



Texas Children's Hospital Community Health Needs Assessment 2019



Texas Children's Hospital

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Texas Children's Hospital

Texas Children's Hospital, a not-for-profit health care organization, is committed to creating a healthier future for children and women throughout the global community by leading in patient care, education and research. Consistently ranked as the best children's hospital in Texas, and among the top in the nation, Texas Children's has garnered widespread recognition for its expertise and breakthroughs in pediatric and women's health. The hospital includes the Jan and Dan Duncan Neurological Research Institute; the Feigin Tower for pediatric research; Texas Children's Pavilion for Women, a comprehensive obstetrics/gynecology facility focusing on high-risk births; Texas Children's Hospital West Campus, a community hospital in suburban West Houston; and Texas Children's Hospital The Woodlands, the first hospital devoted to children's care for communities north of Houston.

The organization also created Texas Children's Health Plan, the nation's first HMO for children; has the largest pediatric primary care network in the country, Texas Children's Pediatrics; Texas Children's Urgent Care clinics that specialize in after-hours care tailored specifically for children; and a global health program that's channeling care to children and women all over the world. For more information, go to www.texaschildrens.org. Get the latest news by visiting the [online newsroom](#) and Twitter at twitter.com/texaschildrens.

Texas Children's Hospital has long been affiliated with Baylor College of Medicine, joining forces with this leading medical school in the areas of pediatrics, pediatric surgery, and obstetrics and gynecology to achieve healthier mothers and children. With our shared commitment to improving maternal and pediatric outcomes through research, education and healthcare, we are creating a healthier, brighter future for children and women around the world.

Ranked by U.S. News and World Report as one of the nation's top 25 medical schools for research, Baylor College of Medicine is known for advancing the health of women, children, and families through scientific discovery. Funding awarded to Baylor by the National Institutes of Health (NIH), as reported by the [Blue Ridge Institute for Medical Research](#), reflect the depth and breadth of the college's research enterprise, and the progress being made. Through our collaboration with Baylor physicians and researchers across hundreds of projects, we are continually improving treatments and outcomes for our young patients.

Background

In order to fulfill the requirements of Section 501(r)(3) of the US Tax Code, not-for-profit hospitals must conduct a community health needs assessment (CHNA) at least once every three years. Additionally, they are required to adopt an Implementation Strategy to address the health needs identified in the CHNA, shortly thereafter.

Recap of 2016 Community Health Needs Assessment and 2017–2019 Implementation Strategy

Texas Children's Hospital's last CHNA was approved by the Hospital's Board of Directors and disseminated to the public in September of 2016. A 2017–2019 Implementation Strategy Plan was approved and disseminated shortly after.

In preparation for conducting the 2016 CHNA, the research team reviewed and updated the comprehensive list of data indicators, key stakeholders, and community service organizations developed from the 2013 report. The CHNA team then presented study findings to the hospital's Community Benefits Workgroup (CBW). The research group collaborated throughout the ten-week data collection period, meeting weekly to discuss the progress and data findings, and to refine the list of stakeholders to be interviewed and included in the final report. Community representatives who participated in interviews also provided suggestions for additional data sources and subject matter experts. From the interviews, key themes of health needs surfaced which further informed the recommendations of the CHNA team.

The four key health needs identified as needing specific Hospital expertise and resources, while also aligning with the organization's mission and patient populations are listed below. In addition, proposed implementation strategies to address them and an evaluation of actions taken since the completion of our last CHNA can also be seen below.

Key Health Need 1: Women's Health – Maternal mortality an postpartum depression

2017–2019 Implementation Plan Strategies

- Leverage existing Hospital and physician leadership roles in The Texas Maternal Mortality and Morbidity Taskforce.
- Engage elected officials to develop research studies on increasing access to preventative health services for women, and improving birth outcomes.
- Urge legislators to invest in family planning, cancer screenings, postpartum care, and other preventative health services.
- Continue to expand screening of new mothers for postpartum depression (PPD) during the initial well-baby exam at Texas Children's Pediatrics sites.

- Continue to pursue a telemedicine model for mental health consults and/or offer group therapy sessions in community clinics or service organizations for mothers who are diagnosed with PPD.

Evaluation of Implementation Strategies

- Dr. Lisa Hollier, CMO at Texas Children's Health Plan, and Division Director in Obstetrics and Gynecology at Baylor College of Medicine, currently chairs the governor-appointed Texas Maternal Mortality and Morbidity Taskforce. The Taskforce convenes subject matter experts to review, analyze and make recommendations to the State legislature and State health officials regarding maternal health indicators and how best to address them.
- As president of the American College of Obstetricians and Gynecologists (ACOG), Dr. Hollier works with her colleagues from across the country on improving maternal health policies and programs funded through various federal agencies.
- Dr. Hollier and Dr. Chris Greeley, Section Head of Public Health Pediatrics, are also on the Harris County Maternal Mortality Taskforce, which shares a similar mission as the state taskforce, but for Harris County.
- A project funded using Medicaid Delivery System Reform Incentive Payments created through a state waiver allows the Texas Children's Hospital Pavilion for Women to design and provide a novel approach to screen new mothers who are enrolled in Medicaid and CHIP for postpartum depression (PPD). Over 4,600 pregnant women were screened since 2013. Of those screened, the women who are clinically indicated as needing counseling and medication were provided services through The Women's Place at the Pavilion for Women.
- Texas Children's Section of Public Health Pediatrics was funded by the Texas Medical Center to work with Dr. Lucy Puryear, Medical Director of The Women's Place - Center for Reproductive Psychiatry, on piloting a home visitation program for women with postpartum depression to try to narrow the disparity gap in receiving mental health services.
- Texas Children's worked with lawmakers to obtain passage of House Bill 2466. This bill allows pediatricians to be reimbursed for screening new mothers for postpartum depression, if they are insured by Medicaid or their newborn is enrolled in CHIP.

- Leaders at Texas Children’s comprise a large part of the Texas Collaborative for Healthy Mothers and Babies (TCHMB) Executive Committee. The TCHMB is a multidisciplinary network of health professionals throughout the state whose mission is to advance health care quality and patient safety for all Texas mothers and babies, through the collaboration of health and community stakeholders in the development of joint quality improvement (QI) initiatives, the advancement of data-driven best practices, and the promotion of education and training.
- Texas Children’s physicians are members of the Perinatal Advisory Council (PAC), created by House Bill 15 of the 83rd Texas Legislature. The PAC develops and recommends criteria for designating levels of neonatal and maternal care, including specifying the minimum requirements to qualify for each level designation and a process for the assignment of levels of care to a hospital. The PAC also makes recommendations for dividing the state into neonatal and maternal care regions, examines utilization trends in neonatal and maternal care, and recommends ways to improve neonatal and maternal outcomes.

Key Health Need 2: Mental and Preventive Health – expanding or collaborating on services and education

2017–2019 Implementation Plan Strategies

- Consider adopting a single screening tool to be used across the Texas Children’s Network of Care to identify social and medical needs of our families.
- Collaborate with local nonprofits to create and host education forums and materials that inform the community about cultural and social barriers to accessing mental health services, and ways to improve communication and information on disease conditions.
- Consider offering mental health screenings and therapy services within through the Texas Children’s Mobile Clinic Program or through partnering schools with licensed mental health professionals, such as social workers or psychologists.
- Identify and pursue resources to assist in building the mental health professional workforce. Such resources could include public/private partnerships, government grants, and private donors and foundations who champion community health and the strengthening of families.

Evaluation of Implementation Strategies

- Certain Texas Children's Pediatrics (TCP) Clinics ask screening questions about factors related to various social determinants of health, such as intimate partner violence and food insecurity. If a patient screens positive, there is a follow up phone call and a scripted intervention tailored to address the issues identified.
- In an effort to assess staff's ability to identify parental needs, Texas Children's Pediatrics and Baylor College of Medicine's Academic General Pediatrics and Public Health Pediatrics conducted a research study at the Pasadena and Palms Clinics that screens parents and staff on factors related to the social determinants of health. Interestingly, results showed a divergence between what staff considered important health or social needs and what parents thought was important. This difference in perceived need will serve as a starting place for future efforts to understand and adequately address patient/family needs.
- Through grants from Mental Health America and the Episcopal Health Foundation, some Texas Children's Pediatrics (TCP) clinics and Texas Children's Health Plan contracted providers were able to place integrated behavioral health providers in their clinics. Additionally, funding was used to develop and disseminate a free curriculum and tool kit for providing integrated behavioral health services in a pediatric setting.

Key Health Need 3: Foster Care – outreach and education to current and future foster families

2017–2019 Implementation Plan Strategies

- Offer continuing medical education for providers on the unique healthcare needs of foster children and LGBTQ children.
- Offer education forums, at least twice a year, throughout Texas Children's geographic service areas to interested community stakeholders and families on these topics, especially for school health providers and counselors, parent-teacher organizations, and small nonprofits that serve these families.
- Continue to examine best practices from other hospitals and nonprofits in foster care, screenings and referrals to social and community services, and sexual orientation and gender identity care.

Evaluation of Implementation Strategies

- In December 2016, Texas Children's and Baylor's Public Health Pediatrics section, received a grant from the Texas Medical Center to evaluate mental health needs of foster children. The grant enabled the Hospital to hire a pediatrician who focuses exclusively on children in foster care.
- Texas Children's now has an active Foster Care Clinic that sees 30-40 children/families per month, and a dedicated pediatrician to cover the clinic.
- Texas Children's received an additional grant to hire a therapist for the Foster Care clinic, who is currently housed in the Psychiatry Department.
- Texas Children's Department of Public Health Pediatrics has presented the results of the TMC Foster Care grant at 3 national conferences and is generating at least 5 manuscripts to report findings.
- Suspected Child Abuse and Neglect (SCAN) training is offered by the Hospital's health professionals using Medical Education Child Abuse Research and Education (MEDCARE) state grant funding. Community partners, including school personnel, day cares, pediatric practices, and social service agencies, are educated and trained on how to identify signs and symptoms of child abuse and neglect, the process to formally report child abuse and neglect, and how to support families and advocates with evidence-based methods to prevent child abuse and neglect.

Key Health Need 4 : Social Determinants of Health – screenings, referrals, and resources

2017–2019 Implementation Plan Strategies

- Enhance participation in community health initiatives with community service organizations, local businesses, chambers of commerce, and schools; especially efforts that address social determinants of health such as nutrition, food insecurity, physical activity, parenting skills, etc.

Evaluation of Implementation Strategies

- Texas Children's Hospital and Baylor College of Medicine's Section of Public Health Pediatrics oversees several programs aimed at addressing social determinants of health.

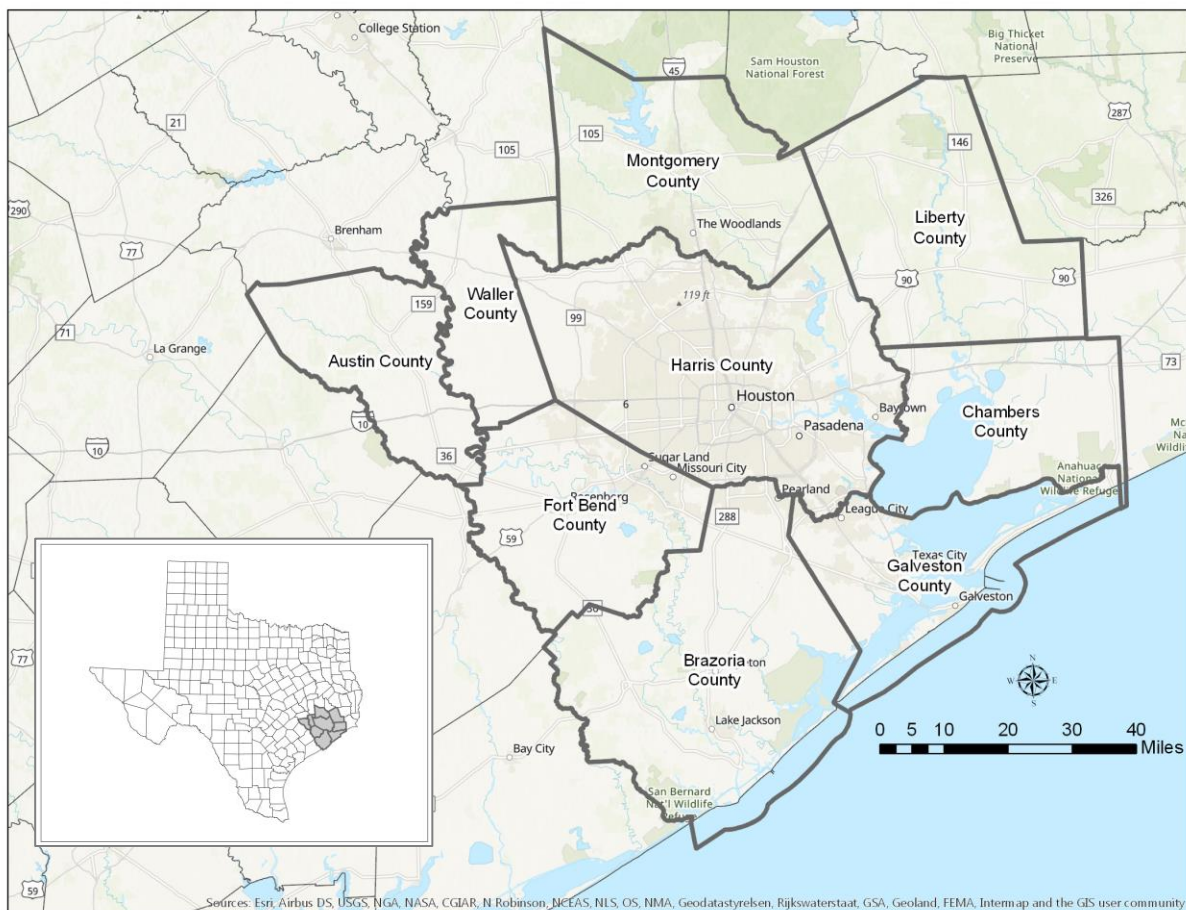
- The Child Abuse Pediatrics (CAP) team at Texas Children's provides advisory and medical services for The Children's Assessment Center, a local organization that serves and advocates on behalf of sexually abused children.
- The Public Health Pediatrics Department leads the Adverse Childhood Experiences (ACE) Coalition with the aim of mobilizing health and community leaders in Greater Houston to confront and reduce adverse childhood experiences through the identification and development of proactive, timely, and evidence-based strategies to be implemented at the individual, family, and community levels.
- Through partnerships with child-serving organizations, local governments, places of worship, school districts, public housing communities, WIC centers, public libraries, and safety net providers, Texas Children's has significantly expanded the upWORDS program, a 14-week early language development program for low-resourced families with children aged 0-2 years. From 2016–2019 the upWORDS program served over 500 families!
- In collaboration with the Harris County Sheriff's Office and University of Texas Medical Branch—Galveston, the Section of Public Health Pediatrics conducted a needs assessment on children with incarcerated parents and released the report, *The Forgotten Families: A Needs Assessment on Children with Incarcerated Parents*. The Section is currently collaborating with the Harris County Sheriff's Office to make the Harris County Jail more supportive of the children and families of inmates.
- The Section of Public Health Pediatrics is also undertaking a place-based capacity building initiative in the underserved East Harris County community. The initiative seeks to strengthen the civic infrastructure of the community and increase the capacity of individuals and organizations to effect real change, build stronger systems and advocate for policies to achieve health equity. These efforts build on post-Harvey recovery initiatives conducted in 2018.
- The Section of Public Health Pediatrics formed a food insecurity workgroup with community partners and authored and released a report, *Food Insecurity Screening in Houston and Harris County: A Guide for Healthcare Professionals*. The report provides local healthcare professionals with practical advice on how to screen for food insecurity and respond to positive screens.

The report also includes an extensive list of available food programs and resources and highlights the need for more evaluation and research on the effectiveness of interventions to address food insecurity.

- Texas Children's Department of Government Relations and Community Benefits also works to leverage community collaborations that address community health needs such as injury prevention, obesity and chronic disease prevention, screenings for determinants of health, etc. Current and future community partnerships include:
 - The YMCA of Greater Houston – Texas Children's partners with the YMCA of Greater Houston, one of the largest charitable nonprofits in the region, to support several health-related initiatives. These include the Healthy Weight and Your Child program, the Safe Swimmers Initiative, upWORDS, and the construction of an adaptive sports park for kids with special needs.
 - The Children's Museum of Houston – Texas Children's co-sponsors the Power Science Lab, located in the Children's Museum's PowerPlay! Section, where children play the role of scientist and participate in interactive experiments that focus on biology, the human body, and nutrition.
 - Project ADAM - Texas Children's works with area schools to become Project ADAM Heart Safe Schools, which means they are better equipped to respond to a sudden cardiac arrest on campus. Steps to become Heart Safe include having an adequate amount of functional Automated External Defibrillators (AEDs), having 5-10 CPR trained faculty or staff members, having 2 AED drills a year, and more.
 - Children at Risk - Texas Children's is a charter member of Children at Risk's Children's Resiliency Collaborative (CRC). As part of this collaborative, we co-authored the "Harvey: A Year Later" report last fall. Texas Children's Community Benefits also serves on Children at Risk's Smartparents.org Advisory Council.

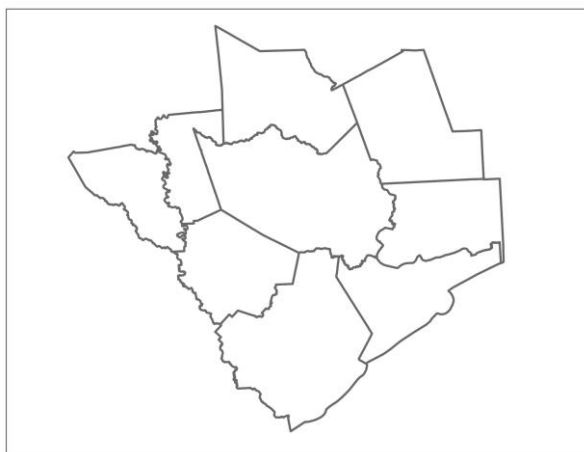
Community Served

For community benefit reporting purposes, Texas Children's defines the community it serves as the Houston-The Woodlands-Sugar Land Metropolitan Statistical Area (MSA), also known as "Greater Houston." An MSA - defined by the U.S. Office of Management and Budget (OMB) and used by the Census Bureau and other federal government agencies for statistical purposes – is a geographical region with a relatively high population density at its core and close economic ties throughout the area. While the Texas Children's Hospital Network of Care treats patients from around the globe, the majority of our patients (90.9% in fiscal year 2018) come from Greater Houston. In terms of land area, Greater Houston is approximately 9,350 square miles, making it larger than the states of New Hampshire (9,350 sqmi), New Jersey (8,721 sqmi), Connecticut (5,543 sqmi), Delaware (2,489 sqmi), and Rhode Island (1,545 sqmi)!

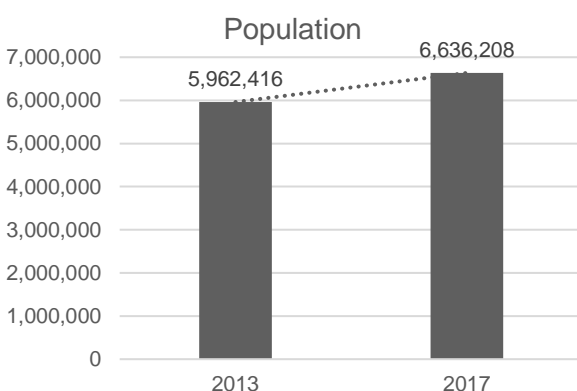


Houston-The Woodlands-Sugar Land MSA

The Houston–The Woodlands–Sugar Land MSA, also referred to as “Greater Houston,” consists of nine counties: Harris, Fort Bend, Montgomery, Brazoria, Galveston, Liberty, Waller, Chambers, and Austin. Additionally, there are five major cities contained within Greater Houston: Houston, The Woodlands, Sugar Land, Baytown, and Conroe. Houston–The Woodlands–Sugar Land is currently the fifth-most populous MSA in the United States.



2013-2017 ACS 5-year Estimates - US Census Bureau



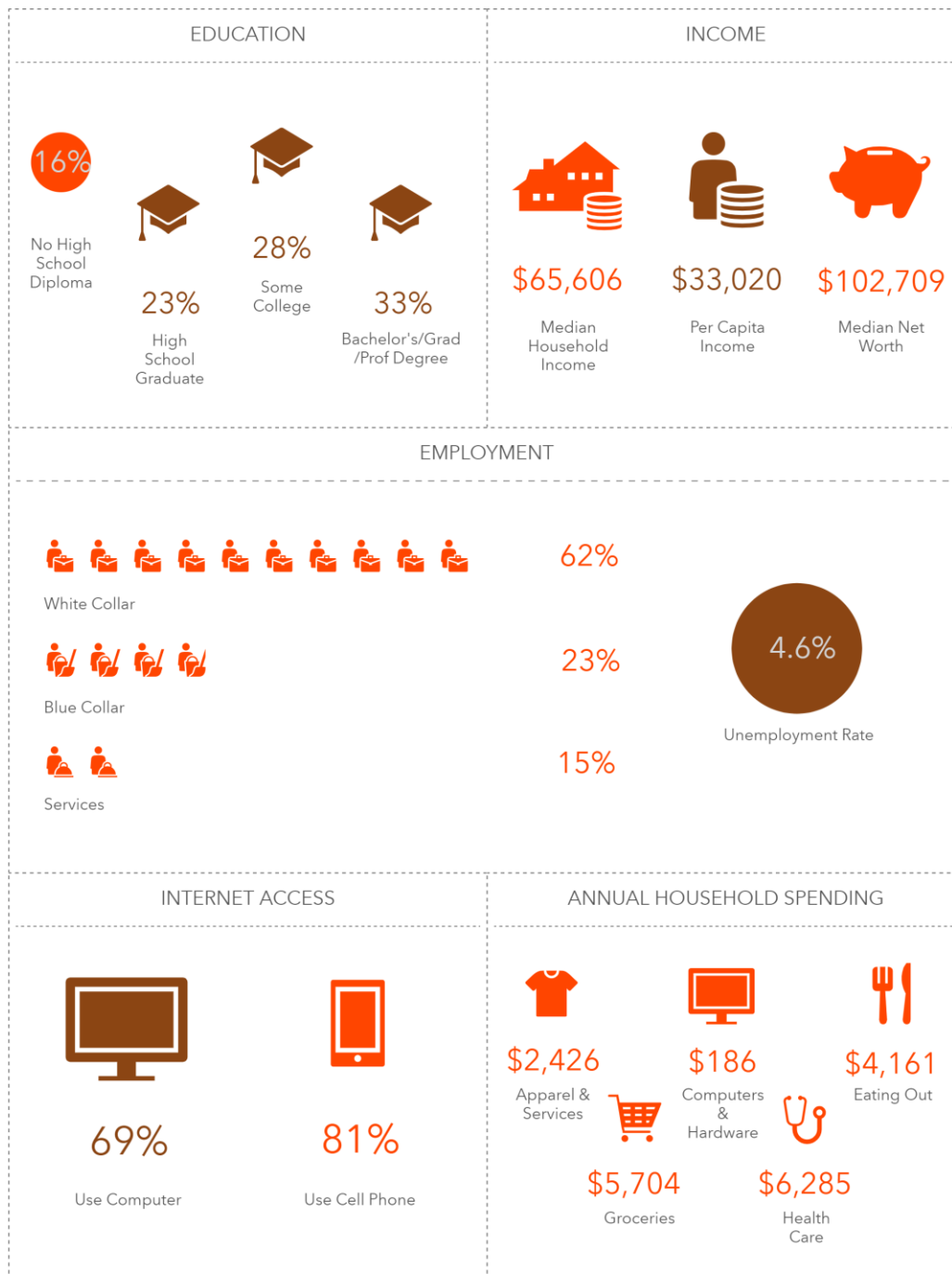
RACE/ETHNICITY	2013	2017	CHANGE
White alone	40%	37%	-3%
Black alone	17%	17%	0%
Hispanic/Latino	35%	37%	2%
Asian alone	7%	7%	1%
All others	2%	2%	0%

% of People Below the Federal Poverty Level	15%
% of Children Below the Federal Poverty Level	22%
% of Children Under 19 Without Health insurance	11%
% of Limited English Speaking Households	22%

Houston - The Woodlands - Sugar Land MSA

Houston-The Woodlands-Sugar Land, TX Metropolitan Statistical Area 4
Houston-The Woodlands-Sugar Land, TX Metropolitan Statistical Area (26420)
Geography: Metropolitan Area (CBSA)

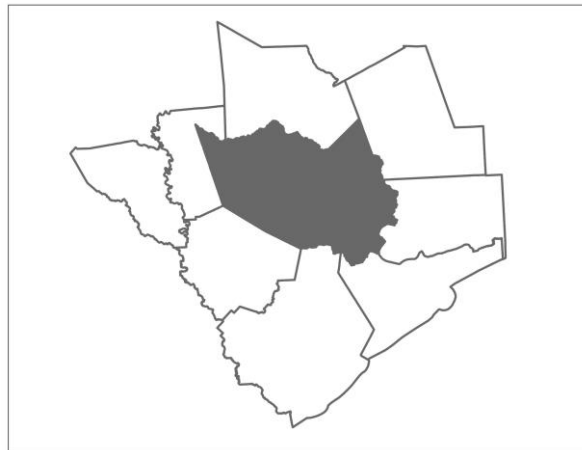
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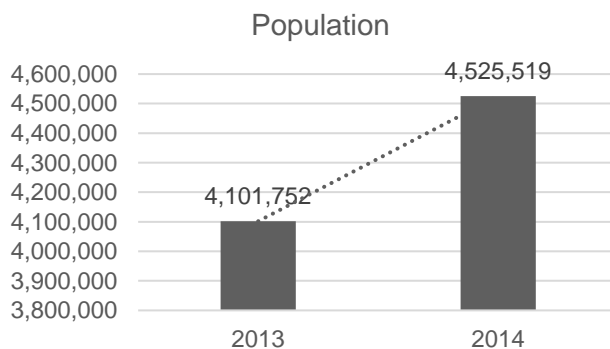
Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Harris County

An ethnically diverse, urban county of 4.5 million people, Harris County is included in the nine-county Houston–The Woodlands–Sugar Land MSA. As of 2017, a quarter of Harris County residents were born outside of the country, and 12% of households have limited English proficiency. Harris County has the largest population of both total civilian (21.2%) and children under the age of 19 with no insurance (12.1%) in Greater Houston.



2013-2017 ACS 5-year Estimates - US Census Bureau



RACE/ETHNICITY	2013	2017	CHANGE
White alone	33%	31%	-2%
Black alone	19%	19%	0%
Hispanic/Latino	41%	42%	1%
Asian alone	6%	7%	1%
All others	2%	2%	0%

County Health Ranking Health Outcomes

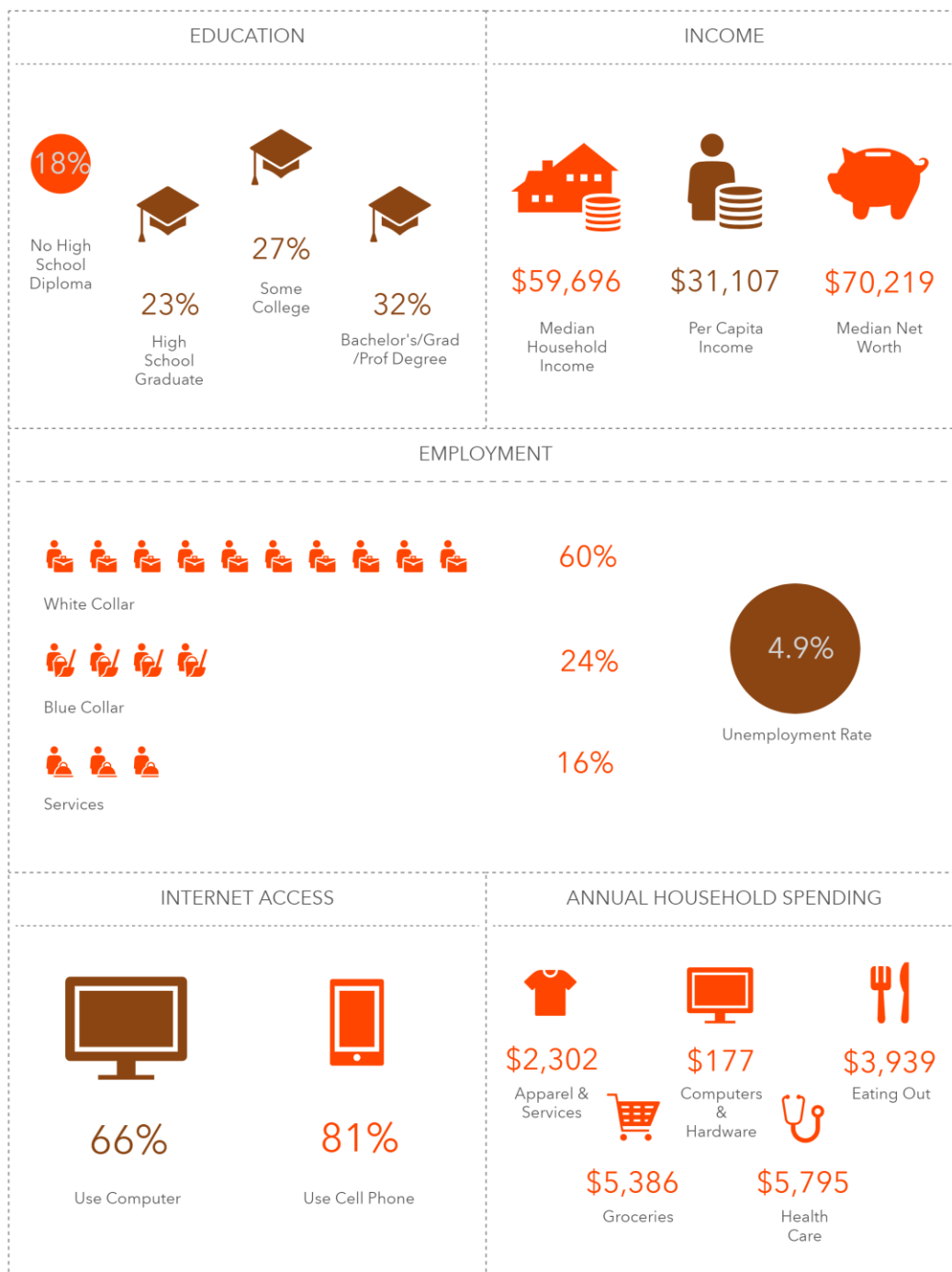
53/244

% of People Below the Federal Poverty Level	17%
% of Children Below the Federal Poverty Level	25%
% of Children Under 19 Without Health insurance	12%
% of Limited English Speaking Households	12%

Harris County

Harris County, TX
Harris County, TX (48201)
Geography: County

Prepared by Esri

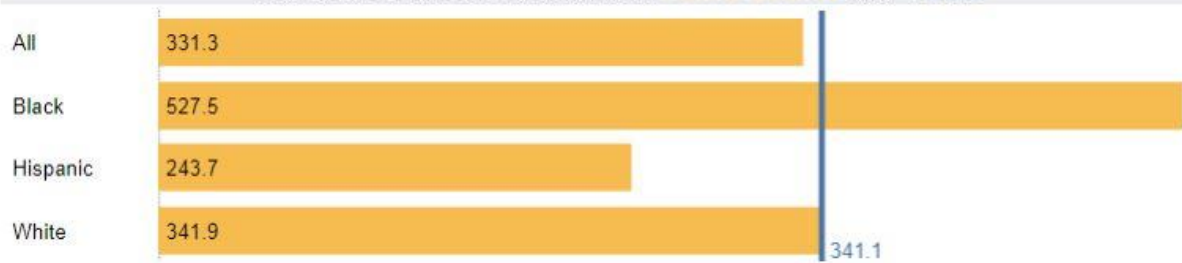


Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Health Outcomes in Harris County

Premature Death

Rate per 100,000 Population in Harris County and Texas



Days Physically Unwell per Month

3.60

Days Mentally Unwell per Month

3.65

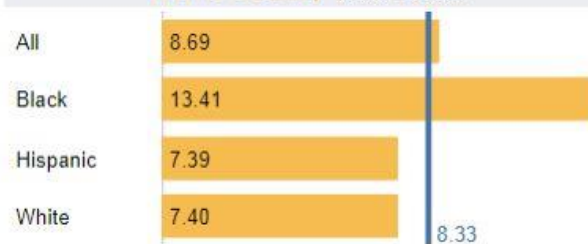
Child Mortality

Per 100,000 Population in Harris County and Texas



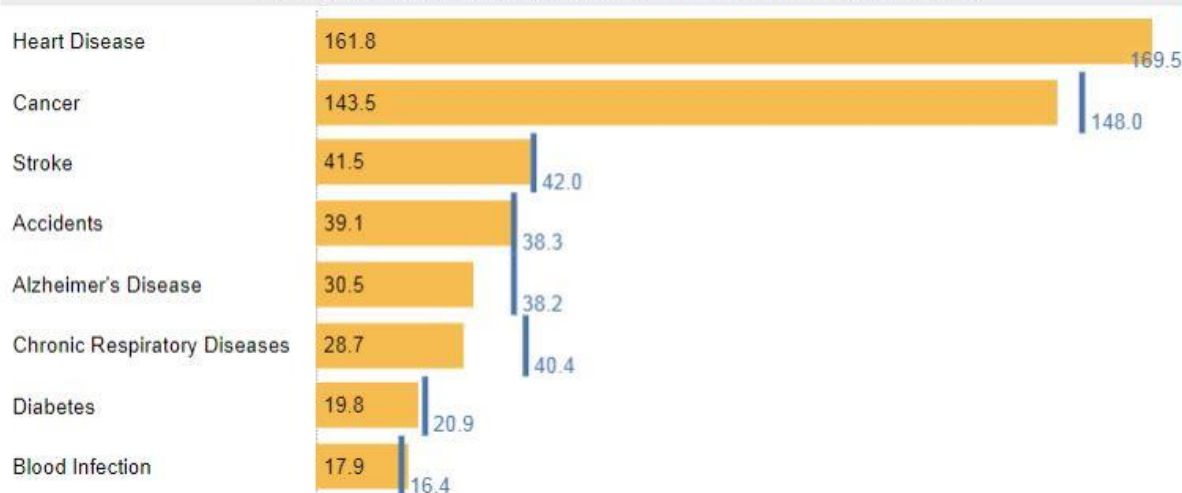
Low Birth Weight

Per 1,000 births in Harris County and Texas



Major Causes of Death

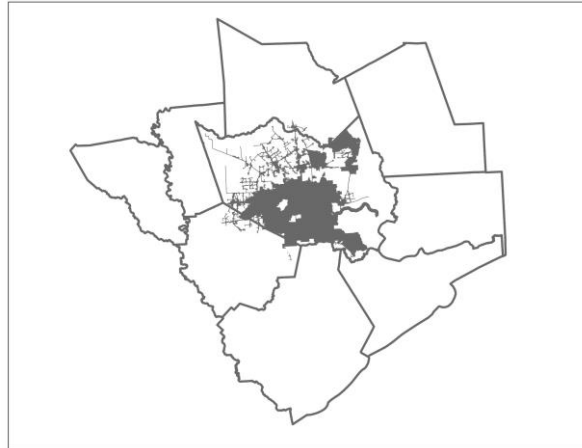
Rate per 100,000 population in Harris County and Texas



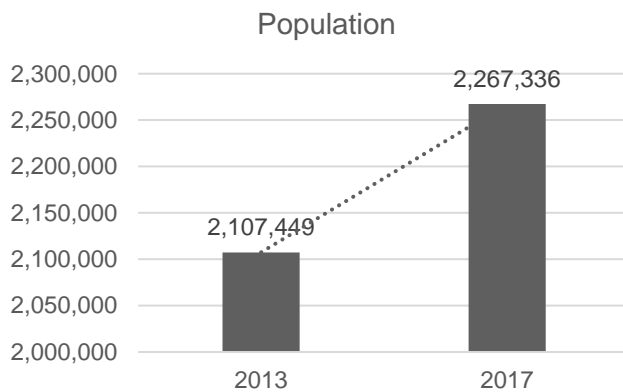
EPISCOPAL HEALTH FOUNDATION

City of Houston

Houston is the most populous city in the state of Texas, and home to the Texas Medical Center - the largest medical center in the world, handling approximately 7.2 million patient visits annually. Due to its close proximity to the Gulf of Mexico and flat topography, Greater Houston is one of the most vulnerable regions in the United States for flooding (Chakraborty, Collins & Grineski, 2019). Also, Houston is now the most ethnically diverse major city in the nation, making it a blueprint for the multi-cultural communities across the nation.



2013-2017 ACS 5-year Estimates - US Census Bureau



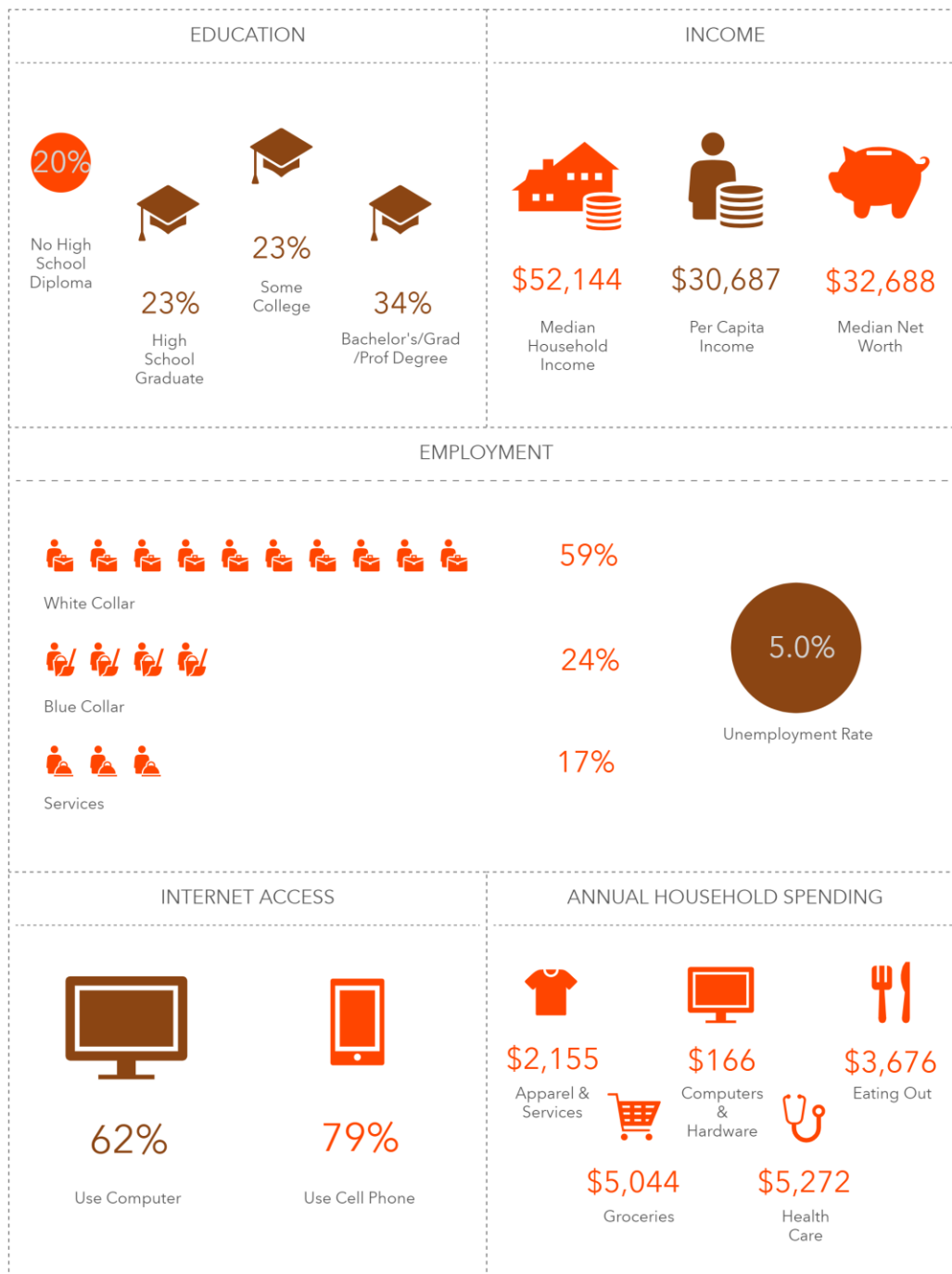
RACE/ETHNICITY	2013	2017	CHANGE
White alone	26%	25%	1%
Black alone	23%	22%	-1%
Hispanic/Latino	44%	45%	1%
Asian alone	6%	7%	1%
All others	1%	2%	1%

% of People Below the Federal Poverty Level	21%
% of Children Below the Federal Poverty Level	33%
% of Children Under 19 Without Health insurance	13%
% of Limited English Speaking Households	14%

City of Houston

Houston City, TX
Houston City, TX (4835000)
Geography: Place

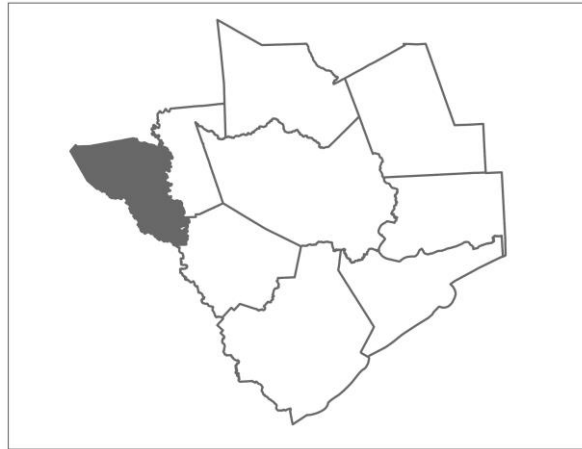
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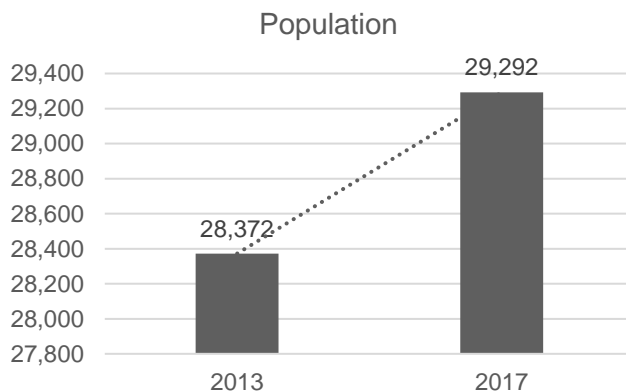
Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Austin County

Austin County is a rural county with a population of 29,292. Austin County has a large percentage of households who do not have either a computing device or internet subscription, which can potentially serve as a barrier to accessing health care. Austin County has one of the highest childhood poverty rates (25%) in the region.



2013-2017 ACS 5-year Estimates - US Census Bureau



RACE/ETHNICITY	2013	2017	CHANGE
White alone	66%	63%	-3%
Black alone	10%	9%	-1%
Hispanic/Latino	24%	26%	2%
Asian alone	0%	0%	0%
All others	1%	2%	1%

County Health Rankings Health Outcomes

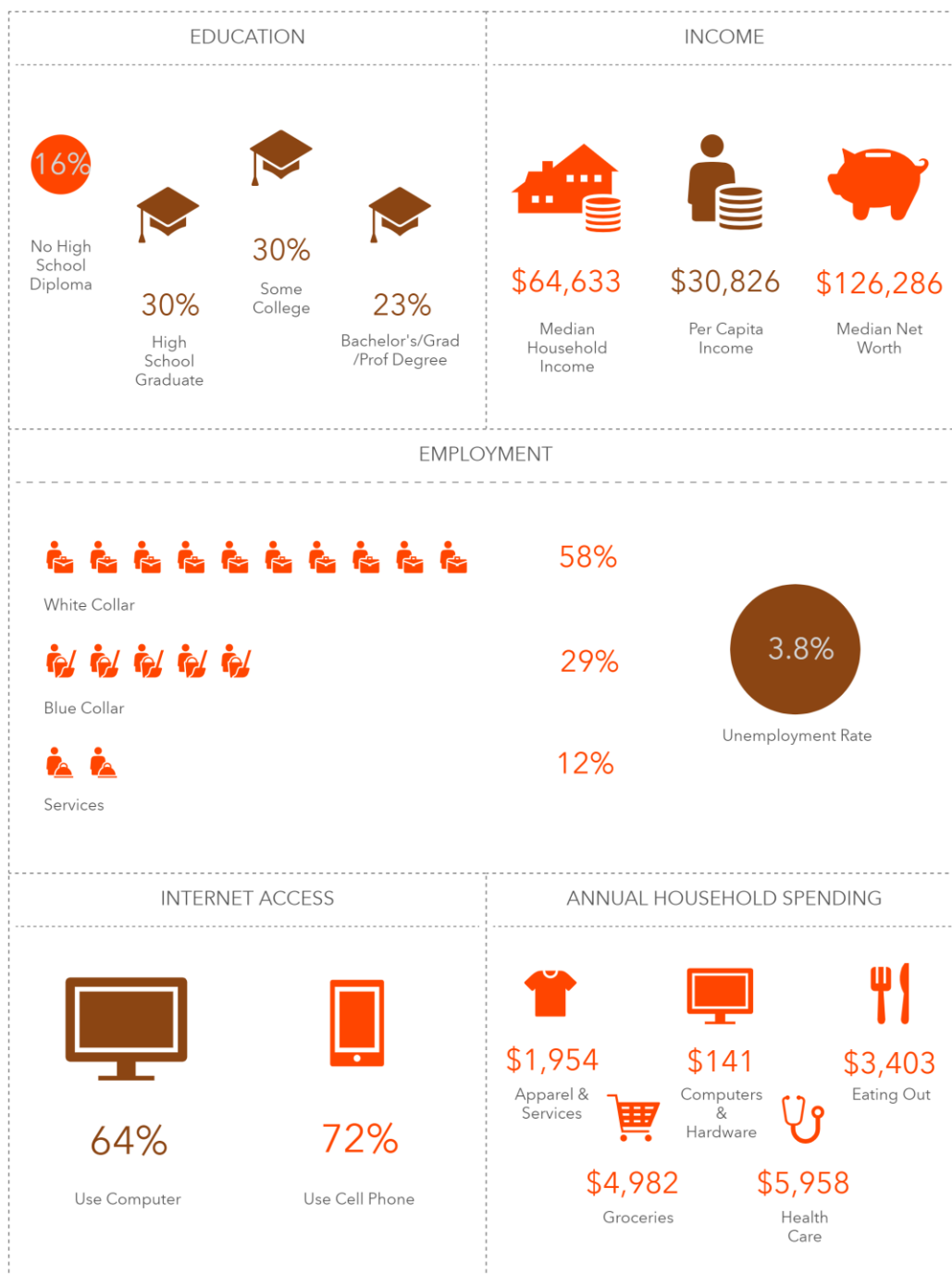
40/244

% of People Below the Federal Poverty Level	13%
% of Children Below the Federal Poverty Level	24%
% of Children Under 19 Without Health insurance	10%
% of Limited English Speaking Households	4%

Austin County

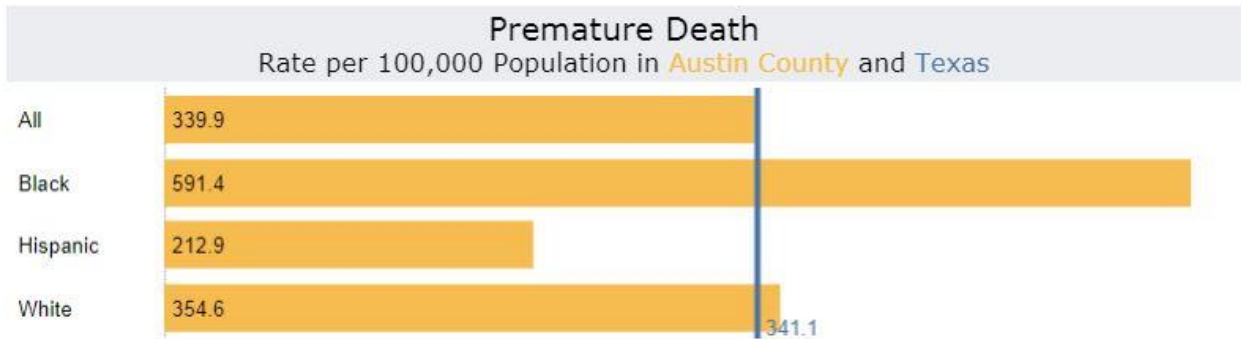
Austin County, TX
Austin County, TX (48015)
Geography: County

Prepared by Esri



Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Health Outcomes in Austin County

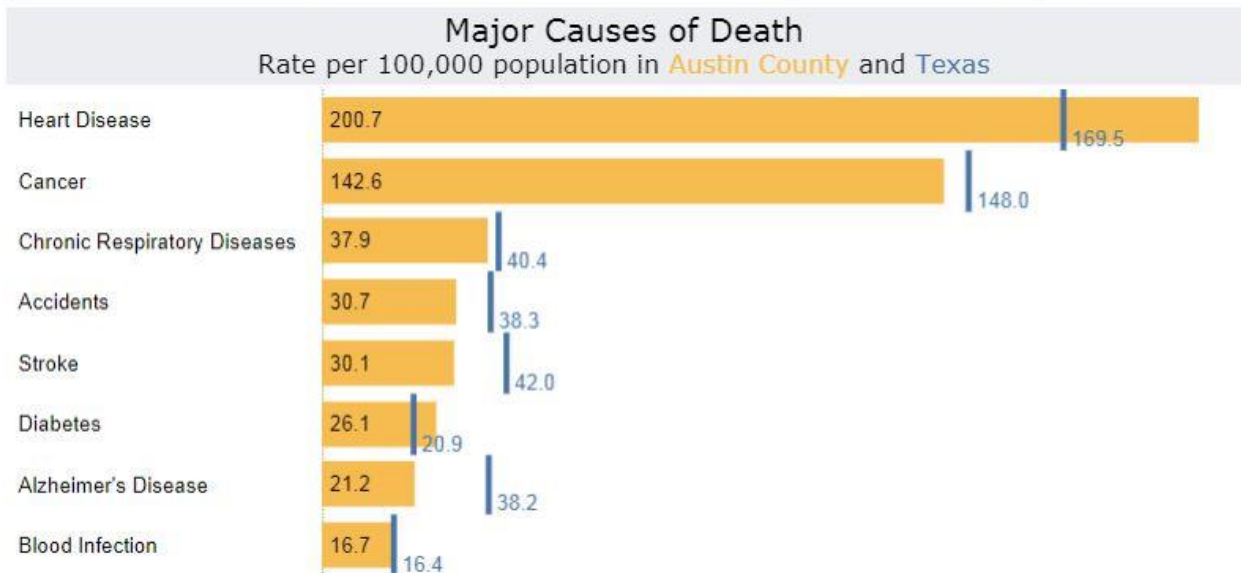
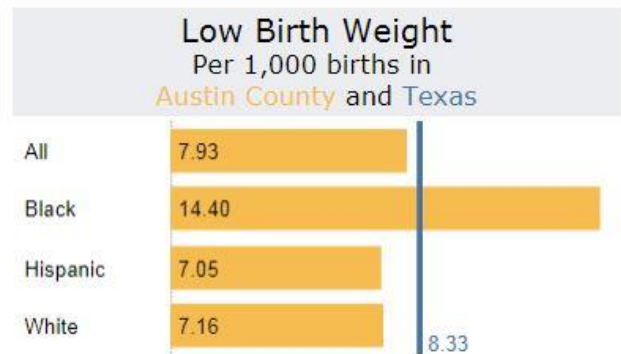
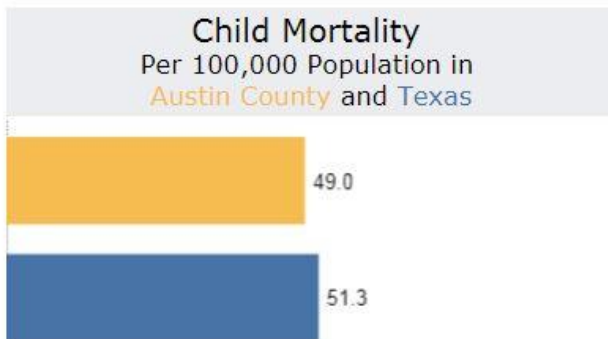


Days Physically Unwell per Month

3.43

Days Mentally Unwell per Month

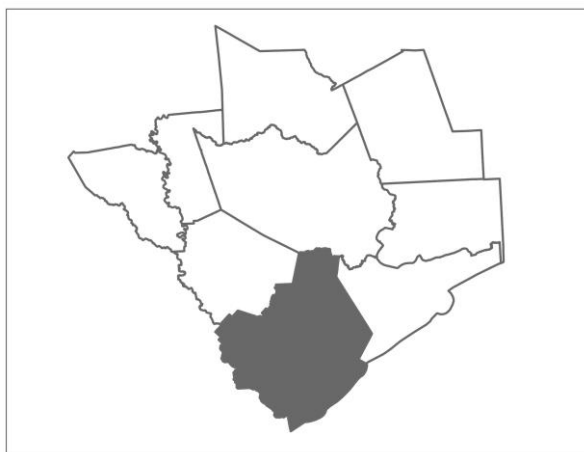
3.57



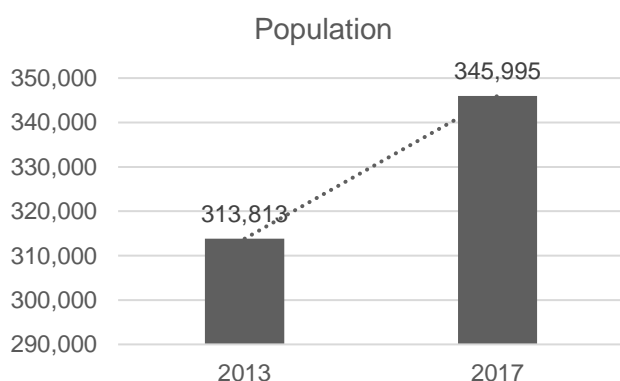
EPISCOPAL HEALTH FOUNDATION

Brazoria County

Brazoria County is just south of Harris County and borders the Gulf of Mexico. Its largest city is Pearland. Between 2016 and 2017 the population of Brazoria County increased by 2.33%, and its median household income grew from \$74,799 to \$82,229, a 9.93% increase. Income inequality in Brazoria County, measured using the Gini Coefficient, is lower than the national average.



2013-2017 ACS 5-year Estimates - US Census Bureau



RACE/ETHNICITY	2013	2017	CHANGE
White alone	53%	49%	-4%
Black alone	12%	13%	1%
Hispanic/Latino	28%	30%	2%
Asian alone	5%	6%	1%
All others	2%	2%	0%

County Health Rankings Health Outcomes

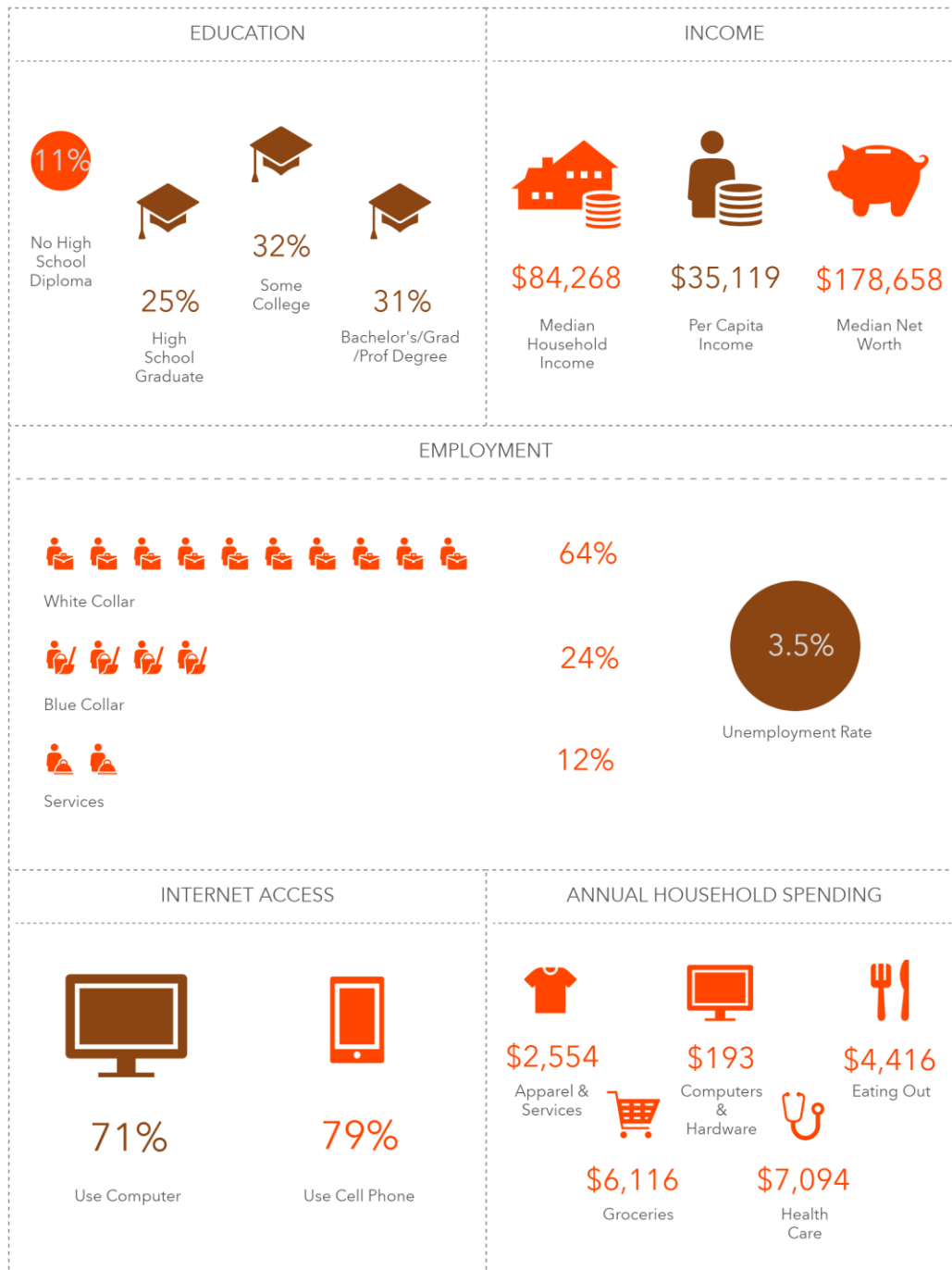
18/244

% of People Below the Federal Poverty Level	10%
% of Children Below the Federal Poverty Level	12%
% of Children Under 19 Without Health insurance	9%
% of Limited English Speaking Households	4%

Brazoria County

Brazoria County, TX
Brazoria County, TX (48039)
Geography: County

Prepared by Esri



Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Health Outcomes in Brazoria County

Premature Death

Rate per 100,000 Population in **Brazoria County** and Texas



Days Physically Unwell per Month

3.31

Days Mentally Unwell per Month

3.24

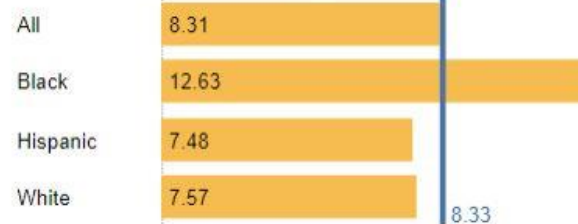
Child Mortality

Per 100,000 Population in **Brazoria County** and Texas



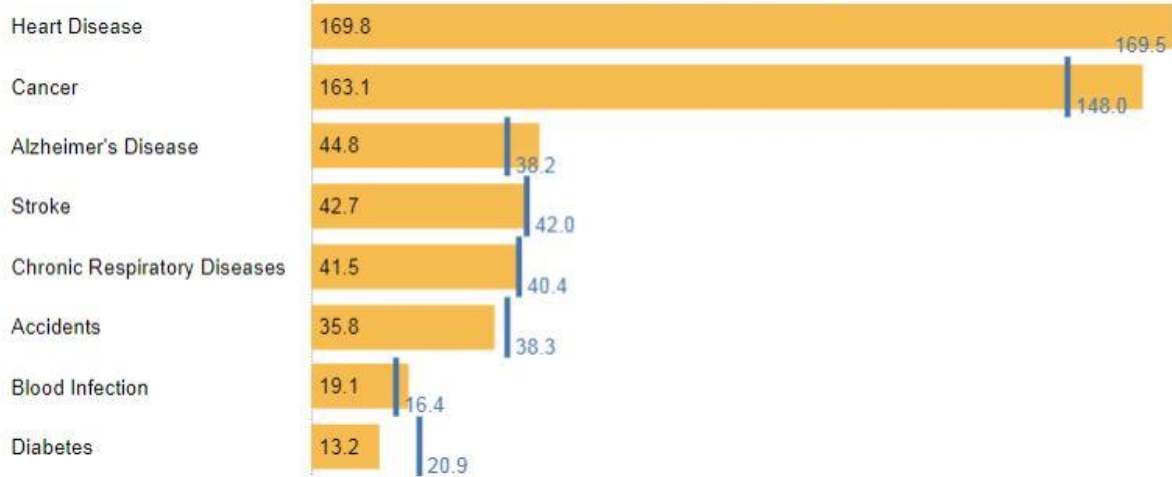
Low Birth Weight

Per 1,000 births in **Brazoria County** and Texas



Major Causes of Death

Rate per 100,000 population in **Brazoria County** and Texas



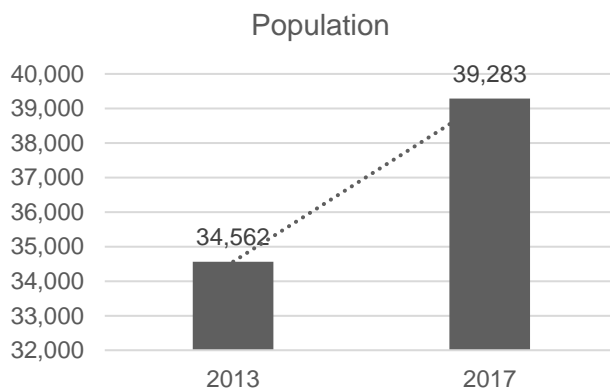
EPISCOPAL HEALTH FOUNDATION

Chambers County

At just 39,283 residents, Chambers is the smallest county in Greater Houston. Chambers County has the third highest rate of children under 19 with no medical coverage in the region. Primary care physicians, however, noticed a 2% increase in patient visits from 2016 to 2017.



2013-2017 ACS 5-year Estimates - US Census Bureau



RACE/ETHNICITY	2013	2017	CHANGE
White alone	70%	68%	-2%
Black alone	8%	8%	0%
Hispanic/Latino	19%	21%	2%
Asian alone	1%	1%	0%
All others	2%	1%	-1%

County Health Rankings Health Outcomes

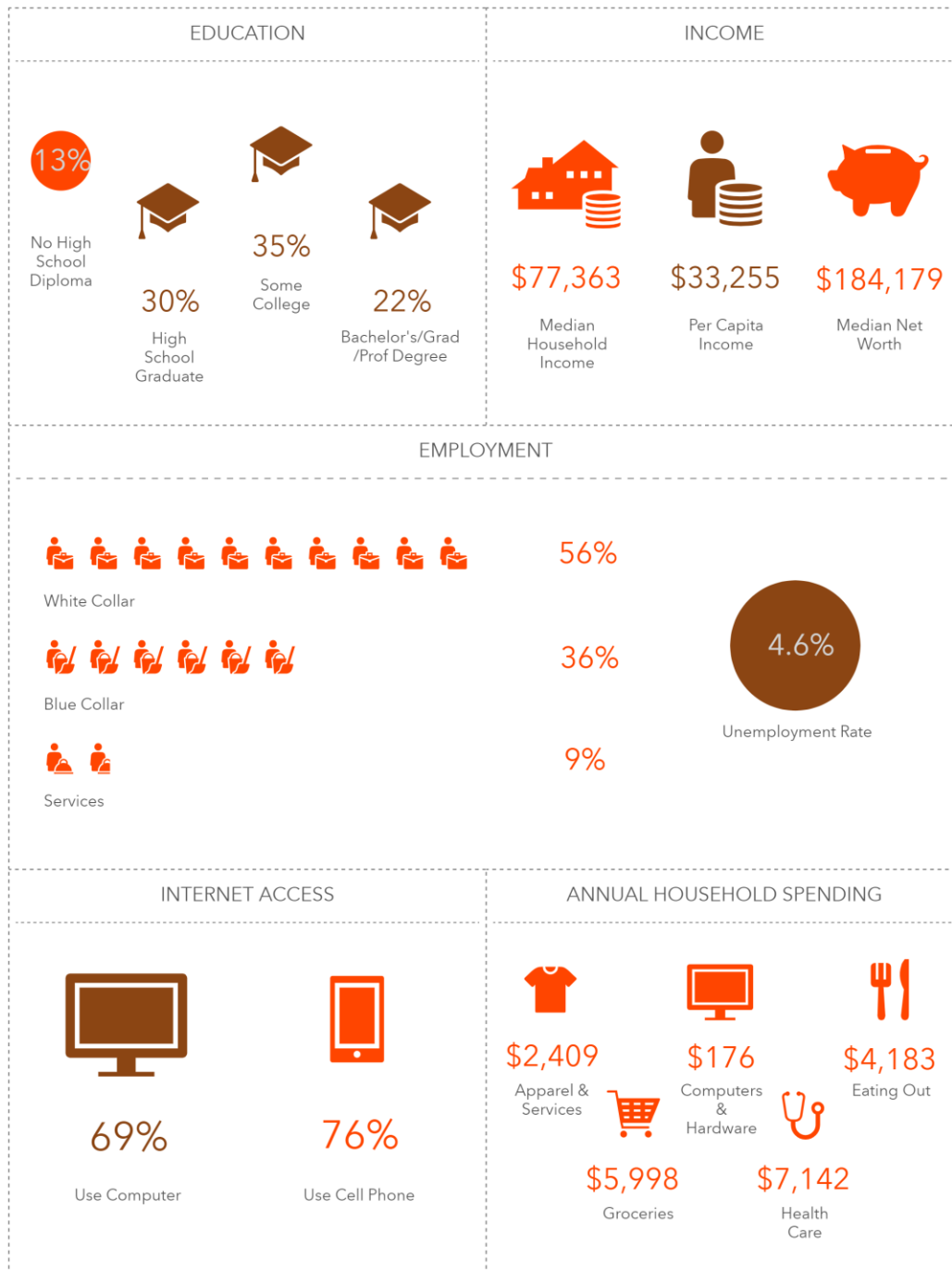
72/244

% of People Below the Federal Poverty Level	13%
% of Children Below the Federal Poverty Level	18%
% of Children Under 19 Without Health insurance	12%
% of Limited English Speaking Households	6%

Chambers County

Chambers County, TX
Chambers County, TX (48071)
Geography: County

Prepared by Esri

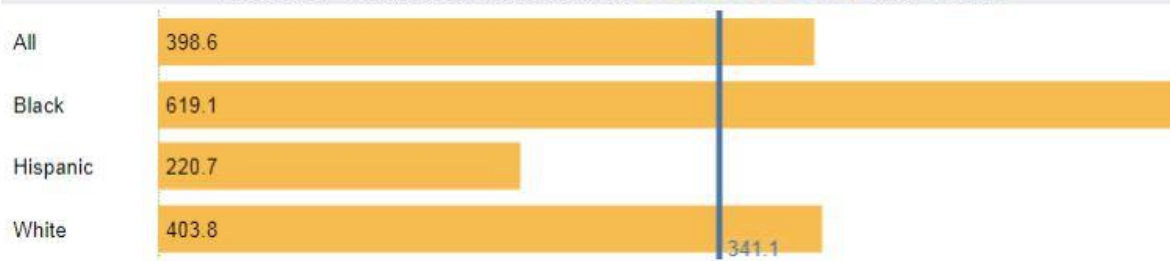


Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Health Outcomes in Chambers County

Premature Death

Rate per 100,000 Population in **Chambers County** and **Texas**



Days Physically Unwell per Month

3.41

Days Mentally Unwell per Month

3.47

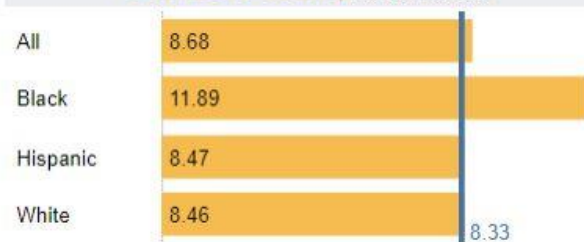
Child Mortality

Per 100,000 Population in **Chambers County** and **Texas**



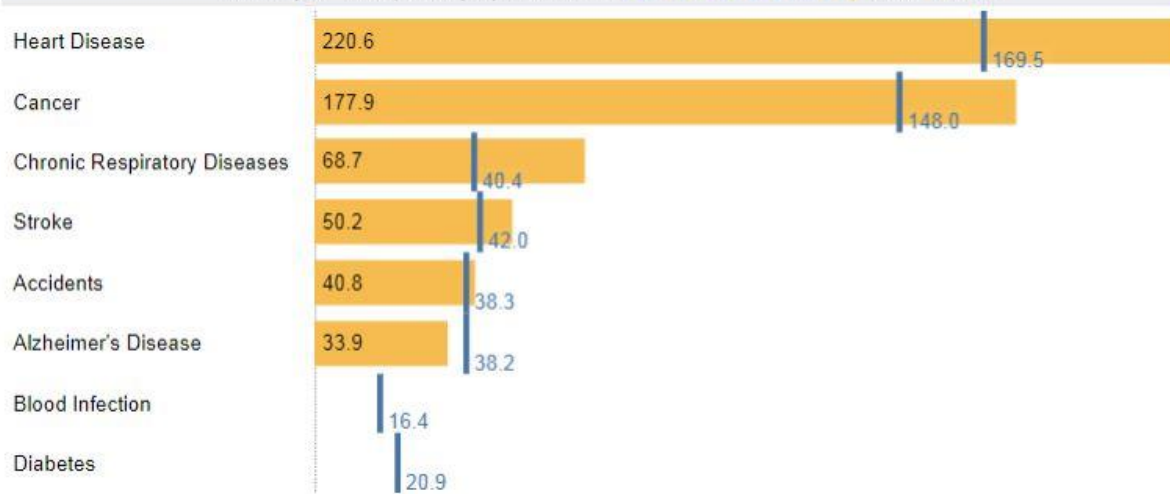
Low Birth Weight

Per 1,000 births in **Chambers County** and **Texas**



Major Causes of Death

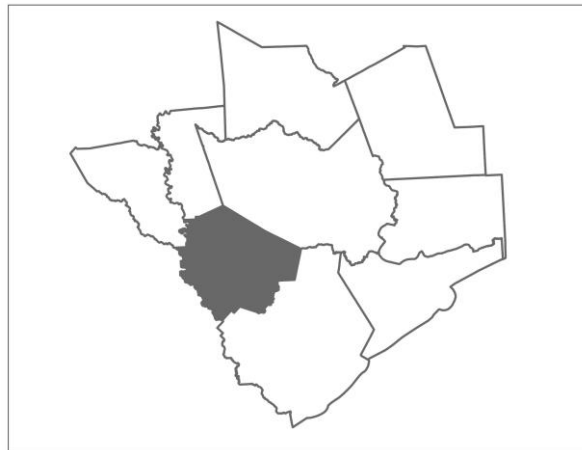
Rate per 100,000 population in **Chambers County** and **Texas**



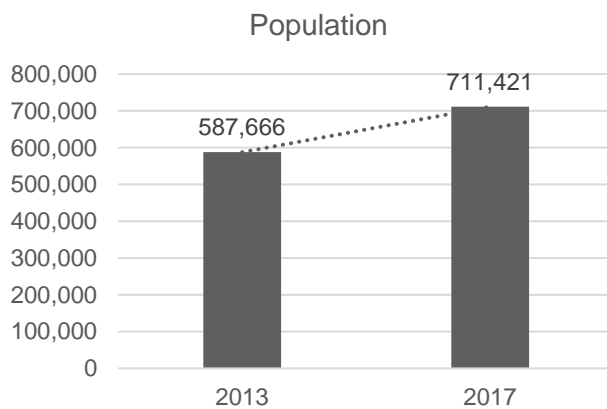
EPISCOPAL HEALTH FOUNDATION

Fort Bend County

Fort Bend County is classified as a Health Professional Shortage Area (HPSA) with no mental health services outside of a single federally qualified health center (FQHC) (HRSA, 2019). The largest demographic living in poverty in Fort Bend County is females 35-44, followed by females 25-34. Fort Bend County, however, has the lowest percentage of children under 19 without insurance (7.2%) compared to the rest of the region.



2013-2017 ACS 5-year Estimates - US Census Bureau



RACE/ETHNICITY	2013	2017	CHANGE
White alone	36%	34%	-2%
Black alone	21%	20%	1%
Hispanic/Latino	24%	24%	0%
Asian alone	17%	19%	2%
All others	2%	2%	0%

County Health Rankings Health Outcomes

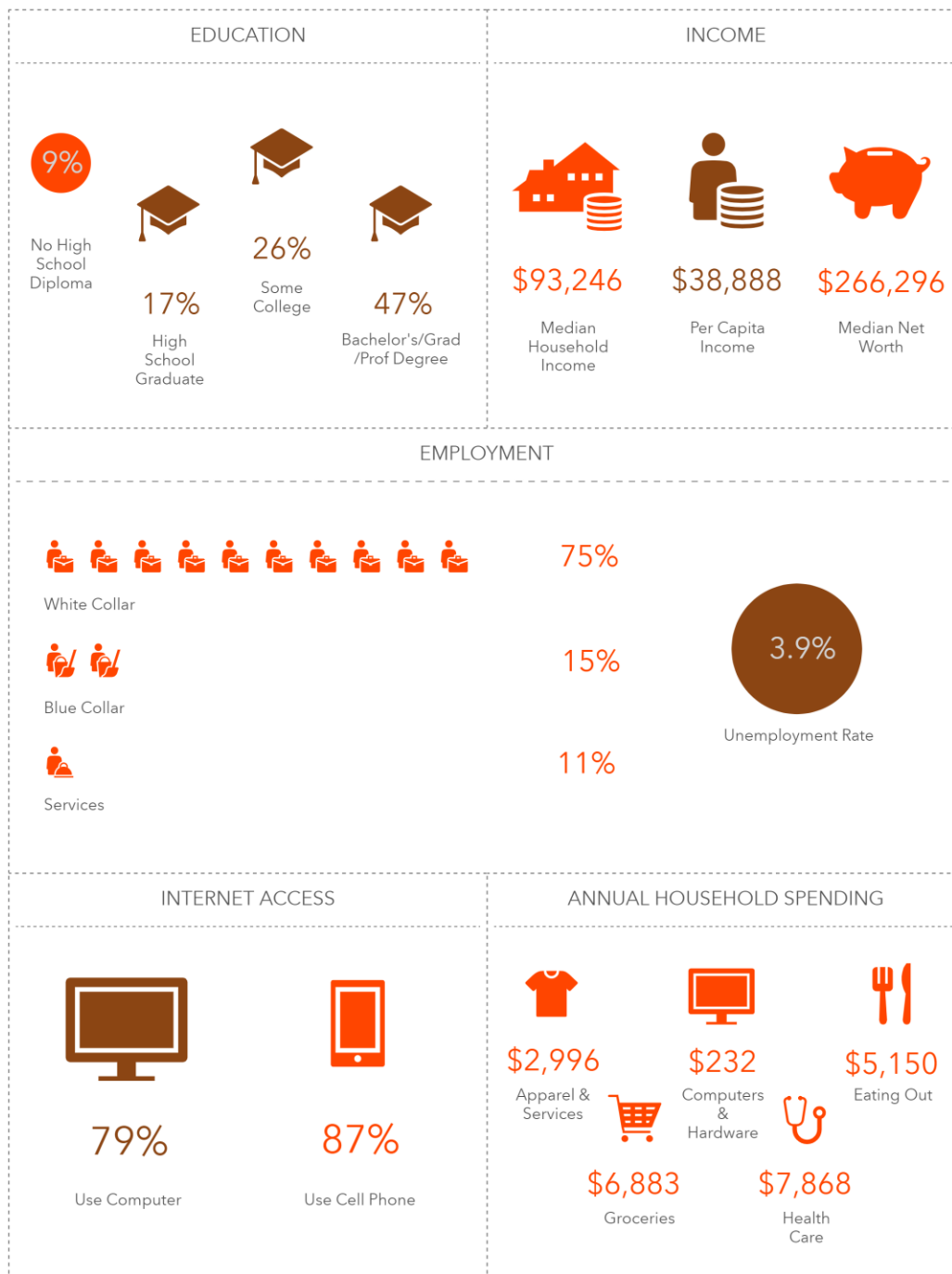
5/244

% of People Below the Federal Poverty Level	8%
% of Children Below the Federal Poverty Level	11%
% of Children Under 19 Without Health insurance	7%
% of Limited English Speaking Households	6%

Fort Bend County

Fort Bend County, TX
Fort Bend County, TX (48157)
Geography: County

Prepared by Esri

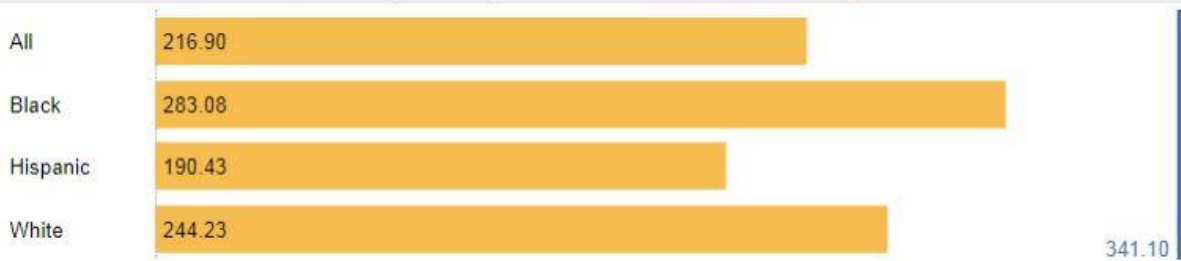


Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Health Outcomes in Fort Bend County

Premature Death

Rate per 100,000 Population in Fort Bend County and Texas



Days Physically Unwell per Month

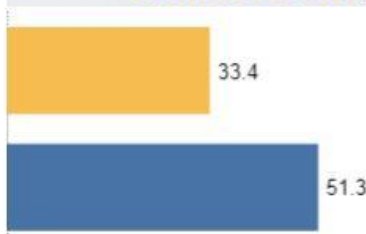
2.86

Days Mentally Unwell per Month

2.98

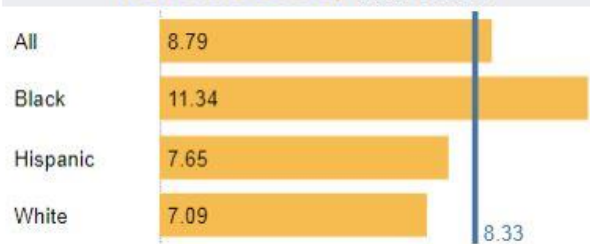
Child Mortality

Per 100,000 Population in Fort Bend County and Texas



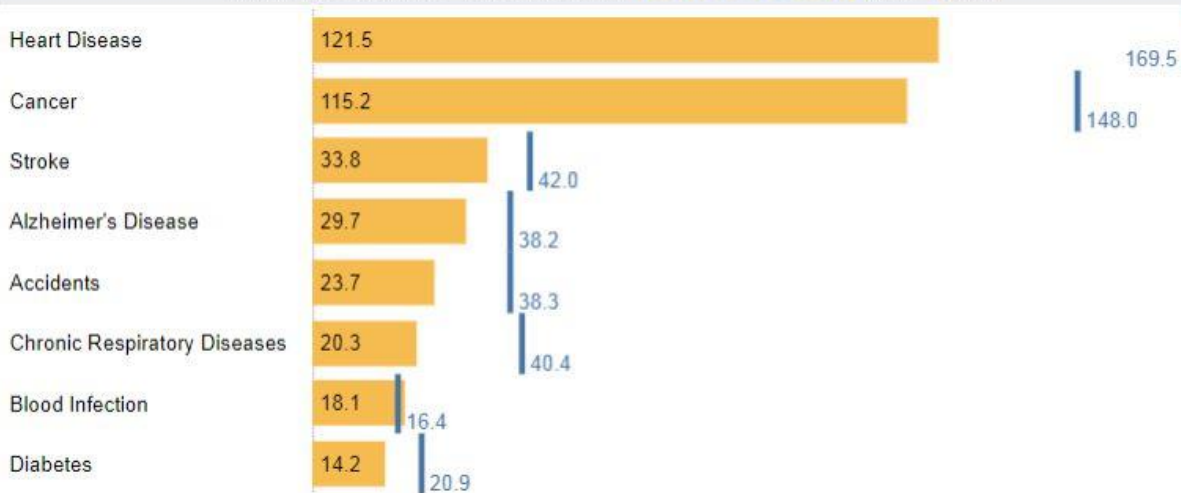
Low Birth Weight

Per 1,000 births in Fort Bend County and Texas



Major Causes of Death

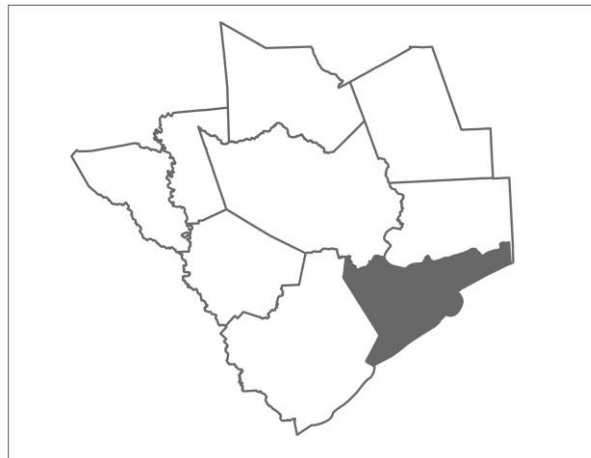
Rate per 100,000 population in Fort Bend County and Texas



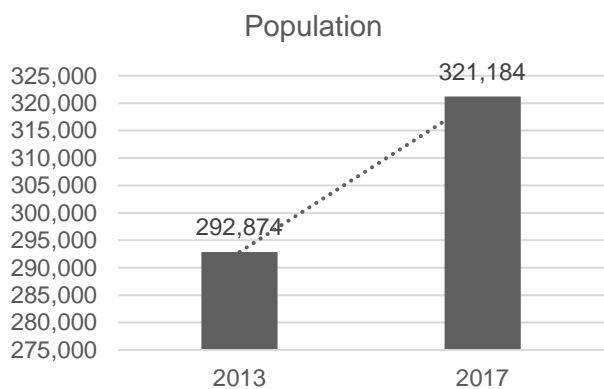
EPISCOPAL HEALTH FOUNDATION

Galveston County

Galveston County is comprised of Texas coastal areas in addition to some islands in the Gulf of Mexico. Recently, the county endured the effects of devastating hurricanes and tropical storms, including Tropical Storm Allison (2001), Hurricane Ike (2008), The Memorial Day Flood (2015), The Tax Day Flood (2016), and Hurricane Harvey (2017) (Chakraborty, Collins, & Grineski, 2019).



2013-2017 ACS 5-year Estimates - US Census Bureau



RACE/ETHNICITY	2013	2017	CHANGE
White alone	59%	58%	-1%
Black alone	14%	13%	-1%
Hispanic/Latino	23%	24%	-1%
Asian alone	3%	3%	0%
All others	2%	2%	0%

County Health Rankings Health Outcomes

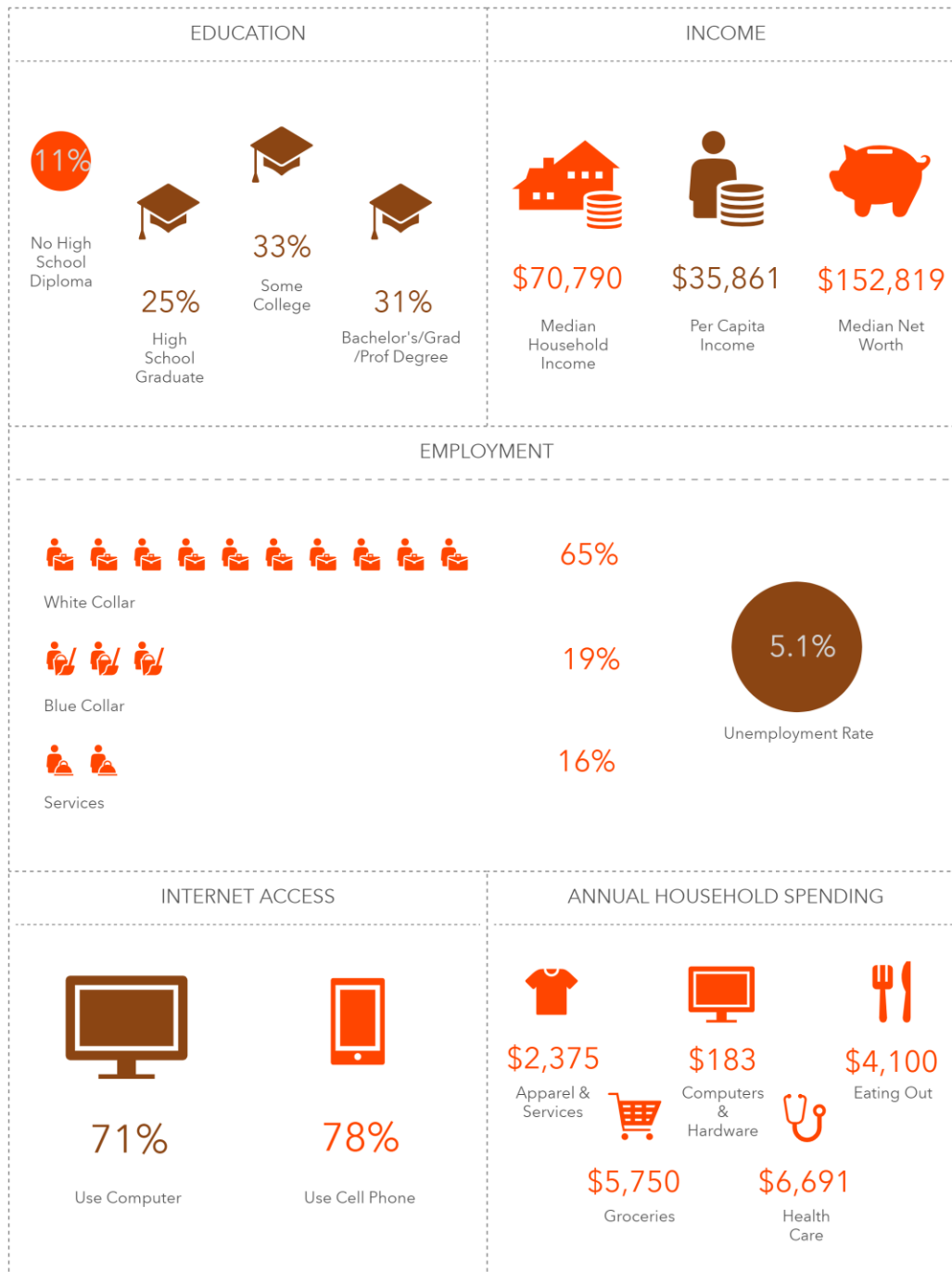
96/244

% of People Below the Federal Poverty Level	14%
% of Children Below the Federal Poverty Level	19%
% of Children Under 19 Without Health insurance	8%
% of Limited English Speaking Households	3%

Galveston County

Galveston County, TX
Galveston County, TX (48167)
Geography: County

Prepared by Esri



Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Health Outcomes in Galveston County

Premature Death

Rate per 100,000 Population in Galveston County and Texas



Days Physically Unwell per Month

3.74

Days Mentally Unwell per Month

3.53

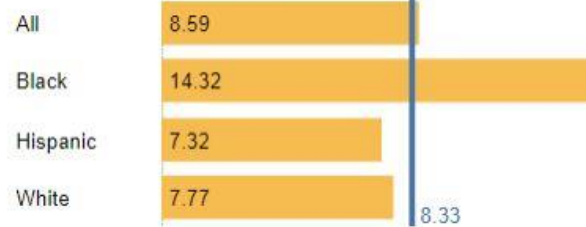
Child Mortality

Per 100,000 Population in Galveston County and Texas



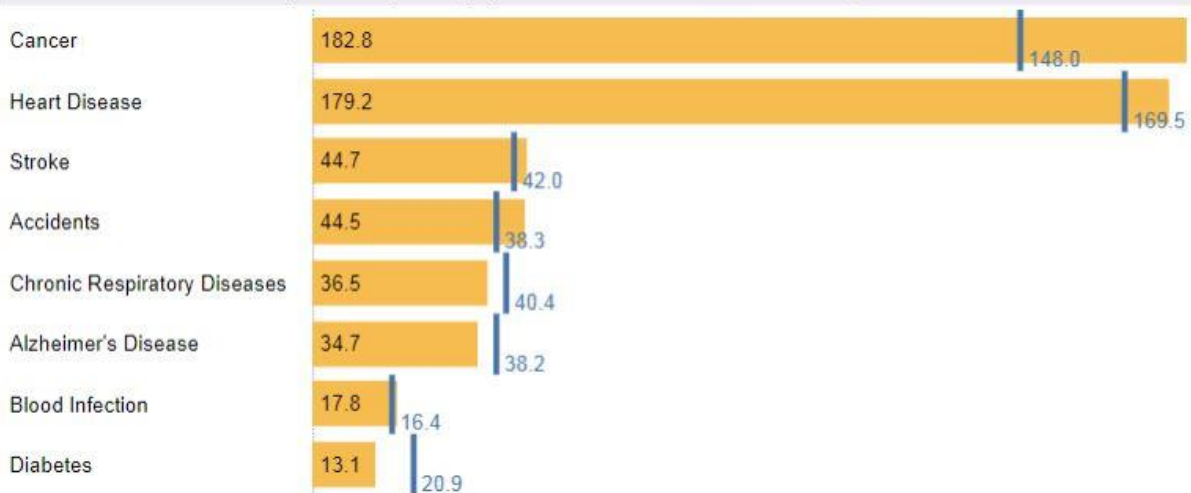
Low Birth Weight

Per 1,000 births in Galveston County and Texas



Major Causes of Death

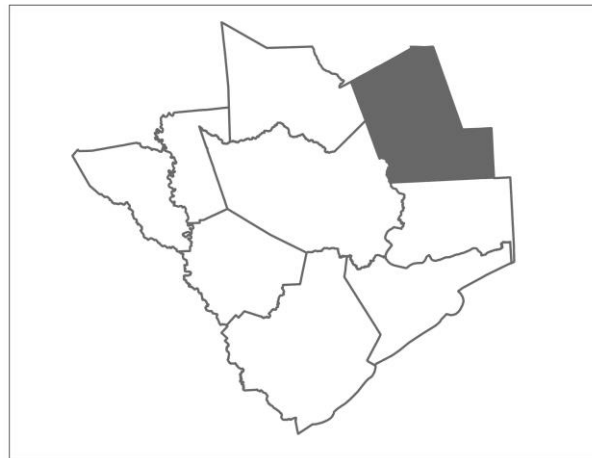
Rate per 100,000 population in Galveston County and Texas



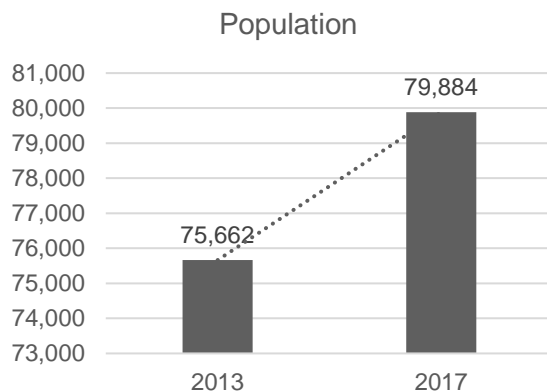
EPISCOPAL HEALTH FOUNDATION

Liberty County

Liberty County has a population of 79,884, making it one of three rural counties in the region. It also has the lowest median household income in the region, and the highest unemployment rate. Of note, the number of individuals (both children and adults) seeking crisis services in Liberty County rose from 7.5 to 10 percent between 2018 and 2019 (Mcintyre, 2019).



2013-2017 ACS 5-year Estimates - US Census Bureau



RACE/ETHNICITY	2013	2017	CHANGE
White alone	69%	66%	-3%
Black alone	11%	10%	0%
Hispanic/Latino	18%	22%	4%
Asian alone	1%	1%	0%
All others	2%	1%	-1%

County Health Rankings Health Outcomes

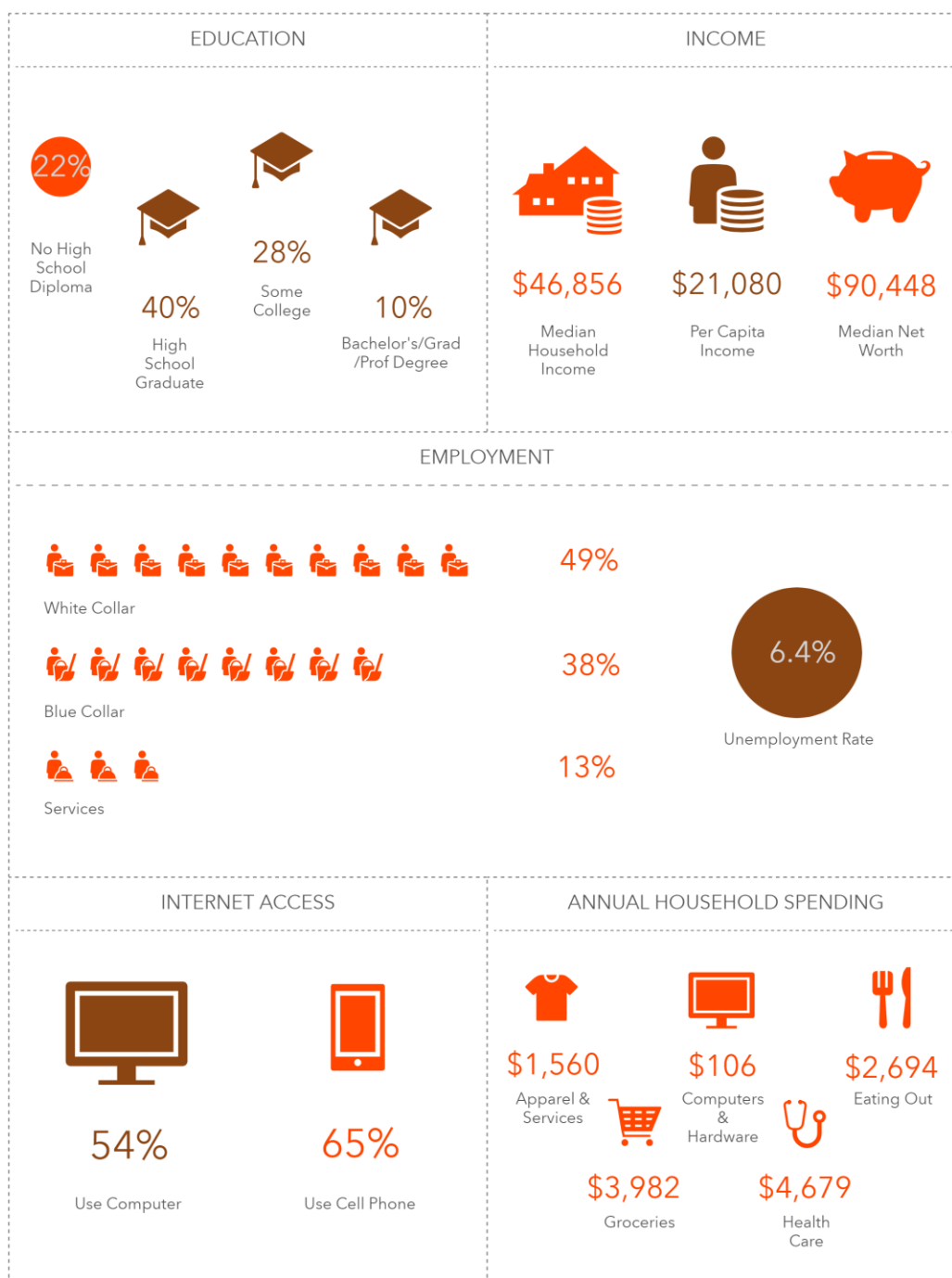
193/244

% of People Below the Federal Poverty Level	16%
% of Children Below the Federal Poverty Level	22%
% of Children Under 19 Without Health insurance	11%
% of Limited English Speaking Households	22%

Liberty County

Liberty County, TX
Liberty County, TX (48291)
Geography: County

Prepared by Esri

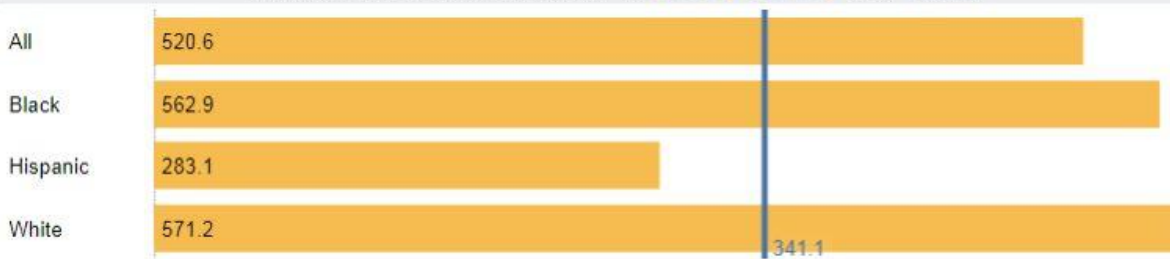


Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Health Outcomes in Liberty County

Premature Death

Rate per 100,000 Population in **Liberty County** and Texas



Days Physically Unwell per Month

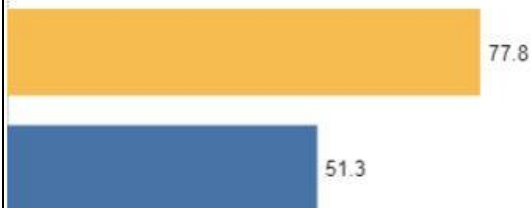
3.76

Days Mentally Unwell per Month

3.75

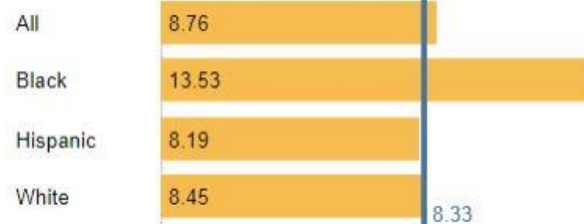
Child Mortality

Per 100,000 Population in **Liberty County** and Texas



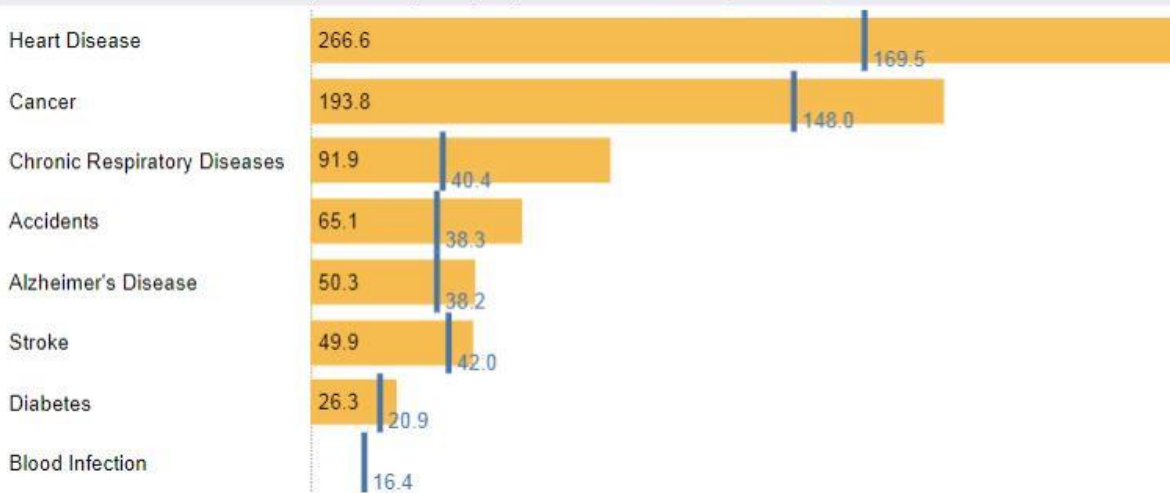
Low Birth Weight

Per 1,000 births in **Liberty County** and Texas



Major Causes of Death

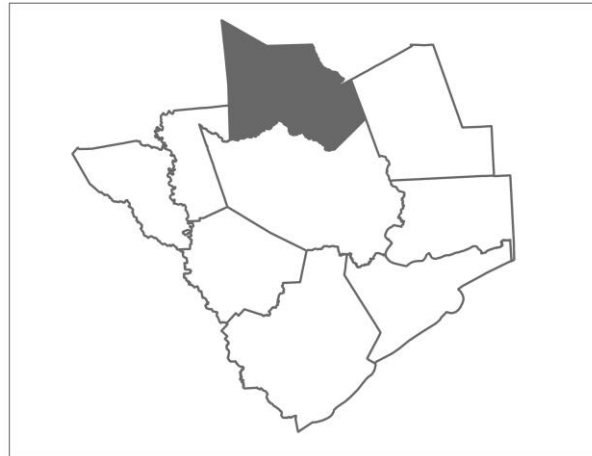
Rate per 100,000 population in **Liberty County** and Texas



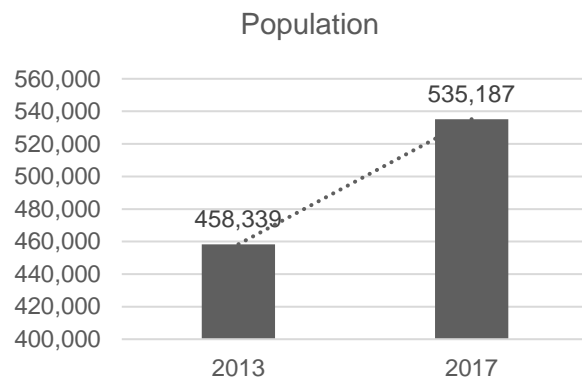
EPISCOPAL HEALTH FOUNDATION

Montgomery County

With 538,000 residents, Montgomery County is the third-largest county in the region. Although its county ranking, which is based on health outcomes, is among the highest in the region, mental health care remains a pressing concern for this county. Between 2007 and 2017, Montgomery County experienced an 83% increase in suicide-related deaths (Mcintyre, 2019).



2013-2017 ACS 5-year Estimates - US Census Bureau



RACE/ETHNICITY	2013	2017	CHANGE
White alone	71%	68%	-3%
Black alone	4%	5%	1%
Hispanic/Latino	21%	23%	2%
Asian alone	2%	3%	1%
All others	2%	2%	0%

County Health Rankings Health Outcomes

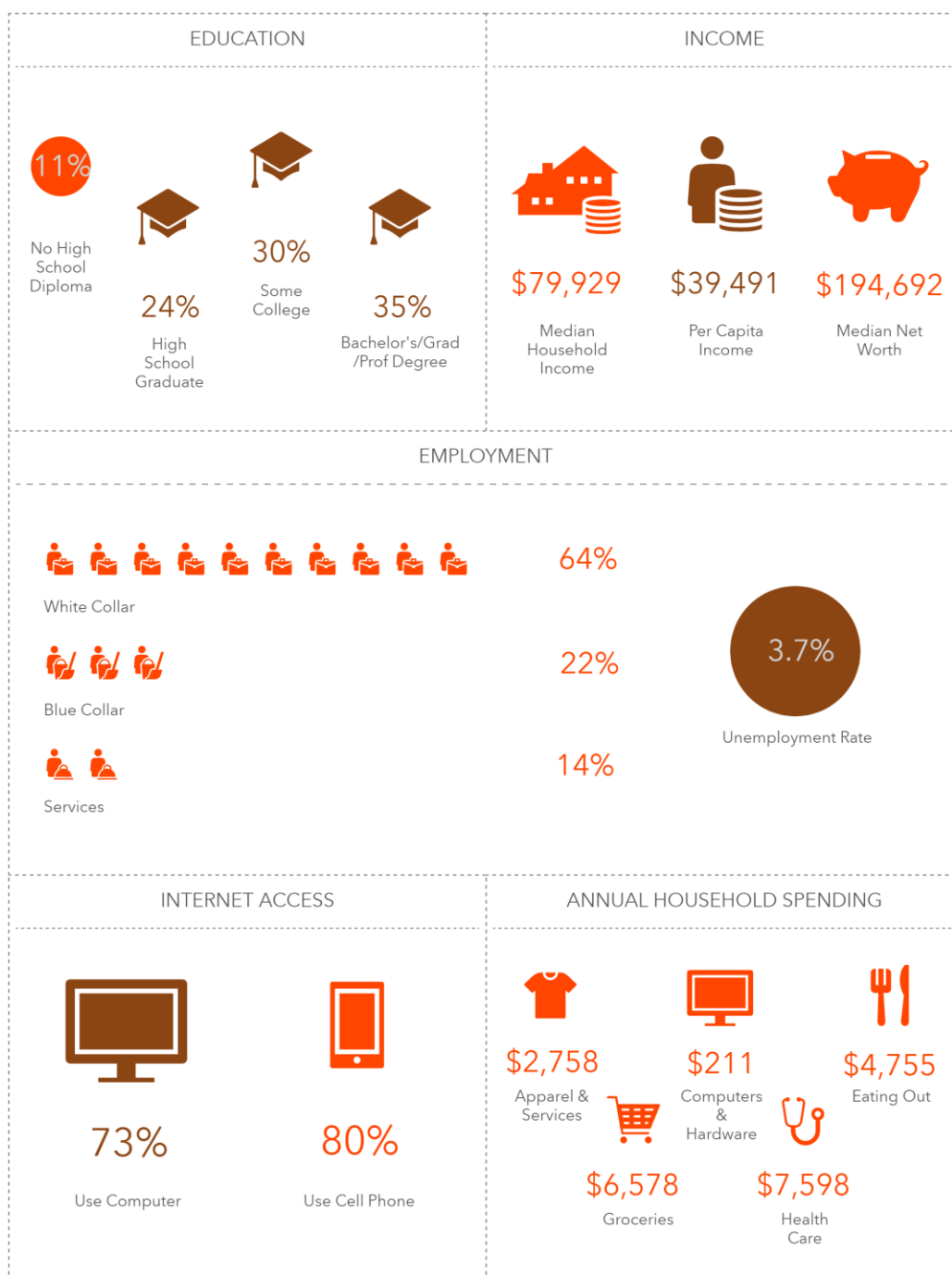
11/244

% of People Below the Federal Poverty Level	10%
% of Children Below the Federal Poverty Level	14%
% of Children Under 19 Without Health insurance	10%
% of Limited English Speaking Households	4%

Montgomery County

Montgomery County, TX
Montgomery County, TX (48339)
Geography: County

Prepared by Esri

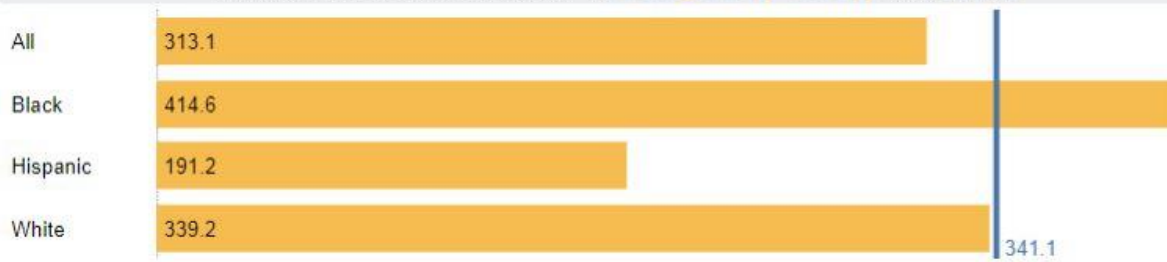


Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Health Outcomes in Montgomery County

Premature Death

Rate per 100,000 Population in **Montgomery County** and Texas



Days Physically Unwell per Month

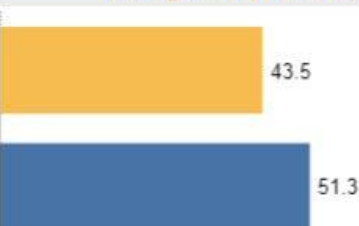
3.26

Days Mentally Unwell per Month

3.32

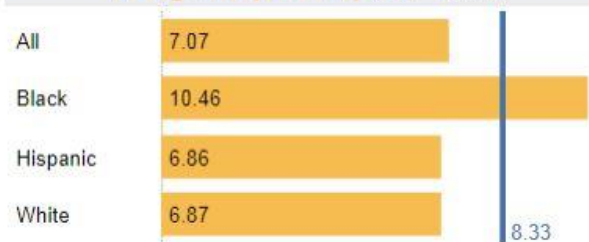
Child Mortality

Per 100,000 Population in
Montgomery County and Texas



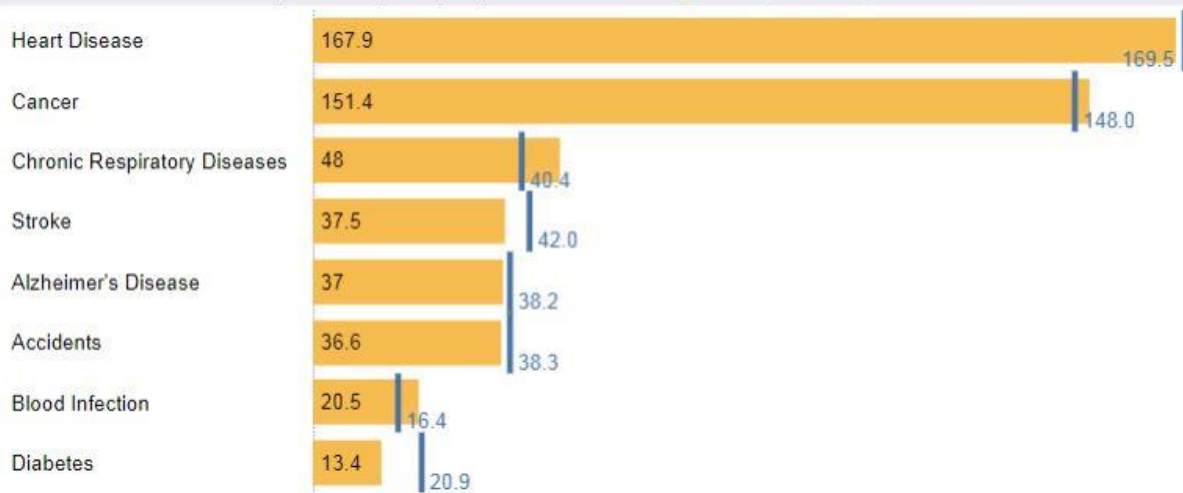
Low Birth Weight

Per 1,000 births in
Montgomery County and Texas



Major Causes of Death

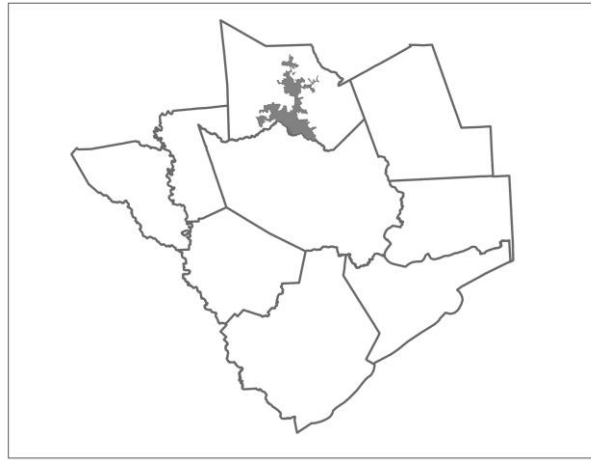
Rate per 100,000 population in **Montgomery County** and Texas



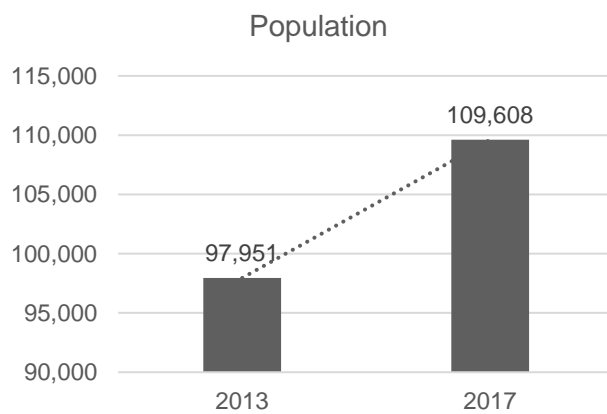
EPISCOPAL HEALTH FOUNDATION

The Woodlands

The Woodlands is primarily located in Montgomery County, with portions extending into Harris County. In 2017, The Woodlands had a population of 109,608 people, with limited diversity.



2013-2017 ACS 5-year Estimates - US Census Bureau



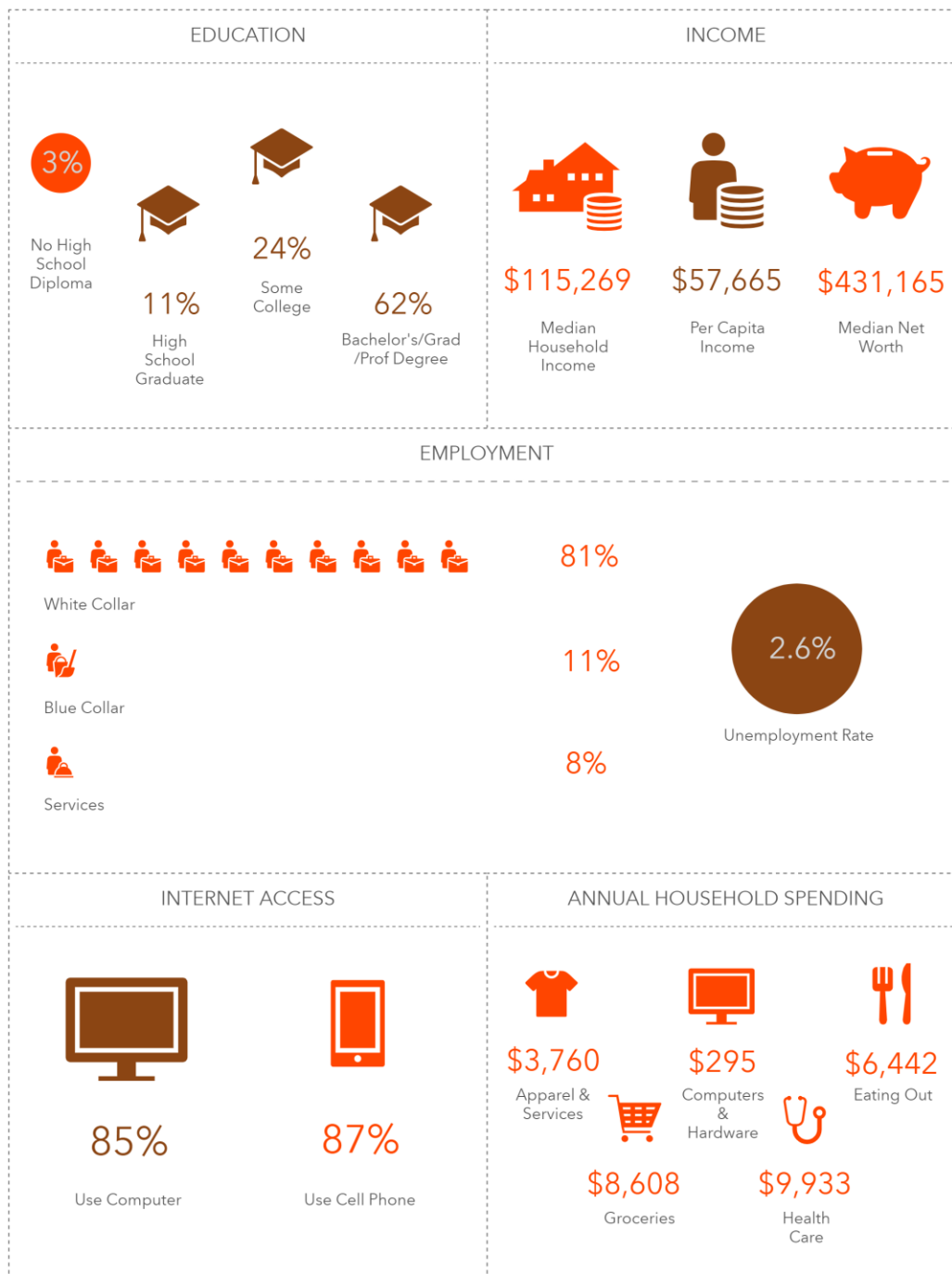
RACE/ETHNICITY	2013	2017	CHANGE
White alone	77%	72%	-5%
Black alone	2%	4%	2%
Hispanic/Latino	14%	16%	2%
Asian alone	4%	6%	2%
All others	3%	2%	-1%

% of People Below the Federal Poverty Level	4%
% of Children Below the Federal Poverty Level	4%
% of Children Under 19 Without Health insurance	5%
% of Limited English Speaking Households	3%

The Woodlands

The Woodlands CDP, TX
The Woodlands CDP, TX (4872656)
Geography: Place

Prepared by Esri



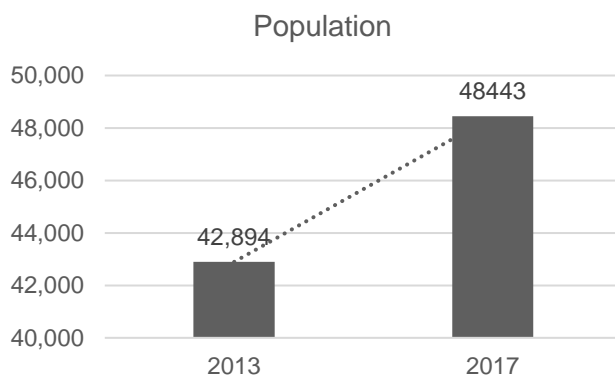
Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Waller County

Waller County is a rural county, with just 48,443 residents. Waller County is a designated high need Health Professional Shortage Area (HPSA) that currently has no hospital. Its last was unsustainable and forced to shut down in 1985 (Perkins, 2018).



2013-2017 ACS 5-year Estimates - US Census Bureau



RACE/ETHNICITY	2013	2017	CHANGE
White alone	45%	43%	-2%
Black alone	24%	25%	1%
Hispanic/Latino	29%	29%	0%
Asian alone	0%	1%	1%
All others	2%	2%	0%

County Health Rankings Health Outcomes

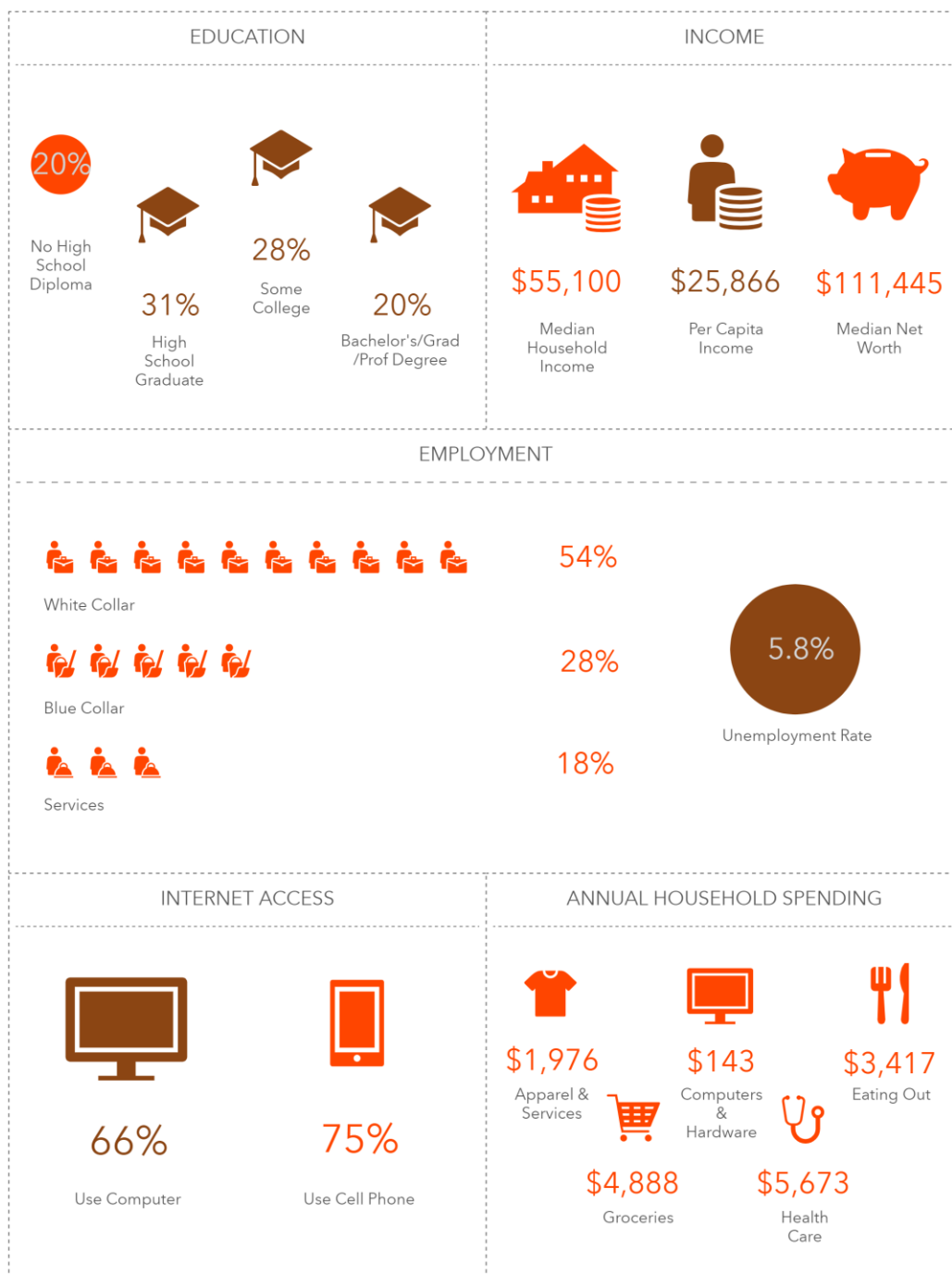
70/240

% of People Below the Federal Poverty Level	18%
% of Children Below the Federal Poverty Level	25%
% of Children Under 19 Without Health insurance	11%
% of Limited English Speaking Households	6%

Waller County

Waller County, TX
Waller County, TX (48473)
Geography: County

Prepared by Esri

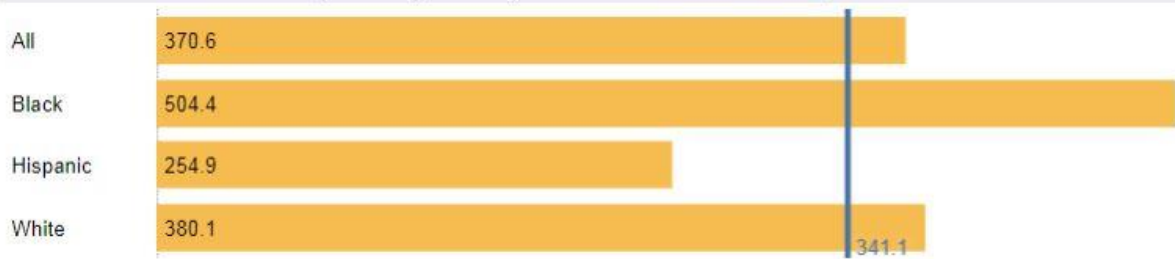


Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Health Outcomes in Waller County

Premature Death

Rate per 100,000 Population in Waller County and Texas



Days Physically Unwell per Month

3.81

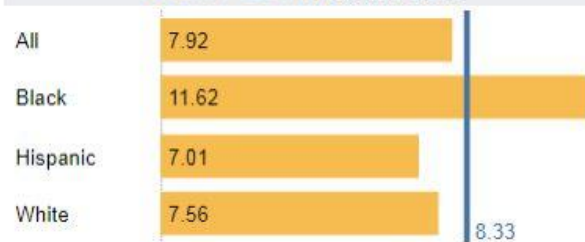
Days Mentally Unwell per Month

3.46

Child Mortality
Per 100,000 Population in
Waller County and Texas

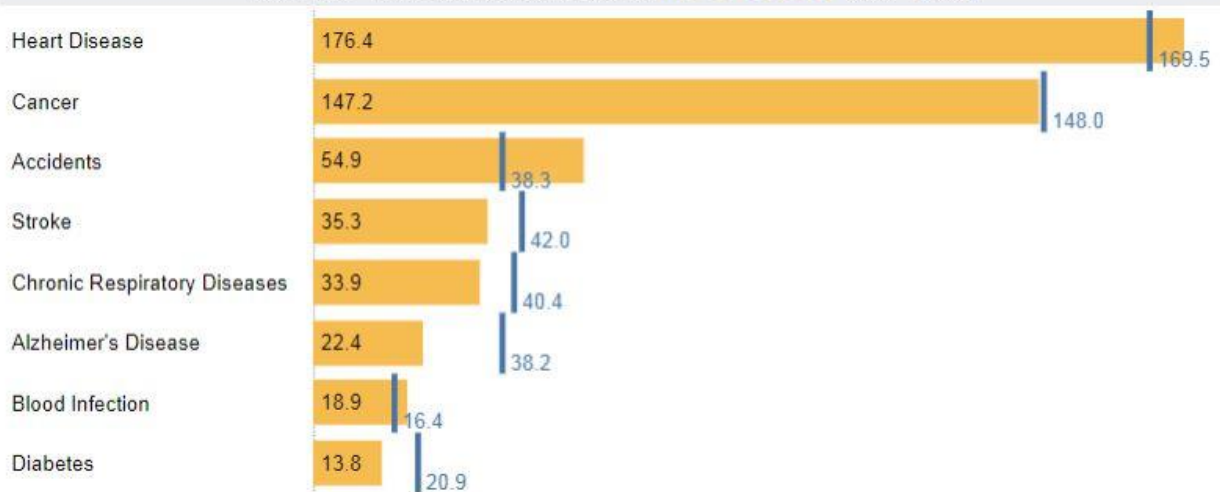


Low Birth Weight
Per 1,000 births in
Waller County and Texas



Major Causes of Death

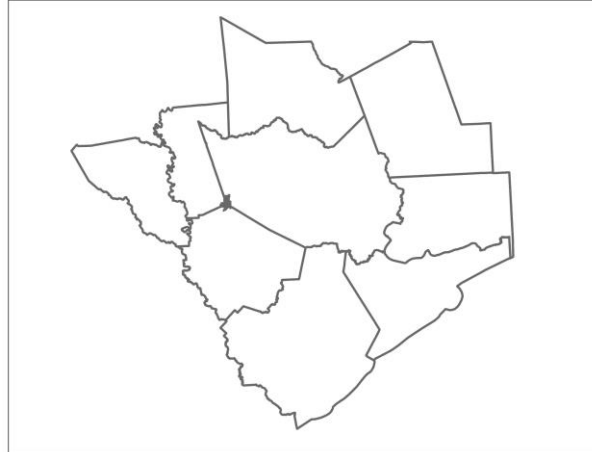
Rate per 100,000 population in Waller County and Texas



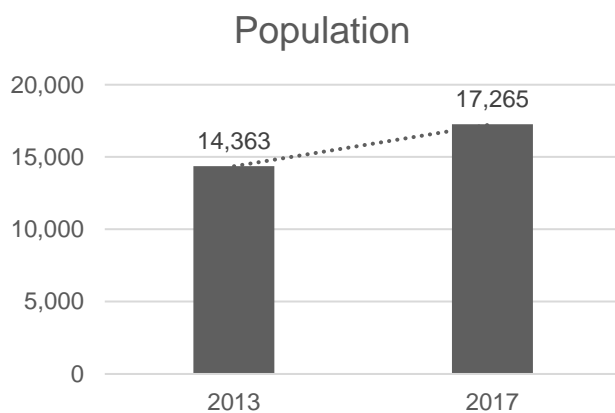
EPISCOPAL HEALTH FOUNDATION

City of Katy

Katy is a city west of Houston, within the Houston–The Woodlands–Sugar Land metropolitan area. The city of Katy had a population of 17,265 in 2017. Only 6% of children under 19 had no medical coverage, and 5% of children were living in poverty.



2013-2017 ACS 5-year Estimates - US Census Bureau



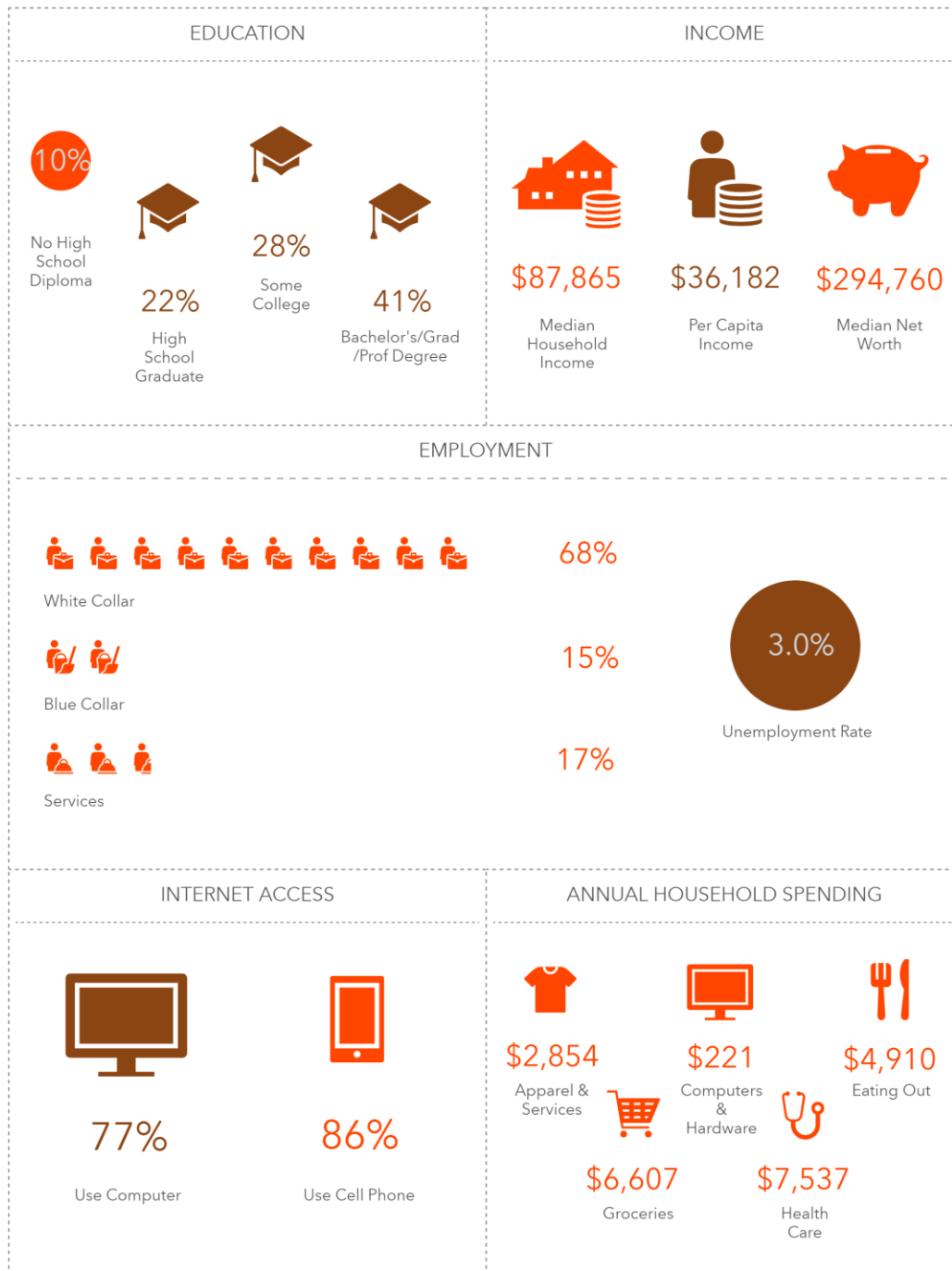
RACE/ETHNICITY	2013	2017	CHANGE
White alone	61%	64%	3%
Black alone	5%	6%	1%
Hispanic/Latino	32%	27%	-5%
Asian alone	3%	3%	0%
All others	0%	2%	2%

% of People Below the Federal Poverty Level	7%
% of Children Below the Federal Poverty Level	5%
% of Children Under 19 Without Health insurance	6%
% of Limited English Speaking Households	4%

City of Katy

Katy City, TX
Katy City, TX (4838476)
Geography: Place

Prepared by Esri



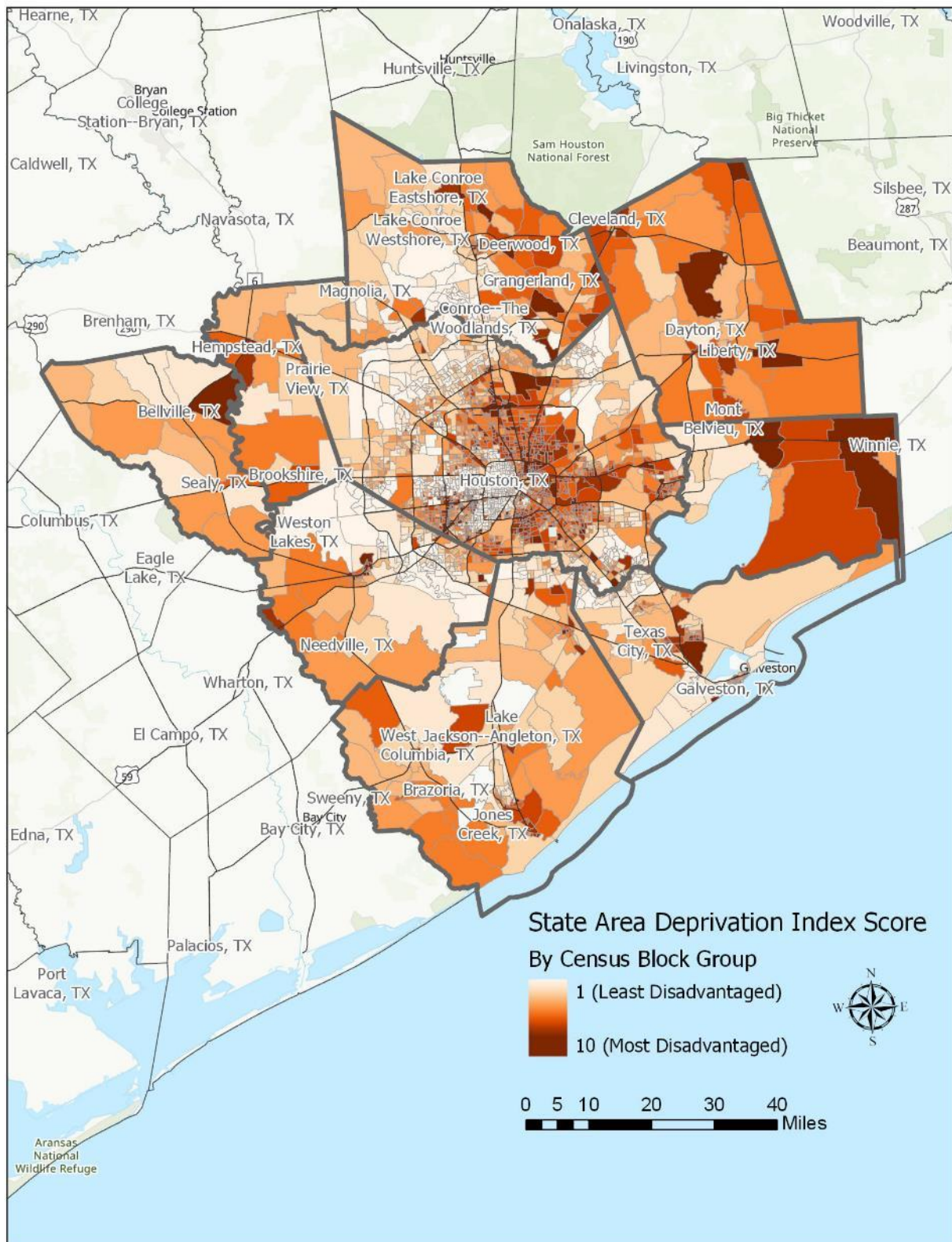
Source: This infographic contains data provided by Esri, Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2018, 2023.

Key Neighborhoods

In general, Texas Children's focuses community benefit efforts in neighborhoods with high concentrations of poverty because poverty is linked to many other social determinants of health. Several research institutions have developed indexes to better understand neighborhood-level factors beyond poverty that can affect health outcomes. These indexes include the CDC's Social Vulnerability Index (SVI), Ohio State University's Childhood Opportunity Index (COI), and HRSA/The University of Wisconsin's Area Deprivation Index (ADI). These indexes often score neighborhoods based on a variety of factors related to socioeconomic status to paint a more comprehensive picture of the disadvantages faced by neighborhood residents.

Texas Children's uses the Area Deprivation Index to identify the most vulnerable neighborhoods in our service area because it is based on the most current data of all of the indexes. Additionally, it provides data at a higher spatial resolution, the census block group, compared to other indexes that oftentimes use census tracts or zip codes.

The ADI was developed by HRSA over twenty years ago for county-level use, but has since been adapted and validated to the census block group level by researchers at the University of Wisconsin-Madison. The ADI ranks each census block group in each state from 1 to 10 based socioeconomic factors, such as income, education, employment, and housing quality. Census block groups that receive a score of 1 are the lowest on the ADI, and are the *least* disadvantaged neighborhoods, while census block groups that receive a score of 10 are the highest on the ADI and are the *most* disadvantaged neighborhoods.



Methods

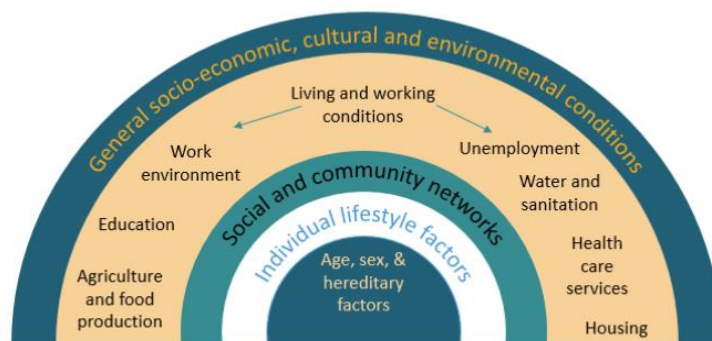
Shared Initiative Key Informant Interviews

In fulfillment of its 2018-2022 Strategic Plan to take a systems-focused approach to community health, the Episcopal Health Foundation (hereafter “the Foundation”) coordinated an interview initiative in 2018 to support four Greater Houston hospital systems in preparing their 2019 community health needs assessments. The collaborating hospitals include CHI St. Luke’s, Houston Methodist Hospital, Memorial Hermann Health System, and Texas Children’s Hospital.

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

The Foundation hired Health Resources in Action (HRiA), a nonprofit public health institute, to conduct respondent interviews with respondents identified by the four hospitals and to analyze those interviews for prominent themes. The results of those analyses are summarized in this report. The approach for the shared CHNA was guided by the social determinants of health framework (Figure 1) which recognizes that multiple factors have an impact on health, and there is a dynamic relationship between people and their lived environments. This framework addresses the distribution of wellness and illness among a population, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as employment status and educational opportunities. This framework also highlights how differing health outcomes across different population groups (health disparities) are deeply rooted in other social conditions. The CHNA interview guide (see Appendix A) was developed using the social determinants of health framework, and the influence of these factors are discussed in this report.

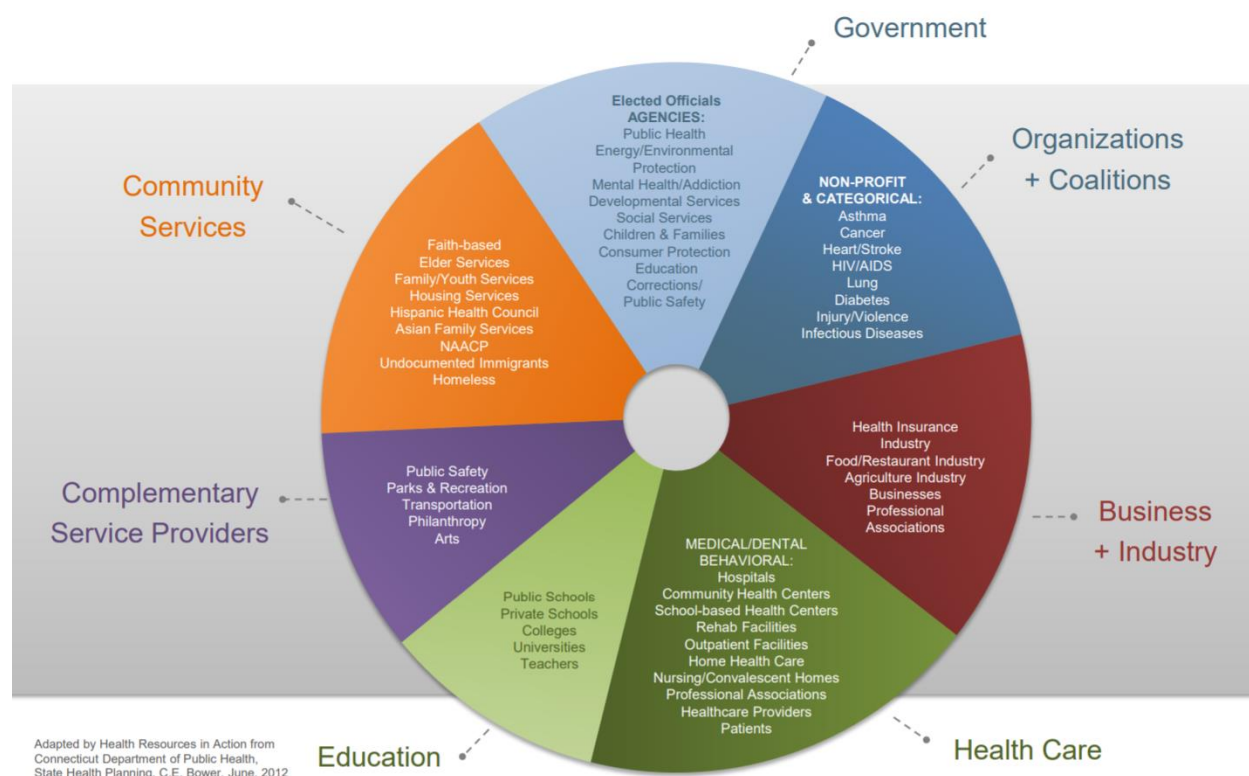
Figure 1. Social Determinants of Health Framework



Respondent Selection

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

Figure 2. Sector Wheel



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

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

Respondents

	Number
Sector¹	
Business & Industry, Education, Advocacy	8
Community Services	15
Complementary Service Providers	9
Government	12
Health Care	23
County	
Brazoria	2
Chambers	2
Fort Bend	10
Galveston	3
Harris	29
Liberty	2
Matagorda	1
Montgomery	5
Waller	4
Wharton	1
Multiple Counties ²	12
Community³	
Arts	1
Businesses	4
Children	29
Chronically Ill	6
Developmental & Physical Disability	2
Domestic Violence & Sexual Assault	2
ESOL or Little English	13
Health Insurance Beneficiaries	1
HIV/AIDS	5
Homeless	8
Homeless Youth (incl. in Homeless)	2
Incarcerated	1
Intellectual Disabilities & Dementia	4
Law Enforcement	2
LGBT	2
Low-income	29
Mentally Ill	10
Persons of Color	23
Rural	7
Seniors	10
Substance Use	6
Women	19

¹ Some respondents represent more than one sector and are counted multiple times.

² Respondents are also included in individual county counts.

³ Some respondents represent more than one community and are counted multiple times.

Interview Protocol Development

HRiA utilized a semi-structured interview guide for data collection (see Appendix A). The interview questions were developed through a collaborative process that began with brainstorming about potential questions by HRiA, the Foundation, and the hospitals. HRiA developed a draft interview protocol and shared it with the Foundation and the hospitals for review. HRiA finalized the protocol based on this feedback.

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

Analysis

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

Limitations

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

UT Health Science Center School of Public Health – Focus Groups and Extant Data Gathering

In the spring of 2019, Texas Children's formed a partnership with the University of Texas Health Science Center at Houston, School of Public Health (UTSPH) to afford public health graduate students the opportunity to gain real-world public health experience, by helping Texas Children's complete its 2019 Community Health Needs Assessment. Nine graduate students enrolled in the PH 1112 Community Needs Assessment class gathered qualitative information about community health needs in a series of focus groups, and quantitative information from extant data sources.

The team conducted focus groups with Texas Children's social workers, financial assistance program workers, and health care providers. Through a focus group discussion guide (see Appendix C), the team gathered information on community and systemic health factors, and suggestions for improving community health. At each focus group, two students led the focus group questioning while one student took notes and recorded the session. Other students listened to the recordings, highlighted key themes, and presented key findings.

Image 1: PH 1112 Community Needs Assessment Thursday Class



From the left: Mary Younan, Michelle Zhao, Sarah Oatman, Ryan Ramphul (Texas Children's Hospital), Amanda Stampelis, Oruonye M. Odunze

Image 2: PH 1112 Community Needs Assessment Tuesday Class



From the left: Theresa Hudson, Julie Davidson, Ryan Ramphul (Texas Children's Hospital), Rachel Walker, Jazmine Medrano, Joel Shah

Participation in Local Community Health Initiatives

Texas Children's Department of Government Relations and Community Benefits participates in several community health initiatives, workgroups, and councils throughout Greater Houston, which provides invaluable insight into the health needs of the communities we serve.

Healthy Living Matters

Healthy Living Matters (HLM) is a collaborative of multi-sector leaders, made up of over 80 organizations and 110 individuals. It promotes policy aimed at system-level and environmental change to reduce the incidence of childhood obesity. Collaborative members and partners often serve as champions to maximize the visibility of childhood obesity, HLM's policy solutions, and of HLM's work overall. Through this, HLM is able to mobilize the broader community for action. HLM works to enact policies at the community, county, and state levels that make healthy eating and physical activity the “easy” choice for Harris County children and families, thereby helping to reverse the obesity trend.

Children's Resiliency Collaborative

Shortly after Hurricane Harvey impacted Greater Houston, Children at Risk, the Houston Food Bank, Mental Health America of Greater Houston, the Collaborative for Children, Texas Children's Hospital, and other nonprofits met to ensure that the recovery process prioritized children. Over time, this group grew to over 40 nonprofit and government agencies that formed the Hurricane Harvey Children's Recovery Collaborative (HHCRC), meeting on a bi-weekly basis to collaborate, share resources, and discuss the needs of children. Throughout the year, HHCRC held press conferences to spotlight the continued needs of children; hosted a legislative event in Austin; and in partnership with Save the Children, released a report: “Still at Risk: Children One Year After Hurricane Harvey.”

Although a focus on children and their recovery is still needed, the group decided to transition to a new collaborative, focusing on all children's' needs, including those related to Harvey recovery. In September of 2018, the HHCRC transitioned to the Children's Resiliency Collaborative (CRC). This collaborative envisions a Houston where children grow up in resilient, safe, and aspirational environments. The CRC is an alliance of diverse organizations coming

together on a monthly basis to ensure that Houston's children have their holistic needs met and are resilient. As a collaborative, the CRC will work with partners to ensure children and their families have access to the resources they need to strengthen their resilience.

The Greater Houston Coalition on the Social Determinants of Health

Building on the efforts of the GE/Clinton Health Matters Initiative, and lead by the Harris County Public Health Department and the American Heart Association, the Greater Houston Coalition on the Social Determinants of Health is a coalition aimed at improving health outcomes across the greater Houston region. Members of this organization include the Greater Houston Health Connect, The Houston Food Bank, The Houston Health Department, Legacy Community Health Centers and more.

The Houston Health Department's Youth Violence Prevention Coalition

The program goals of the Houston Health Department's Youth Violence Prevention Coalition, also known as HoustonPeace, are vast. Initially, they aim to address youth violence at different levels of the socio-ecological model. Additionally, they aim to help youth to develop healthy behaviors surrounding their physical, mental, and behavioral health choices. Finally, they seek to provide youth opportunities through workforce training and secondary education.

Mental Health America Center for School Behavioral Health Collaborative

In February 2016, The Houston Endowment approved a \$2.07 million grant to Mental Health America of Greater Houston (MHA Houston) as part of the foundation's priority to enhance access to comprehensive primary and preventive healthcare in greater Houston. The grant supports the launch of The Center for School Behavioral Health (The Center), an innovative approach intended to facilitate the implementation of effective policies and practices within school districts and child-serving agencies that will improve the prevention, early identification, and treatment of behavioral health issues among children.

The Center is an expansion of MHA Houston's School Behavioral Health Initiative, a coalition of over 50 entities in Greater Houston including school districts, behavioral health providers and child-serving agencies. The coalition, formed in 2012, has developed recommendations focused on improving the policies, funding, and systems that influence how schools approach behavioral health among students.

Harris County Domestic Violence Coordinating Council

The Harris County Domestic Violence Coordinating Council (HCDVCC) aims reduce and prevent domestic violence within Harris County. By collaborating with communities on policy, legal services, adult violent death review, and multi-faith advisory, the HCDVCC works to provide domestic violence victims with the best services possible.

Good Reason Houston

Good Reason Houston aims to improve public education through collaboration with parents, students, parents, educators, and community members who have vested interests in improving education. Good Reason Houston partners with the Houston Endowment, the Kinder Foundation, the Greater Houston Partnership, and HEB. Good Reason Houston works to drive system innovation, develop game-changing educators, engage parents and families, and advance equitable access.

C3—Network of Behavioral Health Providers

The C3 Network of Behavioral Health Providers is a network of mental health and substance abuse providers in Greater Houston. The collaboration of the Network brings mental health to the forefront. The C3 Initiative aims to provide a continuum of care between medical, behavioral health, and social services with focus on social determinates of health. The target population for this initiative is individuals with a mental illness, a need for at least one social service, and a household income that is 200% below the Federal Poverty Level.

Prioritized Community Health Needs and Potential Resources

Through the extensive process outlined in the methods section of this report, which included key informant interviews, focus groups, and ongoing participation in community health efforts in the region, Texas Children's identified six key health needs that pertain to our patient population. Two teams of graduate students from the UT School of Public Health then utilized extant data sources and academic literature to thoroughly investigate each of these health needs. The findings were brought before the Hospital's Community Benefits Workgroup on June 4, 2019 for guidance on prioritizing them from the perspective of the Hospital's Network of Care.

The Community Benefits workgroup consists of physician and administrative leaders from across the Texas Children's Network of Care, who provide critical guidance to the Community Benefits Department regarding community health issues. Their guidance is shaped by the institution's mission to create a healthier future for the children and women throughout our global community by leading in patient care, education and research. It is also shaped by the four core values of Texas Children's: to embrace freedom, lead tirelessly, live compassionately, and amplify unity. They prioritized the key community health issues facing our region in the following order.

- (1) Mental and Behavioral Health
- (2) Access to Care
- (3) Social Determinants of Health
- (4) Maternal Health
- (5) Environmental Health (tie)
- (5) Obesity and Chronic Disease (tie)

(1) Mental and Behavioral Health

The Community Benefits Workgroup identified Mental and Behavioral Health as the number one priority for Texas Children's Network of Care, in terms of community health needs. Mental health outcomes are often associated with biology, psychological conditions, and habits. Behavioral health, on the other hand, can be viewed as a subset of mental health, and often relates to how habits impact overall physical and mental wellbeing. Mental health conditions include depression, anxiety, and schizophrenia, while behavioral health disorders include substance abuse, gambling, and eating disorders.

Respondents to key informant interviews and focus groups reported rising rates of anxiety and depression among residents, as well as complex conditions like schizophrenia and bipolar disorders. They pointed to rising rates of suicide in the community, as well as incident homelessness and incarceration oftentimes linked to untreated mental health issues. Several respondents stated that they see many people with undiagnosed mental illness. Additionally, they identified several factors negatively affecting residents' mental health, including stress, technology and media, and unstable family life. Several respondents reported that trauma associated with natural disasters, most recently Hurricane Harvey, also caused distress among community members. As one respondent explained, "for many people, children and adults, [the devastation of Harvey] has a profound effect and is continuing to have a profound effect on them emotionally and psychologically." [R. Mefford, Child Advocates of Fort Bend]

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

“I’d say mental health probably is our primary issue in schools today.”

[Education]

“The mental health ‘safety net’ is, in my opinion, just busted open and full of holes.”

[Community Services]

“We haven’t really created an alternative to the criminal justice system that operates at scale that pays for people to be handled and treated, their issues to be addressed. So, the criminal justice system, the jail, has become the default answer to that.”

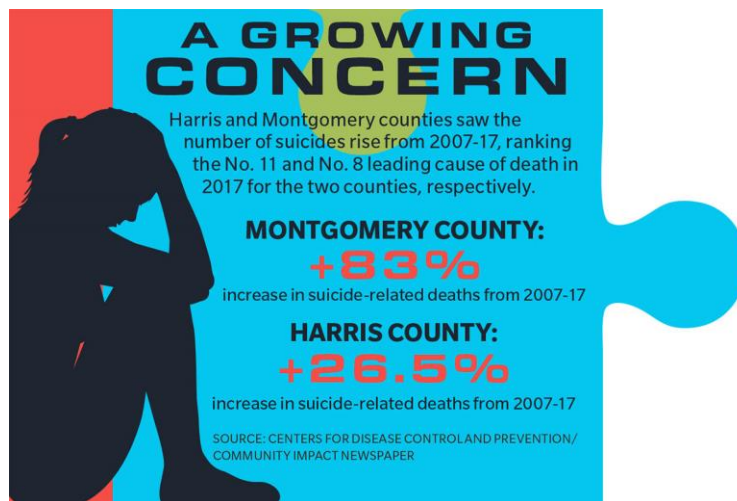
[B. Harvey, Greater Houston Partnership]

Incidence

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), adolescent Texans report chronic depressive symptoms at rates 3–4% higher than the national average (2015). Further, the percentage of high school students that report attempting suicide is 5% higher than the national average (SAMHSA, 2015). A mental health social worker at Texas Children’s confirmed this notion in a focus group, indicating “we’re starting to see a higher [rate] of kids presenting with serious mental health diagnoses. Suicide, whether it be ideation, attempt, or action...These psycho-social needs intertwine with [poverty, homelessness, and people fearful of home eviction].”

At the county level, between 2007 and 2017, Montgomery County experienced an 83% increase in suicide related deaths (Mcintyre, 2019). Within the same time span, Harris County saw a 26.5% increase in suicide-related deaths. Suicides rank 8th in Harris County and 11th in Montgomery County among the leading causes of death. In Liberty, Walker, and Montgomery counties, the number of individuals (both children and adults) seeking crisis services rose from 7.5% in 2018 to 10% in 2019 (Mcintyre, 2019). There are over 163,000 individuals with a severe mental illness in Harris County (Winkler, 2014).

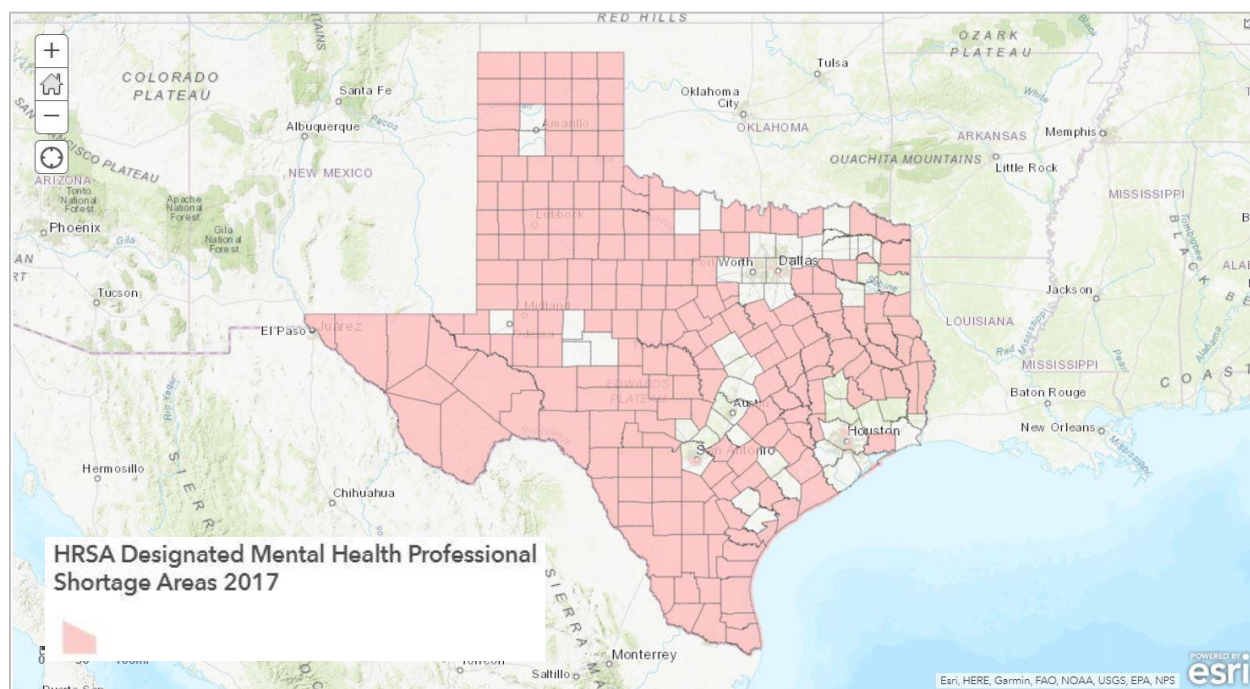
Figure 3. Increases in suicide related deaths in Montgomery and Harris County (CDC/Community Impact Newspaper, 2019)



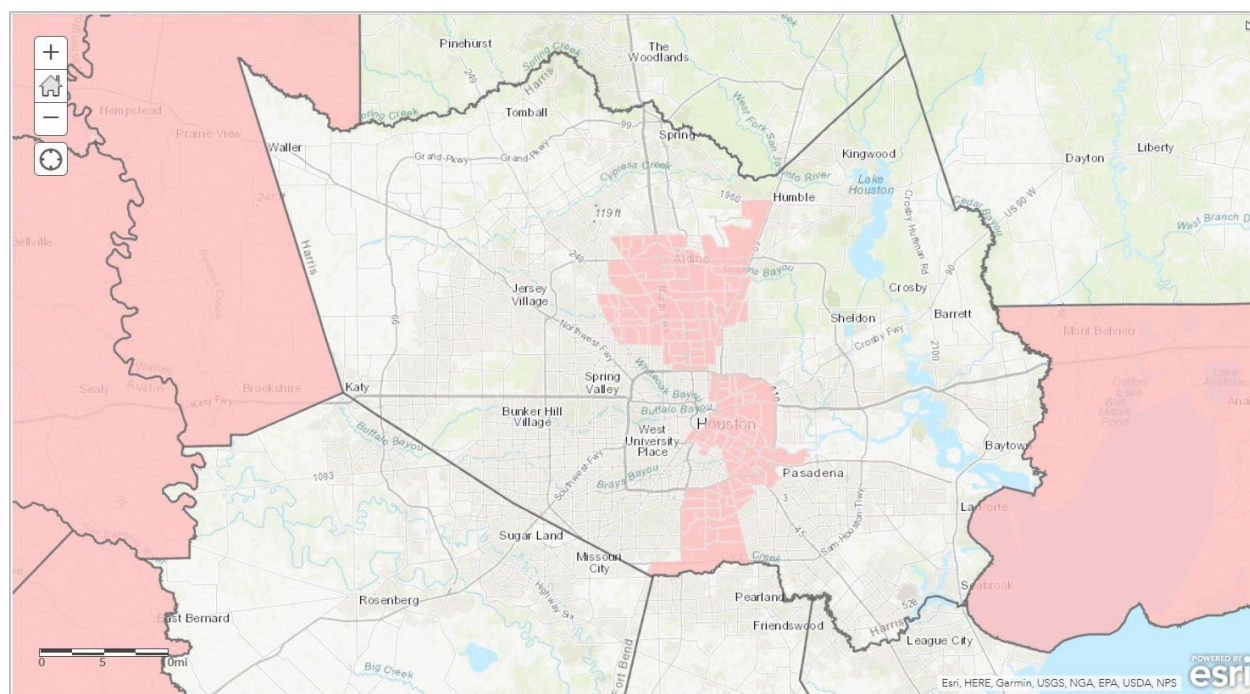
Shortage of Practitioners

Nationally, accessing mental health treatment is often difficult, as many health insurance programs do not recognize or cover mental illness treatment. Even for people with the means to afford care or with proper coverage, finding a mental health practitioner poses challenges: over 115 million individuals live in Mental Health Professional Shortage Areas (MHPSA) across the United States (Kaiser, 2018). In Texas, an estimated 12 million individuals reside in a Health Professional Shortage Area (HPSA), requiring an estimated 585 practitioners to adequately cover each shortage area. Waller County is a designated high needs HPSA that currently has no hospital, as its last hospital was forced to shut down in 1985 (Perkins, 2018). Austin County also lacks adequate mental health services, and is a designated HPSA. Brazoria, Fort Bend, and Liberty counties are also HPSAs with no mental health services, outside of a single federally qualified health center (FQHC) in each county (HRSA, 2019). Significant portions of both Harris and Montgomery counties are HPSAs, with Montgomery County containing only one applicable FQHC for mental health services, and despite having a population of 4.6 million, Harris County has only 13 FQHCs and 1 state mental hospital (HRSA, 2019).

Map 1: HRSA Designated Health Professional Shortage Areas, 2017



Map 2: HRSA Designated Health Professional Shortage Areas, 2017 Zoomed In



Stigma

Mental and behavioral conditions are often framed as negative abnormalities, which can leave affected individuals shunned or ignored. This stigma may lead to an inability or reluctance to receive treatment or proper care for fear of judgement by friends, family, and others. The health problems that arise from attempts to cope with such conditions may include severe depression, anxiety, and the inability to meet the demands of daily life. Often, individuals with mental illness are perceived as violent or undesirable and receive harassment by others who do not understand their conditions. Isolation and the diminishment of self-worth may accompany the stigma they face in their daily lives.

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

Mental health stigma was a top concern in the recent Texas legislative session, with several lawmakers pushing for increased mental health awareness and psychiatric assistance. In light of the Santa Fe High School shooting in May 2018, State Senator Jane Nelson pushed for Senate Bill 10, which would introduce a \$100 million program to create an accessible network of universities and health care providers for children in need of mental health services (Evans, 2019). Proponents of mental health, however, argue that the bill further stigmatizes individuals with mental health issues by labeling them as violent due to its focus on adolescents who may commit violent crimes such as school shootings. Such a conundrum is representative of the difficulty in attempting to improve access to mental health care while also addressing stereotypes associated with these conditions.

Key Populations Affected

Respondents reported that mental health is a concern across age and demographic groups. Among children and youth, ADHD, depression, and anxiety were noted, along with rising rates of trauma and the effects of adverse childhood experiences. As one health care provider shared, “the mental health component [among children] has certainly been something we’ve targeted and, I think, have been surprised by how much need is there” [Health Care].

Changing family demographics and societal stressors were identified by respondents as key factors contributing to mental health concerns among children. Although there are a growing number of school-based mental health services, these were reported to be limited in scope and not present in all schools. High mobility of some children and youth, one respondent noted, means that some children are less likely to be diagnosed with mental illness or receive continuous care.

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

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

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

Impact on the Community

Poor mental health has a substantial impact on the health and quality of life of individuals affected, in addition to their families and friends. Mental health issues can lead to substance misuse. Mental health issues also affect individuals’ ability to get and maintain employment and housing, leading some to become homeless. The large number of homeless

with mental health needs in Houston was identified by several respondents as a concern for the community as they are most often untreated for mental health issues.

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

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

Potential Resources to Address Mental and Behavioral Health in the Community

Local Spotlight: Vecino Health Centers (Harris County)

Vecino Health Centers is a private, nonprofit organization and Federally Qualified Health Center, offering bilingual (English and Spanish) counseling services to adults, teens, and children. Their services address depression and sudden mood change, anxiety, substance use and abuse, trauma, and more. Vecino Health Centers also partners with schools to provide services to students on site. They currently operate in McReynolds Middle School, Scroggins Elementary School and Oates Elementary School.

Additional Resources

1. Gulf Coast Center
Find nearest clinic by visiting:
<https://gulfcoastcenter.org/about-our-agency/center-facilities-and-locations/>
2. Legacy Community Health Centers
11 clinic locations in Greater Houston Area. To make an appointment visit:
<https://www.legacycommunityhealth.org/about-us/>
3. Mental Health America of Greater Houston
Address: 2211 Norfolk, Suite 810, Houston, TX 77098
Phone: 713-523-8963
4. The Montrose Center
Address: 401 Branard St, Houston, TX 77006
Phone: 713-529-0037
5. Tri-County Behavioral Healthcare
Address: 233 Sgt Ed Holcomb Blvd S, Conroe, TX 77304
Phone: (936) 756-8331
6. United Way of Greater Houston 211 Helpline
<https://www.unitedwayhouston.org/our-211-helpline>

(2) Access to Care

Access to care is the second most important priority for the Texas Children's Hospital Network of Care, in terms of community health needs. Many respondents and focus group participants noted that although Houston has a substantial and well-respected health care infrastructure, there are residents who face challenges getting medical care. Barriers include transportation, lack of insurance, cost, few providers, difficulty navigating the health care system, and more.

"There's too many people that don't have good access to care, even though there are plenty of doctors and hospital beds in Houston." [Community Services]

"I think all the research I know tells me that not having health insurance is the most basic cause of inadequate access to health care." [S.Klineberg, Kinder Institute]

"I think we get caught up saying that we have one of the best health systems in the country, or in the world, and we're forgetting that huge groups of low-income families that aren't being served well by medicine." [Anonymous]

Lack of Insurance Coverage

Texas has the highest uninsured rate in the US, for both children and adults. (US Census Bureau). One in five uninsured children in the U.S., furthermore, live in Texas (Alker and Pham, 2018). Respondents shared that despite passage of the Affordable Care Act (ACA), there are substantial numbers of adults who remain uninsured, in part because Texas did not pass Medicaid expansion. As one respondent explained, "the state has failed to expand Medicaid and that means that there are more than a million people in the state, and probably a quarter of them or a third of them are in the Greater Houston area, who simply don't have the means to obtain affordable health insurance" [Anonymous].

Figure 4: Insurance Status Greater Houston (American Community Survey, 2012-16)

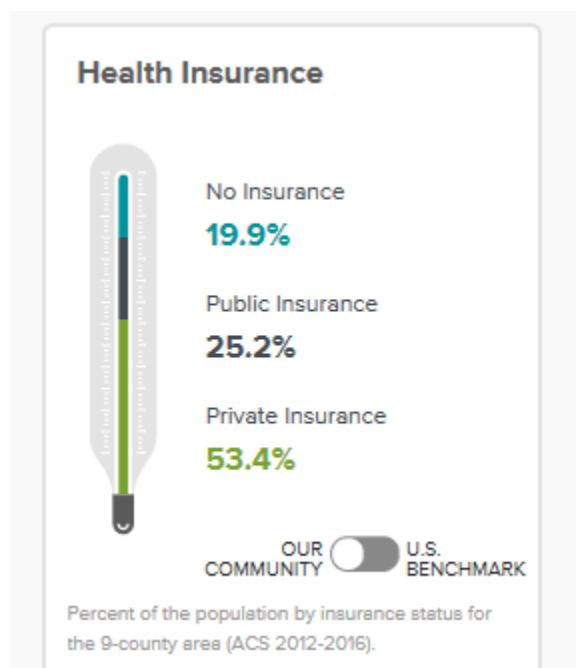
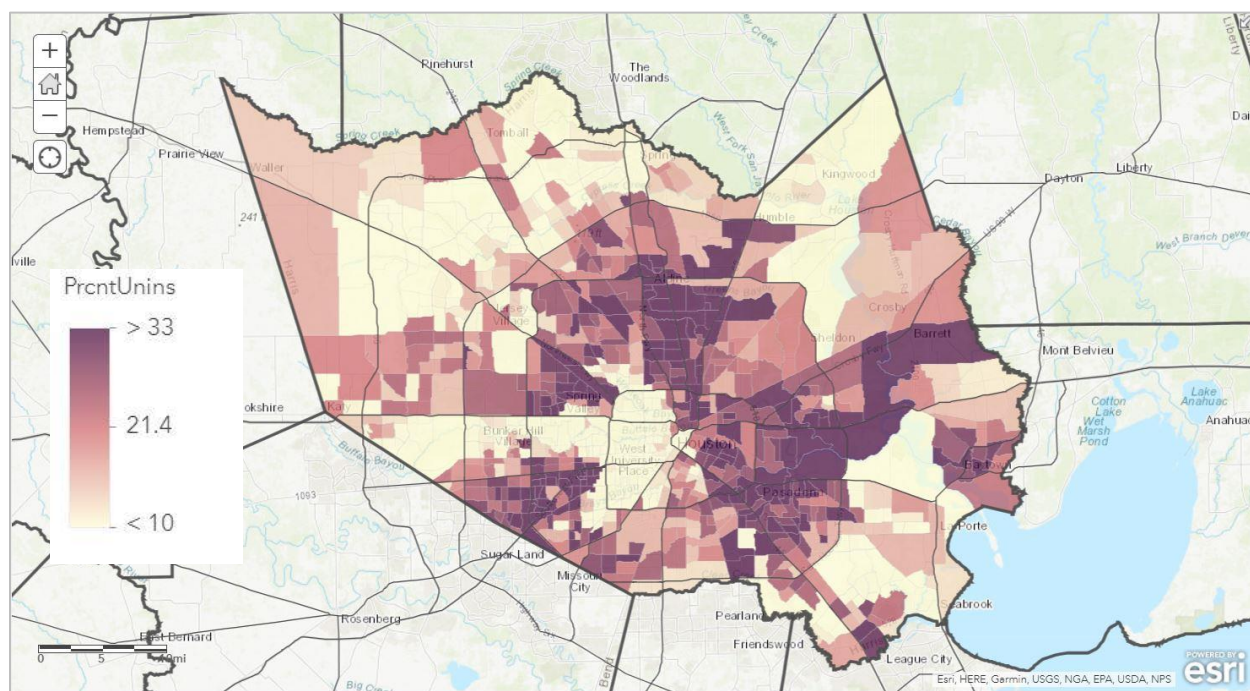


Table 2: Percentage of People with No Insurance, by County (US Census Data 2017)

County	Civilian Population (%)	Children under 19 (%)
Harris County	21.2	12.1
Houston-MSA	18.9	11
Houston City	24	12.9
Brazoria	13.6	8.5
Fort Bend	12	7.2
Montgomery	14.5	9.7
Galveston	14.6	8.0
Liberty	20.7	11.0
Chambers	16.3	11.5
Austin	13.8	11
Waller	20.5	11

Map 3: Harris County Percent Uninsured by Census Tract, ACS 2017 Estimates



Transportation

Insufficient or unequal distribution of health care resources across the region was also mentioned as a factor contributing to lack of access. Several respondents reported that health care services are concentrated in the urban areas, while outlying and more rural communities have fewer options. For those without cars, this creates an added burden since Houston does not have a well-developed public transit system. Research confirms this observation and describes transportation as being a “driver towards disease,” with “evidence support[ing] that transportation barriers are an important barrier to healthcare access, particularly for those with lower incomes or the under/uninsured” (Syed et al., 2013).

Limited Specialty Care

Numerous respondents stated that access to specialists, such as mental health professionals, geriatricians, and providers experienced in treating people with developmental disabilities or co-morbidities, is particularly difficult, especially for people with lower incomes. Respondents reported that while FQHCs play a critical role in meeting the health care needs of the indigent and uninsured in Greater Houston, accessing specialists is particularly difficult. As one person shared, “when folks need specialty care and they’re uninsured, it is a beg, steal, and

borrow endeavor” [Health Care]. For the working poor—who often work two or three jobs—the hours of operation of many health care providers and the inability to take time off from work for medical appointments are additional barriers to accessing health care.

Health Literacy

Challenges in effectively utilizing health insurance and navigating a complex health care system are also barriers to accessing care. This complexity is often exacerbated by education levels, native language literacy, and cultural customs. The Institute for Medicine states that “nearly half of all American adults – 90 million people - have difficulty understanding and acting upon health information” (Kindig, Panzer, & Nielsen-Bohlman, 2004). Health insurance, as several respondents noted, is difficult to understand and there are few supports to help patients navigate it. One respondent stated the challenge as follows: “now that people have coverage, do they understand how to use it, that they can use it, where they can go and be seen. Just because you have coverage doesn’t mean you have access” [Government]. Focus group participants within Texas Children’s highlighted several barriers clients face when trying to enroll and navigate public health insurance programs like Medicaid and the Children’s Health Insurance Program (CHIP), noting that they are often, “very confusing for the renewal process...many of the families don’t have good internet access...or even a computer”.

Technology

Technology is increasingly important in accessing healthcare. Using computing devices and the internet to help patients understand their health and increase autonomy is associated with favorable health outcomes (Chakkalakal et al, 2014). If patients, however, do not have access to these technologies they are at a significant disadvantage.

Table 3: Percentage of Households with No Computing Devices or Internet Subscriptions, by County (2013-2017 American Community Survey 5-Year Estimates)

County	Households w/o computing device (%)	Households w/o internet (%)
Austin	16.32	28.02
Brazoria	9.09	18.27

Chambers	13.66	19.78
Fort Bend	4.36	8.83
Galveston	11.31	19.08
Harris	11.73	21.22
Liberty	18.25	26.41
Montgomery	7.44	14.35
Walker	11.06	24.72

Language and Immigration Status

Focus group participants and key informant respondents listed language and immigration status as challenges to accessing health care services. Greater Houston is highly diverse, and so are the types of languages spoken at home. Census estimates suggest that 21.79% of households in the region are limited English-speaking. For limited English-speaking households, accessing healthcare services can be especially challenging. Focus group respondents emphasized, “when talking about language, there is an increase in indigenous dialects coming from Latin America and there is “need for more language translation capacity, particularly within specialty practices.” Several respondents noted fewer and fewer immigrants and undocumented residents seeking health care for themselves or their children, even if their children are citizens, for fear of being deported.

Key Populations Affected

Low-income individuals face the greatest challenges to accessing health care according to respondents. They are less likely to have insurance, more likely to live further away from providers, and have fewer resources for medical-related expenses. They are also less likely to understand the importance of or have access to preventative care. Additionally, lower income residents are less likely to have reliable transportation to get to health services. Respondents working with some groups reported unique challenges to accessing care their clients face.

Those supporting homeless individuals and those with developmental disabilities observe a reluctance on the part of providers to care for their clients, partly because it is costly and providers may not have the skills to work with these patients. As one respondent who works with the homeless explained, “most people don’t want our folks...they’re more expensive, they’re more complicated” [F.Isbell, Healthcare for the Homeless-Houston].

Impact on the Community

Lack of access to health care has substantial consequences for Houston-area residents, respondents report. Those facing barriers to care are less likely to seek preventative care, including screenings and programs that support healthy lifestyles. They are also more likely to delay treatment for illness and disease, often resulting in more costly treatment and poorer health outcomes. Barriers to accessing care also increase costs to the overall health system. Numerous respondents pointed to inappropriate use of the hospital emergency room as one expensive consequence of lack of insurance or access to primary or specialty care. As one respondent explained, “families use emergency rooms--that’s still a very viable way because they can go afterhours” [K.Young, AIDS Foundation of Houston]. Another respondent who works with uninsured residents shared that the inability to access specialty care early, such as for a gallbladder attack or a hernia, often results in “an urgent situation, and [patients] end up in the emergency room, and they’re given surgery on an emergency basis” [Interfaith Community Clinic].

Potential Resources to Address Access to Care in the Community

Local Spotlight: San José Clinic (Harris County)

San José Clinic is a safety-net clinic in Houston and a leading provider of quality healthcare services for individuals and families in Greater Houston who struggle with accessing care. San José Clinic provides primary and specialty medical and dental care as well as vision. In addition, they provide laboratory and pharmacy services in one facility. San José Clinic is conveniently located on the bus line and metro rail because they understand that transportation is often a barrier to accessing medical care. In addition, they host numerous outreach events such as “Sealant Day,” where they provide dental treatment and oral health education to uninsured children from low-income families.

Additional Resources

1. Hope Clinic
Address: 7001 Corporate Dr #120, Houston, TX 77036
Phone: 713-773-0803
2. Interfaith Community Clinic
Address: 101 Pine Manor Dr, Conroe, TX 77385
Phone: 281-364-7889
3. Legacy Health Clinics
11 clinic locations in Greater Houston Area. To make an appointment visit:
<https://www.legacycommunityhealth.org/about-us/>
4. The Rose Clinic
Address: 12700 N. Featherwood, Suite 260 Houston, TX 77034
Phone: 281-484-4708
5. Texas Children's Mobile Clinic Program
Location Varies
Phone: 832-372-9871
6. Vecino Health Centers
Find nearest clinic by visiting:
<https://vecinohealthcenters.org/locations/>
7. West Galveston County Interfaith Caring Ministries
Address: 151 N Park Ave, League City, TX 77573
Phone: 281-332-3881

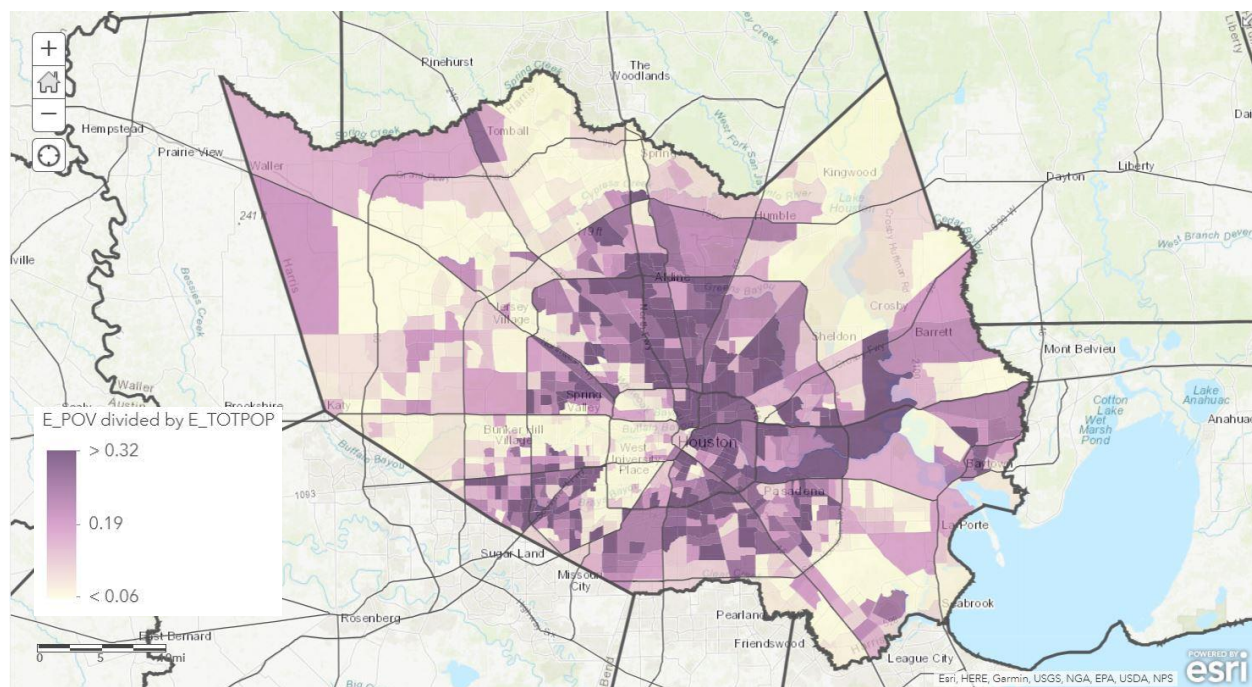
(3) Social Determinants of Health

Addressing key social determinants of health is the third most important priority of the Texas Children's Hospital Network of Care, in terms of community health. Examples of social determinants of health include poverty, housing, access to education and economic opportunities, and more. Several respondents commented on the challenges posed by the social determinants of health, most importantly poverty, housing, and employment. Although they did not necessarily state that hospitals could play a singular role in addressing these issues, they did suggest that more attention needs to be paid to these larger systemic forces. A couple of respondents shared that hospitals, with their stature in the community, could play a larger role in advocacy efforts. One suggested engaging with chambers of commerce, economic development councils, and local businesses to focus on issues like wages, housing development, and transportation.

Poverty

Poverty is arguably the most important social determinant of health, as it is associated with a variety of other social and health factors. Although declining, the poverty rate in Texas (14.7%) this is still higher than the national poverty rate (12.3%). In Greater Houston, most county poverty rates are higher than both state and national rates: Harris County (16.8%), Waller (18%), Liberty (16.2), Chambers (13.9%), Austin (13.4%), Chambers (12.9%), Brazoria (9.9%), and Fort Bend (8.1%) (US Census Bureau, 2017). Child poverty rates tend to be higher than overall poverty rates in Texas, with 21% of children under 18 years of age living in poverty. In Waller and Harris Counties, the rate is about 25%. Racial and ethnic disparities in child poverty rates are also highly visible in Texas, The rates of Hispanic/Latino and Black children who live in poverty are nearly three times higher than the rate of White children who live in poverty (Center for Policy Priorities, 2018).

Map 4: Harris County Percent below FPL by Census Tract, ACS 2017 Estimates



Housing

Estimates suggest that as many as 19% of Texas children live in high poverty neighborhoods, which is linked to reduced quality in education, safety, access to healthy food, outdoor recreation areas, and health care resources (Nostikasari et al, 2017). This percentage is even higher for Hispanic children (30%) and Black children (23%) (Nostikasari et al, 2017). Additionally, nearly a third of Harris County households spend more than 30% of their annual incomes on housing costs (Nostikasari et al, 2017). The shortage of affordable housing, furthermore, has become even more pronounced after Hurricane Harvey (Hamel et al, 2018).

Education

The effects of educational opportunities on health outcomes is highly visible. Most jobs in the US require post-secondary education, but state and local studies report troubling statistics in Texas. One cohort study started tracking 70,000 students in Texas Region IV Public Schools in 2004 and by 2015, only 68% graduated from high school and only 21% received any type of post-secondary credentialing (Klineberg, 2018). Additionally, state funding for public schools in Texas has been decreasing, which leaves local property taxes to cover more costs for public schools. Students in the poorest school districts, therefore, are left with fewer educational

resources than students in wealthier districts (Klineberg, 2018). A gap in academic achievement between children of high socioeconomic status (SES) households and low SES households has been well documented in the literature. Research indicates that young children in low SES households are at higher risk of cognitive and expressive speech delays and access developmental services less frequently which can impact school readiness and academic achievement.

Potential Resources to Address Social Determinants of Health in the Community

Local Spotlight: The Houston Food Bank

The Houston Food Bank is a leader in hunger relief and currently operates in 18 southeast Texas counties. They work in collaboration with a network of 1,500 community partners to provide assistance to thousands of families through innovative programs and services. Their programs include Backpack Buddy, Nutrition Education, Food Pantries with extended hours, The Client Assistance Program, The Food for Change Program, Kids Café, Red Barrels, School Markets, The Senior Box Program, Serving for Success, and Teachers Aid. In addition to addressing food insecurity, these programs address an array of needs, such as health literacy, job-training, and access to healthy foods.

Additional Resources

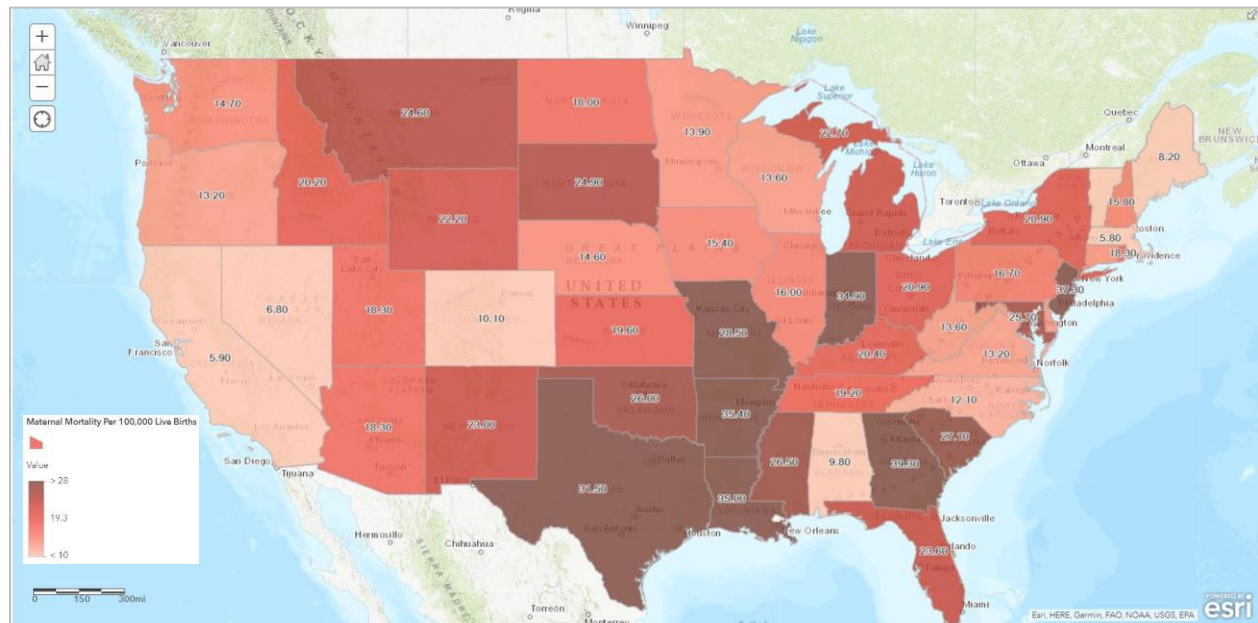
1. Barbara Bush Houston Literacy Foundation
Address: 7887 San Felipe St #250, Houston, TX 77063
Phone: 346-212-2310
2. Children at Risk
Address: 2900 Wesleyan St #400, Houston, TX 77027
Phone: 713-869-7740
3. Collaborative for Children
Address: 1111 N Loop W, Houston, TX 77008
Phone: 713-600-1100
4. Harris County Housing Authority
Address: 8933 Interchange Dr, Houston, TX 77054
Phone: 713-578-2100
5. The Houston Housing Authority
Address: 2640 Fountain View Dr, Houston, TX 77057
Phone: 713-260-0500
6. United Way of Greater Houston 211 Helpline
<https://www.unitedwayhouston.org/our-211-helpline>

(4) Maternal Health

Addressing maternal health is the fourth most important priority for Texas Children's Network of Care, in terms of community health. According to a 2016 study published in the Medical Journal of Obstetrics and Gynecology, maternal mortality in the US skyrocketed by nearly 30% between 2000 and 2015 (Evans, 2018). Additionally, Texas maternal mortality rates doubled between 2010 and 2012 (Evans, 2018). Faced with a public health crisis, Texas lawmakers created a 15-person Maternal Mortality and Morbidity Task Force, on which many Texas Children's Hospital physicians sit. By October 2017, the Task Force released a comprehensive report identifying Texas women as the population "most at risk" of dying after giving birth in the United States. Notwithstanding discrepancies between the Texas Department of State Health Services data and CDC data, as well as misreporting on death certificates, researchers argue that Texas' maternal mortality rate climbed to roughly 35 deaths per 100,000 live births since 2018 (UHF, 2019).

The Task Force's findings highlighted the populations most susceptible to high-risk pregnancies as "black women over 40; unmarried women; women who use Medicaid, pay for insurance out of pocket, or lack insurance; and women who give birth through caesarean delivery" (Evans, 2018). The report also mentions that these individuals are more likely to enter pregnancy with chronic health illnesses such as obesity, diabetes, high blood pressure, and toxic smoking habits (Evans, 2018). Per the Task Force, black mothers, overall, are at the highest risk of dying as a result of pregnancy. Although black mothers only delivered 11% of the babies in Texas in 2015, they made up nearly 30% of maternal deaths (Evans, 2018).

Map 5: Maternal Death Rate per 100,000 Live Births – CDC Vital Statistics 2017



Prenatal Care

Curbing maternal mortality rates in Texas is increasingly complicated because of limited access to care for pregnant women. Lack of insurance makes it more difficult for women to manage chronic health issues that increase the risk of maternal mortality (Evans, 2018). According to Doctor Lisa Hollier, chairwoman of the state's Maternal Morbidity and Mortality Task Force, many pregnant women in Texas have chronic health problems, receive little or late-term prenatal care, have babies at a later age than previous generations, and/or have no health insurance (Evans, 2018). In their 2017 report, the Task Force found that "60% of the state's maternal deaths occurred between 42 days and a year after delivery," but because Medicaid coverage ends 60 days after giving birth, many low-income mothers fall into the gap of not receiving health care after childbirth (Murgia, 2017).

Several respondents mentioned maternal health as a concern for the community, especially in regards to high-risk pregnancies and poor birth outcomes, which many respondents link to poor access to prenatal and postnatal care. Some communities, respondents report, do not have obstetrical services so women must travel to deliver. Respondents also mentioned that screening services exist, including free mammograms and pap smears for low-income women, but many are not accessing them because they are

unaware of them or prevented from doing so. Lack of familiarity with the importance of preventative screenings, particularly among some groups, was seen as a barrier.

Screening Services

One of the biggest recommendations to improve maternal health and decrease maternal mortality rates is to increase screening for women (Becker, 2017). The Texas Health and Human Services Commission established the Healthy Texas Women Program in 2016 to increase access to family planning services, STD testing, cancer screenings, and postpartum depression screenings (Becker, 2017). Caseload from this program increased from 92,939 women to 211,823 in just one year. The caseload since February 2019 is 280,550 women (HHSC, 2019). Most of the caseload comes from Region 6 of Texas, which includes all counties in Greater Houston except for Brazoria County (HHSC, 2018 & TDSHS, 2018).

The need for screening services, however, is still high. The percentage of women 40 and over who had a mammogram in the past two years in 2016 was an estimated 66.9% in Harris County, a decrease from 81.6% in 2014. This is only a slightly higher percentage than the State of Texas which is 66.4%. Both of these percentages are below the national percentage of 73%, and none of them meet the CDC's Healthy People 2020 target goal of 81.1% (Houston State of Health, 2016). Similar trends are seen in the percentage of women aged 18 and over who have had a pap smear in the past three years—74.3% and 70.7% have been screened in Harris County and Texas respectively, compared to the 75.2% of the U.S. population. Rates of pap smear screenings in Texas and Harris county also do not meet the CDC's Healthy People 2020 goal of 93.0% screened (Houston State of Health, 2016).

Sexually Transmitted Diseases

Even though it is recommended that all sexually active females 24 years and younger get screened for chlamydia, less than half in Texas and in the United States do (CDC, 2015). In terms of sexually transmitted diseases, Texas has the 18th highest rate of chlamydia, 22nd highest rate of gonorrhea, and the 18th highest rate of syphilis in the nation (CDC, 2018). STD rates in Texas, just like rates in the United States, have been increasing over the years (TDSHS, 2018).

Houston had the highest number of chlamydia, gonorrhea, and syphilis cases of all other Texas cities in 2017 (TDSHS, 2018). Additionally, Region 6 had the highest number and rate of HIV diagnoses in 2017, and Houston had the highest incidence of HIV and AIDS in 2017

(TDSHS, 2018). Chlamydial infections in women can cause serious health consequences that include pelvic inflammatory disease, infertility, ectopic pregnancy, and chronic pelvic pain (TDSHS, 2018). Gonorrhea infects many key reproductive organs of women, and pregnant women with HIV or syphilis can transmit the diseases to their unborn children (TDSHS, 2018).

Figure 5: Pap Smear Screening Rates (TDSHS, 2018)

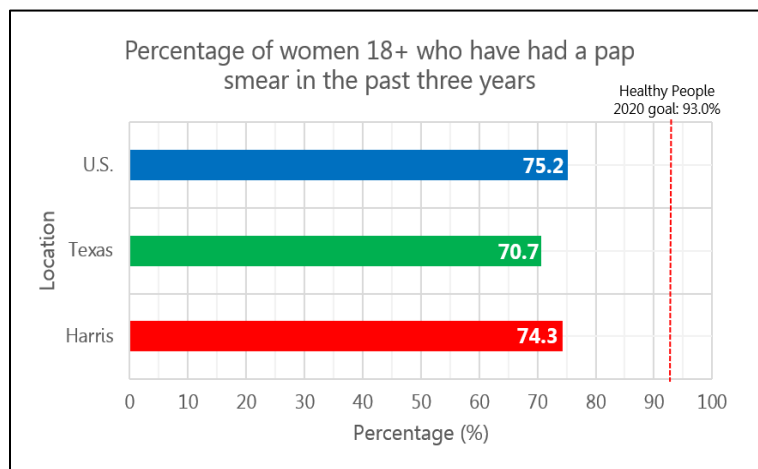
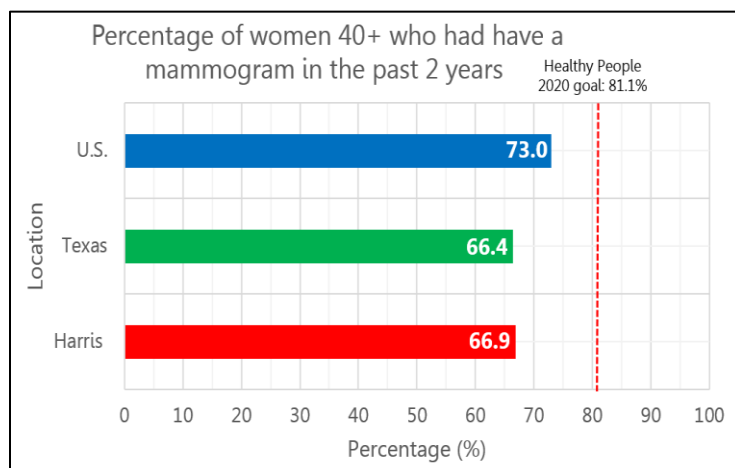


Figure 6: Mammogram Screening Rates (TDSHS, 2018)

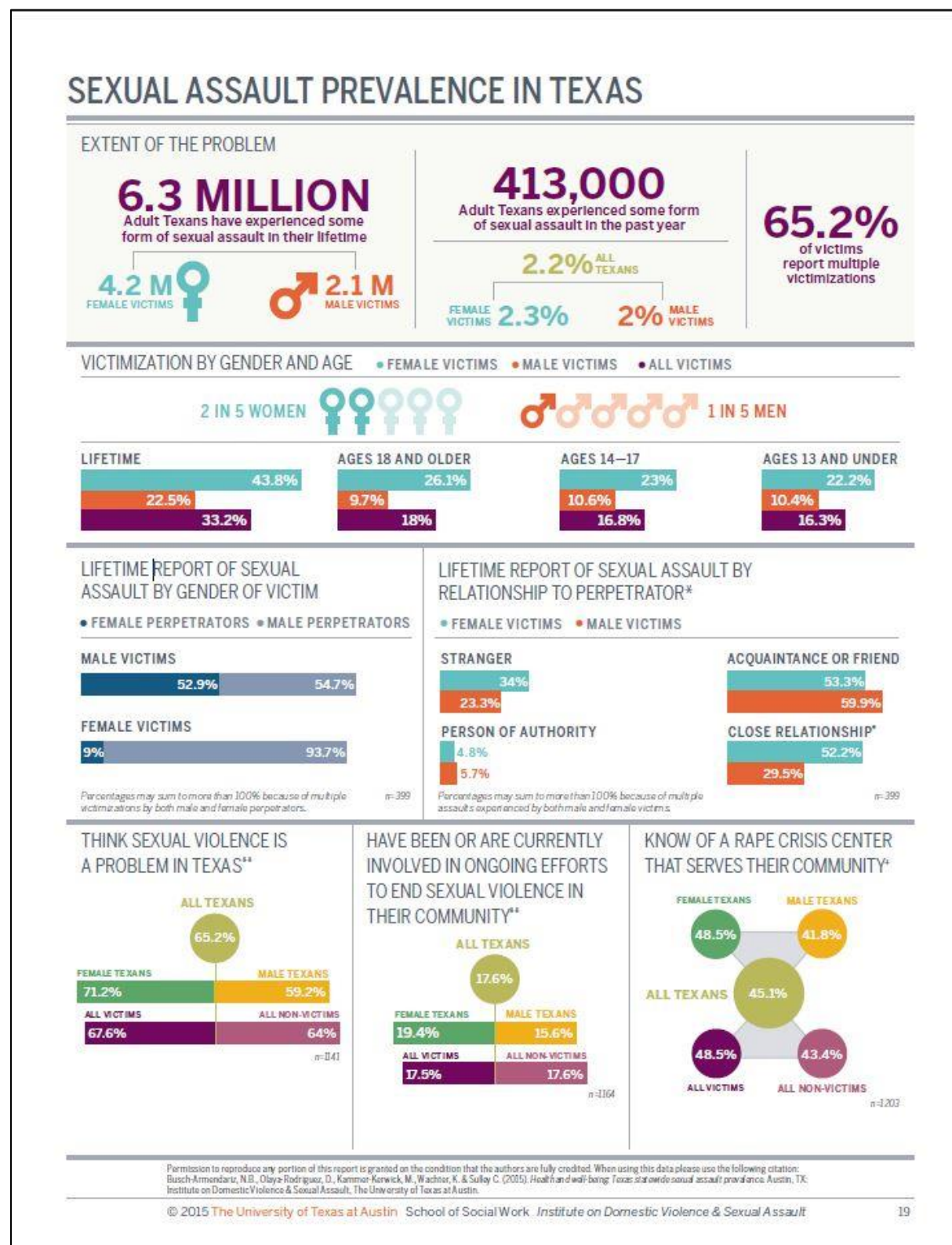


Sexual Violence

Sexual violence is another factor that affects maternal health. One in five women experience rape in their lifetime, and half of women experience severe sexual violence other than rape at some point in their lives (Smith et al., 2018). In Texas, 6.3 million adults (33.2% of the adult population) experienced some form of sexual assault in their lifetime, and 413,000

adults experienced it in 2015 (Busch-Armendariz et al, 2017). Texan women are twice as likely to be assaulted compared to Texan men (Busch-Armendariz et al, 2017). In addition to being more likely to suffer from various chronic diseases, sexual assault victims are also twice as likely to experience physical, mental, and emotional problems that limit day-to-day activities (Busch-Armendariz et al, 2017). Abuse contributes to a lack of access to care as one respondent explained: “the abuser won’t let her go to the doctor because the doctor might find a bruise that he can’t explain or that kind of thing” [V. Goodell, Fort Bend Women’s Center].

Figure 7: Facts about Sexual Assault Prevalence in Texas



Additional Populations Affected

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

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

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

Potential Resources to Address Maternal Health in the Community

Local Spotlight: El Centro De Corazon

El Centro de Corazón provides high quality, compassionate women's health services at its Magnolia Health Center that includes prenatal care, postpartum care, well woman exams, pelvic ultrasounds and more.

Additional Resources

1. Legacy Health Clinics
11 clinic locations in Greater Houston Area. To make an appointment visit:
<https://www.legacycommunityhealth.org/about-us/>
2. Vecino Health - Denver Harbor Clinic
424 Hahlo St, Houston, TX 77020
Phone: (713)-6743326
<https://www.denverharborclinic.org/>
3. The Center for Women and Children – Southwest
9700 Bissonet St, Houston, TX 77036
Phone: (832) 828-1005
<https://www.jointhecenter.org/>
4. The Center for Women and Children – Greenspoint
700 North Sam Houston Parkway West, Houston, TX 77067
Phone: (832) 828-1005
<https://www.jointhecenter.org/>

(5) Environmental Health (tie)

Addressing environmental health issues is the fifth most important priority for Texas Children's Network of Care, in terms of community health needs. According to the National Environmental Health Association (NEHA), environmental health is the science and practice of preventing human injury and illness and promoting well-being by (1) identifying and evaluating environmental sources and hazardous agents and (2) limiting exposures to hazardous physical, chemical, and biological agents in air, water, soil, food, and other environmental media or settings that may adversely affect human health (NEHA, 2019).

Flooding

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

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

Due to its proximity to the Gulf of Mexico and flat topography, Greater Houston is one of the most vulnerable regions in the United States for flooding (Chakraborty, Collins, & Grineski, 2019). Hurricanes and tropical storms present a threat to the region's coastal communities; however, heavy rainfall events cause flooding further inland as well. Significant flooding events in the region since 2000 include Tropical Storm Allison (2001), Hurricane Ike (2008), The Memorial Day Flood (2015), The Tax Day Flood (2016), and Hurricane Harvey (2017) (Chakraborty, Collins, & Grineski, 2019).

Hurricane Harvey, in August 2017, brought even more attention to this threat. Hurricane Harvey was an historic storm with a wide path of destruction that resulted in \$125 billion worth of damage, making it the second costliest tropical cyclone in the United States, second only to Hurricane Katrina (NOAA, 2018). Record-setting rainfalls totals were observed throughout portions of Greater Houston, with 60.8 centimeters being the greatest amount recorded (NOAA,

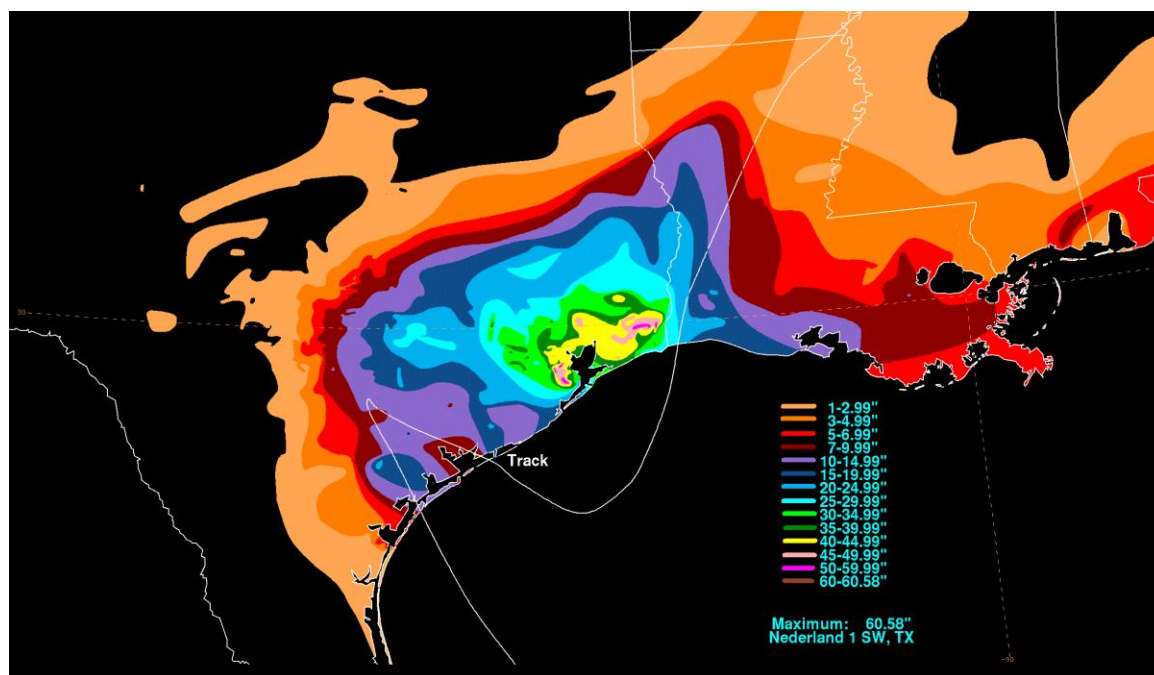
2018). Residential damages caused by the storm have been estimated to be close to \$36.9 million within Greater Houston (Chakraborty, Collins, & Grineski, 2019). There remains, however, an unequal level of recovery among residents, with those of lower socioeconomic status and minority populations experiencing longer periods of recovery and greater financial hardships as a result of the storm (Hamel et al., 2018).

Studies confirm what many respondents expressed: even a year after the storm, many residents continue to be affected, with 3 out of every 10 affected residents indicating their lives remain disrupted (Hamel, 2018). Many residents have begun rebuilding their homes or have relocated, while others have not and continue to grapple with the effects of living in housing that has mold or rodent issues. The important connection between housing and health was mentioned by several respondents including one who stated, “If you’re treating asthma in a clinic environment and you’re treating it every other week, it does no good to send someone home to a house with mold in it. That is something that we deal with on a daily basis.” [Health Care]

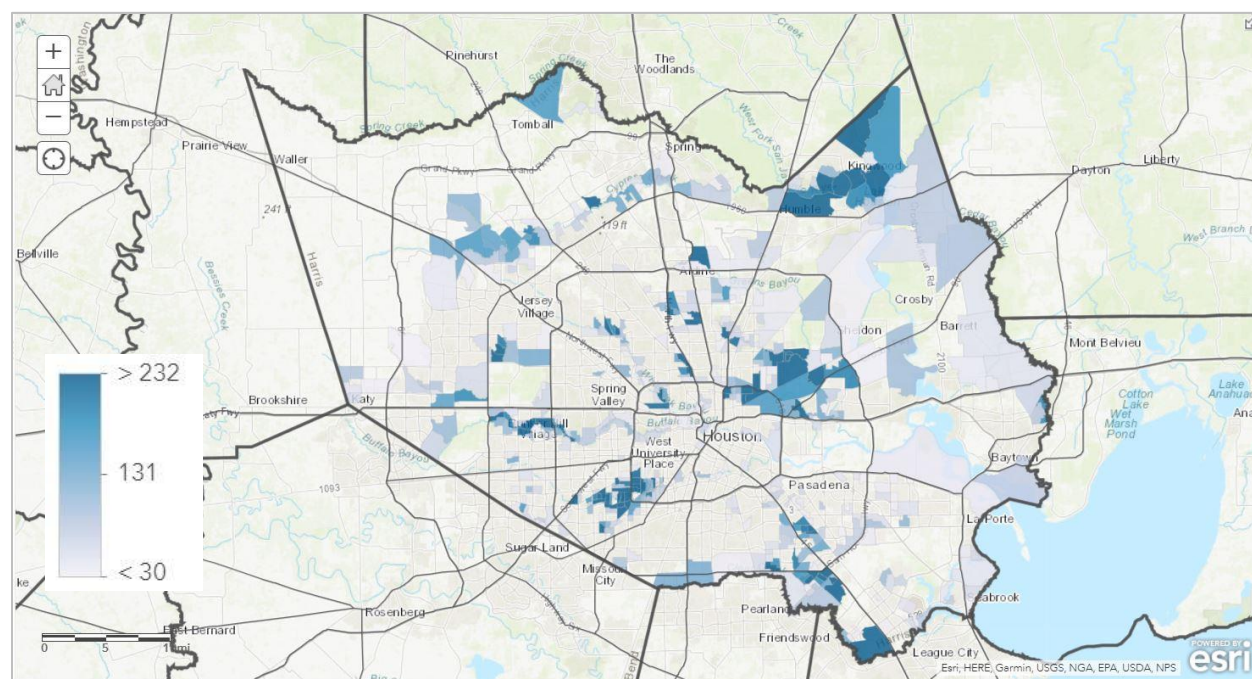
The economic impact of rebuilding places additional burdens on families, particularly lower income ones. Homelessness has also increased in the community. According to respondents, lower income residents face more challenges rebuilding their homes and their lives. As one person stated, “even though rich houses were affected as much as poor houses, the folks in the rich houses are able to come back and to stay in good shape, in a way that poor families are not” [S.Klineberg, Kinder Institute]. Respondents also shared that the “trauma of Harvey” has lingering effects on the mental health of residents, including PTSD-type symptoms, fear, anxiety, and the stress that comes with being uprooted from homes.

Studies, furthermore, find that the magnitude of Harvey’s rainfall “has become 3 times more likely and 15% more intense because of climate changes occurring over recent decades” (Chakraborty, Collins, & Grineski, 2019). Additionally, Greater Houston has seen rapid growth in the last few decades, and the loss of critical prairie lands and development in floodplains remains an area of concern for residents (When Climate Change Meets Sprawl, 2016). Flooding will continue to be one of Greater Houston’s most serious threats, and residents and local officials have made addressing it a priority as the region looks towards the future. In August of 2018, Harris County voters overwhelmingly approved a \$2.5 billion flood infrastructure bond that will allow the County’s Flood Control District to build over 200 projects aimed at flood control and mitigation over the next 15 years (Despart, 2018).

Figure 7. Observed Rainfall Totals (inches) in Association With Hurricane Harvey (Figure courtesy David Roth (WPC))



Map 6: Properties Damaged by Hurricane Harvey, Census Block Group 2018 Estimates



Air Pollution

“There are some unhealthy air places in Houston along the ship channel and the petrochemical industry, on the eastside of town, that I wish people didn’t live so close to, but that’s where rent is cheaper and low-income people tend to go to those places.”

[K. Janda, Community Health Choice]

While the region has made strides in improving air quality, Greater Houston consistently ranks among the top most polluted regions in America. According to the American Lung Association’s 2018 “State of the Air” report, Houston ranked 9th for ozone pollution and 17th for year-round particle pollution (State of the Air, 2019). In 2018, Greater Houston experienced an average of 26.7 days of unhealthy air. While this number is down considerably from the record high of 110 in 1997, experts warn that trends are beginning to stall and decline slightly (Trevizo, 2019). While air pollution is a health risk for all individuals, children, the elderly, and those with respiratory issues, such as asthma, are at greatest risk for health complications.

Several respondents mentioned air pollution as a concern, citing the large number of refineries in the region, which they linked to increasing rates of asthma in the community. They also attributed this to poor housing quality and environmental issues such as natural disasters and industrial pollution. As one person stated, “I don’t want to leave out asthma, especially with Harvey hitting us. Lately, we have seen a change in that” [Education].

Recent industrial accidents near the Houston ship channel raise additional concerns. As a result of Hurricane Harvey’s floodwaters, a chemical plant in Crosby, TX (east Harris county) exploded and burned, releasing black smoke into the air near residents’ homes (Platoff, 2018). More recently, a large chemical fire occurred at the ITC Chemical Plant in Deer Park (Harris County) in March 2019. Several tanks containing various chemicals including gasoline, xylene and naphtha burned for six days, causing a large plume of black smoke over Houston for days (Gill, 2019). While officials report that the health risk from the fire remain very low, further investigation and research is being conducted to assess the fire’s true effects.

Green Space

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

Often characterized by an abundance of concrete, Greater Houston is home to a wide range of ecosystems, ranging from wetland prairies to portions of the Piney Woods to miles of coastline. The region is home to four state parks, as well as portions of the Sam Houston National Forest that extend into the northern regions of Montgomery County. Studies show, however, that within the City of Houston, equitable access to parks is diminishing, especially in neighborhoods with high percentages of Black and Latino residents (Elliott et al., 2019). Strangely, the biggest predictor of park space is an absence of children. Researchers note that for “every 1% increase in the number of children under 18 years old in an area, there is a corresponding 0.48% decrease in the number of city parks nearby” (Elliott, 2019).

The Bayou Greenways 2020 Initiative, however, seeks to expand access to green space throughout Greater Houston. This project is a public-private partnership between the Houston Parks Board and the Houston Parks and Recreation Department, with the goal of creating a more connected and equitable city. Once completed, the project will bring 150 miles of connected hike and bike trails and more than 3,000 acres of green space along 9 major bayous to the region. With 60% of Houstonians (1.5 million people) living within a mile and a half of a bayou greenway, the project aims to reach portions of the city that have been traditionally underserved by parks (Explore the Bayou Greenways).

Outside of the urban core, the Gulf-Houston Regional Conservation Plan (RCP) is a long-term collaborative working to protect and preserve land, ensure public use through the creation of trail systems and parks, and provide research and land management efforts. Gulf-Houston RCP encompasses eight of the nine counties in Greater Houston.

Perspectives on the built environment in Houston varied across respondents. Some respondents reported that the community has numerous walking and biking trails, parks, and playgrounds. They mentioned recent construction in Galveston to put in sidewalks and bike lanes, community-based complete streets efforts, and the Bayou Greenways Initiative were positive changes to enhance green space and provide more opportunities for physical activity. At the same time, not all communities are benefitting from these infrastructure efforts. Some

pointed out that issues of safety are of concern to community residents, especially those in poorer communities. Lack of lighting, poorly maintained sidewalks, isolated trails, and traffic were all reported to be barriers to utilizing the amenities that are available.

Potential Resources to Address Environmental Health in the Community

Local Spotlight: Air Alliance Houston

Air Alliance Houston is a nonprofit organization focused on applied research, education, and advocacy to deliver cleaner air for everyone. They work with coalitions, communities, and decision-makers to address how poor air quality leads to increasing cases of asthma, heart attacks, cancer, and other illness especially dangerous to children, pregnant women, and the elderly. Air Alliance Houston provides public resources on their website where you can file an air quality complaint with the City of Houston and Harris County or even sign up to receive alerts and report polluters in your area.

Additional Resources

1. Baylor College of Medicine Environmental Health Services
Address: One Baylor Plaza, Suite 011D, Houston, TX 77030
Phone: 713-798-1082
2. City of Houston Environmental Health
Address: 8000 North Stadium Drive, Houston TX 77054
Phone: 713-837-0311
3. Harris County Environmental Public Health
Address: 101 S. Richey Suite G Pasadena, TX 77506
Phone: 713-274-6300
4. Rice University's Children's Environmental Health Initiative (CEHI)
Address: 6100 Main Street, MS-460
<https://cehi.rice.edu/>
5. Southwest Center for Occupational and Environmental Health
Address: 1200 Pressler St, RAS 10 West Houston, TX 77030
Phone: 713-500-9447

(5) Obesity and Related Chronic Diseases (tie)

Obesity and related chronic disease is tied for the fifth most important priority for Texas Children's Network of Care, in terms of community health needs. With the latest recorded prevalence of obesity in Greater Houston at an average of 27.9% across counties, it is evident that obesity is a public health crisis (CDC Adult Obesity Facts). In fact, more than 1 in 3 adults in America are considered obese (CDC Adult Obesity Facts). Additionally, obesity accounts for healthcare costs ranging from \$147 billion to \$210 billion annually, as it is related to comorbidities like hypertension, cardiovascular disease, and diabetes (RWJ - The State of Obesity). Several factors are associated with the rise in obesity rates, including sedentary lifestyles, dietary habits, and food insecurity.

Sedentary Lifestyles

Sedentary lifestyles are highly associated with obesity. Surveys estimate that the mean travel time to work in Greater Houston is 26.4 minutes (U.S. Census American Fact Finder, 2017), which contributes to sedentary behavior. Additionally, while laws requiring elementary students in public schools in Texas to participate in a minimum of 135 minutes of physical activity each week are effective, they do not apply to middle schools and high schools. Many middle schools and high schools, therefore, only require one physical education class to graduate. Such lax regulations may explain why Texas childhood and adolescent obesity rates are the sixth highest in the nation (RWJ - The State of Obesity).

Furthermore, respondents reported that while opportunities for physical activity are growing in Houston as investment is made in more trails, sidewalks, bike lanes, and parks, they are not growing equally among neighborhoods. Additionally, the hot climate makes it difficult to get outside for exercise many months of the year, and some communities remain unsafe for outdoor activity. Finally, increased use of technology also contributes to lack of physical activity according to respondents. As one person explained, *"a lot of it has to do with just having very sedentary lifestyles. Screen time. And that even applies to adults. A lot more adults are gamers"* [Anonymous].

Food Insecurity

The US Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Researchers argue that food insecurity is

associated with high incidences of obesity, diabetes, chronic disease, and high costs of preventable hospitalizations within Greater Houston (Texas Diabetes, 2018). Texas ranks poorly in regards to food security, with roughly 15.4% of the population experiencing food insecurity compared to the national rate of 12.3% (Gunderson et al, 2018). The situation is even worse in many counties throughout Greater Houston: Waller (19.2%), Austin (15.8%), Harris (16.6%), Liberty (18.7%), Chambers (15.2%), and Galveston (17%) (Gunderson et al, 2018). Additionally, like many other social determinants of health, food insecurity affects Black children (38%) and Hispanic children (31%) at nearly double the rate it affects White children (17%) (Tingle, Zhang, & Deviney, 2018).

Many respondents mentioned that lack of access to healthy food, due both to the lack of healthy food outlets and cost, was a substantial barrier to healthy behaviors for lower income patients. Several primary care providers also noted the prevalence of unhealthy food outlets in their immediate communities. Several described the communities in which their patients live as food deserts. Houston-area health providers and community agencies recognize food insecurity as a major concern, but researchers suggest there is still need for more collaboration to effectively address it (Schuler & Koka, 2019). While several hospitals and clinics screen patients for food insecurity, few have figured out how to effectively respond to positive screens aside from providing a resource sheet with the phone number to a local food pantry.

Once you get off of that interstate, you start getting into the East County and West County you'll go miles and miles and miles without grocery stores, so there are food deserts in our community. [Anonymous]

A McDonald's costs a dollar. You want to go get an organic hamburger, that's ten bucks. That's a matter of money. You can educate that woman all day long, but if she's got a couple of kids to feed and she can feed them all for seven dollars as opposed to 25, she's going to go to McDonald's. [D.Gibbons, The Rose]

It's very difficult to eat healthy if you're living on food stamps or you're living on a small amount of money. You're not going to go to the grocery store and buy fresh vegetables if you can buy 12 boxes of macaroni and cheese for that same amount of money and make it stretch. [E.Roberson, Tri County Services Behavioral Healthcare]

“It’s very difficult to eat healthy if you’re living on food stamps or you’re living on a small amount of money. You’re going to buy the cheaper, heavily processed foods that you can buy in bulk because that’s how you survive on low income. You’re not going to go to the grocery store and buy fresh vegetables if you can buy 12 boxes of macaroni and cheese for that same amount of money and make it stretch.” [E. Roberson, Tri County Services Behavioral Healthcare]

“There are places which we are really concerned about, which is east of I45 where there’s this food insecurity, food desert, and all other problems that are happening, and we’re seeing increasing incidences of child obesity in those areas and those zip codes.” [Healthcare]

Chronic Diseases Related to Obesity

Several chronic diseases are related to obesity. Cardiovascular disease refers to conditions related to the circulatory system, such as heart disease, stroke, and hypertension. The two leading causes of death in the U.S are heart disease and stroke (CDC – Cardiovascular Health, 2017). Obesity increases the risk of cardiovascular disease morbidity and mortality. Roughly 48% of all adults in the United States have some form of cardiovascular disease (AHA, 2019). Hypertension, also known as high blood pressure, is a chronic health condition in which the force of blood pushing on the walls of the veins as it travels through the body is high for an extended period of time. Obesity is the strongest predictor of early hypertension. Texas obesity rates rose from 29% in 2009 to 33% in 2017 and, correspondingly, the state’s hypertension rates increased from 27.2% to 32.5% during the same time period (CDC – Cardiovascular Health, 2017). Type 2 diabetes is another condition that is associated with obesity. In 1994, diabetes prevalence in Texas was 5.8%, and by 2016 it rose to 10.9% (HHSC - Healthcare Statistics). Evidence suggests that the rate of diabetes is also rising in the adolescent populations.

Lack of understanding about chronic disease plays a role in its incidence. Health care providers reported that their patients with chronic diseases often do not understand the causes of their diseases or how to manage it beyond taking medication.

“People are being told, ‘Oh, you’re diabetic, here’s your medication, take it,’ but they’re not expected or given the opportunity to take ownership for it and work on means that can help them do that.” [L. Hargrove, Coastal Areas Health Education Centers]

“We find that many of our patients don't even have a basic understanding—that when you're a diabetic, there are certain foods that you should avoid.” [Interfaith Community Clinic]

Impact on the Community

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

Potential Resources to Address Obesity and Related Chronic Disease in the Community

Local Spotlight: The YMCA of Greater Houston

The YMCA of Greater Houston is a cause-driven organization that is for youth development, for healthy living and for social responsibility. Founded in 1886, today the Y remains committed to the health of more than half a million people in Greater Houston who learn, grow and thrive through programs and services at their 25 centers.

Additional Resources

1. Brighter Bites
Phone: 832-369-9302
Website: <https://www.brighterbites.org>
2. CAN DO Houston
Website: <http://www.candohouston.org/>
3. Go Healthy Houston
Website: <http://gohealthyhouston.org/>
4. Recipe for Success Foundation
Address: 4400 Yupon St, Houston, TX 77006
Phone: 713-520-0443

For questions or comments about Texas Children's Hospital Community Health Needs Assessments, please contact the following:



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**TEXAS CHILDREN'S HOSPITAL
BOARD OF DIRECTORS**

I hereby certify that at a meeting of the Board of Directors of Texas Children's Hospital, a corporation organized and existing under and by virtue of the laws of the State of Texas, held the 14th day of November 2019, at which said meeting a quorum was present and acting throughout, the following resolution was approved:

RESOLVED, that that the Board of Directors of Texas Children's Hospital does hereby approve the 2019 Community Health Needs Assessment, assessing the state of child and maternal health and those factors impacting the health of families throughout the Greater Houston community. This assessment will fulfill requirements included in the Affordable Care Act and outlined by the IRS community benefit mandate and will be used to support and enhance programs and collaborations established through Texas Children's Hospital Community Benefits Department and help guide the organization in the development of its 2020-2022 Community Benefits Implementation Plan.

DocuSigned by: <i>Aisha Jamal</i>	Nov 14, 2019
Aisha Jamal	Date
Assistant Secretary	
Board of Directors	
Texas Children's Hospital	

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Appendix

A. INTERVIEW GUIDE

INTRODUCTORY SCRIPT (5 MINUTES)

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

- IF THE RESPONDENT IS UNSURE AT THE TIME OF THE INTERVIEW: Ok, please feel free to think it over and we will follow up with you for your decision before we send the transcript to the hospitals.
- Do you have any questions before we begin? BEGIN RECORDING THE INTERVIEW

INTERVIEW QUESTIONNAIRE (55 MINUTES)

NOTES TO INTERVIEWER:

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

BACKGROUND (5 MINUTES)

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

COMMUNITY ISSUES (20 minutes)

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

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

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

FOCUS AREA: HEALTHY LIVING (5 MINUTES)

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

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

- I'd like to ask you about access to health care and social services in your community.
 - What do you see as the strengths of the health care and social services in your community?
 - What do you see as its limitations?
- What challenges/barriers do residents in your community face in accessing health care and social services? [PROBE IN DEPTH FOR BARRIERS TO CARE: INSURANCE ISSUES, LANGUAGE BARRIERS, ACCESS TO HEALTH INFORMATION/HEALTH LITERACY, LACK OF TRANSPORTATION, CHILD CARE, ETC.]
 - What do you think needs to happen in the community you serve to help residents overcome or address these challenges?
- What programs, services, or policies are you aware of in the community that address access to health care and social services?
 - In your opinion, how effective have these programs, services, or policies been at addressing the health needs of residents?

- What program, services, or policies are currently not available that you think should be?

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

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

VISION FOR THE COMMUNITY (5 MINUTES)

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

CLOSING (5 MINUTES)

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

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

B. KEY INFORMANT INTERVIEW PARTICIPANTS

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

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

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

C. FOCUS GROUP DISCUSSION GUIDE

Focus Group Discussion Guide

Consent Process

Consent forms for focus group participants are completed in advance by all those seeking to participate. Below is a summary of the information in the consent form that focus group organizers and facilitators should use to make sure participants understand the information in the consent form.

Thank you for agreeing to participate. We are very interested to hear your valuable opinion on how the Texas Children's Hospital can create changes to improve our services to our targeted population, women and children.

- *The purpose of this study is to learn what health concerns health workers are coming into contact with daily. We hope to learn things that the Texas Children's can use to improve service conditions and other factors that would improve patient care.*
- *The information you give us is completely confidential, and we will not associate your name with anything you say in the focus group.*
- *We would like to tape the focus groups so that we can make sure to capture the thoughts, opinions, and ideas we hear from the group. No names will be attached to the focus groups and the tapes will be destroyed as soon as they are transcribed.*
- *You may refuse to answer any question or withdraw from the study at any time.*
- *We understand how important it is that this information is kept private and confidential. We will ask participants to respect each other's confidentiality.*
- *If you have any questions now or after you have completed the questionnaire, you can always contact a study team member like me.*
- *Please check the boxes on page 2 and sign to show you agree to participate in this focus group.*

Introduction:

1. Welcome

Introduce yourself and the note taker, and send the Sign-In Sheet with a few quick demographic questions (age, gender, cadre, yrs at this facility) around to the group while you are introducing the focus group.

Review the following:

- Who we are and what we're trying to do
- What will be done with this information
- Why we asked you to participate
- If you are a supervisor, we would like to excuse you at this time

2. Explanation of the process

Ask the group if anyone has participated in a focus group before. Explain that focus groups are being used more and more often in health and human services research.

About focus groups

- We learn from you (positive and negative)
- Not trying to achieve consensus, we're gathering information
- No virtue in long lists: we're looking for priorities
- In this project, we are doing both questionnaires and focus group discussions. The reason for using both of these tools is that we can get more in-depth information from a smaller group of people in focus groups. This allows us to understand the context behind the answers given in the written survey and helps us explore topics in more detail than we can do in a written survey.

Logistics

- Focus group will last about one hour
- Feel free to move around
- Where is the bathroom? Exit?
- Help yourself to refreshments

3. Ground Rules

Ask the group to suggest some ground rules. After they brainstorm some, make sure the following are on the list.

- Everyone should participate.
- Information provided in the focus group must be kept confidential
- Stay with the group and please don't have side conversations
- Turn off cell phones if possible
- Have fun

4. Turn on Tape Recorder

5. Ask the group if there are any questions before we get started.

6. Introductions

- Go around table: job here, where you were born

Discussion begins, make sure to give people time to think before answering the questions and don't move too quickly. Use the probes to make sure that all issues are addressed, but move on when you feel you are starting to hear repetitive information.

Questions:

1. Tell us about your role in the Texas Children's Community Care Clinics.
2. What are some common issues you see Community Care Clinic patients facing?
3. Can you provide us with an anecdote to a common issue?
4. What suggestions do you have to improve the patient care environment at Texas Children's Community Care Clinics?

Probes for Discussion:

- Culture
- Relationships, camaraderie
- Safety & health protection
- Privacy measures
- Patient conditions
- Access to care
- Respect/recognition from service providers
- Work content
- Standards of living among patients
- Living - housing, electricity, water, transportation, education level of patients, common jobs of patients
- Patient insurance status

That concludes our focus group. Thank you so much for coming and sharing your thoughts and opinions with us. We have a short evaluation form that we would like you to fill out if you time. If you have additional information that you did not get to say in the focus group, please feel free to write it on this evaluation form.

Materials and supplies for focus groups

- Sign-in sheet
- Evaluation sheets, one for each participant
- Name tents
- Pads & Pencils for each participant
- Focus Group Discussion Guide for Facilitator
- 1 recording device
- Batteries for recording device
- Extra tapes for recording device
- Permanent marker for marking tapes with FGD name, facility, and date
- Notebook for note-taking
- Refreshments