



The Vintage Hospital



2016 Community Health Needs Assessment & Implementation Strategy



The Vintage Hospital

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

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Community Health Needs Assessment

Introduction

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

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

CHI St. Luke's - The Vintage Hospital (The Vintage Hospital), opening its doors in 2010, is an acute care hospital offering a full complement of inpatient and outpatient medical and surgical services to the Northwest Houston community. The primary services include obstetrics and neonatology, bariatric surgery, orthopedics, spine, pain management, gastroenterology, interventional, heart and vascular, and diagnostic imaging. The hospital encompasses 106 licensed beds, 511 employees (167 RNs), and 425 medical staff. They accept more than 3,000 annual admissions and the emergency department receives more than 18,000 annual visits.

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

Community Served by the Hospital

The community served by CHI St. Luke’s Health - The Vintage Hospital is described by the geographic area of The Vintage Hospital and the contiguous zip codes determined by 2014 The Vintage Hospital discharge data. Located in Harris County, the hospital service area is a suburban community that neighbors a metropolitan city and contains many smaller, rural communities. This area is made up of two larger municipalities, the cities of Tomball and Cypress, collectively home to over 60,000 residents. The Vintage Hospital primarily serves residents of Harris and Montgomery Counties. To describe the health needs of The Vintage Hospital community, this report used data from the United States Census Bureau American Community Survey 2014 Estimates (ACS) from Harris County for persons aged 18 years and older. The Vintage Hospital community is best defined by Harris County because of its primary service area. The Vintage Hospital community will be compared to the ACS Texas state data as a reference. The Vintage Hospital service area map and zip codes are included in Appendix 1.

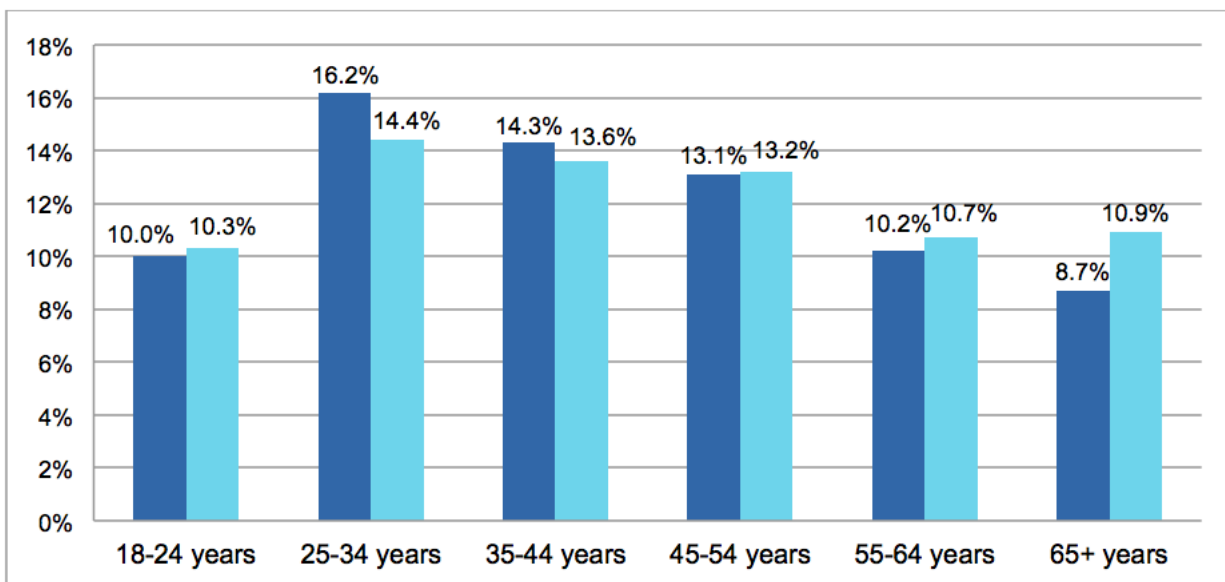
Community Demographics

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

Below are additional details related to the demographics of The Vintage Hospital community compared with Texas:

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

Figure 1. Age distribution for The Vintage Hospital community and Texas



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

Table 1. Racial/ethnic distribution for The Vintage Hospital community and Texas

| Ethnicity | The Vintage Hospital Community | Texas |
|---------------------------|--------------------------------|-------|
| White/Non-Hispanic | 32.1% | 44.3% |
| Hispanic | 41.4% | 38.2% |
| Black/Non-Hispanic | 18.5% | 11.6% |
| Asian/Non-Hispanic | 6.4% | 4.0% |

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

Table 2. Education for The Vintage Hospital community and Texas (population over 25 years of age)

| Education Level | The Vintage Hospital Community | Texas |
|---|--------------------------------|-------|
| Less than 9th grade | 11.3% | 9.3% |
| 9th-12th grade, no diploma | 9.5% | 9.2% |
| High School Graduate | 23.3% | 25.2% |
| Some college, no degree | 21% | 22.7% |
| Associate's Degree | 5.8% | 6.6% |
| Bachelor's Degree | 18.7% | 17.9% |
| Graduate or Professional Degree | 10.3% | 9.1% |

Community Health Needs Assessment Process

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

needs, gathered from the interviews, surveys and focus group discussions, and designed an implementation strategy to address the identified needs. The names, titles, organizations, and roles of those involved in the CHNA, including the data analysis and community focus groups, can be found in Appendix 2.

Public Health Data

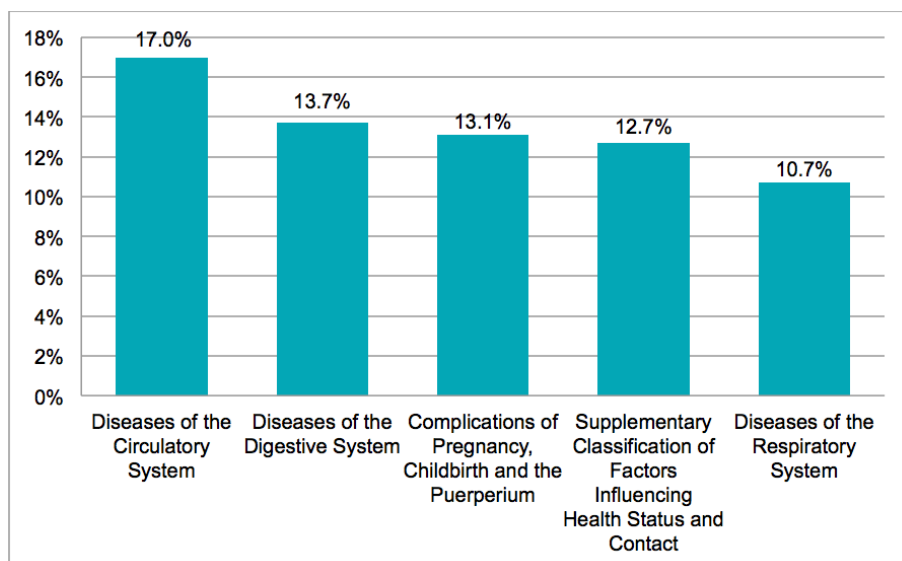
Public health data collection, review, and analysis efforts were guided by two main questions: “What are the health needs of the community served by the hospital facility?” and “What are the characteristics of the populations experiencing these health needs?” Quantitative data were obtained and analyzed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

Hospital Discharge Data

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

For those diagnoses with high prevalence, the categories were disaggregated to a level that aided understanding if the main description was extremely broad. Overall, the leading discharge categories were Diseases of the Circulatory System (17.0%); Diseases of the Digestive System (13.7%); Complications of Pregnancy, Childbirth and the Puerperium (13.1%); V Codes – Supplementary Classification for Factors Influencing Health Status and Contact (12.7%);and Diseases of the Respiratory System (10.7%) (Figure 2).

Figure 2. 2014 The Vintage Hospital Discharge by Diagnoses



Key Indicators and Health Disparities

The Vintage Hospital 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 Vintage Hospital community. The below indicators reflect analyses from the DSHS, CDC and Behavioral Risk Factor Surveillance System (BRFSS) data for both The Vintage Hospital community and Texas. Detailed 2014 weighted data tables provided by BRFSS for Harris County and Texas can be found in Appendix 4: Tables A-M.

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

Table 3. Health Insurance by Age – The Vintage Hospital Community and Texas

| Age Category | The Vintage Hospital Community | Texas |
|--------------------|--------------------------------|-------|
| Less than 18 years | 14.5% | 12.6% |
| 18-64 years | 32.8% | 29.5% |
| 65+ years | 3.7% | 2.0% |

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

Table 4. Persons Living Below Poverty Level – The Vintage Hospital Community and Texas

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

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

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

| Cancer Type | The Vintage Hospital Community | Texas |
|-----------------|--------------------------------|-------|
| Breast (Female) | 118.9 | 113.1 |
| Prostate | 134.5 | 115.7 |
| Lung & Bronchus | 57.4 | 58.1 |

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

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

| Cancer Type | The Vintage Hospital Community | Texas |
|----------------------------|--------------------------------|-------|
| Breast (Female) | 23.7 | 21.0 |
| Prostate | 19.7 | 19.6 |
| Lung & Bronchus | 41.9 | 43.5 |

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

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

Table 7. Cardiovascular Disease & Heart Disease – The Vintage Hospital Community and Texas

| Ethnicity | Cardiovascular Disease | | Heart Disease | |
|--------------------------|------------------------|-------|----------------------|-------|
| | The Vintage Hospital | Texas | The Vintage Hospital | Texas |
| White | 8.0% | 9.7% | 4.6% | 7.7% |
| Black | 20.9% | 10.3% | 13.1% | 6.0% |
| Hispanic | 5.9% | 4.9% | 4.1% | 3.7% |
| Other/Multiracial | 0.1% | 4.4% | 0% | 2.7% |

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

Table 8. Stroke – The Vintage Hospital Community and Texas

| Ethnicity | The Vintage Hospital Community | Texas |
|-------------------|--------------------------------|-------|
| White | 3.5% | 3.1% |
| Black | 10.5% | 5.8% |
| Hispanic | 2.4% | 1.9% |
| Other/Multiracial | 0.1% | 2.5% |

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

Community Input

Qualitative and quantitative research analysis was performed in the primary service area of The Vintage Hospital by Saurage Research, Inc. Qualitatively, individual phone interviews were conducted with physicians employed by The Vintage Hospital. In-person focus groups also took place with The Vintage Hospital staff and community stakeholders. The group of community stakeholders was comprised to represent public health agencies, community health centers, government agencies, community organizations, academics, media organizations, policy makers, elected officials and others throughout the community with a creditable understanding of the population, health and healthcare needs of those who reside in The Vintage Hospital service area. Quantitative data was collected via online and telephone interviews with 150 healthcare decision makers between the ages of 18-74 years living in The Vintage Hospital service area. The complete qualitative and quantitative analysis can be found in Appendix 6.

Qualitative Analysis

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

- **Access to Care:** Those involved in the qualitative analysis suggested a need for individuals of minority populations, low socio-economic status, without insurance, seniors, children, and veterans to have better access to care.
- **Education:** Participants discussed the growing need for educational outreach programs to community members in a plethora of subjects pertaining to health and lifestyle, as well as some disease prevention.
- **Specialists:** Hospital physicians and staff believed there needed to be an increase in specialists such as primary care, endocrinologists, neurologists, orthopedics, pediatrics cardiologists, oncologists and sports medicine.
- **Services:** It was discussed that the majority of the priority needs would be better approached if there were available services throughout the community for those who need them. The services consisted of educational programs, improving marketing and communication of what The Vintage Hospital has to offer, transportation, and social isolation for seniors.

Quantitative Analysis

A survey was conducted by Saurage Research, Inc. to residents of the greater Houston area (N=900) and those specifically located within The Vintage Hospital service area (N=150). The survey was distributed by both email and telephone. Survey questions focused on access to care, patient satisfaction and confidence, available services, and other pertinent information to identify the priority needs of The Vintage Hospital community. All quantitative key findings can be found in Appendix 6. Below are some brief descriptors of the surveyed answers using Houston as the comparison to The Vintage Hospital community.

- **Routine Care:** The majority of residents surveyed identified a doctor's office or private office as their location of routine care (87% The Vintage Hospital vs. 87% Houston). Doctors' offices or private clinic usage is highest among the more affluent 55-75 year olds, those who have never had to delay healthcare, those in good health and without children living at home. These same respondents are also most likely to have a personal or family physician.

- **Personal/Family Physician:** Most surveyed residents could identify a personal or family physician when they are seeking healthcare (83% The Vintage Hospital vs. 82% Houston). This is consistent with BRFSS data gathered (Appendix 4).
- **Distance Traveled for Access to Care:** The survey inquired on average how many miles a family must travel to receive healthcare. More than half travel less than 10 miles, one way, to receive the healthcare they need (66% The Vintage Hospital vs. 65% Houston). Almost half of The Vintage Hospital community respondents have developed long term personal relationships and positive experiences with their family provider and choose to continue care with that provider. Perceived provider quality, insurance acceptance and location also play important roles in their selection of a family doctor. Regardless of the exact reason for their decision, most are able to satisfy their routine needs close to home. Respondents with insurance tend to travel shorter distances to meet their routine healthcare needs while lower income, uninsured respondents tend to travel further.
- **Satisfaction, Confidence & Choice:** For the most part, residents in The Vintage Hospital service area are very satisfied with their routine healthcare provider. In addition, the majority is confident that they can easily access quality healthcare and has a great deal of choice in where they receive medical care. Satisfaction levels were highest among those with the most choice and greatest confidence. Confidence was strongest among men, the most satisfied, those with the greatest choice, those who have not delayed healthcare or prescriptions, those in good health and with health insurance. Those with the most choice were more often non-White, most satisfied and confident and never delayed healthcare.
- **Delayed Health Care or Prescriptions:** Very few surveyed residents had previously delayed healthcare due to lack of money or insurance (33% The Vintage Hospital vs. 34% Houston). There are, however, a sizeable segment of The Vintage Hospital community respondents who have faced these tradeoff decisions. Similar results were found when asking about the ability to fill prescriptions due to lack of money or insurance (17% The Vintage Hospital vs. 21% Houston). The frequency of delayed healthcare and prescriptions is highest among females, younger, less affluent individuals; those with the least choice, least confidence, no insurance and poor health.
- **Available Services:** Care availability levels in The Vintage Hospital service area are highest for primary care, dental care and eye/ear care and lowest for organ transplants and geriatrics/older care. Residents in this area have a higher likelihood to view provider availability as a strength in their community. Across the various types of care listed, availability tends to be rated highest among men, older and more affluent respondents, those who are most satisfied, confident, have the greatest choice and better health. Those residing in The Vintage Hospital area reported significantly stronger results for the following services when compared to Houston: dental care, eye/ear care, outpatient surgery, heart/cardiac care, orthopedic care, gastrointestinal treatment and neurology services.
- **Concerns in Health Care:** Costs dominate the top two concerns among both The Vintage Hospital community residents and those in the broader Houston market. Insurance costs are also a significant area of concern regarding healthcare.
- **Attitudes & Perceptions:** Among The Vintage Hospital community respondents, the highest levels of agreement are emergency services, health insurance and quality healthcare availability and affordability. The lowest level of agreement in The Vintage Hospital service area are recorded for seniors getting the help they need to stay in their homes, the availability and affordability of hospice care, and seniors getting enough nutritious food.

- **Likelihood of Participation:** When identifying a strategy to address priority needs, it is sometimes essential to collaborate with community resources. In the 2013 CHNA, educational classes regarding the importance of health and health prevention methods were established to address some priority community needs. CHI St. Luke's Health deemed it important to understand if community members were likely to attend such locations or events in seek of healthcare prevention. When asked if they would participate in activities through community resources and educational classes, one in three residents of The Vintage Hospital service area are likely to participate in these programs; marginally lower than the Houston market. Participation likelihood for both of these communities is higher among less healthy and lower income respondents.
- **Safety & Violence:** When asked about the level of violence in their community, just over half of the residents who were surveyed felt safe in community public areas (57% The Vintage Hospital vs. 61% Houston). More than half of The Vintage Hospital community residents question the adequacy of resources for victims of abuse, human trafficking and school violence. There is a significantly higher propensity for The Vintage Hospital community residents than for those living in Houston to believe that human trafficking is a problem for the community (74% The Vintage Hospital vs. 67% Houston).
- **Last Exam:** Six in ten The Vintage Hospital community respondents have not had a colon cancer screening in the last two years nor had their feet checked; four in ten women have not had a mammogram in the last two years. Across the various types of exams listed, those who tend toward less frequent exams are younger, less satisfied, less confident, have delayed care, are uninsured, and do not have children.
- **Health Problems or Conditions:** The doctor alert profile shows only minor differences between The Vintage Hospital community and Houston. Those alerted to one of the problems: high blood pressure, anxiety or depression, obesity, diabetes, asthma, heart disease or cancer, average nearly two items on the list. Those with one or more of these health issues tend to be older, White, less healthy and covered by Medicaid or Medicare.
- **Activity & Program Participation:** Few residents of the hospital service area or Houston, as a whole, have a health problem or disability that interferes with work, school or other activity participation. Those whose participation is affected are middle aged, less healthy and have delayed healthcare and prescriptions. Almost 20% of respondents have taken part in a program offered by their doctor to help them manage a health problem compared to the one in three who earlier said they were likely to participate in educational seminars and classes about health and prevention available in the community. Those who utilize these programs are more confident, covered by Medicaid or Medicare and have delayed healthcare and prescriptions at some time.
- **Other Health Care Use:** It was discussed whether or not a surveyed resident utilized the following health services: chiropractor, herbal medicines/treatments; homeopathy, acupuncture, and doctor of osteopathy. The respondents in The Vintage Hospital community closely parallel the Houston market. There are no significant differences in use of these services.

Prioritized Significant Community Health Needs

In summary, after reviewing all of the data from the qualitative and quantitative analysis, there is a need for the following in the community served by The Vintage Hospital:

- Greater access to care for Hispanics, minorities, low income households, seniors, youth, veterans, and uninsured
- Increased coverage and capacity in the areas of primary care, endocrinology, neurology, orthopedics, pediatric cardiologists, oncology and sports medicine
- Increased knowledge of what healthcare resources, programs and support are available in the community
- Raise community awareness with The Vintage Hospital facilities and staff

- Better understand cultural sensitivity and flexibility
- Education related to nutrition, heart and lung disease, diverticulitis, atherosclerosis, high blood pressure, diabetes, obesity and importance of compliance
- Programs related to more efficient and effective post discharge support and repeat patient care consults; identifying and linking delayed care and prescription refills to more affordable alternatives; improved transportation, especially for seniors and disabled; long term planning and preparation for projected population changes; combat social isolation among seniors; improve food availability and distribution for seniors; crack barriers to increase awareness and attendance at educational outreach activities; address specific needs in area of abuse, human trafficking and school violence

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

Access to Care

- Increase access to care for Hispanics, minorities, uninsured, seniors, youth and veterans

Communication of Resources

- Make aware what healthcare programs, providers and services are available to residents and how to contact them for more information
- Increase prevention and treatment resources in areas of physical and sexual abuse, human trafficking and violence in schools

Education

- Provide health and lifestyle education in the areas of nutrition, heart and lung disease, diabetes and obesity

Potentially Available Resources

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

- **Area Agency on Aging** – The Area Agency on Aging implements preventative programs for seniors that promote health for this important sector of the population.
- **Alzheimer’s Association** – The Alzheimer’s Association employs an outreach coordinator for this community who is active in the area and responds to many requests for educational materials and programs.
- **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.

- **CareNet** – Programs for women in crisis and pregnant women.
- **Churches and the Faith Community** – The active church and faith-based communities throughout Houston are often involved in all aspects of life, including health and wellness.
- **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 Patients Medical Center 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.
- **Civic Clubs and Social Clubs** – Civic and social clubs are an important part of communities in Houston and could be a great avenue to reach communities to address health priorities.
- **“I Care” Program** – Methodist Hospital started this program which orchestrates volunteer needs via a website and employees from the hospital can find volunteer opportunities.
- **School Partnerships** – Northwest Hospital has connected with the local school district to organize a fun run for kids, which emphasizes an active lifestyle.
- **TOMAGWA Health Care Ministries** – Programs for uninsured, low-income, mostly female ages 35-50.
- **United Way** – The United Way is a great resource in Houston that addresses a myriad of health-related issues in the community. Participants specifically noted programs of the United Way related to cancer screenings and transportation to health related services.
- **Veterans Clinic in Tomball** – A clinic to serve military veterans is currently being built in Tomball and will be a resource for the community in the future.
- **Walking Trails** – Participants noted that there are many walking trails in the community’s neighborhoods that are a great resource for providing opportunity for exercise.
- **YMCA** – Programs for senior citizens, chronic diseases, low-income, diabetes prevention programs, childhood obesity and youth wellness program. YMCA -Operation Backpack for physicals for school sports.

Evaluation of Impact

In order to complete an implementation strategy for the identified priority health needs defined in the 2013 The Vintage Hospital Community Health Needs Assessment, analysis of four major data sources was completed: The Vintage Hospital Advisory Team, The Vintage Hospital staff and community focus group discussions and public health data for The Vintage Hospital community.

The highest priority health needs identified in 2013 for the community served by The Vintage Hospital were defined as:

- **Access to care:** There is a lack of transportation and lack of access to primary care physicians in The Vintage Hospital community. Women and Hispanics make up the majority of the uninsured and impoverished. Access to healthcare was noted particularly in those with lower income, unemployed, and uninsured or underinsured.
- **Communication of community resources:** There is a need to increase communication regarding community resources. Many services and programs are underutilized and could benefit from additional coordination by community organizations, physicians and local hospitals.

- **Education and health promotion:** There is a need for education on childhood obesity, nutrition, and health promotion programs. Education and healthy living resources specifically for the elder population are also needed in this community.
- **Mental health services:** There are limited services for the diagnosis, treatment, and care for those with mental health and substance abuse issues. Stigma related to mental health in the community was particularly emphasized.

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

Access to care highlight: All patients in the hospital who do not identify a primary care physician are given a list of identifying physicians accepting patients in the patient’s zip code area. Additionally, patients are given information on areas of clinics within the Federally Qualified Health Center Network.

Communication of community resources highlight: The hospital has hosted quarterly diabetes education classes with area physicians and annual educational forums for breast cancer, colorectal cancer, heart health, stroke awareness, diabetes care, prenatal care, breastfeeding and health and wellness programs. There have been more than 1,200 in attendance over the course of the year.

Education and health promotion highlight Partnerships have been formed with more than 13 organizations to promote health education and nutrition programs throughout the community.

Mental health services highlight The Vintage Hospital staff were offered to attend CEU Mental Health programs and are also required to go through annual skills training regarding the care of mental health patients.

A detailed table of the 2013 identified community health needs and their fulfillment can be found in Appendix 5.

Community Health Needs Assessment Summary

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

Access to Care

- Increase access to care for Hispanics, minorities, uninsured, seniors, youth and veterans

Communication of Resources

- Make aware what healthcare programs, providers and services are available to residents and how to contact them for more information
- Increase prevention and treatment resources in areas of physical and sexual abuse, human trafficking and violence in schools

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

Implementation Strategy

Introduction

As an integral part of CHI St. Luke's Health System, CHI St. Luke's The Vintage Hospital's (The Vintage Hospital) mission is to contribute to enhancing community health by delivering superior value in high-quality, cost-effective acute care since 2010. The Vintage Hospital, a 106-bed facility located in Houston, Texas, offers a full complement of inpatient and outpatient medical and surgical services, including obstetrics and neonatology, bariatric surgery, orthopedics, spine, pain management, gastroenterology, interventional, heart and vascular and diagnostic imaging services. In collaboration with the medical staff, they are dedicated to excellence and compassion in caring for the whole person – body, mind and spirit. They also are committed to the growth and development of our care providers and employees, and to securing the health of future generations by creating, applying and disseminating health knowledge through education and research.

Through their commitment to deliver faith-based, compassionate, quality and cost-effective care, The Vintage Hospital shall be the provider of choice in the Northwest Houston and surrounding communities. The Vintage Hospital provides care by living the mission of Catholic Health Initiatives:

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

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

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

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

Overview of the Community Served by The Vintage Hospital

The community served by CHI St. Luke's Health - The Vintage Hospital is described by the geographic area of The Vintage Hospital and the contiguous zip codes determined by 2014 The Vintage Hospital discharge data. Located in Harris County, the hospital service area is a suburban community that neighbors a metropolitan city and contains many smaller, rural communities. The Vintage Hospital primarily serves residents of Harris and Montgomery Counties.

The Vintage Hospital serves the cities of Tomball and Cypress, collectively home to over 60,000 residents that represent diverse ethnicities, backgrounds and needs. Key descriptors of the community served by The Vintage Hospital include:

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

Implementation Strategy Process

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

Prioritized List of Significant Health Needs

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

Access to Care

- Increase access to care for Hispanics, minorities, uninsured, seniors, youth and veterans

Communication of Resources

- Make aware what healthcare programs, providers and services are available to residents and how to contact them for more information
- Increase prevention and treatment resources in areas of physical and sexual abuse, human trafficking and violence in schools

Education

- Provide health and lifestyle education in the areas of nutrition, heart and lung disease, diabetes and obesity

Significant Health Needs to be Addressed

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

| Access to Care | |
|--|---|
| Increase access to care for Hispanics, minorities, uninsured, seniors, youth and veterans | <ul style="list-style-type: none"> - Provide resources (education series, brochures, etc.) in English and Spanish - Collaboration or connection to VA clinic for patient referrals |
| Education | |
| Provide health and lifestyle education in the areas of nutrition, heart and lung disease, diabetes and obesity | <ul style="list-style-type: none"> - The hospital will provided diabetes education classes to diverse patient populations (Vietnamese, Hispanic, etc.) throughout the year. - Nutrition/Obesity community educational offerings will be provided by Nutritional Services - Cardiac health & wellness educational offerings will be provided to the local community - Establish collaborative relationship with local pregnancy centers in the area; to assist in addressing identified patient needs: e.g. - access to car seats, diapers for mothers who cannot afford them - Initiate the use of Project RED (Re-Engineered Discharge) |
| Communication of Resources | |
| Make aware what healthcare programs, providers and services are available to residents and how to contact them for more information | <ul style="list-style-type: none"> - Enhance/augment information on web page/social media outlets – to promote educational offerings provided at The Vintage Hospital for local community - Provide informational brochures in hospital |
| Increase prevention and treatment resources in areas of physical and sexual abuse, human trafficking and violence in schools | <ul style="list-style-type: none"> - Implement educational programs towards women, especially through pregnancy, addressing physical/verbal abuse - Education for staff on warning signs |

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

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

Significant Health Needs Not Addressed

Even though it was decided that all 2016 identified priority needs would be addressed in some way, it is understood that not all components of each need will be completely resolved. When achieving better access to care specifically for youth, The Vintage Hospital is not capable of directly serving those patients because they do not provide pediatric services at the hospital. However, they will work toward providing resources for those patients and provide appropriate referrals for the patient.



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

Appendix 2.

Participants involved in the CHNA

| CHI St. Luke's Health System Team | | | |
|-------------------------------------|-------------------------------|---|---|
| Valerie Mattice Ausborn, MPH | Project Coordinator | CHI St. Luke's Health System, Healthy Communities | Overall CHNA Project Management |
| Mike Sullivan, PhD | Director | CHI St. Luke's Health System, Healthy Communities | Technical Assistance |
| Janice Lamy | Vice President | CHI St. Luke's Health System, Marketing & Communication | Technical Assistance |
| Susan Saurage | President | Saurage Marketing Research Inc. | Qualitative Data Analysis |
| Angela Demmer | Unit Tech-Surgical Services | CHI St. Luke's Health – The Vintage Hospital | Focus Group Staff Participant |
| Amber Foster | Lead ECHO Technologist | CHI St. Luke's Health – The Vintage Hospital | Focus Group Staff Participant |
| Keyshan Collins | Coordinator – Cath Lab | CHI St. Luke's Health – The Vintage Hospital | Focus Group Staff Participant |
| May Hope Taylor | Manager | CHI St. Luke's Health – The Vintage Hospital, Nutrition | Implementation Strategy |
| Adijat Osidipe | Manager, RN, BSN, MBA | CHI St. Luke's Health – The Vintage Hospital, Care Management | Implementation Strategy |
| Karen Castillo | RN | CHI St. Luke's Health – The Vintage Hospital, Care Management | Implementation Strategy |
| Melinda Ferguson | Social Worker | CHI St. Luke's Health – The Vintage Hospital, Care Management | Implementation Strategy |
| Jenni Knox | Social Worker | CHI St. Luke's Health – The Vintage Hospital, Care Management | Implementation Strategy |
| Diane Masri | RN | CHI St. Luke's Health – The Vintage Hospital, Care Management | Implementation Strategy |
| Community Stakeholders | | | |
| Jan Sexton | Director Senior Adult Program | Commissioner Cagle's Office H.C. P4 | Community Stakeholder Focus Group Participant |
| Anne Marie Blacketer | Strategic Gift Officer | Houston Food Bank | Community Stakeholder Focus Group Participant |

Appendix 3.

2012-2014 The Vintage Hospital Discharges by ICD-9 Code

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

| Diagnostic Group | 2012 | | 2013 | | 2014 | |
|---|------------|-------------|------------|-------------|------------|-------------|
| | n | % | n | % | n | % |
| 1. Infectious and Parasitic Disease (001-139) | 116 | 3.2 | 129 | 3.5 | 157 | 4.4 |
| 2. Neoplasms (140-239) | 109 | 3.0 | 86 | 2.3 | 79 | 2.2 |
| 3. Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279) | 122 | 3.4 | 133 | 3.6 | 124 | 3.5 |
| 4. Diseases of the Blood and Blood-Forming Organs (280-289) | 65 | 1.8 | 52 | 1.4 | 51 | 1.4 |
| 5. Mental Disorders (290-319) | 24 | 0.7 | 21 | 0.6 | 20 | 0.6 |
| <i>290-294 organic psychotic conditions</i> | 12 | 0.3 | 14 | 0.4 | 13 | 0.4 |
| <i>295-299 other psychoses</i> | 1 | 0.03 | 4 | 0.1 | 5 | 0.1 |
| <i>300-316 neurotic disorders, personality disorders, and other nonpsychotic</i> | 11 | 0.3 | 3 | 0.1 | 2 | 0.1 |
| <i>317-319 intellectual disabilities</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Diseases of the Nervous System and Sense Organs (320-389) | 40 | 1.1 | 34 | 0.9 | 31 | 0.9 |
| 7. Diseases of Circulatory System (390-459) | 554 | 15.4 | 584 | 15.9 | 608 | 17.0 |
| <i>390-392 acute rheumatic fever</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>393-398 chronic rheumatic heart disease</i> | 1 | 0.03 | 0 | 0 | 0 | 0 |
| <i>401-405 hypertensive disease</i> | 43 | 1.2 | 47 | 1.3 | 44 | 1.2 |
| <i>410-414 ischemic heart disease</i> | 114 | 3.2 | 119 | 3.2 | 118 | 3.3 |
| <i>415-417 diseases of pulmonary circulation</i> | 29 | 0.8 | 51 | 1.4 | 47 | 1.3 |
| <i>420-429 other forms of heart diseases</i> | 200 | 5.6 | 227 | 6.2 | 254 | 7.1 |
| <i>430-438 cerebrovascular disease</i> | 77 | 2.1 | 82 | 2.2 | 84 | 2.3 |
| <i>440-449 diseases of arteries, arterioles, and capillaries</i> | 20 | 0.6 | 13 | 0.4 | 17 | 0.5 |
| <i>451-459 diseases of veins and lymphatics, and other diseases of circulatory</i> | 70 | 1.9 | 45 | 1.2 | 44 | 1.2 |
| 8. Diseases of Respiratory System (460-519) | 400 | 11.1 | 378 | 10.3 | 383 | 10.7 |
| <i>460-466 acute respiratory infections</i> | 18 | 0.5 | 12 | 0.3 | 7 | 0.2 |
| <i>470-478 other diseases of upper respiratory tract</i> | 2 | 0.06 | 2 | 0.1 | 2 | 0.1 |

| | | | | | | |
|--|------------|-------------|------------|-------------|------------|-------------|
| <i>480-488 pneumonia and influenza</i> | 161 | 4.5 | 154 | 4.2 | 163 | 4.6 |
| <i>490-496 chronic obstructive pulmonary disease and allied conditions</i> | 133 | 3.7 | 123 | 3.3 | 103 | 2.9 |
| <i>500-508 pneumoconiosis and other lung diseases due to external agents</i> | 16 | 0.4 | 21 | 0.6 | 27 | 0.8 |
| <i>510-519 other diseases of respiratory system</i> | 70 | 1.9 | 66 | 1.8 | 81 | 2.3 |
| 9.Diseases of the Digestive System (520-579) | 479 | 13.3 | 510 | 13.9 | 491 | 13.7 |
| <i>520-529 diseases of oral cavity, salivary glands, and jaws</i> | 4 | 0.1 | 3 | 0.1 | 1 | 0.03 |
| <i>530-539 diseases of esophagus, stomach, and duodenum</i> | 50 | 1.4 | 56 | 1.5 | 48 | 1.3 |
| <i>540-543 appendicitis</i> | 37 | 1.0 | 35 | 1.0 | 28 | 0.8 |
| <i>550-553 hernia of abdominal cavity</i> | 24 | 0.7 | 41 | 1.1 | 21 | 0.6 |
| <i>555-558 noninfective enteritis and colitis</i> | 49 | 1.4 | 31 | 0.8 | 55 | 1.5 |
| <i>560-569 other diseases of intestines and peritoneum</i> | 146 | 4.1 | 148 | 4.0 | 145 | 4.0 |
| <i>570-579 other diseases of digestive system</i> | 169 | 4.7 | 196 | 5.3 | 193 | 5.4 |
| 10.Diseases of the Genitourinary System (580-629) | 224 | 6.2 | 214 | 5.8 | 223 | 6.2 |
| <i>580-589 nephritis, nephrotic syndrome, and nephrosis</i> | 47 | 1.3 | 66 | 1.8 | 75 | 2.1 |
| <i>590-599 other diseases of urinary system</i> | 123 | 3.4 | 93 | 2.5 | 113 | 3.2 |
| <i>600-608 diseases of male genital organs</i> | 9 | 0.3 | 11 | 0.3 | 10 | 0.3 |
| <i>610-612 disorders of breast</i> | 2 | 0.06 | 3 | 0.1 | 2 | 0.1 |
| <i>614-616 inflammatory disease of female pelvic organs</i> | 9 | 0.3 | 7 | 0.2 | 2 | 0.1 |
| <i>617-629 other disorders of female genital tract</i> | 34 | 0.9 | 13 | 0.9 | 21 | 0.6 |
| 11.Complications of Pregnancy, Childbirth, and the Puerperium (630-677) | 509 | 14.2 | 558 | 15.2 | 469 | 13.1 |
| 12.Diseases of the Skin and Subcutaneous Tissue (680-709) | 111 | 3.1 | 106 | 2.9 | 115 | 3.2 |
| 13.Diseases of the Musculoskeletal System and Connective Tissue (710-739) | 82 | 2.3 | 69 | 1.9 | 69 | 1.9 |
| <i>710-719 arthropathies and related disorders</i> | 10 | 0.3 | 8 | 0.2 | 20 | 0.6 |
| <i>720-724 dorsopathies</i> | 50 | 1.4 | 40 | 1.1 | 20 | 0.6 |
| <i>725-729 rheumatism, excluding the back</i> | 9 | 0.3 | 14 | 0.4 | 17 | 0.5 |
| <i>730-739 osteopathies, chondropathies, and acquired musculoskeletal</i> | 13 | 0.4 | 7 | 0.2 | 12 | 0.3 |
| 14.Congenital Anomalies (740-759) | 0 | 0 | 3 | 0.1 | 1 | 0.03 |
| 15.Certain Conditions Originating in the Perinatal Period (760-779) | 8 | 0.2 | 2 | 0.1 | 5 | 0.1 |
| 16.Symptoms, Signs, and Ill-Defined Conditions (780-799) | 99 | 2.8 | 79 | 2.1 | 79 | 2.2 |
| <i>780-789 symptoms</i> | 96 | 2.7 | 74 | 2.0 | 75 | 2.1 |

| | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| <i>790-796 nonspecific abnormal findings</i> | 3 | 0.1 | 5 | 0.1 | 3 | 0.1 |
| <i>797-799 ill-defined and unknown causes of morbidity and mortality</i> | 0 | 0 | 0 | 0 | 1 | 0.03 |
| 17.Injury and Poisoning (800-899) | 185 | 5.2 | 194 | 5.3 | 221 | 6.2 |
| <i>800-804 fracture of skull</i> | 0 | 0 | 1 | 0.03 | 0 | 0 |
| <i>805-809 fracture of spine and trunk</i> | 10 | 0.3 | 10 | 0.3 | 15 | 0.4 |
| <i>810-819 fracture of upper limb</i> | 4 | 0.1 | 6 | 0.2 | 4 | 0.1 |
| <i>820-829 fracture of lower limb</i> | 50 | 1.4 | 55 | 1.5 | 67 | 1.9 |
| <i>830-839 dislocation</i> | 1 | 0.03 | 0 | 0.02 | 0 | 0 |
| <i>840-848 sprains and strains of joints and adjacent muscles</i> | 1 | 0.03 | 2 | 0.1 | 1 | 0.03 |
| <i>850-854 intracranial injury, excluding those with skull fracture</i> | 3 | 0.1 | 1 | 0.03 | 0 | 0 |
| <i>860-869 internal injury of chest, abdomen, and pelvis</i> | 4 | 0.1 | 1 | 0.03 | 7 | 0.2 |
| <i>870-879 open wound of head, neck, and trunk</i> | 0 | 0 | 2 | 0.1 | 1 | 0.03 |
| <i>880-887 open wound of upper limb</i> | 0 | 0 | 0 | 0 | 1 | 0.03 |
| <i>890-897 open wound of lower limb</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>900-904 injury to blood vessels</i> | 0 | 0 | 0 | 0 | 1 | 0.03 |
| <i>905-909 late effects of injuries, poisonings, toxic effects, and other external</i> | 1 | 0.03 | 0 | 0 | 0 | 0 |
| <i>910-919 superficial injury</i> | 0 | 0 | 0 | 0 | 1 | 0.03 |
| <i>920-924 contusion with intact skin surface</i> | 1 | 0.03 | 1 | 0.03 | 5 | 0.1 |
| <i>925-929 crushing injury</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>930-939 effects of foreign body entering through orifice</i> | 1 | 0.03 | 0 | 0 | 1 | 0.03 |
| <i>940-949 burns</i> | 1 | 0.03 | 0 | 0 | 0 | 0 |
| <i>950-957 injury to nerves and spinal cord</i> | 0 | 0 | 0 | 0 | 1 | 0.03 |
| <i>958-959 certain traumatic complications and unspecified injuries</i> | 1 | 0.03 | 0 | 0 | 4 | 0.1 |
| <i>960-979 poisoning by drugs, medicinals and biological substances</i> | 39 | 1.1 | 34 | 1.0 | 22 | 0.6 |
| <i>980-989 toxic effects of substances chiefly nonmedical as to source</i> | 1 | 0.03 | 1 | 0.03 | 1 | 0.03 |
| <i>990-995 other and unspecified effects of external causes</i> | 3 | 0.1 | 8 | 0.2 | 9 | 0.3 |
| <i>996-999 complications of surgical and medical care, not elsewhere classified</i> | 64 | 1.8 | 72 | 2.0 | 80 | 2.2 |
| 18.Sickle-cell Disease (282.60-282.69) | 24 | 0.7 | 15 | 0.4 | 17 | 0.5 |
| <i>282.60 sickle-cell disease unspecified</i> | 1 | 0.03 | 0 | 0 | 0 | 0 |
| <i>282.61 Hb-SS disease without crisis</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>282.62 Hb-SS disease with crisis</i> | 22 | 0.6 | 15 | 0.4 | 17 | 0.5 |
| <i>282.63 Sickle-cell/Hb-C disease without crisis</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>282.64 Sickle-cell/Hb-C disease with crisis</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>282.68 other Sickle-cell disease without crisis</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>282.69 other Sickle-cell disease with crisis</i> | 1 | 0.03 | 0 | 0 | 0 | 0 |
| V Codes Supplementary Classification of Factors Influencing Health Status and Contact | 464 | 12.9 | 528 | 14.3 | 454 | 12.7 |
| Unclassified | 0 | 0 | 1 | 0.03 | 1 | 0.03 |
| Total | 3591 | | 3681 | | 3581 | |

Appendix 4.

Texas BRFSS Data 2014 Harris County

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

Diagnosis of any type of cancer

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

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

Doctor Diagnosed Diabetes

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

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

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

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

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

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

| Demographic Group | | Sample Size Harris County | Sample Size Texas | Yes (%) | | No (%) | |
|-----------------------|----------------------------|---------------------------|-------------------|---------------|-------|---------------|-------|
| | | | | Harris County | Texas | Harris County | Texas |
| Total | Total | 658 | 15,274 | 5.4 | 5.8 | 94.6 | 94.2 |
| Gender | Male | 306 | 6,161 | 6.5 | 6.9 | 93.5 | 93.1 |
| | Female | 352 | 9,113 | 4.3 | 4.8 | 95.7 | 95.2 |
| Age Groups | 18-29 | 111 | 1,702 | 1.3 | 0.6 | 98.7 | 99.4 |
| | 30-44 | 157 | 2,833 | 2.2 | 1.7 | 97.8 | 98.3 |
| | 45-64 | 232 | 5,344 | 4.9 | 7.0 | 95.1 | 93.0 |
| | 65+ | 148 | 5,215 | 18.8 | 18.4 | 81.2 | 81.6 |
| Race/Ethnicity | White Only | 305 | 9,038 | 4.6 | 7.7 | 95.4 | 92.3 |
| | Black Only | 80 | 1,123 | 13.1 | 6.0 | 86.9 | 94.0 |
| | Hispanic | 203 | 4,078 | 4.1 | 3.7 | 95.9 | 96.3 |
| | Other Only/ Multiracial | 53 | 603 | 0.0 | 2.7 | 100.0 | 97.3 |
| Insurance | Has Insurance | 506 | 12,802 | 5.9 | 6.4 | 94.1 | 93.6 |
| | No Insurance | 146 | 2,379 | 3.5 | 3.9 | 96.5 | 96.1 |

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

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

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

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

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

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

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

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

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

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

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

Had a routine check up in the past year

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

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

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

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

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

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

| | Demographic Group | Sample Size Harris County | Sample Size Texas | Yes (%) | | No (%) | |
|-----------------------|------------------------|---------------------------|-------------------|---------------|-------|---------------|-------|
| | | | | Harris County | Texas | Harris County | Texas |
| Total | Total | 667 | 15,394 | 70.7 | 72.4 | 29.3 | 27.6 |
| Gender | Male | 310 | 6,200 | 74.1 | 75.0 | 25.9 | 25.0 |
| | Female | 357 | 9,194 | 67.6 | 70.0 | 32.4 | 30.0 |
| Age Groups | 18-29 | 112 | 1,707 | 75.0 | 77.0 | 25.0 | 23.0 |
| | 30-44 | 157 | 2,835 | 69.9 | 75.8 | 30.1 | 24.2 |
| | 45-64 | 235 | 5,380 | 69.0 | 69.4 | 31.0 | 30.6 |
| | 65+ | 152 | 5,287 | 71.7 | 65.1 | 28.3 | 34.9 |
| Race/Ethnicity | White Only | 310 | 9,110 | 77.8 | 78.1 | 22.2 | 21.9 |
| | Black Only | 80 | 1,133 | 73.5 | 69.4 | 26.5 | 30.6 |
| | Hispanic | 205 | 4,108 | 62.6 | 665.2 | 37.4 | 34.8 |
| | Other Only/Multiracial | 55 | 612 | 79.3 | 76.1 | 20.7 | 23.9 |
| Insurance | Has Insurance | 512 | 12,902 | 79.3 | 75.7 | 20.7 | 24.3 |
| | No Insurance | 149 | 2,398 | 51.4 | 62.5 | 48.6 | 37.5 |

Appendix 5.

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

| The Vintage Hospital Priority Needs | Actions taken to fulfill priority need |
|---|---|
| Access to Care | |
| 1) Lack of transportation can be challenging for those community members seeking medical services at primary care providers (PCP) and hospital facilities. The Vintage Hospital will partner to PCPs in the community served by The Vintage Hospital and offer leasing space on the hospital property. | <ul style="list-style-type: none"> • SLMG has leased space in the Medical Arts Building, which currently houses two PCPs. Additionally, one more independent PCP was recruited to lease space in the building. • SLMG also acquired the practices of two existing PCPs in The Vintage Hospital primary and secondary service area. |
| 2) The Vintage Hospital will offer a variety of preventive and specialty health screenings to low-income, uninsured and medically underserved populations. These populations may include minority communities, women, school aged children, and elders. Free and discounted health screenings may be offered during months with specific health observances and may include: mammograms, colon cancer screening, athletic physicals, PAD screening, cardiovascular disease screening and others as identified by the community. | <ul style="list-style-type: none"> • Partnership with Precinct 4 Senior Health organization presented six opportunities for screenings and more than 800 people were screened for blood pressure, heart disease and peripheral vascular disease. • Screenings were also performed at the American Heart Walk for more than 100 participants. ABI vascular screenings were conducted at six retirement and independent living facilities for all residents – more than 35 registered at each facility. |
| 3) The Vintage Hospital will develop a linkage to care framework for discharged patients who do not have a medical home. The Vintage Hospital will identify the Federally Qualified Health Centers and other safety net providers in the area. | <ul style="list-style-type: none"> • All patients in the hospital who do not identify a PCP are given a PCP list identifying physicians accepting patients in the patient's zip code area. Additionally, patients are also given information on areas clinics within the Federally Qualified Health Center Network. |
| 4) The Vintage Hospital will offer information on next steps in seeking primary and specialty care, specifically for those patients who are uninsured and underinsured. This information will be posted on The Vintage Hospital website and through the informational desks at the hospital. | <ul style="list-style-type: none"> • This information is distributed through charity clinics throughout the area, at all health fairs, three chambers of commerce and the information desk of the hospital. |
| 5) The Vintage Hospital will outreach and foster new relationships with PCPs and healthcare service providers to assist linking hospital patients to medical homes, including safety net clinics in the surrounding areas. | <ul style="list-style-type: none"> • Have forged partnerships with TOMAGWA (charity clinic in Tomball) and local churches (approximately 12) to supply them with information on seeking out PCPs and other healthcare service providers for their congregations and clinic patients |
| Communication of Community Resources | |
| 1) The Vintage Hospital will communicate and promote community resources on the hospital's website and on various The Vintage Hospital social media outlets. The Vintage Hospital will also highlight community collaborations and special events through engagement of local media resources. | <ul style="list-style-type: none"> • Media recognition through more than 251 articles • Social media "hits": Facebook (likes): 9,052 Twitter (followers): 3,671 Pinterest (followers): 178 You Tube (followers): 16 Instagram (followers): 103 • chistlukeshealth.org (avg. views/mo): 310,511 |
| 2) The Vintage Hospital will coordinate educational programs such as childbirth, diabetes, cardiovascular disease educational classes for the community. These classes may be held at The Vintage Hospital for free or at a discounted rate for all participants. | <ul style="list-style-type: none"> • Host quarterly diabetes education classes with area physicians. Approximately 35 attendees each time. Have hosted annual educational forums for breast cancer, colorectal cancer, heart health, stroke awareness, diabetes care, prenatal care, breastfeeding and health and wellness programs. Have had more than 1,200 in attendance over the course of the year. |
| 3) The Vintage Hospital will collaborate with local organizations to promote existing and upcoming programs and services. The Vintage Hospital will continue to partner with the Chamber of Commerce and local businesses to sponsor health programs and engage the business community to support community health programs developed by local non-profit and community based organizations. | <ul style="list-style-type: none"> • Collaborate with local YMCA, Precinct 4, Hewlett-Packard, NW Houston Women's Organization, Houston NW Chamber, Cy-Fair Chamber and Tomball Chamber for health and wellness programs, health fairs and health initiatives committees. Have promoted all major service lines through these programs including women's health, cardiovascular health, neurosciences, emergency services, cancer and orthopedics. |
| Education and Health Promotion | |
| 1) The Vintage Hospital will partner with organizations that focus on special populations and specific chronic diseases that impact the health of The Vintage Hospital community. The Vintage Hospital will continue to collaborate with the local YMCA to promote a healthy lifestyle for children initiative to | <p>Partnerships formed with:</p> <ol style="list-style-type: none"> 1) Precinct 4 Senior organization 2) TOMAGWA clinic for the underserved 3) YMCA 4) American Heart Association 5) Alzheimer's Association |

| | |
|--|---|
| <p>address childhood obesity; the American Heart Association to offer educational information on women's heart health and cardiovascular disease; with various pharmaceutical and medical equipment vendors to offer diabetes education and nutrition seminars.</p> | <p>6) American Cancer Society 7) All local Chambers of Commerce 8) Cypress Creek EMS 9) Northwest EMS 10) Klein ISD 11) Cy-Fair ISD 12) Tomball ISD 13) Lone Star College System</p> |
| <p>2) The Vintage Hospital will host monthly classes that help prepare mothers for their pregnancy and childbirth experience. The classes will be available to the public and all classes will be taught by experienced labor and delivery, post-partum and NICU nurses on staff at The Vintage Hospital. Free educational material will be offered to each participant.</p> | <ul style="list-style-type: none"> The Vintage Hospital is working with SLWH is develop these programs for this specific campus. In the meantime, The Vintage Hospital nurses and caregivers have undergone breastfeeding training and experts are always available to patients regarding NICU care, pre- and post-natal care and labor and delivery. Extensive reading materials have been developed for the Women's Center and are distributed throughout clinics, doctors' offices and the community. |
| <p>3) The Vintage Hospital will collaborate with churches, civic groups and community organizations to present educational seminars on priority community health needs and other needs requested by the community. Seminar topics may include: when to go to the emergency department, heart health, healthy living for family and children, arthritis diagnosis and treatment, dementia care for the elderly, and the importance of cancer screening.</p> | <ul style="list-style-type: none"> The Vintage Hospital has participates in more than 28 health fairs, screenings, health education events and fundraising events annually. Many of these events attract 100s of people. It is our estimation we provide health education materials to more than 10,000 people annually |
| <p>4) The Vintage Hospital will communicate health information to schools, churches, and community residents through the distribution of materials at health fairs, festivals, walk-a-thon, seminars, and other community events. The Vintage Hospital will provide speakers and/or educational materials at no charge for certain outreach efforts.</p> | <ul style="list-style-type: none"> The Vintage Hospital has participates in more than 28 health fairs, screenings, health education events and fundraising events annually. Many of these events attract 100s of people. It is our estimation we provide health education materials to more than 10,000 people annually. Topics have included breast cancer, colorectal cancer, heart health, stroke awareness, diabetes care, prenatal care, breastfeeding and health and wellness programs. |
| <p>5) The Vintage Hospital will provide free meeting room space on a quarterly basis to various community groups for health promotion programs at the hospital facility.</p> | <ul style="list-style-type: none"> The Vintage Hospital provides meeting space for the Girls Scouts, Fetal Demise support group, Parents of Multiples support group, Pct. 4 Seniors, Walk to End Alzheimer's committee, American Cancer Society Relay for Life committee and the American Heart Association Heart Walk committee. |
| <p>Mental Health</p> | |
| <p>1) The Vintage Hospital will provide training to hospital staff on identifying mental illness in patients and the impact of stigma related to mental health.</p> | <ul style="list-style-type: none"> Staff were offered CEU Mental Health programs to attend and are also required to go through annual skills training regarding the care of mental health patients |
| <p>2) The Vintage Hospital will identify local or regional services and resources related to mental health and substance abuse.</p> | <ul style="list-style-type: none"> The Vintage Hospital has compiled a list of mental health resources for community distribution. |
| <p>3) The Vintage Hospital will compile the mental health and substance abuse resources and make the information available to the community and other organizations that may be interested in the diagnosis, treatment, and/or care for those with mental health and substance abuse needs.</p> | <ul style="list-style-type: none"> The Vintage Hospital has compiled a list of mental health resources for community distribution. |

Community Health Needs Assessment

CHI St. Luke's Health Houston Master Report

FY 2016

Contents

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Overview

Methodology

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

Summary & Implications

Summary & Implications for Consideration



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

Summary & Implications for Consideration



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



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Qualitative

Key Findings

Qualitative Summary

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

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



KEY FINDINGS

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

Qualitative Summary

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

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



KEY FINDINGS

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

Qualitative Summary

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

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



KEY FINDINGS

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

Qualitative Summary

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

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



KEY FINDINGS

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

Qualitative Summary

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



KEY FINDINGS

- The list of problems/opportunities needing attention demonstrated both unique area differences and cross area consistencies.
- At least 3 of the 5 hospital PSA's defined the following a problems/opportunities:
 - Reducing hospital/ER repeats
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 - Social isolation for seniors
 - ER use for routine/PCP care
 - Dealing with more & sicker patients
 - Raising CHI-SLH awareness
 - Raising awareness of what services/programs are available

Qualitative Summary

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



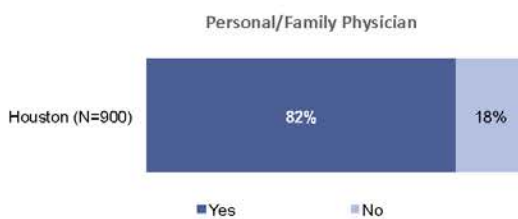
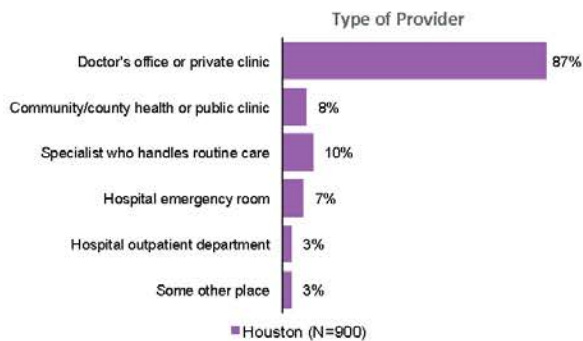
KEY FINDINGS

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

Key Findings
Quantitative

Routine Care

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



KEY FINDINGS

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

Routine Care

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

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

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

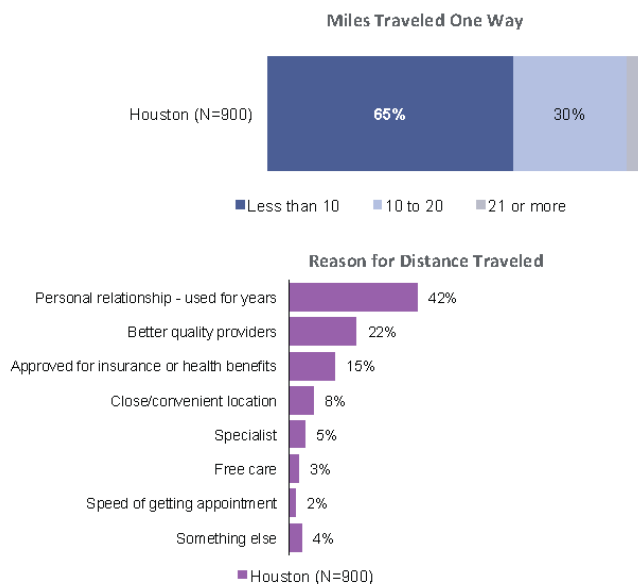


KEY FINDINGS

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

Distance Travel for Routine Care

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



KEY FINDINGS

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

Distance Travel for Routine Care

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

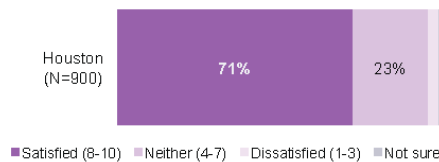


KEY FINDINGS

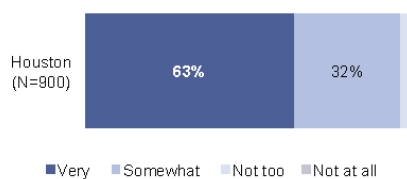
- Most residents in all 5 hospital areas travel less than 10 miles for their routine health care.
- A long-term personal relationship, better quality perceptions and insurance acceptance are the three most popular reasons justifying the distance traveled in all 5 areas.

Satisfaction, Confidence & Choice

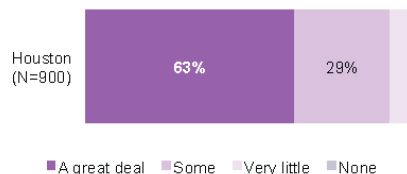
Describe your level of satisfaction with the care received from your routine healthcare provider.



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



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



KEY FINDINGS

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

Satisfaction, Confidence & Choice

| | TOTAL (N=900) | BSLMC (N=301) | SLHV (N=150) | SLPMC (N=149) | SLSL (N=150) | SLWH/ SLLH (N=150) |
|---|------------------|------------------|-----------------|------------------|-----------------|--------------------------|
| LEVEL OF SATISFACTION | | | | | | |
| Satisfied (8-10) | 71% | 67% | 77% | 73% | 77% | 74% |
| Neither/nor (4-7) | 23% | 25% | 19% | 22% | 21% | 23% |
| Dissatisfied (1-3) | 3% | 3% | 2% | 4% | 1% | 1% |
| Not sure | 3% | 4% | 1% | 1% | 1% | 2% |
| LEVEL OF CONFIDENCE CAN EASILY ACCESS QUALITY HEALTHCARE | | | | | | |
| Very confident | 63% | 63% | 62% | 66% | 61% | 63% |
| Somewhat confident | 32% | 32% | 35% | 29% | 33% | 33% |
| Not too confident | 4% | 4% | 3% | 3% | 4% | 3% |
| Not at all confident | 1% | 1% | 0% | 1% | 1% | 1% |
| AMOUNT OF CHOICE IN WHERE GO FOR HEALTHCARE | | | | | | |
| A great deal of choice | 63% | 62% | 68% | 72% | 55% | 55% |
| Some choice | 29% | 29% | 27% | 19% | 37% | 39% |
| Not a lot of choice | 7% | 8% | 5% | 20% | 5% | 6% |
| No choice | 1% | 1% | 0% | 1% | 3% | 0% |

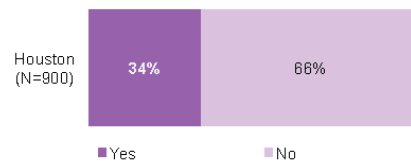


KEY FINDINGS

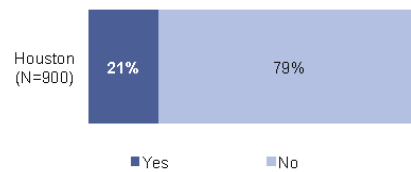
- The majority of respondents in all five areas are satisfied, confident and have a great deal of choice.
- Those in Sugar Land and The Woodlands appear to have somewhat less choice than others.

Delayed Healthcare or Prescriptions

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



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



KEY FINDINGS

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

Delayed Healthcare or Prescriptions

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

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



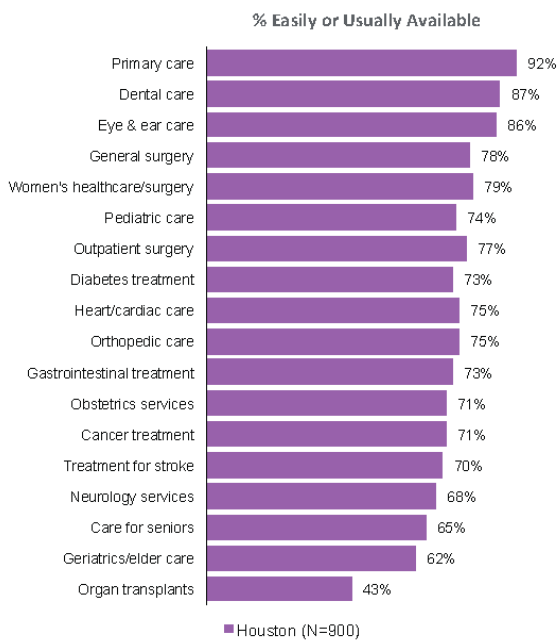
KEY FINDINGS

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

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

Available Healthcare Services

How available are the following to you and your family?



KEY FINDINGS

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

Available Healthcare Services

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

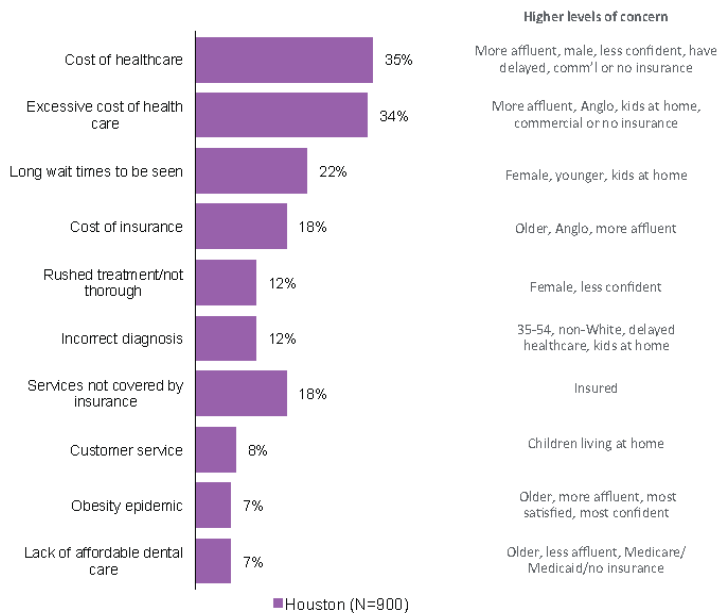


KEY FINDINGS

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

Biggest Concerns

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



KEY FINDINGS

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

Biggest Concerns

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

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

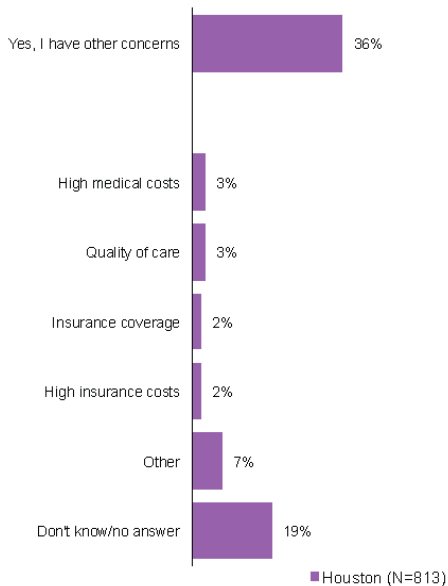


KEY FINDINGS

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

Other Concerns

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



KEY FINDINGS

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

Other Concerns

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

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

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

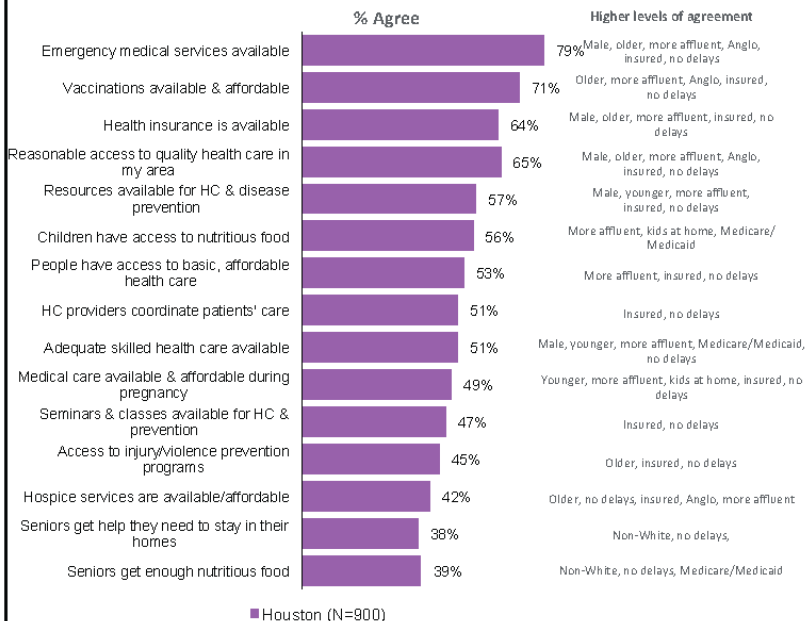


KEY FINDINGS

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

Attitudes & Perceptions

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



KEY FINDINGS

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

Attitudes & Perceptions

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



KEY FINDINGS

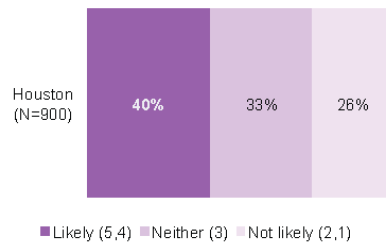
- With the exception of 4 statements agreement levels among Pasadena residents (all higher) and 2 among The Woodlands respondents (both lower), agreement levels did not vary a great deal across the 5 hospital PSA's.

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

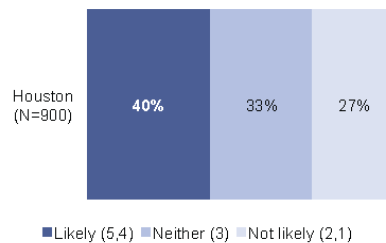
Likelihood To Use/Participate

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

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



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



KEY FINDINGS

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

Likelihood to Use/Participate

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

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

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

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

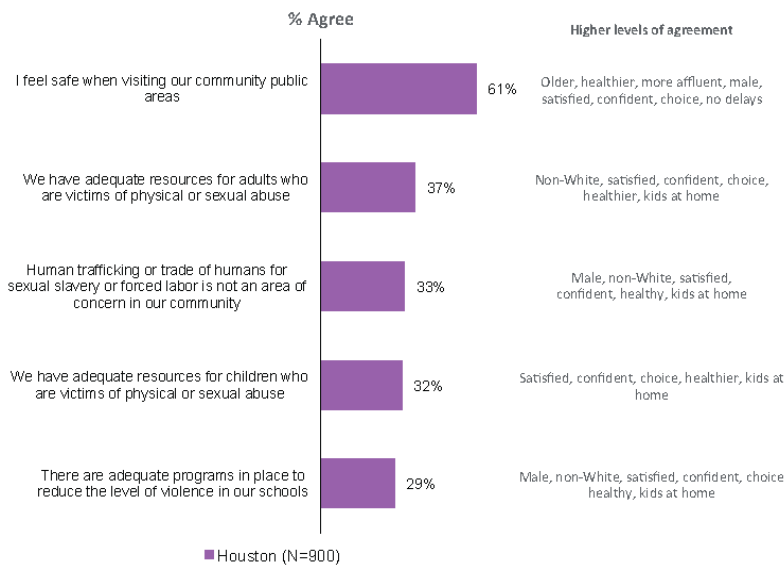


KEY FINDINGS

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

Safety and Violence Issues

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



KEY FINDINGS

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

Safety and Violence Issues

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

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

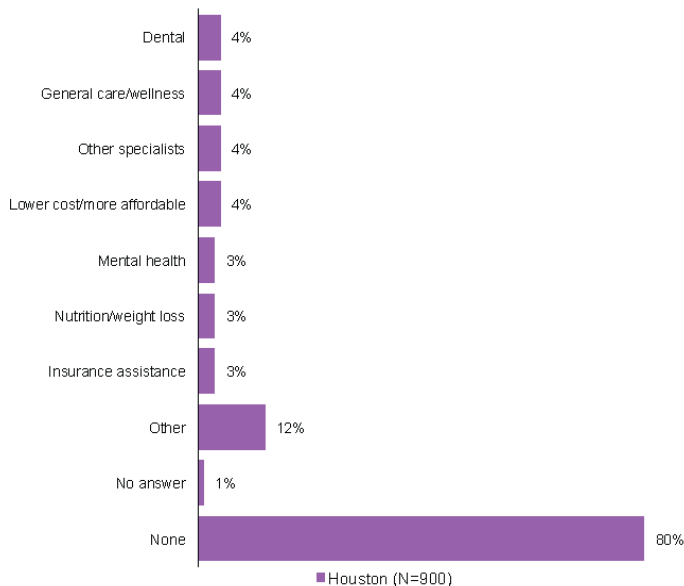


KEY FINDINGS

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

Additional Healthcare Services

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



KEY FINDINGS

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

Additional Healthcare Services

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

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

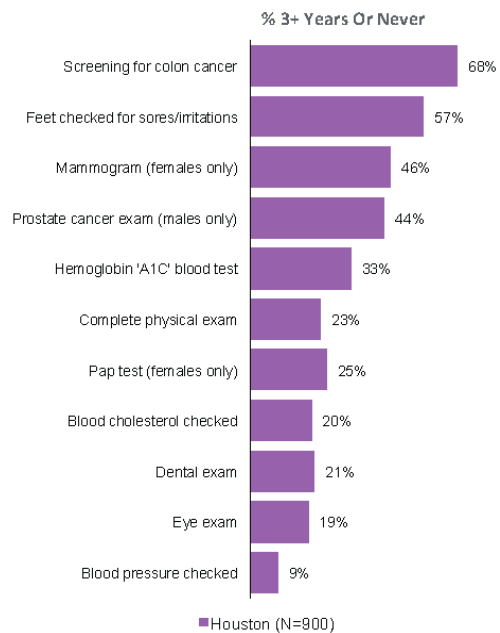


KEY FINDINGS

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

Last Exam

How long ago did you have:



KEY FINDINGS

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

Last Exam

How long ago did you have:

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

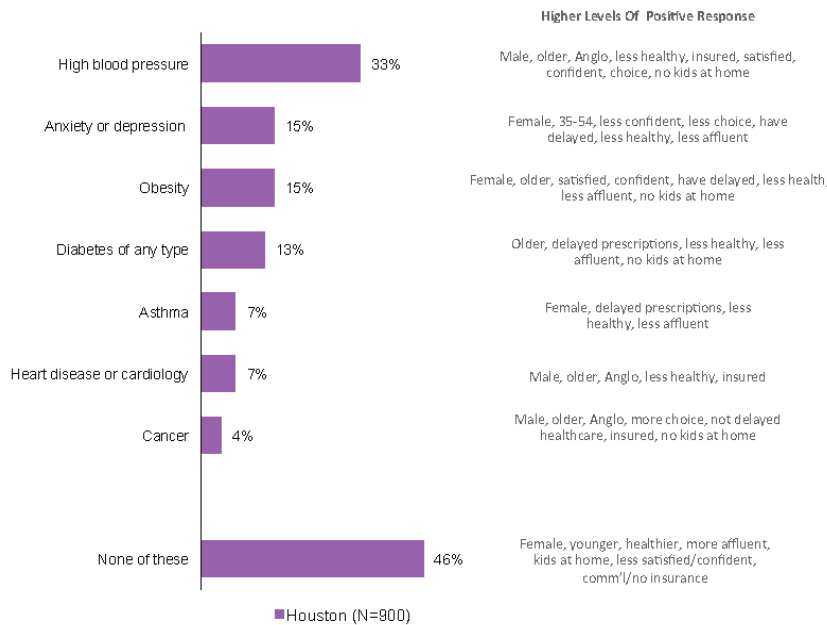


KEY FINDINGS

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

Respondent Health Problems

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



KEY FINDINGS

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

Respondent Health Problems

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

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

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

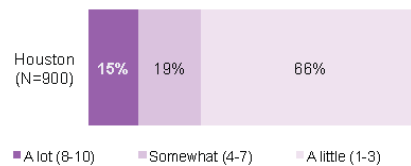


KEY FINDINGS

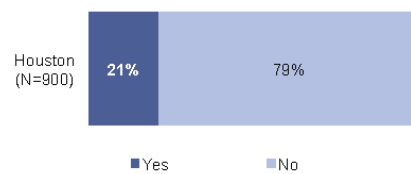
- It is this area, too, Pasadena residents differ significantly from respondents in other areas with higher incidences of high blood pressure, obesity, diabetes and heart disease.

Activity & Program Participation

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



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



KEY FINDINGS

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

Activity & Program Participation

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

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



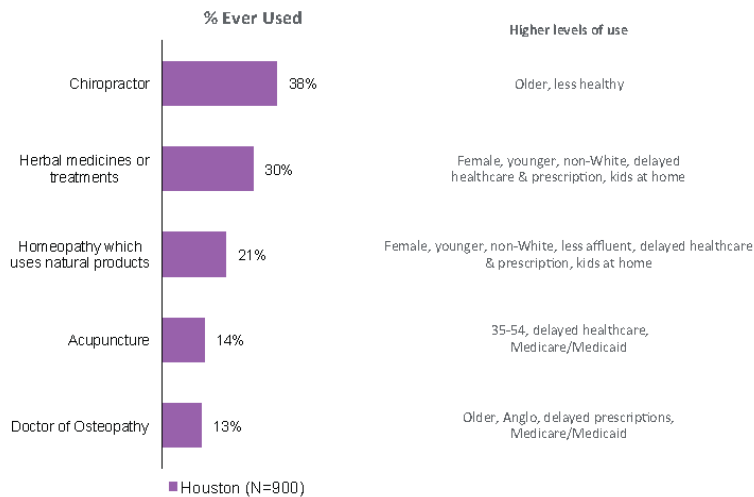
KEY FINDINGS

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

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

Ever Used

Have you ever used any of the following?



KEY FINDINGS

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

Ever Used

Have you ever used any of the following?

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

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

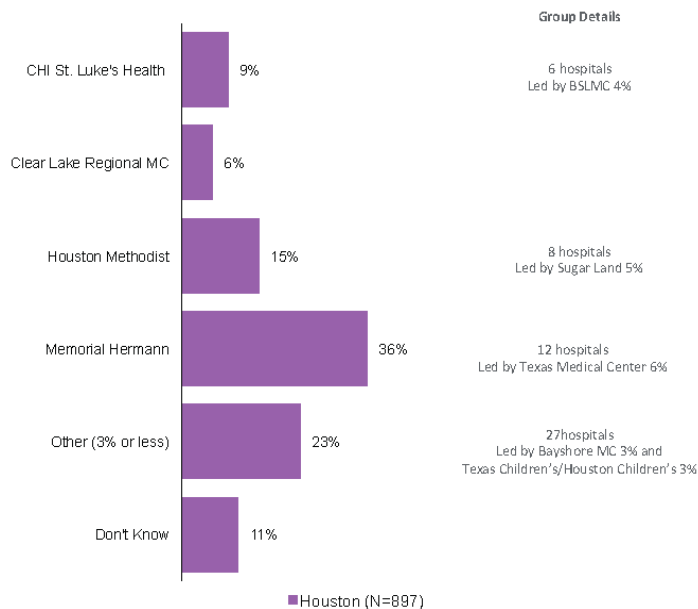


KEY FINDINGS

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

Best Hospital for Basic Medical Needs

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



KEY FINDINGS

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

Best Hospital for Basic Medical Needs

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

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



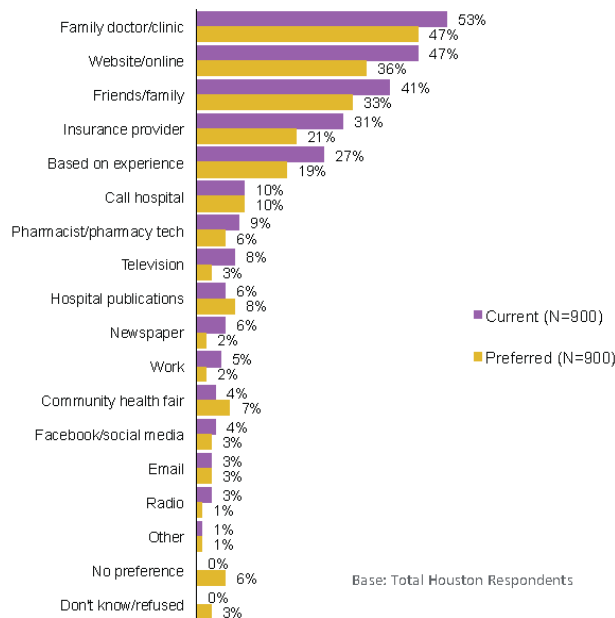
KEY FINDINGS

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

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

Information Sources

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



KEY FINDINGS

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

Current Information Sources

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



KEY FINDINGS

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

Preferred Information Sources

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

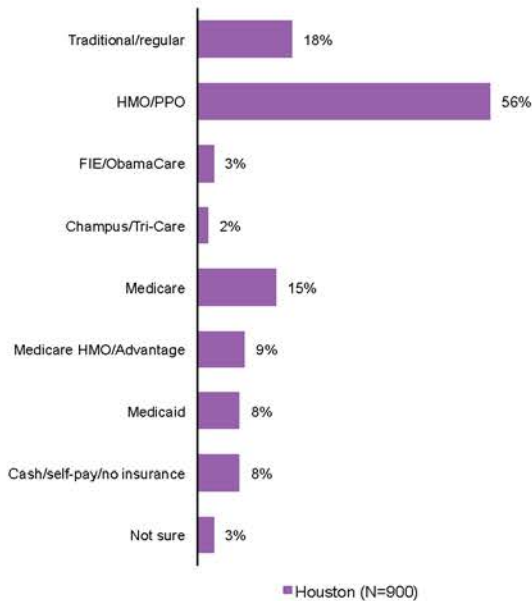


KEY FINDINGS

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

Health Coverage

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



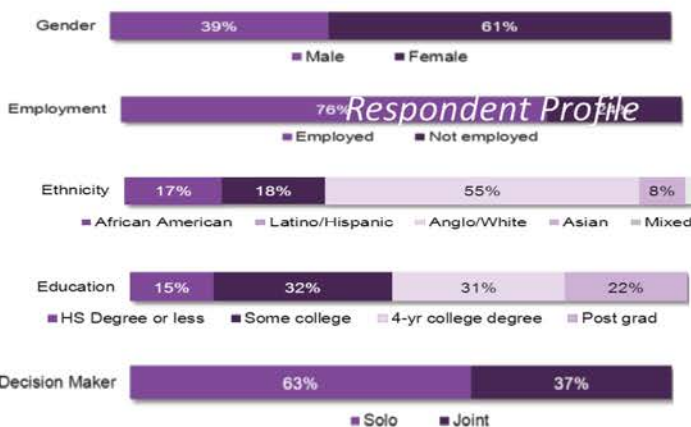
KEY FINDINGS

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

Respondent Profile

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

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



KEY FINDINGS

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

Current Information Sources

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



KEY FINDINGS

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

Preferred Information Sources

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

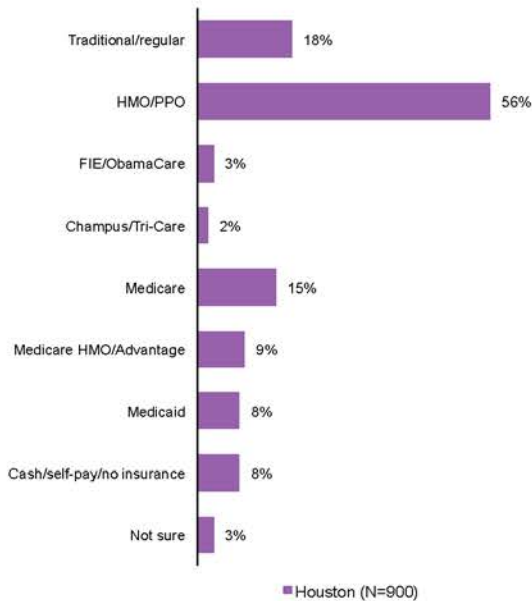


KEY FINDINGS

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

Health Coverage

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



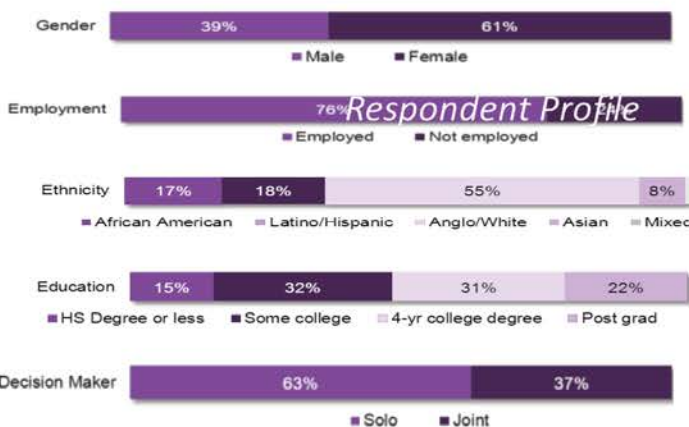
KEY FINDINGS

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

Respondent Profile

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

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



KEY FINDINGS

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

Respondent Profile

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

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



KEY FINDINGS

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

Respondent Profile

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

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



KEY FINDINGS

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

Appendix

Consumer Survey Instrument

Health Assessment Survey
(Community Survey)
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LETTERS FROM US

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

We will ensure your confidentiality in our data analysis. Survey results will not be identified with individual names.

Thank you in advance for your participation.

Deann Young, Manager, Planning
Catholic Health Initiatives
www.chi.com
800.226.2943

INSTRUCTIONS

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

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

To complete survey click the "Next" button below.

YOUR FIRST QUESTION

1. What is the decision maker for this health care and health care needs in your household?

- Myself (10 - TEN) ONLY
- My spouse (20 - TWENTY)
- Myself and someone else (30 - THIRTY)
- Someone else makes most of the decisions (40 - FORTY)

2. In which of the following categories does your age fall?

- Under 18 (10 - TEN)
- 18-24 years (20 - TWENTY)
- 25-34 years (30 - THIRTY)
- 35-44 years (40 - FORTY)
- 45-54 years (50 - FIFTY)
- 55-64 years (60 - SIXTY)
- 65-74 years (70 - SEVENTY)
- 75+ years (80 - EIGHTY)

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Health Assessment Survey
(Community Survey)
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3. What is your age group?

- 18-24 (10)
- 25-34 (20)
- 35-44 (30)
- 45-54 (40)
- 55-64 (50)
- 65-74 (60)
- 75+ (70)

4. What best describes you?

- White (10)
- Black (20)
- Latino or Hispanic (30)
- Asian or Pacific Islander (40)
- Other (50)

5. How do you get to work?

- By car (10)
- By bus (20)
- By train (30)
- By bike (40)
- By wheelchair (50)
- Other (60)

YOUR SECOND QUESTION

6. Think about the hospital or care area. Which hospital is best at taking care of the type medical health of your spouse or self?

- Angelo/Gardner Medical Center
- Eastern College of Podiatry
- Eastman Medical Center
- East Todd Hospital
- Grady Memorial Hospital (University of Iowa)
- CHI St. Luke's Health Center St. Luke's Medical Center
- CHI St. Luke's Health Liberty Hospital
- CHI St. Luke's Health Liberty Medical Center
- CHI St. Luke's Health Upper Level Hospital
- CHI St. Luke's Health The Braille Institute
- CHI St. Luke's Health The Woodhouse Hospital
- Cedar Lake Regional Medical Center
- Florida Regional Medical Center
- Golden Gate Regional Medical Center
- Fort Hood Regional Medical Center
- Harborview Medical Center (Seattle)

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Consumer Survey Instrument (continued)

Needs Assessment Survey
Catholic Health Initiatives
Chicago, Illinois, Tel: 312.537.2000

44. Houston Methodist St. Catherine Hospital
45. Houston Methodist Sugar Land Hospital
46. Houston Methodist The Woodlands Hospital
47. Houston Methodist West Hospital
48. Houston Methodist Medical Center
49. Englewood Hospital
50. Lyndon B. Johnson Hospital
51. MD Anderson Cancer Center
52. Memorial Hermann - Children's Hospital of Memorial Hermann
53. Memorial Hermann - Fife Hospital
54. Memorial Hermann - Memorial City Medical Center
55. Memorial Hermann - Northwest Hospital
56. Memorial Hermann - Southwest Hospital
57. Memorial Hermann - Southeast Hospital
58. Memorial Hermann - Texas Medical Center
59. Memorial Hermann - The Woodlands Hospital
60. Memorial Hermann - Houston's Memorial City Hospital
61. Memorial Hermann - Houston's Hospital for Women
62. Children's Medical Center (Dartmouth-Hitchcock)
63. Parklands Hospital
64. Piedmont Medical Center
65. Swedish Medical Hospital
66. The Ohio State Wexner Medical Center
67. Tenet - St. Joseph in Kansas City
68. Tenet - St. Joseph
69. Tenet - Community Hospital
70. Tenet - CHI St. Joseph (Houston - Houston)
71. Tenet - CHI St. Joseph
72. Tenet - CHI St. Joseph Hospital
73. Tenet - Houston Methodist
74. Tenet - Houston Methodist
75. Tenet
76. Tenet Regional Medical Center - CHI St. Joseph
77. West Houston Medical Center
78. Other - Specify
79. None
80. Don't Know

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Needs Assessment Survey
Catholic Health Initiatives
Chicago, Illinois, Tel: 312.537.2000

PHYSICIAN ACCESS

9. What kind of provider practice do you use for routine care or when you are not?
a. Doctor's office or private clinic
b. Community health center, county health unit or other public clinic
c. Hospital outpatient department
d. Hospital emergency room
e. A specialist when needed plus routine care
f. Some other place

10. Do you have a preferred family physician for most of your health care?
a. Yes
b. No

11. How many times do you visit your doctor (or any) for most of your family's routine health care needs?
a. Less than 20 times in a year
b. 20-25 times
c. 26-30 times
d. More than 30 times

12. What is the **REASON** reason that you do not visit or your health care needs do not get met?
a. Personal responsibility not met for your care
b. Better quality of provider
c. Convenient location
d. Financial
e. Appointment/visit for insurance or health benefits
f. Specialized
g. Health insurance
h. Speed of getting an appointment
i. Something else

13. Using a scale of 1 to 5 (where 1 means you are not really satisfied and 5 means you are extremely satisfied), how do you rate your level of satisfaction with the care received from your routine health care provider. This may vary by provider. Select 1 and 5 if you do not know, 3 if you do not know, 2 if you do not know, 4 if you do not know.

ACCESS TO SPECIALISTS

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Consumer Survey Instrument (continued)

Needs Assessment Survey
Catholic Health Initiatives
Chicago, Illinois, Tel: 312.537.2000

44. Houston Methodist St. Catherine Hospital
45. Houston Methodist Sugar Land Hospital
46. Houston Methodist The Woodlands Hospital
47. Houston Methodist West Hospital
48. Houston Methodist Medical Center
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50. Lyndon B. Johnson Hospital
51. MD Anderson Cancer Center
52. Memorial Hermann - Children's Hospital of Memorial Hermann
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56. Memorial Hermann - Southwest Hospital
57. Memorial Hermann - Southeast Hospital
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62. Children's Medical Center (Dartmouth-Hitchcock)
63. Parklands Hospital
64. Piedmont Medical Center
65. Swedish Medical Hospital
66. The Ohio State Wexner Medical Center
67. Tenet - St. Joseph in Kansas City
68. Tenet - St. Joseph
69. Tenet - Community Hospital
70. Tenet - CHI St. Joseph (Houston - Houston)
71. Tenet - CHI St. Joseph
72. Tenet - CHI St. Joseph Hospital
73. Tenet - Houston Methodist
74. Tenet - Houston Methodist
75. Tenet
76. Tenet Regional Medical Center - CHI St. Joseph
77. West Houston Medical Center
78. Other - Specify
79. None
80. Don't Know

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Needs Assessment Survey
Catholic Health Initiatives
Chicago, Illinois, Tel: 312.537.2000

PHYSICIAN ACCESS

9. What kind of provider practice do you use for routine care or when you are not?
a. Doctor's office or private clinic
b. Community health center, county health unit or other public clinic
c. Hospital outpatient department
d. Hospital emergency room
e. A specialist when needed plus routine care
f. Some other place

10. Do you have a preferred family physician for most of your health care?
a. Yes
b. No

11. How many times do you visit your doctor (or any) for most of your family's routine health care needs?
a. Less than 20 times in a year
b. 20-25 times
c. 26-30 times
d. More than 30 times

12. What is the **REASON** reason that you do not visit or your health care needs do not get met?
a. Personal responsibility not met for your care
b. Better quality of provider
c. Convenient location
d. Financial
e. Appointment/visit for insurance or health benefits
f. Specialized
g. Health insurance
h. Speed of getting an appointment
i. Something else

13. Using a scale of 1 to 5 (where 1 means you are not really satisfied and 5 means you are extremely satisfied), how do you rate your level of satisfaction with the care received from your routine health care provider. This may vary by provider. Select 1 and 5 if you do not know, 3 if you do not know, 2 if you do not know, 4 if you do not know.

ACCESS TO SPECIALISTS

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Consumer Survey Instrument (continued)

Needs Assessment Survey
(Continued)

11. How confident are you that you can easily access quality health care when you or your family need it?

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

12. How much difficulty do you have in accessing the medical care? Would you say that you have:

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

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

- Very easy
- Easy
- Not

14. How easy or convenient is your household's access to health care based on transportation and/or insurance?

- Very easy
- Easy
- Not

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

- Family available (close to your family)
- Community available (but requires a short and/or long drive to get an appointment)
- Not available (because of long drive to get an appointment)
- Not available to you and your family because of coverage issues or waiting time

16. Don't know / I don't know

| | Very easy | Easy | Not | Not available | Don't know |
|--|-----------|------|-----|---------------|------------|
| 1. Office and home visiting services | | | | | |
| 2. Care for mental illness | | | | | |
| 3. Treatment for diabetes | | | | | |
| 4. Treatment for geriatric and dementia patients | | | | | |
| 5. General surgery | | | | | |
| 6. Heart and vascular care | | | | | |
| 7. Single-line dialysis | | | | | |
| 8. Intensive care | | | | | |
| 9. Intensive surgery | | | | | |

Needs Assessment Survey
(Continued)

17. Which of the following services are most difficult to access when you or your family need them?

| |
|---|
| 1. Diabetes care |
| 2. Treatment of cancer |
| 3. Heart's health care and surgery, HCP |
| 4. Stroke and dementia |
| 5. Kidney disease |
| 6. Stroke care |
| 7. Behavioral services |
| 8. Treatment for illness |
| 9. Primary care |
| 10. Geriatric care |
| 11. Intensive care |
| 12. Intensive surgery |

18. Which of the following services are most difficult to access when you or your family need them?

Specialty Services

- Lack of primary care services
- Lack of specialists
- Insurance eligibility
- Long wait times to be seen
- Need for treatment or complex therapies

General Services

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

General Comments

- Transportation and/or long wait times
- Insurance part of health care
- High facilities for young and old patients
- Quality of services
- Information with and the services
- Cost of services
- Lack of facilities
- Appropriate services
- Services not covered by insurance
- Lack of insurance
- Lack of transportation services
- None of these / nothing is of concern

Consumer Survey Instrument (continued)

Needs Assessment Survey
(Continued)

19. Is there anything about the services you need health care for you need? (Don't know/ don't know)

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

| | Strongly agree | Agree | Disagree | Strongly disagree |
|---|----------------|-------|----------|-------------------|
| 1. Transportation is a major need for patients | | | | |
| 2. Transportation is a major need for providers | | | | |
| 3. Patients have difficulty accessing services | | | | |
| 4. Patients have difficulty accessing services | | | | |
| 5. Patients have difficulty accessing services | | | | |
| 6. Patients have difficulty accessing services | | | | |
| 7. Patients have difficulty accessing services | | | | |
| 8. Patients have difficulty accessing services | | | | |
| 9. Patients have difficulty accessing services | | | | |
| 10. Patients have difficulty accessing services | | | | |
| 11. Patients have difficulty accessing services | | | | |
| 12. Patients have difficulty accessing services | | | | |
| 13. Patients have difficulty accessing services | | | | |
| 14. Patients have difficulty accessing services | | | | |
| 15. Patients have difficulty accessing services | | | | |
| 16. Patients have difficulty accessing services | | | | |
| 17. Patients have difficulty accessing services | | | | |
| 18. Patients have difficulty accessing services | | | | |
| 19. Patients have difficulty accessing services | | | | |
| 20. Patients have difficulty accessing services | | | | |

Needs Assessment Survey
(Continued)

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

| | Very likely | Likely | Unlikely | Very unlikely |
|---|-------------|--------|----------|---------------|
| 1. Participate in research on the benefits and risks of services | | | | |
| 2. Participate in research on the benefits and risks of services | | | | |
| 3. Participate in research on the benefits and risks of services | | | | |
| 4. Participate in research on the benefits and risks of services | | | | |
| 5. Participate in research on the benefits and risks of services | | | | |
| 6. Participate in research on the benefits and risks of services | | | | |
| 7. Participate in research on the benefits and risks of services | | | | |
| 8. Participate in research on the benefits and risks of services | | | | |
| 9. Participate in research on the benefits and risks of services | | | | |
| 10. Participate in research on the benefits and risks of services | | | | |
| 11. Participate in research on the benefits and risks of services | | | | |
| 12. Participate in research on the benefits and risks of services | | | | |
| 13. Participate in research on the benefits and risks of services | | | | |
| 14. Participate in research on the benefits and risks of services | | | | |
| 15. Participate in research on the benefits and risks of services | | | | |
| 16. Participate in research on the benefits and risks of services | | | | |
| 17. Participate in research on the benefits and risks of services | | | | |
| 18. Participate in research on the benefits and risks of services | | | | |
| 19. Participate in research on the benefits and risks of services | | | | |
| 20. Participate in research on the benefits and risks of services | | | | |

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

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

| | 1-3 years | 4-6 years | 7-9 years | 10+ years |
|-------------------------|-----------|-----------|-----------|-----------|
| 1. Diabetes | | | | |
| 2. Cancer | | | | |
| 3. Heart disease | | | | |
| 4. Stroke | | | | |
| 5. Kidney disease | | | | |
| 6. Dementia | | | | |
| 7. Intensive care | | | | |
| 8. Intensive surgery | | | | |
| 9. Stroke care | | | | |
| 10. Stroke and dementia | | | | |
| 11. Stroke and dementia | | | | |
| 12. Stroke and dementia | | | | |
| 13. Stroke and dementia | | | | |
| 14. Stroke and dementia | | | | |
| 15. Stroke and dementia | | | | |
| 16. Stroke and dementia | | | | |
| 17. Stroke and dementia | | | | |
| 18. Stroke and dementia | | | | |
| 19. Stroke and dementia | | | | |
| 20. Stroke and dementia | | | | |

Consumer Survey Instrument (continued)

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

25. Where do you currently get information about health and healthcare services?
 a. Call center
 b. Based on experience
 c. Family doctor or other healthcare professional
 d. Friends and family
 e. Pharmacist or pharmacy health
 f. Website or online
 g. Community health fair
 h. Health publications
 i. Insurance provider
 j. Newspaper
 k. Television
 l. Radio
 m. Word
 n. Facebook and other social media
 o. Email
 p. Other (specify)
 q. Don't take a conference
 r. Don't know
 s. None of these

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

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

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

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

Consumer Survey Instrument (continued)

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

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

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

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

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

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

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

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

Group Discussion Guide

Discussion Guide
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 Chicago, Illinois 60606-3000

Introduction

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

Healthcare

- How do you think the health care system is doing in the area? What do you think has been going well? How would you describe a goal in your agency, what positive changes have occurred? (optional)
- Tell us a little bit about the diversity of the people in the county. Tell us a little about the demographics that live in the community. (optional) How do things look if you have an ethnic group? How can they be connected?
- How would you describe the quality of the county? What changes do you feel we need to address to improve the care overall? Who should be responsible for these changes?
- If a service existed in the county, which community organizations would you recommend the part? What makes these organizations worthwhile? What other organizations exist within the county? What is your impression of these groups?

Health Services

- If you're a little bit about the health services that are available in the county, who are the best health service providers in the county? What makes them so good? What programs in the county are not so well provided? Is there a community partnership program? How can they overcome these problems?
- In your opinion, what changes are needed to improve the health services within the county? Who should make these changes? What services need to be added that are currently unavailable to residents of the county? Who do you think would be the best provider of these services?
- How would you describe the quality of the programs that are available within the county? How do they compare to what you have seen elsewhere? What other services would you recommend to improve the quality of health care for residents within the community?

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- If a member of your family, who is a senior citizen, needed health services, what resources would be available to you? How do you think you would be supported or what additional services are needed?
- If you're a member of your family, who is a child or adolescent, what resources would be available to you? How do you think you would be supported or what additional services are needed?
- Community strengths in terms of current services and programs? How do you think things might be different if you or someone within the community were together to bring things together? Who would benefit most from their availability? When do you think performance is best? (optional)

Health

- What do you do in the healthy world? What do others do in your community? What opportunities do the members of your community offer to others that health? What does it look like?
- What health services exist in the community within the county? What is being done to improve the health services?
- If you have the questions about health care issues, who would your physician would you need for information regarding community health programs or other options aimed at improving the health of the community?

Health Services of Interest

- Mental health - may include mental health services, suicide, substance abuse risks and treatment, long-term, self-care, depression, anxiety, etc.
- Food and nutrition - may include accessibility of affordable foods, obesity, school meal programs, food pantries and food programs, education, opportunity of home gardens, access to ethnic foods, food allergies in schools, community gardens, etc.
- Public safety - may include domestic violence, sexual assault, cyber crime, kidnapping, accessibility, drug lighting, bullying, substance abuse-related violence, and more.
- Community organizations - communities that bring and help people to come together, included in the neighborhood and local politics. (Pew, Home addresses, town meetings, etc., see neighborhood, neighborhood, etc.)

Closing

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

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Physician Interview

Discussion Guide
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 Chicago, Illinois 60606-3000

Introduction

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

Healthcare

- How do you think the health care system is doing in the area? What do you think has been going well? How would you describe a goal in your agency, what positive changes have occurred? (optional)
- Tell us a little bit about the diversity of the people in the county. Tell us a little about the demographics that live in the community. (optional) How do things look if you have an ethnic group? How can they be connected?
- How would you describe the quality of the county? What changes do you feel we need to address to improve the care overall? Who should be responsible for these changes?
- If a service existed in the county, which community organizations would you recommend the part? What makes these organizations worthwhile? What other organizations exist within the county? What is your impression of these groups?

Health Services

- If you're a little bit about the health services that are available in the county, who are the best health service providers in the county? What makes them so good? What programs in the county are not so well provided? Is there a community partnership program? How can they overcome these problems?
- In your opinion, what changes are needed to improve the health services within the county? Who should make these changes? What services need to be added that are currently unavailable to residents of the county? Who do you think would be the best provider of these services?
- How would you describe the quality of the programs that are available within the county? How do they compare to what you have seen elsewhere? What other services would you recommend to improve the quality of health care for residents within the community?

Health Services of Interest

- Mental health - may include mental health services, suicide, substance abuse risks and treatment, long-term, self-care, depression, anxiety, etc.
- Food and nutrition - may include accessibility of affordable foods, obesity, school meal programs, food pantries and food programs, education, opportunity of home gardens, access to ethnic foods, food allergies in schools, community gardens, etc.
- Public safety - may include domestic violence, sexual assault, cyber crime, kidnapping, accessibility, drug lighting, bullying, substance abuse-related violence, and more.
- Community organizations - communities that bring and help people to come together, included in the neighborhood and local politics. (Pew, Home addresses, town meetings, etc., see neighborhood, neighborhood, etc.)

Closing

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

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Discussion Guide

CHNA Voice of Community

Saurage Research (800) 828-2943

Introduction

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

Health Services

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

Specific Issues of Concern

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

Closing

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

Discussion Guide

CHNA Voice of Community

Saurage Research (800) 828-2943

Introduction

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

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

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

Society

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

Health Services

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

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

Health

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

Specific Issues of Concern

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

Closing

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

LANDING PAGE

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

Thank you in advance for your participation.

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

INSTRUCTIONS

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

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

To continue simply click the “Next” button below.

SCREENER QUESTIONS

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

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

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

BEST HOSPITAL FOR COMMUNITY NEEDS

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

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

PHYSICIAN ACCESS

6. What kind of medical provider do you use for routine care or when you are sick?
 - a. Doctor's office or private clinic
 - b. Community health center, county health unit or other public clinic
 - c. Hospital outpatient department
 - d. Hospital emergency room
 - e. A specialist who handles your routine care
 - f. Some other place

7. Do you have a personal or family physician for most of your health care?
 - a. Yes
 - b. No
8. How many miles do you travel on average (one way) for most of your family's routine health care needs?
 - a. Less than 10 miles Go to Q9
 - b. 10-20 miles
 - c. 21-30 miles
 - d. More than 30 miles

9. What is the PRIMARY reason that you or someone in your household travel this distance for health care needs? ACCEPT ONE RESPONSE
 - a. Personal relationship/have used for years
 - b. Better quality of providers
 - c. Closer/convenient location
 - d. Free care
 - e. Approved provider for insurance or health benefits
 - f. Specialist
 - g. Nicer facilities
 - h. Speed of getting an appointment
 - i. Something else

10. Using a scale of 1 to 10 where 10 means you are extremely satisfied and 1 means you are extremely dissatisfied, describe your level of satisfaction with the care received from your routine health care provider. You may use any number between 1 and 10. 10=extremely satisfied, 1= extremely dissatisfied, not sure

ACCESS TO HEALTH CARE

11. How confident are you that you can easily access quality health care when you or your family need it?
 - a. Very confident
 - b. Somewhat confident
 - c. Not too confident
 - d. Not confident at all

12. How much choice do you have in where you go for medical care? Would you say that you have:
 - a. A great deal of choice
 - b. Some choice
 - c. Very little choice
 - d. No choice

13. Have you or someone in your household delayed health care due to lack of money and/or insurance?
 - a. Yes
 - b. No

14. Have you or someone in your household been unable to fill prescriptions due to lack of money and/or insurance?
 - c. Yes
 - d. No

15. How available are the following to you and your family? For each type of care, indicate if it is....Rotate variables
 - a. Easily available to you and your family
 - b. Usually Available but requires a short wait to get an appointment for care
 - c. Barely available because it requires a very long wait to get an appointment
 - d. Unavailable to you and your family because of coverage issues or waiting time
 - e. Don't know / not sure

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

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

Physician Concerns

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

Hospital Concerns

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

General Concerns

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

Cost Concerns

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

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

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

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

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

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

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

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

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

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

PERSONAL HEALTH

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

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

23. How long ago did you have: Rotate variables

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

Mark all that apply.

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

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

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

- a. Yes
- b. No

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

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

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

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

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

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

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

DEMOGRAPHICS

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

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