

Houston Methodist Hospital

Community Health Needs Assessment: 2016 - 2019



Table of Contents

Introduction	3
Houston Methodist Profile	4
<i>Mission Statement</i>	4
<i>Our Beliefs</i>	4
<i>Our Values</i>	4
<i>Community Statement</i>	4
<i>Centers of Excellence</i>	4
<i>Network of Hospitals</i>	5
Defining the Houston Methodist Hospital Community	6
<i>Population Size</i>	7
<i>Race/Ethnicity</i>	8
<i>Age and Gender</i>	9
<i>Household Income and Poverty</i>	10
<i>Educational Attainment</i>	12
<i>Language</i>	13
<i>Insurance Status</i>	13
Most Common Disease States: Harris County	14
<i>Heart Disease</i>	14
<i>Cancer</i>	14
<i>Stroke</i>	14
<i>Diabetes</i>	15
<i>Chronic Lower Respiratory Disease</i>	16
The Affordable Care Act	16
Prioritized Needs of the Houston Methodist Hospital Community	17
<i>Increase access to primary care services for the surrounding communities</i>	18
<i>Reduce barriers to accessing specialty care services for the surrounding underserved community</i>	25
<i>Promote healthy living behaviors that reduce the likelihood of chronic disease development</i>	27
<i>Increase access to mental health care services within Houston Methodist Hospital's surrounding underserved community</i>	33
Conclusion	36
Appendix	37
Checklist for ACA Compliance	38
Development of the 2016 CHNA	39
<i>Phase 1: Community Feedback Collection</i>	39
<i>Phase 2: Community Leader and Stakeholder Feedback</i>	40
<i>Phase 3: Methodology to Prioritize</i>	40
<i>Phase 4: Secondary Data Collection</i>	41
Community Input	42
Health and Social Disparities By Race	43
Community Resources	45
References	56

Introduction

In 2010, Congress enacted the Patient Protection and Affordable Care Act that requires non-profit hospitals to conduct a community health needs assessment and adopt an implementation strategy every three years. In alignment with that commitment, Houston Methodist conducted a Community Health Needs Assessment for each of the surrounding communities of its eight hospitals. The large scale assessment included a health survey of 1,000 individuals from around the Greater Houston community, the analysis of publicly available data on health and health outcomes, and a series of interviews with community leaders, public health experts and citizens regarding perceived health and healthcare needs in our community. Through the assessment process Houston Methodist has defined the following priorities as:

- ✓ **Primary Care Services:** Increase access to primary care services for the surrounding community.
- ✓ **Specialty Care Services:** Reduce barriers to accessing specialty care services for the surrounding underserved community.
- ✓ **Mental Health Care Services:** Increase access to mental health care services within the surrounding underserved community.
- ✓ **Healthy Living Behaviors:** Promote healthy living behaviors that reduce the likelihood of chronic disease development.

In this Community Health Needs Assessment (CHNA), the report will focus on the geographic areas Houston Methodist Hospital primarily serves and will touch on social and health topics that can significantly impact the status of a healthy community. The report will provide a foundation for the Hospital's efforts to guide community benefit planning to improve the health status of the supported community, will serve as the basis for implementation plan development for 2016-2019 and compliments the State of Texas requirements on community benefit reporting for nonprofit hospitals.



Houston Methodist Profile

Houston Methodist Hospital (HMH), located in the Texas Medical Center in Houston, Texas, is owned and operated by Houston Methodist, a not-for-profit health care system.

In addition to HMH, Houston Methodist comprises an innovative Research Institute, an internationally focused Global Health Care Services entity, a strong Physicians Organization and seven community hospitals. *U.S. News & World Report* ranked Houston Methodist Hospital as one of America's best hospitals, ranked in 11 of 16 adult specialties for 2014, the most in the state. U.S. News & World Report ranked Houston Methodist Hospital as the No.1 hospital in Houston and in Texas.

Houston Methodist Hospital	
6565 Fannin Street, Houston, Texas 77030	
Operating Beds	828
Operating Rooms	67
Affiliated Physicians	1,498
Employees	6,187
Admissions	36,680
Outpatient Visits	310,045
Emergency Room Visits	67,720
Births	1,102
International Encounters	9,472

Mission Statement:

To provide high quality, cost-effective health care that delivers the best value to the people we serve in a spiritual environment of caring in association with internationally recognized teaching and research.

Our Values: (ICARE)

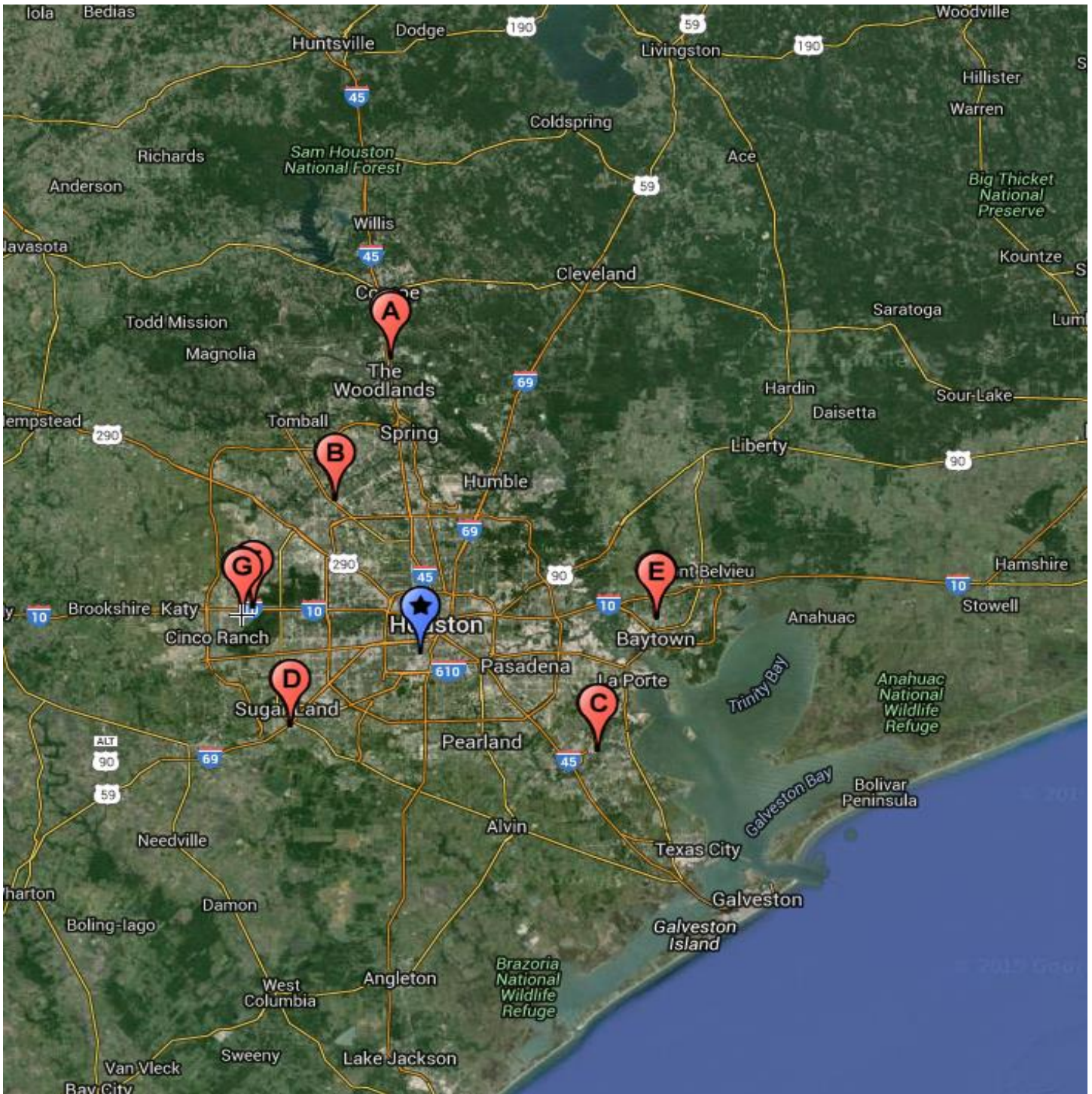
- **Integrity:**
We are honest and ethical in all we say and do.
- **Compassion**
We embrace the whole person and respond to emotional, ethical and spiritual concerns as well as physical needs.
- **Accountability:**
We hold ourselves accountable for our actions.
- **Respect**
We treat every individual as a person of worth, dignity and value.
- **Excellence**
We strive to be the best at what we do and a model for others to emulate.

Houston Methodist Hospital Centers of Excellence:

Houston Methodist's six multidisciplinary centers of excellence offer world-class care, expert teams of physicians, and the latest and most advanced approaches and technology available. We are recognized as leaders in cutting-edge research, education, prevention and compassionate treatment of all health care needs in the areas listed below:

- + Houston Methodist Cancer Center; Houston Methodist DeBakey Heart & Vascular Center; Houston Methodist J.C. Walter Jr. Transplant Center; Houston Methodist Lynda K. and David M. Underwood Center for Digestive Disorders; Houston Methodist Neurological Institute; Houston Methodist Orthopedics & Sports Medicine

Houston Methodist: Network of Hospitals



Houston Methodist Hospital



C Houston Methodist St. John



F Houston Methodist West



A Houston Methodist The Woodlands



D Houston Methodist Sugar Land



G Houston Methodist St. Catherine



B Houston Methodist Willowbrook

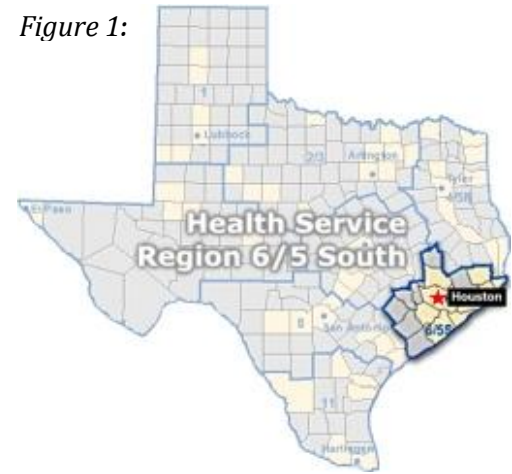


E Houston Methodist San Jacinto

Defining the Houston Methodist Hospital Community

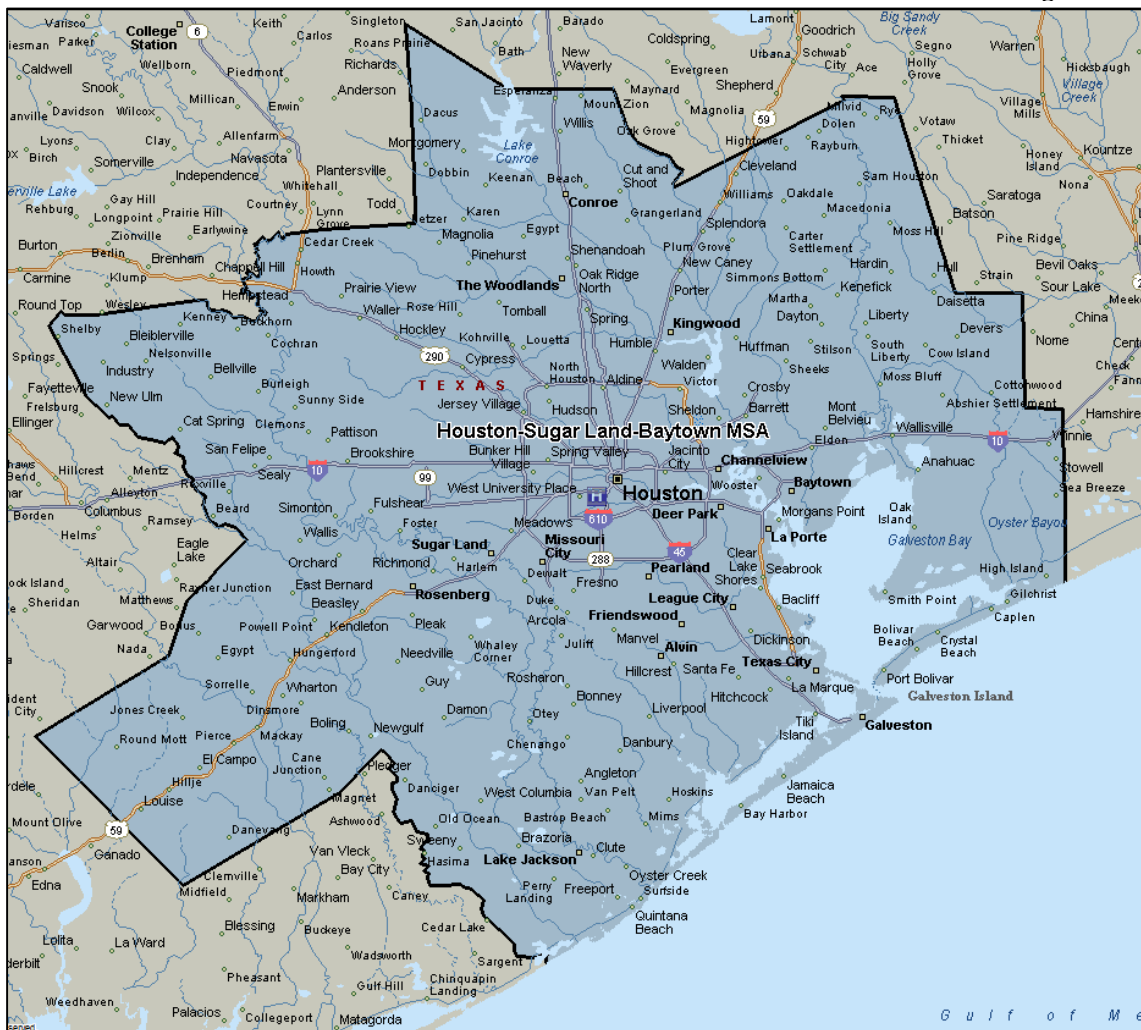
Approximately 26.9 million people live in Texas, with 8% residing in the city of Houston. The fourth most populous city in the United States behind New York, Los Angeles, and Chicago, Houston was ranked as Forbes Fastest Growing City in 2015.ⁱ Currently, eleven health service regions divide the state. Houston Methodist serves communities residing in region 6/5 South.

Figure 1:



Houston Methodist Hospital (HMH) defines the Houston-Sugarland-Baytown metropolitan statistical area (MSA) as its community. HMH primarily serves the following counties that are located in this MSA: Harris, Fort Bend, Montgomery, Brazoria, Galveston, Liberty, Chambers, Waller, and Wharton counties. The total population of the area increased by 9.1% between 2010 and 2014, equating to an addition of 541,105 residents. Based on the total population in comparison to all 917 metro areas in the nation, the HMH community was ranked 6th largest in 2010 and 5th largest in 2014. Annual net migration to the MSA was 88,657 residents in 2013 and 98,133 residents in 2014.ⁱⁱ Figure 2 below displays the current geographic footprint of the HMH community.

Figure 2:



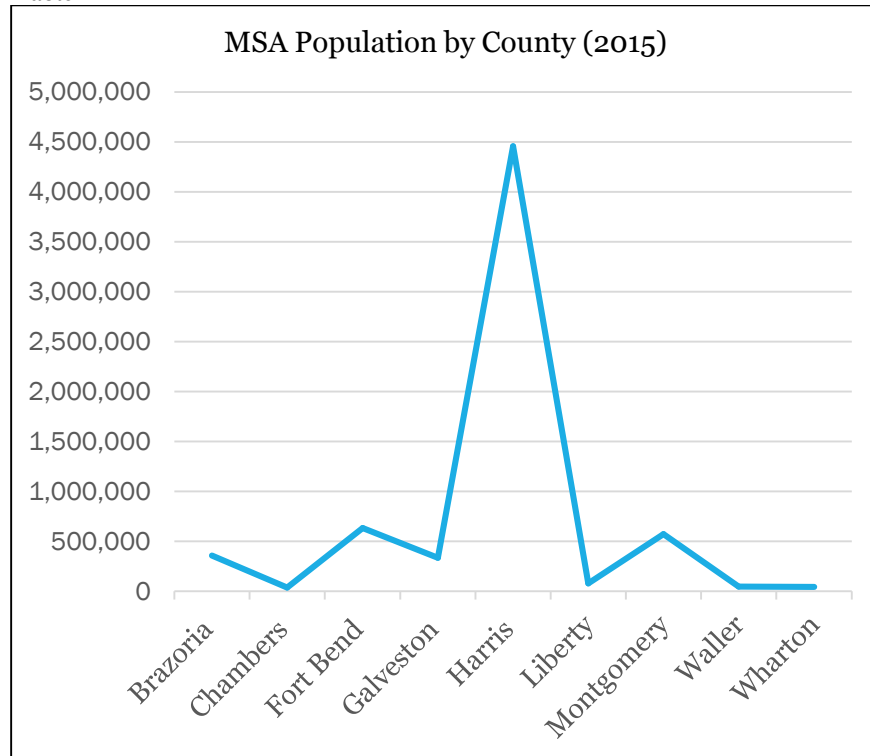
Data Source: 2015 HM Market Analysis

Population Size:

The Houston Methodist Hospital (HMH) community spans 8,358 square miles and contains an estimated population of 6,518,103 residents. As the largest county in Texas, Harris County accounts for an estimated 4.5 million of HMH community residents, equating to approximately 68% of the HMH community population. The HMH community significantly expanded between years 2000 and 2010. During this time the community added 1,227,255 people for an estimated growth of 26.1%. Since 2010, the community overall has grown by another 9%.

Chambers County has the smallest population, accounting for 34,663 of HMH community residents, which is approximately 1% of the community population. Fort Bend County and Montgomery County experienced the most population growth within the MSA counties between 2010 and 2015, at rates of 16% and 13%, respectively. Between 2015 and 2020, Fort Bend is expected to experience an 11% population increase, and Montgomery County is expected to experience a 9% increase. Between 2010 and 2015, the Houston-Sugarland-Baytown MSA saw a 9% population increase overall, with another 8% increase expected between 2015 and 2020. Wharton County experienced the least amount of population growth within the MSA counties between 2010 and 2015 at 1%. Wharton County is expected to have the lowest population growth in comparison to the other MSA counties between 2015 and 2020.

Table 1



Data Source: 2015 HM Market Analysis

Race/Ethnicity:

The HMH community reflects the racial makeup of the Houston-Sugarland-Baytown metropolitan statistical area. This community is considered one of the most diverse in the nation, with Houston maintaining a minority-majority city status due in part to a large Hispanic/Non-White population. For the purposes of this report, Black includes the population of African descent/non-Latino. White includes European descent/non-Latino. The category of other encompasses the ethnic populations including but not limited to Asian descent, Middle Eastern descent and Mixed Race. Please see the charts below for a breakdown of the racial populations by the largest counties served by HMH, Harris, Fort Bend, Montgomery, and Brazoria.

Table 2

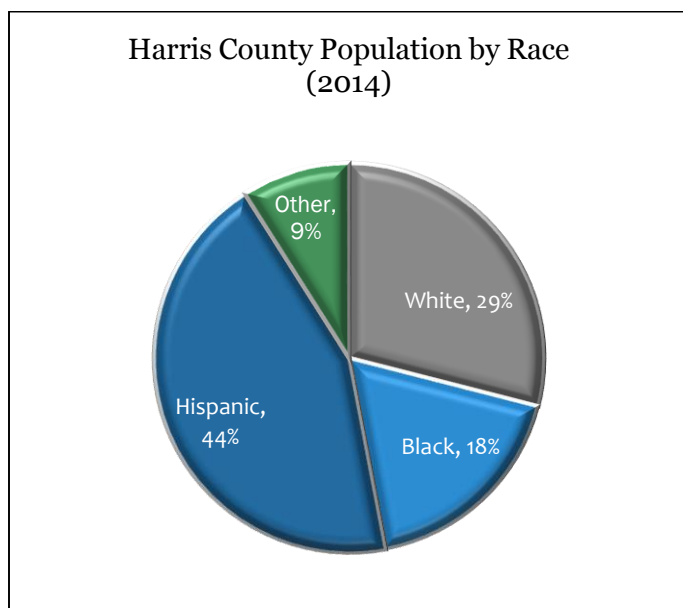


Table 3

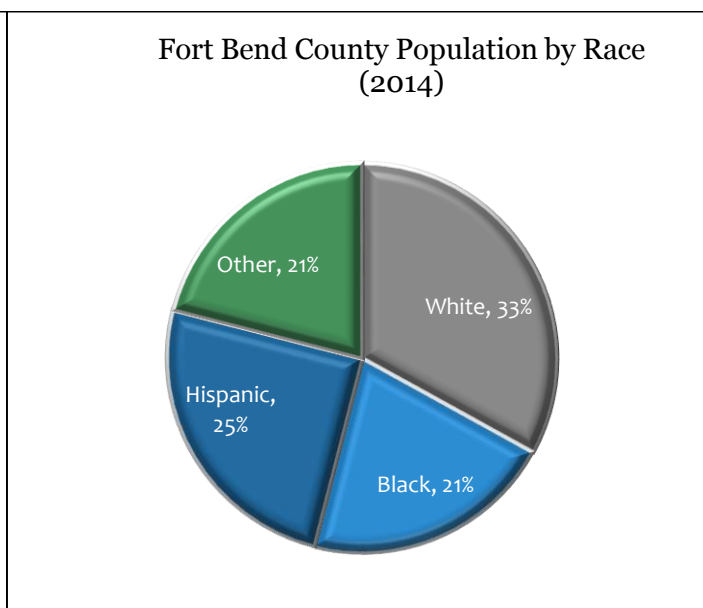


Table 4

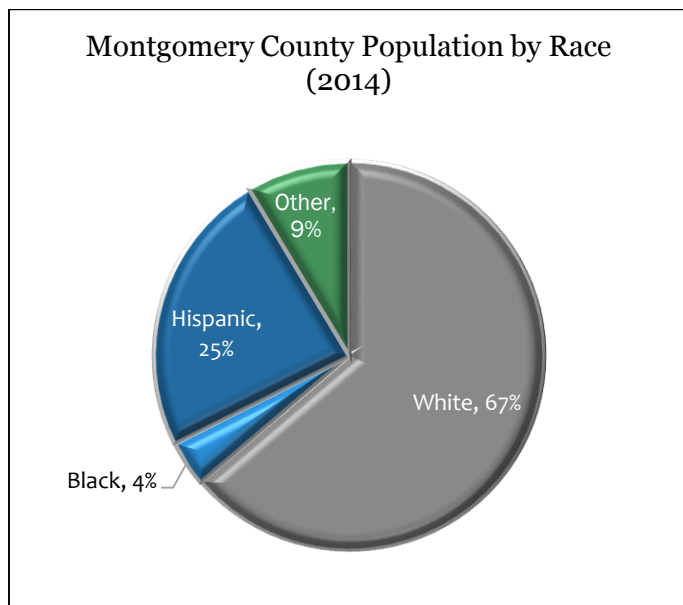
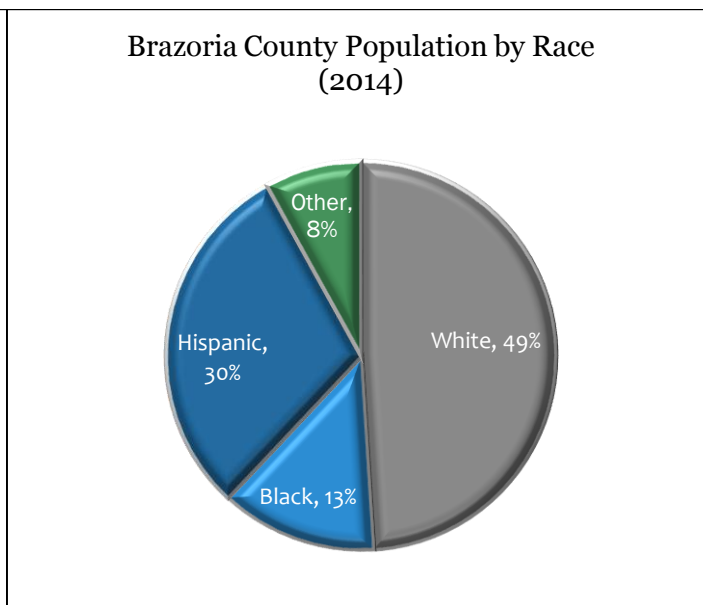


Table 5

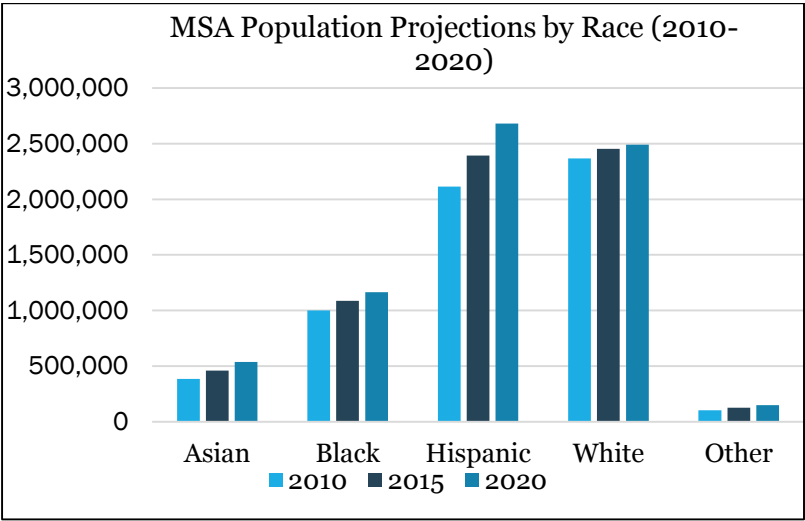


Data Source: Texas Department of Health and Human Services, 2014ⁱⁱⁱ

HMH serves an incredibly dynamic and diverse community. The community lacks a singular racial majority and every race currently occupies a minority position. The Asian population experienced the most growth in the HMH community (19%) between 2010 and 2015. The Hispanic population increased by 13% between 2010 and 2015, and is expected to increase by 12% between 2015 and 2020. The Anglo population increased the least in the past

five years in comparison to other racial groups, and is expected to maintain the lowest rate of increase by 2020. Fort Bend County currently ranks as the most diverse county within the HMH community. Montgomery County currently ranks behind all of the other counties in terms of racial diversity.

Table 6



Data Source: 2015 HM Market Analysis

Age and Gender:

Three major age groups make up the Hospital Methodist Hospital (HMH) community. They are 1) the youth, adolescent, and young adult population; 2) the adult population; and 3) the senior population.

The Youth and Adolescent Population

The Youth and Adolescent population is defined as any person between the ages of 0–17 years. The youth and adolescent population accounts for the second highest percentage of the HMH community (27%). There is low percentage variability between the age groups included in this population.

The Adult Population

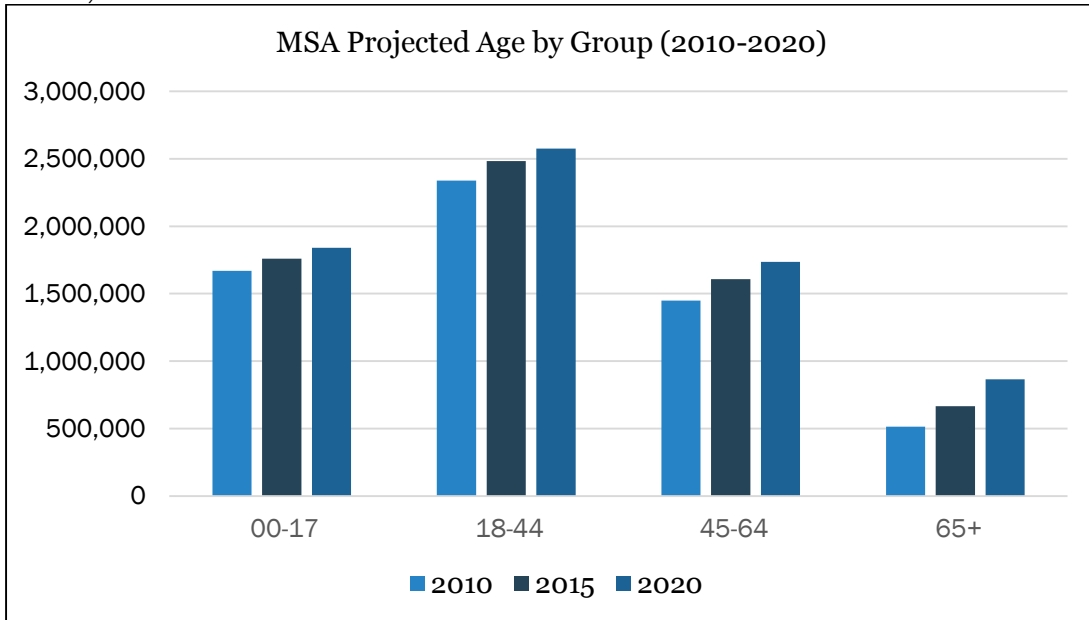
The Adult population is defined as any person between the ages of 18–64 years. The adult population accounts for the highest percentage of the HMH community (63%). The adult population is expected to grow 12% by 2020. Projections to 2020 estimate the adult population to remain the most significant portion of the HMH community. Community members between 18-44 years old currently account for the highest percentage of the adult population.

The Senior Population

The Senior population is defined as any person over the age of 65 years. The senior population currently accounts for 10% of the HMH community. While it accounts for the lowest percentage of the community, the senior population projects the highest percent growth of any cohort by 2020 (30%).

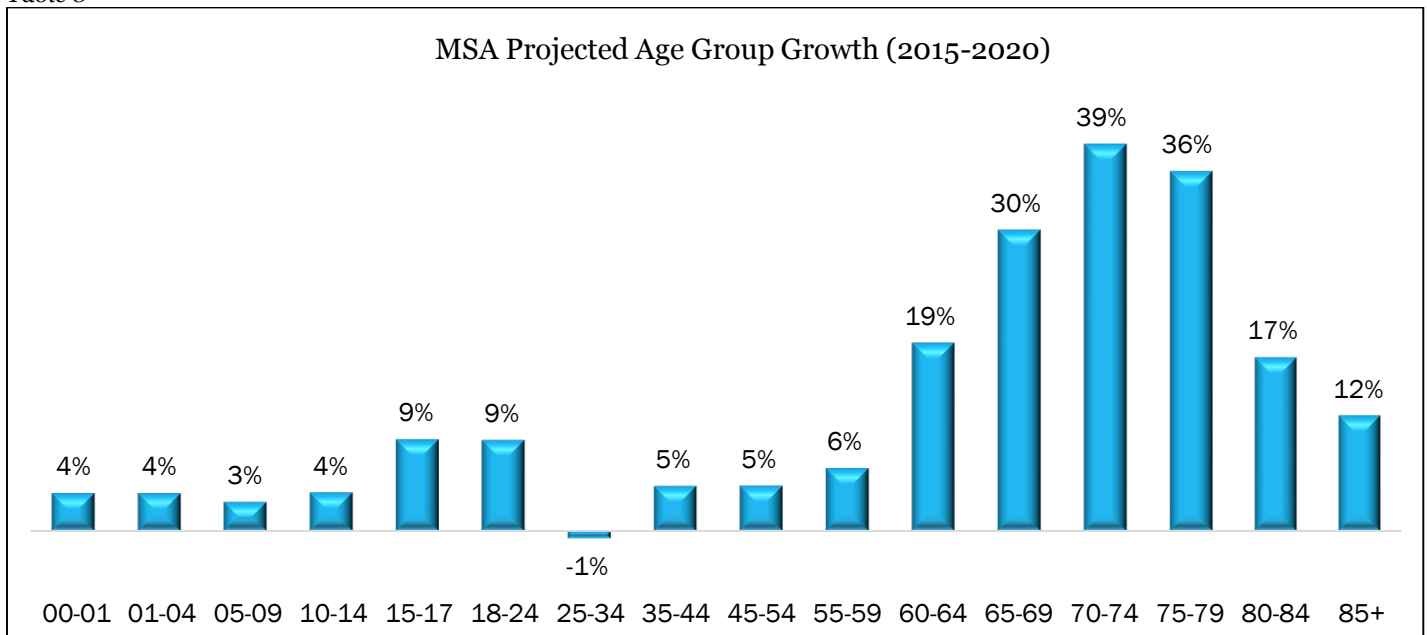
Growth trends within the senior population reflect the aging of the HMH community. The largest percent growth within the HMH community occurs in the senior population between the ages of 65–79. This range encompasses three sub cohorts projected to increase by an average of 35% by 2020. The senior population of the HMH community also contains four of the five population sub cohorts expected to grow the most by 2020(65–69, 70–74, and 75–79, 85+). No sub cohort of the senior population is expected to contract by 2020.

Table 7



Data Source: 2015 HM Market Analysis

Table 8

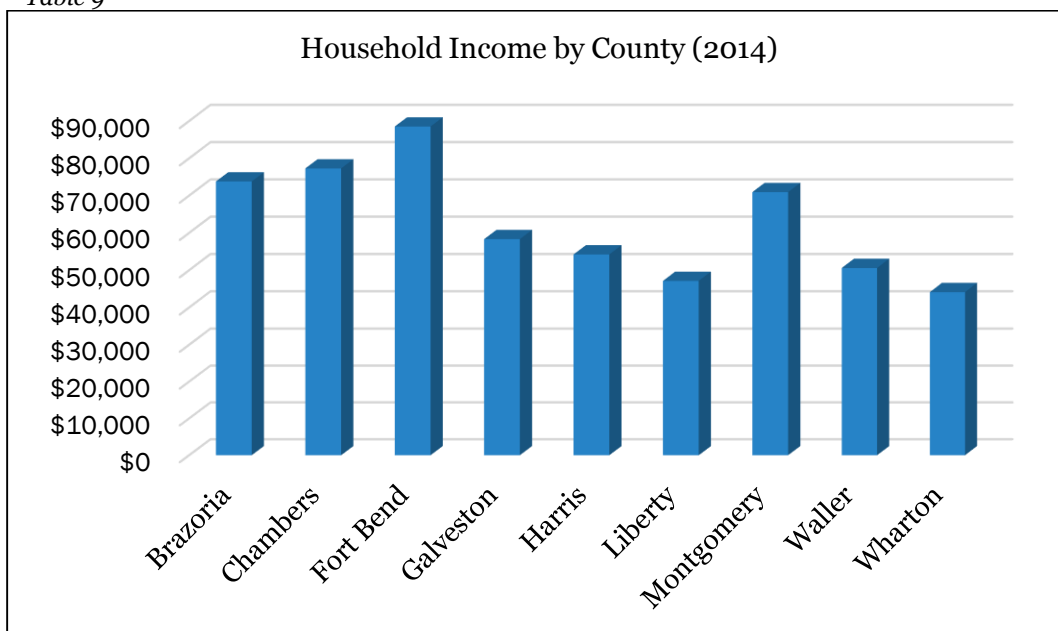


Data Source: 2015 HM Market Analysis

Household Income and Poverty:

The HMH community as a whole has experienced an expansion in average household income dating back to 2000. This increase of HMH average household income also projects to continue into 2020 for nearly all HMH community counties. In 2014, the average household income in Harris County was \$54,230. Fort Bend County currently has the highest average household income at \$88,516. Wharton County currently has the lowest average household income at \$44,110.^{iv}

Table 9



Data Source: 2015 HM Market Analysis

In the United States, the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities is determined by the Department of Health and Human Services. This is referred to as the Federal Poverty Level, or FPL. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Those living on less than the amount for a specified family size are considered to be living under 100% of the FPL. The chart to the right shows the current amounts utilized to determine FPL threshold. A family living on the listed amounts in correlation to family size is considered to be impoverished.^v

Each county within the Houston Methodist Hospital (HMH) community experiences a varying degree of poverty. On average, the poverty rate for the HMH community counties (16.3%) is lower than the poverty rate of the state of Texas (17.5%). This equates to approximately 1.01 million people living in poverty in the HMH community. Harris County has more persons living in poverty (788,276 total) than all other counties in the HMH community combined. Liberty County experiences the highest percentage of all individuals living below the federal poverty line (FPL) at 20.3%. Fort Bend County has the lowest rate of community members living in poverty at 8.9%.

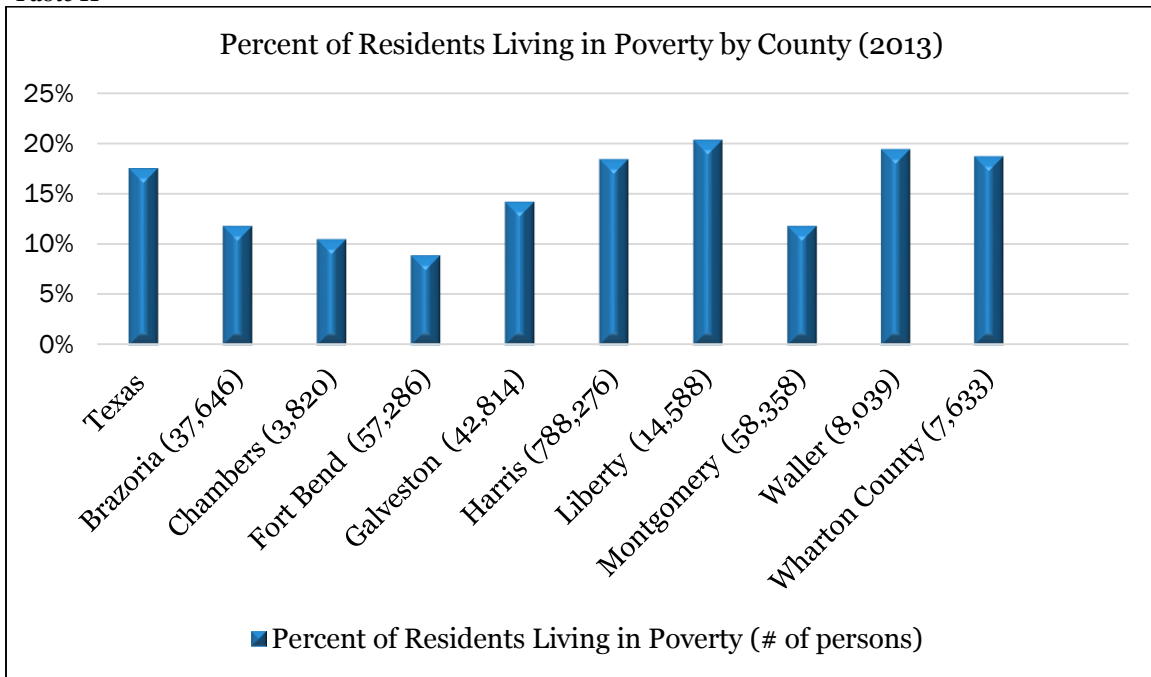
Table 10

Federal Poverty Level (100%) by Family Size 2015	
Family size	Income
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890

Data Source: Families USA

Disparities of poverty exist across age. Persons under the age of 17 within the HMH community experience higher rates of poverty than the total population. 23.3% of children living in the HMH community (396,333 total) live below the FPL. Harris County has the highest rate of poverty in the HMH community for persons under the age of 17 at 26.7%.^{vi}

Table 11

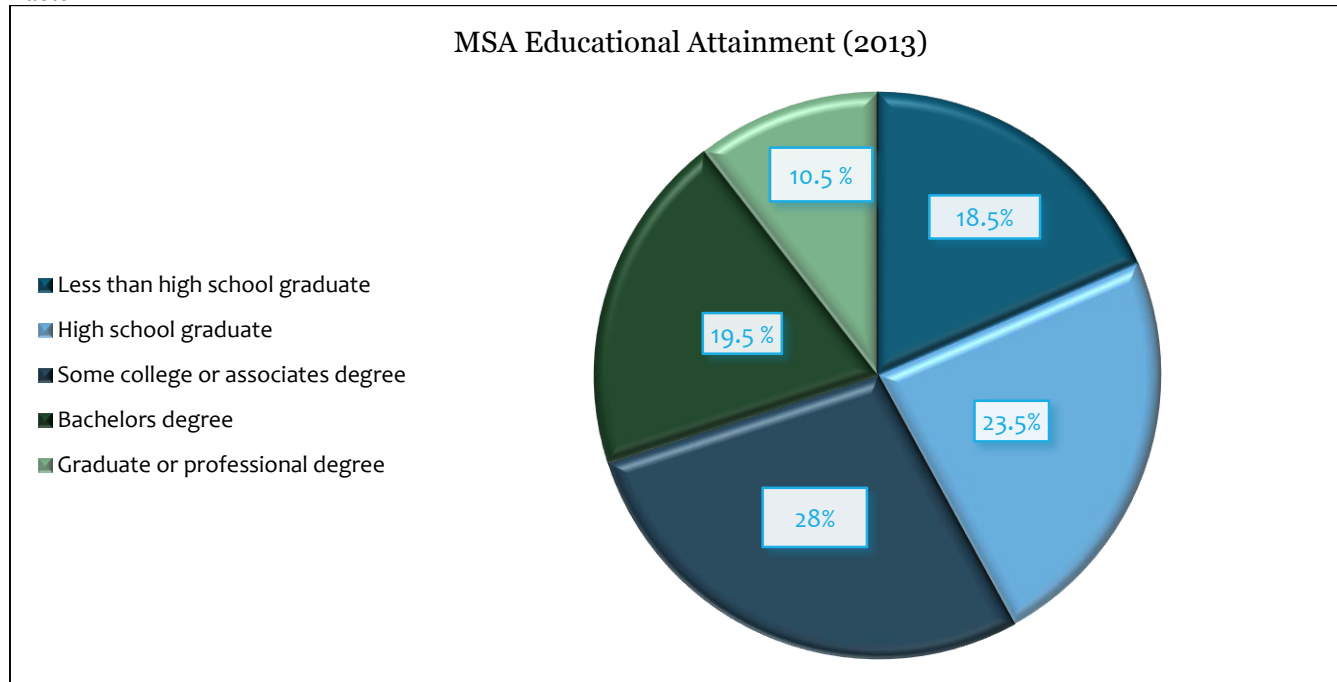


Data Source: Texas Department of State Health Services

Educational Attainment:

Educational attainment varies across counties within the HMH community. Among the 3,908,384 community members age 25 years of age and older, 18.5% did not graduate from high school, 23.5% possess only a high school diploma, 19.5% also possess a bachelor's degree, and 10.5% also possess a graduate or professional degree. Fort Bend County has the highest percentage of community members who possess a graduate or professional degree (14%) compared to the other counties in the MSA. It is important to note that Fort Bend County also has the highest household income average. Wharton County has the highest percentage of members who did not receive a high school diploma (25%), as well as the lowest household income average.^{vii}

Table 12



Data Source: American Community Survey 2014

Language:

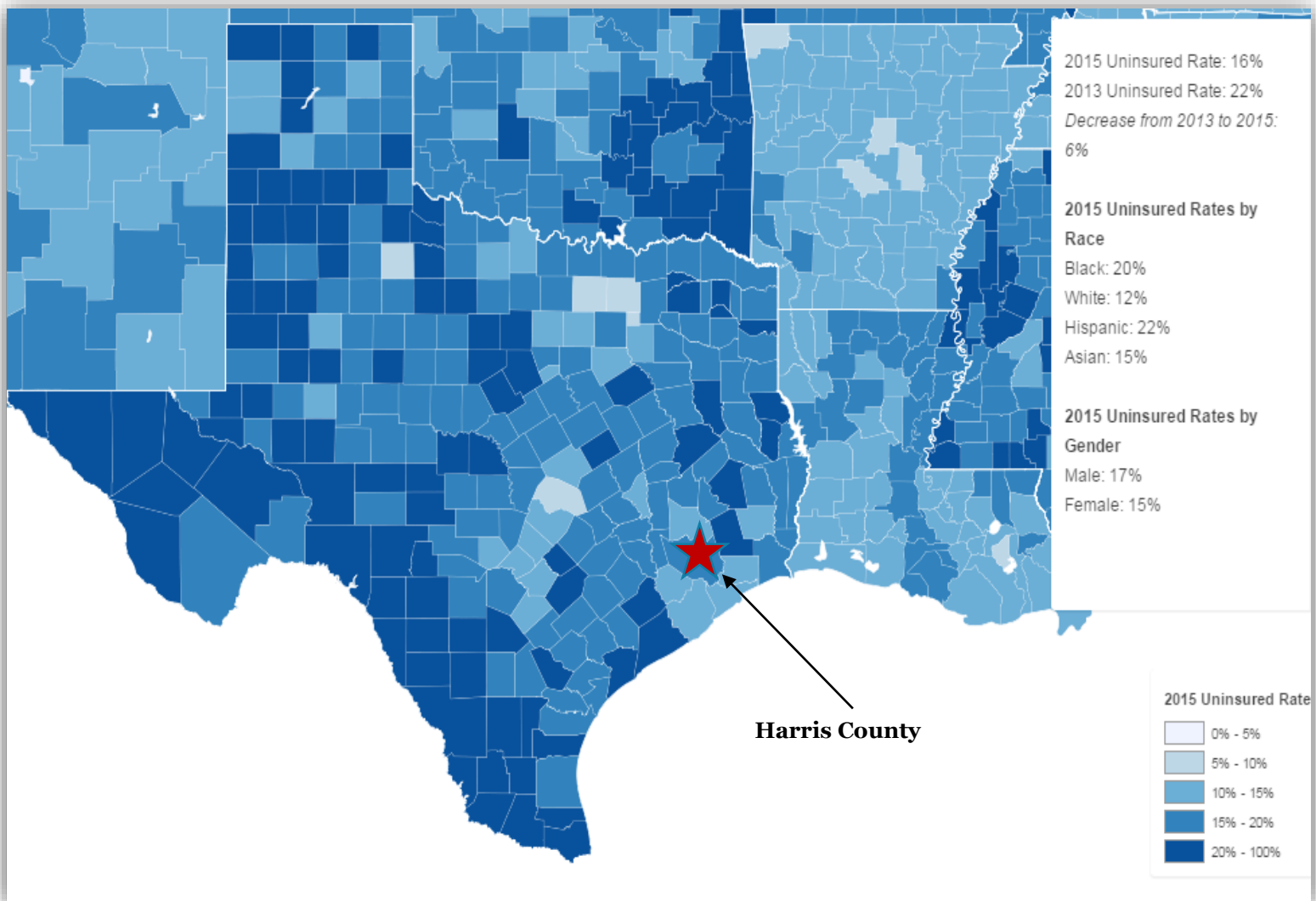
The Houston Methodist Hospital (HMH) community is one of the most linguistically diverse in the United States, with 37.8% of community members utilizing a dominate language other than English. Spanish is the predominate language second to English, with 1.7 million community members (29%) reporting Spanish as their primary language. 3.1% of community members speak other Indo-European languages, 4.5% speak Asian and Pacific Islander languages, and 1.1% speak other languages, not identified. ^{viii}

Insurance Status:

Houston Methodist Hospital (HMH) is located within Harris County. With Harris being the largest county and the county most served by HMH, it is important to note the insurance status of this specific population. In 2015, 16% of Harris County members were reported as uninsured.^{ix} In 2015, 16.6% of overall community members (all counties that HMH serves combined), were enrolled in Medicare^x. With that, 494,942 residents of Harris County enrolled in Medicare^{xi} which accounts for approximately 11% of the estimated Harris population. The Medicare population is expected to have the largest increase between 2015 and 2020. This directly correlates to the growth expected within the senior population as community members reach Medicare eligibility age. It is important to note Medicare benefits not only seniors age 65 and older but also those with disabilities and end stage disease states. 624,465 were enrolled in Medicaid in Harris by end of 2013. The number of uninsured community members and members insured through Medicaid are expected to decrease between 2015 and 2020, while the number of members privately insured is expected to increase by 9%.^{xii}

Table 13

Enroll America: Uninsured Rates by County



Most Common Disease States: Harris County

Harris County is the largest county served by Houston Methodist Hospital (HMH). Because 68% of HMH community members come from this particular service area, the following causes of death will pertain primarily to this region in order to provide a snapshot of chronic disease prevalence.

Heart Disease:

Heart disease is a leading cause of death in Harris County. In 2013, the mortality rates for heart disease in Harris County was 120.3 deaths per 100,000 people.^{xiii} Heart disease is usually caused by a condition called atherosclerosis, caused by plaque build-up in the arteries. This narrows the arteries, decreasing blood flow. This can increase the possibility of a blood clot, which stops the blood flow completely and causes a heart attack. In 2013, 5.6% of the Houston Methodist community population had been diagnosed with heart disease.^{xiv}

Genetic predisposition greatly impacts the development of heart disease, and therefore those with heart disease in their family are more likely to experience heart disease themselves. Preventive measures can be taken to decrease the likelihood of developing heart disease. The American Heart Association's program, "Life's Simple 7", highlights seven key health factors and behaviors to gauge overall heart health. The program's seven health factors include: not smoking, physical activity, healthy diet, body weight, and control of cholesterol, blood pressure, and blood sugar.^{xv} Healthcare providers and public health practitioners work diligently to educate patients on these factors with the goal of decreasing their risk for heart disease.^{xvi}

Cancer:

Cancer is another leading cause of mortality in Harris County. Though there are many types of cancers, all cancers are due to abnormal cell growth. Normal cells grow, divide, and then die so that new cells may form. Cancer cells do not die, but rather continue to grow in abnormal ways, often invading other tissues. The spreading of cancer is called metastasis. The different types of cancers are named based on where the cancer cells first originated, such as in the lungs or brain.^{xvii} In 2013, it was estimated that 5,412 Harris County residents died from cancer.^{xviii} Breast cancer is the most prevalent cancer for women in Houston and prostate cancer is the most prevalent for men, yet more people die from lung cancer than any other cancer.^{xix} The chart to the right shows the number of deaths per 100,000 people from the top four cancers in Harris County in 2013.^{xx}

Table 14

Deaths from the Top Four Cancers in Harris County- 2013	
Type of Cancer	Deaths per 100,000
Lung	38.9
Breast	22.2
Prostate	22.1
Colorectal	15.4

Data Source: Texas Department of Health

The goal of primary cancer prevention is to keep cancer from developing through living a healthy lifestyle and avoiding cancer causing substances, such as tobacco. Certain risk factors increase the likelihood of cancer development, some of which an individual cannot control. Risk factors include age, family history (genetics), alcohol consumption, obesity, and exposure to elements such as sunlight, tobacco, radiation, and harmful environmental agents.

The goal of secondary cancer prevention is to detect and treat conditions that may become cancer, as well as early cancer with no symptoms. While the risk of getting cancer could in some situations be lessened by behavioral choices, prevention through screenings and early treatment against pre-cancer and early cancer is crucial to decreasing prevalence and severity of cancers.^{xxi}

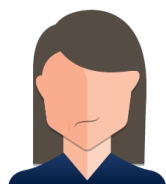
Stroke:

Stroke is the third leading cause of death in the United States and in Houston. In 2013, 1,227 people died in Harris County from stroke alone.^{xxii} Stroke, also known as cerebrovascular disease, occurs when "an artery inside or leading to the brain becomes blocked and cuts off blood flow to part of the brain, or when an artery in the brain leaks or ruptures".^{xxiii} Brain tissue can die when its blood flow is reduced or cut off. Strokes can cause patients to permanently lose speech, movement and memory.

Immediate medical attention is crucial to both survival and minimizing long-term effects. Currently, only 1 in 3 Americans can recognize the signs and symptoms of strokes. Recent public health efforts have aimed to increase

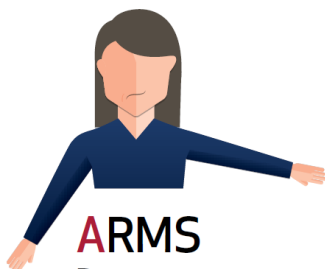
recognition of warning signs of a stroke. The most well-known initiative is FAST, an acronym that encourages people to take note of FACE, ARMS, SPEECH, and TIME.^{xxiv}

THINK **F.A.S.T.**



FACE

Does the face look uneven?
Ask the person to smile.



ARMS

Does one arm drift down?
Ask the person to raise both arms.



SPEECH

Does their speech sound strange?
Ask the person to repeat a simple phrase.



TIME

If you observe any of these signs, it's time to call 911 and to be taken to the nearest emergency room.

Data Source: Houston Methodist Eddy Scurlock Stroke Center, 2016

There are many measures that can be taken to prevent a stroke. In fact, it is estimated that up to 80% of strokes can be prevented. People with atrial fibrillation are at an increased risk for having a stroke. People with high blood pressure and/or cholesterol are also at a higher risk for having a stroke. Furthermore, people may adjust their lifestyles to reduce their risk of a stroke. Experts recommend more vegetable, whole grain, fish, and nut intake, as well as eating a limited amount of sodium, added sugars, and refined grains. Other lifestyle factors that reduce risk of stroke include physical activity, avoidance of smoking and tobacco use, and limited consumption of alcohol.^{xxv}

Diabetes:

Diabetes is the sixth leading cause of death in the United States and in Texas.^{xxvi} 8.5% of adults in Harris County have reported ever having been diagnosed with diabetes. This is similar to the national rate of 8.3% and is slightly lower than the Texas rate of 10.6%.

Diabetes is defined as “a metabolic disease characterized by persistent hyperglycemia or high blood sugar” (The State of Health, 2015). There are two kinds of diabetes, Type 1 and Type 2, which are differentiated by both onset and insulin deficiency. The onset of Type 1 usually occurs during adolescence. Type 1 diabetes is characterized by an autoimmune response in the body which renders the pancreas unable to produce insulin. Type 2 diabetes can occur at virtually any time in a person's life, and is characterized by insulin resistance and also insulin deficiency. Type 2 diabetes is more common than Type 1.

There are many risk factors for both Type 1 and Type 2 diabetes. Risk factors for Type 1 include family history, genetics, and age. Risk factors for Type 2 can be classified into non-modifiable and modifiable. Non-modifiable include family history, age of 45 or older, and race. Modifiable factors include being overweight and having limited physical exercise.^{xxvii}

A diagnosis of diabetes can lead to many other medical complications. These complications include heart disease, stroke, high blood pressure, blindness, kidney failure, nervous system damage, amputations, and dental disease.

Chronic Lower Respiratory Disease:

Chronic lower respiratory disease refers primarily to Chronic Obstructive Pulmonary Disease (COPD), which is a group of diseases that cause airflow blockage, including emphysema, chronic bronchitis, and asthma, in some cases. COPD makes it difficult to breathe, greatly impacting overall quality of life. Symptoms include a chronic cough, constant shortness of breath, wheezing, and chronic phlegm production. In 2012, approximately 149,358 (3.5%) of Harris County residents had been diagnosed with COPD.^{xxviii} In 2012, a total of 8,823 residents within the MSA were hospitalized for COPD.^{xxix} 1,598 residents from all of the MSA counties combined died from COPD in 2012. In 2013, 1,631 residents from the MSA counties combined died.^{xxx}

Table 15

COPD Hospitalizations (2012)	
County	Discharges
Brazoria	638
Chambers	23
Fort Bend	424
Galveston	789
Harris	5,159
Liberty	416
Montgomery	1,290
Waller	40
Wharton	67

Data Source: Texas Department of State Health Services

Tobacco is the most common cause of COPD. Exposure to environmental and occupational pollutants such as secondhand smoke, fumes, gases, and dusts, as well as genetic predisposition, also increase one's risk of COPD. Eliminating tobacco use and exposure to environmental pollutants is necessary for anyone with COPD. A cure is not available for COPD, but the symptoms can be managed through medication, pulmonary rehabilitation, physical activity training, and oxygen treatments. This management can greatly improve overall quality of life for someone with COPD.^{xxxi}

The Affordable Care Act:

The Affordable Care Act expands health insurance coverage through a system of penalties and incentives. The Affordable Care Act is comprised of 10 "titles" that are each dedicated to a different aspect of the United States healthcare system. Title I of the Affordable Care Act, "Quality Affordable Health Care for All Americans", outlines health insurance coverage. The basic components related to insurance reform are as follows^{xxxii}:

- Individuals cannot be turned down for insurance because of pre-existing conditions
- Everyone must have coverage
- Individuals who cannot afford coverage will receive assistance in paying for it
- Individuals living under 133% Federal Poverty Level will be insured through Medicaid, except for states that do not expand Medicaid

Table 16

Individuals who do not obtain coverage are subject to a penalty unless they meet certain exemptions. The penalties were phased in over a three-year period starting in 2014 and increased substantially in 2016. It has not been determined if the increased penalties will encourage uninsured people to obtain coverage going forward.^{xxxiii} The table below shows the number of individuals enrolled in the Affordable Care Act Insurance Marketplace as of February 22, 2015.^{xxxiv}

Number of Individuals Enrolled in the Marketplace (as of February 22, 2015)	
County	Number of Individuals
Brazoria County	12,868
Chambers	1,009
Fort Bend	41,978
Galveston	12,979
Harris	226,789
Liberty	2,587
Montgomery	20,042
Waller	1,839
Wharton	1,580

Data Source: Enroll America, 2015

Other titles of the Affordable Care Act include "Improving Quality and Efficiency of Health Care", aimed at creating a healthcare system where payments are based on quality of healthcare services delivered, "Prevention of Chronic Disease and Improving Health", aimed at early prevention and treatment of chronic illnesses to avoid expensive complications, and "Role of Public Programs", aimed at changing how healthcare is delivered through public programs like Medicaid and the Indian Health Services.^{xxxv}

The next section will focus on the prioritized needs of Houston Methodist Hospital. Due to the limitations that can be imposed on individuals regarding access to healthcare service relating to insurance status, HMH will periodically reference insurance status of individuals in relation to The Affordable Care Act in order to provide a clearer picture of the needs of the surrounding community.

Prioritized Needs of the Houston Methodist Hospital Community:

- ✓ **Primary Care Services:** Increase access to primary care services for the surrounding community.
- ✓ **Specialty Care Services:** Reduce barriers to accessing specialty care services for the surrounding underserved community.
- ✓ **Mental Health Care Services:** Increase access to mental health care services within the surrounding underserved community.
- ✓ **Healthy Living Behaviors:** Promote healthy living behaviors that reduce the likelihood of chronic disease development.

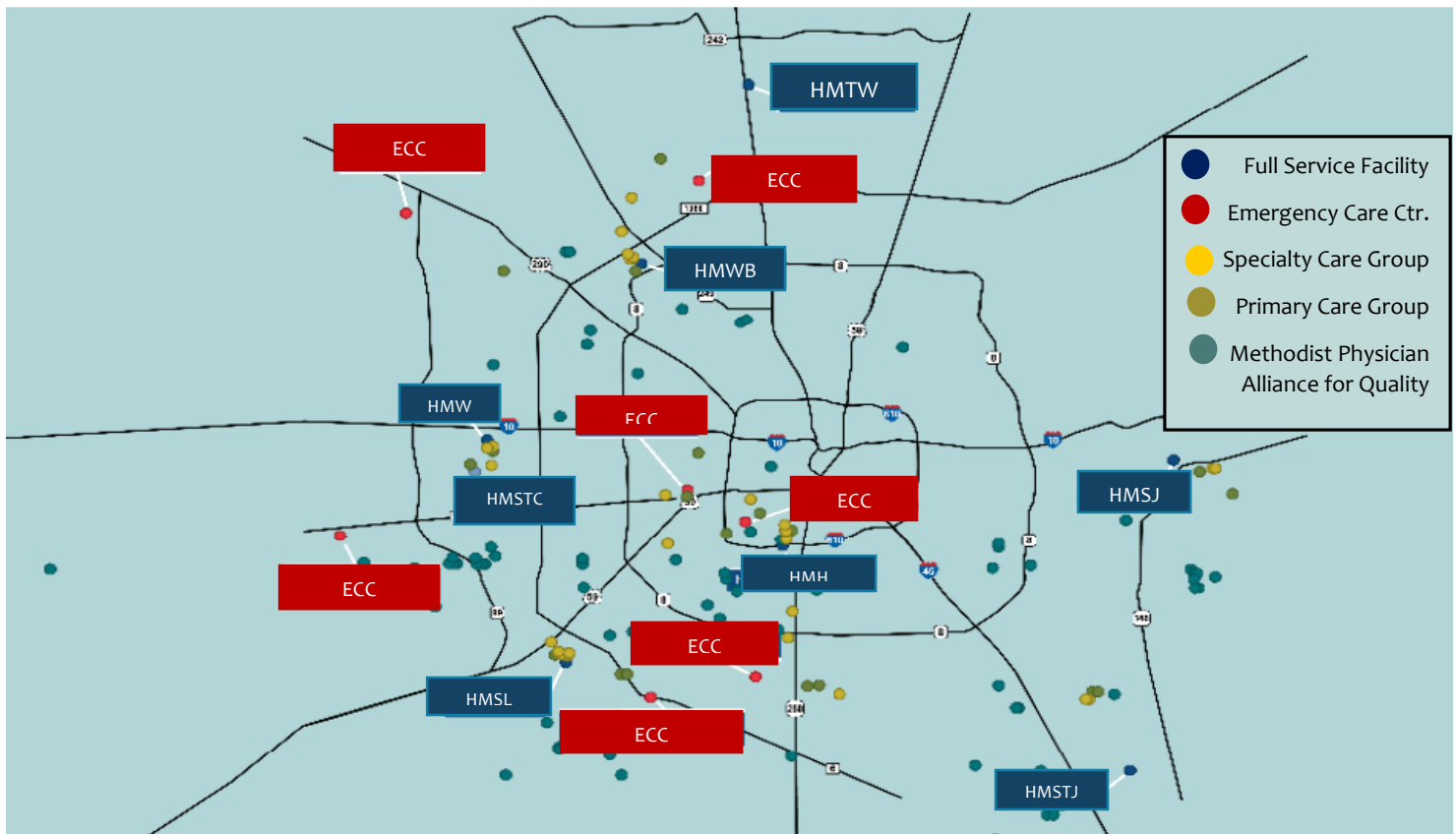
In the following sections, the above prioritized needs will be addressed. Though the following priorities are ordered, this is not in direct correlation with the level of importance by which Houston Methodist Hospital will address each.

✓ Increase access to primary care services for the surrounding community.

Primary care consists of services by physicians trained in comprehensive first contact and continuing care of a patient. These services include health promotion, disease prevention, health maintenance, health education and diagnosis and treatment of acute and chronic illnesses that do not require specialized care^{xxxvi}

Access to primary care greatly impacts the overall health of a community. Primary care physicians are able to serve a patients' basic medical needs and potentially prevent the development of chronic conditions through assessing wellbeing on a continual basis. Primary care services also reduce expensive and unnecessary utilization of emergency departments. The earlier and more often a patient is seen by a primary care physician, the less likely they are to require hospitalization.^{xxxvii} Dr. Abhishek Kansara, MD, MPH, a Houston Methodist Hospital Endocrinologist, acknowledges the necessity of primary care. "Some [patients] may not seek out routine health care until a catastrophic illness has occurred. I do emphasize to my patients, friends and family to establish contact with a primary care physician on a regular basis to avert such scenarios" (A. Kansara, personal communication, December 9, 2015). Access to a primary care physician and establishing a medical home are factors that contribute to a healthy community.

Houston Methodist Hospital (HMH) has begun to combat the physician shortage issue through the expansion of the Houston Methodist (HM) system's Primary Care Group (PCG). PCG was designated in 2013 and between 2013 and 2015 was able to add 58 primary care physicians to the HM service area. This initiative to expand the access of primary care physicians continues to grow.



The following barriers have been identified by Houston Methodist community stakeholders as needs to address in order to improve access to primary care in Houston:

- Physician shortages and increasing demands for service.
- Insurance challenges and affordability.
- Location of services and available appointment times.

Physician Shortages:

There are not enough primary care physicians to meet the growing population of the Houston Methodist Hospital community, which is expected to grow by 8% between 2015 and 2020. An increase in primary physician supply is directly associated with improved health outcomes, including cancer, heart disease, stroke, infant mortality, low birth weight, and life expectancy. Research shows a 1% increase in primary care physician supply is associated with a decrease of 503 hospital admissions, 2,968 emergency room visits, and 512 surgeries.^{xxxviii}

Though the city of Houston ranks as having the highest physician to population ratio in the state of Texas, Texas ranks 47th in the country for primary care physician to patient ratio. Three of the Houston Methodist Hospital community counties- Waller, Liberty, and Chambers- are currently designated as Health Professional Shortage Areas (HPSA), meaning they have an inadequate number of primary, dental, and/or mental health providers within their specified region. Houston/Harris County has 19 designated medically underserved areas (MUAs), which are areas or populations designated as having too few primary care providers, high infant mortality, high poverty or a high elderly population. The table below shows the number of primary care physicians in each county as well as the physician to population ratio^{xxxix}.

Title V of the ACA, “Health Care Workforce” acknowledges the lack of health care workers, particularly primary care providers, available to serve the growing population. The majority of the population’s health problems do not require a specialist, yet specialized physicians have received incentives that have proven detrimental to growing a primary care physician supply. This section of the ACA is aimed at determining ways to increase the availability of primary care providers by providing “state and local governments flexibility and resources to develop health workforce recruitment strategies” and to “expand critical and timely access to care by funding the expansion, construction, and operation of community health centers throughout the United States.”^{xl}

Table 17

Primary Care Physicians for the Houston-Sugarland-Baytown MSA		
County	Total PCPs	Population per PCP
Brazoria	98	3,196
Chambers*	4	8,774
Fort Bend	241	2,429
Galveston	354	823
Harris	2,818	1,452
Liberty*	27	2,802
Montgomery	230	1,982
Waller*	3	14,402
Wharton	19	2,173

*Designated Health Professional Shortage Area

Data Source: Robert Graham Center, 2014

Increasing Demand:

Physician shortages are due partly to an increase in demand created by a rapidly growing state population, an aging population, and a growing number of insured patients. Furthermore, in order to maintain an adequate supply of physicians in Texas, the number of available medical residencies in the state must increase by 589 positions by 2022.^{xli} One concern is that the shortage of primary care physicians will be further exacerbated as new physicians choose to pursue specialty care rather than primary care due to factors related to compensation. Primary Care physicians are compensated approximately 31% less than specialty care physicians.^{xlii} Going further, facilities such as free clinics that primarily serve the uninsured and underinsured may provide even lower compensation for physicians due to operational/budget limitations.

“When I look at the turnover rates over the years with providers, our family practice physicians are the ones we have the hardest time recruiting,” says Marcie Mir, LCSW, Chief Executive Officer of El Centro de Corazon, a Federally Qualified Health Center (FQHC) in Houston (M. Mir, personal communication, December 17, 2015). “It ties in to the overall shortage that we have for family practice physicians. Then you look at Houston and the Houston market with the major hospital institutions. We can’t compete. We can compete with the salaries but not the signing bonuses and not with the benefits.” Challenges in recruitment of primary care physicians for

health care facilities located in MUA's include longer working hours, less financial reward for service, and less access to highly technological approaches to diagnosis.

Even if a clinic is deemed to be fully staffed, time constraints on primary care physicians may lessen their ability to provide comprehensive primary care services. According to Dr. Kavon Young, Chief Medical Officer of El Centro de Corazon, "Ideally, primary care physicians would like to take care of "everything"- both chronic and preventive care at the same visit. However, time constraints and the nature of the healthcare system now-volume is rewarded-does not allow for this to happen. Many times, our patients already have chronic conditions that are complex and that must be addressed and primary care is often to be done "at the next visit" (K. Young, personal communication, 12/15/2016).

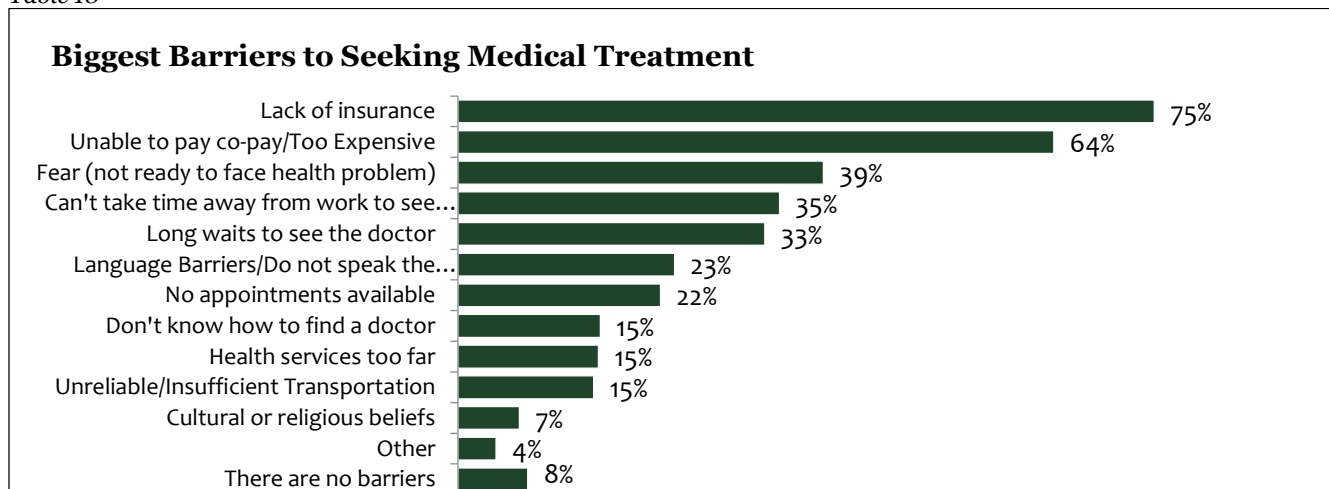
According to Dr. Julia Andrieni, Vice President of Population Health for Houston Methodist, with the current shortage of primary care physicians, new multi-disciplinary patient care models need to be developed to bring care to medically underserved communities, "Primary Care physicians who choose to make a difference within a specific community become advocates for that community and serve as role models for future Primary Care physicians. Internal Medicine and Family Medicine residents with clinical rotations in medically underserved areas provide not only a learning opportunity but the much needed care for vulnerable populations."

Due to growing demand and competition for an already small primary care physician pool, Nurse Practitioners (NPs) and Physician Assistants (PAs) are valuable assets in community settings, particularly those serving uninsured populations. About 90% of NPs are trained in primary care, and studies have shown that NPs are able to manage 80-90% of care provided by primary care physicians. Primary care PAs are able to manage much of the care provided by primary care physicians as well, and the supply of primary care PAs is projected to increase by 58% between 2010 and 2020.^{xliii} Furthermore, research has shown that primary care outcomes including mortality, reduction of symptoms, hospitalization and patient satisfaction are equal between patients served by either NPs or PAs and physicians in a primary care setting.^{xliv} Effective integration of NPs and PAs into the healthcare system could greatly alleviate the increasing demand for primary care in the growing Houston Methodist Hospital community.

Insurance Challenges:

Seventy-five percent of our community survey respondents cited "lack of insurance" as one of the top barriers to seeking medical treatment. Insurance reforms outlined in the Affordable Care Act took effect on January 1, 2014, requiring all citizens of the United States to purchase health insurance or pay a penalty. The Health Insurance Marketplace offers insurance for individuals who cannot obtain insurance otherwise through a job, Medicare, Medicaid, or another source that provides qualifying coverage. Approximately 4% of the Houston Methodist community population is insured through the Marketplace. This equates to 279,275 total individuals. In comparison, 838,008 Texans (approximately 3%) are insured through the Marketplace. In Harris County, during the second enrollment (November 2014-February 2015), 225,784 people enrolled or re-enrolled. See the following chart on the biggest barriers to accessing care uncovered through the Houston Methodist Health Needs Survey.

Table 18



Data Source: Houston Methodist Health Needs Survey 2015

Texas has the highest number of uninsured adults in the nation. Each year, Texas hospitals cover \$5.5 billion in costs incurred by uninsured individuals.^{xlvi} In 2015, 18% of Houston Methodist Hospital's community population was uninsured. In early 2015, Texas voted to reject expansion of Medicaid, the federal insurance program for those living in poverty, therefore declining an estimated \$100 billion in federal funding over the next decade. If Texas had expanded Medicaid, an estimated 1.2 million uninsured Texans would have qualified for Medicaid coverage.^{xlvi}

Table 19

Health Insurance Coverage of Adults Age 18-64 (2014)			
	Population	Total Uninsured	Percentage Uninsured
United States	195,537,213	31,850,086	16.3%
California	24,264,509	4,193,432	17.3%
Texas	16,366,994	4,204,601	25.7%
Florida	11,813,708	2,812,892	23.8%
New York	12,485,670	1,531,914	12.3%

Data Source: Texas Medical Association^{xlvi}

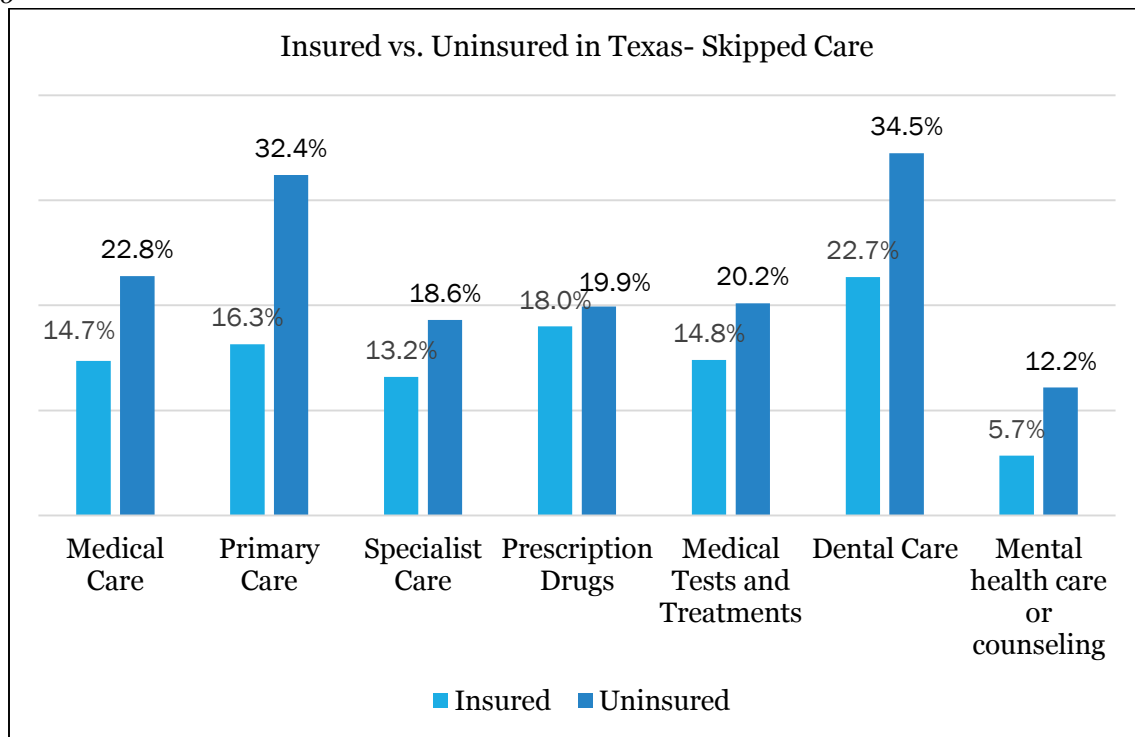
The number of HMM community individuals covered through Medicare, the federal insurance program for adults 65 and over, is expected to grow by 28% by 2020. 14% of the population is insured through Medicaid.^{xlvi} It is important to note that 35% of Texas physicians do not accept Medicaid, and 18.3% do not accept Medicare. Both are low acceptance rates in comparison to other states. Texas ranks 43rd in number of physicians participating in the state Exchanges established through the ACA. These low insurance acceptance rates are primarily due to low reimbursement rates.^{xlvi} Though insured, these patients face barriers to finding providers for even the most basic care.

766,000 Texans fall into the Medicaid coverage gap, which means that they earn too much to qualify for the state's Medicaid threshold but not enough to meet the criteria for financial assistance through the Affordable Care Act's Marketplace. These individuals are left stuck between two income eligibility lines and with little support for purchasing insurance. Individuals may choose to pay the penalty for not having health insurance rather than pay high premiums.¹

"What we're hearing is these people are falling in the gap where they don't qualify for Medicaid and they can't afford the ACA," explains Cathy Sbrusch, the Director of Public Health Services for Brazoria County. "I figured it would impact our indigent program that as people got jobs they would come off our program, but we aren't hearing from our patients they are doing that. I don't think they can afford it. It has to be affordable. People are choosing between food and medicines versus insurance. They don't go to the doctor when they have a small problem, and then it gets big. And what follows is so much worse." (C. Sbrusch, personal communication, December 7, 2015).

A study conducted by the Department of Health Management and Policy at the Johns Hopkins Bloomberg School of Public Health found that even when uninsured individuals are able to get an appointment with a primary care doctor, the quoted price of the visit is beyond their affordability. The average quoted price was \$160, yet significantly lower at Federally Qualified Health Centers (\$109). Prices were also lower for offices in ZIP codes with higher poverty rates. Only 18% of patients were told they could bring less than the full amount due to the visit, and those that could arrange a payment plan were told they must bring on average 61% of the total cost to the appointment. . The price of the appointment alone represents around one-tenth of the monthly income of an adult living in poverty^{li}. Uninsured adult Texans were twice more likely to forego primary care due to cost than those with insurance. The chart on the following page details the differences between the uninsured and the insured in their decisions to skip various types of medical care. ^{lii}

Table 20



Data Source: Episcopal Health Foundation, 2014

Poverty and Affordability:

Sixty-four percent of our community survey respondents cited “unable to pay co-pay/too expensive” as one of the top barriers to seeking medical treatment. It is important to note that the majority of those surveyed fall into the financially indigent category. This unique population was surveyed primarily as HM recognizes they are the most vulnerable to the effects of the changing economic landscape. With that noted, through research, it was uncovered that approximately 16.3% of the MSA (with all economic statuses and the total population considered) currently lives below the FPL. Unemployment and underemployment are directly associated with higher levels of poverty. Currently, the unemployment rate in Houston is approximately 4.9%.^{liii} The economic status of those living in the surrounding HMH communities can have a strong impact on their ability to access social and healthcare services. Though health insurance decreases the cost of medical care for patients, there remains a gap.

Patients who have insurance, yet are unable to pay the out-of-pocket costs, are considered underinsured. According to Dr. Stephen Linder, Associate Director of the Institute for Health Policy at the University of Texas School of Public Health, “Insurance is not the big deal- its coverage. Even though the ACA has a mandate for coverage, that purchase of coverage tends to be restricted to catastrophic care. If your chronic disease requires management, all of those costs are going to be out of pocket. ACA puts coverage in the hands of people who were previously uncovered, but affordability is still a huge issue. And so, the problem is out-of- pocket costs, which suggests that the deductibles and the copays are too high in ensuring that people get basic care” (S. Linder, personal communication, December 1, 2015).

Provider Location and Transportation:

The Houston Methodist Hospital (HMH) service area contains both urban and rural communities. A primary care physician’s proximity to a patient population is correlated with an increase in patient utilization of primary care services. Many stakeholders expressed concern about patients getting to appointments, especially in more rural regions of the HMH community where provider options are limited and therefore patients must travel longer distances to receive care. These areas also have limited public transportation options in comparison to more urban settings. Without a serious condition requiring medical attention, many patients may choose to forego receiving primary care, placing a larger burden on specialty care and the emergency departments within hospital systems.

“The primary challenge to public transportation is having enough resources to provide high quality service to a city as large and dispersed as Houston,” expresses Geoff Carleton, Principal at Traffic Engineers, Inc., a Houston based transportation planning firm that has overseen the Metro Transit System Reimagining project (G. Carleton, personal communication, February 7, 2016). “Safe, ADA accessible sidewalks, attractive bus stops, bicycle connectivity, service that arrives frequently seven days a week, and transit that is prioritized in high congestion areas are all components of a well-functioning transit system and are challenges in many areas of Houston.” In response to those challenges, Mr. Carleton proposes “designing healthcare facilities that consider people arriving in transit as much as they do people arriving in cars, creating covered sidewalks and short walking distances for people arriving via transit, investing in better sidewalks and bus stops, providing more all-day frequent transit service on routes serving healthcare facilities, ensuring service runs late enough on routes where many people are travelling outside of traditional commuting hours, and prioritizing transit in highly congested areas to improve the reliability and travel time of people using the services”. From his experience, sustainable changes that will enhance Houston’s transportation system to meet the needs of all Houstonians will require resources and coordination between the transit agency, cities, counties, and private and philanthropic sectors.

15% of Houston Methodist Survey respondents cited Transportation as a barrier to care.

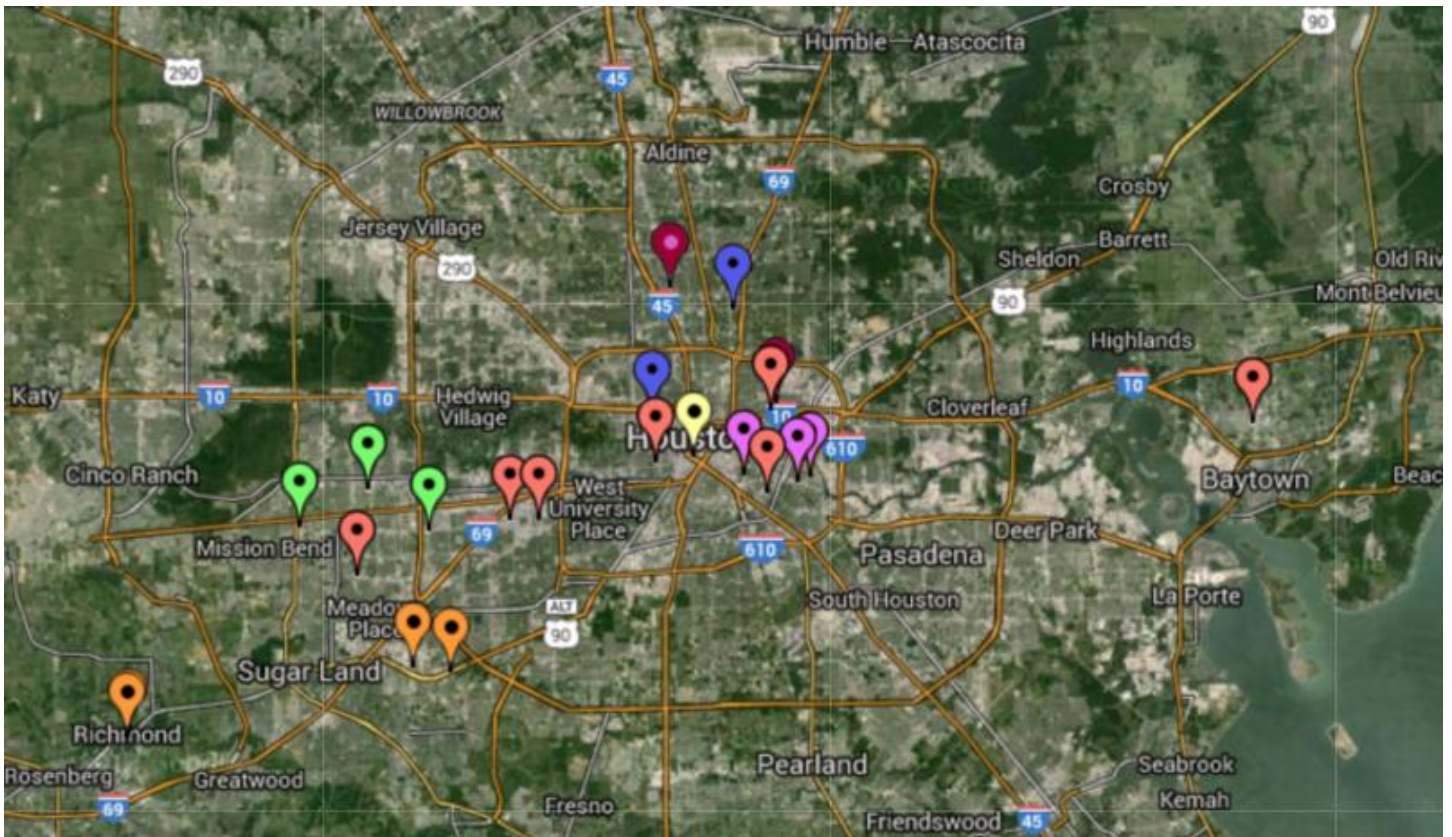









In an effort to combat some of the transportation barriers, Houston Methodist (HM) has expanded its reach in the community so that the population most underserved can still receive the quality care of the HM system without further being burdened by the obstacles that the Texas Medical Center can present. The expansion of the PCG along with the Houston Methodist Physicians’ Alliance for Quality (MPAQ) has allowed the hospital system to have a larger reach in the surrounding service areas. MPAQ serves as an additional network of care that community members can work through and brings top quality physicians to the neighborhood of the patient. As of 2015, HM added 232 physicians to MPAQ. In addition, for more than 10 years, Houston Methodist has positioned its Family Medicine Residency Program in the Harris County located, Denver Harbor Clinic. Denver Harbor Clinic is located in a medically underserved area. Physicians and residents are able to provide primary care services in the community that patients live in. The clinic is located along a Metro bus route which increases ease of access.

Safety Net Clinics:

According to *The State of Health in Houston/ Harris County*, there are 144 safety net clinics in the Greater Houston community, with 105 (78%) located in Harris County. Safety net clinics provide a range of healthcare services to the uninsured in Houston, who are estimated to need approximately 4.2 million visits. Patients who do not utilize these clinics obtain care from emergency rooms, private clinics, or forego healthcare. Harris County Hospital District also known is the largest safety net provider in the region, serving 66.4% of the safety net population, with Legacy Community Health as the second largest, serving 6.1%.^{liv}

It is estimated that safety net providers are currently meeting approximately 30% of primary care visit demand by Houston’s low income population. In order for safety net providers to meet 100% over the next nine years, the capacity to provide primary care within these settings will need to increase by 17-18%, per year. In order to simply maintain the 30% of demand that is currently met, capacity needs to increase by 2-3% per year.^{lv}



- | | |
|--|--|
|  Access Health Network |  Healthcare for the Homeless-Houston |
|  Legacy Community Health Network |  Hope Clinic Network |
|  Good Neighbor Health Centers Network |  El Centro de Corazon Network |
|  Vecino Health Centers Network | |

✓ Reduce barriers to accessing specialty care services for the surrounding underserved community.

A primary care physician will refer a patient for specialty care for more thorough diagnoses and treatment of a particular disease state, such as heart disease or chronic obstructive pulmonary disorder (COPD). Specialty care must be received in a timely manner in order to avoid a cycle of unmanaged health complications. For many, specialty care is considered a luxury and something that is not attainable due to the high cost and coordination of care.

The following barriers have been identified by Houston Methodist community stakeholders as needs to address in order to improve access to specialty care in Houston:

- High demand for specialty services and long wait times.
- Affordability and insurance.
- Adequate provision of a continuum of care.

High Demand with Limited Options:

Few clinics that serve low-income patients have specialists on staff, and sometimes the clinics have no direct connection with specialists, who are usually affiliated with hospitals or large practices. Even when there is an established connection, arranging timely and affordable specialty care may be nearly impossible. According to Dr. Donald Briscoe, Medical Director of Vecino Health Centers and the Chairman of the Department of Family Medicine at Houston Methodist Hospital “For our patients, the biggest medical barrier is access to specialty care. It is expensive. It takes a long time to get people in. Our primary referral source is to the Harris Health System so people need to qualify for that and there is such a demand on that system it can take a very long time to get access” (D. Briscoe, personal communication, December 11, 2015).

The leading causes of death in Texas are heart disease, cancer, stroke, diabetes, and chronic lower respiratory disease. Patients with these diseases have been found to have better health outcomes when managed by a specialty care physician, but due to the high prevalence of these diseases, there is an increased demand for specialists that treat these diseases. For indigent patients with limited provider options, wait times for seeing a specialty care physician are even longer than for those who have a wider network of options.

Higher Cost of Specialty Care:

Specialty care, by nature, is more expensive than primary care, and when needed, is usually vital to the patient’s health. Diagnostic testing is often required to refer a patient to a specialist, and the cost of testing alone can be a barrier. In 2010, 25% of referrals to Harris County Hospital District were denied because patients were unable to complete the pre-diagnostic testing required.^{lvi}

Between 2008 and 2013, Harris County residents received \$7,348,148,723 in charges for hospitalizations that were potentially preventable, indicating that if the individual had access to appropriate outpatient healthcare, the hospitalization would likely not have occurred. The chart below shows the number of hospitalizations in 2013 in Harris County, per potentially preventable disease, including the average hospital charge per disease.^{lvii}

Table 21

Potentially Preventable Disease	Number of Hospitalizations	Average Hospital Charge
Congestive Heart Failure	7,591	\$44,739
Hypertension (High Blood Pressure)	1,619	\$28,419
Chronic Obstructive Pulmonary Disease	5,266	\$36,541
Diabetes-Short Term Complications	1,932	\$28,882
Diabetes- Long Term Complications	3,675	\$48,664

Data Source: Texas Department of Health and Human Services

Furthermore, specialty care may require more frequent visits and testing, which increases out of pocket costs to the patient. Kara Hill, the Chief Executive Officer of Christ Clinic, is concerned that patients are not able to pay for prescriptions and further care associated with specialty care. “Let’s say you are above 100% of poverty and you are between 100% or 150%, of poverty, that is really low income,” says Ms. Hill. “The high deductibles and the high copays and the high cost of prescriptions after you are paying \$100 a month or \$200 a month in your insurance premiums, it seems very overwhelming for people with income levels that are still super low. We just had a patient talk about how it is completely not affordable for her because she has to be on all these medications that insurance wasn’t going to cover. It just remains unaffordable” (K. Hill, personal communication, December 10, 2015).

Gaps in Providing a Continuum of Care:

One challenge identified by a large majority of stakeholders was effectively and efficiently referring patients once a need for a specialty care referral has been identified, as well as the ability to provide a full continuum of care once the patient begins to be seen by a specialist who may determine that a patient requires expensive treatments or procedures.

The establishment of the Harris Health System was designed to combat the continuum of care gaps. Harris Health is an integrated healthcare system that cares for the vast majority of the Harris County population, particular the underserved. Formerly the Harris County Health District, which was established through Texas voter referendum in 1965, the system provides a significant avenue for residents in need of specialty care. Even with this resource, challenges still remain.

Primary care physicians are challenged with finding specialists included in health insurance plans, particularly those plans purchased on the Marketplace that have narrow networks. Insurance usually falls into two categories- either a Preferred Provider Organization (PPO) Plan or a Health Maintenance Organization (HMO) Plan. A PPO offers a network of providers to choose from, with the ability to see providers both in and out of the network, though out of network providers will be more expensive. An HMO offers only the ability to see a provider in the network, which in some regions, particularly in areas with limited medical resources, can be limiting. In 2016, there are no PPO plans available to individuals in Houston through the Marketplace.

According to Marcie Mir, LCSW, Chief Executive Officer of El Centro de Corazon, “It really is looking at trying to determine the most efficient, effective way to provide the uninsured and underserved, the people who really don’t have a lot of access to healthcare, how to provide them specialty care. You look at Harris Health- this is one of the only ways for them to get in and then it takes so long for them to be able to access that care. When you look at the overall size of Houston and the cost of specialty care, there is a whole population that is just left not being able to access that particular care”.

She further explains the dilemma of screening and diagnosing patients that have little resources to cover continued specialized care. “If you think about it, if a mammogram result comes back positive and we try to connect [the patient] to the public hospital system in Houston, the average wait time to get in is 3-6 months. When you are diagnosed with possible cancer, you and I would be able to find resources within a blink of an eye but for patients that El Centro serves, not so much” (M. Mir, personal communication, December 17, 2015).

Lack of Specialty Care Physicians in Underserved Populations:

Because specialty care physicians are compensated at a higher rate than their primary care counterparts, settings that provide care for the underinsured and uninsured may not be able to compete with larger institutions to obtain these specialists. Federally Qualified Health Centers (FQHCs) are required to provide primary care services to patients on-site, but are not required to provide specialty care, and therefore depend primarily on external sources to support specialty care programs.

Most specialty care physicians working in FQHCs and free clinics are providing care pro-bono or through external programs providing support for the clinic. Otherwise, the majority of specialty care must be referred out of the clinic, possibly leading to broken referral chains and/or long wait times, further increasing the barriers to accessing specialty care.

✓ Promote healthy living behaviors that reduce the likelihood of chronic disease development.

Preventive Care:

Preventive care is key in detecting illness and keeping it at bay. It includes services such as screenings, check-ups and counseling. Examples of preventive care include immunizations, well woman check-ups, and colonoscopies. Encouraging patients to participate in preventive care leads to a decrease in the prevalence and severity of many diseases and conditions such as heart disease, certain kinds of cancer, and stroke. According to Dr. Mary desVignes-Kendrick, Director of the Fort Bend County Health Department, “We need to make preventive care services more accessible, affordable, and accommodating. This increases the likelihood of receiving preventive care” (M. desVignes-Kendrick, personal communication, December 8, 2016).

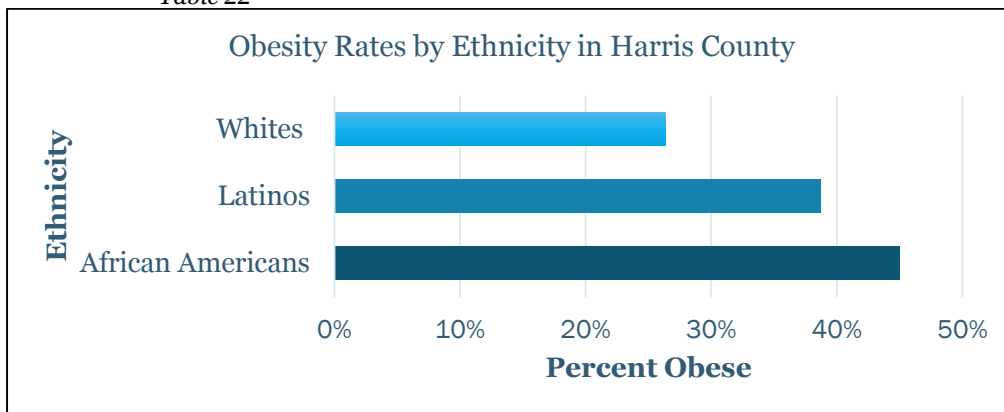
Despite the importance of preventive care, many people choose not to seek it out. For example, of the 1,000 Houstonians surveyed for this report, only 40% had received a well woman/man exam within the last year and only 44% had been to the dentist in the past year. Regarding barriers to preventive care, Katy Caldwell, CEO of Legacy Community Health, says, “We are a society that always goes to the doctor when you feel bad. You don’t go to the doctor for regular checkups for that type of preventive care so you don’t think about it. You forget about it” (K. Caldwell, personal communication, December 22, 2015).

Furthermore, encouraging certain lifestyle modifications such as balanced nutrition and physical activity can contribute to preventive care and may decrease the likelihood of certain diseases to develop. Dr. Linder adds, “When people think about health problems they tend to define them in terms of clinical care and what problems clinical care addresses. Part of that is trying to understand better what health involves on a daily basis independent of the clinic and things people can do for themselves to improve the quality of their health and wellbeing.”

Obesity and Physical Activity:

Adults who have a BMI of 30 or higher are considered obese. While obesity is not a primary cause of death, it is a leading contributor to coronary heart disease, type 2 diabetes, cancers (endometrial, breast and colon), hypertension, and stroke. According to Dr. Abhishek Kansara, endocrinologist at Houston Methodist Hospital, “Not all overweight or obese patients may be currently ill or have other associated medical conditions, but it does put one at a higher risk of developing an array of chronic medical conditions which often persist lifelong.” Dr. David Chiu, medical director of the Houston Methodist Eddy Scurlock Stroke Center, adds “Obesity is an important cause of conditions like hypertension, diabetes, and metabolic syndrome, which are potent risk factors for stroke, dementia, and vascular disease” (D. Chiu, personal communication, November 24, 2015). Of the Houstonians that were surveyed for this report, 35% reported having been told that they are overweight. According to the Texas Department of State Health Services Behavioral Risk Factor Surveillance System^{lviii} overweight and obesity are more pronounced in minorities and middle-aged adults.

Table 22



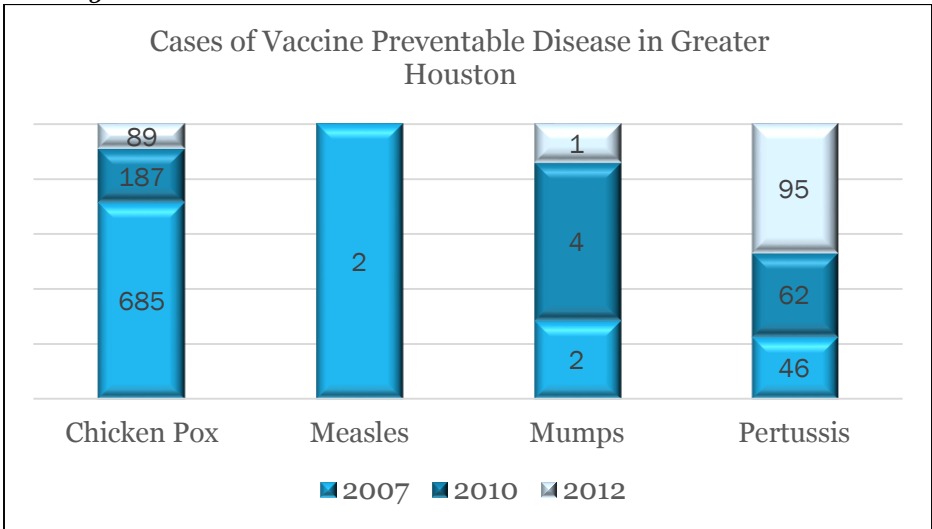
Data Source: BRFSS, 2014

Although men are more likely to be overweight, women are more likely to be obese. Obesity is caused by an energy imbalance. According to the CDC, “this involves eating too many calories and not getting enough physical activity”. Therefore, it is important to note that 35% of people in the Houston-Baytown-Sugarland MSA report no physical activity per week. Regarding physical activity, Dr. Linder notes, “When thinking about prevention, the number one problem is inactivity, which affects virtually all of the top chronic diseases except cancer.”

Immunizations:

As a result of safe and affordable vaccinations, rates of diseases such as measles, mumps, and tetanus are near record lows.^{lix} However, incidences of vaccine preventable disease still persist.

Table 23



Data Source: Harris County Public Health and Environmental Services, 2014

Barriers to immunizations are varied and include cost, lack of a system to track previous vaccines, and competing demands from physicians. Dr. Ann Barnes, MD, MPH, Chief Medical Officer of Legacy Community Health, an FQHC in Houston, adds, “Public health and healthcare systems focused on population health have got to think creatively about how we bring these evidence-based strategies to people where they are. Perhaps a nurse should walk through a business office with flu shots in-hand to vaccinate people at their desks, or attend a church service and vaccinate the pastor in front of his or her congregation with an invitation to vaccinate anyone else who’s interested” (A. Barnes, personal communication, December 20, 2015). Vaccines for influenza are widely available and can reduce the risk of illness by 50-60-%.^{lx} Every year, approximately 23,000 people die from the season flu in the United States.^{lxi} The CDC recommends that adults over 65 receive a vaccination against influenza. However, in Harris County, 41.4% of adults age 65 and older reported not receiving a flu vaccine in the past year. This number is higher than both the state and national average, at 40.6% and 33.0% respectively. However, of the 1,000 Houstonians who were surveyed for this report, only 36% had received a flu shot in the past year.

Drug, Alcohol, and Tobacco Use:

Tobacco: Reducing tobacco use is a priority both in Harris County and nationally. According to Healthy People 2020: “Tobacco use is the single most preventable cause of death and disease in the United States”.^{lxii} The use of tobacco is associated with numerous diseases such as stroke, diabetes, multiple cancers, and heart and vascular disease. Each year, over 440,000 Americans die from diseases related to tobacco. The CDC reports that Harris County’s tobacco use rate is slightly higher than the state average, at 16% and 17%, respectively.^{lxiii} Of the total number of community members surveyed by Houston Methodist, approximately 17% reported as being current smokers.

Table 24

Additionally, secondhand smoke exposure contributes to several health conditions. The CDC defines secondhand smoke as “Smoke from burning tobacco products, such as cigarettes, cigars, or pipes” or “smoke that has been exhaled, or breathed out, by the person smoking”. Secondhand smoke can cause conditions such as respiratory infections, asthma attacks, ear problems, heart disease, and lung cancer. The CDC also adds that even brief exposure to secondhand smoke can be harmful to one’s health. Secondhand smoke can cause conditions such as heart disease, lung cancer, and stroke.

Drug Use: According to the National Survey on Drug Use and Health, an average of 490,000 people in the Houston-Baytown-Sugarland MSA used illicit drugs in the past year.^{lxiv} This is representative of nearly 12% of the total population. This number is similar to the Texas rate (12.6%), and lower than the national rate (14.7%). Specifically, marijuana use has experienced a steady incline in Texas. This number has increased from slightly over 20% in 2007 to nearly 25% in 2011. Behind marijuana, the second most commonly used illicit drugs are nonmedical pain relievers.^{lxv} However, the use of nonmedical pain relievers decreased for both adolescents and young adults from 2002 to 2012. It is also important to note that 8.9% of the population in the Houston-Baytown-Sugarland

MSA were classified as having a substance use disorder. This is slightly higher than the national average, which is 8.1%. The use of illicit drugs can impact many diseases and conditions such as cardiovascular disease, stroke, HIV, and lung disease.

Alcohol: Binge alcohol consumption is defined as having more than five drinks on the same occasion. The report from the National Survey on Drug Use and Health states that 25.1% of the population age 12 and older in the Houston-Baytown-Sugarland MSA have participated in binge alcohol consumption in the past month. Comparatively, 28.2% of people age 18 and older have participated in binge alcohol consumption in the past month. Binge drinking is associated with health conditions such as unintentional injuries, alcohol poisoning, liver disease, cardiovascular disease, and poor control of diabetes. Furthermore, binge drinking is associated with other intentional injuries such as sexual assault and domestic violence.^{lxvi}

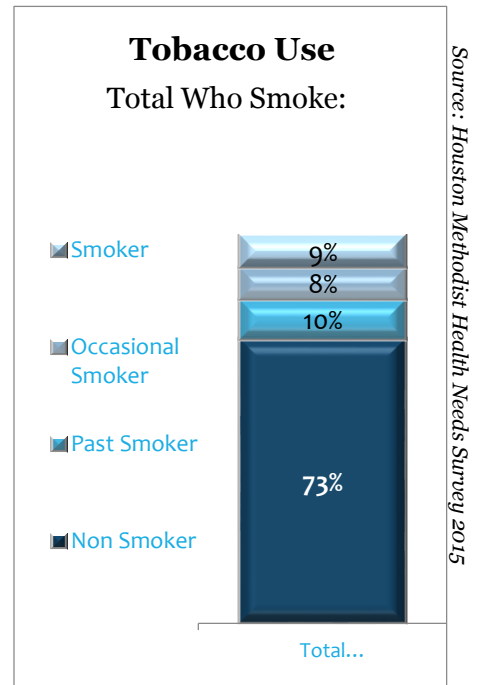
Sexually Transmitted Diseases:

Sexually transmitted diseases (STDs) are infectious diseases that spread from one person to another via sexual contact. They are usually spread through contact with infected body fluids such as semen, blood, and vaginal fluids, but can also be spread through sores in the mouth. The transmittal of STDs can often be prevented through the use of both condoms and dental dams, as well as abstinence.

Despite the fact that STDs are preventable, the CDC reports that rates of chlamydia, gonorrhea, and syphilis are on the rise. The incidence of all three of these diseases has increased steadily in recent years.^{lxvii}

Chlamydia

Chlamydia is the most commonly reported STD in the United States. When untreated, chlamydia can lead to pelvic inflammatory disease in women which is a major cause of infertility and ectopic pregnancy. Between the years of 2013 and 2014, rates of chlamydia increased 2.8% overall. In Harris County, rates of chlamydia increased from 27.3% from the years 2009-2012. The rate of chlamydia is higher in Harris County than in Texas, at 516.5 cases per 100,000 and 478.3 cases per 100,000 respectively.^{lxviii} The prevalence of chlamydia is significantly higher with African Americans than any other racial or ethnic groups.



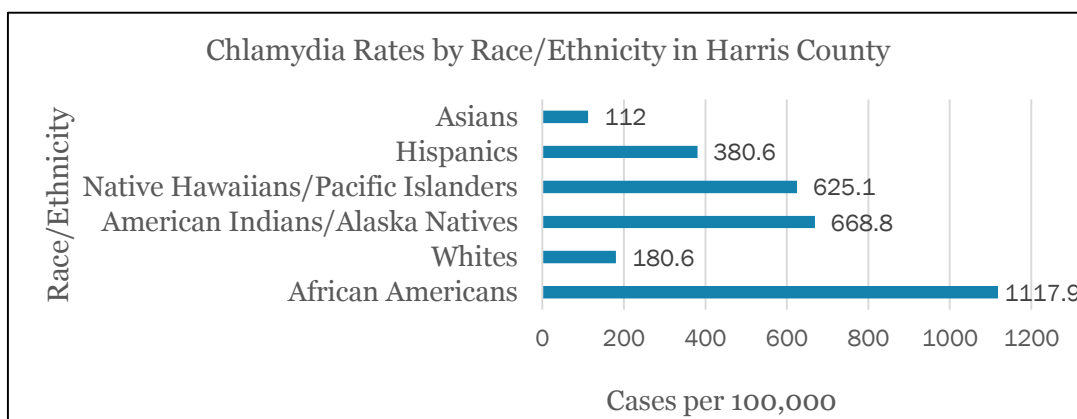


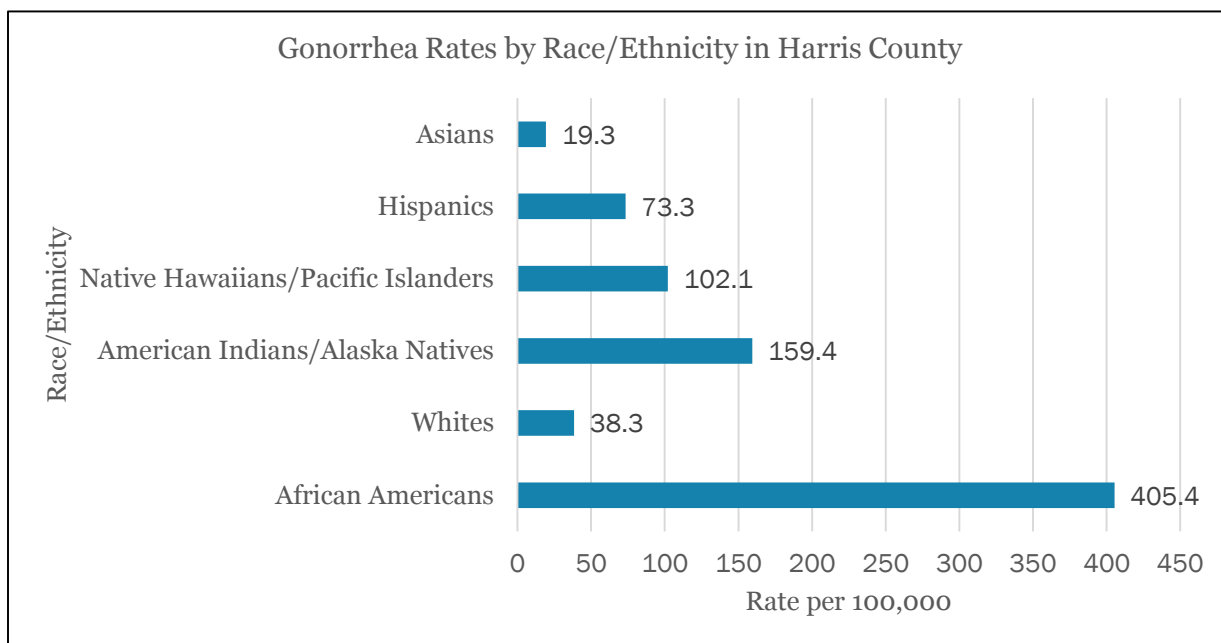
Table 25

Data Source: CDC Reported Cases of STDs, 2014

Gonorrhea

Gonorrhea, the second most commonly reported STD in the United States, is a major cause of pelvic inflammatory disease. Similar to chlamydia, untreated gonorrhea may cause infertility, ectopic pregnancy, and chronic pelvic pain. Furthermore, when left untreated, gonorrhea may facilitate the transmission of HIV. In the United States, the rate of gonorrhea has increased by 10.5% between the years of 2010 and 2014. Rates of gonorrhea are higher for men than women, at 120.1 cases per 100,000 and 101.3 per 100,000 respectively. In Harris County, the rate of gonorrhea is 153.4 per 100,000.^{lxx} Reported rates of gonorrhea are significantly higher for African Americans than any other racial or ethnic groups.

Table 26

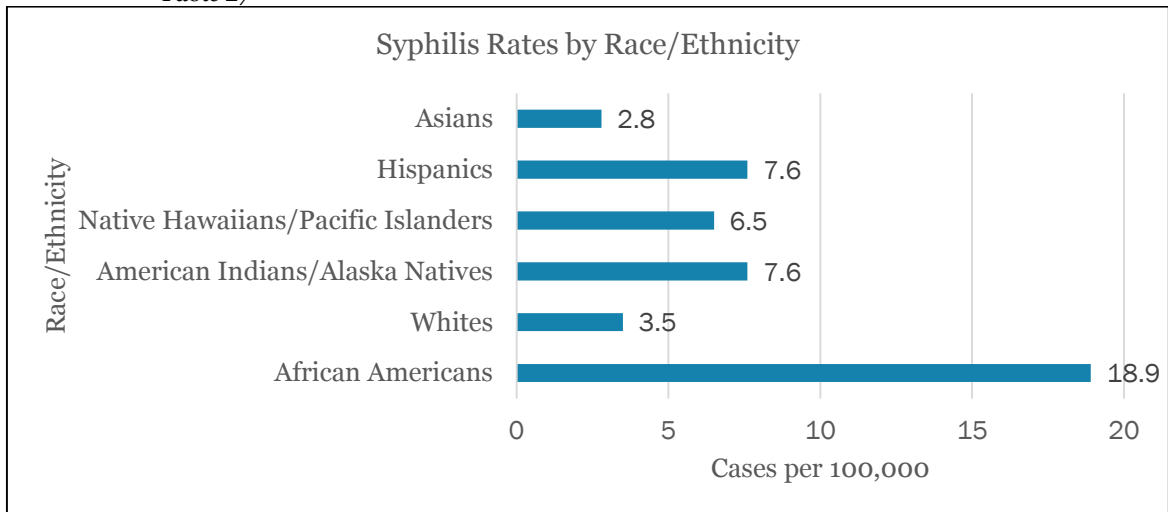


Data Source: CDC Reported Cases of STDs, 2014

Syphilis

Syphilis is an STD that, when left untreated, can facilitate HIV transmission and may also cause brain damage and blindness. Syphilis may also have severe ramifications for pregnant women, potentially leading to infants who are either low birth weight, preterm, or stillborn. In 2000 and 2001, the national rate of syphilis was 2.1 cases per 100,000, which is the lowest rate since reporting began in 1941.^{lxx} However, since 2000, the rate of syphilis has increased steadily. The increase in cases has been mainly attributed to gay and bisexual men. However, rates for both men and women have increased during this time. Harris County rates of syphilis have increased from the years 2010 to 2012, at 6.6 cases per 100,000 and 11.7 cases per 100,000 respectively.^{lxxi}

Table 27



Data Source: CDC Reported Cases of STDs, 2014

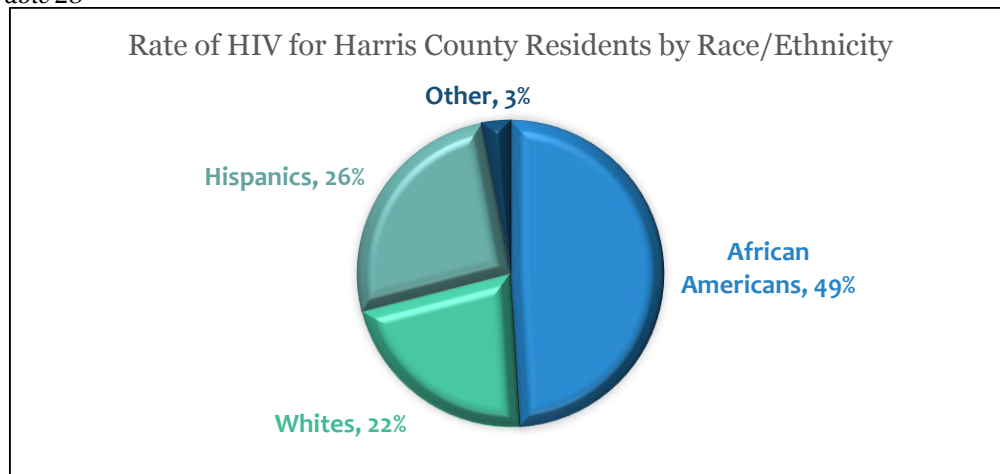
Human Immunodeficiency Virus

Human Immunodeficiency Virus (HIV) destroys important cells that fight disease and infection in your immune system. Currently, there is no cure, although advances in medicine have allowed for control of HIV. HIV has several phases, the last of which is AIDS. Once people with HIV have reached the AIDS phase, their survival time is three years on average.

AIDS is a significant cause of death in many populations. It's estimated that over 658,000 people in the United States have died from AIDS. In 2012 alone, 13,712 people in the United States died.

It's estimated that 1.2 million people in the United States are currently living with HIV in the United States. Of this number, about 12.8% are unaware that they are infected.^{lxxii} As of December 2012, 21,017 people were living with HIV and AIDS in Harris County. An estimated 18% of these cases are undiagnosed, meaning a potential 3,783 additional residents of Harris County are unaware they are infected.^{lxxiii}

Table 28

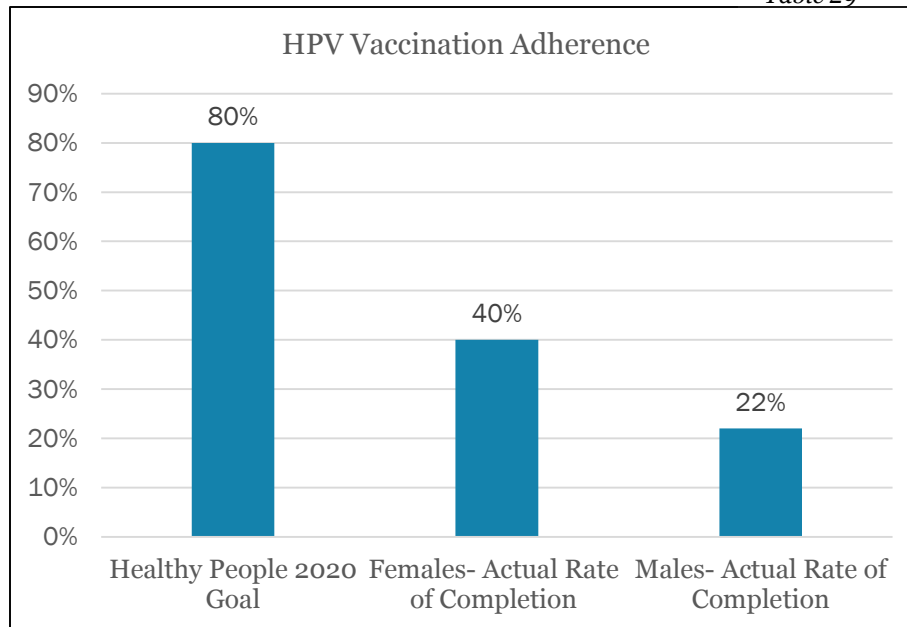


Data Source: Harris County Public Health and Environmental Services, 2014

Human Papillomavirus

Human Papillomavirus, or HPV, is the most common sexually transmitted infection in the United States. Without treatment, HPV may cause cervical cancer or genital warts. In fact, HPV is responsible for 70% of cervical cancer cases diagnosed worldwide. In 2006, a vaccination was developed to prevent HPV. This vaccine is recommended for females ages 11-26 and males age 11-21 who have not been previously vaccinated. Although Healthy People 2020 established a goal of 80% adherence to the vaccination, recent data shows significantly less adherence to the recommendation.^{lxxiv}

Table 29



Data Source: CDC Reported Cases of STDs, 2014

✓ Increase access to mental health care services within Houston Methodist Hospital's surrounding underserved community.

Prevalence:

Mental health disorders affect both the health and productivity on a society as a whole. In fact, adults suffering from mental illness tend to die on average 25 years sooner than those without a mental illness.^{lxxv} An adult with mental illness can be described as “having a diagnosable mental disorder that results in functional impairment that interferes with major life activities”.^{lxxvi}

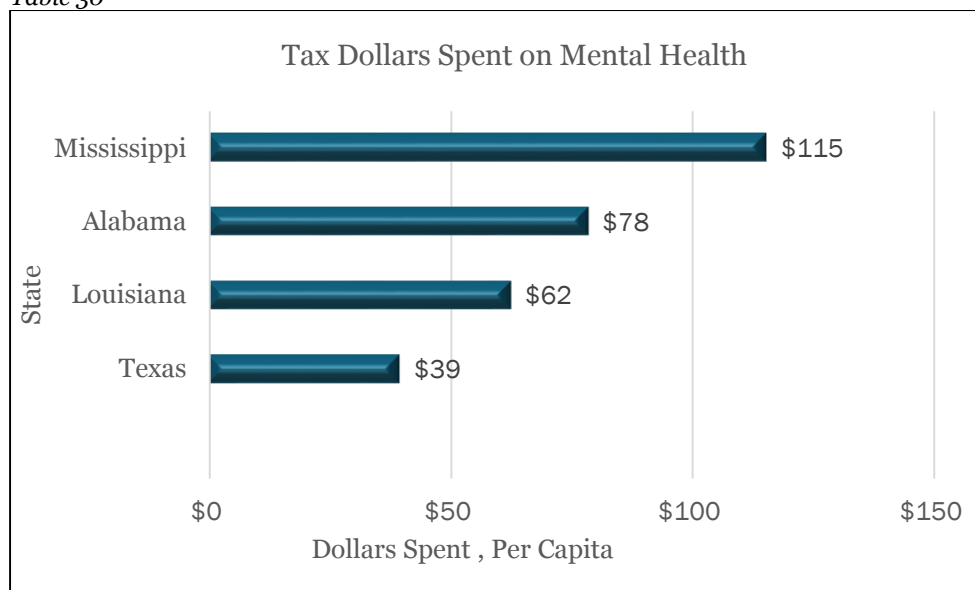
The Health Status of Texas report estimates that the prevalence of mental illness is just under 3%.^{lxxvii} Over 181,000 people included in this number have a mental illness that is classified as severe and can affect their daily functioning.^{lxxviii} In a survey performed by the Department of State Health Services, 20% of Texas adults reported poor mental health.^{lxxix}

The most prevalent diagnoses for mental illness include bipolar disorder, major depression, schizophrenia, panic disorders, and obsessive-compulsive disorder. According to *The Consequences of Mental Illness in Houston* report, one in every five Houstonians has a mental illness. Furthermore, an estimated 1/3 of the Houston population are in a close network of someone with a severe mental illness. Annually, more than 5.6 billion dollars in productivity are lost as a result of mental illness in Houston. Unfortunately, less than half of people diagnosed with a mental illness receive treatment for it. Cost, provider shortage, lack of diagnosis, stigmas, and wait times are just a few of the barriers to treatment.

Cost:

Funding for mental health services come from both private and public sources. Private sources include private health insurance and out of pocket payments. Public sources include governmental funding (federal, state, and county) as well as funding from non-profit agencies. Texas and Houston in particular fall way behind the national average when it comes to public funding. *The Consequences of Mental Illness in Houston* report states: “Texas ranks 49th in state per capita mental health funding, and Harris County (greater Houston) ranks among the lowest in Texas counties”. The lack of funding from public sources often places the burden of seeking mental health services on an individual, which can prohibit patients from receiving the care they need.

Table 30



Data Source: Houston Chronicle, 2014

Funding from private sources also presents challenges. Psychiatrists are less likely than other physicians to accept health insurance. In fact, only 55% of psychiatrists accept private insurance, compared to 89% of other practitioners. This situation is even further complicated for Medicaid patients. Only an estimated 43% of psychiatrists accept Medicaid, compared to 73% of other practitioners.^{lxxx} A primary reason for this discrepancy relates to the time it takes for psychiatrists to perform counseling and therapy. Because they spend more time with patients than other practitioners, they may have fewer patients and would therefore be unable to balance insured patients with the significantly lower reimbursement for those patients with Medicaid.

Provider Shortage:

Texas and Harris County in particular suffer from a lack of mental health service providers. A lack of trained mental health professionals, as well as inpatient facilities with the capacity to treat mental health disorders, are a significant barrier to treatment. A lack of beds often means that “places like the Harris County jail end up serving as de facto mental health facilities. Jails are not hospitals, and staff simply aren’t trained or equipped to treat mental health”.^{lxxxi}

Furthermore, 185 counties in the state of Texas lack a general psychiatrist. Included in those counties are both Waller and Wharton counties, which are included in the Houston Methodist Hospital service area.^{lxxxii} Steve Duson, Executive Director of Interface-Samaritan Counseling Centers, said, “The shortage of providers – particularly psychiatric services in low density populations – seem to be a serious issue” (S. Duson, personal communication, December 5, 2015).

The Mental Health and Mental Retardation Authority of Harris County treats nearly 50,000 patients a year. Currently, this agency experiences a wait list of 1,600 adults suffering from serious mental illnesses such as bipolar and depression. The primary reason for the wait list is a lack of clinicians. Although the agency is looking to expand services, they currently do not have enough psychiatrists to facilitate this expansion.^{lxxxiii}

Physician Referral:

Primary care physicians are often the sole source of health care used by patients with a mental disorder. An estimated 11-36% of patients who see a primary care physician suffer from a mental disorder.^{lxxxiv} Though this may increase access for many patients, the utilization of primary care physicians as the main source of treatment for mental health may still lack both intensity and quality. Only an estimated one third of patients who are treated for mental health by their primary care physicians receive minimally adequate care. Many primary care physicians lack the appropriate training and experience to treat mental health disorders.

Many primary care physicians report difficulties in making mental health care referrals for their patients. Reasons for these difficulties include manpower shortage, insurance coverage, problems with the actual referral process, and location.^{lxxxv} Furthermore, in the rare instances that primary care physicians are able to initiate a referral, the rates of patients completing the referral process is often low.

Stigma:

One of the most significant barriers to care for mental health is stigma. Stigma is defined as “when someone views you in a negative way because you have a distinguishing characteristic or personal trait that is thought to be, or actually is, a disadvantage”.^{lxxxvi} Stigmas often lead to discrimination and can negatively impact those with mental health disorders. Respondents from the Community Health Needs Survey were asked if they agree with the following statement “People are generally caring to people with mental illness.” Of the 1,000 respondents, only 54% agreed. Carole Edwards, CEO of Access Health, adds, “I think it is a lot less acceptable to talk about. People don’t want to admit there is something wrong but there’s also, I think, an ignorance of what it actually is and if there are things that can help” (C. Edwards, personal communication, December 3, 2015).

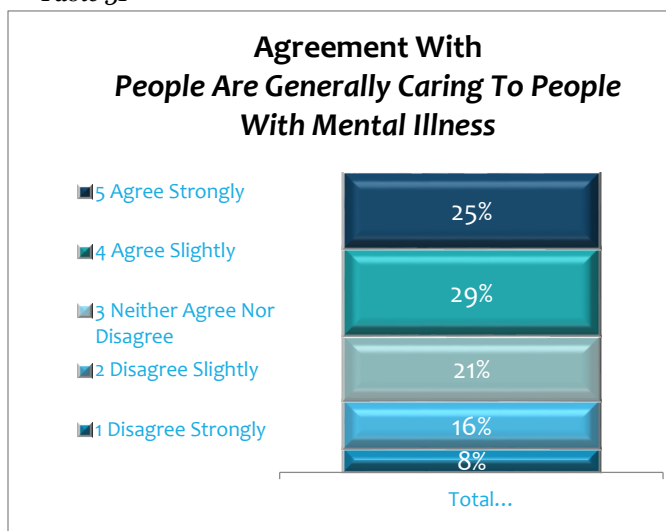
The following have been identified as harmful effects of stigma associated with mental health:



Data Source: Mayo Clinic, 2014

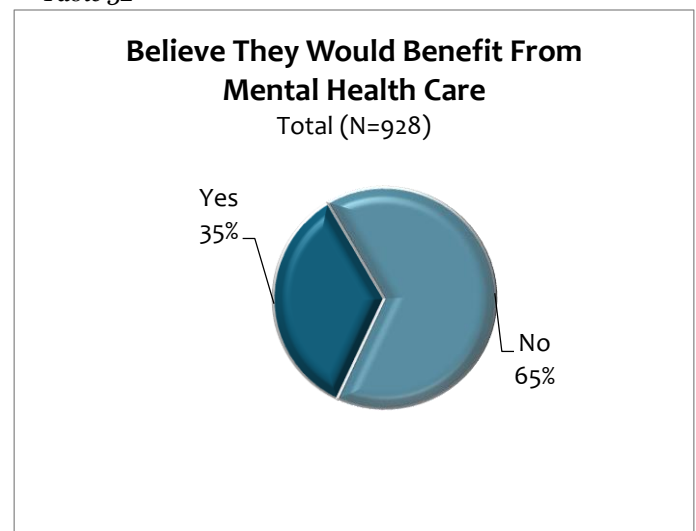
The stigma due to mental illness is “largely due to our lack of understanding of its causes and its occasional bizarre symptoms.”^{lxxxvii} Often, people will avoid thinking of mental illness because of both fear and denial, which can contribute to denial of treatment. Duson adds, “Looked at holistically, there is some behavioral health component to almost every health issue. Treated in isolation, neither the mental health issue nor the medical condition can be dealt with as effectively. Some degree of care for the spirit and the mind are part of almost every presenting medical issue. A good case could be made that everyone with a health problem – 99% of the population – will have a treatable mental health component to their condition.” Results of the Houston Methodist Health Needs Survey revealed community members were somewhat split on the statement of whether or not people were generally caring to people with mental illness. This sentiment could provide some insight into reasons behind resistance of members of the community seeking mental health care. See charts below.

Table 31



Source: Houston Methodist Health Needs Survey 2015

Table 32



Source: Houston Methodist Health Needs Survey 2015

Conclusion:

This Community Health Needs Assessment (CHNA) report provides the foundation for Houston Methodist Hospital's efforts to guide community benefit planning to improve the health status of the supported community. The priorities outlined in this report will serve as the foundation for the formulation of the Houston Methodist Hospital Implementation Plan for 2016-2019.

The appendix at the end of this report will provide the following additional resources of information:

- Community Health Issues Not Addressed
- List of Stakeholders Interviewed
- Health and Social Disparities by Race
- Community Resource List
- Works Cited

Please note that this assessment and the subsequent implementation plan will be routinely re-evaluated in order to ensure that Houston Methodist is responding in the most impactful ways to the most pressing health needs of the greater Houston community.

APPENDIX

Community Health Issues Not Addressed:

Houston Methodist will not be addressing the following needs. The listed needs received the lowest rankings when submitted to public health experts, stakeholders and community members. In addition to the lower ranking in correlation to the selected prioritized needs, Houston Methodist has provided additional rationale for not targeting the following:

- **There is a need to address social determinants that contribute to decreased state of health.**

Houston Methodist is unable to focus on social determinants that include transportation, housing affordability, food security and other such factors due to competition for resources. Houston Methodist's primary focus is to provide access to health care services. With recognition that the listed determinants can have an impact on one's health status and overall quality of life, the hospital system is not equipped to address such determinants directly. However, the system will continue to support charitable partner facilities whose missions are focused on such initiatives.

- **There is a need to promote the importance of access to green space and parks within the surrounding community.**

Houston Methodist is unable to focus on providing access to green space and parks due to competition for resources. Houston Methodist's primary focus is to provide access to health care services. With recognition that access to green space and parks has the potential to increase levels of physical activity, and according to some studies have mental health benefits, the hospital system is unable to focus heavy resources on this proposed need. Houston Methodist will continue to work with charitable partners and the City of Houston in support of potential initiatives surrounding green space.

- **There is a need to address the unique health and social disparities within minority populations.**

Houston Methodist is focused on addressing the health disparities that exist in our community. Through the prioritization of the previously listed needs, the impact that race and gender have on such disparities will be reviewed. In this appendix, readers can review a snapshot of health disparities specifically by race. This need will be addressed indirectly.

Checklist for ACA Compliance

To comply with proposed IRS regulations as set forth in IRS Notice 2011-52, a hospital must meet the following requirements with respect to a Community Health Needs Assessment (CHNA) written report and implementation strategy. In conducting the CHNA, Houston Methodist Hospital agrees that the following requirements were met and therefore the Hospital is in compliance with Affordable Care Act regulations:

- ✓ Describe the community served and how it was determined (e.g., geographic area served).
- ✓ Describe processes and methods used to conduct the CHNA.
- ✓ Describe the sources and dates of the data and other information used in the CHNA.
- ✓ Describe analytical methods applied to identify community health needs.
- ✓ Identify any information gaps that impact ability to assess the community's health needs.
- ✓ List all organizations with which hospital collaborated in conducting CHNA.
- ✓ Describe how hospital took into account input from parties who represent broad interests of community served, input from person(s) with special knowledge of public health, input from federal, tribal, regional, state or local health departments and agencies, and input from leaders, representatives, or members of medically underserved, low-income, and minority populations in the community served by the hospital.
- ✓ Prioritized description of all of the community health needs identified through the CHNA and the process/criteria used in prioritizing such needs.
- ✓ Describe existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
- ✓ Identify names, titles, and/or affiliations of individuals consulted. Those consulted must include individuals with special knowledge of or expertise in public health, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs.

Development of the 2016 CHNA

Houston Methodist conducted its Community Health Needs Assessment (CHNA) and was able to prioritize the needs that each of its hospitals would address through a series of steps that included surveying patients located in each of the Houston Methodist service areas along with other techniques designed to uncover the most pressing concerns of the surrounding community.

Phase 1: Community Feedback Collection

- *Developing the Survey Questions:* The first step in developing the CHNA for Houston Methodist required the hospital system to first understand what mattered most to the population surrounding its eight hospitals in Greater Houston. To do this, the Office of Community Benefits worked with leaders in public health to develop and refine survey questions that would help Houston Methodist gain the first insight into the top social and health priorities of our city. The survey consisted of 25 questions and were divided under the categories of:
 - + Tell Us About Yourself
 - + Tell Us About Your Health
 - + Tell Us About Your Community
 - + Tell Us How You Feel
- *Distributing the Survey:* After the questions were developed for the survey, the surveys were then distributed electronically and in hard copy form across the community. Hard copy surveys were distributed to eleven (11) different facilities providing health care services to the uninsured and underserved population. These hard copy surveys were placed in the following facilities across Greater Houston:
 - + Access Health
 - + Christ Clinic
 - + El Centro de Corazon
 - + Hope Clinic
 - + Krist Samaritan Counseling Center
 - + Legacy Community Health
 - + LIFE Houston
 - + Northwest Assistance Ministries
 - + The Rose
 - + TOMAGWA Health Ministries
 - + Vecino Health Centers



Additional hard copy surveys were distributed at Houston Methodist's flagship location in the Texas Medical Center due to the variety of patients and guests who come to the location from more than eight counties. Electronic surveys were posted on various social networking sites to capture an uncontrolled group of respondents. Overall, more than 1,000 people were surveyed.

- *Survey results analyzed:* Surveyed facilities were given three months to collect responses from the client/patient base being serviced. Response collection began May 1, 2015 and ended August 15, 2015. Once all responses were collected, Houston Methodist contracted an external market analysis agency to conduct simple analysis of the data to lay the foundation for the assessment.

Phase 2: Community Leaders and Stakeholder Feedback

- *Selection of public health and community leaders with special knowledge including leaders and representatives of medically underserved, low-income, and minority populations and local, and state health agencies:* The Office of Community Benefits compiled a list of top health and community experts from around the Greater Houston community and state and shared key data uncovered by the community health needs survey. Experts and leaders were pulled from a variety of specialty areas including experts in the field of key health conditions from health care institutions including Houston Methodist. Also, experts were selected from key Federally Qualified Health Centers and Free/Charity Clinics such as but not limited to Legacy Community Health, The Rose, Access Health and Healthcare for the Homeless-Houston. Feedback was solicited from experts at public health education focused institutions such as the Kinder Institute for Urban Research at Rice University and UT School of Public Health as well as insight sought from city officials.
- *Selection of members of medically underserved, low income, and minority populations:* The Office of Community Benefits received the primary input on the needs of the underserved community through the distribution of a survey in which members were asked to answer a series of questions such as:
 - + What are the 5 most important things that are needed for your city/community to be considered healthy?
 - + What are the 5 biggest barriers that prevent friends and family from seeking medical treatment?
 - + Tell us if you agree with the following statement: Treatment can help people with mental illness lead normal lives.
 - + What are the top 3 things that you feel are negatively affecting your city/community?

The feedback from the underserved community served as the basis for interviews with community health leaders.

Phase 3: Methodology to Prioritize:

- *Statements of Need Formulated:* Interviews were conducted for each selected expert based off the survey findings in an effort to prioritize the needs and gain more detailed analysis of factors that may have contributed to respondents' answers. After the conclusion of the interviews over the course of 30 days, the Office of Community Benefits team reviewed and analyzed interviewee responses and formulated seven (7) Statements of Need. The basis for the formulation of the Statements were based on frequency of key words and phrases from interviewees along with how often interviewees agreed or disagreed with the survey respondents answers on key questions.

Statements of Need:

- ☐ There is a need to increase access to primary care services for the surrounding community.
- ☐ There is a need to address social determinants that contribute to decreased state of health.
- ☐ There is a need to reduce barriers to accessing specialty care services for the surrounding underserved community.
- ☐ There is a need to promote healthy living behaviors that reduce the likelihood of chronic disease development.
- ☐ There is a need to promote the importance of access to green space and parks within the surrounding community.
- ☐ There is a need to address the unique health and social disparities within minority populations.
- ☐ There is a need to increase access to mental health care services within the surrounding underserved community.

- *Statements of Need Prioritized:* Once the seven (7) Statements of Need were formulated, stakeholders were approached approximately 30 days after the conclusion of the interview stint and asked to arrange the statements in order of importance, taking into consideration the following:
 - ☐ Most Important
 - ☐ Most Urgent
 - ☐ Biggest Impact
 - ☐ Furthest Reach

Based on the ranking order selected, a numeric value was assigned. The numeric opportunity ranked from a score of 1 to 7. The statements that were ranked higher in importance overall by stakeholders were selected as the umbrella for which the needs assessment would develop. The results of the prioritization done by public health experts and community stakeholders are illustrated below. Health issues will be expanded upon that are encompassed by the following prioritized health statements:

Selected Priorities:

- ✓ There is a need to increase access to primary care services for the surrounding community.
- ✓ There is a need to reduce barriers to accessing specialty care services for the surrounding underserved community.
- ✓ There is a need to increase access to mental health care services within the surrounding underserved community.
- ✓ There is a need to promote healthy living behaviors that reduce the likelihood of chronic disease development.

Though the other needs did not emerge as the leading priorities for Houston Methodist this community health needs assessment will still touch on them briefly later in the report. Houston Methodist recognizes each statement has value and can impact the community's health and overall well-being.

Phase 4: Secondary Data Collection

- After priorities were selected, the Office of Community Benefits researched valid data sources to be used to support the prioritized Statements of Need and to supplement information collected from public health experts. A variety of sources were utilized including but not limited to, The U.S. Census, Texas Department of State Health Services (DSHS), The Center for Disease Control and Prevention, and the Houston Health Department. *For a full list of data sources used in this report, please see the Appendix.*

Community Input:

Input Collection: Input from person(s) with special knowledge

- Sara Schueneman, VP Development -- American Heart Association
- Sheena Roberts, CDO – American Cancer Society
- John Volpi, MD, Associate Professor of Clinical Neurology, Institute for Academic Medicine Assistant Member, Houston Methodist Research Institute – Houston Methodist Hospital
- David Chiu, MD, Elizabeth Blanton Wareing Chair in the Eddy Scurlock Stroke Center, Department of Neurology, Professor of Clinical Neurology, Institute for Academic Medicine, Associate Clinical Member, Houston Methodist Research Institute - Houston Methodist Hospital
- Miguel Quinones, MD, Chair, Houston Methodist DeBakey Cardiology Associates –Houston Methodist Hospital
- Anna Belcheva, MD, Houston Methodist Oncology Partners –Houston Methodist Willowbrook Hospital
- Abhishek Kansara, MD, Houston Methodist Academic Medicine Associates –Houston Methodist Hospital
- Abishek Kurrelmeyer, MD, Medical Director, Department of Cardiology, Houston Methodist DeBakey Cardiology Associates-Houston Methodist Hospital
- Julia Andrieni, MD, Vice President, Population Health, Houston Methodist

Input Collection: Input from federal, regional, state or local health departments /agencies

- Faith Foreman, DrPH, MPH, LVN, Assistant Director- Houston Health Department
- Mark Thielle, MA, Vice President- Houston Housing Authority
- Rocaille Roberts, MPH, Director of the Office of Policy and Planning- Harris County Public. Health and Environmental Services
- Cathy Sbrusch, RN, BSN, CIC, Director of Public Health Services- Brazoria County Health Department
- Eileen Dawly, RN, MSN, Chief Nursing Officer- Galveston County Health District
- Mary desVignes-Kendrick, MD, Director- Fort Bend County Health and Human Services

Input Collection: Input from leaders and members of medically underserved, low-income populations

- Katy Caldwell, CEO- Legacy Community Health
- Ann Barnes, MD, MPH, CMO- Legacy Community Health
- Marcie Mir, LCSW, CEO – El Centro de Corazon
- Kavon Young, MD, CMO- El Centro de Corazon
- Kara Hill, Executive Director – Christ Clinic
- Andrea Caracostis, MD, MPH, CEO – Hope Clinic
- Dorothy Gibbons, CEO – The Rose
- Carole Edwards, MS, CEO – Access Health
- Don Briscoe, MD, CMO – Vecino Health Centers
- Frances Isbell, MA, CEO – Healthcare for the Homeless-Houston
- Steve Duson, Executive Director- Interface-Samaritan Counseling Centers
- Julie Martineau- Montgomery County United Way (until February 29, 2016)

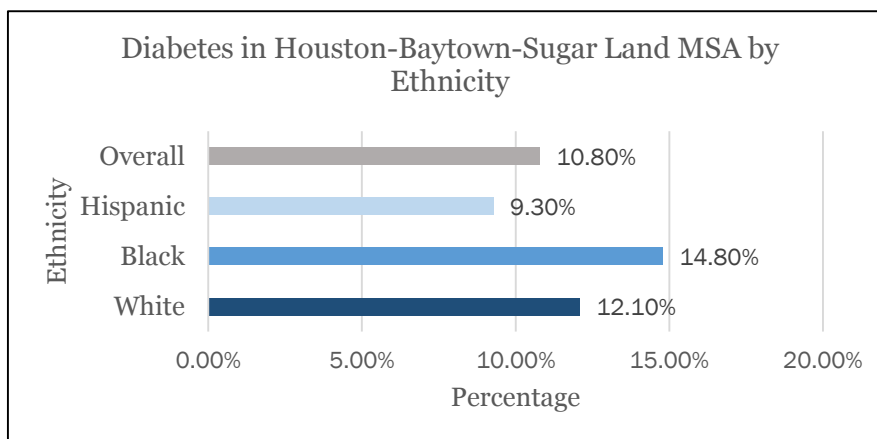
Input Collection Input from members with broad interests in the community

- Stephen Linder , Ph.D, Associate Director – University of Texas School of Public Health
- Stephen Klineberg, Ph.D., MA - Kinder Institute of Urban Research
- Geoff Carleton, MBA, Principal- Traffic Engineers, Inc.

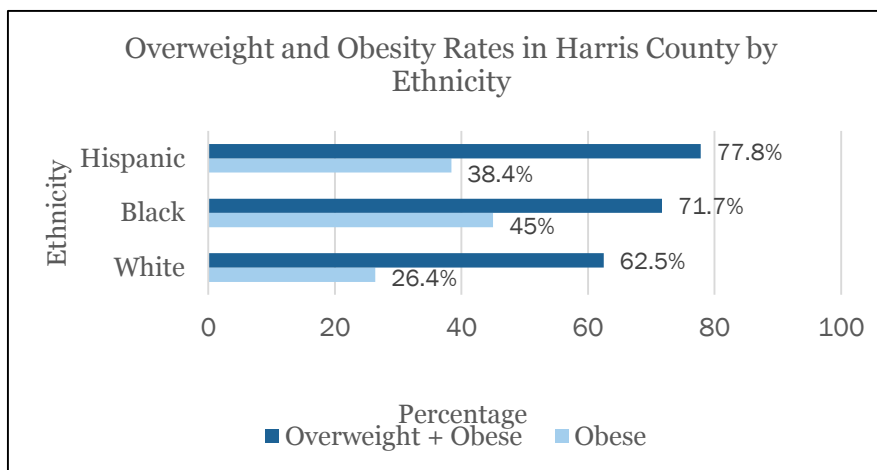
HEALTH AND SOCIAL DISPARITIES BY RACE:

Racial and ethnic disparities in health care – whether in insurance coverage, access, or quality of care – are one of many factors producing inequalities in health status in the United States. Houston Methodist recognizes the importance of looking at all factors that contribute to higher mortality rates of its citizens. Below is a snapshot of the health status of the community by race with emphasis on Harris County, as it is the largest county in the state of Texas. The intention of this section is to provide an additional snapshot for community health providers interested in the unique disparities that each race may face and the impact that such disparities may have on the providers' targeted service area.

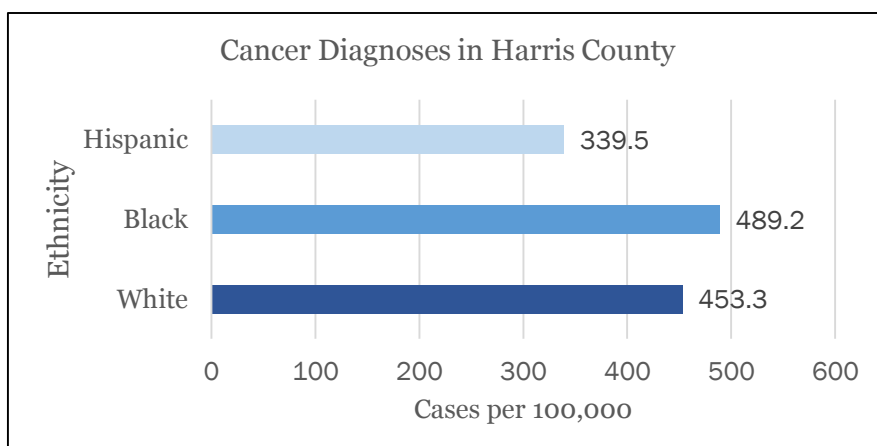
Data Source: The State of Health, 2015



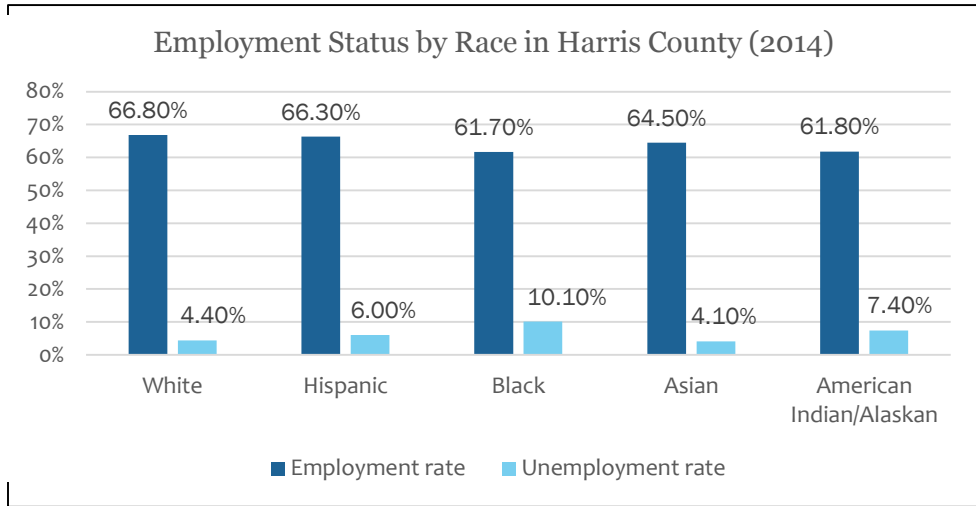
Data Source: The State of Health, 2015



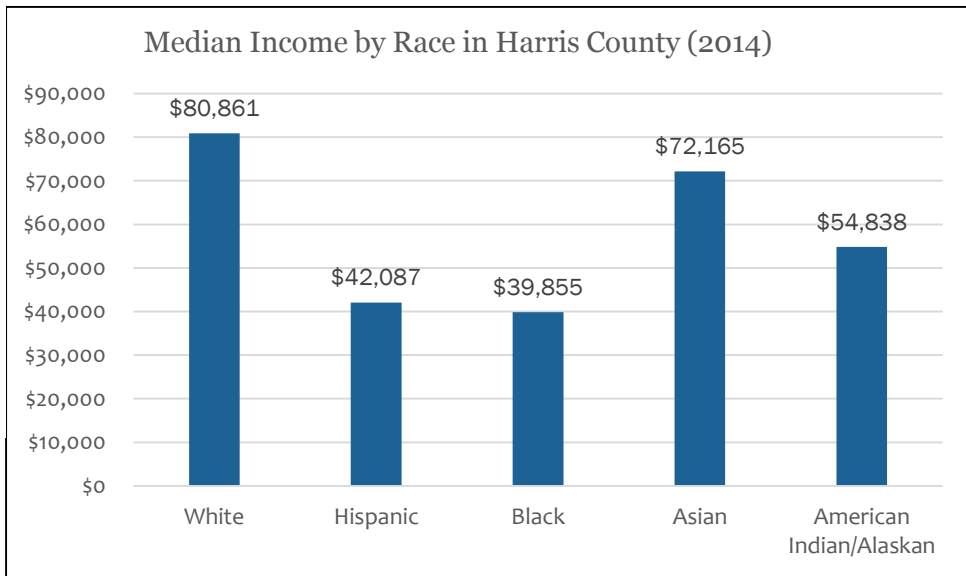
Data Source: The State of Health, 2015



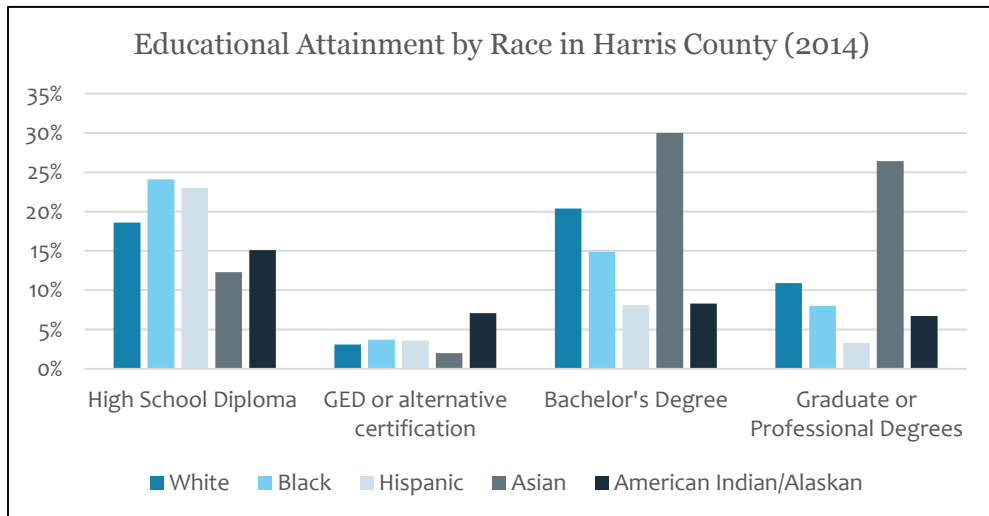
Data Source: The State of Health, 2015



Data Source: The State of Health, 2015



Data Source: The State of Health, 2015



Community Resources

[Access Health- Brookshire](#)

531 FM 359 S
Brookshire, Texas 77423
281-822-4235
Clinic Type: Federally Qualified Health Center

[Access Health -Missouri City](#)

307 Texas Parkway, Suite 100
Missouri City, TX 77489
281-969-1800
Clinic Type: Federally Qualified Health Center

[Access Health-Richmond](#)

400 Austin St.
Richmond, TX 77469
281-342-4530
Clinic Type: Federally Qualified Health Center

[Access Health- Stafford](#)

10435 Greenbough Drive
Suite 300
Stafford, TX 77477
281-261-0182
Clinic Type: Federally Qualified Health Center

[Acres Home Health Center](#)

818 Ringold St.
Houston, TX 77088
281-448-6391
Clinic Type: Hospital District

[Airline Children's Clinic](#)

5808 Airline Drive
Houston, TX 77076
713-695-4013
Clinic Type: Federally Qualified Health Center

[Aldine Health Center](#)

4755 Aldine Mail Route
Houston, TX 77039
281-985-7600
Clinic Type: Hospital District

[Almatha Clark Taylor SBC at Cloverleaf Elementary](#)

13940 Bonham Street
Houston, TX 77015
713-497-0950
Clinic Type: School-Based

[American Cancer Society - Houston](#)

2500 Fondren Rd. Suite 100
Houston, TX 77063
713-266-2877
Clinic Type: Non-Profit Provider

[Antoine Health Clinic](#)

5815 Antoine, Suite A
Houston, TX 77091
713-602-3300
Clinic Type: County Clinic

[Baylor College of Medicine](#)

One Baylor Plaza
Houston, TX 77030
713-798-4951
Clinic Type: Non-Profit Hospital

[Baylor Teen Health Clinic - Ben Taub Hospital](#)

1504 Taub Loop
Houston, TX 77030
713-873-3601
Clinic Type: Non-Profit Provider

[Baylor Teen Health Clinic - Cavalcade](#)

3815 Cavalcade
Houston, TX 77026
713-673-1655
Clinic Type: Non-Profit Provider

[Baylor Teen Health Clinic - Chavez High School](#)

8501 Howard Dr.
Houston, TX 77017
713-495-6971
Clinic Type: Non-Profit Provider

[Baylor Teen Health Clinic - Cullen](#)

5737 Cullen Blvd. Suite 200
Houston, TX 77021
713-440-7313
Clinic Type: Non-Profit Provider

[Baylor Teen Health Clinic - Lawn](#)

8111 Lawn
Houston, TX 77088
281-847-9970
Clinic Type: Non-Profit Provider

[Baylor Teen Health Clinic - LBJ Hospital](#)

5656 Kelley
Houston, TX 77026
713-566-5612
Clinic Type: Non-Profit Provider

[Baylor Teen Health Clinic - Lee High School](#)

6529 Beverly Hill Lane
Houston, TX 77057
713-787-1756
Clinic Type: Non-Profit Provider

[Baylor Teen Health Clinic- Sterling High School](#)

11625 Martindale
Houston, TX 77048
713-955-6071
Clinic Type: Non-Profit Provider

[Baylor Teen Health Clinic- Tejano Center](#)

2950 Broadway
Houston, TX 77017
713-640-3730
Clinic Type: Non-Profit Provider

[Baylor Teen Health Clinic- Worthing High School](#)

9215 Scott
Houston, TX 77051
281-394-0528
Clinic Type: Non-Profit Provider

[Bayside Clinic](#)

621 S. Ross Sterling (FM 563)
Anahuac, TX 77514
409-267-4126
Clinic Type: Federally Qualified Health Center

[Bayside Community Hospital](#)

200 Hospital Dr.
Anahuac, TX 77514
409-267-3143
Clinic Type: Federally Qualified Health Center

[Baytown Health Center](#)

1602 Garth Road
Baytown, TX 77520
281-837-2700
Clinic Type: Hospital District

[Baytown Health Clinic](#)

1000 Lee Drive
Baytown, TX 77520
281-427-5195
Clinic Type: County Clinic

[Bellville St. Joseph Health Center](#)

44 N. Cummings
Bellville, TX 77418
979-413-7400
Clinic Type: Non-Profit Hospital

[Ben Taub General Hospital](#)

1504 Taub Loop
Houston, TX 77030
713-873-2000
Clinic Type: Hospital District

[Brazosport Medical Center](#)

905 North Gulf Boulevard
Freeport, TX 77541
979-239-1633
Clinic Type: Non-Profit Provider

[Caroline Street Clinic – Healthcare for the Homeless](#)

1934 Caroline St.
Houston, TX 77004
713-286-6000
Clinic Type: County Clinic

[Central Care Community Health Center - Tidwell](#)

Woodland Christian Towers
600 E. Tidwell, Suite B
Houston, TX 77022
832-584-8367
Clinic Type: Federally Qualified Health Center

[Christ Clinic of Katy](#)

5504 First Street
Katy, TX 77493
281-391-0190
Clinic Type: Non-Profit Provider

[CHRISTUS Point of Light Clinic](#)

3828 Hughes Court, Suite 207
Dickinson, TX 77539
713-803-1830
Clinic Type: Non-Profit Provider

[CHRISTUS St. Mary's Clinic](#)

2120 S. Wayside, Suite B
Houston, TX 77023
713-803-1840
Clinic Type: Non-Profit Provider

[Cleveland Medical Clinic](#)

208 N Bonham Avenue
Cleveland, TX 77327
281-592-3600
Clinic Type: County Clinic

[Coastal Health & Wellness Galveston](#)

4700 Broadway Avenue J
Galveston, TX 77550
409-938-2234
Clinic Type: Federally Qualified Health Center

[Coastal Health & Wellness Texas City](#)

9850 C Emmett Lowry Expressway
Texas City, TX 77551
409-938-2234
Clinic Type: Federally Qualified Health Center

[Conroe Regional Medical Center](#)

504 Medical Center Blvd
Conroe, TX 77304
936-539-1111
Clinic Type: Non-Profit Hospital

[Cypress Health Center](#)

12340 Jones Rd. Suite 100
Houston, TX 77070
713-873-5240
Clinic Type: Hospital District

[Danny Jackson Health Center](#)

5503 North Fry Road
Katy, TX 77449
713-982-7071
Clinic Type: Federally Qualified Health Center

[Deepwater School Based Clinic](#)

305 Glenmore Drive
Pasadena, TX 77503
713-497-0960
Clinic Type: School-Based

[Denver Harbor Family Clinic](#)

424 Hahlo St.
Houston, TX 77020
713-674-3326
Clinic Type: Federally Qualified Health Center

[EA Squatty Lyons Health Center](#)

1712 First St. Suite M
Humble, TX 77338
281-446-4139
Clinic Type: Hospital District

[El Centro de Corazón - Eastwood Health Center](#)

412 Telephone Rd.
Houston, TX 77023
713-660-1880
Clinic Type: Federally Qualified Health Center

[El Centro de Corazón - John S. Dunn Clinic](#)

7635 Canal St.
Houston, TX 77012
713-660-1880
Clinic Type: Federally Qualified Health Center

[El Centro de Corazón - Magnolia Clinic](#)

7037 Capitol St. Suite N100
Houston, TX 77011
713-660-1880
Clinic Type: Federally Qualified Health Center

[El Franco Lee Health Center](#)

8901 Boone Road
Houston, TX 77099
281-454-0500
Clinic Type: Hospital District

[Galveston County Health District](#)

9850-B Emmett F. Lowry Expressway
Texas City, TX 77591
409-938-7221
Clinic Type: County Clinic

[Good Neighbor Health Care Center/ 4th Ward Clinic](#)

190 Heights Blvd.
Houston, TX 77007
713-529-3597
Clinic Type: Federally Qualified Health Center

[Goose Creek School Based Clinic at San Jacinto Elem](#)

2706 Kentucky Street
Baytown, TX 77520
713-497-0970
Clinic Type: School-Based

[Grimes County Community Health Center](#)

1905 Dove Crossing
Navasota, TX 77868
936-825-0000
Clinic Type: Federally Qualified Health Center

[Grimes - St. Joseph Health Center](#)

210 Judson St,
Navasota, TX 77868
936-825-6585
Clinic Type: Hospital District

[Gulfgate Health Center - HCHD](#)

7550 Office City Drive
Houston, TX 77012
713-495-3700
Clinic Type: Hospital District

[Harris County Hospital District Dental Center](#)

5230 Griggs Rd.
Houston, TX 77021
713-757-0572
Clinic Type: Hospital District

[Harris Health Outpatient Center](#)

5550 Kelley St.
Houston, TX 77026
713-526-4243
Clinic Type: Federally Qualified Health Center

[HCHD-HCHP: Salvation Army Adult Rehabilitation Center](#)

2118 Washington Ave.
Houston, TX 77007
713-869-3551
Clinic Type: Federally Qualified Health Center

[HCHD-HCHP: Salvation Army Family Residence](#)

1603 McGowen St.
Houston, TX 77004
713-650-6530
Clinic Type: Federally Qualified Health Center

[HCHD-HCHP: Star of Hope Mission Shelter](#)

1811 Ruiz
Houston, TX 77002
713-227-8900
Clinic Type: Federally Qualified Health Center

[HCHD-HCHP: Star of Hope Women & Family Shelter](#)

419 Dowling
Houston, TX 77003
713-222-2220
Clinic Type: Federally Qualified Health Center

[Health Center - Southeast Texas \(Cleveland\)](#)

307 N. William Barnett Ave.
Cleveland, TX 77327
281-592-2224
Clinic Type: Federally Qualified Health Center

[Health Center - Southeast Texas \(Shepherd\)](#)

1651 South Byrd Avenue
Shepherd, TX 77371
936-628-1100
Clinic Type: Federally Qualified Health Center

[Health Center - Southeast Texas \(Livingston\)](#)

204 West Park Drive, Suite 200
Livingston, TX 77351
936-327-4660
Clinic Type: Federally Qualified Health Center

[Health Center - Southeast Texas \(Liberty\)](#)

1202 North Travis Street
Liberty, TX 77575
936-334-1185
Clinic Type: Federally Qualified Health Center

[Healthcare for the Homeless - Houston](#)

2505 Fannin St.
Houston, TX 77002
713-276-3079
Clinic Type: Federally Qualified Health Center

[HOPE Clinic](#)

7001 Corporate Drive, Suite 120
Houston, TX 77036
713-773-0803
Clinic Type: Federally Qualified Health Center

[HOPE Clinic- Alief](#)

14498 Bellaire Blvd.
Houston, TX 77083
713-773-0803
Clinic Type: Federally Qualified Health Center

[HOPE Clinic- West Houston](#)

12121 Richmond Avenue, Suite 215
Houston, TX 77083
281-558-2737
Clinic Type: Federally Qualified Health Center

[Houston Methodist Hospital- Texas Medical Center](#)

6565 Fannin Street
Houston, TX 77030
713-394-6000
Clinic Type: Non-Profit Hospital

[Houston Methodist – San Jacinto](#)

4401 Garth Road
Baytown, TX 77521
281-420-8600
Clinic Type: Non-Profit Hospital

[Houston Methodist – St. John](#)

18300 St. John Drive
Nassau Bay, TX 77058
281-523-2000
Clinic Type: Non-Profit Hospital

[Houston Methodist – Sugar Land](#)

16655 Southwest Frwy.
Sugar Land, TX 77479
281-274-7000
Clinic Type: Non-Profit Hospital

[Houston Methodist – West](#)

18500 Katy Frwy.
Houston, TX 77094
832-522-5522
Clinic Type: Non-Profit Hospital

[Houston Methodist – Willowbrook](#)

18220 State Hwy. 249
Houston, TX 77070
281-737-1000
Clinic Type: Non-Profit Hospital

[Houston Methodist – St. Catherine](#)

701 S. Fry Road
Katy, TX 77450
281-599-5700
Clinic Type: Non-Profit Hospital

[Houston Methodist – The Woodlands](#)

17201 Interstate 45 South
The Woodlands, TX 77385
713-790-3333
Clinic Type: Non-Profit Hospital

[Houston Area Community Services, Inc. - Main](#)

2150 West 18th Street #300
Houston, TX 77008
713-426-0027
Clinic Type: Federally Qualified Health Center

[HCHD-HCHP: Salvation Army Mens' Shelter](#)

2407 North Main
Houston, TX 77009
713-224-2875
Clinic Type: Federally Qualified Health Center

[Houston Area Community Services - Bautista Pediatric Health Center](#)

902 Frostwood, Suite 142
Houston, TX 77024
713-827-8266
Clinic Type: Federally Qualified Health Center

[Houston Area Community Services – Spring Cypress](#)

17010 Sugar Pine Drive
Houston, TX 77090
281-537-8627
Clinic Type: Federally Qualified Health Center

[Ibn Sina – Beaumont/Port Arthur Community Medical Center](#)

8599 Ninth Ave.
Port Arthur, TX 77642
409-724-7462
Clinic Type: Non-Profit Provider

[Ibn Sina - Clearlake Community Medical Center](#)

15132 Galveston Rd. Hwy 3
Houston, TX 77598
281-990-7462
Clinic Type: Non-Profit Provider

[Ibn Sina – North Shepherd Community Medical Center](#)

5012 North Shepherd Dr.
Houston, TX 77018
713-695-7462
Clinic Type: Non-Profit Provider

[Ibn Sina – S. Post Oak Community Medical Center](#)

16345 S. Post Oak Rd.
Houston, TX 77053
281-438-7462
Clinic Type: Non-Profit Provider

[Ibn Sina - Wilcrest Community Medical Center](#)

11226 S. Wilcrest Drive
Houston, TX 77099
281-977-7462
Clinic Type: Non-Profit Provider

[Interfaith Community Clinic](#)

101 Pine Manor Drive
Conroe, TX 77385
281-364-7889
Clinic Type: Non-Profit Provider

[La Nueva Casa Health Center](#)

1809 North Main St
Houston, TX 77009
832-395-0570
Clinic Type: City Clinic

[LaPorte Health Clinic](#)

1009 South Utah St.
LaPorte, TX 77571
281-471-1810
Clinic Type: County Clinic

[Legacy Community Health - Baker Ripley](#)

6500 Rookin, Building B, Suite 200
Houston, TX 77074
713-351-7350
Clinic Type: Federally Qualified Health Center

[Legacy Community Health - Baytown](#)

6730 Independence
Baytown, TX 77074
281-628-2020
Clinic Type: Federally Qualified Health Center

[Legacy Community Health- Bissonnet](#)

12667 Bissonnet Street
Houston, TX 770099
281-498-6100
Clinic Type: Federally Qualified Health Center

[Legacy Community Health- Calder Avenue](#)

2225 Calder Avenue
Beaumont, TX 77701
409-242-2600
Clinic Type: Federally Qualified Health Center

[Legacy Community Health – Central Beaumont](#)

4550 Highland
Beaumont, TX 77705
409-242-2525
Clinic Type: Federally Qualified Health Center

[Legacy Community Health -Lyons Avenue](#)

5602 Lyons Avenue
Houston, TX 77020
713-671-3041
Clinic Type: Federally Qualified Health Center

[Legacy Community Health - Mapleridge](#)

6550 Mapleridge St.
Houston, TX 77081
713-779-7200
Clinic Type: Federally Qualified Health Center

[Legacy Community Health - Montrose Clinic](#)

1415 California Street
Houston, TX 77006
713-830-3000
Clinic Type: Federally Qualified Health Center

[Legacy Community Health- Santa Clara](#)

5616 Lawndale Street A110
Houston, TX 77023
713-921-0075
Clinic Type: Federally Qualified Health Center

[Legacy Community Health- San Jacinto](#)

4301 Garth Road, Ste. 400
Baytown, TX 77521
281-420-8400
Clinic Type: Federally Qualified Health Center

[Legacy Community Health- South Park](#)

4550 Highland Avenue
Beaumont, TX 77705
409-242-2525
Clinic Type: Federally Qualified Health Center

[Legacy Community Health - Southwest Clinic](#)

6441 High Star
Houston, TX 77074
713-779-6400
Clinic Type: Federally Qualified Health Center

[Lesbian Health Initiative of Houston, Inc.](#)

401 Branard
Houston, TX 77006
713-426-3356
Clinic Type: Non-Profit Provider

[Lone Star Family Health Center - Conroe](#)

605 Conroe Medical Drive
Conroe, TX 77304
936-539-4004
Clinic Type: Federally Qualified Health Center

[Lone Star Family Health Center - Spring](#)

440 Rayford Rd Ste. 150
Spring, TX 77386
832-246-8700
Clinic Type: Federally Qualified Health Center

[Lone Star Family Health Center - Willis](#)

201 Lincoln Ridge
Willis, TX 77378
936-539-4004
Clinic Type: Federally Qualified Health Center

[Martin Luther King Jr. Health Center](#)

3550 Swingle Road
Houston, TX 77047
713-547-1000
Clinic Type: Hospital District

[Matagorda Episcopal Health Outreach Program \(MEHOP\)](#)

101 Avenue F, North
Bay City, TX 77414
979-245-2008
Clinic Type: Federally Qualified Health Center

[Matagorda Episcopal Health – Behavioral Health](#)

111 Ave. F
Bay City, TX 77414
979-245-2008
Clinic Type: Federally Qualified Health Center

[Matagorda Episcopal Health – Women’s and Children’s Health Center](#)

2400 Ave. I
Bay City, TX 77414
979-245-2008
Clinic Type: Federally Qualified Health Center

[MD Anderson Cancer Center](#)

1515 Holcombe
Houston, TX 77030
877-632-6789
Clinic Type: Non-Profit Hospital

[MD Anderson Cancer Center - Katy](#)

19770 Kingsland Blvd
Houston, TX 77094
713-745-9940
Clinic Type: Non-Profit Hospital

[MD Anderson Cancer Center - Sugar Land](#)

1327 Lake Pointe Parkway
Sugar Land, TX 77478
281-566-1800
Clinic Type: Non-Profit Hospital

[MD Anderson Cancer Center – Bay Area](#)

18100 St. John Drive
Nassau Bay, TX 77058
713-563-0670
Clinic Type: Non-Profit Hospital

[MD Anderson Cancer Center – Memorial City](#)

925 N. Gessner Rd. Suite 450
Houston, TX 77024
713-358-5300
Clinic Type: Non-Profit Hospital

[MD Anderson Cancer Center – The Woodlands](#)

Medical Arts Center
17198 St. Luke’s Way
The Woodlands, TX 77384
713-563-0050
Clinic Type: Non-Profit Hospital

[Memorial Hermann Health Centers for Schools-Alief](#)

12360 Bear Ram Rd.
Houston, TX 77072
832-658-5210
Clinic Type: School-Based

[Memorial Hermann Health Centers for Schools-Burbank](#)

315 Berry Road
Houston, TX 77022
713-742-8158
Clinic Type: School-Based

[Memorial Hermann Health Centers for Schools-Elrod](#)

6230 Dumfries
Houston, TX 77096
713-771-1805
Clinic Type: School-Based

[Memorial Hermann Health Centers for Schools-Hogg](#)

1100 Merrill Street
Houston, TX 77009
713-864-7614
Clinic Type: School-Based

[Memorial Hermann Health Centers for Schools-Kruse](#)

400 Park Lane
Pasadena, TX 77506
832-658-5230
Clinic Type: School-Based

[Memorial Hermann Health Centers for Schools-Lamar](#)

1002 E. Stadium Drive
Rosenberg, TX 77471
281-762-8383
Clinic Type: School-Based

[Memorial Hermann Health Centers for Schools-Nimitz](#)

2003 W Thorne Blvd. #TM - 01
Houston, TX 77073
832-658-5220
Clinic Type: School-Based

[Memorial Hermann Health Centers for Schools-Sharpstown](#)

7504 Bissonet
Houston, TX 77074
832-658-5260
Clinic Type: School-Based

[Memorial Hermann Health Centers for Schools-Terry](#)

5500 Avenue N
Rosenberg, TX 77471
281-238-0852
Clinic Type: Non-Profit Provider

[Memorial Hermann Health Centers for Schools-WAVE](#)

1500 Main St.
South Houston, TX 77587
713-946-7461
Clinic Type: School-Based

[Memorial Hermann Katy](#)

23900 Katy Fwy
Katy, TX 77494
281-644-7000

[Memorial Hermann Medical Center](#)

6411 Fannin Street
Houston, TX 77030
713-704-4000
Clinic Type: Non-Profit Hospital

[Memorial Hermann Neighborhood Health Center - - Greater Heights](#)

1800 W. 26th Street, Suite 103
Houston, TX 77008
713-957-8400
Clinic Type: Non-Profit Provider

[Memorial Hermann Neighborhood Health Center Northeast](#)

9813 Memorial Blvd, Suite H
Humble, TX 77338
281-319-8500
Clinic Type: Non-Profit Provider

[Memorial Hermann Northeast](#)

18951 North Memorial Dr.
Humble, TX 77338
281-540-7700
Clinic Type: Non-Profit Hospital

[Memorial Hermann Sugar Land](#)

17500 West Grand Parkway South
Sugar Land, TX 77479
281-725-5000
Clinic Type: Non-Profit Hospital

[Memorial Hermann Southeast](#)

11800 Astoria Blvd
Houston, TX 77089
281-929-6100
Clinic Type: Non-Profit Hospital

[Memorial Hermann The Woodlands Hospital](#)

9250 Pinecroft Dr.
The Woodlands, TX 77380
713-897-2300
Clinic Type: Non-Profit Hospital

[Montrose Center](#)

401 Branard St.
Houston, TX 77006
713-529-0037
Clinic Type: Non-Profit Provider

[Northside Health Center](#)

8504 Schuller Road
Houston, TX 77093
713-696-5900
Clinic Type: City Clinic

[Northwest Assistance Ministries' Children's Clinic](#)

15555 Kuykendahl Road
Houston, TX 77090
281-885-4555
Clinic Type: Non-Profit Provider

[Northwest Health Center](#)

1100 W 34th Street
Houston, TX 77018
713-861-3939
Clinic Type: Hospital District

[Pasadena Health Center](#)

908 Southmore #100
Pasadena, TX 77502
713-554-1091
Clinic Type: Federally Qualified Health Center

[Patrick Henry School Based Clinic](#)

10702 East Hardy
Houston, TX 77093
713-696-2731
Clinic Type: School-Based

[Planned Parenthood Dickinson Health Center](#)

3315 Gulf Freeway
Dickinson, TX 77539
713-514-1105
Clinic Type: Non-Profit Provider

[Planned Parenthood Greenspoint Health Center](#)

9919 North Fwy #107
Houston, TX 77037
713-514-1106
Clinic Type: Non-Profit Provider

[Planned Parenthood Northwest Health Center](#)

13169 Northwest Freeway, Suite 115
Houston, TX 77040
713-514-1107
Clinic Type: Non-Profit Provider

[Planned Parenthood Prevention Park](#)

4600 Gulf Freeway
Houston, TX 77023
713-522-3976
Clinic Type: Non-Profit Provider

[Planned Parenthood Southwest Health Center](#)

5800 Bellaire Blvd, Bldg. 1B, Suite 120
Houston, TX 77081
713-541-5372
Clinic Type: Non-Profit Provider

[Planned Parenthood Spring Health Center](#)

4747 Louetta Rd.
Spring, TX 77388
713-541-5372
Clinic Type: Non-Profit Provider

[Planned Parenthood Stafford Health Center](#)

12614 Southwest Fwy
Stafford, TX 77477
713-514-1100
Clinic Type: Non-Profit Provider

[Quentin Mease Community Hospital](#)

3601 N. MacGregor Way
Houston, TX 77004
713-873-3700
Clinic Type: Hospital District

[Riverside Dialysis Center](#)

3315 Delano St.
Houston, TX 77004
713-566-5900
Clinic Type: City Clinic

[Robert Carrasco Health Clinic](#)

1115 1/2 Noble
Houston, TX 77009
713-497-0980
Clinic Type: School-Based

[San Jose Clinic](#)

2615 Fannin
Houston, TX 77002
713-228-9411
Clinic Type: Non-Profit Provider

[Settegast Health Center](#)

9105 North Wayside
Houston, TX 77028
713-633-2020
Clinic Type: Hospital District

[Sharpstown Health Center](#)

6201 Bonhomme Suite 300 South
Houston, TX 77036
713-780-5600
Clinic Type: City Clinic

[Sheldon School Based Clinic at Sheldon Elementary](#)

17203 1/2 Hall Shepperd
Houston, TX 77049
281-456-5201
Clinic Type: School-Based

[Shifa Abu Bakr Clinic](#)

8830 Old Galveston Road
Houston, TX 77034
713-497-0990
Clinic Type: Non-Profit Provider

[Shifa Al Mustafa Health Services](#)

17250 Coventry Park Drive
Houston, TX 77084
281-712-1574
Clinic Type: Non-Profit Provider

[Shifa Clinic - Pearland](#)

1530 Garden Road
Pearland, TX 77581
281-412-0478
Clinic Type: Non-Profit Provider

[Shifa Clinic – Synott Road](#)

10415 Synott Road
Sugarland, TX 77478
281-561-5767
Clinic Type: Non-Profit Provider

[Smith Clinic](#)

2525-A Holly Hall St.
Houston, TX 77054
713-526-4243
Clinic Type: Hospital District

[Southeast Health Clinic](#)

3737 Red Bluff Rd.
Pasadena, TX 77503
713-740-5000
Clinic Type: County Clinic

[Southside School Based Behavioral Health Clinic](#)

1721 16th Street
Galena Park, TX 77547
713-497-0946
Clinic Type: School-Based

[Southside School Based Clinic](#)

1721 16th Street
Galena Park, TX 77547
713-497-0940
Clinic Type: School-Based

[Spring Branch Community Health Center- Hillendahl Clinic](#)

1615 Hillendahl Blvd. Suite 100
Houston, TX 77055
713-462-6565
Clinic Type: Federally Qualified Health Center

[Spring Branch Community Health Center- Pitner Rd Clinic](#)

8575 Pitner Rd.
Houston, TX 77080
713-462-6545
Clinic Type: Federally Qualified Health Center

[Star of Hope Men's Development Center](#)

1811 Ruiz St. Houston, TX
Galveston, TX 77550
713-226-5426
Clinic Type: Non-Profit Provider

[Stephen F. Austin Community Health Center](#)

1111 W. Adoue Street
Alvin, TX 77511
281-824-1480
Clinic Type: Federally Qualified Health Center

[Strawberry Health Center](#)

927 W. Shaw
Pasadena, TX 77506
713-982-5900
Clinic Type: Hospital District

[Sunnyside Health Center](#)

4605 Wilmington St.
Houston, TX 77051
713-732-5000
Clinic Type: City Clinic

[Texas Children's Pediatric Association-Corinthian Pointe](#)

5505 W. Orem Dr. Suite 100
Houston, TX 77085
713-283-1039
Clinic Type: Non-Profit Provider

[Texas Children's Pediatric Associates - Cullen](#)

5751 Blythewood St. Suite 500
Houston, TX 77021
713-741-4078
Clinic Type: Non-Profit Provider

[Texas Children's Pediatric Associates - Gulfton](#)

5900 Chimney Rock
Houston, TX 77081
713-661-2951
Clinic Type: Non-Profit Provider

[Texas Children's Pediatric Associates - Ripley](#)

4410 Navigation Boulevard, Suite 278
Houston, TX 77011
713-547-8282
Clinic Type: Non-Profit Provider

[Texas Children's Pediatrics- Gulfgate](#)

740 Gulfgate Mall
Houston, TX 77087
713-514-8060
Clinic Type: Non-Profit Provider

[The Rose Galleria](#)

5420 West Loop South
Bellaire, TX 77401
281-484-4708
Clinic Type: Non-Profit Provider

[The Rose Southeast](#)

12700 N. Featherwood
Houston, TX 77034
281-484-4708
Clinic Type: Non-Profit Provider

[The University of Texas Medical Branch](#)

301 University Blvd.
Galveston, TX 77555
409-772-1011
Clinic Type: Non-Profit Hospital

[Thomas Street Health Center](#)

2015 Thomas Street
Houston, TX 77009
713-873-4000
Clinic Type: Hospital District

[TOMAGWA Health Care Ministries](#)

455 School St., Suite 30
Tomball, TX 77375
281-357-0747
Clinic Type: Non-Profit Provider

[UTMB Angleton RMCHP Clinic](#)

1108 A. East Mulberry
Angleton, TX 77515
979-849-9740
Clinic Type: Non-Profit Hospital

[UTMB Breast Health and Imaging Center](#)

2240 Gulf Freeway South
League City, TX 77573
832-505-1700
Clinic Type: Non-Profit Hospital

[UTMB Cancer Center at Victoria Lakes](#)

2240 Gulf Freeway South
League City, TX 77573
832-505-1910
Clinic Type: Non-Profit Provider

[UTMB Beaumont RMCHP Clinic](#)

950 Washington
Beaumont, TX 77701
409-833-3826
Clinic Type: Non-Profit Hospital

[UTMB Conroe RMCHP Clinic](#)

701 East Davis, Suite A
Conroe, TX 77301
936-525-2800
Clinic Type: Non-Profit Hospital

[UTMB Dickinson RMCHP](#)

3828 Hughes Court, Suite 104
Dickinson, TX 77539
281-534-2576
Clinic Type: Non-Profit Provider

[UTMB Galveston RMCHP](#)

7th Floor UHC Bldg - 301 University Blvd
Galveston, TX 77555
409-747-4952
Clinic Type: Non-Profit Hospital

[UTMB Health Family Medicine - Dickinson](#)

2401 FM646
Dickinson, TX 77539
281- 614-1256
Clinic Type: Non-Profit Provider

[UTMB Health Women's HealthCare - League City](#)

2240 Gulf Fwy, Suite 2
League City, TX 77539
832-505-3010
Clinic Type: Non-Profit Provider

[UTMB Katy RMCHP Clinic](#)

511 Park Grove Drive
Katy, TX 77450
281-398-7001
Clinic Type: Non-Profit Hospital

[UTMB McAllen RMCHP Clinic](#)

620 S. Broadway
McAllen, TX 78501
956-686-4224
Clinic Type: Non-Profit Hospital

[UTMB New Caney RMCHP Clinic](#)

21134 US Hwy 59, Ste. I
New Caney, TX 77357
281-577-8966
Clinic Type: Non-Profit Hospital

[UTMB Orange RMCHP Clinic](#)

2014 North 10th St.
Orange, TX 77630
409-883-6119
Clinic Type: Non-Profit Hospital

[UTMB Pasadena RMCHP](#)

3737 Red Bluff, Suite 150
Pasadena, TX 77503
713-473-5180
Clinic Type: Non-Profit Hospital

[UTMB Pearland RMCHP Clinic](#)

2750 East Broadway
Pearland, TX 77581
281-485-3220
Clinic Type: Non-Profit Hospital

[UTMB Pediatric and Adult Primary Care - Friendswood](#)

128 W Parkwood
Friendswood, TX 77546
281-482-5695
Clinic Type: Non-Profit Provider

[UTMB Pediatric and Adult Primary Care - League City](#)

6465 South Shore Blvd
League City, TX 77573
281-538-7735
Clinic Type: Non-Profit Provider

[UTMB Sugar Land RMCHP Clinic](#)

14823 Southwest Fwy
Sugar Land, TX 77478
713-234-3100
Clinic Type: Non-Profit Hospital

[UTMB Texas City RMCHP](#)

2000 Texas Avenue, Suite 300
Texas City, TX 77591
409 -986-9686
Clinic Type: Non-Profit Provider

[Vaccine Center for Adults and Travelers](#)

8000 North Stadium Dr.; 1st Floor
Houston, TX 77054
832-393-5427
Clinic Type: City Clinic

[Vallbona Health Center](#)

6630 Demoss
Houston, TX 77074
713-272-2600
Clinic Type: Hospital District

REFERENCES:

- ⁱ Carlyle, E. (27 January 2015). Americas Fastest-Growing Cities 2015. *Forbes*. Retrieved from <http://www.forbes.com/sites/erincarlyle/2015/01/27/americas-fastest-growing-cities-2015/#4b57ba796158>
- ⁱⁱ Metropolitan Area Situation & Outlook Report. Retrieved from <http://proximityone.com/metros/2013/cbsa26420.htm>
- ⁱⁱⁱ Texas Population, 2014 (Projections). (16 December 2014) Retrieved from <https://www.dshs.state.tx.us/chs/popdat/ST2014.shtm>
- ^{iv} Texas County Profiles (29 April 2015) Retrieved from <http://www.txcip.org/tac/census/CountyProfiles.php>
- ^v Federal Poverty Guidelines (February 2015) Retrieved from <http://familiesusa.org/product/federal-poverty-guidelines>
- ^{vi} Health Facts Profiles. Received at <http://healthdata.dshs.texas.gov/HealthFactsProfiles>
- ^{vii} American Community Survey (15 May 2015). Retrieved from <https://www.census.gov/programs-surveys/acs/news/data-releases.html>
- ^{viii} Ibid.
- ^{ix} Enroll America: <https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/>
- ^x Centers for Medicare & Medicaid Services (CMS): <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>
- ^{xi} Centers for Medicare & Medicaid Services (CMS): <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>
- ^{xii} Houston Methodist Hospital (2015) Market Analysis
- ^{xiii} Health Facts Profiles. Received at <http://healthdata.dshs.texas.gov/HealthFactsProfiles>
- ^{xiv} Harris County Healthcare Alliance. *The State of Health in Houston and Harris County 2015-2016*. Retrieved from http://houstonstateofhealth.org/soh_doc/
- ^{xv} American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Heart disease and stroke statistics— 2015 update: a report from the American Heart Association* (17 December 2014) Retrieved from https://www.heart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_470704.pdf
- ^{xvi} Ibid.
- ^{xvii} American Cancer Society. *What is Cancer?* (8 December 2015) Retrieved from <http://www.cancer.org/cancer/cancerbasics/what-is-cancer>
- ^{xviii} Health Facts Profiles. Received at <http://healthdata.dshs.texas.gov/HealthFactsProfiles>
- ^{xix} Texas Department of State Health Services. *2014 Texas Selected Cancer Facts*. (13 August 2014). Retrieved from <https://www.dshs.state.tx.us/tcr/statisticalData/2014FactSheets/Texas-Fact-Sheets-2014.aspx>
- ^{xx} Harris County Healthcare Alliance. *The State of Health in Houston and Harris County 2015-2016*. Retrieved from http://houstonstateofhealth.org/soh_doc/
- ^{xxi} National Cancer Institute. *Cancer Prevention Overview*. (22 January 2016). Retrieved from <http://www.cancer.gov/about-cancer/causes-prevention/patient-prevention-overview-pdq>
- ^{xxii} Health Facts Profiles. Received at <http://healthdata.dshs.texas.gov/HealthFactsProfiles>
- ^{xxiii} Texas Department of State Health Services. (27 January 2016). Retrieved from <https://www.dshs.state.tx.us/heart/Texas-Heart-Disease-and-Stroke-Program---Home.aspx>.
- ^{xxiv} National Stroke Association. Understand Stroke. Retrieved from <http://www.stroke.org/understand-stroke>.
- ^{xxv} Ibid.
- ^{xxvi} Centers for Disease Control and Prevention. What's New in Diabetes. (21 January 2016). Retrieved from <http://www.cdc.gov/diabetes/new/index.html>.
- ^{xxvii} Harris County Healthcare Alliance. *The State of Health in Houston and Harris County 2015-2016*. Retrieved from http://houstonstateofhealth.org/soh_doc/
- ^{xxviii} American Lung Association. *Estimated Prevalence and Incidence of Lung Disease*. (May 2014). Retrieved from <http://www.lung.org/assets/documents/research/estimated-prevalence.pdf>
- ^{xxix} Texas Department of State Health Services. (15 August 2014). *COPD Hospital Discharge Rates by County and by Demographics for Selected Counties, Texas, 2005-2012*. Retrieved from <https://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589995897>
- ^{xxx} Health Facts Profiles. Received at <http://healthdata.dshs.texas.gov/HealthFactsProfiles>
- ^{xxxi} The Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Division of Public Health. *COPD Among Adults in Texas*. Retrieved from http://www.cdc.gov/copd/maps/docs/pdf/TX_COPDFactSheet.pdf
- ^{xxxii} U.S. Department of Health and Human Services. The Affordable Care Act, Section by Section. (28 August 2015). Retrieved from <http://www.hhs.gov/healthcare/about-the-law/read-the-law/index.html>
- ^{xxxiii} Rae, Matthew, Damico, Anthony, Cox, Cynthia. The Cost of The Individual Mandate Penalty for the Remaining Uninsured. The Henry J. Kaiser Family Foundation. (9 December 2015). Retrieved from <http://kff.org/health-reform/issue-brief/the-cost-of-the-individual-mandate-penalty-for-the-remaining-uninsured/>
- ^{xxxiv} Enroll America. Marketplace Enrollment Map. (August 2015). Received from <https://www.enrollamerica.org/research-maps/maps/marketplace-enrollment-maps-2/>

- xxxv U.S. Department of Health and Human Services. The Affordable Care Act, Section by Section. (28 August 2015). Retrieved from <http://www.hhs.gov/healthcare/about-the-law/read-the-law/index.html>
- xxxvi American Academy of Family Physicians. Primary Care. Retrieved from <http://www.aafp.org/about/policies/all/primary-care.html>
- xxxvii Shi, L. (8 November 2012) "The Impact of Primary Care: A Focused Review," *Scientifica*, vol. 2012, doi:10.6064/2012/432892
- xxxviii Macinko, J. Starfield, B., Shi, L. (January 2007) "Quantifying the Health Benefits of Primary Care Physician Supply in the United States," *International Journal of Health Sciences*, 37(1), 111-126, doi: 10.2190/3431-G6T7-37M8-P224
- xxxix Robert Graham Center. (2013). Primary Care Mapper. Retrieved from <http://www.graham-center.org/rgc/maps-data-tools/interactive/primary-care-physician.html>
- xl The White House. Title V: Healthcare Workforce. Retrieved from <https://www.whitehouse.gov/health-care-meeting/proposal/titlev>
- xli North Texas Regional Extension Center. *The Physician Workforce*. (April 2015). Retrieved from http://www.merrithawkins.com/UploadedFiles/MerrittHawkings/Surveys/Merritt_Hawkins_NTREC_Physician_Workforce_Survey.pdf
- xlii Peckham, C. Medscape. Medscape Physician Compensation Report 2015. (21 April 2015). Retrieved from <http://www.medscape.com/features/slideshow/compensation/2015/public/overview>
- xliii U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. *Projecting the Supply and Demand for Primary Care Practitioners through 2020*. (November 2013). Retrieved from <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/projectingprimarycare.pdf>
- xliv Van Vleet, A. and Paradise, J. The Henry J. Kaiser Family Foundation. *Tapping Nurse Practitioners to Meet Rising Demand for Primary Care* (20 January 2015). Retrieved from <http://kff.org/medicaid/issue-brief/tapping-nurse-practitioners-to-meet-rising-demand-for-primary-care/>
- xliv Goodwyn, W. National Public Radio. *Texas Loses Billions To Treat The Poor By Not Expanding Medicaid, Advocates Say*. (29 May 2015). Retrieved from http://www.npr.org/2015/05/29/410470081/texas-didn-t-expand-medicad-advocates-say-money-is-being-left-on-the-table?utm_medium=RSS&utm_campaign=healthcare
- xlvi North Texas Regional Extension Center. *The Physician Workforce*. (April 2015). Retrieved from http://www.merrithawkins.com/UploadedFiles/MerrittHawkings/Surveys/Merritt_Hawkins_NTREC_Physician_Workforce_Survey.pdf
- xlvi Texas Medical Association. The Uninsured in Texas. (2015). Retrieved from http://www.texmed.org/uninsured_in_texas/
- xlvi Houston Methodist Hospital (2015). HMH Market Analysis-2015. Internal HMH Report. Houston, TX.
- xlvi North Texas Regional Extension Center. *The Physician Workforce*. (April 2015). Retrieved from http://www.merrithawkins.com/UploadedFiles/MerrittHawkings/Surveys/Merritt_Hawkins_NTREC_Physician_Workforce_Survey.pdf
- ¹ Deam, J. (14 October 2015). 766,000 Texans may have little chance for health insurance. *The Houston Chronicle*. Retrieved from <http://www.houstonchronicle.com/business/medical/article/766-000-Texans-may-have-little-chance-for-health-6570989.php>
- ^{li} Saloner, B., Polsky, D., Kenney, G.M., Hempstead, K., and Rhodes, KV. (May 2014) "Most Uninsured Adults Could Schedule Primary Care Appointments Before The ACA, But Average Price Was \$160," *Health Affairs*, vol.34.5, doi:10.1377/hlthaff.2014.1258
- ^{lii} Marks, E., Ho, V, and Balihe, P. (2014). Episcopal Health Foundation. *Comparison of Affordability and Utilization of Health Care Services by Insured and Uninsured Adult Texans*. Retrieved from http://www.episcopalhealth.org/files/2914/4000/9012/Issue_Brief_14_FINAL.pdf
- ^{liii} U.S Bureau of Labor Statistics. Houston Area Economic Summary. (30 December 2015). Retrieved from http://www.bls.gov/regions/southwest/summary/blssummary_houston.pdf
- ^{liv} Harris County Healthcare Alliance. The State of Health in Houston and Harris County 2015-2016. Retrieved from http://houstonstateofhealth.org/soh_doc/
- ^{lv} Ibid.
- ^{lvi} Harris County Healthcare Alliance. Specialty Care Diagnostic Services. Retrieved from <http://www.hchalliance.org/projects/access/specialty-care-diagnostics.html>
- ^{lvii} Texas Department of Health and Human Services. Preventable Hospitalizations: County Profiles (Harris County). (20 January 2015). Retrieved from <http://www.dshs.state.tx.us/ph/county.shtm>
- ^{lviii} Texas Department of State Health Services. Obesity Prevention Program. (4 January 2016). Retrieved from <https://www.dshs.state.tx.us/obesity/>
- ^{lix} Harris County Public Health and Environmental Services. Infectious Disease in Harris County, Texas. (February 2014). Retrieved from http://www.hcphe.org/userfiles/servers/server_72972/file/infectious.pdf
- ^{lx} Centers for Disease Control and Prevention. Vaccine Effectiveness- How Well Does the Flu Vaccine Work? (21 December 2015). Retrieved from <http://www.cdc.gov/flu/about/qa/vaccineeffect.htm>
- ^{lxi} Harris County Public Health and Environmental Services. Infectious Disease in Harris County, Texas. (February 2014). Retrieved from http://www.hcphe.org/userfiles/servers/server_72972/file/infectious.pdf

- lxiii Healthy People. Tobacco Use. Retrieved from <http://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>.
- lxiii Centers for Disease Control and Prevention. Smoking and Tobacco Use. Retrieved from <http://www.cdc.gov/tobacco/>.
- lxiv Substance Abuse and Mental Health Services Administration. Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health. (September 2015). Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>.
- lxv IBID.
- lxvi Centers for Disease Control and Prevention. Binge Drinking. (16 October 2015). Retrieved from <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>.
- lxvii Centers for Disease Control and Prevention. Reported Cases of Sexually Transmitted Diseases on the Rise, Some at Alarming Rate. (17 November 2015). Retrieved from <http://www.cdc.gov/nchhstp/newsroom/2015/std-surveillance-report-press-release.html>.
- lxviii Harris County Public Health and Environmental Services. Infectious Disease in Harris County, Texas. (February 2014). Retrieved from http://www.hcphe.org/userfiles/servers/server_72972/file/infectious.pdf.
- lxix IBID.
- lxx Centers for Disease Control and Prevention. Reported STDs in the United States. (December 2014). Retrieved from <http://www.cdc.gov/std/stats13/std-trends-508.pdf>.
- lxxi Harris County Public Health and Environmental Services. Infectious Disease in Harris County, Texas. (February 2014). Retrieved from http://www.hcphe.org/userfiles/servers/server_72972/file/infectious.pdf.
- lxxii Centers for Disease Control and Prevention. HIV/AIDS- Basic Statistics. (3 November 2015). Retrieved from <http://www.cdc.gov/hiv/basics/statistics.html>.
- lxxiii Harris County Public Health and Environmental Services. Infectious Disease in Harris County, Texas. (February 2014). Retrieved from http://www.hcphe.org/userfiles/servers/server_72972/file/infectious.pdf.
- lxxiv Centers for Disease Control and Prevention. Reported STDs in the United States. (December 2014). Retrieved from <http://www.cdc.gov/std/stats13/std-trends-508.pdf>.
- lxxv Parks, Joe, et.al. "Morbidity and Mortality in People with Serious Mental Illness", National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, Technical Reports, October 2006.
- lxxvi Kessler, R.C., Chiu, W.T., Demier, O., & Walters, E.E., "Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NC5-R)," Archives of General Psychiatry, 2005, Vol. 62(6): 617-27.
- lxxvii Texas Department of State Health Services. The Health Status of Texas. (October 2014). Retrieved from <https://www.dshs.state.tx.us/chs/datalist.shtm>.
- lxxviii The Health of Houston Initiative of the University of Texas School of Public Health. The Consequences of Untreated Mental Illness in Houston. (September 2009). Retrieved from <http://www.mhtransformation.org/documents/reports/external/The%20Consequences%20of%20Untreated%20Mental%20Illness%20In%20Houston.pdf>.
- lxxix Texas Department of State Health Services. Mental Health. (21 December 2010). Retrieved from <https://www.dshs.state.tx.us/mentalhealth.shtm>.
- lxxx Tara F. Bishop, MD, MPH^{1,2}; Matthew J. Press, MD, MSc^{1,2}; Salomeh Keyhani, MD, MPH³; Harold Alan Pincus, MD. "Acceptance of Insurance by Psychiatrists and the Implications for Access to Mental Health Care." JAMA Psychiatry. 2014 Feb; 71(2): 176-81. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3967759/>.
- lxxxi Houston Chronicle. Mental Health. (13 June 2014). Retrieved from <http://www.chron.com/opinion/editorials/article/Mental-health-5551501.php>.
- lxxxii North Texas Regional Extension Center. *The Physician Workforce*. (April 2015). Retrieved from http://www.merrithawkins.com/UploadedFiles/MerrittHawkins/Surveys/Merritt_Hawkins_NTREC_Physician_Workforce_Survey.pdf.
- lxxxiii Gary Fields and Jennifer Corbett Dooren. "For the Mentally Ill, Finding Treatment Grows Harder". Retrieved from: <http://www.wsj.com/articles/SB10001424052702304281004579218204163263142>
- lxxxiv Center for American Progress. Mental Health Care Services in Primary Care. (October 2010). Retrieved from <https://www.americanprogress.org/wp-content/uploads/issues/2010/10/pdf/mentalhealth.pdf>.
- lxxxv Lipsitt, Don R. (15 December 2010). Psychiatric Times. Helping Primary Care Physicians Make Psychiatric Referrals. Retrieved from <http://www.psychiatrictimes.com/major-depressive-disorder/helping-primary-care-physicians-make-psychiatric-referrals>.
- lxxxvi Mayo Clinic. Mental health: Overcoming the stigma of mental illness. (17 May 2014). Retrieved from <http://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477>.
- lxxxvii University of Texas School of Public Health (September 2009). *The Consequences of Untreated Mental Illness in Houston*. Retrieved from <http://www.mhtransformation.org/documents/reports/external/The%20Consequences%20of%20Untreated%20Mental%20Illness%20In%20Houston.pdf>

This Community Health Needs Assessment (CHNA) was created by the Houston Methodist Office of Community Benefits. For questions or comments about this CHNA please email CHNA@houstonmethodist.org.

Office of Community Benefits Staff:

- Cathy Easter, Senior Vice President, Community Development
- Ryane K. Jackson, Manager, Community Development
- Erin Thannisch, Project Specialist, Community Development
- Angelina Albert, Project Specialist, Community Education

Houston Methodist Board of Directors:

- Ewing Werlein, Jr., Chair
- John F. Bookout, Senior Chair
- Marc L. Boom, MD, President and CEO
- Gregory V. Nelson, Vice Chair
- Carlton E. Baucum, Vice Chair
- Elizabeth Blanton Wareing, Secretary
- Robert K. Moses Jr., Assistant Secretary
- Joseph C. “Rusty” Walter III, Treasurer
- Mary A. Daffin, Assistant Treasurer
- Emily A. Crosswell
- Martha S. DeBusk
- Gary W. Edwards
- Juliet S. Ellis
- Ron A. Gentry, MD
- Mark A. Houser
- Rev. Kenneth R. Levingston
- Vidal G. Martinez
- W. Benjamin Moreland
- Thomas J. Pace III, DMin
- Spencer Tillman
- Joe Bob Perkins
- Bishop Janice Riggle Huie
- C. Richard Stasney, MD, President of the Medical Staff
- David M. Underwood, Jr.
- Stephen P. Wende, DMin

Advisory Board:

- Todd Trask, MD, President-Elect of the Medical Staff
- Rev. B.T. Williamson

Life Members:

- Ernest H. Cockrell
- James C. Dishman
- Charles W. Duncan Jr.
- Connie M. Dyer
- Issac H. Kempner III
- Sandra Gayle Wright, RN, EdD