



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



The Woodlands Hospital

The Community Health Needs Assessment and Implementation Strategy for the CHI St. Luke's Health - The Woodlands 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.

Table of Contents

Community Health Needs Assessment

Community Health Needs Assessment Introduction	Page 4
Community Served by the Hospital	Page 5
Community Health Needs Assessment Process	Page 7
Community Input	Page 11
Prioritized Significant Community Health Needs	Page 14
Potentially Available Resources	Page 15
Evaluation of Impact	Page 16
Summary	Page 17

Implementation Strategy

Implementation Strategy Introduction	Page 18
Community Served	Page 19
Implementation Strategy Process	Page 19
Prioritized List of Significant Health Needs	Page 19
Significant Health Needs to be Addressed	Page 20
Significant Health Needs Not Addressed	Page 22
References	Page 23
Appendices	
Appendix 1 Primary and Secondary Service Area Map and Zip Codes	
Appendix 2 Participants Involved in the CHNA	
Appendix 3 2014 Discharges by ICD-9 Code	
Appendix 4 Texas BRFSS Data 2014	
Table A. Cancer	
Table B. Diabetes	
Table C. Mental Health	
Table D. Cardiovascular Disease	
Table E. Heart Disease	
Table F. Stroke	
Table G. Asthma	
Table H. Smoking	
Table I. Obesity	
Table J. Access to Care	
Table K. Access to Care	
Table L. Access to Care	
Table M. Leisure Time	
Appendix 5 Evaluation of Impact	
Appendix 6 Saurage Research, Inc. Analysis	

Community Health Needs Assessment

Introduction

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

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

CHI St. Luke's Health - The Woodlands Hospital is a primary and secondary care hospital serving North Harris and Montgomery Counties. Clinical services include cardiovascular services, diagnostic imaging, women's services, neurosciences, pediatric care and surgery, pathology and pulmonary services, and sleep disorders. Clinical affiliations include The University of Texas MD Anderson Cancer Center's Radiation Treatment Center and Texas Children's Hospital. CHI St. Luke's Health - The Woodlands Hospital opened its doors in 2003 with 242 licensed beds. It currently has 1,052 employees including 445 RNs and 750 medical staff. The annual admissions make up 11,119 patients and the emergency department is utilized more than 40,000 times annually.

Included under the same tax identification as CHI St. Luke's Health - The Woodlands Hospital, the latest hospital addition to CHI St. Luke's Health is Springwoods Village Hospital. Located in Springwoods Village, the new campus will feature a 55,000 square-foot ambulatory medical center and a 100,000 square-foot medical office building. The facility will provide emergency services, diagnostic imaging and outpatient surgery to residents and employee populations in Springwoods Village and surrounding areas. The hospital opened its doors in January 2016 and currently houses 10 licensed beds.

A Community Health Needs Assessment (CHNA) for CHI St. Luke's Health - The Woodlands Hospital was conducted by CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands Hospital and an email and telephone survey presented to the population within the CHI St. Luke's Health - The Woodlands Hospital service area, two separate focus groups including CHI St. Luke's Health - The Woodlands Hospital staff and community stakeholders, and telephone interviews with CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands Hospital; the process and methods used to conduct the assessment; a description of how CHI St. Luke's Health - The Woodlands Hospital included input from persons who represent the broad interests of the community served by CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands 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 Woodlands Hospital is described by the geographic area of CHI St. Luke's Health - The Woodlands Hospital and the contiguous zip codes determined by 2014 CHI St. Luke's Health - The Woodlands Hospital discharge data. Located in Montgomery County, the CHI St. Luke's Health - The Woodlands Hospital service area contains both a large urban complex, as well as smaller rural communities, and is home to nearly 700,000 residents. The hospital service area includes 11 Texas counties, with the majority of the service area found within Montgomery and Harris Counties.

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

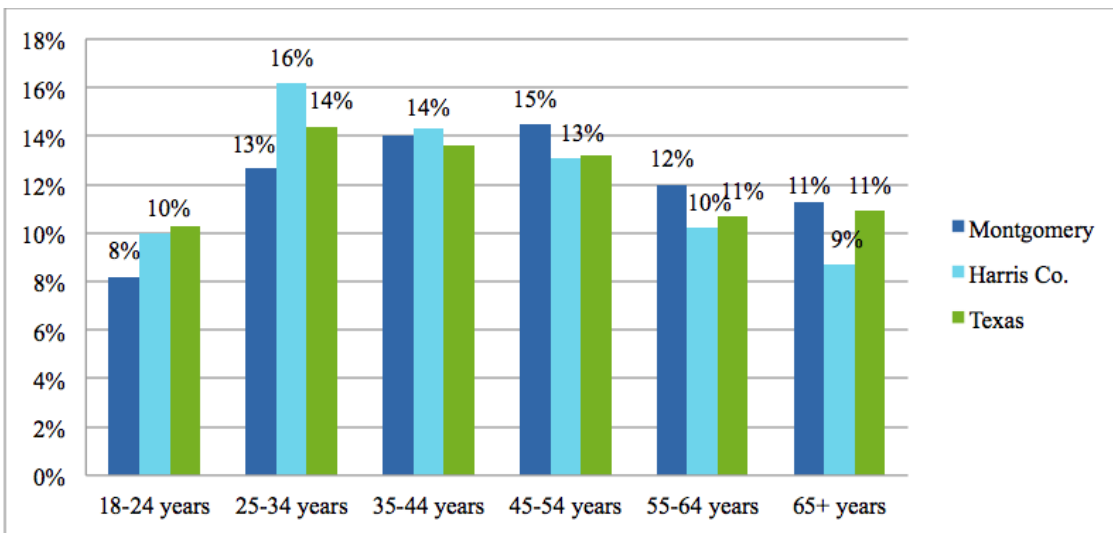
Community Demographics

Demographic data were collected and analyzed using comparisons within the area designated as the CHI St. Luke's Health - The Woodlands Hospital community, with the aggregated county data representing Harris County and data representing the state of Texas. Overall, the community served by CHI St. Luke's Health - The Woodlands Hospital compared with Harris County and Texas has a higher number of community residents aged 45 years and older, is majority White non-Hispanic, and has a larger population of high school graduates with some college education.

Below are additional details related to the demographics of the CHI St. Luke's Health - The Woodlands Hospital community compared with Harris County and the state of Texas:

- **Age:** The CHI St. Luke's Health - The Woodlands Hospital community is home to more residents in the age category 45-54 years, 55-64 years and older than 65 years in comparison to Harris County. More than one-third (38%) of those living in the CHI St. Luke's Health - The Woodlands Hospital community are older than 45 years. In comparison to Harris County and the state of Texas, there are fewer residents in the CHI St. Luke's Health - The Woodlands Hospital community age 18-45 years (Figure 1).

Figure 1. Age distribution for the CHI St. Luke's Health - The Woodlands Hospital community, Harris County and Texas



- **Race/Ethnicity:** White non-Hispanics (69.8%) and Hispanics (21.7%) make up the majority of the CHI St. Luke’s Health - The Woodlands Hospital community. When compared to Harris County and Texas, there is less racial and ethnic diversity found in the CHI St. Luke’s Health - The Woodlands Hospital community (Table 1).

Table 1. Racial/ethnic distribution for CHI St. Luke’s Health - The Woodlands Hospital community and Harris County

Ethnicity	CHI St. Luke’s – The Woodlands Hospital Community	Harris County	Texas
White/Non-Hispanic	69.8%	32.1%	44.3%
Hispanic	21.7%	41.4%	38.2%
Black/Non-Hispanic	4.2%	18.5%	11.6%
Asian/Non-Hispanic	2.4%	6.4%	4.0%

- **Gender:** Compared with Harris County, the CHI St. Luke’s Health - The Woodlands Hospital community has a very similar report for gender. However the CHI St. Luke’s Health - The Woodlands Hospital community reported a slightly higher population of females (50.5% CHI St. Luke’s Health - The Woodlands Hospital vs. 49.3% Harris County).
- **Education:** Educational attainment in the CHI St. Luke’s Health - The Woodlands Hospital community is most similar with the state of Texas when isolating those with a high school degree or higher. The largest discrepancies fall within the categories for those with less than a high school degree. When comparing the CHI St. Luke’s Health - The Woodlands Hospital community and Harris County, there is higher educational achievement for residents of the CHI St. Luke’s Health - The Woodlands Hospital community (86.5% with high school diploma or more) than Harris County (79.1% with high school diploma or more) (Table 2).

Table 2. Educational attainment rates for the CHI St. Luke’s Health - The Woodlands Hospital community, Harris County and Texas

Education Level	CHI St. Luke’s – The Woodlands Hospital Community	Harris County	Texas
Less than 9th grade	5.4%	11.3%	9.3%
9th-12th grade, no diploma	8.2%	9.5%	9.2%
High School Graduate	24.5%	23.3%	25.2%
Some college, no degree	23.8%	21%	22.7%
Associate’s Degree	6.5%	5.8%	6.6%
Bachelor’s Degree	21.7%	18.7%	17.9%
Graduate or Professional Degree	10%	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 CHI St. Luke’s Health - The Woodlands Hospital physicians and staff, and community organizations to conduct the CHI St. Luke’s Health - The Woodlands Hospital CHNA. A survey, prepared by Saurage Research, Inc. in March 2016, was distributed via email and telephone to residents residing within the CHI St. Luke’s Health - The Woodlands Hospital service area. Telephone interviews were also performed with CHI St. Luke’s Health - The Woodlands Hospital employed physicians and two separate focus groups including CHI St. Luke’s Health - The Woodlands Hospital staff and community members were held. Survey, interview and focus group results were analyzed in April to report to the hospital advisory team in May. The CHI St. Luke’s Health - The Woodlands Hospital team consisted of executive leadership staff and appropriate individuals identified following the prioritization of the community health needs. The hospital advisory team worked together with the Department of Healthy Communities to implement a prioritized list of community health needs, gathered from the interviews, surveys and focus group discussions, and designed an implementation strategy to address the identified needs. The names, titles, organizations, and roles of those involved in the CHNA, including the data analysis and community focus groups, can be found in Appendix 2.

Public Health Data

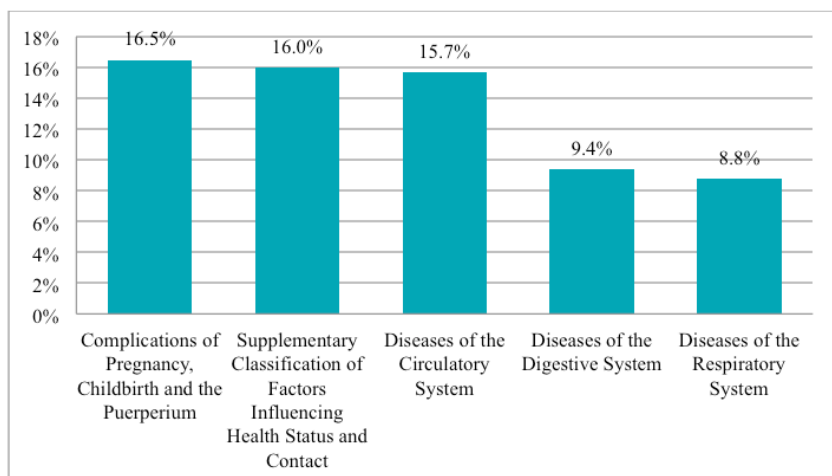
Public health data collection, review, and analysis efforts were guided by two main questions: “What are the health needs of the community served by the hospital facility?” and “What are the characteristics of the populations experiencing these health needs?” Quantitative data were obtained and analyzed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

Hospital Discharge Data

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

For those diagnoses with high prevalence, the categories were disaggregated to a level that aided understanding if the main description was extremely broad. Overall, utilization of CHI St. Luke’s Health - The Woodlands Hospital was from diseases in the following categories: Complications of Pregnancy, Childbirth and the Puerperium (16.5%); V Codes – Supplementary Classification of Factors Influencing Health Status and Contact Unclassified (16.0%); Diseases of the Circulatory System (15.7%); Diseases of the Digestive System (9.4%); Diseases of the Respiratory System (8.8%).

Figure 2. 2014 CHI St. Luke’s Health - The Woodlands Hospital Discharge by Diagnoses



Key Indicators and Health Disparities

The CHI St. Luke's Health - The Woodlands Hospital community key indicators and health disparities were established by comparing data from the Texas Department of State Health Services (DSHS) for Montgomery County with the data for Harris County and Texas. Data reviewed indicate that sufficient health information is already available from local public health sources to allow for the identification of the most important health needs of the CHI St. Luke's Health - The Woodlands Hospital community. The below indicators reflect analyses from the DSHS, CDC and Behavioral Risk Factor Surveillance System (BRFSS) data for both the CHI St. Luke's Health - The Woodlands Hospital community, Harris County and Texas. Detailed 2014 weighted data tables provided by BRFSS for Houston-The Woodlands-Sugar Land can be found in Appendix 4: Tables A-M. This data includes the following counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller in order to accurately represent the service area of the hospital.

- **Health insurance and poverty:** In 2015 the uninsured rate for persons in the United States was calculated at 11.6%. The number of uninsured has significantly decreased from 2013 after requirements for individuals to obtain health insurance changed through the Affordable Care Act. In 2014, more than 20% of Texans were uninsured (21.9%). In comparison, there were less residents of the CHI St. Luke's Health - The Woodlands Hospital community who were uninsured (17.9%). Overall, the CHI St. Luke's Health - The Woodlands Hospital community had fewer uninsured individuals, in all age categories, compared to both Harris County and the state of Texas (Table 3).

Table 3. Health insurance by age for the CHI St. Luke's Health - The Woodlands Hospital community, Harris County and Texas

Age Category	CHI St. Luke's – The Woodlands Hospital Community	Harris County	Texas
Less than 18 years	10.9%	14.5%	12.6%
18-64 years	24%	32.8%	29.5%
65+ years	1.4%	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 CHI St. Luke's Health - The Woodlands Hospital community was 12.3%, much lower than Harris County (18.4%) and the state of Texas (17.7%). The CHI St. Luke's Health - The Woodlands Hospital community presented significantly lower numbers of residents living in poverty in all age categories (Table 4).

Table 4. Persons living below poverty level by age for CHI St. Luke's Health - The Woodlands Hospital community, Harris County and Texas

Age Category	CHI St. Luke's – The Woodlands Hospital Community	Harris County	Texas
Less than 18 years	17.2%	27.3%	25.3%
18-64 years	10.9%	15.5%	15.5%
65+ years	7.7%	11.6%	11.2%

- **Cancer:** According to 2014 DSHS data, in 2014, cancer was the leading cause of death from disease among Texans below age 85 years. The highest incidences of cancer were found in female breast, prostate and lung and bronchus in the state. Data for the CHI St. Luke’s Health - The Woodlands Hospital community illustrated much higher rates of breast (female) cancer in comparison with Harris County and the state of Texas. It also presented higher incidence rates of lung and bronchus cancer. In comparison with Harris County, the CHI St. Luke’s Health - The Woodlands Hospital community incidence for prostate cancer was similar to the state of Texas (114.2 per 100,000 CHI St. Luke’s Health - The Woodlands Hospital community vs. 115.7 per 100,000 Texas) and much lower than Harris County (134.5 per 100,000) (Table 5).

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

Cancer Type	CHI St. Luke’s – The Woodlands Hospital Community	Harris County	Texas
Breast (Female)	124.2	118.9	113.1
Prostate	114.2	134.5	115.7
Lung & Bronchus	65.3	57.4	58.1

The mortality rate for lung and bronchus cancer was much higher in the CHI St. Luke’s Health - The Woodlands Hospital community in comparison with both Harris County and Texas. However, the CHI St. Luke’s Health - The Woodlands Hospital community had fewer or similar mortality rates for both breast (female) and prostate cancers when compared with Harris County and the state (Table 6).

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

Cancer Type	CHI St. Luke’s – The Woodlands Hospital Community	Harris County	Texas
Breast (Female)	21.5	23.7	21.0
Prostate	17.7	19.7	19.6
Lung & Bronchus	49.0	41.9	43.5

According to 2014 BRFSS data, there is a slightly higher diagnosis of any type of cancer in the state of Texas when compared to the CHI St. Luke’s Health - The Woodlands Hospital community (9.0% Texas vs. 8.0% CHI St. Luke’s Health - The Woodlands Hospital community). Females also show significantly higher diagnoses in the state in comparison to the CHI St. Luke’s Health - The Woodlands Hospital community (9.4% Texas vs. 7.7% CHI St. Luke’s Health - The Woodlands 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; that calculates to 29.1 million people. Of those, 27.8% are undiagnosed. In 2013, Texas reported a 9.8 age-adjusted incidence rate (cases per 1,000); 109 total diagnosed cases (cases per 1,000). Data for the CHI St. Luke’s Health - The Woodlands Hospital community suggest the same age-adjusted incidence totaling 9.8 (cases per 1,000) of diagnosed diabetes. Additional 2014 BRFSS data for doctor diagnosed diabetes in the CHI St. Luke’s Health - The Woodlands Hospital community can be found in Appendix 4: Table B.
- **Mental Health:** BRFSS data presented the age-adjusted average number of mentally unhealthy days reported in the past 30 days from adults in both Harris County and state of Texas to be the same as 3.3 days. The CHI St. Luke’s Health - The Woodlands Hospital community reported a slightly higher number of days at 3.8.

- **Cardiovascular disease:** According to 2014 BRFSS data, the highest discrepancies between the CHI St. Luke's Health - The Woodlands 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 – CHI St. Luke's Health - The Woodlands Hospital Community and Texas

Race	Cardiovascular Disease		Heart Disease	
	The Woodlands Hospital	Texas	The Woodlands Hospital	Texas
White	8.6%	9.7%	6.3%	7.7%
Black	17.8%	10.3%	10.1%	6.0%
Hispanic	5.4%	4.9%	3.6%	3.7%
Other/Multiracial	1.1%	4.4%	0.9%	2.7%

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

Table 8. Stroke – CHI St. Luke's Health - The Woodlands Hospital Community and Texas

Race	CHI St. Luke's Health - The Woodlands Hospital Community	Texas
White	3.3%	3.1%
Black	9.6%	5.8%
Hispanic	2.6%	1.9%
Other/Multiracial	1.0%	2.5%

- **Asthma:** Compared with Texas, the CHI St. Luke's Health - The Woodlands Hospital community reported lower rates of asthma (5.2% CHI St. Luke's Health - The Woodlands Hospital community vs. 6.7% Texas). In the CHI St. Luke's Health - The Woodlands Hospital community, women are more likely to report having asthma (5.5% vs. 4.8%). Race also plays a part in asthma reporting. In comparison to the state of Texas, those who identify as Black in the CHI St. Luke's Health - The Woodlands Hospital community are half as likely to be current asthma sufferers (4.5% CHI St. Luke's Health - The Woodlands Hospital community vs. 9.4% Texas). A table providing data on current, former and never diagnosed asthma patients from the CHI St. Luke's Health - The Woodlands Hospital community compared to the state of Texas can be found in Appendix 4: Table G
- **Smoking:** Tobacco use is the leading preventable cause of disease and death in the United States. Smoking rates have declined, for all age groups, in the past few years but is poses as a significant problem. According to the 2012 BRFSS data, 13% of the CHI St. Luke's Health - The Woodlands Hospital community population currently smoke. This is lower than Harris County (16%) and the state (17%). More detailed smoking statistics can be viewed in Appendix 4: Table H.
- **Overweight / Obesity:** According to 2014 BRFSS data, 67.8% of Texans are overweight or obese. An adult who has a BMI between 25 and 29.9 is considered overweight and an adult who has a BMI of 30 or higher is considered obese. When compared to the CHI St. Luke's Health - The Woodlands Hospital community, the statistics for overweight and obese residents are very similar (Appendix 4: Table I).

- **Exercise or physical activity:** The percent of adults age 30 years or older reporting no leisure-time physical activity in the CHI St. Luke's Health - The Woodlands Hospital community reported lower (20%) than in Harris County (21%) and the state of Texas (23%). This shows the CHI St. Luke's Health - The Woodlands Hospital community has slightly more leisure-time available for physical activity. Conversely, opposing information was reported when reviewing data for the percent of population without adequate access to locations for physical activity. There is approximately 12% of the CHI St. Luke's Health - The Woodlands Hospital community that does not have adequate access to locations for physical activity while only 4% of those in Harris County report inadequate access and slightly more, 16%, of Texas reports lack of adequate access.
- **Access to Care:** Access to care regardless of insurance status can pose as a significant issue for many Americans. Cost can play a large factor in care for individuals. Exactly 18% of residents in the CHI St. Luke's Health - The Woodlands Hospital community needed to see a doctor in 2014, but could not because of cost. Fortunately, almost two-thirds of residents within the CHI St. Luke's Health - The Woodlands Hospital community and the state of Texas say they can identify at least one personal doctor or healthcare provider and the majority have had a routine check-up within the past 12 months (Appendix 4: Tables J-L).

Community Input

Qualitative and quantitative research analysis was performed in the primary service area of CHI St. Luke's Health - The Woodlands Hospital by Saurage Research, Inc. Qualitatively, individual phone interviews were conducted with physicians employed by CHI St. Luke's Health - The Woodlands Hospital. In-person focus groups also took place with CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands 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 the specific needs identified within each of these categories. A comprehensive table can be found in Appendix 6, Qualitative Summary.

- **Access to Care:** Those involved in the qualitative analysis suggested a need for individuals of who were uninsured or covered by Medicaid or Medicare. Other vulnerable groups included veterans, indigent, special needs children, disabled adults and children, and homeless.
- **Education:** Participants discussed the growing need for educational outreach programs to community members in a plethora of subjects pertaining to disease prevention and health improvement. External partners added education related to substance abuse, suicide, and PTSD as significant for the community.

- **Specialists:** Hospital physicians and staff believed there needed to be an increase in specialists for the residents of the community served by CHI St. Luke's Health - The Woodlands Hospital. These services included primary care, trauma, wellness center, sports medicine and public health.
- **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 senior services, including transportation, managing patient care outside of the hospital, prevention and community partnerships.

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 CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands Hospital community.

- **Routine Care:** The majority of residents surveyed identified a doctor's office or private office as their location of routine care (87% CHI St. Luke's Health - The Woodlands Hospital vs. 87% Houston). Doctors' offices or private clinic usage is highest among older, insured and more satisfied respondents who have a great deal of choice in their providers and those who have never had to delay healthcare or prescriptions. These same respondents are also most likely to identify a personal or family physician. Other areas of service acknowledged were community/county health or public clinics, specialists, emergency departments and outpatient departments. However, none of them reported significant use in comparison with others.
- **Personal/Family Physician:** Most surveyed residents could identify a personal or family physician when they are seeking healthcare (85% CHI St. Luke's Health - The Woodlands 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 (56% CHI St. Luke's Health - The Woodlands Hospital vs. 65% Houston). Almost half of CHI St. Luke's Health - The Woodlands Hospital community respondents have developed long term personal relationships and positive experiences with their family provider and choose to continue care with that provider. Insurance acceptance, perceived provider quality and location also play important roles in residents' selection of a family doctor. Regardless of the exact reason for their decision, most are able to satisfy their routine needs close to home. Only minor differences seem to exist between those traveling shorter versus longer distances for their routine healthcare.
- **Satisfaction, Confidence & Choice:** In keeping with established standards across the broader Houston market, a strong majority of CHI St. Luke's Health - The Woodlands Hospital community respondents are satisfied with the care they receive from their routine provider and confident that they can easily access quality healthcare. However, compared to Houston, residents of the CHI St. Luke's Health - The Woodlands Hospital community are significantly less likely to have a say when choosing the location of their medical care. Satisfaction levels were highest among older, insured and more affluent respondents, those with the most choice and confidence. Confidence was strongest among older respondents, men, and those who were satisfied, confident and had a choice of where they received healthcare. Those with the most choice in location of medical treatment were more often affluent, older, White and never delayed healthcare or prescriptions.

- **Delayed Health Care or Prescriptions:** Very few surveyed residents had previously delayed healthcare due to lack of money or insurance (33% CHI St. Luke's Health - The Woodlands Hospital vs. 34% Houston). There are, however, a sizeable segment of these CHI St. Luke's Health - The Woodlands 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 (29% CHI St. Luke's Health - The Woodlands Hospital vs. 21% Houston). Residents of The Woodlands are significantly more likely than those in Houston to have delayed filling a prescription sometime in the past. The frequency of delayed healthcare and prescriptions is highest among females, younger, non-white, less affluent; those with the least amount of choice, least confidence, no insurance, and those with children living at home.
- **Available Services:** Care availability levels in the CHI St. Luke's Health - The Woodlands Hospital service area are highest for primary care, eye/ear care, dental care and general surgery and lowest for organ transplants, and geriatrics/elder care. Residents in this area have a higher likelihood to view provider availability as a strength of their community in areas of general and outpatient surgeries. 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, and have the greatest choice, have not had to delay healthcare or prescriptions, those with insurance and without children living at home.
- **Concerns in Health Care:** Costs dominate the top two concerns among both CHI St. Luke's Health - The Woodlands Hospital community residents and those in the broader Houston market. Residents of The Woodlands report an extremely high frequency of concerns regarding the excessive costs in healthcare (47% CHI St. Luke's Health - The Woodlands Hospital vs. 34% Houston). Insurance costs, wait times and services not covered by insurance are also areas of concern.
- **Attitudes & Perceptions:** Among CHI St. Luke's Health - The Woodlands Hospital community respondents, the highest levels of agreement are for the availability and affordability of emergency services, vaccinations, health insurance and quality healthcare; all of which are also highest across Houston area respondents. The lowest level of agreement in the CHI St. Luke's Health - The Woodlands Hospital service area are recorded for seniors getting the help they need to stay in their homes, the availability of affordable hospice services, seniors getting enough nutritious food and seminars and classes available for healthcare and prevention.
- **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 about the importance of health and health prevention methods were established to address some community needs. CHI St. Luke's Health deemed it important to understand if community members were likely to attend such locations or events in seek of healthcare prevention. When asked if they would participate in activities through community resources and educational classes, four in ten residents of the CHI St. Luke's Health - The Woodlands Hospital service area are likely to participate in these programs; marginally lower across the Houston market. The profile for who is likely to attend each differs. Younger, less affluent respondents are more likely to participate in healthcare and disease prevention, while males, healthy and insured individuals are more likely to participate in seminars and classes.
- **Safety & Violence:** When asked about the level of violence in their community, residents who were surveyed felt safe (67% CHI St. Luke's Health - The Woodlands Hospital vs. 61% Houston). However, more than half of the CHI St. Luke's Health - The Woodlands Hospital community residents question the adequacy of resources for victims of abuse, human trafficking and school violence.

- **Last Exam:** Seven in ten CHI St. Luke's Health - The Woodlands Hospital community respondents have not had a colon cancer screening in the last two years; half have not had their feet checked. In addition, four in ten women have not had a mammogram and a similar number of men have not had a prostate exam in the last two years. Across the various types of exams listed, those who tend toward less frequent exams are younger, uninsured, less satisfied, less confident, have delayed care, and less affluent respondents.
- **Health Problems or Conditions:** Respondents in the CHI St. Luke's Health - The Woodlands Hospital community shared similar information to the city of Houston. However, there was a significant difference in being diagnosed with anxiety or depression. A higher number of CHI St. Luke's Health - The Woodlands Hospital respondents had been told by a doctor that they suffered from anxiety or depression (21% CHI St. Luke's Health - The Woodlands Hospital vs. 15% Houston).
- **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. Only one in six respondents have taken part in a program offered by their doctor to help them manage a health problem compared to the four in ten who earlier said they were likely to participate in educational seminars & classes about health & prevention available in the community.
- **Other Health Care Use:** It was discussed whether or not a surveyed resident utilized the following health services: chiropractor, herbal medicines/treatments; homeopathy, acupuncture, and doctor of osteopathy. The CHI St. Luke's Health - The Woodlands Hospital community has a significantly higher number of respondents who have ever used herbal medicines or treatments in comparison to Houston (38% CHI St. Luke's Health - The Woodlands Hospital vs. 30% Houston).

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 SLPMC:

- Greater access to care for uninsured, veterans, lower income, indigent, special needs children, mentally ill, homeless, adults and children with disabilities and those covered by Medicaid and/or Medicare
- An increase in services related to primary care, trauma, wellness center, sports medicine, public health, and mental health
- Promote community awareness of needs and services available
- Education related to recognizing, understanding and dealing effectively with cultural diversity
- Implement education programs focused on COPD, diabetes, kidney disease, substance abuse, PTSD, depression and anxiety
- Understand suicide signals and prevention; physical and sexual abuse
- Encourage taking better care of yourself and the importance of compliance
- Initiate programs focused on nutrition, alternatives and healthy eating
- Minimize the ER as a place for routine care
- Attract more primary care, nurses and case workers to the CHI St. Luke's Health - The Woodlands Hospital area
- Improve transitional care for discharged patients to decrease re-admittance rates

- Identify transportation alternatives and link patients to needs
- Eliminate silos among providers, hospitals, community services and care organizations
- Invest in preventional care
- Identify lower cost sources for meds and link to patients delaying prescription refills
- Provide more education and resources for sexual assault, 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 CHI St. Luke's Health - The Woodlands Hospital team, the concerns and recommendations from the CHI St. Luke's Health - The Woodlands Hospital physicians and staff and community stakeholders and residents were prioritized into three categories:

Coordination of Care

- Increase access to care for uninsured, veterans, lower income, indigent, mentally ill, homeless and seniors

Education

- Recognize, understand and effectively address cultural diversity
- Increase prevention and signals related to suicide
- Increase prevention and treatment resources in areas of physical and sexual abuse
- Educate nutrition, alternatives, healthier eating and the importance of taking care of yourself and treatment compliance

Communication of Resources

- Make aware what healthcare programs, providers and services are available to residents and how to contact them for more
- Identify transportation alternatives and link patients in need

Potentially Available Resources

During the focus groups with both CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands Hospital community are listed below:

- **1115 Waiver Project:** This program provides mobile psychiatric screenings.
- **Area Agency on Aging** – The Area Agency on Aging implements preventive programs for seniors that promote health for this important sector of the population.
- **Asthma-related Support Services:** – Although funding is no longer available for this initiative, participants noted a program that provided healthy alternatives for the home for families with children that suffer from asthma. The program was a relatively small resource to address a large problem, but it made a difference for children and families who struggle with asthma.

- **Civic Clubs and Social Clubs** – Civic and social clubs are an important part of the community and could be a great avenue to reach communities to address health priorities.
- **Emergency Medical Services (county) and Community Para-medicine Program** – This program provides responses to patients who call with primary care inquiries.
- **Faith-based Organizations** – Ministries and churches throughout the community reach important (often underserved) demographic groups.
- **Lone Star Family Clinic** – This clinic provides primary care to families and patients of all ages.
- **Partnership for Prescription Assistance** – This program offers discounts on medication from pharmaceutical companies but doctors in the area are reluctant to use this resource.
- **TOMAGWA Health Ministries** – This organization provides healthcare to low-income families in the Tri-County area.
- **United Way** – The United Way is a great resource that addresses a myriad of health-related issues in the community. This organization links businesses and other sectors in the community to bridge resources and foster communication.

Evaluation of Impact

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

The highest priority health needs identified in 2013 for the community served by CHI St. Luke's Health - The Woodlands Hospital were defined as:

- **Access to care:** The lack of health insurance particularly in low income and minority communities affects access to care. There is a need to link community members into primary care, especially those with low income and in rural areas. The uneven distribution of primary care clinics in the county makes it difficult for residents outside of the main areas to access care. Lack of transportation for seniors and rural-area residents also limits access to healthcare and healthy activities.
- **Behavioral health:** Mental health and substance abuse are main health concerns in the community. There is a need to communicate information related to existing resources on treating mental health issues, and identifying residential mental health and substance abuse treatment facilities.
- **Communication:** There is a lack of communication among organizations on strategies for effectively meeting the health needs of lower income residents. There is also a need to address healthcare issues for the Hispanic population, including preventive care, dental care, and limited education about available resources due to language barriers.
- **Obesity and related chronic disease:** There is a lack of education and understanding about the prevention, severity, and disease management of chronic disease. In particular, obesity was a major concern and its connection with other conditions including diabetes, heart attack, and stroke.

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

Access to care highlight: In 2014, two primary care physicians were recruited to join the CHI St. Luke's Health – St. Luke's Medical Group (SLMG). In 2015, three primary care physicians and one neurologist were added to SLMG. Approximately 18% of patients seen by SLMG primary care physicians were Medicaid or self-pay patients.

Behavioral health highlight: Unfortunately, the strategy to fulfill the behavioral health need was not fulfilled.

Communication highlight: Monthly "Coffee with the Cardiologist" and/or "Coffee with the Neurologist" events were hosted. In addition, in the month of October we have "BeAware" Breast Health events. Community members are invited; approximately 20-40 participants were present at each presentation.

Obesity and related chronic disease highlight: Upon admission, every inpatient has a LACE Score calculated. The LACE Score is an evidence-based methodology for identifying how likely a patient is to be readmitted based on length of stay, patient acuity, comorbidities, and ED visits in the past 6 months.

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 Woodlands 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 CHI St. Luke's Health - The Woodlands Hospital service area. Focus groups including CHI St. Luke's Health - The Woodlands 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 and analyzed to identify priority needs for the community served by the CHI St. Luke's Health - The Woodlands Hospital. Priority needs were identified as:

Coordination of Care

- Increase access to care for uninsured, veterans, lower income, indigent, mentally ill, homeless and seniors

Education

- Recognize, understand and effectively address cultural diversity
- Increase prevention and signals related to suicide
- Increase prevention and treatment resources in areas of physical and sexual abuse
- Educate nutrition, alternatives, healthier eating and the importance of taking care of yourself and treatment compliance

Communication of Resources

- Make aware what healthcare programs, providers and services are available to residents and how to contact them for more
- Identify transportation alternatives and link patients in need

The CHI St. Luke's Health - The Woodlands Hospital advisory team reviewed the CHNA and developed the CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands Hospital websites.

Implementation Strategy

Introduction

As an integral part of St. Luke's Health System, CHI St. Luke's Health - The Woodlands Hospital mission is to contribute to enhancing community health by delivering superior value in high-quality, cost-effective acute care since 2003. CHI St. Luke's Health - The Woodlands Hospital, a 154-bed facility located in The Woodlands, Texas, offers clinical and diagnostic services including cardiovascular services, diagnostic imaging, women's services, neurosciences, pediatric care and surgery, pathology and pulmonary services. In collaboration with the medical staff, they are dedicated to excellence and compassion in caring for the whole person - body, mind and spirit. Located in Montgomery County, the hospital service area contains both a large urban complex, as well as smaller rural communities. They also are committed to the growth and development of our care providers and employees, and to securing the health of future generations by creating, applying and disseminating health knowledge through education and research.

Through our commitment to deliver faith-based, compassionate, quality and cost-effective care, CHI St. Luke's Health - The Woodlands Hospital shall be the provider of choice in Montgomery County and North Houston. CHI St. Luke's Health - The Woodlands 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.

CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands Hospital advisory team and the Healthy Communities Department in May 2016. The CHNA and Implementation Strategy were submitted for approval to the Executive Committee on May 23, 2016. The timeframe included in the Implementation Strategy covers 2016-2019. The CHNA and Implementation Strategy will be made widely available to the public on the CHI St. Luke's Health System and CHI St. Luke's Health - The Woodlands Hospital websites.

Overview of the Community Served by The Vintage Hospital

The community served by CHI St. Luke's Health - The Woodlands Hospital is described by the geographic area of CHI St. Luke's Health - The Woodlands Hospital and the contiguous zip codes determined by 2014 CHI St. Luke's Health - The Woodlands Hospital discharge data. Located in Montgomery County, the CHI St. Luke's Health - The Woodlands Hospital service area contains both a large urban complex, as well as smaller rural communities. The hospital service area includes 15 Texas counties, with the majority of the service area found within Montgomery and Harris Counties.

CHI St. Luke's Health - The Woodlands Hospital serves an area that is home to a population of over 700,000 residents that represent diverse ethnicities, backgrounds, and needs. Key descriptors of the community served by CHI St. Luke's Health - The Woodlands Hospital include:

- **Age:** The CHI St. Luke's Health - The Woodlands Hospital community is home to many residents in the age category 45-54 years, 55-64 years and older than 65 years. More than one-third (38%) of those living in the CHI St. Luke's Health - The Woodlands Hospital community are older than 45 years.
- **Race/Ethnicity:** White non-Hispanics (69.8%) and Hispanics (21.7%) make up the majority of the CHI St. Luke's Health - The Woodlands Hospital community.
- **Education:** The majority of residents have some college education or are college graduates.

Implementation Strategy Process

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

Coordination of Care

- Increase access to care for uninsured, veterans, lower income, indigent, mentally ill, homeless and seniors

Education

- Recognize, understand and effectively address cultural diversity
- Increase prevention and signals related to suicide
- Increase prevention and treatment resources in areas of physical and sexual abuse
- Educate nutrition, alternatives, healthier eating and the importance of taking care of yourself and treatment compliance

Communication of Resources

- Make aware what healthcare programs, providers and services are available to residents and how to contact them for more
- Identify transportation alternatives and link patients in need

Significant Health Needs to be Addressed

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

Coordination of Care	
Increase access to care for uninsured, veterans, lower income, indigent, mentally ill, homeless and seniors	<ul style="list-style-type: none"> - Provide resources (education series, brochures, etc.) in English in Spanish - Discuss possibility of assistance through case management and/or nurse navigator
Education	
Implement and promote programs focused on nutrition, alternatives, healthier eating and the importance of taking care of yourself and treatment compliance	<ul style="list-style-type: none"> - Continue use of Project RED (Re-Engineered Discharge) - Chronic disease management education classes for community will be implemented in Summer 2016 - Implement education piece throughout support groups
Recognize, understand and effectively address cultural diversity	<ul style="list-style-type: none"> - Provide training for staff to understand how to successfully treat a patient with different treatment goals based on culture - Promote use of translation services
Increase prevention and signals related to suicide	<ul style="list-style-type: none"> - Partner with community initiatives - Educate ED staff for warning signs
Increase prevention and treatment resources in areas of physical and sexual abuse	<ul style="list-style-type: none"> - Education for staff to identify warning signs
Communication of Resources	
Make aware what healthcare programs, providers and services are available to residents and how to contact them for more	<ul style="list-style-type: none"> - Increase information on web page/social media outlets – advertise education by CHI St. Luke's Health - The Woodlands Hospital - Provide informational brochures in hospital
Identify transportation alternatives and link patients in need	<ul style="list-style-type: none"> - Provide information to patients regarding transportation services - Gather more information about available services

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 CHI St. Luke's Health - The Woodlands Hospital; however there is room for improvement in its utilization. As a system-wide initiative, the Healthy Communities Department would like to utilize this program and make it stronger throughout the entire system. Not only would this promote collaboration between the system hospitals, but it would address the growing re-admission rates as well as assist in patients receiving preventative care rather than getting ill and have to undergo more invasive services at the hospital or utilize to the ER for primary care.

Most identified community health needs were similar at all CHI St. Luke's Health locations. One particular need specific to almost all locations was: Increase prevention and treatment resources in areas of physical and sexual abuse, human trafficking and violence in schools. This was a need that was discussed but did not appear as a primary need for CHI St. Luke's Health - The Woodlands Hospital. It was determined by the Healthy Communities Department that each location would address this need as they were capable but the Healthy Communities Department would implement a system-wide initiative to unify the system. This initiative would include required education for all staff, at all locations, to understand and be able to identify warning signs of physical and/or sexual abuse from patients utilizing the facility. Four ED RNs at CHI St. Luke's Health - The Woodlands Hospital are in the process of becoming trained SANE nurses. This will be the only CHI St. Luke's Health facility to obtain this skill. Research and information regarding a trained SANE nurse to be staffed at all CHI St. Luke's Health Houston locations will also be discussed, as well as the possibility of sharing trained nurses throughout the market.

Significant Health Needs Not Addressed

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

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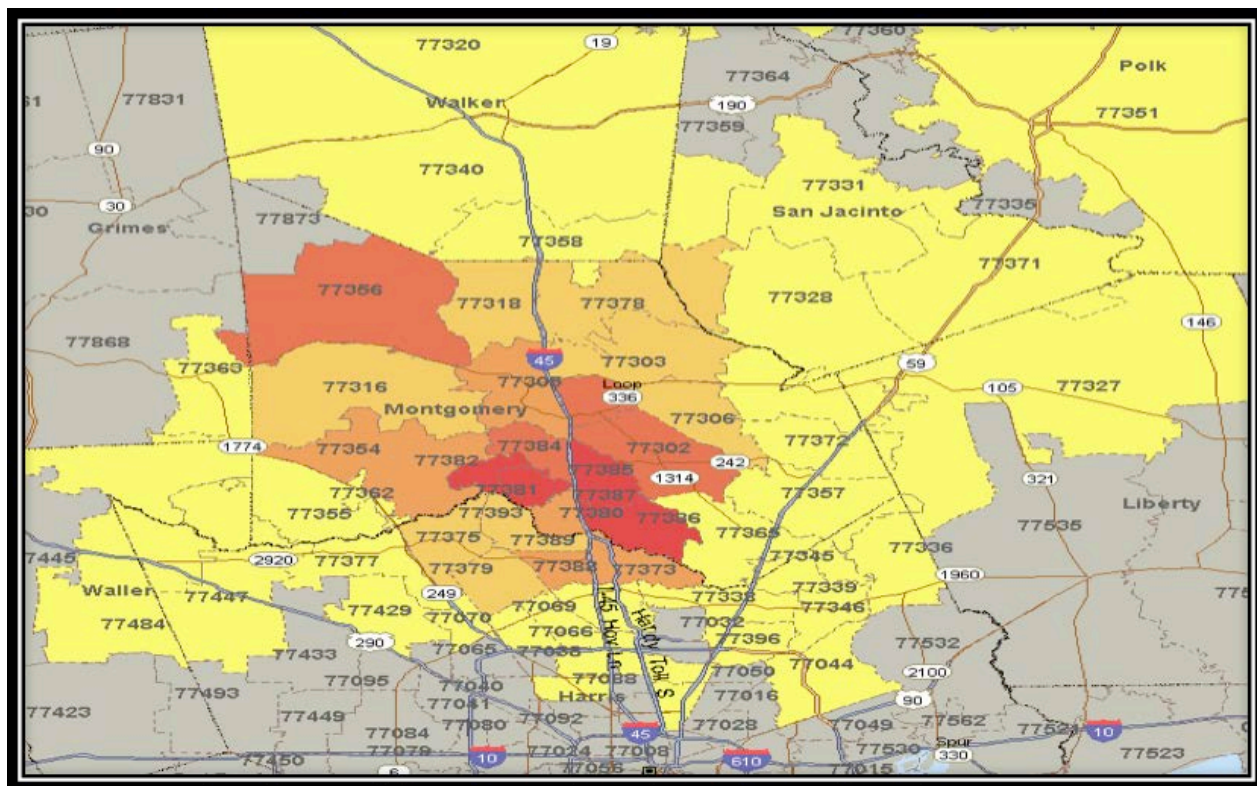
Appendix

Appendix 1.

Service Area Map and Zip Codes

The community served by CHI St. Luke's Health - The Woodlands Hospital consists of adjacent zip codes determined by 2014 hospital discharge data provided by the St. Luke's Health System. The service area includes the following zip codes: 77386, 77381, 77382, 77385, 77302, 77301, 77384, 77356, 77373, 77354, 77304, 77380, 77388, 77389, 77303, 77316, 77378, 77318, 77379, 77306, 77375, 77355, 77365, 77328, 77073, 77357, 77090, 77340, 77327, 77372, 77358, 77320, 77346, 77351, 77338, 77339, 77014, 77305, 77377, 77060, 77345, 77331, 77070, 77067, 77429, 77396, 77066, 77068, 77363, 77088, 75862, 77362, 77371, 77447, 77093, 77069, 77039, 77393, 77336, 77484, 77387, 77044, 77038.

Because most of the zip codes within the service area are found within Montgomery and Harris Counties, this report has relied upon recent data available for these counties to draw inferences about the CHI St. Luke's Health - The Woodlands Hospital community. The map below displays the CHI St. Luke's Health - The Woodlands Hospital community.



Appendix 2.

Participants involved in the CHNA

<i>CHI St. Luke's Health System Team</i>			
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
Amanda Sanders	Director of Marketing & Communication	CHI St. Luke's Health - The Woodlands Hospital	Implementation Strategy
Eric Ransom	Performance Excellence Consultant	CHI St. Luke's Health - The Woodlands Hospital	Focus Group Staff Participant
Wynde Pustejovsky	BSN, RN, Population Health Coach	CHI St. Luke's Health - The Woodlands Hospital	Focus Group Staff Participant
Matthew Vasquez	LAT, Athletic Trainer	CHI St. Luke's Health - The Woodlands Hospital	Focus Group Staff Participant
Theresa Bissonette	Manager	CHI St. Luke's Health - The Woodlands Hospital	Implementation Strategy
Priscilla Potter	RN	CHI St. Luke's Health – Lakeside Hospital	Implementation Strategy
Rachel Davis	Director, Nursing	CHI St. Luke's Health - The Woodlands Hospital	Implementation Strategy
Tonya Brown	Director, Medical Surgical	CHI St. Luke's Health - The Woodlands Hospital	Implementation Strategy
Lisa Williams	Director, Patient Care	CHI St. Luke's Health – Lakeside Hospital	Implementation Strategy
Dawn Ellington	Risk Management	CHI St. Luke's Health - The Woodlands Hospital	Implementation Strategy
Jennifer Adams	Food & Nutrition	CHI St. Luke's Health - The Woodlands Hospital	Implementation Strategy
<i>Community Stakeholders</i>			
Gary Conwell	President	1 st Phase Community United Way	Community Stakeholder Focus Group Participant
Jesus Rodriguez	Director, Health & Wellness	Montgomery County United Way	Community Stakeholder Focus Group Participant
Penny Wilson	Director Operations	Crisis Assistance Center	Community Stakeholder Focus Group Participant
Lucy Gomez	Director of Programs & Services	Interfaith of The Woodlands	Community Stakeholder Focus Group Participant
Catherine Pretigiovanni	Director of Strategic Development	Tri-County Behavioral Healthcare	Community Stakeholder Focus Group Participant
Evan Roberson	Executive Director	Tri-County Behavioral	Community
		Healthcare	Stakeholder Focus Group Participant
Allison Huylett	Executive Director	Meals on Wheels	Community Stakeholder Focus Group Participant
Mandy Stelzer	Community Executive Director	YMCA	Community Stakeholder Focus Group Participant

Appendix 3.

2012-2014 CHI St. Luke's Health - The Woodlands 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 CHI St. Luke's Health - The Woodlands Hospital and was aggregated by the 5-digit ICD-9 diagnosis code. No demographic or personally identifiable information was provided; therefore, the information below represents the types of health problems experienced by people who made use of CHI St. Luke's Health - The Woodlands Hospital between 2012-2014. In order to summarize the data more effectively, the ICD-9 codes were further aggregated into more relevant and less clinically specific categories.

Diagnostic Group	2012		2013		2014	
	n	%	n	%	n	%
1. Infectious and Parasitic Disease (001-139)	366	3.1	318	2.5	398	3.0
2. Neoplasms (140-239)	452	3.8	460	3.6	462	3.5
3. Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	287	2.4	367	2.9	361	2.7
4. Diseases of the Blood and Blood-Forming Organs (280-289)	186	1.6	184	1.5	170	1.3
5. Mental Disorders (290-319)	35	0.3	43	0.3	40	0.3
<i>290-294 organic psychotic conditions</i>	20	0.2	26	0.2	23	0.2
<i>295-299 other psychoses</i>	2	0.02	7	0.1	2	0.02
<i>300-316 neurotic disorders, personality disorders, and other nonpsychotic</i>	13	0.1	10	0.1	15	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)	204	1.7	181	1.4	205	1.6
7. Diseases of Circulatory System (390-459)	1635	13.8	1918	15.1	2063	15.7
<i>390-392 acute rheumatic fever</i>	0	0	0	0	0	0
<i>393-398 chronic rheumatic heart disease</i>	7	0.1	7	0.1	3	0.02
<i>401-405 hypertensive disease</i>	101	0.9	197	0.9	117	0.9
<i>410-414 ischemic heart disease</i>	320	2.7	361	2.8	370	2.8
<i>415-417 diseases of pulmonary circulation</i>	89	0.7	74	0.6	98	0.7
<i>420-429 other forms of heart diseases</i>	558	4.7	689	5.4	765	5.8
<i>430-438 cerebrovascular disease</i>	320	2.7	446	3.5	456	3.5
<i>440-449 diseases of arteries, arterioles, and capillaries</i>	87	0.7	103	0.8	125	0.9
<i>451-459 diseases of veins and lymphatics, and other diseases of circulatory</i>	153	1.3	130	1.0	129	1.0
8. Diseases of Respiratory System (460-519)	983	8.3	1237	9.8	1152	8.8
<i>460-466 acute respiratory infections</i>	72	0.6	89	0.7	81	0.6
<i>470-478 other diseases of upper respiratory tract</i>	8	0.1	17	0.1	18	0.1
<i>480-488 pneumonia and influenza</i>	408	3.4	436	3.4	426	3.2
<i>490-496 chronic obstructive pulmonary disease and allied conditions</i>	313	2.6	466	3.7	390	3.0
<i>500-508 pneumoconioses and other lung diseases due to external</i>	43	0.4	58	0.5	57	0.4

<i>agents</i>						
<i>510-519 other diseases of respiratory system</i>	139	1.2	171	1.4	180	1.4
9.Diseases of the Digestive System (520-579)	1163	9.8	1290	10.1	1241	9.4
<i>520-529 diseases of oral cavity, salivary glands, and jaws</i>	22	0.2	13	0.1	14	0.1
<i>530-539 diseases of esophagus, stomach, and duodenum</i>	157	1.3	154	1.2	154	1.2
<i>540-543 appendicitis</i>	77	0.6	75	0.6	62	0.5
<i>550-553 hernia of abdominal cavity</i>	46	0.4	44	0.3	58	0.4
<i>555-558 noninfective enteritis and colitis</i>	129	1.1	154	1.2	137	1.0
<i>560-569 other diseases of intestines and peritoneum</i>	327	2.8	366	2.9	382	2.9
<i>570-579 other diseases of digestive system</i>	405	3.4	484	3.8	434	3.3
10.Diseases of the Genitourinary System (580-629)	631	5.3	622	4.9	637	4.8
<i>580-589 nephritis, nephrotic syndrome, and nephrosis</i>	182	1.5	193	1.5	207	1.6
<i>590-599 other diseases of urinary system</i>	337	2.8	320	2.5	328	2.5
<i>600-608 diseases of male genital organs</i>	9	0.1	19	0.2	26	0.2
<i>610-612 disorders of breast</i>	17	0.1	13	0.1	16	0.1
<i>614-616 inflammatory disease of female pelvic organs</i>	12	0.1	12	0.1	9	0.1
<i>617-629 other disorders of female genital tract</i>	74	0.6	65	0.5	51	0.4
11.Complications of Pregnancy, Childbirth, and the Puerperium (630-677)	2113	17.8	2042	16.1	2166	16.5
12.Diseases of the Skin and Subcutaneous Tissue (680-709)	294	2.5	306	2.4	323	2.5
13.Diseases of the Musculoskeletal System and Connective Tissue (710-739)	527	4.4	662	5.2	743	5.6
<i>710-719 arthropathies and related disorders</i>	182	1.5	250	2.0	246	1.9
<i>720-724 dorsopathies</i>	261	2.2	322	2.5	394	3.0
<i>725-729 rheumatism, excluding the back</i>	30	0.3	40	0.3	51	0.4
<i>730-739 osteopathies, chondropathies, and acquired musculoskeletal</i>	54	0.5	50	0.4	52	0.4
14.Congenital Anomalies (740-759)	17	0.1	13	0.1	12	0.1
15.Certain Conditions Originating in the Perinatal Period (760-779)	46	0.4	38	0.3	43	0.3
16.Symptoms, Signs, and Ill-Defined Conditions (780-799)	290	2.4	327	2.6	296	2.2
<i>780-789 symptoms</i>	279	2.3	317	2.5	282	2.1
<i>790-796 nonspecific abnormal findings</i>	11	0.1	9	0.1	12	0.1
<i>797-799 ill-defined and unknown causes of morbidity and mortality</i>	0	0	1	0.01	2	0.02
17.Injury and Poisoning (800-899)	600	5.1	692	5.5	747	5.7
<i>800-804 fracture of skull</i>	10	0.1	6	0.05	10	0.1
<i>805-809 fracture of spine and trunk</i>	45	0.4	76	0.6	53	0.4
<i>810-819 fracture of upper limb</i>	16	0.1	21	0.2	19	0.1
<i>820-829 fracture of lower limb</i>	114	1.0	136	1.1	135	1.0
<i>830-839 dislocation</i>	3	0.03	2	0.02	3	0.02
<i>840-848 sprains and strains of joints and adjacent muscles</i>	6	0.1	7	0.06	5	0.04
<i>850-854 intracranial injury, excluding those with skull fracture</i>	73	0.6	79	0.6	101	0.8
<i>860-869 internal injury of chest, abdomen, and pelvis</i>	4	0.03	5	0.04	15	0.1
<i>870-879 open wound of head, neck, and trunk</i>	3	0.02	1	0.01	2	0.02
<i>880-887 open wound of upper limb</i>	2	0.02	0	0	1	0.01
<i>890-897 open wound of lower limb</i>	0	0	5	0.04	2	0.02
<i>900-904 injury to blood vessels</i>	1	0.01	0	0	0	0
<i>905-909 late effects of injuries, poisonings, toxic effects, and other external</i>	0	0	0	0	0	0
<i>910-919 superficial injury</i>	3	0.02	0	0	2	0.02
<i>920-924 contusion with intact skin surface</i>	4	0.03	7	0.06	6	0.05
<i>925-929 crushing injury</i>	0	0	0	0	0	0
<i>930-939 effects of foreign body entering through orifice</i>	1	0.01	4	0.03	4	0.03
<i>940-949 burns</i>	1	0.01	0	0	0	0
<i>950-957 injury to nerves and spinal cord</i>	0	0	1	0.01	2	0.02
<i>958-959 certain traumatic complications and unspecified injuries</i>	5	0.04	4	0.03	6	0.05
<i>960-979 poisoning by drugs, medicinals and biological substances</i>	41	0.3	40	0.3	43	0.3
<i>980-989 toxic effects of substances chiefly nonmedical as to source</i>	8	0.1	5	0.04	5	0.04
<i>990-995 other and unspecified effects of external causes</i>	7	0.1	11	0.1	9	0.07
<i>996-999 complications of surgical and medical care, not elsewhere classified</i>	253	2.1	282	2.2	324	2.5
18.Sickle-cell Disease (282.60-282.69)	14	0.1	16	0.1	18	0.1
<i>282.60 sickle-cell disease unspecified</i>	0	0	1	0.01	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>	14	0.1	14	0.1	17	0.1
<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>	0	0	1	0.01	1	0.01
V Codes Supplementary Classification of Factors Influencing Health Status and Contact	2046	17.2	1967	15.5	2101	16.0
Unclassified	0	0	0	0	0	0
Total	11875		12667		13160	

Appendix 4.

Texas BRFSS Data 2014 Houston

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

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

Diagnosis of any type of cancer

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

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

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

Table C. Texas BRFSS 2014 Mental Health Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)
Days of mental health considered “not good” for 5+ days

Demographic Group		Sample Size	None to less than 5 days (%)		5 or more days (%)	
			Percent	CI 95%	Percent	CI 95%
Total	Total	1,812	82.8	(79.7-85.5)	17.2	(14.5-20.3)
Gender	Male	740	87.7	(83.6-90.9)	12.3	(9.1-16.4)
	Female	1,072	78.5	(73.8-82.5)	21.5	(17.5-26.2)
Age Groups	18-29	166	74.6	(65.0-82.2)	25.4	(17.8-35.0)
	30-44	331	83.9	(78.3-88.3)	16.1	(11.7-21.7)
	45-64	688	83.8	(78.4-88.0)	16.2	(12.0-21.6)
	65+	600	87.6	(81.6-91.8)	12.4	(8.2-18.4)
Race/Ethnicity	White Only	1,117	83.7	(79.2-87.4)	16.3	(12.6-20.8)
	Black Only	218	79.4	(69.3-86.9)	20.6	(13.1-30.7)
	Hispanic	346	81.3	(75.4-86.0)	18.7	(14.0-24.6)
	Other Only/Multiracial	83	89.1	(78.9-94.7)	10.9	(5.3-21.1)
Insurance	Has Insurance	1,529	83.6	(80.0-86.6)	16.4	(13.4-20.0)
	No Insurance	274	80.2	(73.3-85.7)	19.8	(14.3-26.7)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Table L. Texas BRFSS 2014 Access to Care Data: Houston – The Woodlands – Sugar Land MSA (Weighted Data)
Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

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

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

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

Appendix 5.

2013 CHNA Priority Need Actions / Evaluation of Impact

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

2013 CHI St. Luke's Health - The Woodlands Hospital Priority Needs	Actions taken to fulfill priority need
Access to Care	
1) The Bridge to Care Clinic will provide comprehensive primary care services to newborns.	<ul style="list-style-type: none"> In Calendar Year 2015, The Bridge to Care Clinic provided 917 patient visits. The clinic is available to newborns lacking a primary care home at the time of birth, regardless of insurance status. Approximately one-third of the patients were Medicaid, Medicaid-Managed Care or uninsured.
2) CHI St. Luke's Health - The Woodlands Hospital will actively recruit physicians to further improve access to care. In addition to increasing access to specialty care, these physicians will be active in treating the uninsured and underinsured population.	<ul style="list-style-type: none"> In 2014, two primary care physicians were recruited to join the CHI St. Luke's Health – St. Luke's Medical Group (SLMG). In 2015, three primary care physicians and one neurologist were added to SLMG. Approximately 18% of patients seen by SLMG primary care physicians were Medicaid or self-pay patients.
3) CHI St. Luke's Health - The Woodlands Hospital will continue its commitment to partnering with organizations to provide necessary health related services. CHI St. Luke's Health - The Woodlands Hospital has been a financial and strategic partner to Interfaith Community clinic, providing primary care to the uninsured population of Montgomery County.	<ul style="list-style-type: none"> CHI St. Luke's Health - The Woodlands Hospital has been a longtime supporter of the Interfaith Community Clinic. Community clinic patients are uninsured and underserved regarding healthcare, dental and counseling services. <p># Patients Served: 2014 7,676 patient visits to 2,245 unique patients 2015 8,229 patient visits to 2,160 unique patients</p>
Behavioral Health	
1) CHI St. Luke's Health - The Woodlands Hospital is dedicated to making behavioral health services available to our patients. Through partnerships with Cypress Creek Hospital, Kingwood Pines, Aspire and Tri County, CHI St. Luke's Health - The Woodlands Hospital will ensure that patients with behavioral health needs are able to receive psychiatric evaluations and placement in behavioral health facilities.	Not fulfilled.
Communication	
1) CHI St. Luke's Health - The Woodlands Hospital will be more active in the community as a healthcare provider as well as health resource through health fairs and community health screenings.	<ul style="list-style-type: none"> CHI St. Luke's Health - The Woodlands Hospital participated in numerous health fairs, community events, speaker forums and roundtables, where educational materials were provided for stroke, heart disease, orthopedics, pediatrics, diabetes, breast health, and overall health. Blood pressure, stroke, helmet safety screenings also provided. <p># of Events: 2014 58 hospital & community events 2015 74 hospital & community events</p>
2) CHI St. Luke's Health - The Woodlands Hospital will invited community members to join our hospital and medical staff in regular round table activities to discuss issues such as cardiovascular health, stroke awareness, breast health and advances in medical technology.	<ul style="list-style-type: none"> Monthly "Coffee with the Cardiologist" and/or "Coffee with the Neurologist" events were hosted. In addition, in the month of October we have "BeAware" Breast Health events. Community members are invited; approximately 20-40 participants were present at each presentation.
3) CHI St. Luke's Health - The Woodlands Hospital will continue its presence on social media outlets and allow for continued dissemination of health information.	<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 chistlukeshhealth.org (avg. views/mo): 310,511
Obesity and related Chronic Disease	
1) CHI St. Luke's Health - The Woodlands Hospital will create a methodology for stratifying patients based on disease, self-management, and risk status. The registry aims to increase patient adherence to disease management programs and recommendations, improve processes for identifying and providing specialized treatments to high need patients and reduce readmission rates and potentially preventable readmissions by high risk populations.	<ul style="list-style-type: none"> Upon admission, every inpatient has a LACE Score calculated. The LACE Score is an evidence-based methodology for identifying how likely a patient is to be readmitted based on Length of Stay, Patient Acuity, Comorbidities, and ED Visits in the past 6 months. Our Population Health Coach reviews patient LACE scores daily and visits the highest risk patients every day of their inpatient stay, providing extensive education regarding their chronic disease. Additionally, she creates simple, personalized after hospital care plans and schedules follow-up physician visits prior to discharge. After a patient has been discharged, high risk patients will receive follow up phone calls by a RN one time per week for 30 days post discharge, and again at the 60 and 90 day mark. These phone calls are focused on treatment compliance and further chronic disease education.

Community Health Needs Assessment

CHI St. Luke's Health Houston Master Report

FY 2016

Contents

Project Overview	2
Summary & Implications	4
Key Findings	
Qualitative	7
Quantitative	14
Appendices	56
Consumer Survey Instrument	
Qualitative Discussion Guides	

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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 - 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



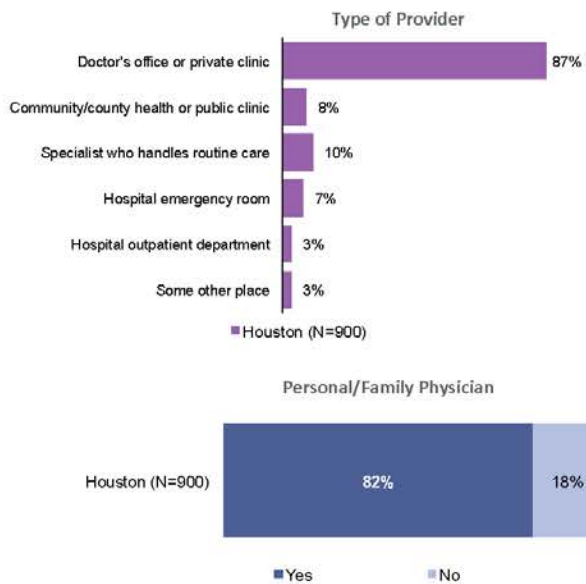
KEY FINDINGS

- 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.

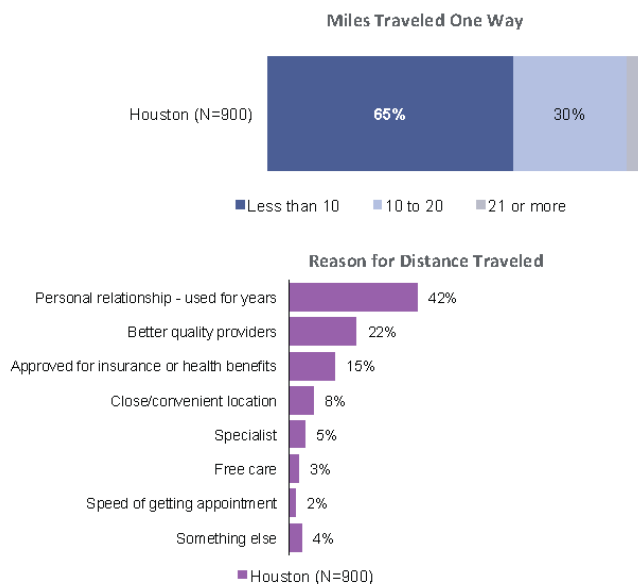


KEY FINDINGS

- 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%

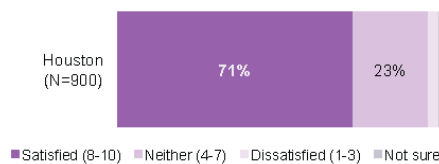


KEY FINDINGS

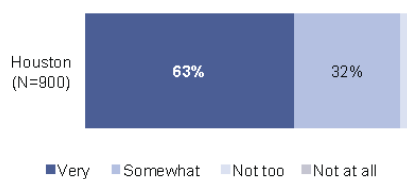
- Most residents in all 5 hospital areas travel less than 10 miles for their routine health care.
- A long-term personal relationship, better quality perceptions and insurance acceptance are the three most popular reasons justifying the distance traveled in all 5 areas.

Satisfaction, Confidence & Choice

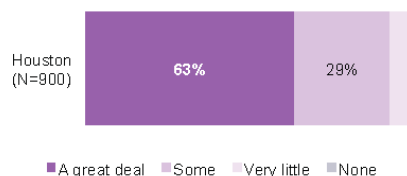
Describe your level of satisfaction with the care received from your routine healthcare provider.



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%

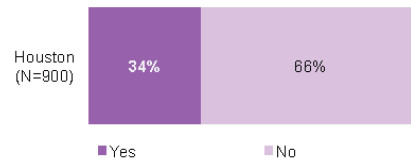


KEY FINDINGS

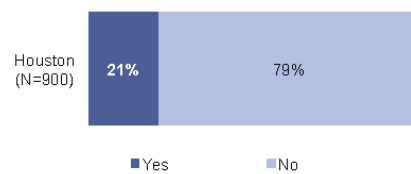
- The majority of respondents in all five areas are satisfied, confident and have a great deal of choice.
- Those in Sugar Land and The Woodlands appear to have somewhat less choice than others.

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%



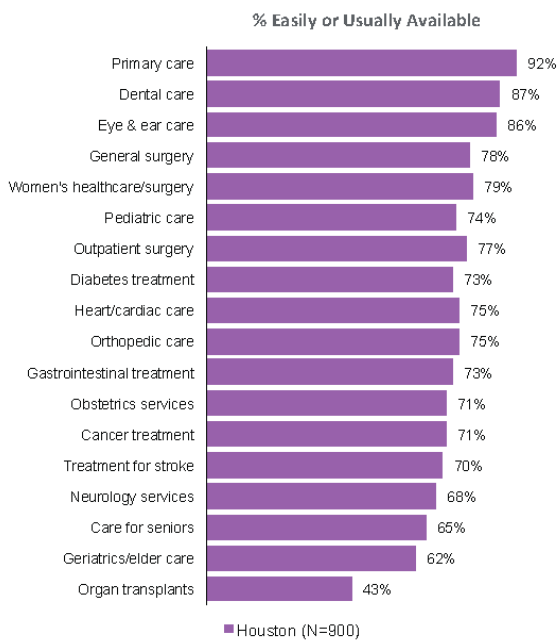
KEY FINDINGS

- 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%

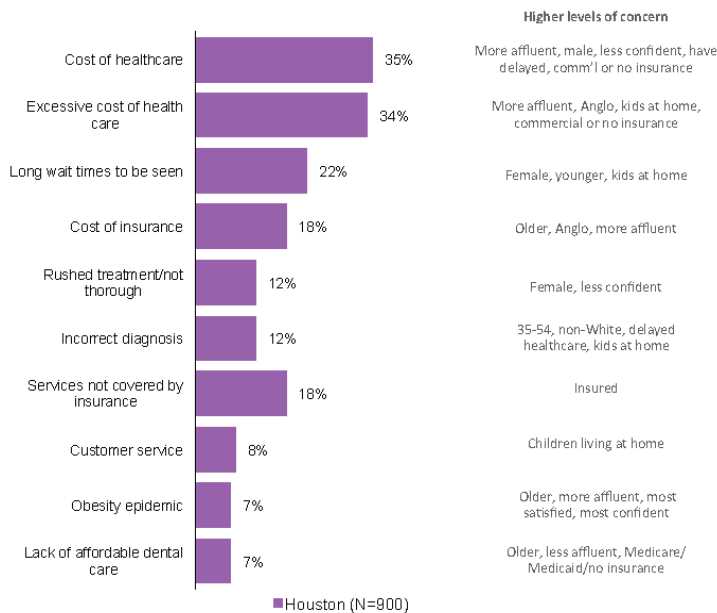


KEY FINDINGS

- 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%

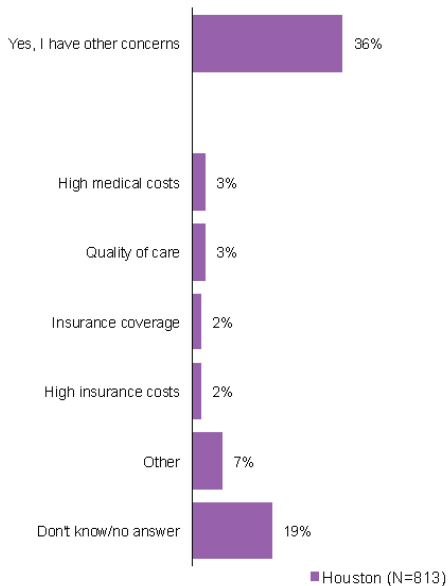


KEY FINDINGS

- 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

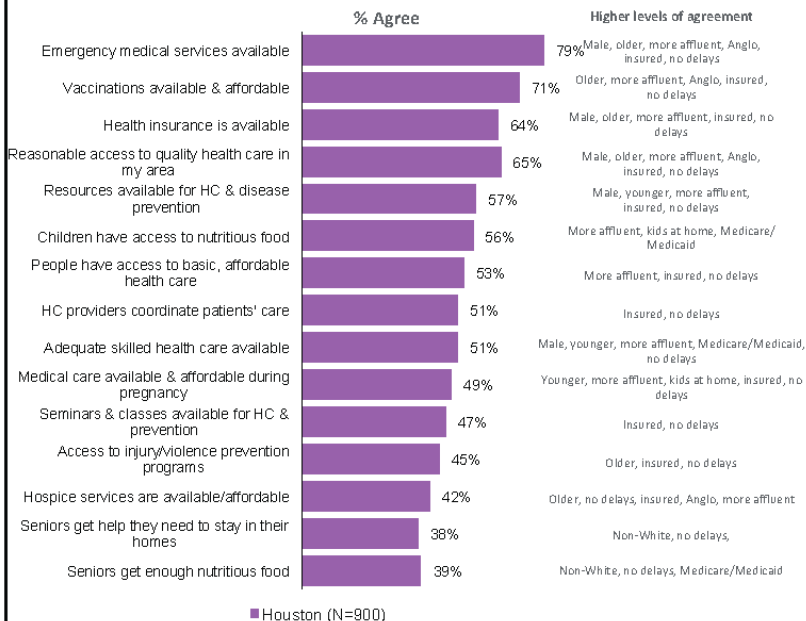


KEY FINDINGS

- 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

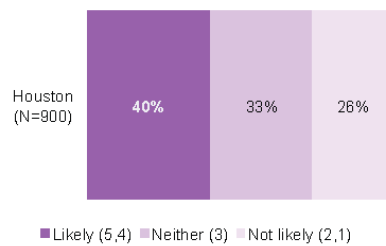
- With the exception of 4 statements agreement levels among Pasadena residents (all higher) and 2 among The Woodlands respondents (both lower), agreement levels did not vary a great deal across the 5 hospital PSA's.

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

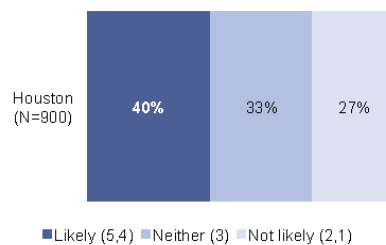
Likelihood To Use/Participate

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

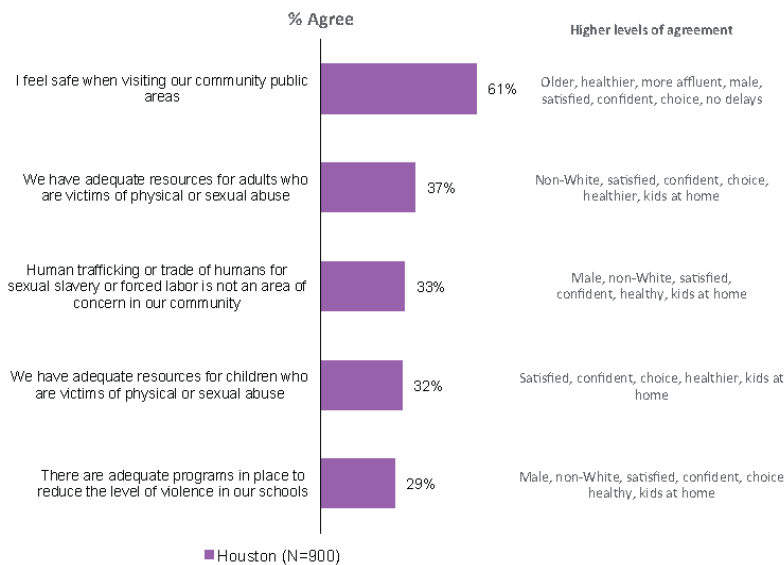


KEY FINDINGS

- 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						

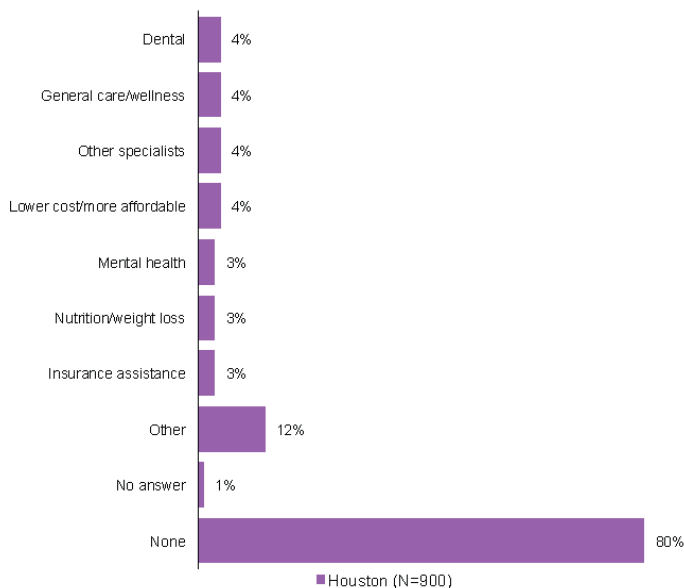


KEY FINDINGS

- 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%

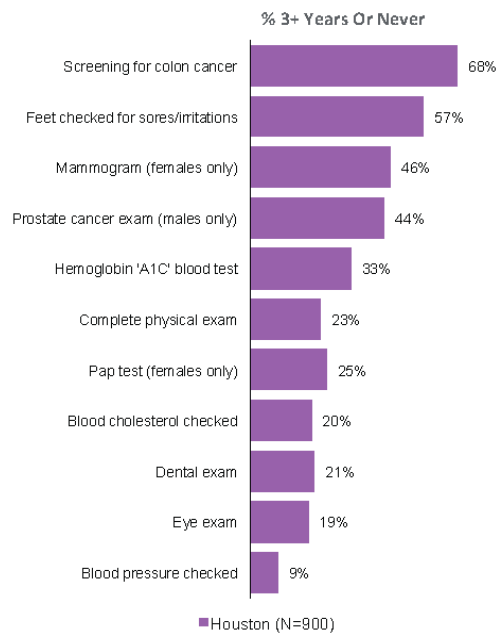


KEY FINDINGS

- 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%

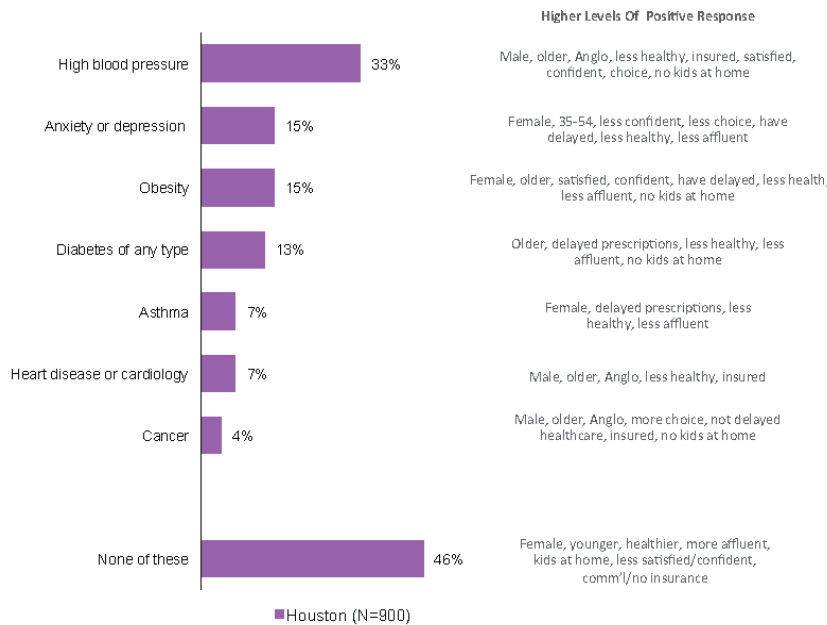


KEY FINDINGS

- 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

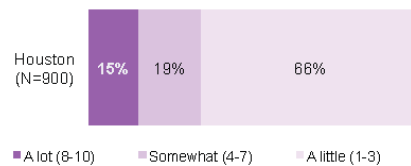


KEY FINDINGS

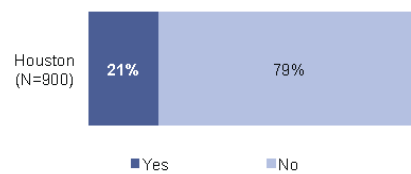
- It is this area, too, Pasadena residents differ significantly from respondents in other areas with higher incidences of high blood pressure, obesity, diabetes and heart disease.

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%



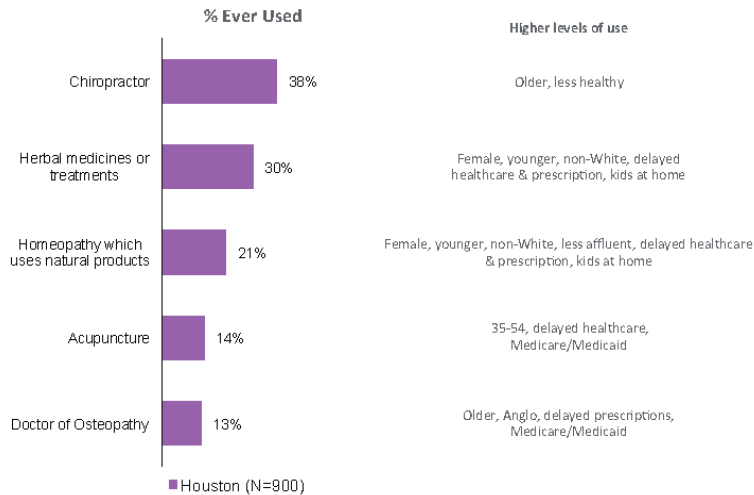
KEY FINDINGS

- 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

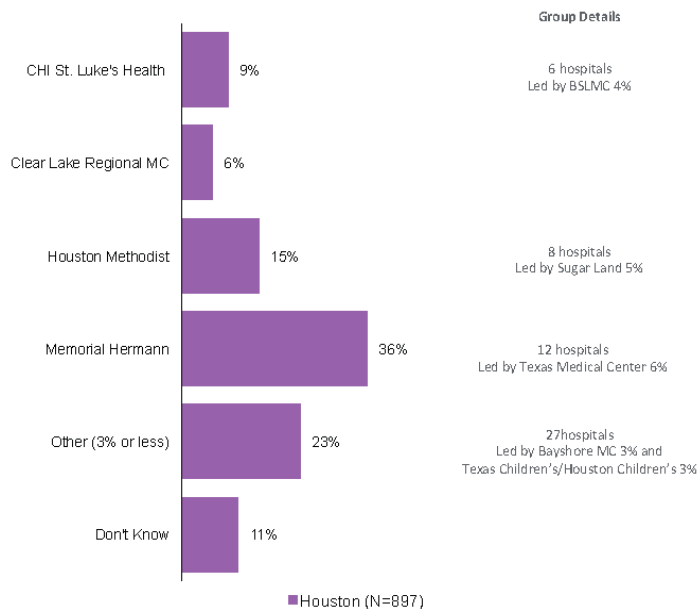


KEY FINDINGS

- 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%



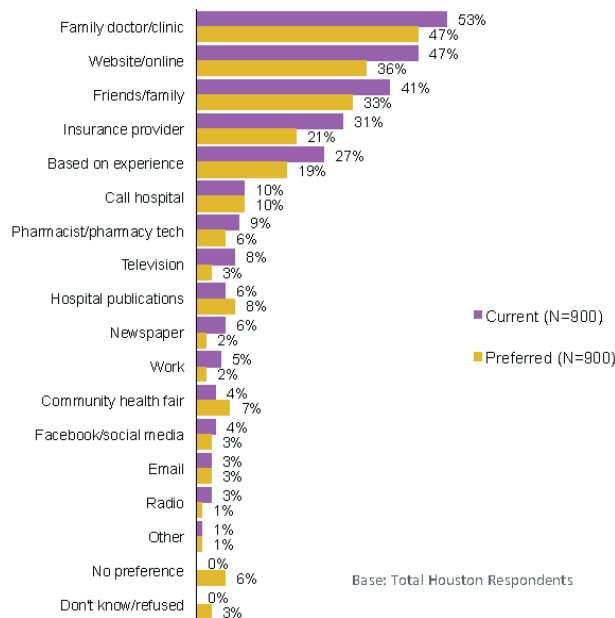
KEY FINDINGS

- 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%

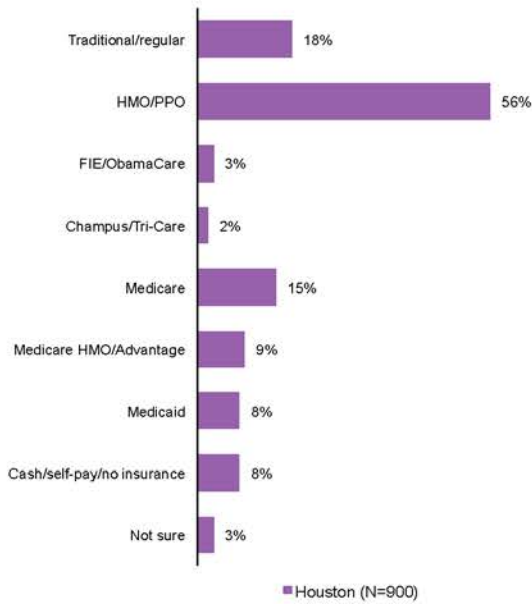


KEY FINDINGS

- 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)



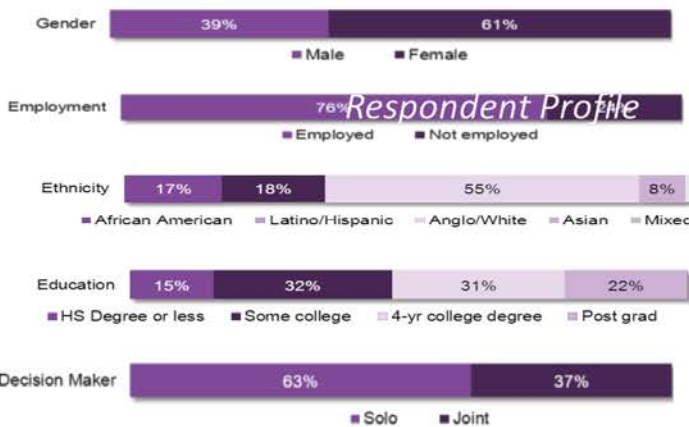
KEY FINDINGS

- 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%

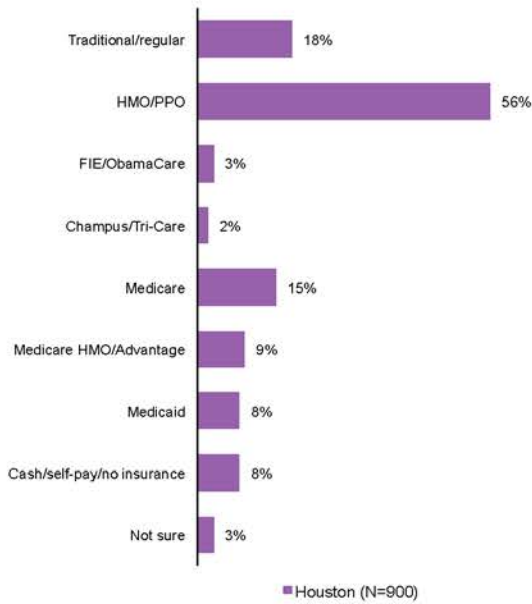


KEY FINDINGS

- 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)



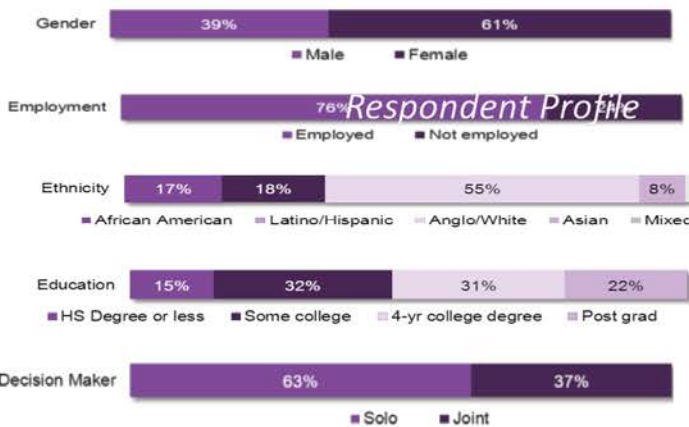
KEY FINDINGS

- 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.

Consumer Survey Instrument (continued)

Needs Assessment Survey
QUESTIONS UNANSWERED
Survey Report ID: 2020-03-20-001

Houston Methodist - Catholic Hospital
 Houston Methodist - Life Hospital
 Houston Methodist Sugar Land Hospital
 Houston Methodist The Woodlands Hospital
 Houston Methodist West Hospital
 Houston Methodist Medical Center
 Englewood Medical Center
 Lyden S. Johnson Hospital
 MD Anderson Cancer Center
 Memorial Hermann - Children's Memorial Hermann Hospital
 Memorial Hermann - Fife Hospital
 Memorial Hermann - Memorial City Medical Center
 Memorial Hermann - Northwest Hospital
 Memorial Hermann - Southwest Hospital
 Memorial Hermann - East Hospital
 Memorial Hermann - Eastman Hospital
 Memorial Hermann - The Woodlands Hospital
 Memorial Hermann - Houston's Memorial City Hospital
 Memorial Hermann - Houston's Hospital for Women
 Children's Medical Center (Dartmouth-Hulth)

Park West Hospital
 Piedmont Medical Center
 Queen's Medical Hospital
 St. John's Hospital in Kansas City
 St. Joseph
 Tenet Community Hospital
 Tenet CHI St. Joseph (Houston)

Tenet East Houston
 Tenet Christus Hospital
 Tenet Houston Methodist
 The Miriam's Hospital of Texas
 Tenet
 Tenet Regional Medical Center
 UHVA Cleveland
 West Houston Medical Center
 Other - Specify
 None
 Don't Know

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Needs Assessment Survey
QUESTIONS UNANSWERED
Survey Report ID: 2020-03-20-001

PHYSICIAN ACCESS

6. What kind of doctor provides the care for routine care or when you are sick?
 Doctor's office or private clinic
 Community health center, county health unit or other public clinic
 Hospital outpatient department
 Hospital emergency room
 A specialist when needed for routine care
 Some other place

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

8. How many times do you/they go to the doctor for most of your family's routine health care needs?
 Less than 20 times a year
 20-25 times
 25-30 times
 More than 30 times

9. What is the **PROBABLY** reason that you do not come in your household for most of the care for health care needs? (Select all that apply)
 Personal responsibility/need to take care
 Better quality of provider
 Close/ convenient location
 Proximity
 Appointment/ provider for insurance or health benefits
 Specialized
 Higher cost
 Specializing in an appointment
 Something else

10. Using a scale of 1 to 10 where 10 means you are extremely satisfied and 1 means you are extremely dissatisfied, how do you rate your satisfaction with the care received from your routine health care provider? (You may use any number between 1 and 10. A midpoint may be selected. A midpoint should be used only if you are unsure.)
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

ACCESS TO SPECIALTY CARE

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Consumer Survey Instrument (continued)

Needs Assessment Survey
QUESTIONS UNANSWERED
Survey Report ID: 2020-03-20-001

Houston Methodist - Catholic Hospital
 Houston Methodist - Life Hospital
 Houston Methodist Sugar Land Hospital
 Houston Methodist The Woodlands Hospital
 Houston Methodist West Hospital
 Houston Methodist Medical Center
 Englewood Medical Center
 Lyden S. Johnson Hospital
 MD Anderson Cancer Center
 Memorial Hermann - Children's Memorial Hermann Hospital
 Memorial Hermann - Fife Hospital
 Memorial Hermann - Memorial City Medical Center
 Memorial Hermann - Northwest Hospital
 Memorial Hermann - Southwest Hospital
 Memorial Hermann - East Hospital
 Memorial Hermann - Eastman Hospital
 Memorial Hermann - The Woodlands Hospital
 Memorial Hermann - Houston's Memorial City Hospital
 Memorial Hermann - Houston's Hospital for Women
 Children's Medical Center (Dartmouth-Hulth)

Park West Hospital
 Piedmont Medical Center
 Queen's Medical Hospital
 St. John's Hospital in Kansas City
 St. Joseph
 Tenet Community Hospital
 Tenet CHI St. Joseph (Houston)

Tenet East Houston
 Tenet Christus Hospital
 Tenet Houston Methodist
 The Miriam's Hospital of Texas
 Tenet
 Tenet Regional Medical Center
 UHVA Cleveland
 West Houston Medical Center
 Other - Specify
 None
 Don't Know

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Needs Assessment Survey
QUESTIONS UNANSWERED
Survey Report ID: 2020-03-20-001

PHYSICIAN ACCESS

6. What kind of doctor provides the care for routine care or when you are sick?
 Doctor's office or private clinic
 Community health center, county health unit or other public clinic
 Hospital outpatient department
 Hospital emergency room
 A specialist when needed for routine care
 Some other place

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

8. How many times do you/they go to the doctor for most of your family's routine health care needs?
 Less than 20 times a year
 20-25 times
 25-30 times
 More than 30 times

9. What is the **PROBABLY** reason that you do not come in your household for most of the care for health care needs? (Select all that apply)
 Personal responsibility/need to take care
 Better quality of provider
 Close/ convenient location
 Proximity
 Appointment/ provider for insurance or health benefits
 Specialized
 Higher cost
 Specializing in an appointment
 Something else

10. Using a scale of 1 to 10 where 10 means you are extremely satisfied and 1 means you are extremely dissatisfied, how do you rate your satisfaction with the care received from your routine health care provider? (You may use any number between 1 and 10. A midpoint may be selected. A midpoint should be used only if you are unsure.)
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

ACCESS TO SPECIALTY CARE

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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** (ready for your family)
- Community available** (but requires a visit and might an appointment for care)
- Not available** (because of resources, money, or long wait for an appointment)
- Not available** to you and your family because of coverage issues or existing care

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

	Very easy	Easy	Not	Not available	Community available	Family available
1. Office and home visiting services						
2. Care for acute illness						
3. Treatment for injuries						
4. Treatment for geriatric and chronic conditions						
5. General surgery						
6. Heart and vascular care						
7. Single-line dialysis						
8. Intensive care						
9. Intensive surgery						

Needs Assessment Survey
(Continued)

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

- Family available** (ready for your family)
- Community available** (but requires a visit and might an appointment for care)
- Not available** (because of resources, money, or long wait for an appointment)
- Not available** to you and your family because of coverage issues or existing care

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

	Very easy	Easy	Not	Not available	Community available	Family available
1. Diabetes care						
2. Treatment of cancer						
3. Women's healthcare and women, WIC						
4. Smoking cessation						
5. Oral health care						
6. Substance abuse						
7. Treatment for stroke						
8. Primary care						
9. Geriatric care						
10. Dental care						

19. Much of the following concern you most about health care in your area? Indicate you in three items.

Multiple Choice

- Lack of primary care doctors
- Lack of specialists
- Insurance regulations
- Long wait times to be seen
- Quality of treatment or care/feel through digital care

Single Choice

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

General Comments

- Transportation and/or insurance coverage
- Access point of health care
- High facilities for young and old patients
- Health systems
- Information with and the services
- Cost of services
- Quality of care
- Appropriate services
- Services not covered by insurance
- Lack of resources
- Lack of preventative care
- None of these / nothing is of concern

Consumer Survey Instrument (continued)

Needs Assessment Survey
(Continued)

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

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

	Strongly agree	Agree	Disagree	Strongly disagree
1. Transportation is a critical need for patients				
2. Transportation is a critical need for patients				
3. Transportation is a critical need for patients				
4. Transportation is a critical need for patients				
5. Transportation is a critical need for patients				
6. Transportation is a critical need for patients				
7. Transportation is a critical need for patients				
8. Transportation is a critical need for patients				
9. Transportation is a critical need for patients				
10. Transportation is a critical need for patients				
11. Transportation is a critical need for patients				
12. Transportation is a critical need for patients				
13. Transportation is a critical need for patients				
14. Transportation is a critical need for patients				
15. Transportation is a critical need for patients				
16. Transportation is a critical need for patients				
17. Transportation is a critical need for patients				
18. Transportation is a critical need for patients				
19. Transportation is a critical need for patients				
20. Transportation is a critical need for patients				

Needs Assessment Survey
(Continued)

22. 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 new treatments				
2. Participate in research on the benefits and risks of new treatments				
3. Participate in research on the benefits and risks of new treatments				
4. Participate in research on the benefits and risks of new treatments				
5. Participate in research on the benefits and risks of new treatments				
6. Participate in research on the benefits and risks of new treatments				
7. Participate in research on the benefits and risks of new treatments				
8. Participate in research on the benefits and risks of new treatments				
9. Participate in research on the benefits and risks of new treatments				
10. Participate in research on the benefits and risks of new treatments				
11. Participate in research on the benefits and risks of new treatments				
12. Participate in research on the benefits and risks of new treatments				
13. Participate in research on the benefits and risks of new treatments				
14. Participate in research on the benefits and risks of new treatments				
15. Participate in research on the benefits and risks of new treatments				
16. Participate in research on the benefits and risks of new treatments				
17. Participate in research on the benefits and risks of new treatments				
18. Participate in research on the benefits and risks of new treatments				
19. Participate in research on the benefits and risks of new treatments				
20. Participate in research on the benefits and risks of new treatments				

23. How would you rate your general health? (For your own "baseline" for "next year")

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

	Never	1-3 years	3-5 years	5-10 years	10+ years
1. Diabetes					
2. Heart disease					
3. Stroke					
4. Cancer					
5. High blood pressure					
6. Asthma					
7. Depression					
8. Chronic kidney disease					
9. COPD					
10. Alzheimer's disease					
11. Parkinson's disease					
12. Multiple sclerosis					
13. HIV/AIDS					
14. Rheumatoid arthritis					
15. Lupus					
16. Crohn's disease					
17. Ulcerative colitis					
18. Psoriasis					
19. Eczema					
20. Other					

Consumer Survey Instrument (continued)

Needs Assessment Survey
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24. How often do you get information about health care services from the following sources?
 (Mark all that apply.)

- Call center
- Based on experience
- Family doctor or other health care provider
- Friends and family
- Pharmacist or pharmacy staff
- Website or online
- Community health fair
- Health publications
- Insurance provider

25. Where do you currently get information about health care services from?
 (Mark all that apply.)

- Call center
- Based on experience
- Family doctor or other health care provider
- Friends and family
- Pharmacist or pharmacy staff
- Website or online
- Community health fair
- Health publications
- Insurance provider

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25. Where do you currently get information about health care services from?
 (Mark all that apply.)

- Call center
- Based on experience
- Family doctor or other health care provider
- Friends and family
- Pharmacist or pharmacy staff
- Website or online
- Community health fair
- Health publications
- Insurance provider

26. What type of health care services do you use most often?
 (Mark all that apply.)

- Primary care
- Specialty care
- Hospital inpatient
- Outpatient surgery
- Diagnostic tests
- Imaging
- Rehabilitation
- Palliative care
- End-of-life care
- Other

Consumer Survey Instrument (continued)

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26. How many people in your household are 18 years of age or older?
 (Mark all that apply.)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

27. What is the total number of people living in your household, including you?
 (Mark all that apply.)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

28. What is the highest level of formal education that you completed?
 (Mark all that apply.)

- Less than high school diploma
- High school diploma
- Some college or two-year college
- Four-year college degree
- Postgraduate education

29. Do you or a family member work in any of the following? (Mark all that apply.)

- Retail store
- Manufacturing
- Healthcare and social assistance
- Business and financial operations
- Construction
- Education
- Non-profit organization
- Information technology / IT field
- Other

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29. Do you or a family member work in any of the following? (Mark all that apply.)

- Retail store
- Manufacturing
- Healthcare and social assistance
- Business and financial operations
- Construction
- Education
- Non-profit organization
- Information technology / IT field
- Other

30. That's the end of our survey. Thank you very much for your time.

Group Discussion Guide

Discussion Guide
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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 you think it is going for you, for your group? How can they be improved?
- How would you describe the quality of the health care services in the county? What changes do you feel are needed to improve the quality of care? What do you think is the responsibility for these changes?
- If a service is needed in the county, which community organizations would you recommend the part? What makes these organizations successful? What other organizations could address the need? 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 health care 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 be improved?
- In your agency, 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 or a member of your family had a chronic health condition, 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 support services and programs? How do you think they would be supported? How might different groups or organizations within the community work together to strengthen support? Who would benefit most from their availability? When do you think performance is best? (optional)

Health

- What do you do to stay healthy? What do others do in your community? What advice do the members of your community offer to you about their health? What does it mean to you to be healthy? What health services do you think are needed within the county? What is being done to improve the health services?
- If you have any 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 availability of affordable foods, obesity, school meal programs, food pantries and food programs, diabetes, hypertension, heart disease, stroke, 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 - organizations that bring and help people to come together, included in the report based on local address. (Pew, Area Agencies, Local, County, State, National, International, etc.)

Closing

Thank you for your questions. What other suggestions do you have?

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Physician Interview

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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 you think it is going for you, for your group? How can they be improved?
- How would you describe the quality of the health care services in the county? What changes do you feel are needed to improve the quality of care? What do you think is the responsibility for these changes?
- If a service is needed in the county, which community organizations would you recommend the part? What makes these organizations successful? What other organizations could address the need? 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 health care 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 be improved?
- In your agency, 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 availability of affordable foods, obesity, school meal programs, food pantries and food programs, diabetes, hypertension, heart disease, stroke, 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 - organizations that bring and help people to come together, included in the report based on local address. (Pew, Area Agencies, Local, County, State, National, International, etc.)

Closing

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