

Community Health Needs Assessment 2015



*Jackson Street Hospital Campus
Williams Way Hospital Campus
Hospital for Surgical Excellence of OakBend Health System*

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Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

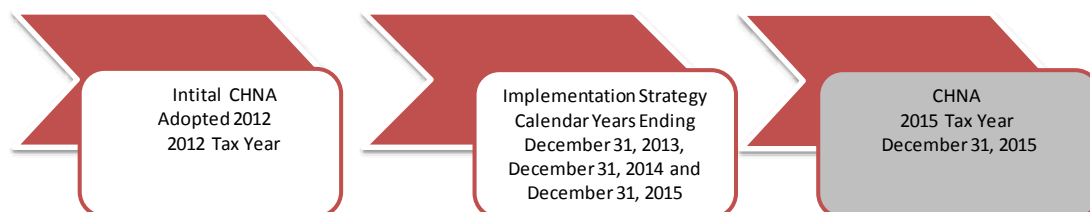
The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document OakBend Medical Center's (OMC or Medical Center) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ An evaluation of the implementation strategy for calendar years ending December 31, 2013 through December 31, 2015, which was adopted by the Medical Center board of directors in 2012.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- ✓ Obtaining community input through:
 - Interviews and surveys with key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2015. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Medical Center and to document compliance with new federal laws outlined above.

The Medical Center engaged **BKD, LLP** to assist with conducting a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from November 2015 to December 2015.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Medical Center's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2012 CHNA was completed to understand the effectiveness of the Medical Center's current strategies and programs.
- The "community" served by the Medical Center was defined by utilizing inpatient data regarding patient origin. This process is further described in Community Served by the Medical Center.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key stakeholder interviews and surveys of 26 stakeholders. Results and findings are described in the Community Input section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes and 5) how important the issue is to the community.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the Health Center

OakBend Medical Center is the largest full service healthcare facility in Fort Bend County with multiple locations including three full-service hospitals, four emergency centers, five outpatient surgery departments, five outpatient imaging centers, and multiple OakBend Medical Group Doctor Clinics.

All three hospitals operate under a single license. Therefore, the CHNA community has been defined as the aggregate community served by the three hospital facilities and a single CHNA report has been prepared. The hospital facilities included in this report are:

- OakBend Medical Center – Jackson Street Hospital Campus
- OakBend Medical Center – Williams Way Hospital Campus
- Hospital for Surgical Excellence of OakBend Health System

The Medical Center is also home to Fort Bend's only Level III (advanced) trauma center, hospital based skilled nursing facility, acute care for the elderly (ACE) unit, Level II+ nursery and permanently based air ambulance.



Mission Statement

To provide quality healthcare for every person in West Fort Bend County and adjacent communities regardless of ability to pay.

Vision Statement

To be the best community hospital in the United States by providing unsurpassed service and care.

Values

Excellence
Integrity
Ownership
Compassion

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending January 1, 2013 – December 31, 2015, was developed as part of the Texas Healthcare Transformation and Quality Improvement Program. OMC is part of the Region 3 Healthcare Partnership. Region 3's Healthcare Partnership Plan is a mix of innovative projects that focus on meeting the identified community needs of the 9 county region. In an effort to develop a regional approach to healthcare delivery, a broad range of innovative programs have been developed that increase access to primary and specialty care in a variety of service settings and address access issues that lead to care in inappropriate settings. Projects focus not only on their specific patient populations, but additionally their impact on other projects and outcomes within the region. Projects that specifically relate to OMC are summarized below. Additional information regarding the Region 3 Healthcare Partnership may be obtained at <http://www.setexasrhp.com/go/doctype/6182/181994>.

Project Description	Project Update
1. Develop a chronic disease registry to use county wide to ensure providers and clinical staff with access to determine clinical outcomes and to identify physician, psychological and emotional needs of the chronically ill patients.	OakBend created a Chronic Disease Management Registry in 2013. During the course of 2015, OakBend served and entered a total of 1,926 eligible patients into the registry. OakBend's Cross-Functional Team continued to evaluate OakBend's Chronic Disease Registry Program. OakBend also expanded registry functionality to include frequent Emergency Department (ED) utilizers and patients with multiple, short-term inpatient readmissions. OakBend utilized input from front line staff and providers to collaborate with the IT department and ensure success of the project. In 2015, OakBend granted community partners access to the registry to foster collaboration and improve care coordination for shared patients. Future collaboration is underway to continue to improve the continuum of care across organizations.
2. Increase number of PCPs	OakBend designed this project to expand primary care access for residents in Fort Bend by increasing the number of physicians and/or nurses practicing in the community. OakBend Medical Group hired one Nurse Practitioner during 2015 to fulfill the goal, and has hired a total of two Nurse Practitioners from a training program since the project began. The nurse practitioners began working at OakBend Medical Group on October 1, 2013 and July 1, 2015, respectively. In 2015, the NPs provided 3,646 patient visits to OakBend patients.
3. Expand the number of Specialty Care Physicians (SCPs) by the addition of Obstetrics and Gynecology, Cardiology/Interventional Cardiology, Otolaryngology and Orthopedic specialty services	OakBend identified a need for specialty care physicians in the following target areas: Obstetrics and Gynecology, Cardiology/Interventional Cardiology, Otolaryngology, and Orthopedic specialty services. During 2015, OakBend successfully added a second target specialty care provider – an otolaryngologist -- to active medical staff. An OB/GYN specialist was hired in 2014 as well.

Project Description	Project Update
<p>4. Establish a patient experience program where patients feel safe, have their voices heard and are empowered. Involve staff education on communication skills.</p>	<p>OakBend designed this project to establish a patient experience program where patients feel safe, have their voices heard, and are empowered. In 2014, OakBend established its Patient Experience Steering Committee to assist in the implementation of processes to measure and improve the patient experience. Throughout 2015, the committee has monitored and responded to HCAHPS scores while sharing new processes and lessons learned with department heads and managers. The special projects coordinator on the committee is responsible for tracking the most up to date HCAHPS scores and relaying the data to the appropriate managers and department heads. OakBend successfully met the 2015 goals; raising the HCAHPS score by 1.37% in 2015 over the baseline period with an impact on 4,065 patients.</p>
<p>5. Patient Navigators will help and support these patients to navigate through the continuum of health care services. Navigators will ensure that patients receive coordinated, timely and site-appropriate health care services.</p>	<p>OakBend's Patient Navigation Program utilizes patient navigators who coordinate post-discharge support for patients with Congestive Heart Failure (CHF), Diabetes, and Chronic Obstructive Pulmonary Disease (COPD). In 2015, OakBend provided more than 100 patients with Primary Care Provider referrals and appointments. OakBend now has over 695 active patients enrolled into the navigation program.</p>
<p>6. Educate and train patients and staff on the health benefits of breastfeeding, as well as evidence-based strategies to enhance breastfeeding.</p>	<p>OakBend instituted a breastfeeding program by utilizing a structured approach that incorporates training, motivation, and hands-on practices for implementation. In 2015, OakBend's Breastfeeding Project achieved its 2015 goal by providing lactation consultations to more than 85% of new mothers (1,513 patients) who gave birth at OakBend's facility. OakBend also continued to utilize new ideas and practices founded in previous milestones from 2014 such as expanded staff education and electronic documentation.</p>
<p>7. Finalize partnerships with local community agencies to work on projects specifically dedicated to health and wellness promotion such as Fort Bend Family Health Center (FBBHC), United Way, Weight Watchers, OBMC (OakBend Medical Group) and other agencies. We will form a task force of community members from each of the different agencies to do a needs assessment to determine targeted areas where a wellness management program in English and Spanish would be beneficial.</p>	<p>OakBend's Wellness Project is dedicated to health and wellness promotion throughout OakBend's community. During 2015, OakBend participated in community events by providing health screenings and education to our target population. OakBend also hosted its own events, such as diabetes education classes, a diabetes support group, and free health screenings. In 2015, OakBend provided wellness screenings to 706 individuals included in our 2015 target population. OakBend continues to track inappropriate emergency department usage and surpassed the 2015 goal; reducing inappropriate ED usage by 15.54%. OakBend works closely with the local FQHC, AccessHealth, and local mental health agency, Texana Center, to ensure our patients are provided with the appointments and resources necessary.</p>



Summary of Findings – 2015 Tax Year CHNA

Health needs were identified based on information gathered and analyzed through the 2015 CHNA conducted by the Medical Center. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 26*.

As a result of the priority setting process, the identified priority areas that will be addressed through the Medical Center's Implementation Strategy for fiscal years 2017-2019 will be:

- Uninsured/Limited Insurance/Access
- Diabetes
- Heart Disease
- Lack of Primary Care Physicians
- Need for Pre-Natal Care
- Lack of Mental Health Providers and Services
- Preventable Hospital Stays

The Medical Center's next steps include developing an implementation strategy to address these priority areas.



Community Served by the Medical Center

The Medical Center is located in the city of Richmond, Texas in Fort Bend County. Richmond is approximately forty-five minutes away from Houston, Texas and an hour and a half away from Galveston, Texas. It is accessible from Interstate 69.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from January 1, 2014 to December 31, 2014, management has identified the CHNA community to include West Fort Bend County which is primarily comprised of five zip codes. The zip codes detailed below represent zip codes, within Fort Bend County, where patient discharges exceed 2% of total discharges as reflected in *Exhibit 1* below.

Exhibit 1
OakBend Medical Center
Summary of Inpatient Discharges by Zip Code
1/1/14 - 12/31/14

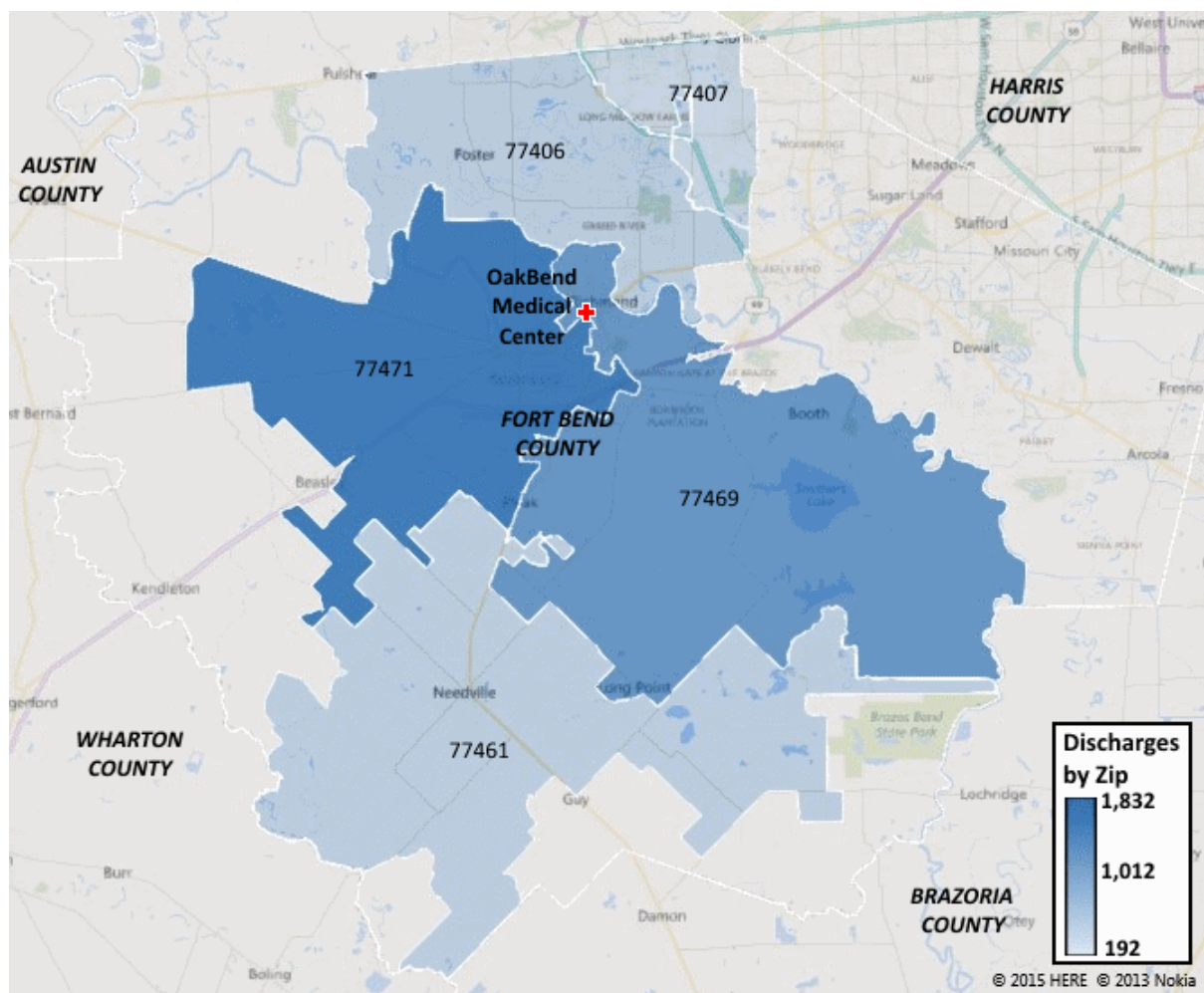
Zip Code		City	Discharges	Percent Discharges
Fort Bend County:				
77471		Rosenberg	1,832	25.6%
77469		Richmond	1,350	18.8%
77406		Richmond	354	4.9%
77461		Needville	331	4.6%
77407		Richmond	192	2.7%
CHNA Community (West Fort Bend County)			4,059	56.7%
Other Fort Bend County			833	11.6%
Total Fort Bend County			4,892	68.3%
Total Other Discharges			2,272	31.7%
Total			7,164	100.0%

Source: OakBend Medical Center

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Hospital's community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Hospital's geographic relationship to the community, as well as significant roads and highways.



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the CHNA community compared to county, state and national population and demographic information. It also provides the breakout of the community between the male and female population, age distribution and race/ethnicity.

Exhibit 2
Demographic Snapshot
OakBend Medical Center

DEMOGRAPHIC CHARACTERISTICS				
	Total Population		CHNA Community (West Fort Bend)	Fort Bend County
CHNA Community (West Fort Bend County)	149,170			
Fort Bend County	608,939	Total Male Population	74,254	299,234
Texas	25,639,372	Total Female Population	74,916	309,705
United States	311,536,591			

POPULATION DISTRIBUTION

POPULATION DISTRIBUTION								
Age Group	Age Distribution							
	CHNA Community	Percent of CHNA	Fort Bend	Percent		Percent		Percent
	(West Fort Bend)	Community	County	Fort Bend County	Texas	of Total Texas	United States	of Total US
0 - 4	11,683	7.83%	44,091	7.24%	1,934,973	7.55%	20,052,112	6.44%
5 - 17	29,891	20.04%	133,150	21.87%	4,989,935	19.46%	53,825,364	17.28%
18 - 24	12,764	8.56%	49,672	8.16%	2,634,158	10.27%	31,071,264	9.97%
25 - 34	22,129	14.83%	75,886	12.46%	3,690,303	14.39%	41,711,276	13.39%
35 - 44	23,556	15.79%	95,071	15.61%	3,510,980	13.69%	40,874,160	13.12%
45 - 54	20,382	13.66%	93,220	15.31%	3,435,096	13.40%	44,506,268	14.29%
55 - 64	16,242	10.89%	69,307	11.38%	2,707,582	10.56%	37,645,104	12.08%
65+	12,523	8.40%	48,542	7.97%	2,736,345	10.67%	41,851,043	13.43%
Total	149,170	100%	608,939	100%	25,639,372	100%	311,536,591	100%

RACE/ETHNICITY

Race/Ethnicity	Race/Ethnicity Distribution			
	CHNA Community (West Fort Bend)	Percent of CHNA Community	Fort Bend County	Percent of Fort Bend County
White	58,739	39.38%	218,313	35.85%
Hispanic	53,280	35.72%	145,240	23.85%
Black	24,582	16.48%	128,020	21.02%
Asian and Pacific Island	10,114	6.78%	105,954	17.40%
All Others	2,455	1.65%	11,412	1.87%
Total	149,170	100%	608,939	100%

Source: Community Commons (ACS 2009-2013 data sets) and 2010 Census

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race illustrates different categories of race, such as white, black, Asian, other and multiple races. Whites make up 39.38% of the CHNA community while Hispanics make up 35.72% of the community.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand why transportation may or may not be one of the highest ranking needs within the community.

**Exhibit 3
OakBend Medical Center
Rural/Urban Population**

Zip Code		Percent Urban	Percent Rural
77471	Rosenberg	87.04%	12.96%
77469	Richmond	90.42%	9.58%
77406	Richmond	85.95%	14.05%
77461	Needville	27.32%	72.68%
77407	Richmond	99.65%	0.35%
CHNA Community (West Fort Bend County)		85.69%	14.31%
Fort Bend County		94.46%	5.54%
TEXAS		84.70%	15.30%
UNITED STATES		80.89%	19.11%

Source: Community Commons

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household per capita income, employment rates, poverty, uninsured population and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to Fort Bend County, the state of Texas, and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. The CHNA community has a per capita income that is below Fort Bend County but above the state of Texas and the United States.

Exhibit 4
OakBend Medical Center
Per Capita Income

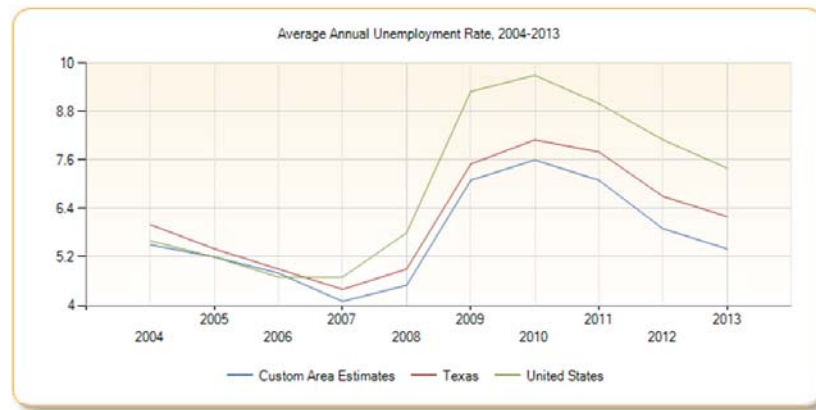
Zip Code		Total Population	Total Income (\$)	Per Capita Income (\$)
77471	Rosenberg	36,178	\$ 757,086,893	\$ 20,927
77469	Richmond	35,992	\$ 938,311,199	\$ 26,070
77406	Richmond	35,135	\$ 1,446,602,516	\$ 41,172
77461	Needville	9,870	\$ 268,802,090	\$ 27,234
77407	Richmond	31,995	\$ 855,466,457	\$ 26,738
CHNA Community (West Fort Bend County)		149,170	\$ 4,266,271,178	\$ 28,600
Fort Bend County (Excluding West Fort Bend County)		459,769	\$ 16,488,805,942	\$ 35,863
TEXAS		25,639,372	\$ 667,104,706,560	\$ 26,018
UNITED STATES		311,536,608	\$ 8,771,308,355,584	\$ 28,154

Source: Community Commons

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from 2004 - 2013 for the community defined as the CHNA community, as well as the trend for Texas and the United States. The unemployment rate for the community is lower than both that of the state of Texas and the United States, with a downward trend starting in 2010.

Exhibit 5



Data Source: U.S. Department of Labor, Bureau of Labor Statistics. 2015 – September. Source geography: County

Poverty

Exhibit 6 presents the percentage of total population below 100% Federal Poverty Level (FPL). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. The CHNA community poverty rate is significantly less than the state of Texas and the United States. However, the zip code where the highest numbers of discharges originate, 77471, has a poverty rate which is significantly higher than the other zip codes in the CHNA Community and exceeds state and national averages.

Exhibit 6	Total Population (For Whom Insurance Status is Determined)	Population in Poverty	Percent Population in Poverty
77471 – Rosenberg	35,902	6,704	18.67%
77469 – Richmond	35,050	4,344	12.39%
77406 – Richmond	32,599	916	2.81%
77461 – Needville	9,799	1,017	10.38%
77407 – Richmond	31,985	2,130	6.66%
CHNA Community (West Fort Bend County)	145,335	15,111	10.4%
Fort Bend County, TX (Excluding West Fort Bend County)	457,105	35,730	7.82%
Texas	25,032,532	4,416,829	17.64%
United States	303,692,064	46,663,432	15.37%

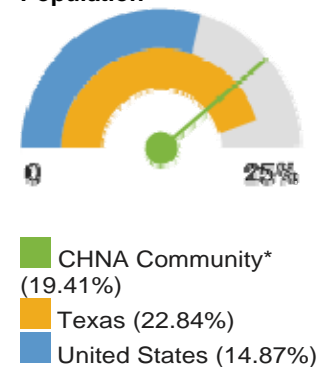
Data Source: U.S. Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Uninsured

Exhibit 7 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Nearly 29,000 persons are uninsured in the CHNA community. While the community has an uninsured rate of 19.41%, which is lower than the state of Texas, the zip code representing the highest percentage of discharges has an uninsured population of nearly 30% which is twice the national average.

Exhibit 7	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
77471 – Rosenberg	36,020	10,442	28.99%
77469 – Richmond	35,108	6,999	19.94%
77406 – Richmond	32,752	2,853	8.71%
77461 – Needville	9,806	1,665	16.98%
77407 – Richmond	31,959	6,309	19.74%
CHNA Community (West Fort Bend County)	145,645	28,268	19.41%
Fort Bend County, TX (Excluding West Fort Bend County)	457,844	75,511	16.49%
Texas	25,158,370	5,746,305	22.84%
United States	306,448,480	45,569,668	14.87%

Percent Uninsured
Population



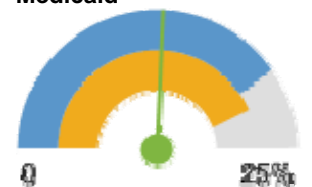
Data Source: U.S. Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Medicaid

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 8* shows four of the primary zip codes served by the hospital have higher percentages than those reported for Fort Bend County. Once again, Rosenberg's indicator negatively compares to county, state and national percentages.

Exhibit 8	Total Population (For Whom Insurance Status is Determined)	Population With Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
77471 – Rosenberg	36,020	25,578	6,100	23.85%
77469 – Richmond	35,108	28,109	4,250	15.12%
77406 – Richmond	32,752	29,899	1,415	4.73%
77461 – Needville	9,806	8,141	1,025	12.59%
77407 – Richmond	31,959	25,650	2,307	8.99%
CHNA Community (West Fort Bend County)	145,645	117,377	15,097	12.86%
Fort Bend County, TX (Excluding West Fort Bend County)	457,844	382,333	37,305	9.76%
Texas	25,158,370	19,412,064	4,251,929	21.9%
United States	306,448,480	260,878,816	52,714,280	20.21%

Percent of Insured Population Receiving Medicaid



CHNA Community* (12.86%)
 Texas (21.9%)
 United States (20.21%)

Data Source: U.S. Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Education

Exhibit 9 presents the population with an Associate's level degree or higher in the CHNA community versus Fort Bend County, Texas and the United States.

Exhibit 9	Total Population (Age 25)	Population Age 25 With Associate's Degree or Higher	Percent Population Age 25 With Associate's Degree or Higher
77471 – Rosenberg	21,512	4,083	18.98%
77469 – Richmond	22,997	7,949	34.57%
77406 – Richmond	23,908	12,077	50.52%
77461 – Needville	6,600	1,345	20.38%
77407 – Richmond	19,871	10,282	51.74%
CHNA Community (West Fort Bend)	94,888	35,737	37.66%
Fort Bend County, TX (Excluding West Fort Bend County)	287,138	147,360	51.32%
Texas	16,080,307	5,327,302	33.13%
United States	206,587,856	75,718,936	36.65%

Percent Population Age 25 with Associate's Degree or Higher



■ CHNA Community* (37.66%)
■ Texas (33.13%)
■ United States (36.65%)

Data Source: U.S. Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community obtaining an Associate's degree or higher is above the state and national percentage. Two zip codes within the community are below the county, state and US rates: 77471 – Rosenberg and 77461 – Needville.

Physical Environment of the Community

A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

Grocery Store Access

Exhibit 10 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 10	Total Population *	Number of Establishments	Establishments, Rate per 100,000 Population
77471 – Rosenberg	35,241	5	14.19
77469 – Richmond	35,321	5	14.16
77406 – Richmond	33,682	4	11.88
77461 – Needville	10,679	1	9.36
77407 – Richmond	28,595	4	13.99
CHNA Community (West Fort Bend County)	143,518	20	13.94
Fort Bend County, TX (Excluding West Fort Bend County)	441,857	65	14.71
Texas	25,145,561	3,473	13.8
United States	312,732,537	66,286	21.2

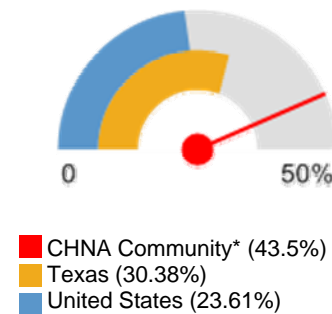
Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County
*Population is based on 2010 U.S. Census.

Food Access/Food Deserts

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in *Exhibit 11* below is relevant because it highlights populations and geographies facing food insecurity. Richmond, where the hospital is located reports levels of food insecurity at nearly double the rate of Texas and three times the national rate in the two highest populated zip codes.

Exhibit 11	Total Population *	Population With Low Food Access	Percent Population With Low Food Access
77471 – Rosenberg	35,241	10,681	30.31%
77469 – Richmond	35,321	21,137	59.85%
77406 – Richmond	33,682	10,101	29.99%
77461 – Needville	10,679	1,331	12.47%
77407 – Richmond	28,595	19,179	67.07%
CHNA Community (West Fort Bend County)	143,518	62,432	43.50%
Fort Bend County, TX (Excluding West Fort Bend County)	441,857	212,827	48.17%
Texas	25,145,561	7,639,114	30.38%
United States	308,745,538	72,905,540	23.61%

Percent Population With Low Food Access



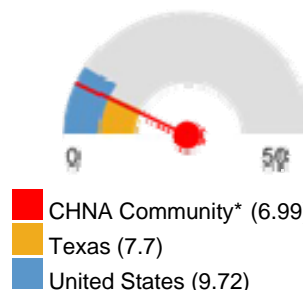
Data Source: U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract
 *Population is based on 2010 U.S. Census

Recreation and Fitness Facility Access

This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 12* shows that the CHNA community has slightly less fitness establishments per 100,000 than Fort Bend County, the state of Texas and the United States.

Exhibit 12	Total Population *	Number of Establishments	Establishments, Rate per 100,000 Population
77471 – Rosenberg	35,241	2	5.67
77469 – Richmond	35,321	2	5.66
77406 – Richmond	33,682	2	5.94
77461 – Needville	10,679	0	0
77407 – Richmond	28,595	2	6.99
CHNA Community (West Fort Bend County)	143,518	10	6.97
Fort Bend County, TX (Excl. West Fort Bend County)	441,857	31	7.02
Texas	25,145,561	1,932	7.68
United States	312,732,537	30,393	9.72

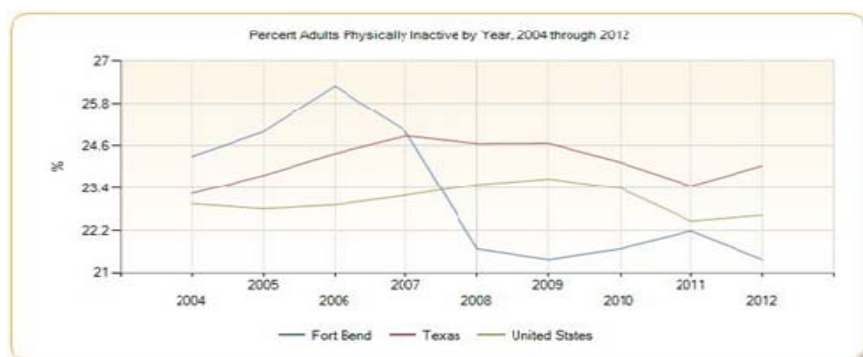
Recreation and Fitness Facilities, Rate (Per 100,000 Population)



Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County
*Population is based on 2010 U.S. Census

The trend graph below (*Exhibit 13*) shows the percentage of adults who are physically inactive by year for the Fort Bend County compared to Texas and the United States. Data is not available for the defined CHNA community. Until 2007, the CHNA community has had a higher percentage of adults who are physically inactive compared to both the state of Texas and the United States. The trend saw a decrease in 2007, and the percentage of adults physically inactive within the community has stayed below the state of Texas and the United States from mid-2007 through 2012.

Exhibit 13



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 14 shows the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 14	Total Population, 2012 *	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
77471 – Rosenberg	37,764	28	74.14
77469 – Richmond	37,850	28	73.98
77406 – Richmond	36,093	26	72.04
77461 – Needville	11,443	8	69.61
77407 – Richmond	30,642	22	71.80
CHNA Community (West Fort Bend)	153,795	114	74.12
Fort Bend County, TX (Excluding West Fort Bend County)	473,498	352	74.34
Texas	26,059,203	15,254	58.54
United States	313,914,040	233,862	74.50

Data Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

*Population is based on 2012 projected population based on 2010 U.S. Census.

Lack of a Consistent Source of Primary Care

Exhibit 15 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 15	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent of Adults Without Any Regular Doctor
Fort Bend County, TX	392,816	91,673	23.34%
Texas	18,375,873	5,946,509	32.36%
United States	236,884,668	52,290,932	22.07%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Note: Information reported above is unavailable at the zip code level.

Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 16* below shows, 0% of the residents within the CHNA community are living in a health professional shortage area.

Exhibit 16	Total Area Population *	Population Living in a HPSA	Percentage of Population Living in a HPSA
Fort Bend County, TX	585,375	0	0%
Texas	25,145,561	6,121,607	24.34%
United States	308,745,538	105,203,742	34.07%

Data Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015. Source geography: HPSA

*Population is based on 2010 U.S. Census

Note: Information reported above is unavailable at the zip code level.

Preventable Hospital Events

Exhibit 17 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 17	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
77471 – Rosenberg	2,518	138	54.81
77469 – Richmond	2,021	110	54.43
77406 – Richmond	1,976	108	54.66
77461 – Needville	854	46	53.86
77407 – Richmond	812	44	54.19
CHNA Community (West Fort Bend County)	8,183	448	54.75
Fort Bend County, TX (Excluding West Fort Bend County)	23,941	1,313	54.84
Texas	2,030,887	127,787	62.92
United States	58,209,898	3,448,111	59.24

Data Source: Dartmouth College Institute for Health Policy, Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Health Status of the Community

This section of the assessment reviews the health status of Fort Bend County residents. As in the previous section, comparisons are provided with the state of Texas and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Medical Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression



Lifestyle	Primary Disease Factor
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death and Health Outcomes

Exhibit 18 reflects the leading causes of death for the community and compares the rates to the state of Texas and the United States.

Exhibit 18
OakBend Medical Center
Selected Causes of Resident Deaths: Crude Rate

	Fort Bend County	Texas	United States
Cancer	97.30	145.30	185.40
Heart disease	84.44	151.17	192.95
Lung disease	15.29	35.89	45.66
Stroke	20.50	35.90	41.40
Unintentional injury	21.93	36.43	40.05
Motor vehicle	8.30	13.10	11.00
Suicide	6.90	11.50	12.60

Source: Community Commons 2009-2013

Note: Information reported above is unavailable at the zip code level.

The table above shows leading causes of death within Fort Bend County as compared to the state of Texas and also to the United States. The crude rate is shown per 100,000 residents. As the table indicates, none of the leading causes of death above are greater than the Texas rate.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the CHNA utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- ✓ Health outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- ✓ Health factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (nine measures)
 - Clinical care (seven measures)
 - Social and economic (nine measures)
 - Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As seen in *Exhibit 19*, the relative health status of each county within the community will be compared to the state of Texas as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.



Exhibit 19
OakBend Medical Center
County Health Rankings – Health Outcomes

	Fort Bend County 2012	Fort Bend County 2015	Change	Texas 2015	Top U.S. Performers 2015
<i>Mortality</i>	*	6	↓		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	4,871	4,364	↓	6,650	5,200
<i>Morbidity</i>	*	60	↓		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	16%	13%	↓	18%	10%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.3	3.0	↓	3.7	2.5
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.0	2.7	↓	3.3	2.3
Low birth weight – Percent of live births with low birth weight (<2500 grams)	8.3%	8.8%	↑	8.4%	5.9%

* Rank out of 221 Texas counties in 2012 and 237 counties in 2015

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

The above table shows Fort Bend County’s overall mortality and morbidity outcome rankings have improved from the 2012 rankings and are significantly better than the outcomes reported for the state of Texas, with the exception of low birth weight.

A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from prior year to current year and challenges faced by each county in the Medical Center’s community. The improvements/challenges shown below in *Exhibit 20* were determined using a process of comparing the rankings of each county’s health outcomes in the current year to the rankings in the prior CHNA. If the current year rankings showed an improvement or decline of 3% or three points, they were included in the charts below. Please refer to Appendix D for the full list of health factor findings and comparisons between prior CHNA information reported and current year information.

Exhibit 20

Fort Bend County:

Improvements	Challenges
Sexually transmitted infections – the Chlamydia rate per 100K population has decreased from 218 to 207	Excessive drinking – Percent of adults that report excessive drinking in the past 30 days has increased from 13% to 16%
Teen birth rate – the percent of the female population, ages 15-19 has decreased from 27 to 23 per 1000 females.	Primary Care Physicians – ratio of population to primary care physicians increased from 1,197:1 to 1,346:1
Preventable hospital stays – the hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees has decreased from 59 to 55	
Violent Crime Rate – rate per 100,000 population decreased from 363 to 287	

As can be seen from the summarized table above, there are several areas of the community that have room for improvement when compared to the state statistics; however, there are also significant improvements made within the county from the prior year CHNA report.

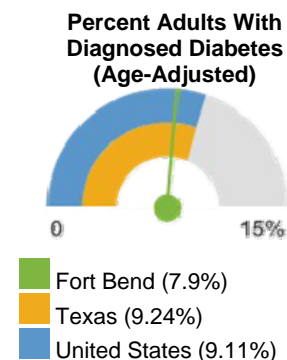
The following exhibits show a more detailed view of certain health outcomes and factors. Detailed information was not available by zip codes; therefore Fort Bend County as a whole was used for the following indicators. The percentages for each county and the community as a whole are compared to the state of Texas.

Diabetes (Adult)

Exhibit 21 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 21	Total Population (Age 20)	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
Fort Bend County, TX	426,909	32,872	7.7	7.9%
Texas	18,357,669	1,698,171	9.25	9.24%
United States	234,058,710	23,059,940	9.85	9.11%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

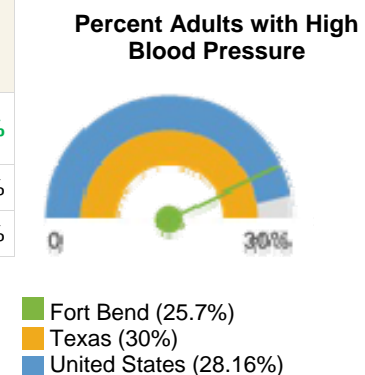


High Blood Pressure (Adult)

Per *Exhibit 22* below, 102,124 or 25.7% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. The community percentage of high blood pressure among adults is less than the percentage of Texas and the United States.

Exhibit 22	Total Population (Age 18)	Total Adults With High Blood Pressure	Percent Adults With High Blood Pressure
Fort Bend County, TX	397,368	102,124	25.7%
Texas	17,999,726	5,399,918	30%
United States	232,556,016	65,476,522	28.16%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County

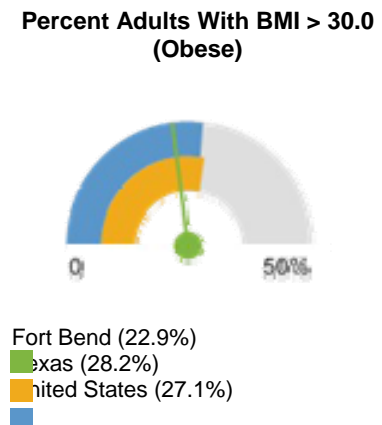


Obesity

Of adults aged 20 and older, 22.9% self-report that they have a body mass index (BMI) greater than 30.0 (obese) in the community per *Exhibit 23*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Fort Bend County has a BMI percentage less than the state and national rate.

Exhibit 23	Total Population (Age 20)	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
Fort Bend County, TX	428,770	100,761	22.9%
Texas	18,326,228	5,204,739	28.2%
United States	231,417,834	63,336,403	27.1%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County



Poor Dental Health

This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. *Exhibit 24* shows that of the information available, Fort Bend County has a lower percentage of adults with poor dental health than the state of Texas.

Exhibit 24	Total Population (Age 18)	Total Adults With Poor Dental Health	Percent Adults With Poor Dental Health
Fort Bend County, TX	379,610	35,670	9.4%
Texas	17,999,726	2,279,845	12.7%
United States	235,375,690	36,842,620	15.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County

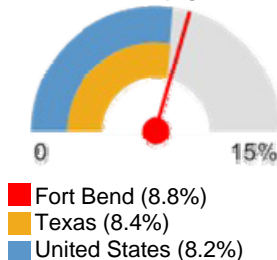
Low Birth Weight

Exhibit 25 reports the percentage of total births that are low birth weight (under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 25	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Fort Bend County, TX	49,056	4,317	8.8%
Texas	2,759,442	231,793	8.4%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Data Source: U.S. Department of Health and Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

Percent Low Birth Weight Births





Community Input – Key Stakeholder Interviews and Surveys

Obtaining input from key stakeholders (persons with knowledge of or expertise in public health, persons representing vulnerable populations, or community members who represent the broad interest of the community, or) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews and surveys are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Telephone interviews were performed with 6 key stakeholders. Interviewees were determined based on a) their specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations. All interviews were conducted by BKD personnel.

Additionally, an electronic survey was distributed to members of the Medical Center's Community Advisory Board (see Appendix E). A total of 26 completed surveys were obtained. Advisory board members represent the following types of organizations:

- ✓ OakBend Medical Center
- ✓ Social service agencies
- ✓ Local school systems and universities
- ✓ Public health agencies
- ✓ Churches
- ✓ Other medical providers
- ✓ Government officials
- ✓ Local businesses

Participants who were interviewed and participated in the survey provided input on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Please refer to *Appendix E* for a copy of the interview and survey instruments. This technique reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Results from Community Input

The questions on the interview and survey instruments are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical and similar to the survey questions. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in Fort Bend County. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Almost sixty percent (19 out of 32) of the key stakeholders rated the health and quality of life in their county as "very good" or "excellent". The remaining key stakeholders rated the health and quality of life as "average". None of the key stakeholders rated the health and quality of life "below average". Key stakeholders repeatedly shared positive sentiments regarding OMC's outreach efforts in the community and recognition of OMC's efforts to serve all persons in the community, regardless of their ability to pay. They also reported that more services, as well as better quality medical services, had been brought to the community over the last few years.

When asked whether the health and quality of life had improved, declined or stayed the same, 22 of the 32 stakeholders expressed they thought the health and quality of life had improved over the last three years. When asked why they thought the health and quality of life had improved, key stakeholders primarily noted that access to health services has increased over the last few years. They stated more services and specialists had been brought to the community and there has been an increased emphasis on wellness, including the opening of several wellness centers. Key stakeholders also felt the Affordable Care Act, as well as the 1115 waiver projects, were also positively impacting the health of the community.

Stakeholders who felt health and quality of life had stayed the same stated that access was still issue for certain residents of the community. The fact that Texas has not expanded Medicaid as well as certain economic realities of the oil and gas industry were cited as negatively impacting the ability for persons who are unemployed or having low incomes to access to health services.

"There is more care being delivered in the community"

"The community is growing and health and wellness is now more of a focus."

"The hospital goes out of their way to treat uninsured patients."

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. BKD also asked the key stakeholders to provide their opinions as to why they thought these populations were underserved or



in need. BKD asked each key stakeholder to consider the specific populations they serve or those with which they usually work.

Respondents noted that persons living with low-incomes or unemployed are most likely to be underserved due to lack of access to services. Lack of financial resources prevents persons with low-incomes from seeking medical care and it was noted that specialty services are not available to persons with low-incomes or living in poverty. Stakeholders noted that persons living in poverty do not have access to publically funded healthcare services as they do in other similar sized communities. Stakeholders also identified access to healthy nutrition as a need for person with lower incomes.

The elderly were also identified as a population that is faced with challenges accessing care due to limited transportation, isolation and fixed incomes. Several stakeholders commented that physicians are limiting access for patients on Medicare. Additionally, due to cuts in Medicare spending, elderly citizens may not get tests or prescriptions they need. Stakeholders also noted the quality of long-term care in the community as a concern.

Several of the key stakeholders noted there are language barriers and transportation barriers for the Hispanic population living in the community. Stakeholders also identified that unregistered residents are afraid of going for medical attention due to lack of knowledge regarding health as well as fear of deportation.

“There is no funding for specialty care in the community.”

“There is a segment of minority, unregistered residents that are afraid of going for medical attention.”

3. Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. The majority of the key stakeholders noted lack of funding for programs targeted at persons with low-income and the inability for persons with low-income to afford healthcare were also seen as barriers. Several examples were provided where persons were unable to obtain medical treatment or surgeries due to lack of funding for persons with low incomes. It was also noted that there is no system to provide specialty care, rehab services or testing to individuals who lack health insurance or the ability to pay for services.

Key stakeholders also noted that transportation was a barrier to access to health care. It was noted that many people in the community are unaware of the availability of transportation assistance. Additionally, it was noted that insufficient bus transportation impacts individual’s ability to go to the doctor.

Key stakeholder also identified language barriers as an issue in that the growing Hispanic population does not know what services the hospital can offer. Additionally, it is more difficult to provide general health education to the Hispanic population due to cultural differences. The availability of translated information on health and wellness and preventive services is limited.

Several stakeholders noted the quickly growing population and influx of new residents into the community as a barrier to improved health due the fact that it is becoming more and more difficult to provide the needed services for the additional persons moving into the county.

The lack of health literacy and a culture that does not emphasize wellness were also cited as barriers.

“The deductibles for people who are insured through the exchanges have too high of deductibles.”

“Mothers with children cannot access transportation because you can only have one person with you on the van.”

4. Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The majority of the key stakeholders cited access and affordability of healthcare services as being the most important issue impacting health of the community. Several key stakeholders had strong feeling about establishing a hospital district in Fort Bend County so the needed healthcare services could be funded.

Prenatal care for women and services to children were identified as an important issue which should be addressed. Many pregnant women are not being seen by physicians until after the first trimester which may impact prenatal care. Additionally, there is a high rate of uninsured among this population and efforts should be made to ensure parents of young children are informed and connected to all available resources.

It was also noted that heart disease, diabetes, cancer and obesity are health conditions impact the community.

The stakeholders felt the best way to address these needs was to continue to increase education and outreach to community members regarding the available services and to work to find ways to fund services for the unemployed and working poor.

The key stakeholders were also asked to identify the most critical issue the hospital should address over the next three to five years. Responses included:

- Building a safety net to help chronically ill patients avoid hospitalization.
- Providing services to the booming population of elderly residents.
- Expand the hospital’s involvement in the community.
- Get more urgent care/clinics into the community.
- Establishing clinics or providing extended service hours in the medical group and recruit more specialists.
- Continue to increase education and community presence.
- Focus on continuity of care between hospital and outpatient setting.



- Ensure the hospital is able to remain financially viable.

“If we want our community to be healthy, we have to get the people that need help involved. Getting into the places, such as school or church, will capture a large number of these individuals. The information would then get into the homes.”

Key Findings

A summary of themes and key findings provided by the key stakeholders follows:

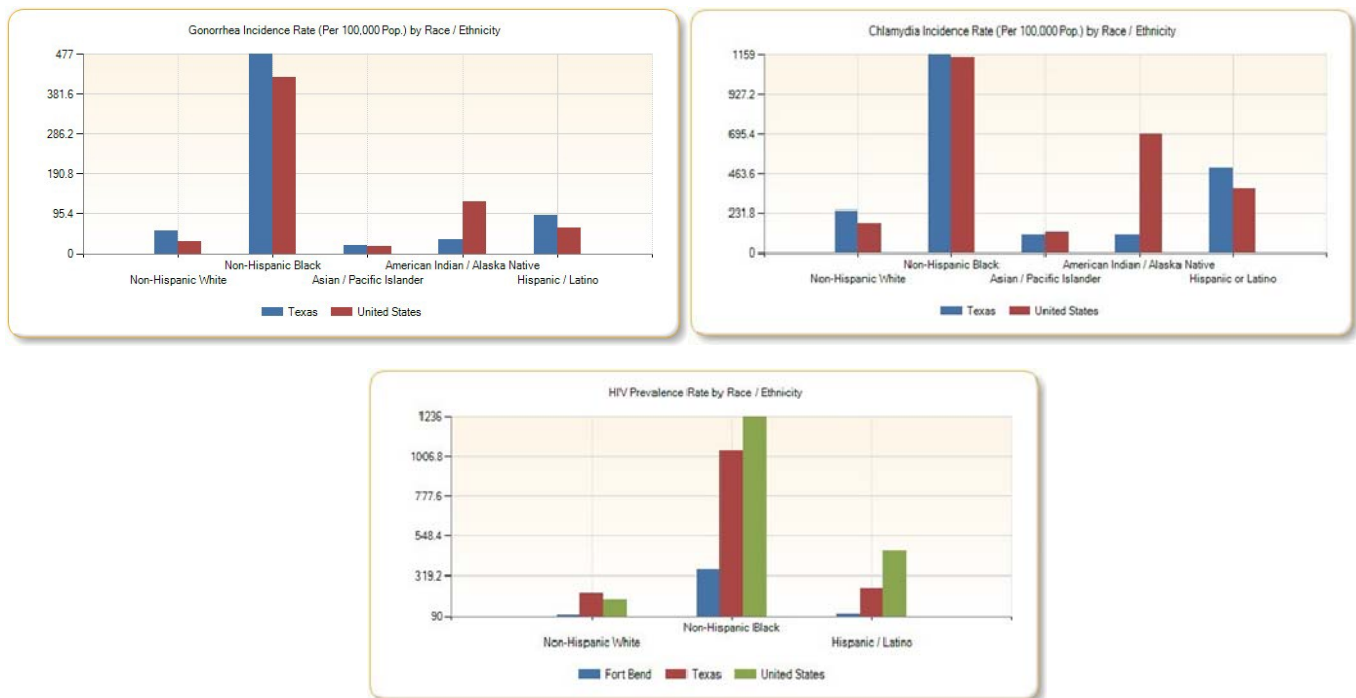
- The community’s health and quality of life are generally seen to be very good, but there are certain groups of persons who have limited access to health such as those persons living in poverty, the elderly and the Hispanic population.
- The community is growing at a fast pace and many of the new residents are uninsured. It is becoming increasingly difficult to provide the needed services; particularly specialty services and follow-up regarding illnesses or conditions due to lack of funding.
- Access to affordable healthcare for persons who are unemployed or who have low-income is seen as a major issue in the community. The deductibles for persons ensured through the affordable healthcare are too high and limit the ability for persons to access care.
- OakBend Medical Center should continue its outreach and education efforts on health and wellness.
- OakBend Medical Center provides a great deal of services to persons in the community who are unable to pay for the services. In order for these services to be expanded and continued, funding will need to be addressed.
- Heart disease, diabetes, cancer and obesity were noted health conditions negatively impacting the community.
- The community has an increasing elderly population, whose health needs must be addressed, including adequate long-term care facilities.
- Transportation was cited as a significant barrier to health. Transportation is an issue for people and prevents them from seeking care, making their appointments or receiving follow-up care.
- Over the last three years access to health services has improved due to additional providers, both primary care and specialists.
- The growing Hispanic population may require an increased focus on culturally appropriate communication and education.
- Access and services for prenatal care and services to young children are limited.

Health Issues of Vulnerable Populations

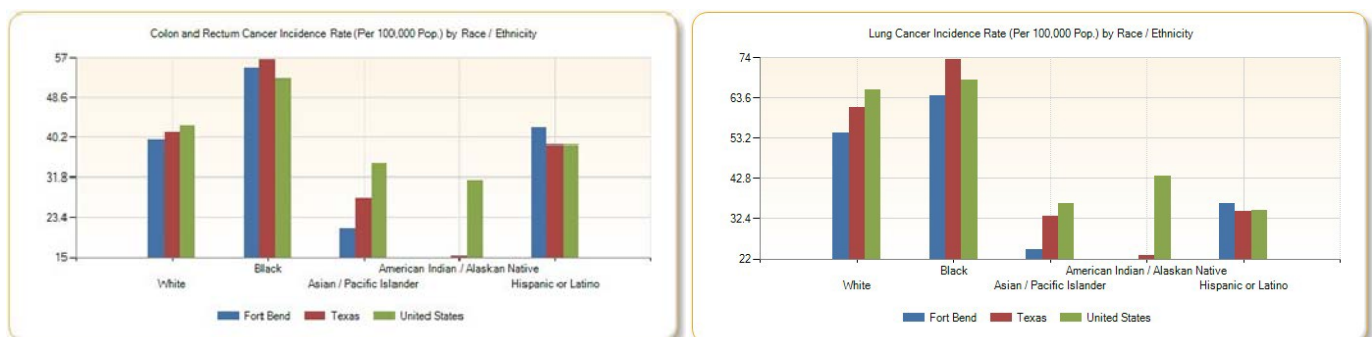
According to Dignity Health's Community Need Index (see Appendices), the Medical Center's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes that have the highest need in the community are 77471 (Rosenberg), 77053 (Houston) and 77417 (Beasley).

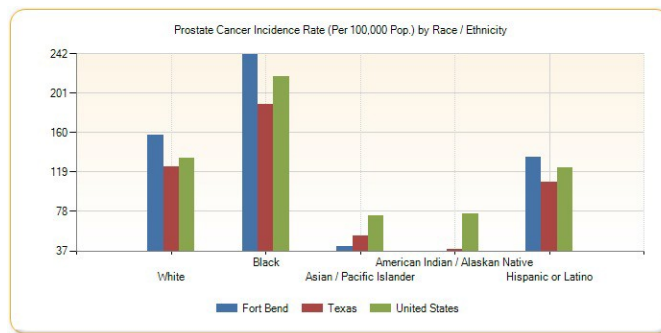
The following health disparities were noted per review of the secondary data from Community Commons and are based on age, race and ethnicity. Data is presented for Fort Bend County as data was not available at the zip code level.

STD Disparities:

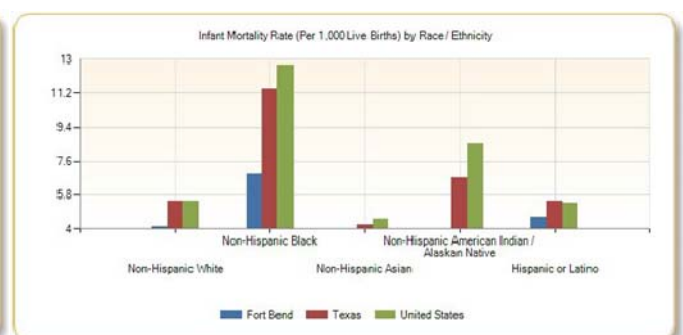
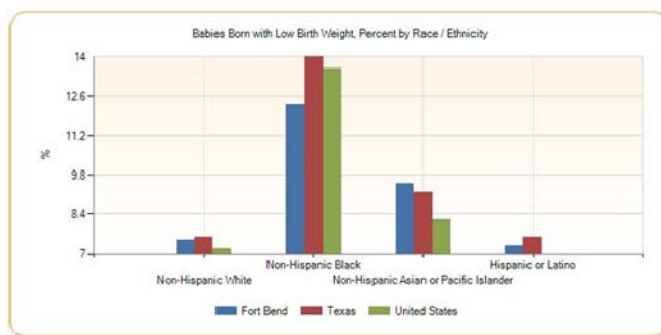


Cancer Disparities:





Infant Health Disparities:



Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews and the community health survey, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

- Uninsured/Working Poor Population
 - Transportation
 - Access to specialty services, rehab and testing
 - High cost of health care prevents needs from being met
 - Healthy lifestyle and health nutrition education
 - Prenatal care
 - Services for young children



- Elderly
 - Transportation
 - Long-term care facilities and/or home health services
 - Cost of prescriptions and medical care
 - Shortage of Physicians (limit on patients who are on Medicare)
- Hispanic Population
 - Language barriers
 - Transportation
 - Healthy living education
- Non-Hispanic/Black Population
 - Cancer (Colon, Rectum, Prostate)*
 - STD's*
 - Low Birth Rate*

*Per secondary data report in graphs on previous page

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Health Center; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.



Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Medical Center completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Medical Center's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Medical Center CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Medical Center's CHNA community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30% of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.



To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
- 3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
- 4) **How important the problem is to the community.** Needs identified through community interviews and/or focus groups were rated for this factor.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, primary causes for inpatient hospitalization, health outcomes and factors and primary data) identified the need.

Each need was ranked based on the five prioritization metrics. As a result, the following summary list of needs was identified:

Exhibit 26
Oakbend Medical Center
Prioritization of Health Needs

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	Total Score *
Uninsured/Limited Insurance/Access**	5	4	5	5	3	22
Diabetes	5	4	3	4	3	19
Healthy Behaviors/Lifestyle Choices	5	3	4	3	3	18
Poor Nutrition/Limited Access to Healthy Food Options	5	3	3	3	3	17
Cancer	2	5	4	3	3	17
Lack of Health Knowledge/Education	5	2	3	3	2	15
Cost of Healthcare/Prescriptions	4	3	4	3	1	15
Heart Disease	4	5	0	4	2	15
Lack of Primary Care Physicians/Hours	4	3	3	3	2	15
Need for Pre-Natal Care	3	4	4	2	2	15
Language & Cultural Barriers	4	2	3	3	2	14
Transportation	3	1	5	4	1	14
Lack of Convenient Ambulatory Care	5	3	0	3	2	13
Obesity	3	4	0	4	2	13
Lack of Youth Services	3	3	3	2	1	12
Lack of Home Health/Long-Term Care Services	3	1	3	3	1	11
Lack of Mental Health Providers/Services	3	3	0	2	2	10
Lack of Dentists/Adult Services	2	2	0	1	2	7
Preventable Hospital Stays	2	1	0	1	1	5
Sexually Transmitted Infections	2	1	0	1	1	5
Violent Crime Rate	2	1	0	1	1	5
Excessive Drinking/Alcohol-Impaired Drinking Deaths	2	1	0	1	1	5

*Highest potential score = 25

**Including specialty services, rehab & testing



Management's Prioritization Process

For the health needs prioritization process, the Medical Center engaged a hospital leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 26*, using the following criteria:

- ✓ Current area of hospital focus
- ✓ Established relationships with community partners to address the health need
- ✓ Organizational capacity and existing infrastructure to address the health need

Based on the criteria outlined above, the leadership team ranked each of the health needs. As a result of the priority setting process, the identified priority areas that will be addressed through the Medical Center's Implementation Strategy for fiscal years 2017-2019 will be:

- Uninsured/Limited Insurance/Access
- Diabetes
- Heart Disease
- Lack of Primary Care Physicians
- Need for Pre-Natal Care
- Lack of Mental Health Providers and Services
- Preventable Hospital Stays

The Medical Center's next steps include developing an implementation strategy to address these priority areas.

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals

The Medical Center has 244 acute beds and is the only hospital facility located within the CHNA community. Residents of the community can take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

Exhibit 27 summarizes hospitals available to the residents of the Fort Bend County in which the community resides.

Exhibit 27
OakBend Medical Center
Summary of Area Hospitals and Health Centers

Facility	Address	County
Memorial Hermann Sugar Land Hospital	17500 W Grand Parkway South, Sugar Land, TX 77479	Fort Bend
Triumph Hospital Southwest	1550 First Colony Blvd, Sugar Land, TX 77479	Fort Bend
Sugar Land Surgical Hospital	1211 Highway 6, Suite 70, Sugar Land, TX 77478	Fort Bend
Methodist Sugar Land Hospital	16655 Southwest Freeway, Sugar Land TX 77479	Fort Bend

Source: US Hospital Finder

Other Health Care Facilities

Short-term acute care hospital services are not the only health services available to members of the Medical Center's community. *Exhibit 28* provides a listing of community health centers within the Medical Center's community.

Exhibit 28
Oakbend Medical Center
Summary of Rural Health Centers & FQHC's

Facility	Facility Type	Address	County
Richmond Center	Federally Qualified Health Center	400 Austin St, Richmond, TX 77469	Fort Bend
Stafford Center	Federally Qualified Health Center	10435 Greenbough Dr Ste 300, Stafford, TX 77477	Fort Bend
Missouri City Center	Federally Qualified Health Center	307 Texas Pkwy, Missouri City, TX 77489	Fort Bend

Source: CMS.gov, Health Resources & Services Administration (HRSA)

The Medical Center's CHNA community also has a number of clinics inside various retail facilities, including Walgreens and CVS. These clinics are expanding past providing only flu shots to providing checkups and treatments to a growing list of ailments.

Physicians

The Medical Center regularly monitors physician supply and demand. The key informant interviews indicated the need for specialists in the following areas:

- Dermatology
- Cardiology
- Rheumatology

Health Department

The **Department of Health & Human Services** is Fort Bend County's principal agency for protecting the health of county residents and providing essential human services, especially for those who are least able to help themselves. The Department includes six subordinate departments and three programs, covering a wide spectrum of activities.

The departments and programs within the Health & Human Services Agency include:

- Animal Services
- Clinical Health Services
- Emergency Medical Services
- Environmental Health
- Social Services
- Veterans Service Office
- Indigent Health Care
- Pinnacle Senior Center
- Public Health Preparedness



APPENDICES



APPENDIX A

ANALYSIS OF DATA

**Oakbend Medical Center
Analysis of CHNA Data**

Analysis of Health Status-Leading Causes of Death

	(A)		(B)		
	U.S. Crude Rates	10% of U.S. Crude Rate	County Rate	County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Fort Bend County:					
Cancer	185.4	18.5	97.3	-88.1	
Heart Disease	192.9	19.3	84.4	-108.5	
Lung Disease	45.7	4.6	15.3	-30.4	
Stroke	41.4	4.1	20.5	-20.9	
Unintentional Injury	40.1	4.0	21.9	-18.1	
Motor Vehicle	11.0	1.1	8.3	-2.7	
Suicide	12.6	1.3	6.9	-5.7	

***The crude rate is shown per 100,000 residents. Please refer to Exhibit 18 for more information.

Analysis of Health Outcomes and Factors

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Fort Bend County:					
Adult Smoking	14.0%	4.2%	10.0%	-4.0%	
Adult Obesity	25.0%	7.5%	25.0%	0.0%	
Food Environment Index	8.4	3	7.1	1	
Physical Inactivity	20.0%	6.0%	22.0%	2.0%	
Access to Exercise Opportunities	92.0%	27.6%	94.0%	-2.0%	
Excessive Drinking	10.0%	3.0%	16.0%	6.0%	Health Need
Alcohol-Impaired Driving Deaths	14.0%	4.2%	45.0%	31%	Health Need
Sexually Transmitted Infections	138	41	207	69	Health Need
Teen Birth Rate	20	6	23	3	
Uninsured	11.0%	3.3%	20.0%	9.0%	Health Need
Primary Care Physicians	1045	314	1346	301	
Dentists	1377	413	2250	873	Health Need
Mental Health Providers	386	116	1572	1186	Health Need
Preventable Hospital Stays	41	12	55	14	Health Need
Diabetic Screen Rate	90.0%	27.0%	84.0%	6.0%	
Mammography Screening	70.7%	21.2%	62.5%	8.2%	
Violent Crime Rate	59	18	287	228	Health Need
Children in Poverty	13.0%	3.9%	12.0%	-1.0%	
Children in Single-Parent Households	20.0%	6.0%	22.0%	2.0%	
* Low Food Access	23.6%	7.1%	47.0%	23.4%	Health Need
* Uninsured - 77471 (Rosenberg)	14.9%	4.5%	29.0%	14.1%	Health Need

* From Community Commons Data

Analysis of Primary Data – Key Informant Interviews

Poverty
 Lack of Convenient Ambulatory Care
 Lack of Health Knowledge/Education
 Healthy Behaviors/Lifestyle Choices
 Lack of Mental Health Services
 Language & Cultural Mindset
 Obesity
 Heart Disease
 Transportation
 Prenatal Care
 Uninsured
 Lack of Physicians
 Cost of Health Care

**Issues of Uninsured Persons, Low-Income Persons
and Minority/Vulnerable Populations**

Population	Issues
Uninsured/Working Poor Population	Transportation Access to specialty, rehab and testing High cost of health care prevents needs from being met Healthy lifestyle and health nutrition education Prenatal care Services for young children
Elderly	Transportation Long-term care facilities and/or home health services Cost of prescriptions and medical care Shortage of physicians (limit on patients who are on Medicare) Diabetes*
Immigrant Population	Language barriers Transportation Healthy living education
Non-Hispanic/Black Population	Cancer (Colon, Rectum, Prostate)* HIV* Low Birth Rate*

* From Community Commons Data



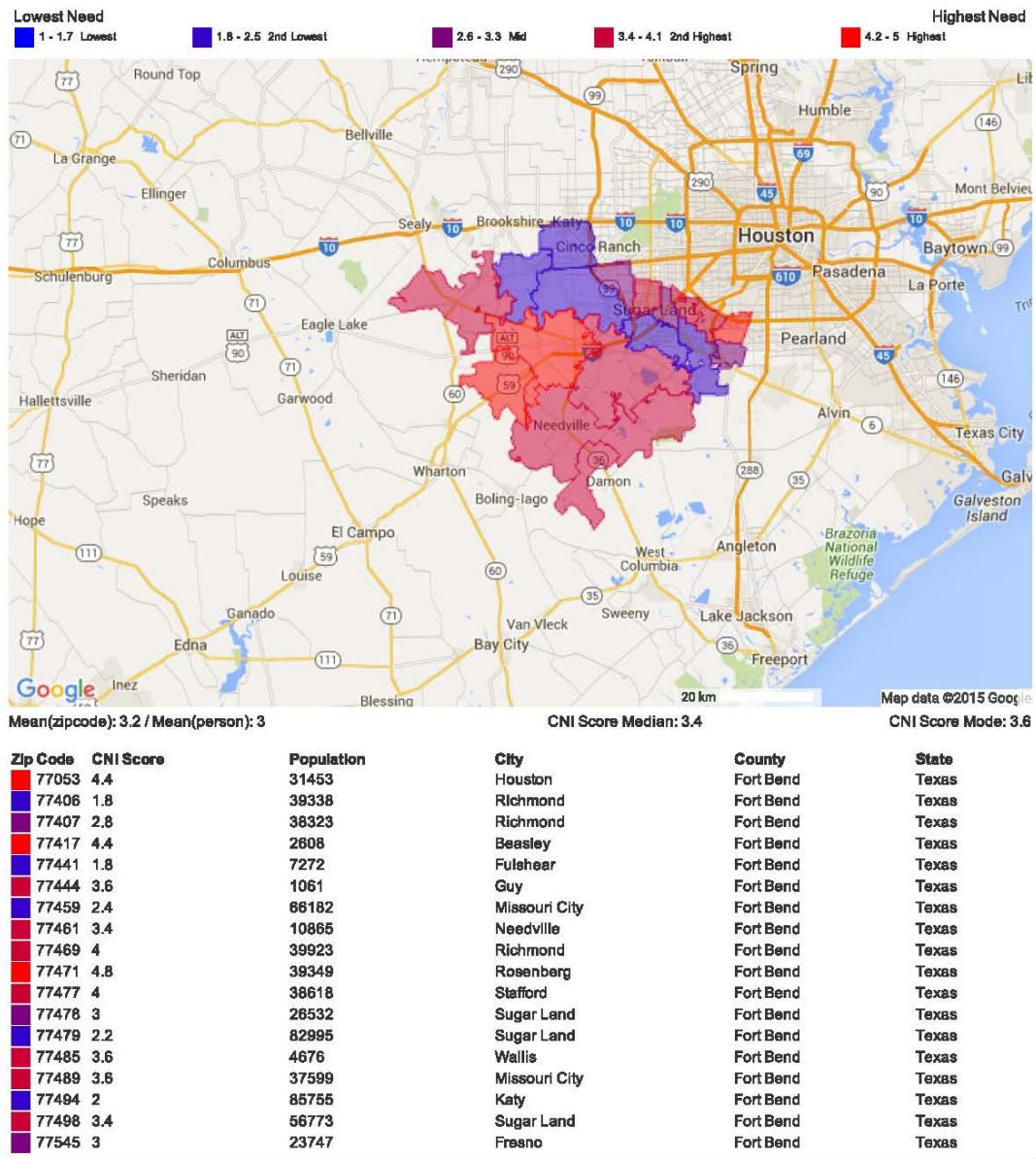
APPENDIX B

SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2015
Population Estimates	The Nielson Company	2015
Demographics - Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2009 - 2013
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates http://www.communitycommons.org/	2009 - 2013
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Education	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Physical Environment - Grocery Store Access	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2010
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease Control and Prevention http://www.communitycommons.org/	2012
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2012
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2015
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2012
Leading Causes of Death	Community Commons via CDC National Vital Statistics System http://www.communitycommons.org/	2007 - 2011
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ & Community Commons http://www.communitycommons.org/	2015 & 2006 - 2012
Health Care Resources	Community Commons, CMS.gov, HRSA	



APPENDIX C
DIGNITY HEALTH COMMUNITY NEED INDEX
(CNI) REPORT



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<http://cni.chw-interactive.org/printout-2015.asp>

1/1

Source: <http://cni.chw-interactive.org>



APPENDIX D

COUNTY HEALTH RANKINGS

OakBend Medical Center County Health Rankings – Health Factors

	Fort Bend County 2012	Fort Bend County 2015	Change	Texas 2015	Top Performers 2015**
Health Behaviors	*	4	2	↓	
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	11.0%	10.0%	↓	17.0%	14.0%
Adult obesity – Percent of adults that report a BMI ≥ 30	26.0%	25.0%	↓	29.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	N/A	7.1		6.4	8.4
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	21.0%	22.0%	↑	23.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	N/A	94.0%		84.0%	92.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	13.0%	16.0%	↑	16.0%	10.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	N/A	45.0%		33.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population	218.0	207.0	↓	488.0	138.0
Teen birth rate – Per 1,000 female population, ages 15-19	27.0	23.0	↓	55.0	20.0
Clinical Care	*	10	13	↑	
Uninsured adults – Percent of population under age 65 without health insurance	19.0%	20.0%	↑	25.0%	11%
Primary care physicians – Ratio of population to primary care physicians	1,197:1	1,346:1	↑	1,708:1	1,045:1
Dentists – Ratio of population to dentists	N/A	2,250:1		1,940:1	1,377:1
Mental health providers – Ratio of population to mental health providers	N/A	1,572:1		1,034:1	386:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	59.0	55.0	↓	63.0	41
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	82.0%	84.0%	↑	83.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	62.8%	62.5%	↓	58.9%	70.7%
Social and Economic Factors	*	18	11	↓	
High school graduation – Percent of ninth grade cohort that graduates in 4 years	90.0%	92.0%	↑	88.0%	N/A
Some college – Percent of adults aged 25-44 years with some post-secondary education	70.4%	72.7%	↑	58.6%	71.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	8.0%	5.7%	↓	6.3%	4.0%
Children in poverty – Percent of children under age 18 in poverty	13.0%	12.0%	↓	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	4.1		4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	22.0%	22.0%		33.0%	20%
Social associations – Number of membership associations per 10,000 population	N/A	4.9		7.8	22.0
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	363.0	287.0	↓	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population	N/A	32.0		55.0	50.0
Physical Environment	*	220	109	↓	
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	6	8.7	↑	9.6	9.5
Drinking water safety – Percentage of population exposed to water exceeding a violation limit during the past year	N/A	1.0%		7.0%	0.0%
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	16.0%		18.0%	9.0%
Driving alone to work – Percentage of the workforce that drives alone to work	N/A	82.0%		80.0%	71.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30	N/A	54.0%		35.0%	15.0%

* Rank out of 221 Texas counties in 2012 and 237 counties in 2015

** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org



APPENDIX E

**KEY STAKEHOLDER INTERVIEW PROTOCOL,
SURVEY INSTRUMENT & ACKNOWLEDGEMENTS**

KEY INFORMANT TELEPHONE INTERVIEW

Community Health Needs Assessment for: OakBend Medical Center

Interviewer's Initials: _____

Date: _____ Start Time: _____ End Time: _____

Name: _____ Title: _____

Agency/Organization: _____

of years living in _____ County: _____ Current position: _____

E-mail address: _____

Introduction: Good morning/afternoon. My name is [interviewer's name]. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over – up to 40 minutes total - once we get into the interview. **(Check to see if this is okay).**

[Name of Organization] is gathering local data as part of developing a plan to improve health and quality of life in Fort Bend County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next I'll be asking you a series of questions about health and quality of life in Fort Bend County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Fort Bend County?
2. In your opinion, has health and quality of life in Fort Bend County improved/declined

/stayed the same over the past few years?

3. Why do you think it has (based on answer from previous question:
Improved/declined/stayed the same)?

4. What other factors have contributed to the health and quality of life (based on answer
to question 2:
Improvement/decline/staying the same?

5. What barriers, if any, exist to improving health and quality of life in Fort Bend
County?

6. In your opinion, what are the most critical health and quality of life issues
in Fort Bend County?

7. What needs to be done to address these issues? .

8. Do you think access to Health Services has improved over the last 3 years? Why or
why not?

9. Are there any specialists (physicians) which are needed in the community? If so, what
specialties are needed?

10. Are there people or groups of people in Fort Bend County whose health or quality of
life may not be as good as others? Who are these persons or groups?

11. In your opinion, what is the best way to address the needs identified in #10 above?

12. What is best mechanism for distributing health and wellness information to the
community, in your opinion? Why?

13. Describe how the hospital partners with community organizations on health and
wellness programs? Is there anything OakBend Medical Center could do differently to
better address the health needs of the community?

14. What is the most important issue that the hospital should address in the next 3-5
years?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The
information you have provided will contribute to develop a better understanding about
factors impacting health and quality of life in Fort Bend County. Before we conclude the
interview, **Is there anything you would like to add?**

As a reminder, summary results will be made available by OakBend Medical Center and
used to develop a community-wide health improvement plan. Thanks once more for your
time. It's been a pleasure to meet you.



Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Carol Edwards, CEO, Access Health

David Krusleski, Physician, OakBend Medical Center

Owen Capocyan, Physician, OakBend Medical Group

Mary Kendrick, Health Commissioner, Fort Bend County

Douglas Thibodeaux, Physician, OakBend Medical Group

James Patterson, County Commissioner, Fort Bend County



Community Health Needs Assessment 2015

12/18/2015

OakBend CHNA 2015 | Enterprise Survey Software

OakBend Medical Center is gathering information as part of developing a plan to improve health and quality of life in the community it serves. Community input is essential to this process. This survey is being used to engage community members. You have been selected to complete the survey below because of your knowledge, insight, and familiarity with the community and the services provided by OakBend Medical Center.

Some of the following survey questions are open-ended. In these instances, we are trying to gather your thoughts and opinions. There are no right or wrong answers. The themes that emerge from these questions will be summarized and made available to the public; however, your identity will be kept strictly confidential.

In general, how would you rate the health and quality of life in Fort Bend County?

- ☐ Very Good
- ☐ Average
- ☐ Below Average
- ☐ Poor

In your opinion has the health and quality of life in Fort Bend County improved, declined, or stayed the same over the past few years? Please provide what factors influence your answer and describe why you feel it has improved, declined or stayed the same?

What are the most significant barriers to addressing health issues in Fort Bend County?

Are there populations of people in Fort Bend County whose health or quality of life may not be as good as others. If yes, in your opinion, who are these persons or groups?

Please explain why the populations identified in the previous question have lower health and quality of life? Also, provide input as to what assistance is needed to assist these individuals.

12/18/2015

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In your opinion, what are the most critical health and quality of life issues in Fort Bend County?

What needs to be done to address the critical health and quality of life issues identified in the previous question?

What is your primary way for receiving health information?

- ☐ My doctor (doctor's office, local clinic)
- ☐ Family
- ☐ Friends/co-workers/neighbors
- ☐ School clinic or nurse
- ☐ Community center
- ☐ Church
- ☐ Internet
- ☐ Media (radio/ TV, magazines, etc.)
- ☐ Other

In your opinion, what does OakBend Medical center do well in serving the health needs of the community?

What is the most important issue that OakBend Medical Center should address in the next 3-5 years to help improve the health of the community? Also, please describe what OakBend Medical Center can do to better serve the health and wellness needs of the community.

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