Community Health Needs Assessment

2018

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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, 2015 through December 31, 2018, which was adopted by the Medical Center board of directors in 2015.
- 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:
    - Surveys from 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 2018. 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 38 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The CHNA was conducted from September 2018 to December 2018.

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 2015 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 36 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 last remaining independent nonprofit hospital in the Greater Houston Area. We proudly serve Fort Bend County and surrounding communities at all of our locations including our hospitals, emergency rooms, surgery centers, physical therapy clinics, physician offices, and many more.

All four 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
- OakBend Medical Center – Wharton Hospital Campus
- OakBend Surgical Hospital

The Medical Center provides the following to the community: Emergency Room (Only No Wait Hospital ER in the Greater Houston Area), Trauma Program (Level III, Advanced), Neonatal ICU (Level II), Acute Care for the Elderly (ACE) Unit, Geriatric Psychiatric Program, and Skilled Nursing Facility.

Mission Statement

To provide exceptional, compassionate health care for our community, regardless of ability to pay.

Values

- Excellence
- Integrity
- Ownership
- Compassion

Our Visionary Goal

To be the best community health care organization.

Summary of Findings – 2018 CHNA

Health needs were identified based on information gathered and analyzed through the 2018 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 25*.

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 2019-2021 will be:

- Access to care
- Access to primary care
- Access to specialists
- Chronic diseases (Heart Disease, Stroke, Cancer, Diabetes)
- Economic security and housing
- Lack of health knowledge and education
- Mental health and addiction
- Nutrition
- Obesity
- Preventative care
- Services for children
- Services for the aging
- Transportation

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, management has identified the CHNA community to include portions of Fort Bend Wharton Counties comprised of nine zip codes. The zip codes represent areas, within Fort Bend and Wharton Counties, where patient discharges exceed 2% of total discharges or are contiguous to other zip codes within the community as reflected in *Exhibit 1*.

Exhibit 1

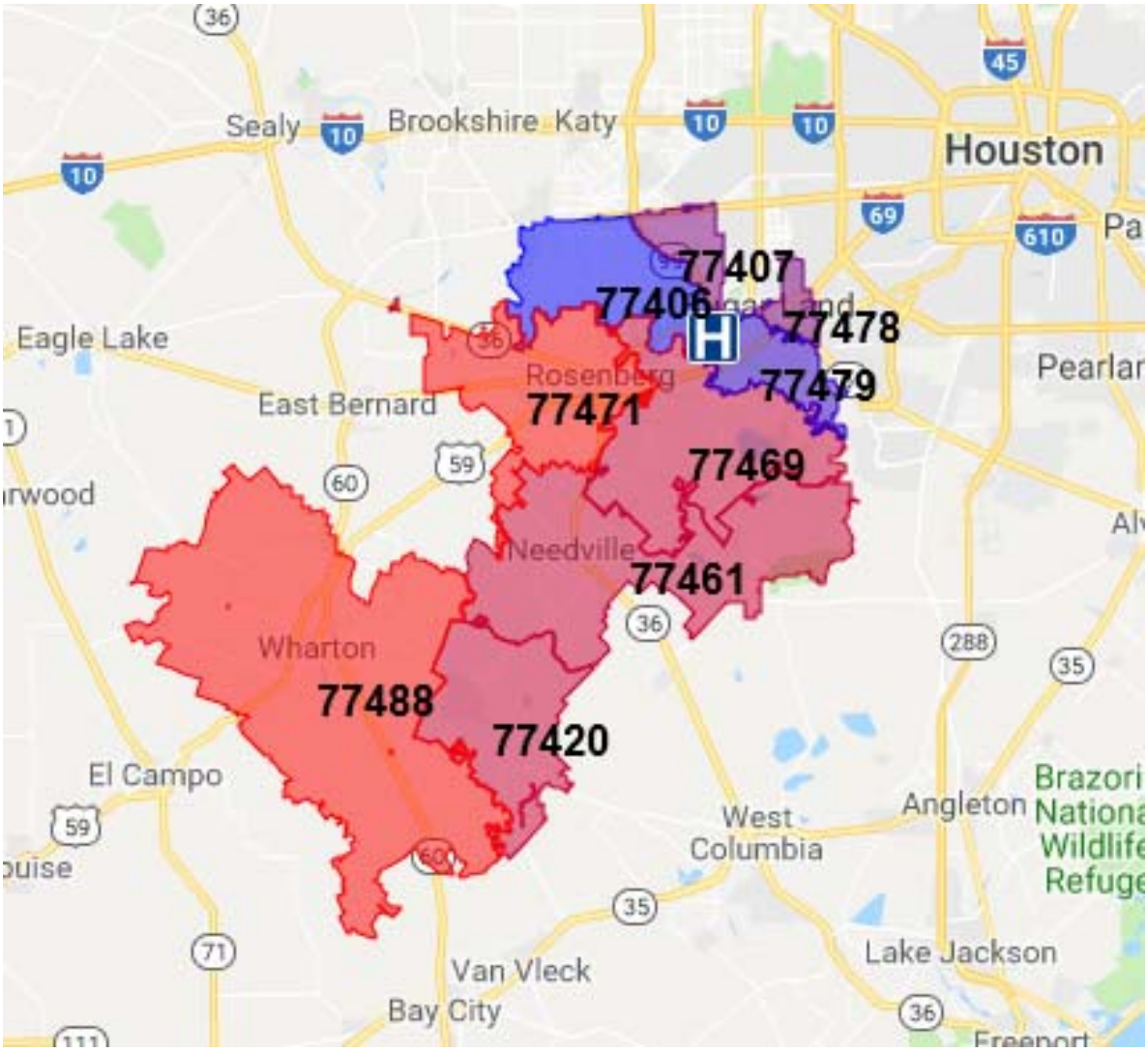
Zip Code	City - County	Percent Discharges
77471	Rosenberg - Fort Bend	20.5%
77469	Richmond - Fort Bend	16.5%
77406	Richmond - Fort Bend	6.5%
77461	Needville - Fort Bend	3.1%
77407	Richmond - Fort Bend	3.1%
77479	Sugar Land - Fort Bend	2.9%
77488	Wharton - Wharton	2.5%
77478	Sugar Land - Fort Bend	0.9%
77420	Boling - Fort Bend / Wharton	0.4%
	CHNA Community	**56.4%**
	Total Other	43.6%
	Total	100.0%

Source: OakBend Medical Center

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Medical Center's community. The map below displays the Medical Center'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 Characteristics

Gender	CHNA Community	Fort Bend County	Wharton County	Texas	United States
Total Population	302,001	683,756	41,377	26,956,435	318,558,162
Total Male Population	149,678	335,925	20,325	13,379,165	156,765,322
Total Female Population	152,323	347,831	21,052	13,577,270	161,792,840
Percent Male	49.56%	49.13%	49.12%	49.63%	49.21%
Percent Female	50.44%	50.87%	50.88%	50.37%	50.79%

Population Age Distribution

Age Group	Percent of CHNA Community	Percent of Fort Bend County	Percent of Wharton County	Percent of Texas	Percent of United States
0 - 4	7.47%	7.04%	6.83%	7.31%	6.24%
5 - 17	19.66%	21.04%	19.20%	19.15%	16.87%
18 - 24	7.86%	8.39%	9.03%	10.16%	9.82%
25 - 34	13.04%	12.44%	12.09%	14.53%	13.62%
35 - 44	14.57%	15.28%	11.25%	13.51%	12.73%
45 - 54	14.26%	14.41%	12.82%	12.88%	13.64%
55 - 64	12.31%	11.92%	12.94%	10.98%	12.58%
65+	10.83%	9.49%	15.83%	11.49%	14.50%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Race/Ethnicity Distribution

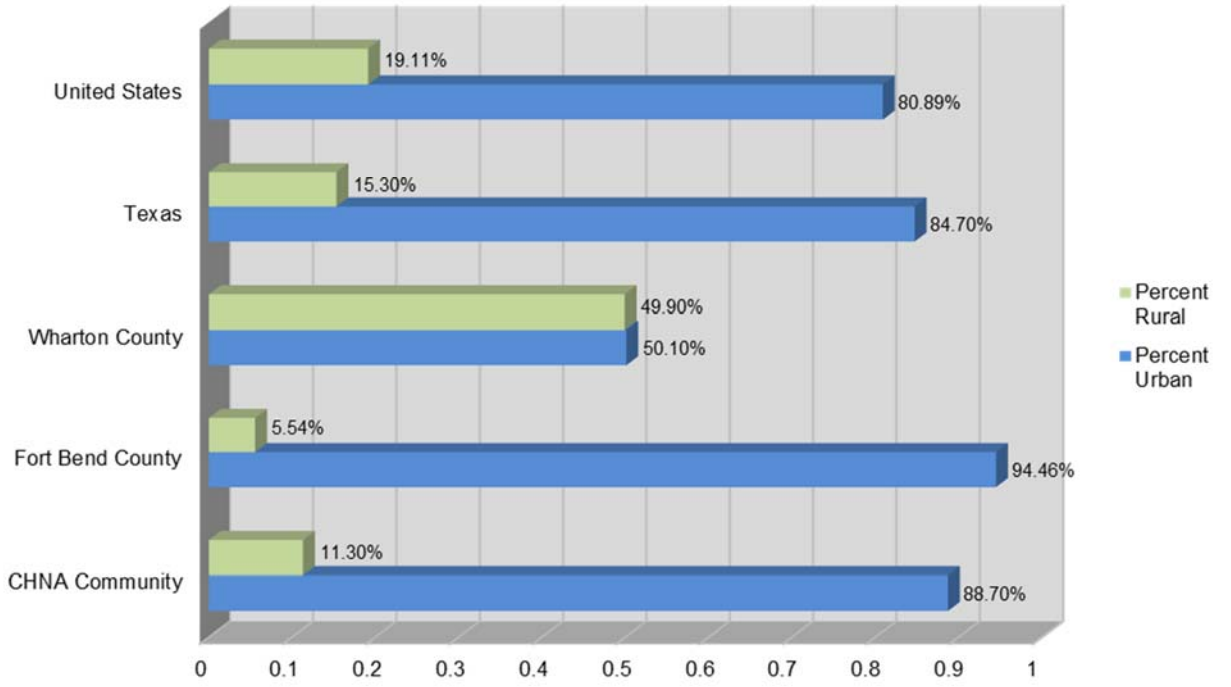
Race/Ethnicity	Percent of CHNA Community	Percent of Fort Bend County	Percent of Wharton County	Percent of Texas	Percent of United States
White	60.21%	52.07%	81.40%	74.84%	73.35%
Black	13.80%	20.75%	14.10%	11.95%	12.63%
Asian and Pacific Island	20.31%	18.78%	0.09%	4.36%	5.22%
All Others	5.68%	8.39%	4.40%	8.85%	8.80%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Data Source: US Census Bureau, American Community Survey. 2012-16.

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.

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



Data Source: US Census Bureau, Decennial Census. 2010.

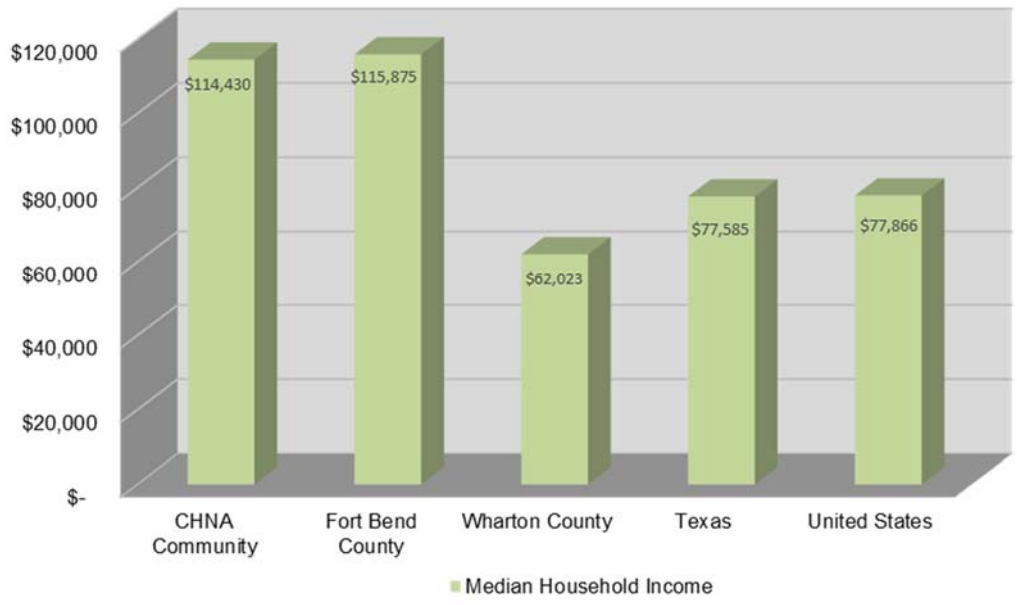
Socioeconomic Characteristics of the Community

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 average household 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 and Wharton Counties, the State of Texas, and the United States.

Income and Employment

Exhibit 4 presents the median household income for the CHNA community. This includes income of the householder and all other people 15 years and older in the household, whether or not they are related to the householder. The CHNA community has a median household income that is below Fort Bend County but above Wharton County, the state of Texas and the United States.

Exhibit 4



Data Source: US Census Bureau, Decennial Census. 2010.

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate for the community defined as the CHNA Community, as well as for Fort Bend County, Wharton County, Texas and the United States. The unemployment rate for the community is equal to that of Fort Bend County and the United States and slightly higher to that of Wharton County and the State of Texas.

Exhibit 5

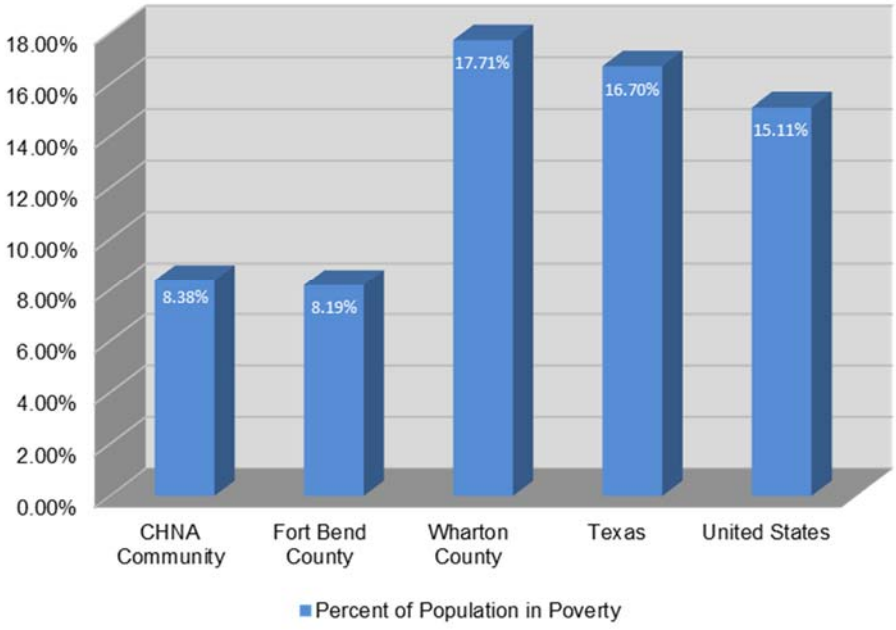
Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
CHNA Community	165,056	158,434	6,623	4.0%
Fort Bend County	377,468	362,278	15,190	4.0%
Wharton County	21,482	20,667	815	3.8%
Texas	13,751,850	13,212,441	539,409	3.9%
United States	162,996,774	156,527,318	6,469,456	4.0%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - August.

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 slightly higher than Fort Bend County and significantly less than Wharton County, the State of Texas and the United States.

Exhibit 6

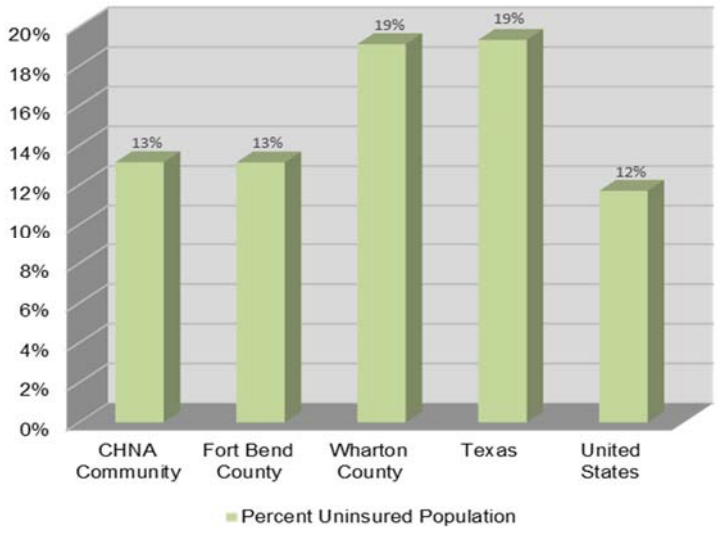


Data Source: US Census Bureau, American Community Survey. 2012-16.

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. Approximately 39,106 persons are uninsured in the CHNA community. The CHNA Community has an uninsured rate of 13.15%, which is lower than the state of Texas but higher than Fort Bend County, Wharton County and the United States.

Exhibit 7



Data Source: US Census Bureau, American Community Survey. 2012-16.

Education

Exhibit 8 presents the population with a Bachelor's level degree or higher in the CHNA community versus Fort Bend County, Wharton County, Texas and the United States.

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 8*, the percent of residents within the CHNA community obtaining a Bachelor's degree or higher is above the state and national percentage.

Exhibit 8

Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Percent Population Age 25+ with Bachelor's Degree or Higher
CHNA Community	196,322	83,552	42.56%
Fort Bend County	434,436	193,935	44.64%
Wharton County	26,867	3,903	14.53%
Texas	17,085,128	4,800,677	28.10%
United States	213,649,147	64,767,787	30.32%

Data Source: US Census Bureau, American Community Survey. 2012-16.

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 9 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.

Exhibit 9

Area	Number of Establishments	Establishments, Rate per 100,000 Population
CHNA Community	50	19.68%
Fort Bend County	96	16.40%
Wharton County	7	16.96%
Texas	3,457	13.75%
United States	65,399	21.18%

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.

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.

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 10* is relevant because it highlights populations and geographies facing food insecurity. The CHNA Community reports levels of food insecurity at a rate significantly higher than that of the State of Texas and the United States.

Exhibit 10

Area	Population with Low Food Access	Percent Population with Low Food Access
CHNA Community	99,525	38.4%
Fort Bend County	230,005	39.3%
Wharton County	5,592	13.5%
Texas	6,807,728	27.1%
United States	69,266,771	22.4%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.

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 11* shows that the CHNA community has more fitness establishments per 100,000 than Fort Bend County, Wharton County, the State of Texas and the United States.

Exhibit 12 shows the percentage of adults who are physically inactive. The CHNA Community has a slightly lower percentage of adults who are physically inactive compared to both the State of Texas and the United States.

Exhibit 11

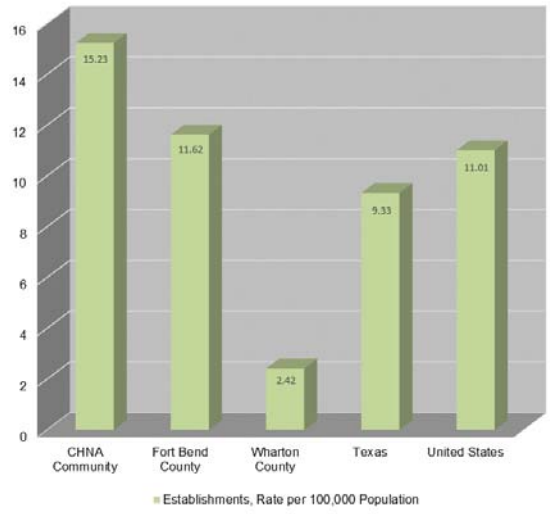
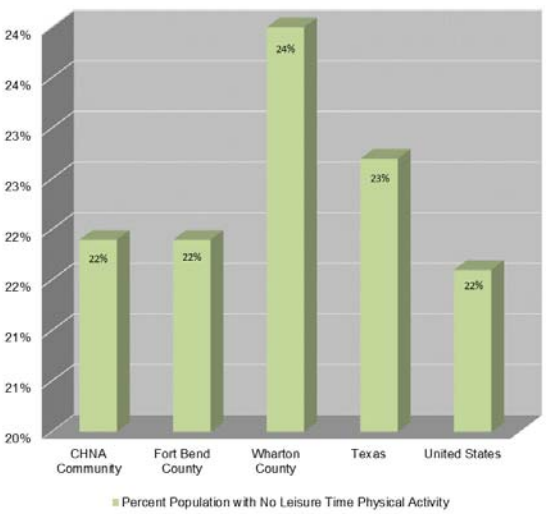


Exhibit 12



Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

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 13 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 13

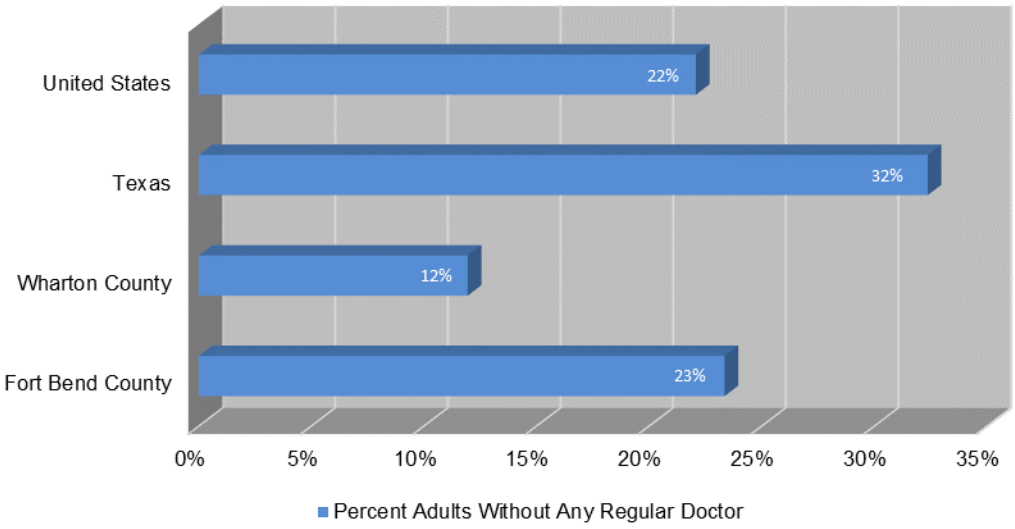
Area	Primary Care Physicians	Primary Care Physicians, Rate per 100,000 Pop.
CHNA Community	264	88.1
Fort Bend County	620	90.5
Wharton County	19	46.2
Texas	18,511	68.7
United States	279,871	87.8

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.

Lack of a Consistent Source of Primary Care

Exhibit 14 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 14



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

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 15* shows, 0% of the residents within Fort Bend County and 100% of resident within Wharton County community are living in a health professional shortage area.

Exhibit 15

Area	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
CHNA Community	-	-	-
Fort Bend County	585,375	-	0.00%
Wharton County	41,280	41,280	100.00%
Texas	25,145,561	4,222,353	16.79%
United States	308,745,538	102,289,607	33.13%

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.

Preventable Hospital Events

Exhibit 16 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 16

Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
CHNA Community	13,348	649	45.3
Fort Bend County	27,098	1,172	43.3
Wharton County	3,874	235	60.9
Texas	1,497,805	79,741	53.2
United States	22,488,201	1,112,019	49.4

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015.

Health Status of the Community

This section of the assessment reviews the health status of Fort Bend and Wharton 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:

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

Exhibit 17

Area	Fort Bend County	Wharton County	Texas	United States
Cancer	100.60	199.10	144.45	185.30
Heart Disease	49.50	131.50	89.93	115.30
Lung Disease	14.70	44.50	36.60	47.00
Stroke	22.70	56.10	36.83	42.20
Unintentional Injury	20.40	49.30	36.31	44.10
Motor Vehicle	7.70	19.80	13.87	11.60
Drug Poisoning	4.60	5.80	9.58	15.60
Homicide	3.70	4.80	5.40	5.40
Suicide	8.30	13.10	12.05	13.40

Note: Crude Death Rate (Per 100,000 Pop.)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

The table above shows leading causes of death within Fort Bend and Wharton Counties 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 for Fort Bend County are above the rates for the State of Texas. However, all but two of the leading causes of death for Wharton County (Drug Poisoning and Homicide) are above the rates for the State of Texas and the United States.

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 18*, 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 18.1

Health Outcomes	Fort Bend County: 2015	Fort Bend County: 2018	Change	Texas: 2018	Top US Performers: 2018
Mortality: State of Texas County Ranking	**5**	**3**	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	4,364	4,300	+	6,700	5,300
Morbidity: State of Texas County Ranking	**37**	**20**	+		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	13%	14%	-	18%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.0	2.9	+	3.5	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.7	3.0	-	3.4	3.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	8.8%	9.0%	-	8.0%	6.0%

Data Source: Countyhealthrankings.org

Exhibit 18.2

Health Outcomes	Wharton County: 2015	Wharton County: 2018	Change	Texas: 2018	Top US Performers: 2018
Mortality: State of Texas County Ranking	**111**	**73**	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,838	7,435	+	6,700	5,300
Morbidity: State of Texas County Ranking	**169**	**206**	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	20%	22%	-	18%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.2	4.0	+	3.5	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.9	3.8	+	3.4	3.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.2%	10.0%	-	8.0%	6.0%

Data Source: Countyhealthrankings.org

Exhibit 18.1 shows Fort Bend County's overall mortality and morbidity outcome rankings have improved from the 2015 rankings and are better than the outcomes reported for the State of Texas, with the exception of low birth weight.

Exhibit 18.2 shows Wharton County's overall mortality outcome rankings have improved from the 2015 rankings. However, the county's morbidity outcome rankings have worsened from the 2015 rankings. All outcome rankings are worse than the outcomes reported for the State of Texas.

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 health outcomes that significantly improved or worsened from 2015 to 2018. The identified areas shown in *Exhibit 19.1* and *Exhibit 19.2* were determined using a process of comparing the rankings of each county's health outcomes in the current year (2018) to the rankings in the prior CHNA (2015). 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 19.1

OUTCOMES IMPROVED: 2015 TO 2018		
Health Outcomes	Fort Bend County: 2015	Fort Bend County: 2018
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	45.0%	36.0%
Teen birth rate – Per 1,000 female population, ages 15-19	23.0	15.0
Uninsured adults – Percent of population under age 65 without health insurance	20.0%	13.0%
Primary care physicians – Ratio of population to primary care physicians	1,346:1	1,250:1
Dentists – Ratio of population to dentists	2,250:1	1,930:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	55.0	43.0

OUTCOMES WORSENED: 2015 TO 2018		
Health Outcomes	Fort Bend County: 2015	Fort Bend County: 2018
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	94.0%	84.0%
Sexually transmitted infections – Chlamydia rate per 100K population	207.0	346.2
Mental health providers – Ratio of population to mental health providers	1,572:1	1,670:1

Exhibit 19.2

OUTCOMES IMPROVED: 2015 TO 2018			OUTCOMES WORSENED: 2015 TO 2018		
Health Outcomes	Wharton County: 2015	Wharton County: 2018	Health Outcomes	Wharton County: 2015	Wharton County: 2018
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	30.0%	27.0%	**Sexually transmitted infections** – Chlamydia rate per 100K population	371.0	410.5
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	60.0%	75.0%	**Primary care physicians** – Ratio of population to primary care physicians	2,064:1	2,440:1
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	23.0%	17.0%	**Preventable hospital stays** – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	58.0	61.0
Teen birth rate – Per 1,000 female population, ages 15-19	67.0	53.0	**Mammography screening** – Percent of female Medicare enrollees that receive mammography screening	53.8%	49.0%
Uninsured adults – Percent of population under age 65 without health insurance	27.0%	22.0%			
Dentists – Ratio of population to dentists	2,748:1	2,200:1			
Mental health providers – Ratio of population to mental health providers	3,435:1	2,980:1			
Children in poverty – Percent of children under age 18 in poverty	28.0%	25.0%			

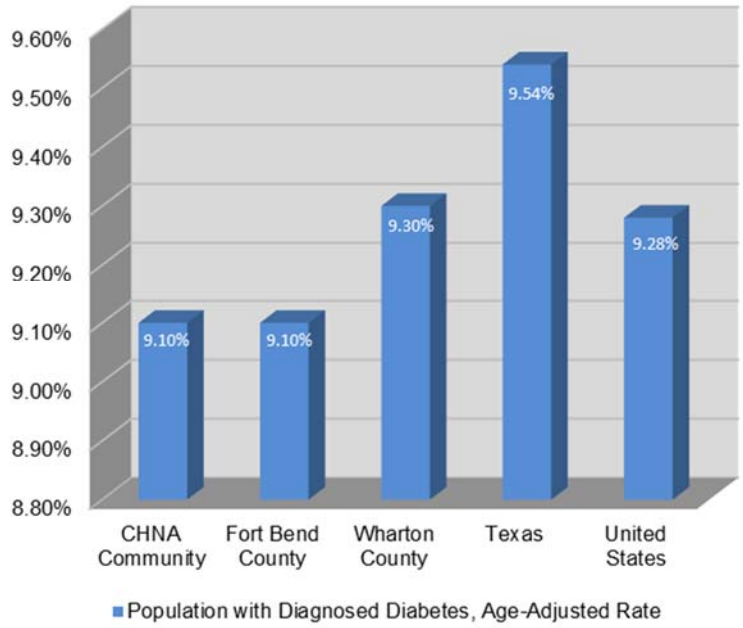
As can be seen in *Exhibit 19.1* and *Exhibit 19.2*, there are several areas of the community that have room for improvement when compared to the state statistics; however, there are also significant improvements made within the counties from the prior year CHNA report.

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 and Wharton Counties as a whole were used for the following indicators. The percentages for each county compared to the State of Texas and the United States.

Diabetes (Adult)

Exhibit 20 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 20



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

High Blood Pressure (Adult)

Per *Exhibit 21* below, 25.7% of Fort Bend County residents aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. This percentage of high blood pressure among adults is less than the percentage of the State of Texas and the United States. Data is not available for the CHNA Community or Wharton County.

Exhibit 21

Area	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
CHNA Community	-	-
Fort Bend County	102,124	25.7%
Wharton County	-	-
Texas	5,399,918	30.0%
United States	65,476,522	28.2%

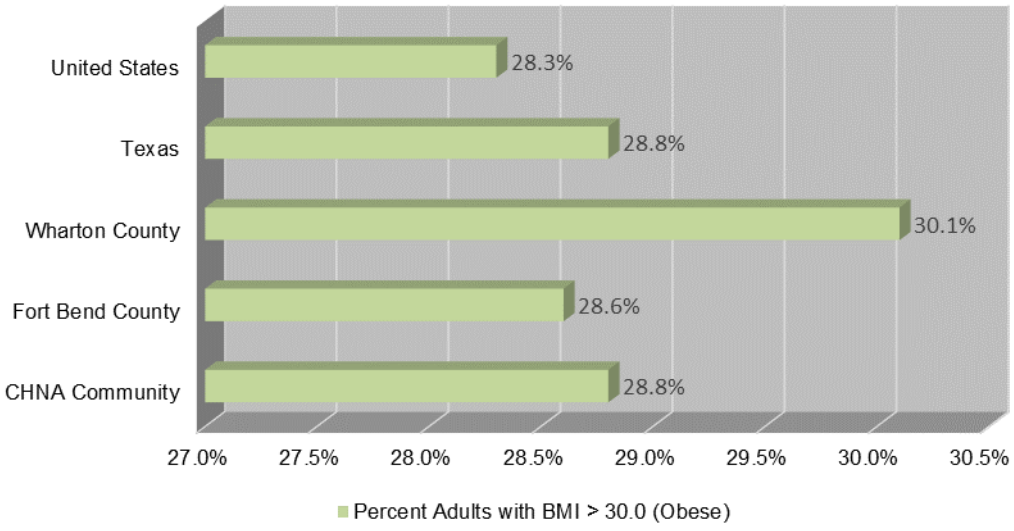
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

Obesity

Of adults aged 20 and older, 28.8% self-report that they have a body mass index (BMI) greater than 30.0 (obese) in the CHNA Community per *Exhibit 22*. Excess weight may

indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA Community has a BMI percentage less than of the State of Texas and the United States.

Exhibit 22



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

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 23* shows that of the information available, Fort Bend and Wharton Counties have a lower percentage of adults with poor dental health than the State of Texas and the United States.

Exhibit 23

Area	Percent Adults with Poor Dental Health
CHNA Community	-
Fort Bend County	9.40%
Wharton County	10.70%
Texas	12.70%
United States	15.70%

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

Low Birth Weight

Exhibit 24 below 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 24

Area	Low Weight Births, Percent of Total Live Births
CHNA Community	-
Fort Bend County	8.80%
Wharton County	9.20%
Texas	8.40%
United States	8.20%

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

Community Input – Key Stakeholder 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

Key stakeholders were surveyed based on their specialized knowledge or expertise in public health; their affiliation with local government, schools and industry; or their involvement with underserved and minority populations. Additionally, the survey was distributed to members of the Medical Center's Community Advisory Board (see *Appendix E*). 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

All surveys were conducted by BKD personnel. A total of 36 completed surveys were obtained.

Participants who 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 survey instrument. 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 survey are grouped into four major categories for discussion. 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 provided without assessing the credibility of their comments.

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 the community. 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 fifty-four percent (19 out of 35) of the key stakeholders rated the health and quality of life in their county as "very good". Of the remaining key stakeholders, thirty-seven percent rated the health and quality of life as "average" with the remainder (nine percent) rating the health and quality of life as "below average". None of the key stakeholders rated the health and quality of life "poor".

When asked whether the health and quality of life had improved, declined or stayed the same, seventy-seven percent of the stakeholders expressed they thought the health and quality of life had improved over the last few 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 in the past few years. Six percent of the stakeholders indicated the health and quality of life in the community declined in the past few years. A majority of these individuals noted a decline in the availability of health services in the community.

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.

The majority of respondents noted that persons living with low-incomes or unemployed are most likely to be underserved due to lack of access to services. The elderly were also identified as a population that is faced with challenges accessing care due to limited transportation.

Several of the key stakeholders noted there are language barriers and transportation barriers for in the community.

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 barriers due to lack of funding for programs targeted at low-income/uninsured person and the inability for these persons to afford healthcare. A lack of primary care and specialists, transportation, and language barriers were also noted.

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. Additionally, there is a high rate of uninsured among this population and efforts should be made to connect community members to available resources.

Other noted important health and quality of life issues impacting the community include:

- Access to primary care and specialists
- Chronic diseases (Heart Disease, Stroke, Cancer, Diabetes)
- Economic security and housing
- Lack of health knowledge and education
- Mental health and addiction
- Nutrition
- Obesity
- Preventative care
- Services for children
- Services for the aging
- Transportation

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. Respondents also recommended collaboration in the community between the various healthcare resources.

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:

- Improve access for uninsured and under-insured residents
- Build a safety net to help chronically ill patients avoid hospitalization
- Expand services in the community
- Improve chronic disease (Heart Disease, Stroke, Cancer, Diabetes) management services
- Expand services to the elderly
- Expand the hospital's involvement in the community
- Establishing clinics or providing extended service hours in the medical group and recruit more specialists
- Increase health education in the education.

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 and the elderly.
- Access to affordable healthcare for persons who are unemployed, uninsured, or who have low-income is seen as a major issue in the community.
- 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.
- Transportation was cited as a 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 services. However, expansion of services remains a need in the community.
- Access and services for prenatal care and services to young children are limited.

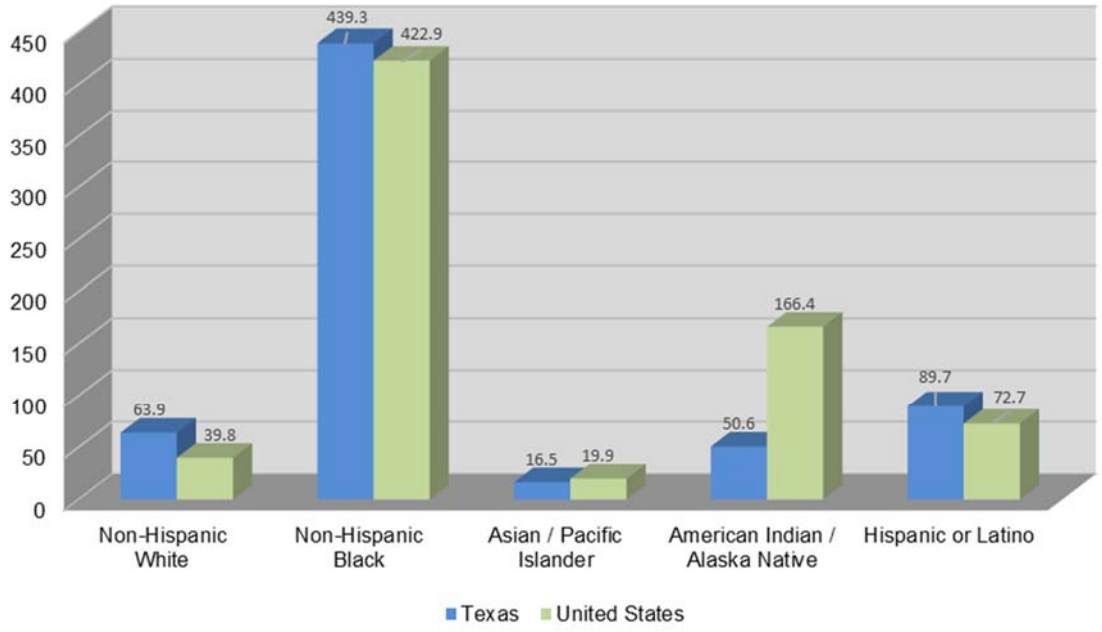
Health Issues of Vulnerable Populations

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 77488 (Wharton), 77471 (Rosenberg). Other zip code with moderate need in the community are 77420 (Boling), 77461 (Needville), and 77469 (Richmond).

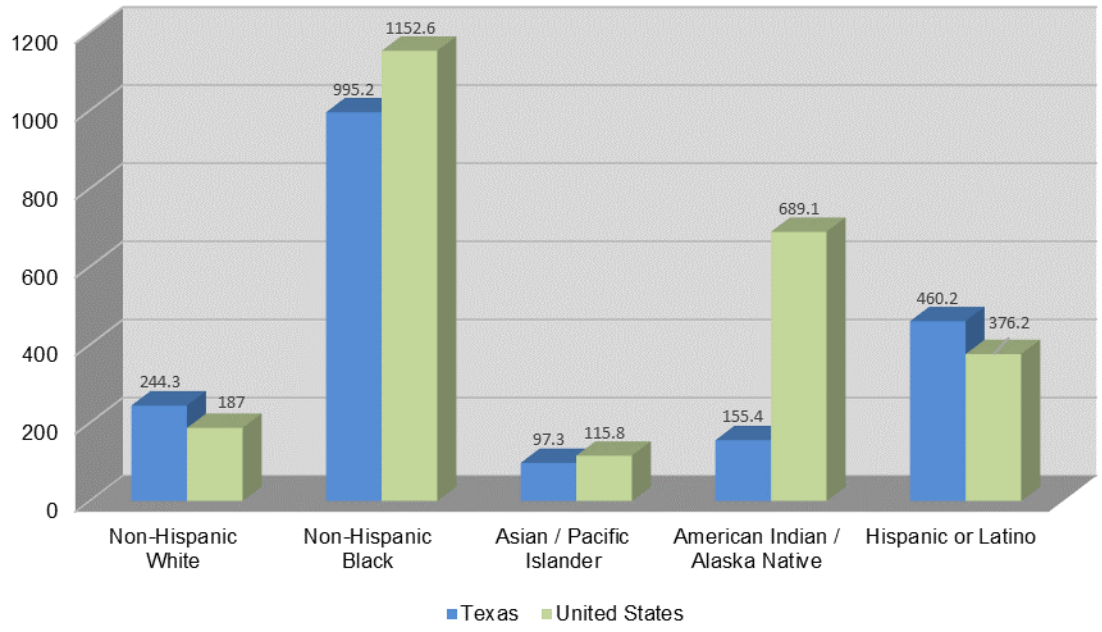
The following health disparities were noted per review of the secondary data from Community Commons and are based on age, race and ethnicity. Data is presented for Fort Bend and Wharton Counties as data was not available at the zip code level.

Sexually Transmitted Disease Disparities

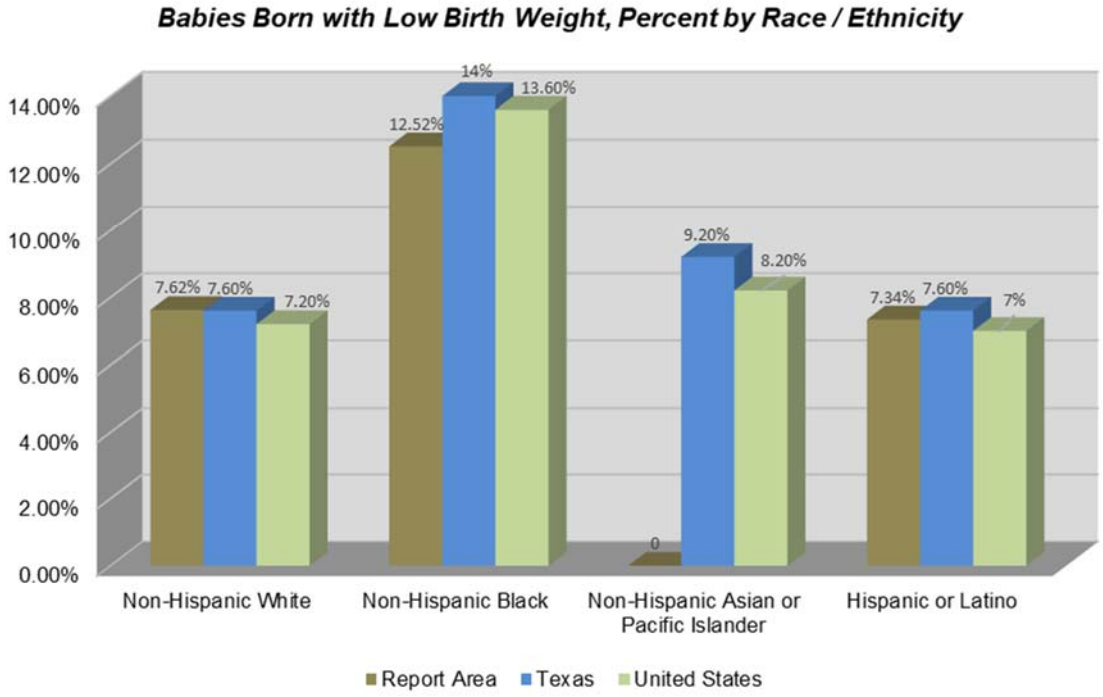
Gonorrhea Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity



Chlamydia Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity



Infant Health Disparities



Based on information obtained through key stakeholder surveys, 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
  - High cost of health care prevents needs from being met
  - Healthy lifestyle and health nutrition education
  - Prenatal care
  - Services for children
- Elderly
  - Transportation
  - 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
  - Sexually Transmitted Diseases*
  - Low Birth Weight*

  ** Per secondary data report in graphs on previous pages.*

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Medical 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 surveys.

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 surveys 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.

Ranking Process

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
2. <15%=3; >5% and <10%=2 and <5%=1.
3. 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.
4. The impact of the problem on vulnerable populations. Needs identified which pertained to vulnerable populations were rated for this factor.
5. How important the problem is to the community. Needs identified through community interviews and/or focus groups were rated for this factor.

6. 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 25

Identified 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
Chronic Diseases (Heart Disease, Stroke, Cancer, Diabetes)	5	4	3	4	3	19
Lack of Primary Care Physicians / Hours	4	3	4	4	2	17
Lack of Specialists / Hours	4	3	4	4	2	17
Poor Nutrition / Limited Access to Healthy Food Options	5	3	3	3	2	16
Lack of Health Knowledge / Education	5	2	3	3	2	15
Transportation	3	1	5	4	2	15
Obesity	4	4	0	4	2	14
Services for Children	3	3	3	2	3	14
Services for the Aging	3	3	4	2	2	14
Preventative Care	5	3	2	3	1	14
Lack of Mental Health / Addiction Providers and Services	4	3	2	2	2	13
Economic Security and Housing	2	2	4	3	2	13
Need for Pre-Natal Care	2	3	4	2	1	12
Healthy Behaviors / Lifestyle Choices	5	2	2	2	1	12
Language and Cultural Barriers	2	2	3	3	2	12
Low Birth Weight	2	1	2	1	1	7
Teen Birth Rate	2	1	2	1	1	7
Lack of Dentists	2	2	0	1	1	6
Sexually Transmitted Diseases	2	1	0	1	2	6
Excessive Drinking / Alcohol-Impaired Drinking Deaths	2	1	0	1	1	5

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 25*, 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 2019-2021 will be:

- Access to care
- Access to primary care
- Access to specialists
- Chronic diseases (Heart Disease, Stroke, Cancer, Diabetes)
- Economic security and housing
- Lack of health knowledge and education
- Mental health and addiction
- Nutrition
- Obesity
- Preventative care
- Services for children
- Services for the aging
- Transportation

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

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 280 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 26 summarizes hospitals available to the residents of the CHNA Community.

Exhibit 26

Facility	Address	Distance(Miles) from Medical Center*
OakBend Medical Center	1705 Jackson Street Richmond, TX 77469-3289	0.1
Memorial Hermann Sugar Land Hospital	17500 W Grand Parkway South Sugar Land, TX 77479	5.02
Triumph Hospital Southwest	1550 First Colony Boulevard Sugar Land, TX 77479	8.18
Sugar Land Surgical Hospital	1211 Highway 6 Suite 70 Sugar Land, TX 77478	8.31
Methodist Sugar Land Hospital	16655 SW Freeway Sugar Land, TX 77479-2343	8.48
Katy Rehabilitation Hospital	21720 Kingsland Boulevard Katy, TX 77450-2513	13.82
CHRISTUS St Catherine Hospital	701 Fry Road Katy, TX 77450	14.25
Memorial Hermann Katy Hospital	23900 Katy Freeway Katy, TX 77494	14.5
West Houston Medical Center	12141 Richmond Avenue Houston, TX 77082-2499	15.05
Healthbridge Children's Hosp	2929 Woodland Park Drive Houston, TX 77082	15.78
Memorial Emergency Center	14520 Memorial Dr Houston, TX 77079	16.83
Memorial Hermann Southwest Hospital	7600 Beechnut Houston, TX 77074-1850	17.01
West Oaks Hospital	6500 Hornwood Drive Houston, TX 77074-5095	18.82

Source: http://www.ushospitalfinder.com
** Limited to Within 20 Miles of Medical Center*

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 27* provides a listing of community health centers within the Medical Center's community.

Exhibit 27

Facility	Address
Fort Bend Family Health Center, Inc. dba AccessHealth	400 Austin Street Richmond, TX 77469-4406
St. Hope Foundation, Inc.	6200 Savoy Drive , Suite 540 Houston, TX 77036-3338
AccessHealth - Richmond Center	400 Austin Street Richmond, TX 77469-4406
AccessHealth - Stafford Center	10435 Greenbough , Suite 300 Stafford, TX 77477-5000
AccessHealth - Missouri City Center	307 Texas Pkwy , Suite 100 Missouri City, TX 77489
AccessHealth - WIC Specialty Site, Rosenberg	1720 B.F. Terry Blvd , Suite A Rosenberg, TX 77471
AccessHealth - WIC Specialty Site, Katy	1260 Pin Oak Road , Ste 110 Katy, TX 77494
St. Hope - Sugarland Community Health Center	13020 S Dairy Ashford Road , Suite 100 Sugarland, TX 77478
AccessHealth - Mobile Clinic	400 Austin Street Richmond, TX 77469
AccessHealth-East Fort Bend	7707 Highway 6 S Missouri City, TX 77459
Matagorda Episcopal Health Outreach Program	101 Avenue F N Bay City, TX 77414
AccessHealth - WIC Specialty Site, Wharton	2015 N. Fulton Wharton, TX 77488
MEHOP Clinic-Wharton	10141 US 59 Hwy , Suite A Wharton, TX 77488

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 surveys indicated the need for additional primary care physicians and specialists.

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 subordinate departments and 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
- Indigent Health Care
- Pinnacle Senior Center
- Public Health Preparedness

Appendices

Listing of Appendices:

A. Analysis of Data
B. Sources
C. Dignity Health Community Need Index (CNI) Report
D. County Health Rankings
E. Survey Instrument and Acknowledgements

Appendix A: Analysis of Data

Analysis of Health Status-Leading Causes of Death: Fort Bend County

Area	United States	(A) 10% of United States Crude Rate	Fort Bend County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	185.30	18.53	100.60	-84.70	
Heart Disease	115.30	11.53	49.50	-65.80	
Lung Disease	47.00	4.70	14.70	-32.30	
Stroke	42.20	4.22	22.70	-19.50	
Unintentional Injury	44.10	4.41	20.40	-23.70	
Motor Vehicle	11.60	1.16	7.70	-3.90	
Drug Poisoning	15.60	1.56	4.60	-11.00	
Homicide	5.40	0.54	3.70	-1.70	
Suicide	13.40	1.34	8.30	-5.10	

Note: Crude Death Rate (Per 100,000 Pop.)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

Analysis of Health Status-Leading Causes of Death: Wharton County

Area	United States	(A) 10% of United States Crude Rate	Wharton County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	185.30	18.53	199.10	13.80	
Heart Disease	115.30	11.53	131.50	16.20	Health Need
Lung Disease	47.00	4.70	44.50	-2.50	
Stroke	42.20	4.22	56.10	13.90	Health Need
Unintentional Injury	44.10	4.41	49.30	5.20	Health Need
Motor Vehicle	11.60	1.16	19.80	8.20	Health Need
Drug Poisoning	15.60	1.56	5.80	-9.80	
Homicide	5.40	0.54	4.80	-0.60	
Suicide	13.40	1.34	13.10	-0.30	

Note: Crude Death Rate (Per 100,000 Pop.)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

Analysis of Health Outcomes: Fort Bend County

Health Outcomes	Top US Performers: 2018	(A) 30% of National Benchmark	Fort Bend County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	12.0%	-2.0%	
Adult obesity	26.0%	7.8%	25.0%	-1.0%	
Food environment index	8.6	2.6	7.4	(1.2)	
Physical inactivity	20.0%	6.0%	22.0%	2.0%	
Access to exercise opportunities	91.0%	27.3%	84.0%	-7.0%	
Excessive drinking	13.0%	3.9%	18.0%	5.0%	Health Need
Alcohol-impaired driving deaths	13.0%	3.9%	36.0%	23.0%	Health Need
Sexually transmitted infections	145.1	43.5	346.2	201.1	Health Need
Teen birth rate	15.0	4.5	15.0	0.0	
Uninsured adults	6.0%	1.8%	13.0%	7.0%	Health Need
Primary care physicians	1,030	309	1,250	220	
Dentists	1,280	384	1,930	650	Health Need
Mental health providers	470	141	1,670	1,200	Health Need
Preventable hospital stays	35.0	10.5	43.0	8.0	
Diabetic screening	91.0%	27.3%	85.0%	-6.0%	
Mammography screening	71.0%	21.3%	61.0%	-10.0%	
Children in poverty	12.0%	3.6%	11.0%	-1.0%	
Children in single-parent households	20.0%	6.0%	22.0%	2.0%	

Analysis of Health Outcomes: Wharton County

Health Outcomes	Top US Performers: 2018	(A) 30% of National Benchmark	Wharton County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	16.0%	2.0%	
Adult obesity	26.0%	7.8%	31.0%	5.0%	
Food environment index	8.6	2.6	7.4	(1.2)	
Physical inactivity	20.0%	6.0%	27.0%	7.0%	Health Need
Access to exercise opportunities	91.0%	27.3%	75.0%	-16.0%	
Excessive drinking	13.0%	3.9%	17.0%	4.0%	Health Need
Alcohol-impaired driving deaths	13.0%	3.9%	28.0%	15.0%	Health Need
Sexually transmitted infections	145.1	43.5	410.5	265.4	Health Need
Teen birth rate	15.0	4.5	53.0	38.0	Health Need
Uninsured adults	6.0%	1.8%	22.0%	16.0%	Health Need
Primary care physicians	1,030	309	2,440	1,410	Health Need
Dentists	1,280	384	2,200	920	Health Need
Mental health providers	470	141	2,980	2,510	Health Need
Preventable hospital stays	35.0	10.5	61.0	26.0	Health Need
Diabetic screening	91.0%	27.3%	83.0%	-8.0%	
Mammography screening	71.0%	21.3%	49.0%	-22.0%	
Children in poverty	12.0%	3.6%	25.0%	13.0%	Health Need
Children in single-parent households	20.0%	6.0%	37.0%	17.0%	Health Need

Analysis of Primary Data – Key Informant Surveys

Need
Access and affordability of healthcare services
Access to primary care and specialists
Chronic diseases (Heart Disease, Stroke, Cancer, Diabetes)
Economic security and housing
Lack of health knowledge and education
Mental health and addiction
Nutrition
Obesity
Preventative care
Services for children
Services for the aging
Transportation

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

Population	Issues
Uninsured/Working Poor Population	Transportation Access to specialty services High cost of health care prevents needs from being met Healthy lifestyle and health nutrition education Prenatal care Services for children
Elderly	Transportation Cost of prescriptions and medical care
Hispanic Population	Language barriers Transportation Healthy living education
Non-Hispanic/Black Population	Sexually Transmitted Diseases* Low Birth Rate* ** Data Source: Community Commons*

Appendix B: Sources

Data Indicator	Source
Total Population	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Change in Total Population	Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract
Population Under Age 18	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Median Age	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Migration Patterns	Data Source: University of Wisconsin Net Migration Patterns for US Counties. 2000 to 2010. Source geography: County
Population Age 18-64	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Population Age 65+	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Population in Limited English Households	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Renter-Occupied Housing	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Household Composition	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Urban and Rural Population	Data Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract
Children Eligible for Free/Reduced Price Lunch	Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2015-16. Source geography: Address
Education - Bachelor's Degree or Higher	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Education - Head Start	Data Source: US Department of Health & Human Services, Administration for Children and Families. 2018. Source geography: Point
Education - High School Graduation Rate	Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2015-16. Source geography: School District
Education - No High School Diploma	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Education - Student Reading Proficiency (4th Grade)	Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15. Source geography: School District
Households with No Motor Vehicle	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Income - Inequality (GINI Index)	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Income - Median Household Income	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Insurance - Uninsured Population	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Population Commuting to Work Over 60 Minutes	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Population Receiving SNAP Benefits (SAIPE)	Data Source: US Census Bureau, Small Area Income & Poverty Estimates. 2015. Source geography: County
Poverty - Children Below 100% FPL	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

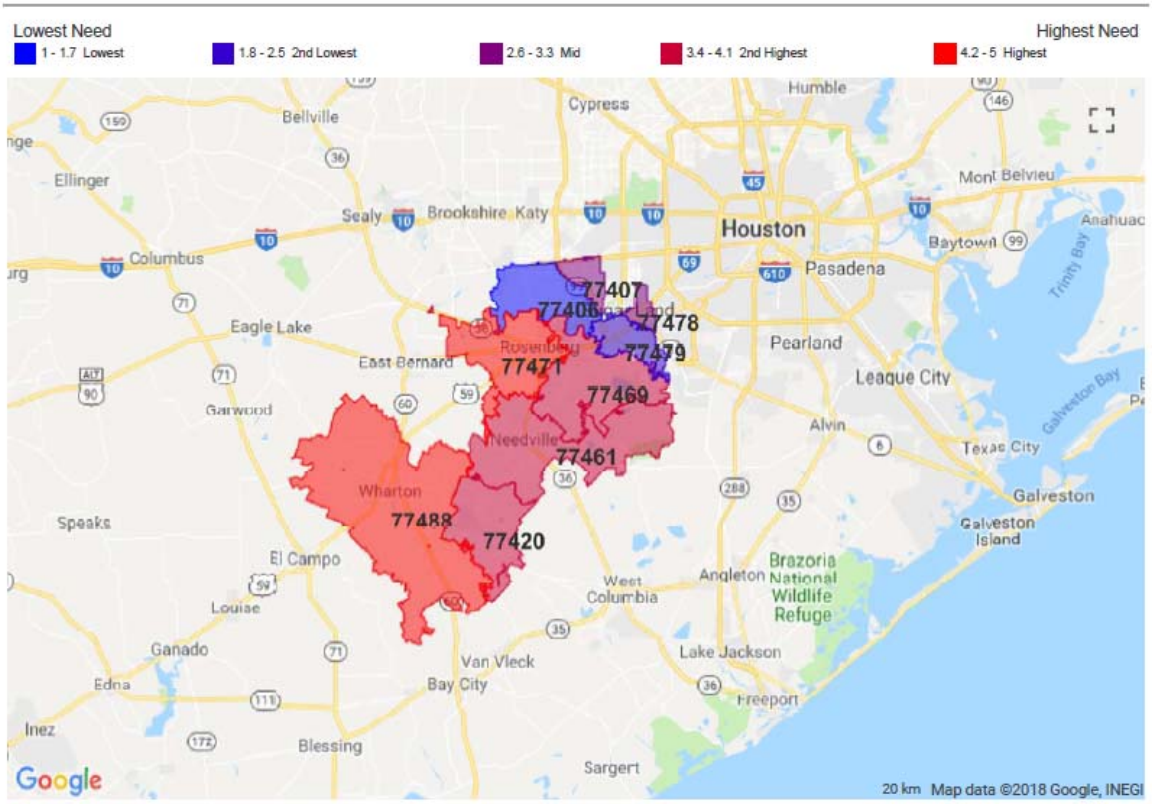
Data Indicator	Source
Poverty - Population Below 100% FPL	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Teen Births	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-
Unemployment Rate	Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - August. Source geography: County
Violent Crime	Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and
Young People Not in School and Not Working	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Air Quality - Particulate Matter 2.5	Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Source geography: Tract
Air Quality - Respiratory Hazard Index	Data Source: EPA National Air Toxics Assessment.
Built Environment - Broadband Access	Data Source: National Broadband Map. 2016. Source geography: Tract
Built Environment - Recreation and Fitness Facility Access	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA
Climate & Health - High Heat Index Days	Data Source: National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS) . Accessed via CDC WONDER. Additional data analysis by CARES. 2014. Source
Climate & Health - Tree Canopy	Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES. 2011. Source geography: Tract
Food Environment - Fast Food Restaurants	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA
Food Environment - Food Desert Census Tracts	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.
Food Environment - Grocery Stores	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA
Food Environment - Low Food Access	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract
Food Environment - Modified Retail Food Environment Index	Data Source: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. 2011. Source geography: Tract
Food Environment - SNAP-Authorized Food Stores	Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2017. Source geography: Tract
Housing - Housing Cost Burden (30%)	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Housing - Mortgage Lending	Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2014.
Housing - Substandard Housing	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Housing - Vacancy Rate	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
30-Day Hospital Readmissions	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.
Access to Dentists	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County
Access to Mental Health Providers	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County

Data Indicator	Source
Access to Primary Care	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County
Diabetes Management - Hemoglobin A1c Test	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County
Federally Qualified Health Centers	Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018. Source geography: Address
Health Professional Shortage Areas	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016. Source geography: Address
Lack of Prenatal Care	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for
Preventable Hospital Events	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County
Prevention - Mammogram	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County
Prevention - Recent Primary Care Visit	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2015.
Alcohol Consumption	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health
Alcohol Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract
Breastfeeding - Ever	Data Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. Additional data analysis by CARES. 2016. Source geography: State
Fruit/Vegetable Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract
Physical Inactivity	Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
STI - Chlamydia Incidence	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
STI - Gonorrhea Incidence	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
STI - HIV Prevalence	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
Tobacco Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract
Tobacco Usage - Current Smokers	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health
Vegetable Consumption - All Vegetables	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2015. Source geography: State
Asthma Prevalence	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
Cancer Incidence - All Sites	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Cancer Incidence - All Sites	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Cancer Incidence - Colon and Rectum	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Cancer Incidence - Lung	Data Source: State Cancer Profiles. 2011-15. Source geography: County

Data Indicator	Source
Cancer Incidence - Prostate	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Depression (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
Diabetes (Adult)	Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
Diabetes (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
Heart Disease (Adult)	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
Heart Disease (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
High Blood Pressure (Adult)	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health
High Blood Pressure (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
Infant Mortality	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County
Low Birth Weight	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-
Mortality - Cancer	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Coronary Heart Disease	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Drug Poisoning	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Homicide	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Lung Disease	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Motor Vehicle Crash	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Pedestrian Motor Vehicle Crash	Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County
Mortality - Premature Death	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-16. Source geography: County
Mortality - Stroke	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Suicide	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Unintentional Injury	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Obesity	Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
Obesity (Youth)	Data Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. 2016. Source geography: State
Poor Dental Health	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County
Poor General Health	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health

Appendix C: Dignity Health Community Need Index (CNI) Report

Dignity Health



Mean(zipcode): 3.4 / Mean(person): 3 CNI Score Median: 3.4 CNI Score Mode: 4

Zip Code	CNI Score	Population	City	County	State
77406	1.6	47070	Richmond	Fort Bend	Texas
77407	2.6	51790	Richmond	Fort Bend	Texas
77420	4	2420	Boling	Wharton	Texas
77461	3.4	12058	Needville	Fort Bend	Texas
77469	4	47417	Richmond	Fort Bend	Texas
77471	4.8	44126	Rosenberg	Fort Bend	Texas
77478	2.8	27755	Sugar Land	Fort Bend	Texas
77479	2.2	96030	Sugar Land	Fort Bend	Texas
77488	4.8	14192	Wharton	Wharton	Texas

TRUVEN HEALTH ANALYTICS

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

Appendix D: County Health Rankings

County Health Rankings - Health Outcomes: Fort Bend County

Health Outcomes	Fort Bend County: 2015	Fort Bend County: 2018	Change	Texas: 2018	Top US Performers: 2018
Health Behaviors: State of Texas County Ranking	2	1	+		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	10.0%	12.0%	-	14.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30	25.0%	25.0%	-	28.0%	26.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1	7.4	+	6.0	8.6
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	22.0%	22.0%	NC	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	94.0%	84.0%	-	81.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	16.0%	18.0%	-	19.0%	13.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	45.0%	36.0%	+	28.0%	13.0%
Sexually transmitted infections – Chlamydia rate per 100K population	207.0	346.2	-	526.6	145.1
Teen birth rate – Per 1,000 female population, ages 15-19	23.0	15.0	+	41.0	15.0
Clinical Care: State of Texas County Ranking	13	8	+		
Uninsured adults – Percent of population under age 65 without health insurance	20.0%	13.0%	+	19.0%	6.0%
Primary care physicians – Ratio of population to primary care physicians	1,346:1	1,250:1	+	1,670:1	1,030:1
Dentists – Ratio of population to dentists	2,250:1	1,930:1	+	1,790:1	1,280:1
Mental health providers – Ratio of population to mental health providers	1,572:1	1,670:1	+	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	55.0	43.0	+	53.0	35.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	84.0%	85.0%	+	84.0%	91.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	62.5%	61.0%	-	58.0%	71.0%

County Health Rankings - Health Outcomes: Fort Bend County

Health Outcomes	Fort Bend County: 2015	Fort Bend County: 2018	Change	Texas: 2018	Top US Performers: 2018
Social and Economic Factors: State of Texas County Ranking	11	13	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	92.0%	93.0%	+	89.0%	95.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	72.7%	75.0%	+	60.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.7%	5.0%	+	4.6%	3.2%
Children in poverty – Percent of children under age 18 in poverty	12.0%	11.0%	+	22.0%	12.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.1	4.1	NC	4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	22.0%	22.0%	NC	33.0%	20.0%
Social associations – Number of membership associations per 10,000 population	4.9	4.9	NC	7.6	22.0
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	287.0	262.0	+	408.0	62.0
Injury deaths – Number of deaths due to injury per 100,000 population	32.0	33.0	-	55.0	55.0
Physical Environment: State of Texas County Ranking	109	239	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	8.7	11.4	-	8.0	6.7
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	16.0%	15.0%	+	18.0%	9.0%
Driving alone to work – Percentage of the workforce that drives alone to work	82.0%	82.0%	NC	80.0%	72.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	54.0%	58.0%	-	37.0%	15.0%

County Health Rankings - Health Outcomes: Wharton County

Health Outcomes	Wharton County: 2015	Wharton County: 2018	Change	Texas: 2018	Top US Performers: 2018
Health Behaviors: State of Texas County Ranking	147	161	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18.0%	16.0%	+	14.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30	31.0%	31.0%	NC	28.0%	26.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.5	7.4	+	6.0	8.6
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	30.0%	27.0%	+	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	60.0%	75.0%	-	81.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	23.0%	17.0%	+	19.0%	13.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	29.0%	28.0%	+	28.0%	13.0%
Sexually transmitted infections – Chlamydia rate per 100K population	371.0	410.5	-	526.6	145.1
Teen birth rate – Per 1,000 female population, ages 15-19	67.0	53.0	+	41.0	15.0
Clinical Care: State of Texas County Ranking	71	130	-		
Uninsured adults – Percent of population under age 65 without health insurance	27.0%	22.0%	+	19.0%	6.0%
Primary care physicians – Ratio of population to primary care physicians	2,064:1	2,440:1	-	1,670:1	1,030:1
Dentists – Ratio of population to dentists	2,748:1	2,200:1	+	1,790:1	1,280:1
Mental health providers – Ratio of population to mental health providers	3,435:1	2,980:1	+	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	58.0	61.0	-	53.0	35.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	84.0%	83.0%	-	84.0%	91.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	53.8%	49.0%	-	58.0%	71.0%

County Health Rankings - Health Outcomes: Wharton County

Health Outcomes	Wharton County: 2015	Wharton County: 2018	Change	Texas: 2018	Top US Performers: 2018
Social and Economic Factors: State of Texas County Ranking	132	127	+		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	94.0%	95.0%	+	89.0%	95.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	46.9%	50.0%	+	60.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	6.0%	5.0%	+	4.6%	3.2%
Children in poverty – Percent of children under age 18 in poverty	28.0%	25.0%	+	22.0%	12.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.2	5.0	-	4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	38.0%	37.0%	+	33.0%	20.0%
Social associations – Number of membership associations per 10,000 population	16.5	16.9	+	7.6	22.0
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	424.0	412.0	+	408.0	62.0
Injury deaths – Number of deaths due to injury per 100,000 population	65.0	67.0	-	55.0	55.0
Physical Environment: State of Texas County Ranking	36	115	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	8.7	9.0	-	8.0	6.7
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	16.0%	15.0%	+	18.0%	9.0%
Driving alone to work – Percentage of the workforce that drives alone to work	80.0%	84.0%	-	80.0%	72.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	28.0%	28.0%	NC	37.0%	15.0%

Data Source: Countyhealthrankings.org

Appendix E: Survey Instrument and Acknowledgements

2018 Community Health Needs Assessment Key Stakeholder Survey

OakBend Medical Center Community Health Needs Assessment

Add Question

Hello:
OakBend Medical Center is gathering information as part of 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.

It will take approximately fifteen minutes to complete the questionnaire. Your participation in this study is completely voluntary. There are no foreseeable risks associated with this project. However, if you feel uncomfortable answering any questions, you can withdraw from the survey at any point. It is very important for us to learn your opinions.

If you have questions at any time about the survey or the procedures, you may contact Aaron Hershberger at (513) 562-5560 or by email at ahershberger@bkd.com.

Thank you very much for your time and support. Please start with the survey now by clicking on the Continue button below.

Rich Content Editor

Add Question | Remove Page Break | Separator

- Name:

Multiple Row Answer text

- Organization:

Multiple Row Answer text

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County of residence?

Fort Bend County

Add/Edit Options

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In general, how would you rate the health and quality of life in the community?

- Very Good
- Average
- Below Average
- Poor

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In your opinion has the health and quality of life in the community improved, declined, or stayed the same over the past few years?

- Improved
- Declined
- Stayed the same

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Please provide what factors influenced your answer in the previous question and describe why you feel it has improved, declined or stayed the same?

Multiple Row Answer text

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What are the most significant barriers to addressing health issues in the community?

Multiple Row Answer text

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Are there populations of people in the community whose health or quality of life may not be as good as others?

- ○ Yes
- ○ No

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If yes to the previous question, in your opinion, who are these persons or groups in the community whose health or quality of life may not be as good as others?

Multiple Row Answer text

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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.

Multiple Row Answer text

Add Question | Page Break | Separator

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

Multiple Row Answer text

Add Question | Page Break | Separator

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

Multiple Row Answer text

Add Question | Page Break | Separator

What are your primary ways 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

Answer text

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

Multiple Row Answer text

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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.

Multiple Row Answer text

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Edit Footer | Thank You Page

Key Stakeholder Acknowledgements

Thank you to the following individuals who provided input into the community health needs assessment.

Key Stakeholders

Name	Organization
Gary Gillen	Gillen Pest Control, Inc.
Llarance Turner	Kaluza Inc.
Adam Pisani	Pisani & Associates Insurance Agency
Ron Sanders	Wharton Chamber of Commerce
Dallis Warren	LAMAR CISD
Rachelle Kanak	Fort Bend Economic Developmemt Council
Jess Stuart	YMCA
Shannan Stavinoha	Parks Youth Ranch
Tim Kaminski	Gingerbread Kids Academy
Donna Ferguson	OakBend Medical Center
Milton Wright	Community Member
Billie H. Jones	Wharton Economic Development Corporation
Cody Siebert	Community Member
Donna K. Tucker	Oak Bend Health Exchange Advisory Board
Marvin Holub	City of East Bernard
May Tape	May W. Tape, DDS, PC
Michelle Ziakas	OakBend Medical Center
Sheree Oehlke	Oakbend Medical Center
Kenchen Schaefer	OakBend Medical Center
Gary W. Adams, Chief Of Police	Richmond Texas Police Department
Jeff Council	Fort Bend County Treasurer
Priscilla Metcalf	Wharton Eye Associates
Robert Wolter	Assisted Living Locators and Member of OBMC HEAB
Lynne Richey	US Imaging
Richard Morrison	Smith Murdaugh Little & Bonham
James Patterson	Fort Bend County
Anna Webster	OakBend Medical Center
Sue Mccarty	OakBend Medical Center
Traci Breland	OakBend Medical Center - Wharton Campus
Thomas Randle	Lamar CISD
Jeff Haley	Si Environmental, LLC
Darlene Holmes	OakBend Medical Center
Craig And Patti Cryer	Cryer Therapy Services
Vickie Lynn Tonn	Community Member
Stella L. Durley	Community Member
Danny Gertson	Wharton County Junior CollegeBoard chairman