

Community Health Needs Assessment and Implementation Strategy

2019

CHI Baylor St. Luke's Medical Center

Patients Medical Center

Springwoods Village Hospital

Sugar Land Hospital

The Vintage Hospital

The Woodlands Hospital

Lakeside Hospital

The Community Health Needs Assessment and Implementation Strategy for the CHI St. Luke's Health were conducted and developed in fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code. They were reviewed by the Executive Committee in April 2019 and approved by the Board of Trustees in May 2019.

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Community Health Needs Assessment

Introduction

Baylor St. Luke's Medical Center is an important part of CHI St. Luke's Health System, which consists of 16 hospitals in south Texas. CHI (Catholic Health Initiatives), in February 2019, became CommonSpirit Health. Common Spirit was created by the alignment of Catholic Health Initiatives and Dignity Health as a single ministry and is now the nation's largest nonprofit, faith-based hospital system.

In late 2018 this report was prepared for CHI Baylor St Luke's Medical Center, Patients Medical Center, Springwoods Village Hospital, Sugar Land Hospital, The Vintage Hospital, The Woodlands Hospital and Lakeside Hospital as part of CHI, prior to the formation of CommonSpirit Health. Regardless of the name change, CHI Baylor St Luke's and the other hospitals operate in accountability to this report without any reservations. CHI is headquartered in Englewood, Colorado, CHI operates in 19 states and comprises more than 100 hospitals, including four academic medical centers and teaching hospitals; 30 critical-access facilities; community health services organizations; accredited nursing colleges; home health agencies; living communities; and other services that span the inpatient and outpatient continuum of care.

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

CHI St. Luke's Health - Baylor St. Luke's Medical Center (Baylor St. Luke's), located in Houston, Texas, is a quaternary care facility that is home of the Texas Heart® Institute, a world-class cardiovascular research and education institution founded in 1962 by Denton A. Cooley, MD – consistently ranked as one of the nation's best in Cardiovascular Services & Heart Surgery. The first hospital in Texas and the Southwest designated a Magnet® hospital for Nursing Excellence by the American Nurses Credentialing Center, receiving the award four consecutive times. Baylor St. Luke's is home to eight freestanding community emergency centers offering adult and pediatric care. The hospital opened its doors in 1954 (formerly St. Luke's Episcopal Hospital). It currently houses 850 licensed beds and 3,919 employees; 1,555 RNs and 1,756 medical staff. Annual

admissions account for 24,557 patients and the emergency department receives approximately 77,532 visits. The hospital holds a collaborative partnership with Baylor College of Medicine and affiliations with The University of Texas Medical School at Houston, The University of Texas Medical Branch (Galveston), Houston Baptist University, and Prairie View A&M University.

In order to fulfill Baylor St. Luke's commitment to 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 a ten-county Greater Houston service area. Through this collaborative effort, the four hospitals sought to minimize burden to key informants 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 key informant interviews with informants identified by the four hospitals and to analyze those interviews for key themes.

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..

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

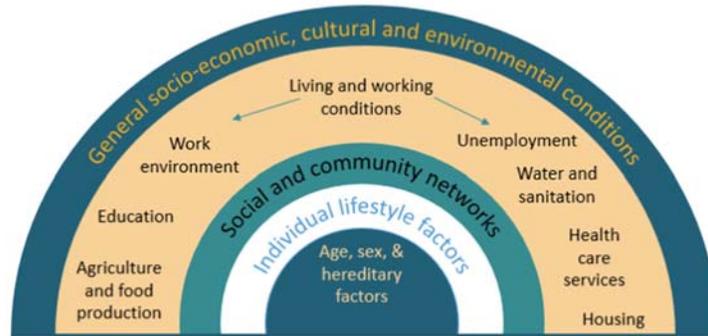
Lakeside Hospital – in the Woodlands community.

Community Served

The community served by CHI St. Luke's Health - Baylor St. Luke's Medical Center and the other hospitals is defined as the contiguous zip codes determined by 2018 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.

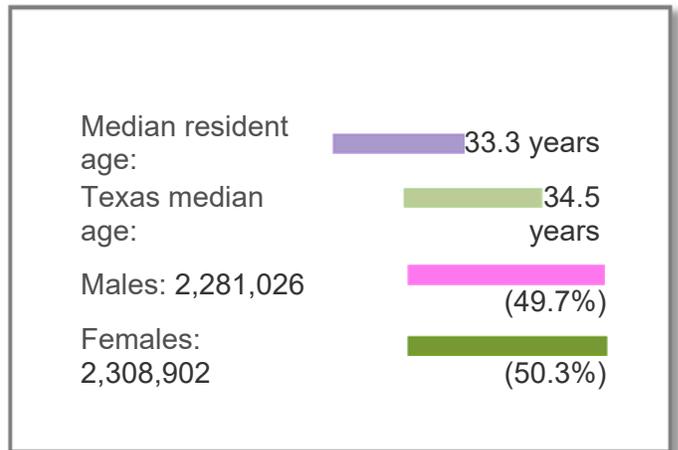
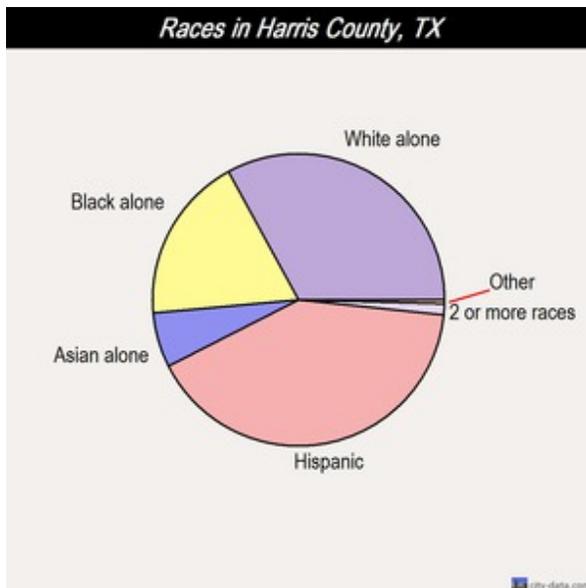
Figure 1. Social Determinants of Health Framework



Community Demographics

Demographic data were collected and analyzed for the community and compared to ACS 2018 estimates data for the state of Texas. Overall, the community served by the hospitals has a similar age distribution to Texas, a more diverse racial/ethnic distribution, and a very similar education comparison.

Figure 2. Harris County – Race



- Hispanic or Latino (42.4%)
- White Non-Hispanic Alone (30.2%)
- Black Non-Hispanic Alone (18.6%)
- Asian alone (6.9%)
- Two or more races (1.5%)

Key descriptors of the community served by Baylor St. Luke's include:

- **Age:** The largest population in the Baylor St. Luke's community falls in the age category of 18-44 years (38.2%). The second-largest age category is 00-17 years (26.3). There is the smallest number of persons in the Baylor St. Luke's community within the oldest two categories (15-64 years (24.2%) and (65+ years (11.3%)) age categories.
- **Race/Ethnicity:** The majority of Baylor St. Luke's community residents identify as Hispanic (38.4%) and White/Non-Hispanic (32.5%). 17.6% of the population identifies as Black/Non-Hispanic and 9.5% as Asian/Non-Hispanic.
- **Education:** The largest category of residents in the Baylor St. Luke's community, age 25 years or older, have a high school diploma or higher (23.5%).

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. 2016-18 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
Adult smoking	13%	13-13%	14%	14%
Adult obesity	27%	25-29%	26%	28%
Food environment index	7.2		8.6	6
Physical inactivity	24%	22-25%	20%	24%
Access to exercise opportunities	90%		91%	81%
Excessive drinking	18%	18-19%	13%	19%
Alcohol-impaired driving deaths	38%	37-39%	13%	28%
Sexually transmitted infections	582.7		145.1	523.6
Teen births	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 collaborating hospital systems and to analyze those interviews for key themes. A total of 53 key informant interviews were conducted, including representatives of local public health agencies in the region. These included Mary desVignes-Kendrick, MD, Director, Fort Bend County Health & Human Services, a representative from the Houston Health Department, and Umair Shah, Executive Director and Sandra Tyson, Senior Policy Planner from Harris County Public Health. 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.

No written input was received on the previous CHNA report or Implementation Strategy.

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.

- 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 the current political climate. Increasingly fewer of these residents are accessing any healthcare or social service programs.
- Access to care was also identified as 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.

Prioritized 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 hospitals. Significant 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. 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. A Loyola study by Laura Lederer discovered that 87.8% of human trafficking victims are seen by a healthcare professional but not identified. More than half of the trafficked victims experience multiple abortions, and over half of these procedures occur outside of the clinical setting.

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.

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.

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 (Healthy Lifestyles)

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. Community input made clear that anxiety, depression and more serious issues such as schizophrenia, major depression and bipolar disorder all are significant concerns. The number of children with mental health issues was reported to be rising. The need to address Behavioral Health in our area is lacking on almost every front.

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.

Potentially Available Resources

The identified resources potentially available in the community to help address these needs 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

The hospital took numerous actions to help address significant health needs identified in the 2016 CHNA report. Those actions are summarized in Appendix 3 of this document.

Implementation Strategy

Introduction and 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 hospitals and community stakeholders between September 2017 and May 2018. Following the identification of the priority significant 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.

The implementation strategy was prepared for CHI Baylor St Luke's Medical Center, Patients Medical Center, Springwoods Village Hospital, Sugar Land Hospital, The Vintage Hospital, The Woodlands Hospital and Lakeside Hospital.

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 hospitals' web sites.

Prioritized 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.

Significant priority needs identified and described in the CHNA report were:

- Human Trafficking;
- Obesity (Healthy Lifestyles);
- Behavioral Health; and
- Access to Care.

Human Trafficking

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.

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.

Obesity (Healthy Lifestyles)

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.

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*

Behavioral Health

By working through our Emergency Department, training in identifying needs, and partnerships with local outpatient and outreach venues, the hospitals 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.

The hospitals do 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. 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.

Access to Care

By working with the Baylor School of Medicine to place more interns in rural support clinics and supplementing access and mental wellness.

Significant Health Needs to be Addressed

It was decided by the hospital's advisory team and the Healthy Communities Department that it was feasible to address all identified significant concerns. Many initiatives discussed to address one priority need had the ability to additionally cover another.

In addition to the statements of intended actions above in Prioritized List of Significant Health Needs section, below are initiatives or programs that the hospitals will implement to respond to the identified needs of the community:

Human Trafficking	
Increase prevention and treatment resources in areas of physical/sexual abuse, human trafficking and violence in schools	Partner with Houston Women’s Center to provide outreach program to educate staff on signs to recognize abused patients
	Partner with 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.
Obesity	
Promote better understanding of nutrition, obesity, and healthy lifestyles among the youth in our area.	Partner with schools to provide resources and educational support
Behavioral Health Support	
Develop resources in Emergency Dept	Include specialty rooms, staffing and training to manage needs of behavioral health patients.
Strengthen Community partnerships participation in overall understanding of community health needs.	- Advocate for additional support for behavioral health specialists to work alongside caregivers at San Jose Clinic.
Access to Care	
Define a procedure for treating and/or identifying trafficked victims in our facilities and collaborating with partners	- Partner with psychologists or therapists to be able to talk with patients - Collaborate with Behavioral Health, if possible - Explore opportunities for care with outreach clinics in the area. - Ongoing education of staff and community
Increase the cultural competencies among staff	- Provide education for staff and community regarding services, cultural difference that effect treatment, etc.

	- Discuss possibility of volunteers becoming certified translators
Strengthen Community partnerships participation in overall understanding of community health needs.	- Baylor St. Luke’s will collaborate with community organizations, churches, civic groups and support groups to present educational seminars on priority community health needs
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.	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.
Special Programs	
Grow the San Jose Clinic – CHI St. Luke’s partnership	- Increase opportunities for collaboration and volunteerism

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 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, the hospitals are 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.

Approval

The hospital advisory team reviewed the CHNA and developed the Implementation Strategy. The CHI St. Luke's Health Executive Committee of the Board approved the Community Health Needs Assessment and Implementation Strategy in May 2019. The CHNA and Implementation Strategy will be made widely available to the public on the St. Luke's Health System and hospitals' web sites.

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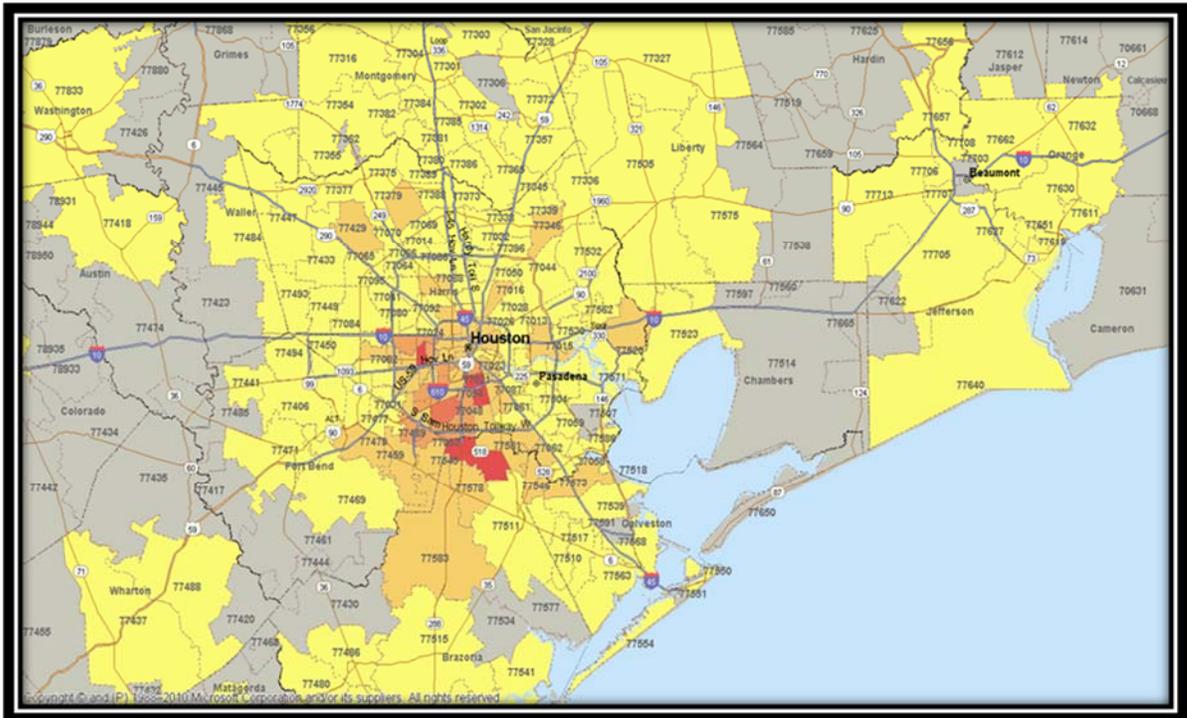
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- Texas Health and Human Services, website; <https://dshs.texas.gov/Obesity/Data/>

Appendices

Appendix 1: Service Area Map and Zip Codes

The community served by Baylor St. Luke's consists of adjacent zip codes determined by hospital discharge data provided by the St. Luke's Health System. The service area includes the following zip codes: 77584, 77033, 77021, 77057, 77045, 77047, 77025, 77096, 77051, 77489, 77024, 77005, 77004, 77035, 77048, 77459, 77054, 77019, 77087, 77581, 77063, 77071, 77401, 77027, 77030, 77009, 77479, 77034, 77016, 77007, 77089, 77573, 77006, 77545, 77077, 77015, 77346, 77042, 77020, 77546, 77008, 77085, 77074, 77018, 77088, 77578, 77023, 77429, 77583, 77098, 7061, 77081, 77026, 77379, 77521, 77083, 77084, 77082, 77072, 77055, 77511, 77494, 77571, 77536, 77449, 77075, 77040, 77339, 77028, 77095, 77049, 77079, 77044, 77017, 77093, 77450, 77532, 77478, 77345, 77092, 77099, 77011, 77505, 77396, 77029, 77433, 77477, 77566, 77070, 77520, 77469, 77022, 77091, 77062, 77034, 77373, 77388, 77041, 77064, 77539, 77003, 77076, 77031, 77406, 77012, 77090, 77498, 77535, 77502, 77080, 77338, 77078, 77586, 77530, 77515, 77013, 77059, 77065, 77407, 77504, 77532, 77375, 77365, 77066, 77039, 77015, 77381, 77386, 77002, 77043, 77503, 77377, 77356, 77069, 77351, 77506, 77073, 77382, 77471, 77414, 77060, 77058, 77380, 77562, 77510, 77706, 77067, 77389, 77422, 77493, 77705, 77336, 77598, 77357, 77547, 77541, 55757, 77038, 77355, 77086, 77384, 77354, 77587, 77327, 77037, 77068, 77385, 77486, 77304, 77590, 77480, 77340, 77531, 77624, 77632, 77657, 77046, 77302, 77032, 77441, 77565, 77630, 75904, 77662, 77301, 77563, 77517, 77040, 77484, 77316, 77627, 77707, 77550, 77328, 77568, 77320, 77447, 77437, 77303, 77640, 77488, 77554, 77904, 77651, 77619, 75901, 77611, 77833, 77656, 77318, 75951, 77372, 77845, 77713, 77707, 77418, 77094, 75835, 78934, 77331.

Because most of the zip codes within the service area are found within Harris, Fort Bend, Brazoria, and Galveston Counties, this report has relied upon recent data available for these counties to draw inferences about the Baylor St. Luke's community. The map below displays the Baylor St. Luke's community.



Appendix 2: Community Demographics

Sg2 MARKET SNAPSHOT



Catholic Health Initiatives

BSLMC PSA/SSA

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Population and Gender	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
Female Population	2,695,711	50.3%	2,907,090	50.4%	7.8%	50.8%
Male Population	2,661,190	49.7%	2,865,253	49.6%	7.7%	49.2%
Total	5,356,901	100.0%	5,772,343	100.0%	7.8%	100.0%

Age Groups	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
00-17	1,406,799	26.3%	1,477,741	25.6%	5.0%	22.5%
18-44	2,047,142	38.2%	2,121,192	36.8%	3.6%	35.7%
45-64	1,298,047	24.2%	1,398,209	24.2%	7.7%	25.6%
65-UP	604,913	11.3%	775,201	13.4%	28.2%	16.3%
Total	5,356,901	100.0%	5,772,343	100.0%	7.8%	100.0%

Ethnicity/Race	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
Asian & Pacific Is. Non-Hispanic	506,140	9.5%	598,444	10.4%	18.2%	5.9%
Black Non-Hispanic	940,865	17.6%	1,008,909	17.5%	7.2%	12.4%
Hispanic	2,055,110	38.4%	2,279,175	39.5%	10.9%	18.4%
White Non-Hispanic	1,742,439	32.5%	1,751,816	30.4%	0.5%	60.0%
All Others	112,347	2.1%	133,999	2.3%	19.3%	3.3%
Total	5,356,901	100.0%	5,772,343	100.0%	7.8%	100.0%

Language*	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
Only English at Home	2,912,234	58.7%	3,148,115	58.7%	8.1%	78.5%
Other Indo-European Lang at Home	129,006	2.6%	138,666	2.6%	7.5%	1.8%
Other Lang at Home	81,136	1.6%	87,258	1.6%	7.6%	1.1%
Spanish at Home	1,513,557	30.5%	1,636,819	30.5%	8.1%	13.3%
Vietnamese at Home	102,772	2.1%	110,387	2.1%	7.4%	0.5%
All Others	225,813	4.6%	242,774	4.5%	7.5%	4.8%
Total	4,964,518	100.0%	5,364,019	100.0%	8.1%	100.0%

Household Income	Market 2019 Households	Market 2019 % of Total	Market 2024 Households	Market 2024 % of Total	Market Households % Change	National 2019 % of Total
<\$15K	175,822	9.4%	183,606	9.1%	4.4%	10.5%
\$15-25K	165,013	8.8%	172,140	8.6%	4.3%	9.1%
\$25-50K	392,379	21.0%	415,374	20.7%	5.9%	21.5%
\$50-75K	309,454	16.6%	329,069	16.4%	6.3%	16.9%
\$75-100K	217,852	11.7%	235,518	11.7%	8.1%	12.3%
\$100K-200K	419,179	22.5%	459,903	22.9%	9.7%	21.6%
>\$200K	187,221	10.0%	214,710	10.7%	14.7%	8.1%
Total	1,866,920	100.0%	2,010,320	100.0%	7.7%	100.0%

Education Level**	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change	National 2019 % of Total
Less than High School	322,688	9.3%	350,588	9.4%	8.7%	5.4%
Some High School	262,123	7.6%	285,406	7.6%	8.9%	7.3%
High School Degree	782,059	22.7%	851,788	22.7%	8.9%	27.3%
Some College/Assoc. Degree	992,016	28.7%	1,077,843	28.8%	8.7%	30.7%
Bachelor's Degree or Greater	1,094,179	31.7%	1,183,703	31.6%	8.2%	29.3%
Total	3,453,065	100.0%	3,749,328	100.0%	8.6%	100.0%

*Excludes population age <5, **Excludes population age <25

Source: Claritas Pop-Facts© 2019

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Appendix 3: 2016 CHNA Priority Need Actions / Evaluation of Impact

The table below summarizes actions taken and impacts achieved to help address the significant needs in the 2016 Implementation Strategy.

Significant Health Needs and Intended Actions from 2016 Implementation Strategy		Actions and Impact
Coordination of Care		
<p>Increase access to care for Medicaid patients, indigents, refugees, uninsurable, undocumented, unemployed, homeless, children, elderly, and healthy seniors</p>	<p>Provide resources (education series, brochures, etc.) in English and Spanish</p> <p>Discuss employment of patient navigators</p> <p>Utilize volunteers (provide information, speak with patients being discharged, make follow-up calls, etc.)</p> <p>Project RED (Re-Engineered Discharge) is a program to test and develop strategies to improve the hospital discharge process and promote patient safety and overall, reduce re-admission rates. This program has been used throughout the United States and has been shown especially successful for hospital facilities with diverse patient populations.</p>	<p>The hospitals fund the ongoing Congestive Heart Failure program for San Jose Clinic, for the purpose of allowing the uninsured to receive Labs, Pharmacy and Medical OP support, at a cost of \$10,000 annually.</p>
<p>Define a procedure for treating and/or referring children, mothers and mentally ill patients that SLMC cannot treat today elsewhere in the CHI</p>	<p>Partner with psychologists or therapists to be able to talk with patients</p> <p>Collaborate with Behavioral Health, if possible</p>	<p>Anti-Human Trafficking Initiative Achievements</p> <ul style="list-style-type: none"> • Advisory Council drafted protocol and submitted to Nurse Leadership for review and approval by December 2020. • Created the PATH Collaborative with the award of Department of

Significant Health Needs and Intended Actions from 2016 Implementation Strategy		Actions and Impact
St. Luke's Health group		<p>Justice Office for Victims of Crime grant. We were able to formalize our continuum of care through the PATH Collaborative by adding partners: Baylor College of Medicine, Doctors for Change, Harris Health System Ben Taub Hospital (County), San Jose Clinic, University of Houston.</p> <ul style="list-style-type: none"> • We continue to host monthly meetings with average attendance of 20 participants representing healthcare institutions, clinics, educational institutions, law enforcement, elected officials, and community partners within the Texas Medical Center and beyond. <ul style="list-style-type: none"> ○ Healthcare Institutions with whom we collaborate: CHI St. Luke's Health, HCA Healthcare, Harris Health System, Houston Methodist, MD Anderson, Memorial Hermann, Texas Children's Hospital, UT Health ○ Clinics: Legacy Clinic, San Jose Clinic ○ Educational Institutions: Baylor College of Medicine, University of Houston ○ Law Enforcement: FBI, Homeland Security, Harris County Sheriff's Office, Harris County District Attorney, Houston Police Department ○ Elected Officials: Congressman Michael McCaul ○ Community Partners: Catholic Charities, Doctors For

Significant Health Needs and Intended Actions from 2016 Implementation Strategy		Actions and Impact
		Change, Elijah Rising, Freedom Place, The Alliance, The Landing, Redeemed Ministries, Texas Forensic Nurse Examiners, United Against Human Trafficking
Specialist Services		
Provide a patient navigator to link patients to the appropriate identified services or programs outside of the hospital	Discuss employment of patient navigators (provide follow-up appointments upon discharge)	
Strengthen palliative and hospice care program for patients	Make existing programs more visible for community	We have engaged a full time Palliative Care physician who serves dually as Ethics consultant
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	Assemble a team of hospital departments to work together to collaborate and provide community outreach Collaborate with Baylor Healthcare Outreach	<ul style="list-style-type: none"> • Connecting with San Jose Clinic and supporting Diabetes and CHF patients focuses on the underserved and disadvantaged in the greater Houston area. • Oncology education series: Ongoing • Through San Jose Clinic we have acted to expand our role in Diabetes Community Health by way of promotion, physician support and pharmacy support. • Health screenings for patients and staff. • Diabetes education and outreach: Heart Walk; Health Fair; Diabetes Expo; Prevention presentations
Make available proper planning and preparation for end of life	Promote during required Sacred Vocation	End of Life decisions are managed by chaplaincy with new support from EHF EPIC program that flags needs for consults regarding end of life preferences.

Significant Health Needs and Intended Actions from 2016 Implementation Strategy		Actions and Impact
Special Programs		
Develop more effective referral/feeder program for Baylor St. Luke’s among primary care physicians	Discuss employment of patient navigators (provide follow-up appointments upon discharge)	Working alongside operations in developing a common new hospital environment at McNair Campus to be completed in 2022. The new care environment is designed to enhance the care environment in a way that naturally enhances patient experience.
Increase the cultural competencies among Baylor St. Luke’s staff	Provide Lunch & Learn for staff and community regarding services, cultural differences that affect treatment, etc. Discuss possibility of volunteers becoming certified translators	Ongoing dialogues.
Build the San Jose – CHI St. Luke’s partnership	Increase opportunities for collaboration and volunteer	Ongoing activity. See specifics listed in other needs.
Increase prevention and treatment resources in areas of physical/sexual abuse, human trafficking and violence in schools	Partner with Houston Women’s Center to provide outreach program to educate staff on signs to recognize abused patients Each location to address this need as they are capable, and Healthy Communities Department to implement a system-wide initiative to unify the system. This initiative would include required education for all staff Research and information regarding a trained SANE nurse to be staffed at locations throughout the CHI St. Luke’s	Anti-Human Trafficking Initiative – Achievements Partnered with Department of Health and Human Services (HHS) National Human Trafficking Training and Technical Assistance Center (NHTTAC) to implement Seek, Observe, Ask and Respond (SOAR) training throughout the CHI St. Luke’s Health – Texas Division. To date we have trained over 900 individuals. Quotes from Consortium and Training Participants: “I was very pleased with the information presented. I learned a lot

Significant Health Needs and Intended Actions from 2016 Implementation Strategy		Actions and Impact
	<p>Health Houston market will also be discussed.</p>	<p>more than I anticipated, and as a future nurse, I am interested in learning more about what I can do as a medical professional to identify and help victims of human trafficking. Thank you for bringing this very important issue to the Lone Star College - Montgomery campus!”</p> <p>“I enjoyed the experiential practice, the integrated personal stories, and complex trauma theory. Well done!”</p> <p>“She was great, approachable and made the information very clear.”</p> <p>“She was a pleasure to have speak at the consortium. She is engaging, bright and clinically relevant. We will make improvements to our practice because of her.”</p> <p>“Thanks for organizing an amazing month of events, lectures and trainings!”</p> <p>“Really appreciate the virtual meeting. It's difficult for me to make the trip to the Med Center.”</p> <ul style="list-style-type: none"> • Partnered with Doctors for Change and Survivor Leader for face-to-face training for clinical staff. • Reviewing avenues for expansion using existing simulation lab at hospital modeling University of Miami program. • Entered into a contract with Texas Forensic Nurse Examiners to provide forensic sexual assault forensic exams for trafficking

Significant Health Needs and Intended Actions from 2016 Implementation Strategy		Actions and Impact
		victims at all CHI St. Luke's Houston area hospitals (Baylor St. Luke's Medical Center, Brazosport, Patients Medical Center, Sugar Land, The Vintage, The Woodlands). Identified over 30 victims of human trafficking.

In addition, the hospital has taken numerous actions to improve access to care across many health needs. These include:

- Continued collaboration with MAT Psych Services, a team of mental health professionals that respond to calls from the ER when patients present symptoms of mental illness, depression, psychosis or chemical dependency.
- We have begun creating recordings to allow virtual health dialogue for outpatient support throughout the Division. These feature psychiatrists responding to relevant questions in the community with supporting links to create referrals for live visits if desired.
- Varied support for the San Jose Clinic, including: interns volunteer/staff ongoing, behavioral health support, education of staff in care and identification of Trafficked Victims, annual support for Medical Director of the Clinic in the amount of \$300,000, annual support for the Fall Speaker series in the amount of \$20,000 (the series reaches clinicians, Academic supporters).
- Transitional Care Clinic established and provided over 30 uninsured patients with access to reliable primary care, medication and lab visits. It reported at least 750 enrolled patients, 1,000 inpatient hospital visits, and 500 post-visit calls or secondary visits.

Appendix 4: Participants Involved in the CHNA

Cynthia Colbert
CEO Catholic Charities
ccolbert@catholiccharities.org

Maureen Sanders
President and CEO San Jose Clinic
maureensanders@sanjoseclinic.org

Kimberly Williams
CHI St. Luke's Program Coordinator-
Human Trafficking
Kwilliams5@stlukeshealth.org

Tamara Bourda
Director Healthy Communities
TamaraBourda@catholichealth.net

Denice Foose
Director Catholic Chaplain Corps
dfoose@archgh.org

Sally Lubber
CHI St. Luke's Div. VP-Financial
Accounting
sluber@stlukeshealth.org

De Rose
CHI St. Luke's Program Manager-Patient
Experience
drose@stlukeshealth.org

May Cahill
CHI St. Luke's Div. VP Development
mcahill@stlukeshealth.org

Jessica El-Hallal
CHI St. Luke's Manager Business
Development
jel-hallal@stlukeshealth.org

Elena Marks
President and CEO Episcopal Health
Foundation
EMarks@episcopalhealth.org

Bella Schanzer-Morgan
Baylor College of Medicine-Associate
Professor Psychiatry & Behavioral Sciences
Bella.Schanzer@bcm.edu

Joel James
CHI Texas Division Senior Vice President
Mission Integration
832-355-8612 (work)
jjames@stlukeshealth.com

Mary desVignes-Kendrick, MD
Director, Fort Bend County Health &
Human Services

Umair Shah, Executive Director
Harris County Public Health

Sandra Tyson, Senior Policy Planner
Harris County Public Health