and education.

**School-Based Mental Health Services:** Given the growing number of students with behavioral health issues, respondents see an opportunity for hospitals to support the provision of these services in the school setting. They pointed to the success of existing school-health linkages including school-based counseling programs, school health clinics, and school-based wrap around services such as those provided by Memorial Hermann, and think these should be expanded. These services, one respondent stated, are reimbursable. A couple of respondents identified expansion of existing school-based services as “low hanging fruit” in addressing the issue of mental health.

**Support for Community-Based Services:** Numerous respondents reported that they believed hospitals could play a greater role in partnering with and financially supporting community-based efforts that are working on mental health issues including those providing mental health services to the homeless and those in recovery, those addressing the needs of people with developmental disabilities, and senior services. A couple of respondents mentioned recently-passed legislation that will require counties to support mental health treatment for those in jail. One respondent described this as an opportunity for hospitals to work with others to ensure mental health expertise is available to the criminal justice system; one suggested that this could be done through a telemedicine connection to a hospital psychiatrist or psychologist. Another respondent suggested that hospital staff participate in local coalitions addressing the issue to identify where their expertise would be most effective.

**Workforce Enhancement:** A couple of respondents suggested that hospitals can play a role in enhancing the workforce for behavioral health. Specific recommendations include increasing residency track for psychiatrists and increasing training for psychiatric nurse practitioners. Respondents also suggested that hospitals periodically share their behavioral health staff with community-based organizations serving residents with these issues.

**Education about Mental Health:** A couple of respondents suggested that hospitals could play a role in supporting training about mental health. One person suggested in particular, training around trauma is needed across community organizations including schools, primary care, the faith community, and law enforcement. Training in the Mental Health First Aid curriculum was specifically mentioned.

### ***Obesity and Related Chronic Disease***

Respondents had numerous suggestions for addressing the high rates of obesity and chronic disease in the community. These largely focused on enhancing education and health promotion programs in the community to create needed behavior change.

**Community Health Education:** Enhancing education efforts were, by far, the most frequently suggested tactic for addressing challenges of obesity and chronic disease in the community. As one person stated, *“education programs, trying to get information to people to make smarter choices. I would think that health care facilities are better at that or know how to do that better than most.”* [C.Duhon, County Judge] Respondents saw a need for more diabetes education, education around diet and nutrition and how to prepare healthy foods, and education for students around substance such as marijuana and vaping. Those with existing programs saw an opportunity for hospital staff to lend additional and specific expertise to their efforts. One person, for example, suggested that a diabetes program focused on nutrition could benefit from a medical provider who could share information about medication management.

Respondents stressed the need for education programs to be offered in communities to maximize participation. As one respondent pointed out, *“that’s always a challenge: How you get information to the most people that they can actually hear?”* [M.Lawler, Avenue CDC] Respondents recommended that hospitals partner with churches, libraries, senior centers and congregate meal programs, chambers of commerce and employers, nonprofit service organizations, and public health departments to ensure that key populations are reached. Respondents also stressed the importance of developing programs that meet the needs of and are appropriate for different audiences. As one respondent stressed, *“a lot of times it’s going to them in their community, their environment, their language, their culture, whatever it is, strategically tailoring programs to whatever population you’re trying to reach.”* [Anonymous]

A couple of people suggested broader health promotion campaigns, through media. Respondents suggested various approaches including traditional media (radio, newspapers and TV) as well as social media and electronic options such as websites and apps. However, as one respondent noted, not all lower income residents are able to afford internet access. Some suggested using PSAs and billboards.

**Patient Education:** In addition to broader community-based health education efforts, respondents also suggested that hospitals play a greater role in sharing wellness messages with their patients. As one person shared, *“I think there is an opportunity when individuals are hospitalized where you have a bit of a captive audience and sometimes a sentinel event that makes patients more receptive to education.”* [Health Care] The role of primary care providers can be enhanced as well according to respondents who suggested that providers engage in more conversation with patients about wellness. One suggested expansion of food/exercise prescription programs.

**School-Based Programming:** As with mental health services, schools are seen by respondents as an ideal partner for promoting healthy living messages. School-based educational programming with supporting policy change was seen as important in addressing the issue of obesity “upstream” in the words of one respondent. This individual suggested more programming around healthy eating and physical activity, which hospitals could support. Several respondents also advocated for systems-level changes including school food offerings, enhanced healthy food distribution programs in schools, and as one person summed up, *“we could be more effective in how we’re addressing things like childhood obesity in the schools, other just than feeding them whole wheat chicken nuggets.”* [L.Hargrove, Coastal Area Health Education Center] One respondent suggested that advocacy to bring physical education back into schools was needed.

**Parent Education:** Programming for parents was also seen as essential, as one person explained: *“the mom might be the one who’s cooking, and the kids are eating, dad’s buying fast food—it involves everybody.”* [Government]

**Community-Based Wellness Activities:** A couple of respondents suggested that hospitals could expand their role in supporting community-based wellness events by sponsoring and participating in activities like community fun runs and walks, as well as efforts to build community infrastructure to support exercise. Another suggestion was the expansion of the *Cities Changing Diabetes* program in the Houston area. This initiative, a public/private partnership with some hospitals in Houston, could benefit from additional hospital participation according to one respondent.

**Internal Changes at Hospitals:** A couple of respondents suggested a greater focus at hospitals themselves on healthy eating. This includes ensuring that hospital cafeterias serve healthy food and removing any fast food outlets on hospital campuses. As one person summed up, *“I think the first thing is practicing what we preach.”* [L.Hill, Christ Clinic]

### **Access to Care**

Respondents provided numerous suggestions to hospitals to increase access to care. They also provided suggestions related to improving the quality of care through care coordination.

**Telemedicine:** Several respondents stated that constraints on the workforce, particularly relative to specialty care, requires the use of innovative ways to deliver health care. Telemedicine was seen as one option for this and one that could substantially address transportation and time barriers. Telemedicine

was seen as a promising approach to provide services to lower income residents. One respondent stated that work on this is underway relative to mental health in Washington County. Another shared that telemedicine could be used to efficiently deliver charitable specialty care to those in low-income communities.

**Primary Care:** Respondents reported a need for more primary care for indigent residents and suggested that hospitals consider providing funding for FQHCs given the critical role they play in the health care continuum. As one person described, *“when people are at the ER, they’re already way sick. We need to keep them out of the ER. We need to keep them healthier longer at the primary care setting.”* [A.Caracostis, HOPE Clinic] Expanded residency programs for primary care was also mentioned. Other respondents suggested that hospitals increase their support and expand innovative approaches to providing primary care—specifically school-based health clinics and mobile health services.

**Specialty Care:** Numerous respondents see opportunity for hospitals to play a greater role in enhancing specialty care for lower income residents. Currently, issues such as insurance and cost prevent lower income residents from accessing much specialty care, including testing. At the same time, FQHCs are constrained in their ability to offer specialty care to their patients because it is costly and few specialty providers are willing to work some hours at FQHCs. Respondents provided several recommendations to address this. Increasing telemedicine options, as described above, is an opportunity to expand specialty care. As one person stated, *“I do think there is a huge opportunity in telehealth to address a fair amount of the specialty needs.”* [Health Care] Another respondent suggested that FQHCs could partner with hospitals to bring residents in specialty fields to serve in their organizations. Respondents also suggested that hospitals consider ways to underwrite specialty services to FQHCs as part of their charitable care or otherwise incentivize providers to work in the community, as either an expectation of employment or tied to a physician outcome metric.

**Community-Based Prevention Services:** Respondents noted that hospitals currently play an important role in advancing community health through vaccination clinics and health fairs. This was seen as important to continue and to expand to ensure that underserved residents are reached. Expanding to new locations, such as churches, community centers, sporting events, grocery stores, and farmer’s markets was suggested. Engaging with community-based organizations, especially those who serve vulnerable populations such as the homeless, those in recovery, those with disabilities, or immigrants and refugees, was also mentioned as an important strategy for hospitals to consider.

**Enhanced Care Coordination:** Respondents also stressed that care coordination should be improved, both as a way to improve quality of care and a way to reduce health care costs. They reported that hospitals should work with community organizations to ensure that community-based services—such as housing, food, navigation support—is available to patients. Working with patients to develop integrated plans was seen as a critical part of this. As one person stated, *“the idea would be that we’re able to develop one integrated plan for that person rather than having maybe five separate case management plans because they’re working with five different agencies.”* [Community Services] This requires sharing

of information across agencies, knowing what each agency does, having an integrated information system. Respondents mentioned several existing and pilot efforts that could use support in this area including the 1115 Waiver projects (for which funding will end in a few years), community paramedicine, and supportive housing.

### ***Maternal and Child Health***

Respondents provided few suggestions to enhance maternal and child health specifically, although they recognized that women and children are affected by issues such as mental health, access to care, and obesity and chronic disease. Additional strategies included enhancing prenatal and postnatal care and increasing the availability of sexual assault exams.

**Prenatal and Postnatal Care and Education:** A couple of respondents mentioned the need for more prenatal services, especially for lower income women. Addressing gaps in prenatal care was also seen as needed. Providing home visiting support after birth, including education about child development, was also suggested as a strategy to ensure children get a good start.

**Sexual Assault Exams:** A couple of respondents suggested that increase their capacity to serve those victimized by violence and sexual assault including hiring more sexual assault nurses to do the sexual assault exams, enhancing urine testing in hospitals for GHB and other “date rape” drugs, and doing more and better safety and danger assessments of patients.

### ***Substance Use***

A few respondents provided suggestions to address issues related to substance use including expanding services and increasing screening and provider training.

**SUD Services:** Respondents recommended that services for residents with substance use disorders be expanded for the uninsured and lower income residents including expansion of existing programs, such as PaRC. They suggested as well that community-based supports be increased.

**Provider Training:** One respondent suggested more training for providers in hospitals relative to recognizing substance use disorders and how to manage patients with this condition. As this person explained, *“I think that the medical field itself has still a lot of stigma. People don’t understand substance use disorder from a disease model. I think that there could be a lot that they could do to help remove the stigma and to help people get on the right path.”* [Community Services] Training medical providers in effective screening procedures, such as SBIRT, was also suggested.

### ***Support for Community Institutions***

As discussed earlier in this report, the Houston community has a substantial network of high quality and effective community institutions that address a variety of community needs. They are also critical players in advancing community health and the goals of hospitals. Thus, these respondents provided several suggestions relative to building on the work of these institutions.

**Partner with Existing Organizations and Programs:** A theme across many interviews was the recommendation that when considering what to do to advance community health, hospitals should look to work already on the ground and seek to build on this, rather than start new programs and services. Respondents urged hospitals to engage with others in conversation and joint problem solving, especially around those factors that contribute to poor public health and costly and unnecessary use of hospital emergency rooms. Suggestions including working with local institutions in each community to identify local resources and services to which patients can be referred for support after hospital discharge; this requires, as one respondent suggested, greater collaboration between hospital social workers and local organizations. Bringing more services out to the community, as discussed earlier, was also seen as important and community organizations can be key connectors for this, respondents stated. Supporting community-based intervention programs such as the 1115 Waiver, community-centered health homes, and respite/recuperative care programs, to reduce use of the emergency room was also recommended.

**Funding for Community-Based Programs:** On-the-ground institutions play an important role and funding is a constant challenge. Respondents suggested that hospitals consider enhancing funding for these community supports, especially as they are called upon to support hospitals' goals. As one respondent explained, *"the health system has to be ready to help support whatever kinds of programs or systems that we might try to set up and place them. They can't just say 'oh, yeah, go do it' and expect us to be able to find the money and the resources to do it."* [C.Aguirre & J.Bavineau, Baker Ripley]

**Information Sharing:** Several respondents suggested that hospitals can advance collective work around community health by sharing information they have that points to needs and gaps. As one respondent explained, *"I think there has to be a big data share...so that we can all start looking at who's showing up where, where the need is, and what is restricting folks from taking advantage of services that are there."* [Health Care] Another suggested that more work needs to be done on health information exchanges.

### **Other Suggestions to Address Community Health**

Respondents provided some additional suggestions to improve community health, although these were not prevalent themes. Recommendations included:

- Increasing HIV testing at hospitals as a matter of routine to identify those needing additional services.
- Better integrating LGBTQI and transgender care into practices.
- Providing resources for dental services for the underserved.
- A couple of respondents mentioned more direct participation, funding of programs that affect the social determinants of health, specifically transportation and housing.
- Engaging in advocacy around important issues such as Medicaid reimbursement.

### **Strategies to inform hospital strategic health improvement planning**

Respondents were asked to provide specific advice to hospitals relative to the process of developing their strategies in response to the data shared in this report. Respondents expressed their appreciation for the current assessment process which several described as a first step in better engaging the community. As one stated, *"I think what they're doing right now is a huge step. This assessment that's being conducted. They're going out there in the community to find out what it is that our community needs, and I think that's pretty incredible."* [Interfaith Community Clinic] Four major themes emerged

related to overall approach to the improvement planning process, including embracing a community-focused approach, collaborating with community agencies, recognizing the differences across communities, and making a targeted and long-term commitment to change.

### *Reorient to a Community-Focused, Prevention Approach*

*“It would be great if individual hospitals would see it within their wheelhouse that they should commit some of their dollars towards improving care, not just cornering the market in certain areas. But they can’t do that at the negative impact of their bottom line.”*

[Anonymous]

*“I think the real key is that they have a vision for health, not for caring for the sick.”*

[K.Janda, Community Health Choice]

Numerous respondents stressed the need to focus on community-oriented prevention approaches, ones that take a long view. Respondents suggested being proactive around wellness and prevention and promoting healthy communities and programs and services that reside in communities. Respondents acknowledged the tensions inherent in this approach, including reimbursement structures that reward treatment rather than prevention.

### *Focus on Systems-Level Changes*

- *“I do hope that as they think about this next generation of planning that there will be more of a thinking about who they ought to be partnering with and who they ought to be influencing to make a system that works better.”* [B.Harvey, Greater Houston Partnership]
- *“If they build those relationships and continue to build those relationships in the community, with other providers, with other collaborators and partners, then they will have greater insight into what might be making someone keep coming back to the hospital for the same thing.”* [Government]

Respondents urged a systems-level approach to community health improvement, one that relies on hospital leadership, as well as partnership with others. They noted the credibility and resources that hospitals bring to conversations about health and see this as a force for good. A couple of respondents advocated for a standing, cross-sectoral leadership body that convenes to address community health issues (one respondent mentioned that such an entity, the Houston Health Care Alliance, existed at one time).

Respondents also frequently mentioned the need for collaboration between hospitals and community institutions, as these local organizations are connected and know their communities. One person mentioned the importance of engaging across an organization, not just the top leaders, but those who are on the ground doing the work and the mid-level managers. Another person suggested that hospitals use their brand and credibility to highlight work of community agencies, *“I think that there’s a way for the hospital to have these huge brands and big names that are trusted to reinforce the work; to use their brand and their image to reinforce and elevate the work of the non-profits and just use us as vehicles to help with that community prevention.”* [L.Hill, Christ Clinic] These partnerships were also seen as

benefitting hospitals; because of their deep roots and understanding of communities, community-based organizations can help hospitals to succeed. Partnership with FQHCs was frequently mentioned by health care providers. In addition to working in partnership with community agencies, several respondents suggested that attention be paid to building on existing efforts, rather than starting new ones. As one person explained, *“don’t try to come in here and start something new; but take where we are and take the programs...and how do you improve that.”* [M.Arroyos, Fort Bend Seniors]

### **Recognize that Each Community is Different**

- *“This isn’t just about statistics because statistics don’t always convey what the community sees as the issue. And if the community doesn’t see it as an issue, your chances of addressing it is fairly low. So, they need to make sure that it is seen as an issue by the community itself.”* [L.Hargrove, Coastal Area Health Education Center]

A couple of respondents stressed that hospitals should recognize that each community is different—in terms of both needs and community resources and develop differentiated strategies. As one respondent explained, *“you can’t just decide, ‘This is what we’re going to do,’ because it’s not going to work the same for every county...So, my advice would be that we look at us all differently and try to see how we can serve everyone different from that level but look at where we’re at and work from there.”* [M.Arroyos, Fort Bend Seniors]

Several respondents stressed the importance of gathering input from community members directly, including patients. This perspective helps hospitals know what is feasible. As one person shared, *“I think when you provide an opportunity for individuals themselves to talk with others in a group setting that you learn all kinds of really unexpected things.”* [Anonymous]

### **Be Focused and Committed**

*“My encouragement to them would be for it to be meaningful efforts, and for it to truly drive organizational strategy resources in alignment.”* [Government]

A few respondents suggested making sure strategy is prioritized and reasonable, and not too diffuse. They also urged that hospitals stay committed to the priorities they adopt because it will take time to realize change. As one respondent cautioned, *“you can’t do it fast. We all want it fast. Do it over 10 years or five years, seven years.”* [L.Poynor, Fort Bend Regional Council on Substance Abuse]

## **CONCLUSION**

Respondents shared several common themes across interviews. These major themes, which could inform future community health improvement planning, include:

- Health status varies across the community, with those who are insured and can afford to take advantage of the many and high-quality resource having better health than those who are uninsured, of lower income, or more vulnerable (seniors, immigrants, homeless).

- Obesity and related chronic disease and mental illness were identified as the top health concerns for the community, affecting almost every demographic, social and age group in the community. Access to care is also a top concern, particularly for those of lower income.
- Houston has many assets upon which strategies to improve community health can be built. These include health care institutions, social service agencies, schools, and coalitions and collaboratives. Additionally, good work is already underway to address healthy living, food access, and disease prevention.
- Respondents identified gaps as well related to access to health care, behavioral health services, and healthy living programming.
- Numerous factors both support and hinder good community health. Respondents noted the influence of individual factors such as behaviors, health literacy, culture/language, immigration status and time. Social determinants of health, including poverty, education and employment, safety and housing and transportation, play an important role in health as well. The built and natural environments were also identified as factors affecting health. Finally, respondents shared that funding/reimbursement and the medical model of health create systemic barriers to improving community health.
- Respondents saw general opportunities to improve community health through investment in efforts that address the social determinants of health, expand needed health services, promote prevention and advance systems-level collaboration.
- Suggestions for potential hospital roles in addressing health needs include: expanding mental health services particularly those that are embedded in schools and community institutions; addressing obesity and related chronic disease through education and enhanced school and community programming; and expanding access to care through funding for primary care and community-based prevention services, expansion of specialty care to lower income residents, and increased use of telemedicine, and care coordination. Respondents also recommended increased support for community institutions through partnership, funding, and information sharing.
- Respondents expressed hope and recommended that health the improvement planning process include a shift to community-focused and prevention solutions, systems-level change efforts, and recognition that each community is different. Finally, respondents stressed that focused, long-term commitment to community health improvement is needed.

### ***Plan and Implementation Strategy***

#### **Introduction**

As an integral part of CHI St. Luke's Health System, CHI St. Luke's Health – (The Woodlands) offers leading –edge treatments and services to our community in North Harris and Montgomery counties. The Woodlands Hospital provides expertise in a broad range of services. Including heart care, neurology, and sports medicine. We have providing exceptional care to the North Houston community since 2003.

Through their commitment to deliver faith-based, compassionate, quality and cost-effective care, Baylor St. Luke's shall be the provider of choice to residents in the greater Houston and surrounding areas. Baylor St. Luke's provides care by living the mission of Catholic Health Initiatives:

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

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

- **Reverence:** Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others, and our journey to God
- **Integrity:** Moral wholeness, soundness, fidelity, trust, truthfulness in all we do
- **Compassion:** Solidarity with one another, capacity to enter into another's joy and sorrow
- **Excellence:** Preeminent performance, becoming the benchmark, putting forth our personal and professional best

In fulfillment of the requirements described in section 501(r) (3) of the Internal Revenue Code, a Community Health Needs Assessment (CHNA) was conducted collaboratively with the Baylor St. Luke's hospital advisory team, CHI St. Luke's Health Healthy Communities Department, HRiA, and other community stakeholders; the Implementation Strategy was developed by the Baylor St. Luke's hospital advisory team and the Healthy Communities Department. The CHNA and Implementation Strategy were submitted for approval to the Executive Committee. The timeframe included in the Implementation Strategy covers 2018-2022. 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 – The Woodlands websites.

### **Overview of the Community Served by The Woodlands**

The community served by CHI St. Luke's Health - The Woodlands Hospital is described by the geographic area of CHI St. Luke's Health - The Woodlands Hospital and the contiguous zip codes determined by 2014 CHI St. Luke's Health - The Woodlands Hospital discharge data. Located in Montgomery County, the CHI St. Luke's Health - The Woodlands Hospital service area contains both a large urban complex, as well as smaller rural communities, and is home to nearly 700,000 residents. The hospital service area includes 11 Texas counties, with the majority of the service area found within Montgomery and Harris Counties.

- **Age:** The CHI St. Luke's Health - The Woodlands Hospital community is home to more residents in the age category 45-54 years, 55-64 years and older than 65 years in comparison to Harris County. More than one-third (38%) of those living in the CHI St. Luke's Health - The Woodlands Hospital community are older than 45 years. In comparison to Harris County and the state of Texas, there are fewer residents in the CHI St. Luke's Health - The Woodlands Hospital community age 18-45 years.
- **Race/Ethnicity:** White non-Hispanics (69.8%) and Hispanics (21.7%) make up the majority of the CHI St. Luke's Health - The Woodlands Hospital community. When compared to Harris County and Texas, there is less racial and ethnic diversity found in the CHI St. Luke's Health - The Woodlands Hospital community.

- **Education:** Educational attainment in the CHI St. Luke's Health - The Woodlands Hospital community is most similar with the state of Texas when isolating those with a high school degree or higher. The largest discrepancies fall within the categories for those with less than a high school degree. When comparing the CHI St. Luke's Health - The Woodlands Hospital community and Harris County, there is higher educational achievement for residents of the CHI St. Luke's Health - The Woodlands Hospital community (86.5% with high school diploma or more) than Harris County (79.1% with high school diploma or more)

### **Implementation Strategy Process**

The CHNA was conducted collaboratively with the Baylor St. Luke's hospital advisory team, CHI St. Luke's Health Healthy Communities Department, HRiA, and other community stakeholders between September 2017 and May 2018; the Implementation Strategy was developed by the Baylor St. Luke's hospital advisory team and the Healthy Communities Department in May 2016. Following the identification of the priority needs, individuals at Baylor St. Luke's were identified to collaborate with the Healthy Communities Department to review the needs and implement strategies to address those that were appropriate.

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

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

- *Human Trafficking*

According to the National Human Trafficking Hotline, Houston ranks first among U.S. cities and Texas ranks second among U.S. states for prevalence of human trafficking. In 2017, the hotline identified only 792 victims from 2,048 calls for help; however, the actual number of victims is likely much higher. A 2016 study by the University of Texas at Austin estimated 79,000 unidentified children and youth are victims of sex trafficking in Texas, at a cost of roughly \$6.6 billion of care for over the course of their lives. The study also estimated that there are an additional 234,000 adult victims of sex-and-labor-related trafficking. The disparity demonstrated between cases reported and estimates of actual victims demonstrates that identifying victims is a significant problem, which must be addressed in order to provide off-ramps for victims.

Strengthening Knowledge and Skill by raising awareness and sharing human trafficking information. We are Promoting Community Education by training clinicians and other direct-service providers. We are also Educating Providers by offering discipline specific training to support increase learning and application of skills attained. We are committed to Fostering Coalitions and Networks by sustaining the Houston Area Human Trafficking Health Care Consortium. We are a catalyst for Changing Organizational Practices by creating an internal advisory committee that will develop a continuum of care for victims. Lastly, we are Influencing Policy and Legislation with participation in Human Trafficking

Advocacy Day at the Texas State Capitol and the City of Houston’s Human Trafficking Council. We advocate for victims of human trafficking to ensure safety and care. As a baseline, The University of Texas Human Trafficking by the Numbers: The Initial Benchmark of Prevalence and Economic Impact for Texas shared that the Greater Houston region receives 41.6% of the tips for the State of Texas. This same study noted that there are 313,000 victims of human trafficking in Texas and 79,000 of those victims are youth victims of sex trafficking.

- *Obesity (Healthy Lifestyles)– intervention*

BSLMC will form partnerships with educational facilities in the area in order to support education for the young regarding healthy choices. Working to stem the tide of inappropriate nutritional habits that lead to obesity and chronic disease in our community Baylor St Luke’s will provide nutritional information and educational support to the dietary and wellness departments of the local school systems.

- *Behavioral Health*

The need to address Behavioral Health in our area is lacking in many ways. By working through our Emergency Department, training in identifying needs, and partnerships with local outpatient and outreach venues Baylor St Luke’s will offer increased support in this area. Being able to quickly identify patients who need mental health interventions can determine care strategies for physical treatments. Education and training on identifying these needs and properly engaging appropriate care outlets for this group is a high priority. By working with staff and partners we hope to positively affect the care of behavioral health patients as they present for various health needs.

**Significant Health Needs to be Addressed**

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

<b>Access to Care</b>	
<b>Define a procedure for treating and/or identifying trafficked victims in our facilities and collaborating with partners</b>	<ul style="list-style-type: none"> <li>- Partner with psychologists or therapists to be able to talk with patients</li> <li>- Collaborate with Behavioral Health, if possible</li> <li>- Explore opportunities for care with outreach clinics in the area.</li> <li>- Ongoing education of staff and community</li> </ul>
<b>Human Trafficking</b>	

<b>Increase prevention and treatment resources in areas of physical/sexual abuse, human trafficking and violence in schools</b>	Partner with Houston Women’s Center to provide outreach program to educate staff on signs to recognize abused patients
	Partner to law enforcement and social service organizations like Houston Women’s Center, San Jose Clinic, The Landing, Freedom Place, Redeemed Ministries, Catholic Charities, Harris Health (Ben Taub) and the Harris County Forensic Nurse Examiners to increase trauma informed care to human trafficking victims.
<b>Promote better understanding of nutrition, obesity, and healthy lifestyles among the youth in our area.</b>	Partner with schools to provide resources and educational support
<b>Baylor St. Luke’s will outreach and foster new relationships with primary care providers and healthcare service providers to assist linking hospital patients to medical homes.</b>	Baylor St. Luke’s will outreach and foster new relationships with primary care providers and healthcare service providers to assist linking hospital patients to medical homes.
<b>Special Programs</b>	
<b>Increase the cultural competencies among staff</b>	<ul style="list-style-type: none"> <li>- Provide Lunch &amp; Learn for staff and community regarding services, cultural difference that effect treatment, etc.</li> <li>- Discuss possibility of volunteers becoming certified translators</li> </ul>
<b>Grow the San Jose Clinic – CHI St. Luke’s partnership</b>	<ul style="list-style-type: none"> <li>- Increase opportunities for collaboration and volunteerism</li> </ul>
<b>Strengthen Community partnerships participation in overall understanding of community health needs.</b>	<ul style="list-style-type: none"> <li>- Baylor St. Luke’s will collaborate with community organizations, churches, civic groups and support groups to present educational seminars on priority community health needs</li> </ul>

Most identified community health needs were similar at all CHI St. Luke’s Health locations. One particular need specific to all locations was: *Increase prevention and treatment resources in areas of physical and sexual abuse, human trafficking and violence in schools.* It was determined by the Healthy Communities Department that each location would address this need as they were capable but the

Healthy Communities Department would implement a system-wide initiative to unify the system. This initiative would include required education for all staff, at all locations, to understand and be able to identify warning signs of physical and/or sexual abuse from patients utilizing the facility. Research and information regarding a trained SANE nurse to be staffed at locations throughout the CHI St. Luke's Health Houston market will also be discussed.

**Significant Health Needs Not Addressed**

Even though it was decided that all 2018 identified priority needs would be addressed in some way, it is understood that not all components of each need will be completely resolved. When defining a procedure to treat the mentally ill, Baylor St. Luke's is not capable of directly serving those patients because they do not provide mental illness services at the hospital. However, they would like to identify ways to provide successful referrals for those patients. Instead of directly addressing any of the needs associated with children, Baylor St. Luke's will strengthen its relationship with Texas Children's Hospital and San Jose Clinic and provide referrals to those who utilize their services.

## APPENDIX

### A. Interview Guide

#### INTRODUCTORY SCRIPT (5 MINUTES)

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- Good morning/afternoon [NAME OF RESPONDENT]. My name is [NAME OF INTERVIEWER], and I am with Health Resources in Action, a non-profit public health organization based in Boston. Thank you for speaking with me today.
- As we mentioned in our interview invitation, the Episcopal Health Foundation is coordinating an interview initiative to support four Greater Houston area hospital systems in preparing their community health needs assessments. The collaborating hospitals include CHI St. Luke's, Houston Methodist Hospital, Memorial Hermann Health System, and Texas Children's Hospital.
- The purpose of this interview is to gain a greater understanding of the health status and wellbeing of residents in the Greater Houston area and determine how these health needs are currently being addressed. Interviews like this one are being conducted with about 70 stakeholders from a range of sectors such as government, health care, business, and community service organizations. We are also interviewing community leaders with specific experience working with priority populations such as women, children, people of color, and the disabled to name a few.
- We are interested in hearing people's feedback on the needs of the broader Greater Houston community and the populations you work with as a leader in your community. The Foundation and the four hospitals welcome your critical feedback and suggestions for health improvement activities in the future. Your honesty during today's interview is encouraged and appreciated.
- As we mentioned in our interview invitation, the interview will last between 45 minutes to an hour and it will be recorded. After all the interviews are completed, Health Resources in Action will provide a transcript of your interview to the four hospitals for use in preparing their community health needs assessment reports. Each hospital will keep your interview transcript confidential and accessible only to the team that is preparing the community health needs assessment report. Health Resources in Action will also be preparing a report of the general themes that emerge across all the interviews to help the hospitals prepare their reports.
- The Foundation has asked Health Resources in Action to ask all respondents how they wish any quotes from today's interview to be presented in reports. There are three options. Quotes may be presented anonymously without your name or organization, presented with your name and organization, or presented with only the sector you represent. Which option would you like to choose?
  - RECORD RESPONSE FROM INTERVIEWEE:  
 Anonymous  Name and organization  Sector
- Thank you. We will note your choice in the transcript that we provide to the hospitals.
  - IF THE RESPONDENT IS UNSURE AT THE TIME OF THE INTERVIEW: Ok, please feel free to think it over and we will follow up with you for your decision before we send the transcript to the hospitals.

- Do you have any questions before we begin? BEGIN RECORDING THE INTERVIEW

### **INTERVIEW QUESTIONNAIRE (55 MINUTES)**

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#### NOTES TO INTERVIEWER:

- INTERVIEW QUESTIONS MAY BE ADDED OR TAILORED TO MEET THE SPECIFIC POSITION/ROLE OF THE RESPONDENT
- THE QUESTIONS IN THE INTERVIEW QUESTIONNAIRE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT

#### **BACKGROUND (5 MINUTES)**

- Can you tell me a little bit about your role at your organization/agency?
  - Has your organization/agency ever partnered with any of the four hospitals involved in this shared community health needs assessment before? IF SO, PROBE IN WHAT CAPACITY/PROGRAM
- How would you describe the community you represent/the community your organization serves/the Greater Houston population at large? What are some of its defining characteristics in terms of demographics? INTERVIEWER: ESTABLISH WHAT THE RESPONDENT CONSIDERS THE COMMUNITY TO BE FROM THEIR PERSPECTIVE

#### **COMMUNITY ISSUES (20 minutes)**

INTERVIEWER: VARY THE LABEL OF 'COMMUNITY' BASED ON THE RESPONDENT'S BACKGROUND AND HOW HE OR SHE DESCRIBES THE COMMUNITY; BE SURE TO PROBE ON WOMEN'S AND CHILDREN'S ISSUES TO ENSURE WE ADDRESS THE NEEDS OF THE CHILDREN'S HOSPITALS IN ALL QUESTIONS AS RELEVANT

- Thinking about the status of the community today, how would you rate the overall health status of residents on a scale of 1 to 5 with 1 being poor and 5 being very healthy?
- If you had to pick your top 3 health concerns in the community, what would they be? PROBE IN-DEPTH BASED ON RESPONDENT AREA OF EXPERTISE
  - Who do you consider to be the populations in the community most vulnerable or at risk for these conditions/issues?
    - IF NOT YET MENTIONED, PROBE SPECIFICALLY ON PRIORITY POPULATION RELEVANT TO THE RESPONDENT'S EXPERTISE: What do you think are the most pressing health concerns in the community for [PRIORITY POPULATION]?

- FOR RESPONDENTS EXPERTISE WITH WOMEN AND CHILDREN: What do you think are the most pressing health concerns in the community for children and their families? How about for women?
  - IF NOT YET DISCUSSED: Of the top three issues you mentioned, which would you rank as your top issue? How do you see this issue affecting community members' daily lives and their health? PROBE IN-DEPTH IN SPECIFIC FOCUS AREAS; MAY ASK ABOUT ONE ISSUE AT TIME AND FOCUS ON PERSON'S AREA OF EXPERTISE.
- From your experience, what are residents' biggest barriers to addressing the top 3 health issues you identified?
  - PROBE: Social determinants of health?
  - PROBE: Barriers to accessing medical care?
  - PROBE: Barriers to accessing preventive services or programs?

**FOCUS AREA: HEALTHY LIVING (5 MINUTES)**

- I'd like to ask you about barriers affecting healthy living and the prevention of obesity.
  - What are some of the barriers to healthy eating and physical activity among the communities you serve?
    - What populations are most affected by barriers to healthy living and physical activity? PROBE ABOUT FOOD INSECURITY AND ACCESS TO SAFE SPACES FOR PHYSICAL ACTIVITY
  - What efforts or programs are you aware of that promote healthy living? PROBE ABOUT HEALTHY LIVING MATTERS COLLABORATIVE

**ACCESS TO HEALTH CARE AND PUBLIC HEALTH/PREVENTION SERVICES (15 MINUTES)**

- I'd like to ask you about access to health care and social services in your community.
  - What do you see as the strengths of the health care and social services in your community?
  - What do you see as its limitations?
- What challenges/barriers do residents in your community face in accessing health care and social services? [PROBE IN DEPTH FOR BARRIERS TO CARE: INSURANCE ISSUES, LANGUAGE BARRIERS, ACCESS TO HEALTH INFORMATION/HEALTH LITERACY, LACK OF TRANSPORTION, CHILD CARE, ETC.]
  - What do you think needs to happen in the community you serve to help residents overcome or address these challenges?
- What programs, services, or policies are you aware of in the community that address access to health care and social services?
  - In your opinion, how effective have these programs, services, or policies been at addressing the health needs of residents?
  - What program, services, or policies are currently not available that you think should be?

### **IMPROVING THE HEALTH OF THE COMMUNITY/RESIDENTS (10 MINUTES)**

- What do you think needs to happen in the community you serve to help residents overcome or address the challenges they face in being able to be healthy?
- Earlier in this interview, you mentioned [TOP ISSUE] as being your top health priority for area residents. What do you think needs to be done to address [TOP ISSUE HERE]?
  - What do you think hospitals can do to address this issue that they aren't doing right now? Do you have any suggestions about how hospitals can be creative or work outside their traditional role to address this issue and improve community health?
  - What kinds of opportunities are currently out there that can be seized upon to address these issues? For example, are there some "low hanging fruit" – current collaborations or initiatives that can be strengthened or expanded?

### **VISION FOR THE COMMUNITY (5 MINUTES)**

- The hospitals involved in this initiative will be planning their strategy to improve the health of the communities they serve. What advice do you have for the group developing the plan to address the top health needs you've mentioned?

### **CLOSING (5 MINUTES)**

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

As I mentioned, after all of the interviews are completed, we will be sending your interview transcripts to the four hospitals. Each hospital will make their community health needs assessment reports publicly available when they are complete. If you have any questions, please feel free to reach out to Jennifer Mineo at the Episcopal Health Foundation who is coordinating this effort on behalf of the four hospitals. Thank you again. Have a good morning/afternoon.

## B. List of Interview Participants and their Organizations

The following individuals participated in these interviews and agreed to be named. Several other respondents participated on the condition of anonymity or that only their sector be listed with any quotes from their interview.

Gladys Brumfield	Catholic Charities- Fort Bend
Ruthanne Mefford	Child Advocates of Fort Bend
Mary desVignes-Kendrick, MD; Kaye Reynolds	Fort Bend County Health and Human Services
Lisa Poynor	Fort Bend Regional Council On Substance Abuse
Manuela Arroyos	Fort Bend Seniors
Vita Goodell	Fort Bend Women's Center
Laura LaVigne	The Arc of Fort Bend County-Fort Bend
Kelly Young	AIDS Foundation of Houston
Joe Jimenez	Association for the Advancement of Mexican Americans
Mary Lawler	Avenue CDC
Lara Hill (Hamilton)	Christ Clinic
Leslie Hargrove	Coastal Area Health Education Centers (AHEC)
Ken Janda	Community Health Choice
Bob Harvey	Greater Houston Partnership
Frances Isbell	Health care for the Homeless-Houston
Andrea Caracostis	HOPE Clinic (FQHC)
Brian Greene	Houston Area Food Bank
Stephen Klineberg	Kinder Institute

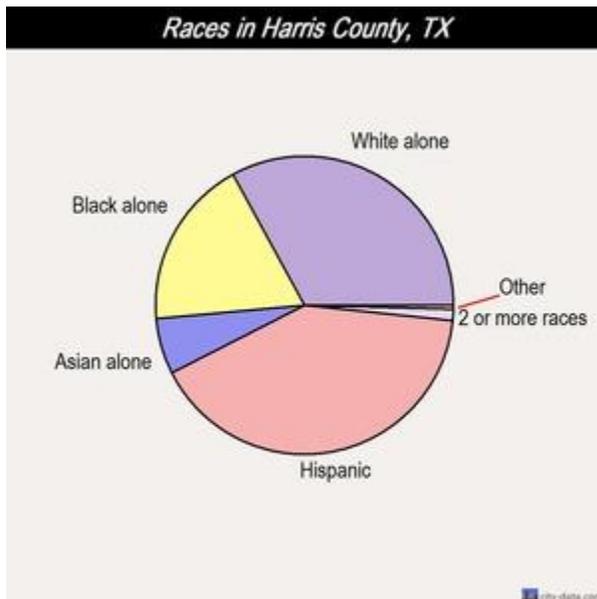
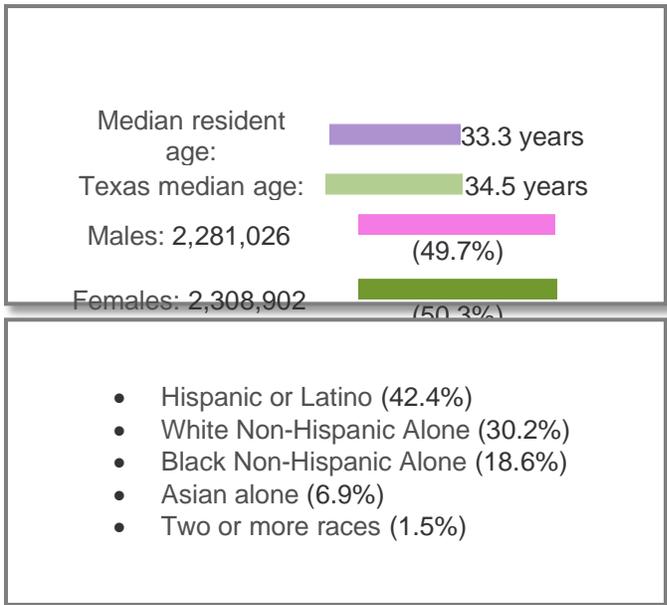
Katy Caldwell, CEO	Legacy Community Health
C. Aguirre / Jane Bavineau	Neighborhood Centers Head Start/Early Head Start Program Services/Baker Ripley
Dorothy Gibbons, CEO	The Rose
Bobby Rader	Liberty County Sheriff's Office
Evan Roberson	Tri County Services Behavioral Health care
Carbett "Trey" J. Duhon, III	County Judge
Dr. Lovell Jones	Prairie View A&M
Marcie Mir, LCSW, CEO; Kavon Young	El Centro de Corazon



### Community Demographics

Demographic data were collected and analyzed for the Baylor St. Luke’s community and compared to ACS 2017 Estimates data for the state of Texas (Texas). Overall, the community served by Baylor St. Luke’s has a similar age distribution to Texas, a more diverse racial/ethnic distribution, and a very similar education comparison.

**Figure 2. Harris County –Race**



### Community Health Needs Assessment Process

### 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 2017 and January 2018, from various data sources including the American Community Survey (ACS) 2017 Estimates, Texas Department of State Health Services (DSHS), Center of Disease Control (CDC), and Behavioral Risk Factor Surveillance System (BRFSS). Data for this report were analyzed for Harris County, as being representative of the Baylor St. Luke’s service area and for the state of Texas to serve as a point of comparison.

### Hospital Discharge Data

Data on all hospital discharges for 2016-2018 were provided by the Baylor St. Luke’s Health System. Data were aggregated by ICD-10 diagnosis code and were further aggregated into more relevant and less clinically specific categories. Discharge data were summarized for Baylor St. Luke’s and the categories reflecting the most frequently occurring diagnoses were highlighted.

For those diagnoses with high prevalence, the categories were disaggregated to a level that aided understanding if the main description was extremely broad. Overall, the leading discharge categories were *Diseases of the Circulatory System* (25.5%); *Diseases and Disorders of the Nervous System* (11.0%); *Diseases of the Musculoskeletal System and Connective Tissue* (7.5%); *Diseases of the Digestive System* (9.7%); *Infections and Parasitic Diseases* (7.6%); and *Diseases of the Respiratory System* (7.4%) (Figure 3).

Figure 3. 2017-18 Baylor St. Luke's Discharge by Diagnoses

Enc - Patient Type_Desc	Enc - MDC	Enc - MDC_Desc	2016		2017		2018	
			Adult Cases	%	Adult Cases	%	Adult Cases	%
Inpatient	0	(blank)	323	0.013502	266	0.011424	297	0.012502
	1	NERVOUS SYSTEM - DISEASES AND DISORDERS	2548	0.106508	2,511	10.8%	2,604	11.0%
	2	EYE - DISEASES AND DISORDERS	39	0.00163	43	0.2%	51	0.2%
	3	EAR,NOSE,THROAT,MOUTH - DISEASE	163	0.006814	154	0.7%	152	0.6%
	4	RESPIRATORY SYSTEM - DISEASES	2013	0.084145	1,953	8.4%	1,733	7.3%
	5	CIRCULATORY SYSTEM - DISEASES	5773	0.241316	5,860	25.2%	6,033	25.4%
	6	DIGESTIVE SYSTEM - DISEASES AND DISORDERS	2684	0.112193	2,439	10.5%	2,309	9.7%
	7	HEPATOBIILIARY SYSTEM AND PANCREAS	1266	0.05292	1,292	5.5%	1,385	5.8%
	8	MUSCULOSKELETAL AND CONNECTIVE TISSUE	2405	0.100531	2,185	9.4%	2,326	9.8%
	9	SKIN, SUBCUT TISSUE, AND BREAST	557	0.023283	496	2.1%	461	1.9%
	10	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	840	0.035113	802	3.4%	739	3.1%
	11	KIDNEY AND URINARY TRACT - DIS	1689	0.070602	1,598	6.9%	1,563	6.6%
	12	MALE REPRODUCTIVE SYSTEM - DISEASES	201	0.008402	225	1.0%	169	0.7%
	13	FEMALE REPRODUCTIVE SYSTEM - DISEASES	156	0.006521	107	0.5%	84	0.4%
	14	PREGNANCY, CHILDBIRTH, AND PUERPERIUM	24	0.001003	30	0.1%	36	0.2%
	16	BLOOD AND IMMUNOLOGICAL DISORDERS	444	0.01856	424	1.8%	430	1.8%
	17	MYELOPROLIFERATIVE DISORDERS	300	0.01254	348	1.5%	355	1.5%
	18	INFECTIOUS AND PARASITIC DISEASES (SYSTEMIC)	1315	0.054968	1,418	6.1%	1,806	7.6%
	19	MENTAL DISEASES AND DISORDERS	43	0.001797	37	0.2%	99	0.4%
	20	ALCOHOL/DRUG USE AND ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	34	0.001421	30	0.1%	47	0.2%
	21	INJURY, POISONING, AND TOXIC EFFECTS OF DRUGS	364	0.015215	279	1.2%	389	1.6%
	22	BURNS	3	0.000125	1	0.0%	1	0.0%
	23	FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES	181	0.007566	171	0.7%	157	0.7%
	24	MULTIPLE SIGNIFICANT TRAUMA	10	0.000418	6	0.0%	10	0.0%
	25	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	47	0.001965	74	0.3%	56	0.2%
	PRE	PRE-MDC	501	0.020942	536	2.3%	464	2.0%
Inpatient Total			23923	1	23,285	100.0%	23,756	100.0%

**Key Indicators and Health Disparities**

The Baylor St. Luke's community key indicators and health disparities were established by comparing data from the Texas Department of State Health Services (DSHS) for Harris County with the data for Texas as a whole. Data reviewed indicate that sufficient health information is already available from local public health sources to allow for the identification of the most important health needs of the Baylor St. Luke's community. Harris County ranks 18 out of 242 Texas Counties in Health Disparities as a rank of healthy behavior in the community. (Figure 4)

**Figure 4. 2018 Health Behaviors for Harris County comparison to state and national.**

2018	Harris Cty %	Margin	U.S Top %	Texas
<a href="#">Adult smoking</a>	13%	13-13%	14%	14%
<a href="#">Adult obesity</a>	27%	25-29%	26%	28%
<a href="#">Food environment index</a>	7.2		8.6	6
<a href="#">Physical inactivity</a>	24%	22-25%	20%	24%

<a href="#">Access to exercise opportunities</a>	90%		91%	81%
<a href="#">Excessive drinking</a>	18%	18-19%	13%	19%
<a href="#">Alcohol-impaired driving deaths</a>	38%	37-39%	13%	28%
<a href="#">Sexually transmitted infections</a>	582.7		145.1	523.6
<a href="#">Teen births</a>	41	41-42	15	41

## Community Input

The Foundation hired Health Resources in Action (HRiA), a nonprofit public health institute, to conduct key informant interviews with informants identified by the four hospitals and to analyze those interviews for key themes. A total of 53 key informant interviews were conducted. The results of those analyses are summarized in a separate comprehensive report. This summary report describes the perspectives of those interviewed who represent the healthcare sector. Methods for these interviews are described in the comprehensive report summary.

## Findings

### Description of Respondents for this Sector

Twenty-three individuals representing the healthcare sector were interviewed.

- The majority of respondents (N=13) were from ten primary care provider organizations, either FQHCs or free/low-cost clinics.
- Six respondents provide behavioral health services; two respondents work for county-funded mental health service organizations and four work for organizations that provide community-based substance use prevention and treatment services. Views shared from those who work for county-funded mental health programs are also reflected in the Government Sector summary. Views from the community-based organizations are also included in the Community Services summary.
- Four other respondents representing the healthcare sector were also interviewed. One respondent works for an organization that provides mammogram and related services to women of all economic levels. Another two respondent's work on health-related

issues for one school district. The third works for an organization promoting integrated care.

## Overall Community Health Status

Respondents' ratings of the community they served varied and there were no discernible differences in rating across different types of providers<sup>5</sup>.

- Seven rated health status “between 2.5 and 3” or a “3.”
- Six respondents rated the health status of their patients as a “2”, citing lack of access to care and chronic conditions as the primary reasons for their ratings.
- Five respondents rated the health status of their patients as a “1”, most often because of lack of health insurance and long-standing and unaddressed health issues.
  - *My uninsured group, I'd be hard-pressed to put a 1 on them.*
- Five respondents rated health status of the community they serve as “between 3.5 to 4” or “4.” Most often this rating was given to those who have health insurance.

## Top Health Concerns

Healthcare sector respondents identified obesity and related chronic conditions and access to care as the top two community health concerns. Behavioral health and women's and children's health were other areas of concern.

### *Obesity and Chronic Conditions*

Almost all healthcare respondents named obesity and related chronic disease, in particular diabetes, as a top health concern in the community.

- Obesity and diabetes among children and immigrant populations in particular were mentioned.
- Causes for obesity identified by respondents included lack of access to healthy food and opportunities for physical activity and lack of understanding of the importance of engaging in healthy behaviors.
- Those working with patients suffering from mental health issues or substance use disorders noted that chronic disease is often exacerbated by these conditions.

### *Access to Care*

Lack of access to care was the other top health concern among healthcare sector respondents.

- Primary care providers reported that while FQHCs and other clinics serve lower income residents, lack of health insurance and cost prevent this population from fully accessing the region's vast medical resources, especially specialty care. Undocumented residents

were seen as particularly vulnerable currently due to the current political climate. Increasingly fewer of these residents are accessing any healthcare or social service programs.

- Access to care was also identified as a challenge by respondents working in behavioral health. In addition to barriers such as lack of insurance and the cost of health care, primary and specialty providers can be intimidated or lack expertise in working with patients who have mental health or substance use issues or have intellectual or developmental disabilities, and this can further limit access to care for these groups.

### ***Behavioral Health***

Concerns about mental health were also a top health concern among healthcare providers.

- Providers identified a prevalence of anxiety and depression as well as more serious issues such as schizophrenia, major depression, and bipolar disorder. The number of children with mental health issues was reported to be rising. One mental health provider mentioned a rise in autism.
- Substance misuse was mentioned by a couple of providers, who noted that
- Synthetic marijuana, methamphetamines, and alcohol misuse are concerns in the community.

### ***Women's and Children's Health***

A few respondents focus specifically on services to women and children and were thus able to provide some thoughts about the unique challenges they face relative to health.

- Lack of access to prenatal and postnatal care was the challenge most often identified affecting women's and children's health in the community. Harris County, for example, was noted as having the highest maternal mortality rate in the country.
- One respondent noted that lower income women will wait to access prenatal care until after they receive Medicaid coverage, which is typically 45-60 days after application. This is a critical health care gap affecting mother and child. Lack of continuity in prenatal care is also a concern as women shift their care in mid- to -late stages of pregnancy, which sometimes leads to a lapse in care. More education about the importance of prenatal care was seen as needed.
- Other women's health concerns identified by respondents were lack of access to gynecological care and family planning services (in particular, more effective and long-lasting contraceptive methods) for lower income women.
- Two respondents spoke about the importance of free mammograms for lower income women, in particular Hispanic women who face greater barriers to accessing this care. More programs that provide free mammograms were seen as needed.
- Hepatitis B among women, including pregnant women, was reported by one respondent who noted that the disease has an impact on the health of mother and baby.
- A few respondents shared some health concerns specific to children including the need to ensure that children are fully immunized and receive dental sealants. Rising rates of asthma among children, attributed to recent hurricanes, was mentioned by one provider.

### ***Other Health Concerns***

Although not reported to be as pressing as the health concerns described above, a few respondents shared that HIV (especially in the African American and LGBT communities), Hepatitis B and C, and respiratory issues are also concerns affecting the health of some Houston-area residents.

## **Barriers to Accessing Healthcare**

### ***Transportation***

Every primary care respondent in the healthcare sector mentioned transportation as a barrier to good health. Lack of transportation affects the ability to get to medical appointments and also constrains access to healthy food and opportunities for physical activity. A couple behavioral health providers also mentioned this as a constraint to services.

- Primary care respondents reported that transportation challenges arise from the large geography of the city, as well as cost and an insufficient transportation infrastructure.
- Cost of transportation, including bus passes and money for gas for those with private vehicles, are also barriers.
- Transportation substantially affects the ability to access health care according to providers.

### ***Lack of Specialty Care Providers***

For those working in health clinics, lack of access to specialty care for their populations is a substantial challenge. The lack of access to specialty care providers for low-income patients was mentioned by every respondent in a primary care organization.

- Primary care providers shared examples of the struggles they face in meeting more acute health needs of their patients. Harris Health was noted as a specialty care safety net provider; however, few other such services exist according to respondents.
- A couple of FQHC providers provide in-house specialty services through arrangements with providers. But these are not nearly enough to meet the need, respondents report. These services also tend to be grant funded, making it hard to provide consistent and sustainable services, respondents report.
- Lack of access to mental health and substance use providers was specifically mentioned as a concern for those serving the indigent. This challenge was noted by both primary and behavioral health providers.
- Primary care providers see consequences for the overall health system and cost when lower income patients cannot access specialty care

### ***Lack of Health Insurance and Health Care Cost***

Respondents reported that lack of insurance, including the lack of Medicaid expansion in Texas, as well as cost, substantially affect the ability of residents to access healthcare.

- The expense of healthcare, including insurance premiums, deductibles, and co-pays, as well as other health care expenses including medication create substantial barriers to care.

- Despite numerous FQHCs and free clinics and continuing growth in these services, respondents report that they are not sufficient to meet demand and access to primary care remains an issue.

### ***Lack of Health Literacy***

Healthcare sector respondents also report that residents' lack of understanding about the importance of prevention and how to engage in healthy behaviors is a barrier to good health.

- Providers shared examples of areas in which more education is needed including healthy eating and how to do so, substance use prevention, oral health care, and childhood immunization.
- Lack of understanding about how to use insurance and/or navigate the healthcare system were also seen as barriers to accessing healthcare and having good health. This was mentioned specifically as a concern among immigrant residents, who may not have had substantial interaction with health care system in their home countries.

### ***Fear of Institutions***

Numerous primary care respondents interviewed for this study work directly with undocumented populations. They noted that the current political climate has created substantial challenges for these people and has negatively affected their access to care.

- While respondent's report that they believe FQHCs and free community clinics are trusted institutions, those working in these institutions stated that fewer undocumented residents are fearful of seeking care.
- Primary care providers interviewed generally reported that they have been able to serve their diverse patient populations through bi-lingual providers, language translation, and culturally competent care. Some reported that they partner with community-based organizations that serve particular groups to further enhance outreach and high-quality care. Respondents reported that specialty providers are less likely to have language capability.

### ***Stigma***

Both primary care and behavioral care respondents reported that stigma related to mental health and substance use issues is a barrier to accessing care.

## **Response to the Community Needs Assessment:**

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

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

### ***Specialist Services***

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

### **Education**

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

### **Marketing/Staff Training**

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

### **Special Programs**

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

## **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 HRiA resulted in production and analysis of an email and telephone survey to residents within the Baylor St. Luke's service area. Focus groups including Baylor St. Luke's staff and community organizations and stakeholders were held in March while telephone interviews with physicians employed by Baylor St. Luke's were conducted in April and facilitated by HRiA. The qualitative and quantitative information was gathered and analyzed to identify priority needs for the community served by the Baylor St. Luke's. Priority needs were identified as:

### **Human Trafficking**

Strengthen Knowledge and Skill by raising awareness and sharing human trafficking information. We are Promoting Community Education by training clinicians and other direct-service providers. We are also Educating Providers by offering discipline specific training to support increase learning and application of skills attained. We are committed to Fostering Coalitions and Networks by sustaining the Houston Area Human Trafficking Health Care Consortium. We are a catalyst for Changing Organizational Practices by creating an internal advisory committee that will develop a continuum of care for victims. Lastly, we are Influencing Policy and Legislation with participation in Human Trafficking Advocacy Day at the Texas State

Capitol and the City of Houston's Human Trafficking Council. We advocate for victims of human trafficking to ensure safety and care. As a baseline, The University of Texas Human Trafficking by the Numbers: The Initial Benchmark of Prevalence and Economic Impact for Texas shared that the Greater Houston region receives 41.6% of the tips for the State of Texas. This same study noted that there are 313,000 victims of human trafficking in Texas and 79,000 of those victims are youth victims of sex trafficking.

### ***Obesity (Healthy Lifestyles)– intervention***

BSLMC will form partnerships with educational facilities in the area in order to support education for the young regarding healthy choices. Working to stem the tide of inappropriate nutritional habits that lead to obesity and chronic disease in our community Baylor St Luke's will provide nutritional information and educational support to the dietary and wellness departments of the local school systems.

### ***Behavioral Health***

The need to address Behavioral Health in our area is lacking on almost every front. By working through our Emergency Department, training in identifying needs, and partnerships with local outpatient and outreach venues Baylor St Luke's will offer increased support in this area.

## **Potentially Available Resources**

The available resources identified in the Baylor St. Luke's community are listed below:

- ***Active and Engaged Civic Clubs and Social Clubs*** – Civic and social clubs are an important part of communities and could be a great avenue to reach communities to address health priorities.
- ***Area Agency on Aging*** – The Area Agency on Aging implements preventive programs for seniors that promote health for this important sector of the population.
- ***Asthma-Related Support Services*** – Although funding is no longer available for this initiative, participants noted a program that provided healthy alternatives for the home for families with children that suffer from asthma. The program was a relatively small resource to address a large problem, but it made a difference for children and families that struggle with asthma.

- **Community Health Workers** – Community Health Workers are certified to help bridge the gap between members of a community and healthcare and social service providers. Many Community Health Workers are available in the Baylor St. Luke’s community but are an underutilized resource. While participants had a high level of interest around Community Health Workers and returned to this topic several times during the discussion, there was a general lack of understanding about how to access Community Health Workers.
- **Health Fairs** – Several community organizations such as schools, senior centers, and YMCAs sponsor health fairs that provide great opportunities for community members to meet local healthcare providers.
- **Healthy Choices Classes** – The Bridge sponsors classes for family units on making healthy and informed choices.
- **Healthy Eating Courses for Youth** – A local community organization sponsors a free summer program for youth that promotes healthy lifestyles through nutrition and exercise.
- **Pasadena Parks Department** – Pasadena has an impressive Parks Department that is willing to hold classes on obesity prevention.
- **Pasadena Independent School District, School Health Advisory Council** – The School Health Advisory Council for the Pasadena ISD is responsible for 54,000 children and provides a framework for collaboration among community health and social service organizations.
- **Meals on Wheels** – The Salvation Army sponsors a Meal on Wheels program that provides nutritional meals to seniors in the community.
- **Recreational Opportunities** – The YMCA and Madison Jobe Senior Center provide much-needed recreational and social opportunities for the community and for seniors.
- **Television** – Participants noted that television is an excellent way to reach the Hispanic population and the community at large with health-related public service announcements.
- **United Way** – The United Way is a great resource that addresses a myriad of health-related issues in the community. Participants specifically noted programs of the United Way related to cancer screenings and transportation to health related services.

## Evaluation of Impact

In order to complete an implementation strategy for the identified priority health needs defined in the 2018 Baylor St. Luke’s Community Health Needs Assessment, analysis of three major data sources was completed: Baylor St. Luke’s hospital advisory team, Baylor St. Luke’s staff and community focus group discussions, and public health data for the Baylor St. Luke’s community.

The priority health needs identified in 2018 for the community served by Baylor St. Luke’s were defined as:

- **Human Trafficking**

This uniquely underserved portion of the population represents multiple opportunities for relevant responses to our assessment. While the city of Houston has

made significant strides in raising public awareness about the prevalence and effects of trafficking, considerable gaps remain for service provision for human trafficking victims, especially when it comes to case management services. Factors that hinder patient care and access to services include difficulty identifying human trafficking victims, disjointed referral processes, inadequate follow-up and continuity of care, and lack of case management.

Approximately 87% of trafficked victims will encounter a healthcare provider this year. By way of education we can increase our ability to identify the victims early. Responding appropriately to their needs means that this group may be able to access better outcomes. Since the average age of entry into trafficking is 8 years of age children's services to this minority population are critical. Behavioral support for the trafficked victim is not easily available at present. Drug abuse in this population is disproportionately high as compared to the rest of the population.

Work in this area will address the following concerns discovered in our CHNA:

- *Access to care*
- *Women's and children's health*

Furthermore the proposed intervention will address:

- *Fear of institutions*
- *Stigma*
- *Mental Wellness*

- ***Obesity***

In order to address a trend of increasing obesity and the resulting threat to health associated with long term obesity we see education and counseling as essential interventions for long term public health. By working with the school systems in the area BSLMC will offer education and counseling support for children and educators. From the CHNA this approach will address:

- *Access*
- *Stigma*
- *Fear of institutions*
- *Mental wellness*

- ***Access to Care***

In order to address the rising number of un/underinsured in the service area we identify the need to extend better access to several types of basic care. Primary care for families who fall outside of the federal benefits extended to those who fall inside of 250% of Poverty level is rare to none. In this group the sudden need for a healthcare professional can be the difference between eating, school, transportation, or any number of necessities for healthy living. It is vital to the community that more be done to extend care into these fragile areas of need. By working with the Baylor School of Medicine to place more interns in rural support clinics and supplementing

- *Access*

- *Mental wellness*
- **Behavioral Health**
  - Through existing clinics, school counselors, and clinicians working with schools there will be opportunity to identify behavioral health issues that lead to obesity and the onset of disease associated issues, as well as working with the issues associated with trafficked victims both before the hoped-for extrication from slavery and afterward.
  - *Mental wellness*
  - *Access*

## Community Health Needs Assessment Summary

The Community Health Needs Assessment (CHNA) for CHI St. Luke's Health - Baylor St. Luke's Medical Center (Baylor St. Luke's) spanned from September 2016 through May 2018. 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. This resulted in production and analysis of an email and telephone survey to residents within the Baylor St. Luke's service area. Focus groups including Baylor St. Luke's staff and community organizations and stakeholders were held in March while telephone interviews with physicians employed by Baylor St. Luke's were conducted in April. The qualitative and quantitative information was gathered and analyzed to identify priority needs for the community served by the Baylor St. Luke's. Priority needs were identified as:

### **Human Trafficking**

Human trafficking is modern-day slavery and involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act. Women are vulnerable; according to the National Human Trafficking Hotline 383 cases of human trafficking involve women. A Loyola study by Laura Lederer discovered that 87.8% of human trafficking victims are seen by a healthcare professional but not identified. We have a unique opportunity to interrupt the trauma and prevent further violence by offering trauma informed care. Having certified sexual assault nurses enhances our ability to provide care that benefits the victim and helps with recovery. More than half of the trafficked victims experience multiple abortions and over half of these procedures occur outside of the clinical setting.

### **Obesity**

In Harris County 69.4% of adults are categorized as obese. Almost two thirds of the population falls into risk associated with the environment, and behavioral eating patterns. According to State of Health, Harris County has 23.5% of children who will experience food insecurity at some point during the year. Although the trend is stable it is still too high. The data

is affected with the decrease in number of the living obese population minus mortality issues largely driven by obesity such as diabetes, stroke, heart disease, and others. The lifestyle decisions that prevail in our community are most easily reversed among the youth in our population. Working with schools and providing resources for counseling and education are a vital need for our next generation.

### ***Behavioral Health***

The prominence of mental health issues sees Harris County tending to a steady 20% of adults and the same percentage of teens aged 13-18 who experience a severe mental disorder. Treatment options are not easily available to everyone in need. BLSMC does not have a large capacity to support this need directly but by way of supporting clinic partners, working strategically with the Baylor School of Medicine and training staff in outpatient areas as well as emergency departments we will better respond to the community to direct people to appropriate care.

The Baylor St. Luke's hospital advisory team reviewed the CHNA and developed the Baylor St. Luke's Implementation Strategy in May 2016. The timeframe included in the Implementation Strategy is 2016-2019. The CHNA and Implementation Strategy were submitted for approval by the Executive Committee at the April 26<sup>th</sup>, 2018 meeting. The CHNA and Implementation Strategy will be made widely available to the public on the St. Luke's Health System and CHI St. Luke's Health - Baylor St. Luke's Medical Center websites.