



Texas Children's Hospital
Community Health
Needs Assessment
2022

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Texas Children's Hospital

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

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

Texas Children's Hospital has long been affiliated with Baylor College of Medicine. Ranked by U.S. News and World Report as one of the nation's top 25 medical schools for research, Baylor College of Medicine is known for advancing the health of women, children and families through scientific discovery. Funding awarded to Baylor College of Medicine by the National Institutes of Health (NIH), as reported by the Blue Ridge Institute for Medical Research, reflects the depth and breadth of the college's research enterprise and the progress being made. Our collaboration with this leading medical school in the areas of pediatrics, pediatric surgery and obstetrics and gynecology and our work with Baylor physicians and researchers across hundreds of projects, enable us to continually improve treatments and outcomes for children and women throughout our community and beyond.

Background

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

Recap of 2019 Community Health Needs Assessment and 2020–2022 Implementation Strategy

Texas Children’s Hospital’s last CHNA was approved by the hospital’s board of directors and disseminated to the public in November of 2019. A 2020–2022 Implementation Strategy Plan was approved and disseminated shortly after.

In collaboration with the Episcopal Health Foundation (hereafter “the Foundation”) a series of key informant interviews, implemented by Health Resources in Action (HRiA), were held over a three-month period in 2018. Fifty-three respondents across 10 counties were represented in the interviews. These stakeholders are community leaders, providers and staff from a wide range of organizations, including public health, health care, education, housing, transportation, immigration services, the faith-based community, local government, early childhood education, social services and others.

Through the extensive CHNA process, which included key informant interviews, focus groups and ongoing participation in community health efforts in the region, Texas Children’s identified six key health needs that pertain to our patient population. On June 4, 2019, the Community Benefits team presented 2018 findings to the hospital’s Community Benefits Workgroup (CBW) for guidance on prioritizing the health needs from the perspective of the Hospital’s Network of Care. The 2020-2022 health needs, implementation strategies and outcomes of the strategy are included in this report on pages 6-12. Due to the COVID-19 pandemic, which began in March 2020, some strategies and programs did not reach fruition or were limited in scope.

Summary of 2020-2022 Key Health Needs, Implementation Plans and Outcomes: Mental and Behavioral Health

2020-2022 Implementation Plan Strategies

- Support school-based efforts aimed at prevention and early intervention in mental health.
- Explore the logistics of forming an on-site crisis response team based in the Texas Children’s Behavioral and Developmental Health Department.
- Encourage collaborations between law enforcement agencies and mental health providers to decriminalize mental health crises.

Evaluation of Implementation Strategies

- In February 2020, Texas Children’s executed a multiyear gift agreement with the Girl Scouts of San Jacinto Council to promote the Outreach Empower Me! program (formerly known as Girl Scouting in the School Day). Outreach Empower Me! is a free leadership development program held during the school day. It provides an authentic Girl Scout experience to middle school girls in underserved communities where a lack of volunteers, transportation and financial resources are often barriers to joining traditional Girl Scout troops.
 - During the 2020-2021 academic year, over 12,000 girls were served through staff-led community outreach programs in seven Texas counties (Brazoria, Fort Bend, Galveston, Harris, Jefferson, Orange and Wharton). Results utilized a Likert-type scale on three outcomes with answer choices ranging from “Exactly like me” to “Not at all like me.”
 - Develop Positive Values: Girls act ethically, honestly and responsibly and show concern for others. Targeted Goal: 65% Result: 78%
 - Cooperative Learning: Girls work together in an atmosphere of respect and cooperation to complete projects and learn. Targeted Goal: 65% Result: 77%
 - Civic Orientation: Girls desire to contribute to the world in purposeful and meaningful ways and learn how to identify problems in the community. Targeted Goal: 60% Result: 69%
- Under the leadership of Jennifer Evans, Bianca Murrell, Dr. Kirti Saxena and Rhonda Wolfe, the Behavioral Health Support Team hired 29 team members dedicated to caring for behavioral health patients in the inpatient setting. Recruitment began in January 2022.

This multi-disciplinary, mobile care team is designed to holistically care for patients admitted to Texas Children’s with behavioral health concerns. The team will help mitigate safety concerns among patients and staff and help to better manage patients without alternative near-term placement options. The team is composed of psychiatrists, advanced practice providers, a board-certified behavior analyst, registered behavior technicians, security officers, clinical nurse coordinators, care coordinators, psychology techs and social workers.

The team supports partnerships with the community and care management to establish community connections for discharge planning, including:

- School partnerships
- Community providers for therapeutic and psychiatric needs
- Long-term care facilities when indicated

- Texas Children’s Government Relations continues to identify opportunities for Texas Children’s physician experts and leaders to advocate to the Texas Legislature by participating in legislative committee hearings with a focus on pediatric mental health in Texas.
 - In 2022, Dr. Karin Price, Chief of Psychology at Texas Children’s Hospital, testified on the subject of youth mental health needs and services during a joint hearing before the House Select Committee on Youth Health & Safety and the House Committee on Homeland Security and Public Safety.
 - In July 2022, Texas Children’s leaders participated in “Mental Health Fly-In,” an event held in Washington DC through our partnership with the Children’s Hospital Association. Our team met with members of the Texas Congressional Delegation to discuss pediatric mental health needs and issues, laying the groundwork for additional steps Congress can take to address the pediatric mental health crisis.
 - In 2019, Texas Children’s advocated alongside various stakeholders in support of the passage of Senate Bill 11, which created the Texas Child Mental Health Care Consortium.

Summary of 2020-2022 Key Health Needs, Implementation Plans and Outcomes: Access to Care

2020-2022 Implementation Plan Strategies

- Partner with community-based organizations to improve health insurance coverage and health literacy in vulnerable communities.
- Continue to explore telehealth strategies to increase access to health care in vulnerable communities.
- Explore the use of rideshare services to help underserved communities access care.

Evaluation of Implementation Strategies

- Texas Children’s Health Plan (TCHP) identified geographic-specific partnerships with over 30 organizations, including nonprofit groups, community organizations, social services, school districts and police departments. Through these partnerships, we held onsite community outreach events to assist families with applications for the Children’s Health Insurance Program and Medicaid program. Over 34,000 community members received health insurance information and application assistance at 27 community events in 2021.
 - TCHP also partnered with several community-based organizations to host bilingual COVID-19 town halls where Texas Children’s providers answered questions about the COVID-19 vaccine.
- Texas Children’s Government Relations Department has actively worked to expand access to care by advocating for telemedicine expansion.
 - During the 87th Legislative Session, Dr. Robert Ball, eHealth Medical Director at Texas Children’s, provided testimony before the House Committee on Public Health in support of House Bill 4, a bill that expands telemedicine services to patients covered by Medicaid.
 - In February 2021, Texas Children’s representatives advocated for and provided recommendations on the future of telehealth and telemedicine policy to the U.S. House Energy and Commerce’s Health Subcommittee. Our leaders highlighted the benefits of expanding telemedicine services, including the ability to mitigate delays in care, prevent higher emergency room utilization and lessen delays in patients seeking care because of COVID-19 safety concerns.

Summary of 2020-2022 Key Health Needs, Implementation Plans and Outcomes: Social Determinants of Health

2020-2022 Implementation Plan Strategies

- Advocate for evidence-based programs and policies that improve quality of life and health outcomes for children and families living in poverty.
- Support efforts to increase access to quality early childhood education programs in economically disadvantaged communities.

Evaluation of Implementation Strategies

In February 2020, Texas Children's executed a multiyear gift agreement with the Houston Food Bank to support Food for Change (FFC), an initiative encompassing several programs aimed at creating economic and health care partnerships to address root causes and downstream effects of food insecurity. FFC's health programs include Food Rx, FIRST Link and Core Connections Network.

- Food RX is a food prescription program in collaboration with healthcare partners. Clients receive a Food Prescription (Food Rx) when referred by a designated Health care Partner or when they commit to a Community Health Program that can improve their lives. Food Rx clients attend designated Food For Change Markets twice a month where they can select 30 pounds of free fruits and vegetables (including at least two fruits and at least two vegetables) plus four additional "Food Rx friendly" items. Clients can also attend educational events at the market, such as cooking classes, as their schedule allows. Nutrition education material will also be available to clients to provide new ideas for how to prepare their food.
- Between February 1, 2021 – December 31, 2021, 250 new clients enrolled in Food Rx through the partnership with Texas Children's, resulting in 279 client visits to FFC markets.
- Texas Children's and Baylor College of Medicine's Division of Public Health Pediatrics ("the Division") oversees several programs aimed at addressing social determinants of health.
 - The Child Abuse Pediatrics team at Texas Children's provides advisory and medical services for The Children's Assessment Center, a local organization that provides comprehensive services to children who have been sexually abused.
 - Doctors Greeley and Van Horne served on Mayor Turner's task force on Child Friendly Cities, a UNICEF-driven initiative to make Houston a better place for children to live.
 - The Division served on the steering committee and as the Coalition Alignment Chair of the Greater Houston Social Determinants of Health Coalition. This coalition consists of hundreds of members in the Greater Houston area who are working to collectively address social determinants of health and health equity. The Division was responsible for identifying and surveying local coalitions addressing social determinants of health to identify opportunities to align efforts.
 - The Division continued to expand the upWORDS program, a 15-week early language development program for low-resourced families with children aged 0-2 years. From 2020–2022, the program served 1,115 families.
 - In response to community feedback, the Division launched upSTART Community Programs in 2022, a suite of community-based programs designed to strengthen families with young children. The upSTART Community Programs includes the upWORDS program, a group-based, early language development program for families with children from birth to 36 months of age; upLIFT, a home visitation program for women with signs of perinatal depression and anxiety; Bridges, a support program with individual and group sessions for families with a child who has a 6-month or longer language delay; and Family Connects, a home visitation program for families with infants. All upSTART participants are screened for basic needs and are given access to care coordination services to connect them with community resources to address basic needs and social determinants of health.

- In collaboration with the Harris County Sheriff’s Office and The University of Texas Medical Branch-Galveston, the Division conducted a needs assessment on children with incarcerated parents and released the report, *The Forgotten Families: A Needs Assessment on Children with Incarcerated Parents*. The Division collaborated with the Harris County Sheriff’s Office to make the Harris County Jail and the Harris County criminal justice system more supportive of inmates’ children and families. For example, the Division provided technical assistance and training to members of the Harris County Public Defender’s Office. As a result of this partnership, that office now inquires whether their clients have children, assesses the needs of the children and family and connects the family with community resources. The Division also offered parenting classes to incarcerated mothers in the Harris County Jail and evaluated programs and provided capacity-building assistance to a local nonprofit, Santa Maria Hostel, which offers incarceration alternatives to pregnant women and women with young children.
- The Division undertook a capacity-building initiative in underserved East Harris County (EHC). The initiative sought to strengthen the community’s civic infrastructure and increase the capacity of individuals to advocate for health equity. In 2021 and 2022, 30 EHC residents graduated from a six-month leadership development program, in which they developed their own community-based projects addressing needs they identified in their community. Projects addressed each social determinant of health through the built environment, mental health (such as bullying), social connections and mentorship, job opportunities and homelessness, among others. Participants continue to receive support as they implement their projects.
- In response to recommendations developed during a 2018 needs assessment on perinatal substance use, the Division led a multi-sector steering committee to develop, pilot test and disseminate a tool for pregnant women and families with young children who have substance use issues. The Family CARE Portfolio (formerly known as the Plan of Safe Care) is now widely disseminated and implemented across Texas. The tool is used with families with complex social needs and those working across multiple systems to help families communicate and advocate for their needs.
- Texas Children’s Department of Community Benefits also leverages community collaborations that address community health needs such as injury prevention, obesity and chronic disease prevention, screenings for social determinants of health and others. Current and future community partnerships include:
 - The YMCA of Greater Houston – This partnership with one of the largest charitable nonprofits in the region, supports several health-related programs, including the YMCA Summer Day Camp and Safety Around Water.
 - The Children’s Museum of Houston – Texas Children’s co-sponsors the Power Science Lab, located in the museum’s PowerPlay! section, where children play the role of scientist and participate in interactive experiments focused on biology, the human body and nutrition.
 - Texas Children’s Center for Childhood Injury Prevention - The Safe at Home Program focuses on infant-safe sleep, home safety and water safety education and teaches parents how to childproof their homes and identify potential drowning hazards that may cause injury to their children. The program also teaches parents of infants younger than one year how to reduce their child’s risk for infant death. As funding and resources allow, the program distributes portable crib systems, safe storage devices for firearms and childproofing kits. Throughout the year, program staff participate in health fairs, community events and media outreach in targeted neighborhoods with diverse populations. By providing parents and caregivers with the knowledge and tools needed to reinforce safety practices in the home, many injuries and deaths to young children can be prevented.

- Provided in October 2019 - June 2022:
 - Home safety-focused educational materials: 8,712
 - Firearm trigger locks: 150
 - Burn prevention bath thermometers: 720
 - Cardiopulmonary resuscitation training: 40 parents
 - Portable crib systems: 112
 - Childproofing products: 72
- Project ADAM - Texas Children's works with area schools to become Project ADAM Heart Safe Schools, better equipping them to respond to a sudden cardiac arrest on campus. To become Heart Safe, schools must meet certain criteria, including having an adequate number of functional automated external defibrillators (AEDs), five to ten CPR-trained faculty or staff members and two AED drills per year.
- Children at Risk - Texas Children's is a charter member of CHILDREN AT RISK's Children's Resiliency Collaborative. Through this partnership, we co-authored "Still at Risk: Children One Year After Hurricane Harvey," a 2018 report providing insight into the aftermath of Harvey with recommendations to aid in Houston and the Gulf Coast's continued recovery. Texas Children's Community Benefits also served on CHILDREN AT RISK's Smartparents.org Advisory Council.
- Early in the COVID-19 pandemic, physicians from Texas Children's helped CHILDREN AT RISK launch the Texas Family Leadership Council, a collaborative that remains active and assists more than 100 Texas nonprofits in accessing information and coordinating support to effectively serve children and families during the COVID-19 crisis. Dr. Claire Bocchini, medical consultant for the council, provides valuable weekly guidance on COVID-19 response to members. Texas Children's is an ongoing sponsor of CHILDREN AT RISK, contributing to initiatives that improve the lives of youth in our communities.

Summary of 2020-2022 Key Health Needs, Implementation Plans and Outcomes: Maternal Health

2020-2022 Implementation Plan Strategies

- Advocate for policies that increase access to health services during the year after pregnancy.
- Support community-based care models to improve maternal health outcomes and promote postpartum wellness among vulnerable populations.

Evaluation of Implementation Strategies

- Texas Children's Government Relations Department advocates for maternal health and improved access to care.
 - During the 87th Legislative Session, members of the Texas Children's Health Plan leadership team advocated for the passage of and testified in support of House Bill 133. The bill expands Medicaid coverage for pregnant women from 60 days to six months to increase access to comprehensive health services, facilitate continuity of care and provide coverage for a full array of postpartum services.
 - Texas Children's continues to advocate and support extending post-partum Medicaid coverage in Texas. In 2022, we signed letters of support requesting the Center of Medicare & Medicaid Services (CMS) approve Texas' waiver amendment granting six months of post-partum Medicaid coverage. HB 133 required federal approval.

- Texas Children’s advocates and encourages CMS, Texas Health and Human Services and the Texas Legislature to work with state associations and children’s hospitals to explore options to extend Medicaid coverage for new mothers to one year postpartum.
- In 2019 - 2020, the Division of Public Health Pediatrics’ research faculty conducted a randomized control trial with 156 participants and found that mothers receiving home visits from social workers had significant decreases in postpartum depression (PPD) symptoms and that home visits were just as effective as the gold standard of psychiatric treatment in significantly reducing PPD symptoms. The home visitation program showed beneficial impacts by increasing maternal bonding and self-efficacy. Based on feedback collected during this trial, additional modules and enhancements were made to the program to meet the needs of more women and the upLIFT program was created.
 - In January 2022, the Division launched the upLIFT program at no cost to pregnant and postpartum women experiencing elevated symptoms of depression or anxiety. Licensed social workers deliver an evidence-informed curriculum to women in homes or through video conferencing in up to eight, one-hour sessions. They work together to choose from 16 learning modules offering tools and strategies found to help mothers manage their emotions, adjust to the transitions during pregnancy and the postpartum period and improve interpersonal skills. Our care coordination team provides referrals to community resources and, if necessary, serves as a bridge to mental health services beyond what the upLIFT program can provide.

Summary of 2020-2022 Key Health Needs, Implementation Plans and Outcomes: Environmental Health

2020-2022 Implementation Plan Strategies

- Support evidence-based strategies to reduce the effects of mobile and industrial sources of pollution on health in Greater Houston.
- Explore strategies to improve access to green space for children and families in underserved communities.

Evaluation of Implementation Strategies

- Doctors for Change is a membership organization that champions health for all Houstonians and Texans through research, education, collaboration and advocacy. In 2020, Doctors for Change partnered with Physicians for Social Responsibility to offer a one-hour presentation about the effects of climate change on health. Excessive temperatures, air quality and chemical pollutants found in cells, all have a significant impact on community health. The presentation provided an overview of these challenges and a discussion about opportunities for providers to engage in climate action within the Texas Medical Center. This includes advocating to the Texas Legislature for more carbon-neutral spaces and engaging in climate-related disaster preparedness and planning.
- Texas Children’s works with The Episcopal Health Foundation, City of Houston Parks Department and the Memorial Hermann Community Benefit Corporation to improve park space in the Alief area of Houston, an economically disadvantaged community that is part of the Mayor’s Complete Communities initiative. They utilize community benefit resources and foundation support to enhance programming and equipment at a park in Alief and track utilization and health outcomes over time.

Summary of 2020-2022 Key Health Needs, Implementation Plans and Outcomes: Obesity and Chronic Disease

2020-2022 Implementation Plan Strategies

- Support community-based interventions that focus on diet and physical activity in families.
- Advocate for programs and policies that improve the nutritional quality of school lunches and breakfasts.

Evaluation of Implementation Strategies

- The Children's Nutrition Research Center (CNRC) is a unique cooperative venture between Texas Children's, Baylor College of Medicine and the U.S. Department of Agriculture/Agricultural Research Service. The CNRC has over 40 faculty members conducting nutrition-related research. Research goals center on establishing evidence-based guidelines promoting health, growth and development through optimal nutrition. These guidelines are for use by physicians, parents and others responsible for the care and feeding of children.
- Current collaborations on externally funded research to evaluate community-based programs include the Texas Children's Health Plan, Texas Children's Pediatrics, Harris Health, local Head Start districts, the YMCA of Greater Houston, Baker Ripley, Prairie View A&M University Cooperative Extension Program, Houston Food Bank and various food pantries across Houston.
- The Texas Children's Center for Childhood Obesity provides comprehensive help to the community and to providers caring for patients with weight management challenges, obesity and associated co-morbidities.
- Texas Children's supports an array of YMCA initiatives, including the construction of an adaptive sports complex for children with physical limitations and the YMCA's Safety Around Water program.

Introduction

The Community Health Needs Assessment is a foundational report that identifies and prioritizes the needs of the community and assists hospitals in their efforts to support the health of the communities they serve. The CHNA process invites community organizations, nonprofits, leaders, schools, public health, service providers and others to voice the health concerns seen in the populations they serve. This valuable insight shapes which community health priorities are identified, impacted and support the system’s mission, values and vision.

According to federal regulations (IRS.gov, 2022) hospital facilities must complete the following steps:

- Define the community it serves with consideration for the geographic area of the hospital service area, target populations and primary functions/specialties.
- Assess the health needs of that community, prioritize needs and indicate potential resources.
- In assessing the community’s health needs, solicit and consider input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
- Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
- Make the CHNA report widely available to the public.

This report is essential to not-for-profit hospitals and health care systems’ community benefit and social accountability programming. By thoughtfully evaluating the areas of need and gaps in the community, implementation plans can be developed — additionally mandated by the Affordable Care Act (ACA) — that strategically respond to high priority needs.

Consistent with the approach of previous Texas Children’s CHNAs, collaboration of local organizations, and internal and external partnerships supported knowledge-sharing during the data collection process. The benefit of cross-sectional work is recognized among this group to facilitate authentic and valuable changes in the community.

While the basic structure and format of the report are in alignment with the 2019 report, the key difference in the 2022 CHNA is the independent data collection by Texas Children’s Community Benefits team in collaboration with University of Texas Health Science faculty and students under the guidance and advisory of the Texas Children’s Community Benefits Work Group.

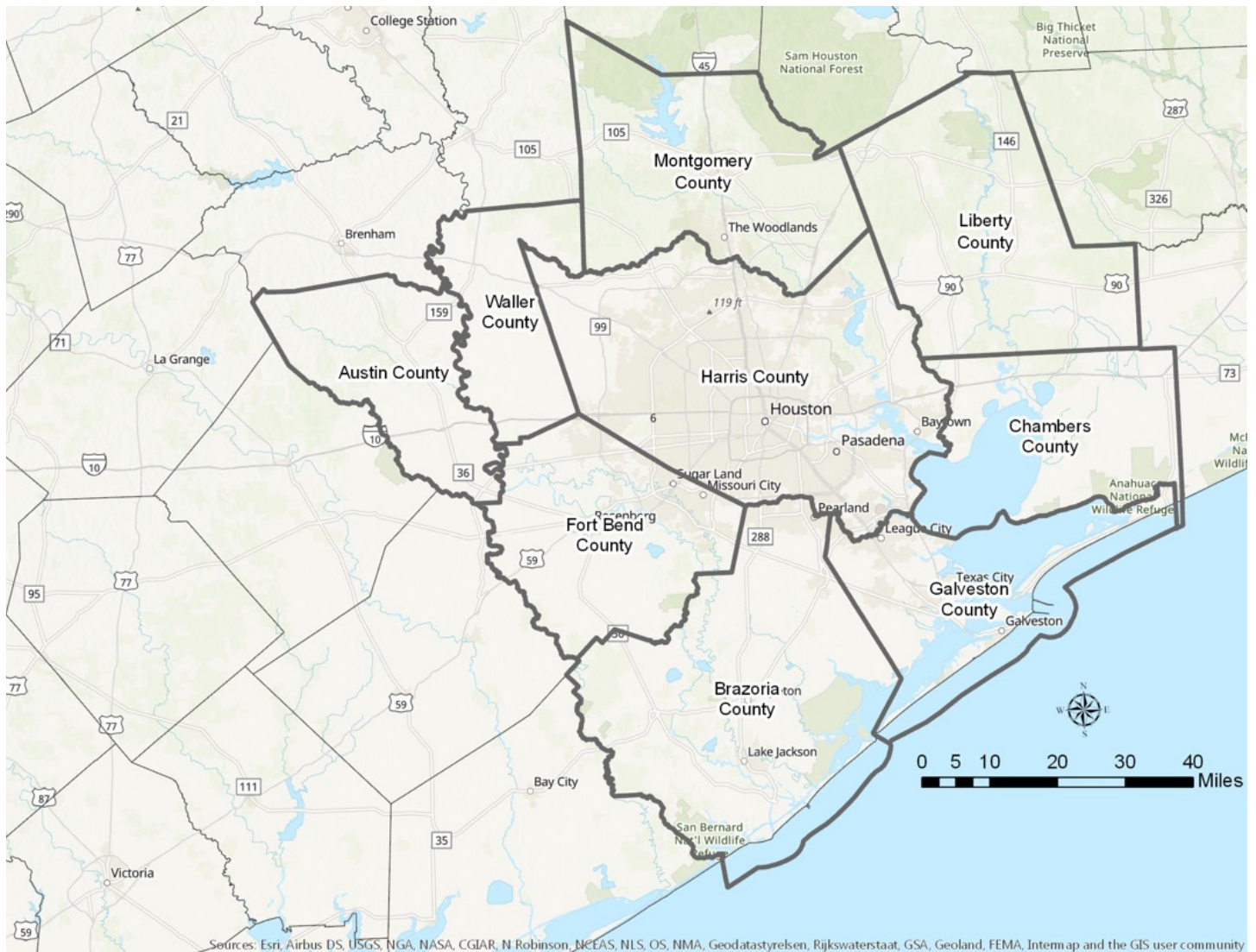
Community Served

Texas Children’s Hospital defines the community it serves as the Houston-The Woodlands-Sugar Land Metropolitan Statistical Area (MSA), also known as “Greater Houston.” An MSA — defined by the U.S. Office of Management and Budget (OMB) and used by the Census Bureau and other federal government agencies for statistical purposes — is a geographical region with a high population density and close economic ties throughout the area. While the Texas Children’s Hospital Network of Care treats patients from around the globe, most of our patients (90.9% in Fiscal Year 2018) come from Greater Houston. In terms of land area, Greater Houston is approximately 9,444 square miles, making it larger than the states of New Hampshire (9,350 sqm), New Jersey (8,721 sqm), Connecticut (5,543 sqm), Delaware (2,489 sqm) and Rhode Island (1,545 sqm).

Harris County

About

Harris County includes the majority of the City of Houston with only 1.21% of the population considered rural. The county spans a total of 1,777.4 square miles. Harris County is the third most populous county in the United States and consists of a population of 4,728,030 according to the 2021 United States Census Bureau. Harris County is also one of the most diverse counties in the United States. Harris County is ranked #34 out of the 254 counties in Texas for health outcomes. For more information on Harris County, [click here](#)





Harris County Demographics

Population	
Population estimates	4,728,030
Age	
Persons under 18 years, percent	26.2%
Persons 65 years and over, percent	11.4%
Race and Ethnicity	
White alone, percent	69.0%
Black or African American alone, percent	20.3%
American Indian and Alaska Native alone, percent	1.1%
Asian alone, percent	7.4%
Native Hawaiian and other Pacific Islander alone, percent	0.1%
Two or more races, percent	2.0%
Hispanic or Latino, percent	44.4%
White alone, not Hispanic or Latino, percent	27.7%

Harris County Demographics (United States Census Bureau)

Health Outcomes			
Quality of Life	Harris (HAS)	Texas	United States
Poor or fair health	23%	21%	17%
Poor physical health days	4.0	3.6	3.9
Poor mental health days	4.2	3.9	4.5
Low birthweight	9%	8%	8%

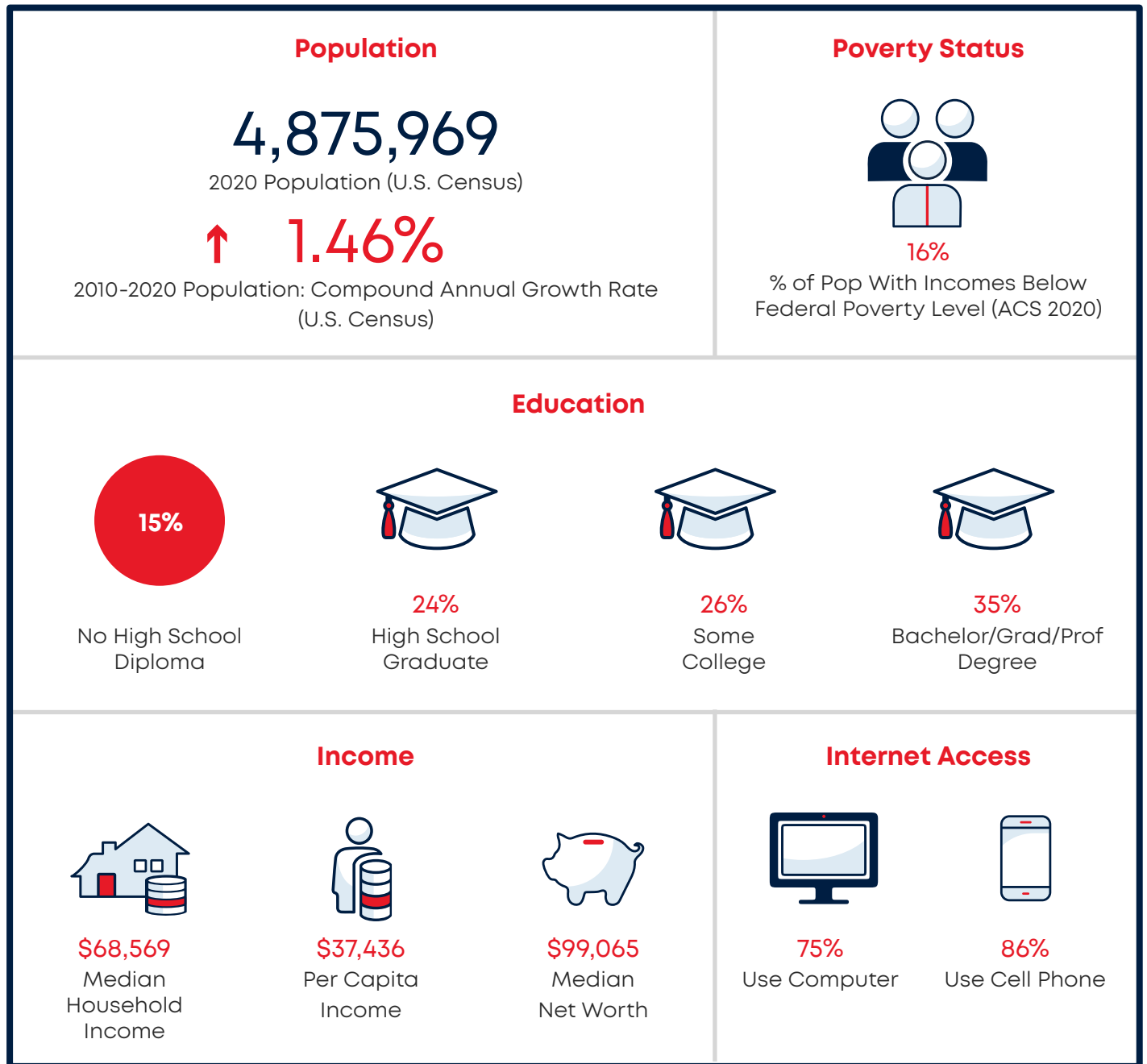
Health Factors			
Health Behaviors	Harris (HAS)	Texas	United States
Adult smoking	15%	15%	16%
Adult obesity	35%	34%	32%
Food environment index	7.6	6.1	7.8
Physical inactivity	28%	27%	26%
Access to exercise opportunities	90%	80%	80%
Excessive drinking	20%	20%	20%
Alcohol-impaired driving deaths	32%	25%	27%
Sexually transmitted infections	502.7	445.1	551
Teen births	29	29	19
Additional Health Behaviors (not included in overall ranking)	Harris (HAS)	Texas	United States
Food insecurity	14%	14%	11%
Limited access to healthy foods	6%	8%	6%
Drug overdose deaths	15	12	23
Motor vehicle crash deaths	11	13	12
Insufficient sleep	38%	34%	35%
Clinical Care	Harris (HAS)	Texas	United States
Uninsured	24%	21%	11%
Primary care physicians	1,690:1	1,630:1	1,310:1
Dentists	1,400:1	1,660:1	1,400:1
Mental health providers	730:1	760:1	350:1
Preventable hospital stays	4,411	4,255	3,767
Mammography screening	35%	39%	43%
Flu vaccinations	47%	46%	48%
Additional Clinical Care (not included in overall ranking)	Harris (HAS)	Texas	United States
Uninsured adults	28%	24%	13%
Uninsured children	15%	13%	6%
Other primary care providers	950:1	1,050:1	870:1

Harris County Health Factors and Outcomes (2022 County Health Rankings)

Harris County Profile

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

Key Facts



Source: This infographic contains data provided by Esri, U.S. Census, ACS, Esri-MRI-Simmons.
The vintage of the data is 2022, 2020, 2017, 2016-2020.

Austin County

About

Austin County is located west of the City of Houston and it is one of the oldest counties in Texas. Austin County has a population of 30,380 and it spans a total of 656.4 square miles. Austin County is ranked #58 out of 254 counties in Texas for health outcomes. For more information on Austin County, [click here](#).



Austin County Demographics

Population	
Population estimates	30,380
Age	
Persons under 18 years, percent	23.4%
Persons 65 years and over, percent	20.8%
Race and Ethnicity	
White alone, percent	87.0%
Black or African American alone, percent	9.4%
American Indian and Alaska Native alone, percent	1.0%
Asian alone, percent	0.9%
Native Hawaiian and other Pacific Islander alone, percent	*
Two or more races, percent	1.6%
Hispanic or Latino, percent	28.7%
White alone, not Hispanic or Latino, percent	60.3%

Austin County Demographics (United States Census Bureau)

Health Outcomes			
Quality of Life	Austin (AUS)	Texas	United States
Poor or fair health	22%	21%	17%
Poor physical health days	4.0	3.6	3.9
Poor mental health days	4.4	3.9	4.5
Low birthweight	8%	8%	8%

Health Factors			
Health Behaviors	Austin (AUS)	Texas	United States
Adult smoking	15%	15%	16%
Adult obesity	35%	34%	32%
Food environment index	7.6	6.1	7.8
Physical inactivity	28%	27%	26%
Access to exercise opportunities	90%	80%	80%
Excessive drinking	20%	20%	20%
Alcohol-impaired driving deaths	32%	25%	27%
Sexually transmitted infections	502.7	445.1	551
Teen births	29	29	19
Additional Health Behaviors (not included in overall ranking)	Austin (AUS)	Texas	United States
Food insecurity	14%	14%	11%
Limited access to healthy foods	6%	8%	6%
Drug overdose deaths	15	12	23
Motor vehicle crash deaths	11	13	12
Insufficient sleep	38%	34%	35%
Clinical Care	Austin (AUS)	Texas	United States
Uninsured	24%	21%	11%
Primary care physicians	1,690:1	1,630:1	1,310:1
Dentists	1,400:1	1,660:1	1,400:1
Mental health providers	730:1	760:1	350:1
Preventable hospital stays	4,411	4,255	3,767
Mammography screening	35%	39%	43%
Flu vaccinations	47%	46%	48%
Additional Clinical Care (not included in overall ranking)	Austin (AUS)	Texas	United States
Uninsured adults	28%	24%	13%
Uninsured children	15%	13%	6%
Other primary care providers	950:1	1,050:1	870:1

Austin County Health Factors and Outcomes (2022 County Health Rankings)

*Data unavailable

Austin County Profile

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



Key Facts

Population

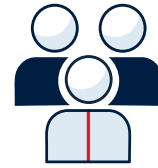
30,516

2020 Population (U.S. Census)

↑ 0.60%

2010-2020 Population: Compound Annual Growth Rate
(U.S. Census)

Poverty Status



12%

% of Pop With Incomes Below
Federal Poverty Level (ACS 2020)

Education

13%

No High School
Diploma



30%

High School
Graduate



30%

Some
College



27%

Bachelor/Grad/Prof
Degree

Income



\$74,754

Median
Household
Income



\$35,407

Per Capita
Income



\$192,032

Median
Net Worth

Internet Access



71%

Use Computer



83%

Use Cell Phone

Source: This infographic contains data provided by Esri, U.S. Census, ACS, Esri-MRI-Simmons.
The vintage of the data is 2022, 2020, 2027, 2016-2020.

Brazoria County

About

Brazoria County is just south of Harris County and borders the Gulf of Mexico. With a population of 379,689, Brazoria County is the 14th most populated county in Texas. Brazoria County spans a total of 1,608.7 square miles of which 1,363.3 square miles are land and 245.3 square miles are covered by water. It is ranked #14 out of 254 counties in Texas for health outcomes. For more information on the Brazoria County, [click here](#).



Brazoria County Demographics

Population	
Population estimates	379,689
Age	
Persons under 18 years, percent	25.9%
Persons 65 years and over, percent	12.4%
Race and Ethnicity	
White alone, percent	73.3%
Black or African American alone, percent	16.3%
American Indian and Alaska Native alone, percent	0.9%
Asian alone, percent	7.3%
Native Hawaiian and other Pacific Islander alone, percent	0.1%
Two or more races, percent	2.2%
Hispanic or Latino, percent	32.3%
White alone, not Hispanic or Latino, percent	43.2%

Brazoria County Demographics (United States Census Bureau)

Health Outcomes			
Quality of Life	Brazoria (BRZ)	Texas	United States
Poor or fair health	19%	21%	17%
Poor physical health days	3.6	3.6	3.9
Poor mental health days	4.0	3.9	4.5
Low birthweight	8%	8%	8%

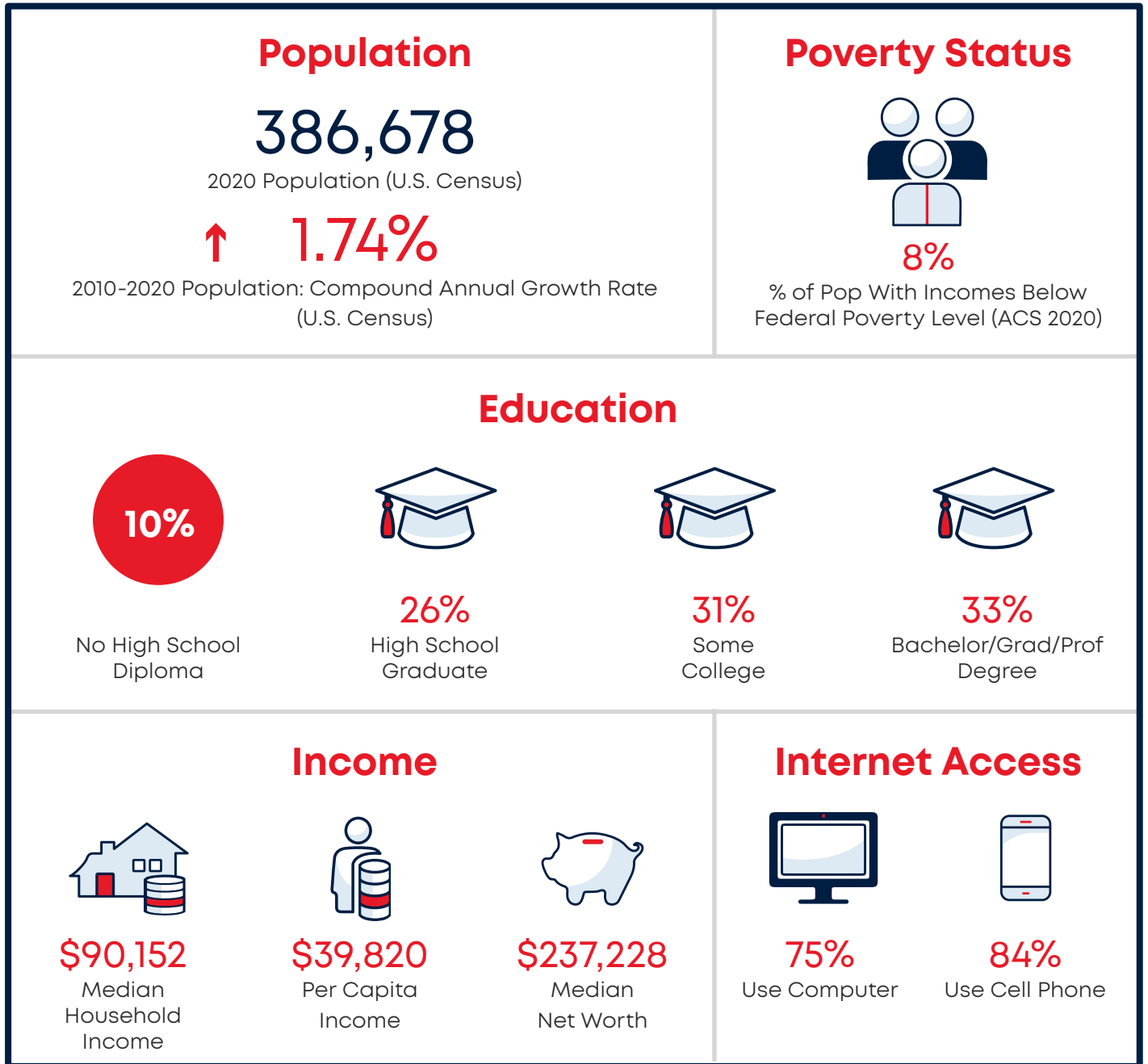
Health Factors			
Health Behaviors	Brazoria (BRZ)	Texas	United States
Adult smoking	16%	15%	16%
Adult obesity	39%	34%	32%
Food environment index	8	6.1	7.8
Physical inactivity	29%	27%	26%
Access to exercise opportunities	79%	80%	80%
Excessive drinking	18%	20%	20%
Alcohol-impaired driving deaths	33%	25%	27%
Sexually transmitted infections	361.5	445.1	551
Teen births	22	29	19
Additional Health Behaviors (not included in overall ranking)	Brazoria (BRZ)	Texas	United States
Food insecurity	11%	14%	11%
Limited access to healthy foods	7%	8%	6%
Drug overdose deaths	11	12	23
Motor vehicle crash deaths	13	13	12
Insufficient sleep	37%	34%	35%
Clinical Care	Brazoria (BRZ)	Texas	United States
Uninsured	16%	21%	11%
Primary care physicians	1,560:1	1,630:1	1,310:1
Dentists	1,820:1	1,660:1	1,400:1
Mental health providers	1,240:1	760:1	350:1
Preventable hospital stays	4,690	4,255	3,767
Mammography screening	34%	39%	43%
Flu vaccinations	44%	46%	48%
Additional Clinical Care (not included in overall ranking)	Brazoria (BRZ)	Texas	United States
Uninsured adults	19%	24%	13%
Uninsured children	10%	13%	6%
Other primary care providers	1,460:1	1,050:1	870:1

Brazoria County Health Factors and Outcomes (2022 County Health Rankings)

Brazoria County Profile

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

Key Facts



Source: This infographic contains data provided by Esri, U.S. Census, ACS, Esri-MRI-Simmons.
The vintage of the data is 2022, 2020, 2027, 2016-2020.

Chambers County

About

Chambers County is located southeast of the City of Houston and has a population of 48,865. Chambers County spans a total of 871.2 square miles of which 274.1 square miles is covered by water. Chambers is ranked #31 out of 254 counties in Texas for health outcomes. For more information on the Chambers County, [click here](#).



Chambers County Demographics

Population	
Population estimates	48,865
Age	
Persons under 18 years, percent	28.1%
Persons 65 years and over, percent	11.7%
Race and Ethnicity	
White alone, percent	87.4%
Black or African American alone, percent	8.4%
American Indian and Alaska Native alone, percent	1.1%
Asian alone, percent	1.5%
Native Hawaiian and other Pacific Islander alone, percent	0.1%
Two or more races, percent	1.6%
Hispanic or Latino, percent	26.3%
White alone, not Hispanic or Latino, percent	63.0%

Chambers County Demographics (United States Census Bureau)

Health Outcomes			
Quality of Life	Chambers (CHA)	Texas	United States
Poor or fair health	20%	21%	17%
Poor physical health days	3.9	3.6	3.9
Poor mental health days	4.4	3.9	4.5
Low birthweight	8%	8%	8%

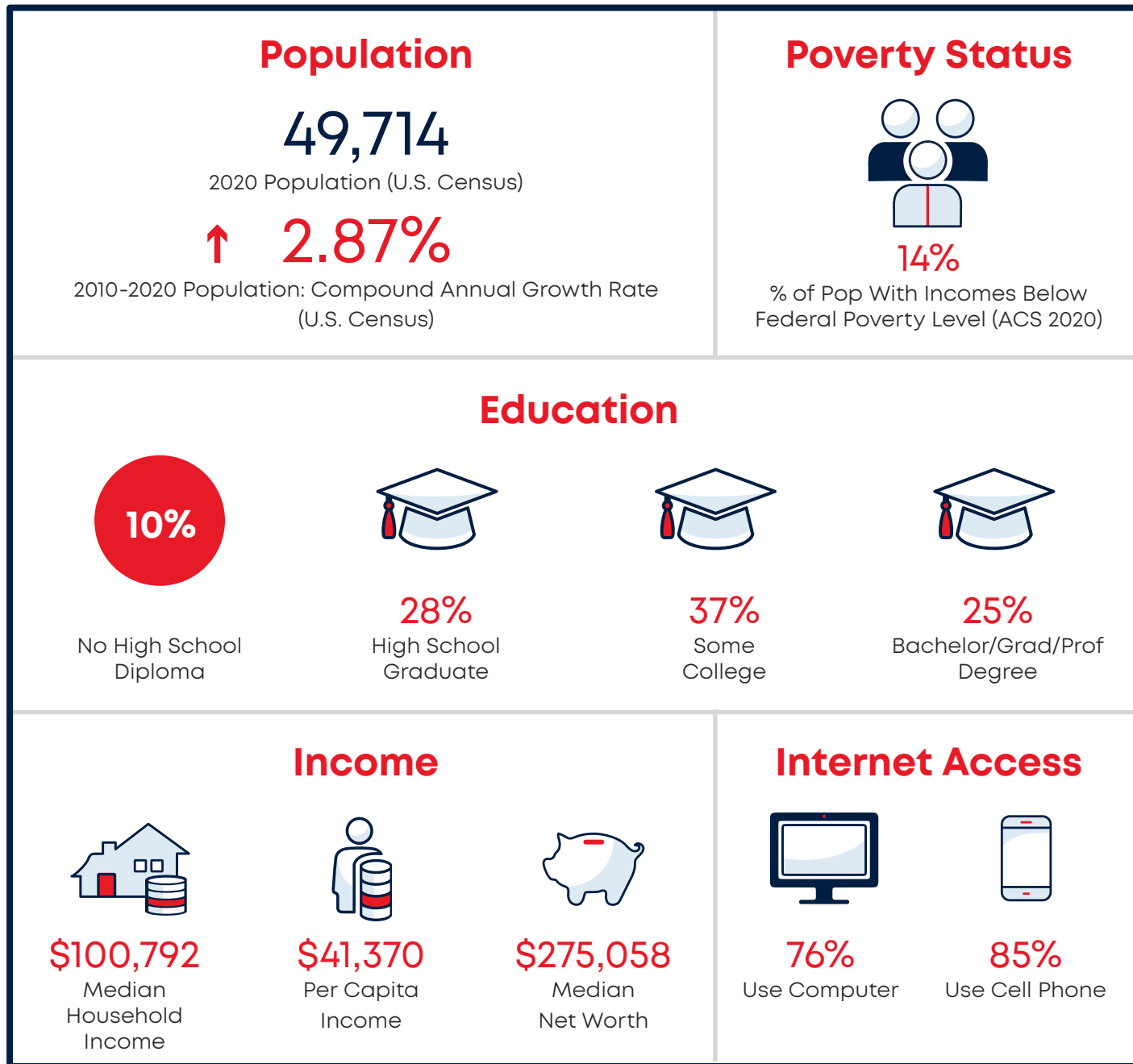
Health Factors			
Health Behaviors	Chambers (CHA)	Texas	United States
Adult smoking	17%	15%	16%
Adult obesity	37%	34%	32%
Food environment index	7.9	6.1	7.8
Physical inactivity	29%	27%	26%
Access to exercise opportunities	65%	80%	80%
Excessive drinking	20%	20%	20%
Alcohol-impaired driving deaths	22%	25%	27%
Sexually transmitted infections	191.6	445.1	551.0
Teen births	19	29	19
Additional Health Behaviors (not included in overall ranking)	Chambers (CHA)	Texas	United States
Food insecurity	13%	14%	11%
Limited access to healthy foods	4%	8%	6%
Drug overdose deaths	14	12	23
Motor vehicle crash deaths	17	13	12
Insufficient sleep	37%	34%	35%
Clinical Care	Chambers (CHA)	Texas	United States
Uninsured	16%	21%	11%
Primary care physicians	8,770:1	1,630:1	1,310:1
Dentists	22,800:1	1,660:1	1,400:1
Mental health providers	4,140:1	760:1	350:1
Preventable hospital stays	8,828	4,255	3,767
Mammography screening	32%	39%	43%
Flu vaccinations	34%	46%	48%
Additional Clinical Care (not included in overall ranking)	Chambers (CHA)	Texas	United States
Uninsured adults	18%	24%	13%
Uninsured children	12%	13%	6%
Other primary care providers	1,900:1	1,050:1	870:1

Chambers County Health Factors and Outcomes (2022 County Health Rankings)

Chambers County Profile

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

Key Facts



Source: This infographic contains data provided by Esri, U.S. Census, ACS, Esri-MRI-Simmons.
The vintage of the data is 2022, 2020, 2027, 2016-2020.

Fort Bend County

About

Fort Bend County is located southwest of the City of Houston and spans 885.3 square miles. Fort Bend is the wealthiest county in Texas, with a median household income of \$100,189. It is also the fifth fastest growing county in the United States and the fifth most diverse county in the nation. Fort Bend is recognized as having an ethnic plurality, with no single ethnic group forming a majority of the population. It is ranked #4 out of 254 counties in Texas for health outcomes. For more information on Fort Bend County, [click here](#).



Fort Bend County Demographics

Population	
Population estimates	858,527
Age	
Persons under 18 years, percent	27.0%
Persons 65 years and over, percent	12.1%
Race and Ethnicity	
White alone, percent	53.4%
Black or African American alone, percent	21.9%
American Indian and Alaska Native alone, percent	0.6%
Asian alone, percent	21.6%
Native Hawaiian and other Pacific Islander alone, percent	0.1%
Two or more races, percent	2.4%
Hispanic or Latino, percent	25.5%
White alone, not Hispanic or Latino, percent	30.2%

Fort Bend County Demographics (United States Census Bureau)

Health Outcomes			
Quality of Life	Fort Bend (FBE)	Texas	United States
Poor or fair health	16%	21%	17%
Poor physical health days	3.1	3.6	3.9
Poor mental health days	3.6	3.9	4.5
Low birthweight	9%	8%	8%

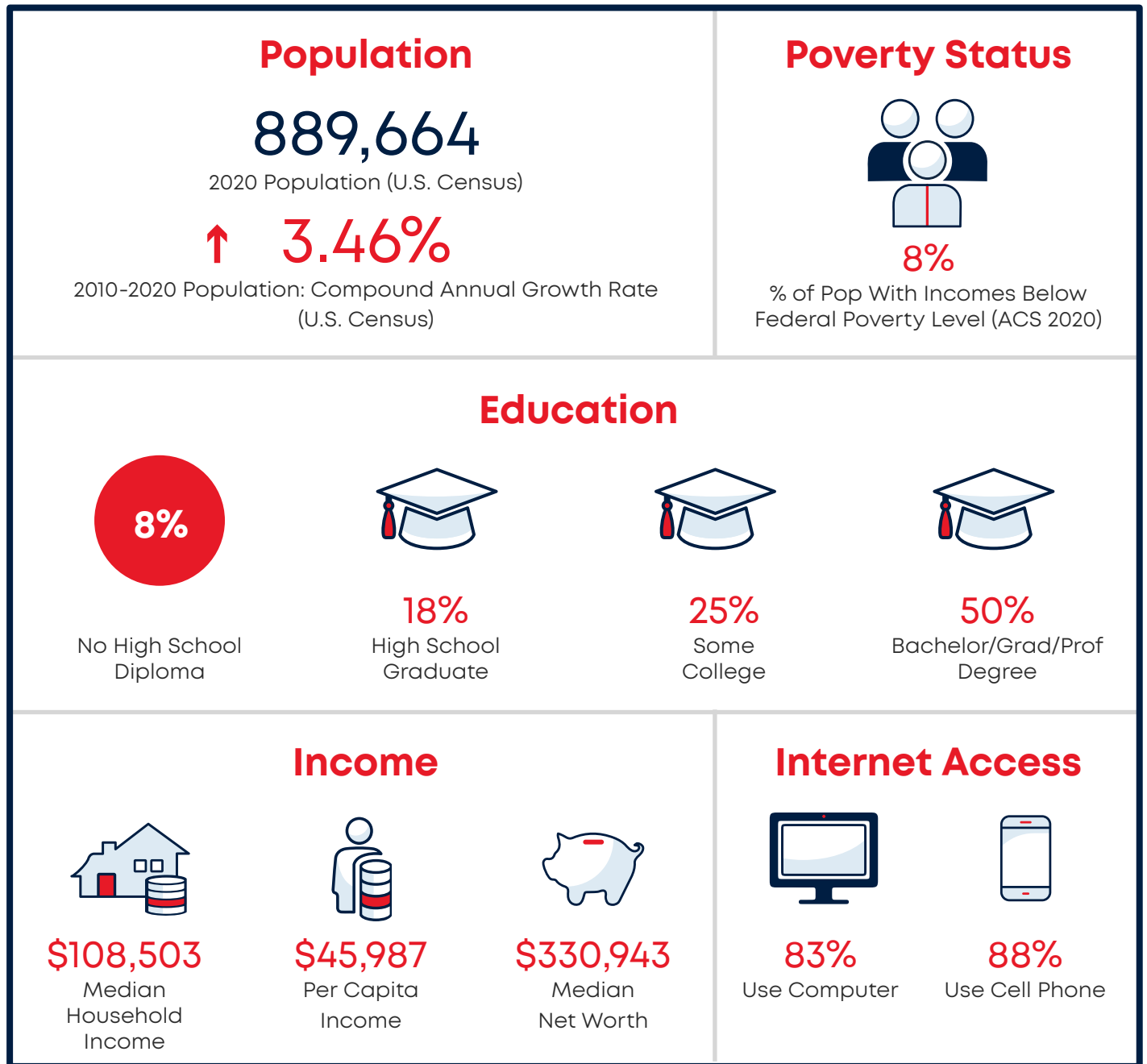
Health Factors			
Health Behaviors	Fort Bend (FBE)	Texas	United States
Adult smoking	12%	15%	16%
Adult obesity	30%	34%	32%
Food environment index	8.4	6.1	7.8
Physical inactivity	26%	27%	26%
Access to exercise opportunities	90%	80%	80%
Excessive drinking	16%	20%	20%
Alcohol-impaired driving deaths	28%	25%	27%
Sexually transmitted infections	261.1	445.1	551
Teen births	10	29	19
Additional Health Behaviors (not included in overall ranking)	Fort Bend (FBE)	Texas	United States
Food insecurity	10%	14%	11%
Limited access to healthy foods	6%	8%	6%
Drug overdose deaths	7	12	23
Motor vehicle crash deaths	6	13	12
Insufficient sleep	35%	34%	35%
Clinical Care	Fort Bend (FBE)	Texas	United States
Uninsured	15%	21%	11%
Primary care physicians	1,180:1	1,630:1	1,310:1
Dentists	1,800:1	1,660:1	1,400:1
Mental health providers	1,210:1	760:1	350:1
Preventable hospital stays	4,339	4,255	3,767
Mammography screening	38%	39%	43%
Flu vaccinations	50%	46%	48%
Additional Clinical Care (not included in overall ranking)	Fort Bend (FBE)	Texas	United States
Uninsured adults	18%	24%	13%
Uninsured children	10%	13%	6%
Other primary care providers	1,290:1	1,050:1	870:1

Fort Bend County Health Factors and Outcomes (2022 County Health Rankings)

Fort Bend County Profile

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

Key Facts



Source: This infographic contains data provided by Esri, U.S. Census, ACS, Esri-MRI-Simmons.
The vintage of the data is 2022, 2020, 2027, 2016-2020.

Galveston County

About

Galveston County is located southeast of the City of Houston, along the Gulf of Mexico. In 2021, Galveston County was the fifth most populous county in the Greater Houston area and the 17th most populous county in Texas with a population of 355,062. Galveston County spans 873.9 square miles of which 494.6 square miles is covered by water and 379.3 is covered by land. Galveston County is ranked #39 out of 254 counties in Texas for health outcomes. For more information on Galveston County, [click here](#).



Galveston County Demographics

Population	
Population estimates	355,062
Age	
Persons under 18 years, percent	23.9%
Persons 65 years and over, percent	15.2%
Race and Ethnicity	
White alone, percent	80.1%
Black or African American alone, percent	13.2%
American Indian and Alaska Native alone, percent	0.8%
Asian alone, percent	3.6%
Native Hawaiian and other Pacific Islander alone, percent	0.1%
Two or more races, percent	2.2%
Hispanic or Latino, percent	26.4%
White alone, not Hispanic or Latino, percent	55.6%

Galveston County Demographics (United States Census Bureau)

Health Outcomes			
Quality of Life	Galveston (GAL)	Texas	United States
Poor or fair health	20%	21%	17%
Poor physical health days	3.8	3.6	3.9
Poor mental health days	4.3	3.9	4.5
Low birthweight	9%	8%	8%

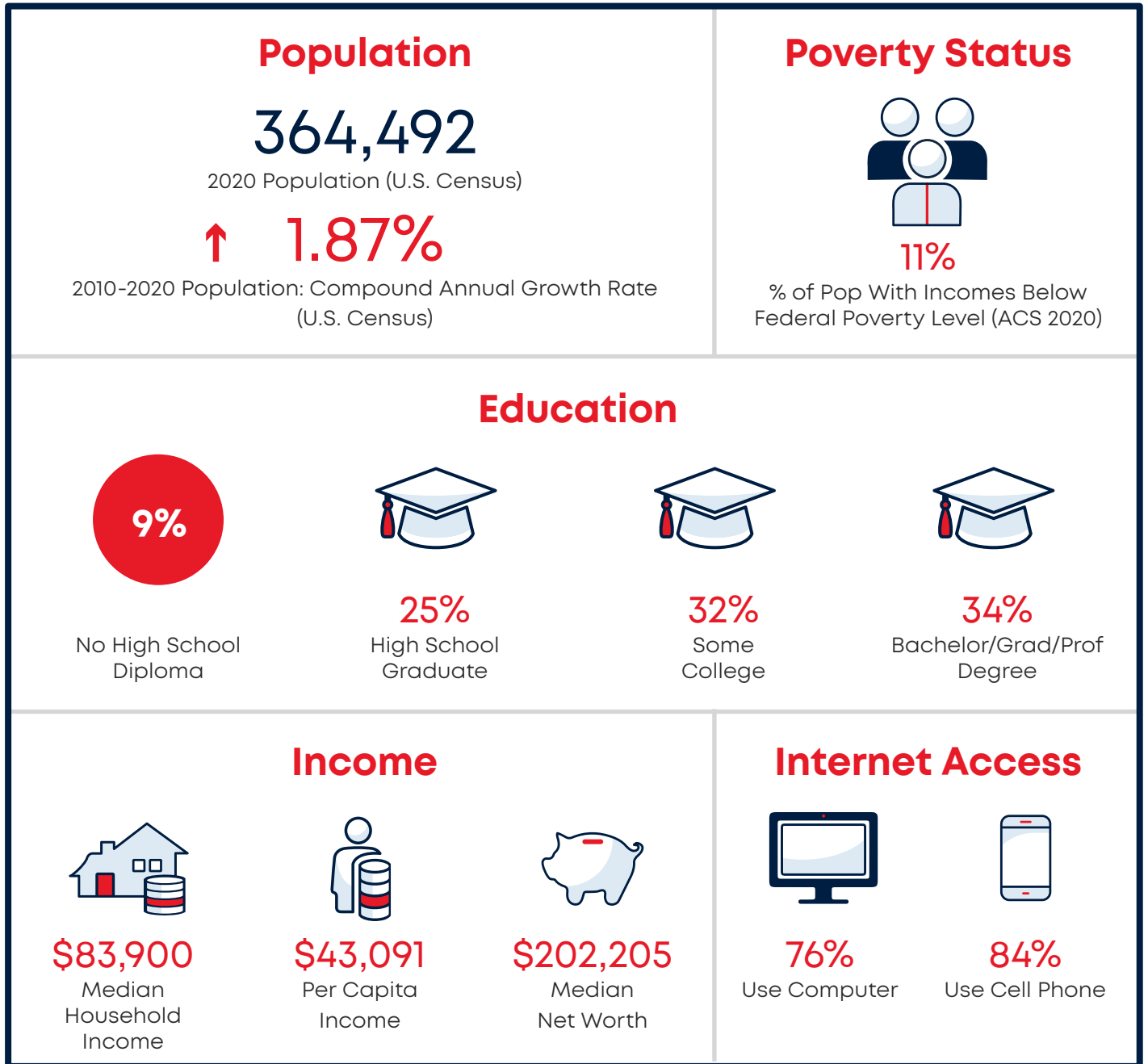
Health Factors			
Health Behaviors	Galveston (GAL)	Texas	United States
Adult smoking	17%	15%	16%
Adult obesity	34%	34%	32%
Food environment index	7.2	6.1	7.8
Physical inactivity	30%	27%	26%
Access to exercise opportunities	87%	80%	80%
Excessive drinking	22%	20%	20%
Alcohol-impaired driving deaths	34%	25%	27%
Sexually transmitted infections	420.3	445.1	551.0
Teen births	22	29	19
Additional Health Behaviors (not included in overall ranking)	Galveston (GAL)	Texas	United States
Food insecurity	14%	14%	11%
Limited access to healthy foods	9%	8%	6%
Drug overdose deaths	19	12	23
Motor vehicle crash deaths	14	13	12
Insufficient sleep	39%	34%	35%
Clinical Care	Galveston (GAL)	Texas	United States
Uninsured	17%	21%	11%
Primary care physicians	1,310:1	1,630:1	1,310:1
Dentists	2,080:1	1,660:1	1,400:1
Mental health providers	790:1	760:1	350:1
Preventable hospital stays	5,867	4,255	3,767
Mammography screening	39%	39%	43%
Flu vaccinations	47%	46%	48%
Additional Clinical Care (not included in overall ranking)	Galveston (GAL)	Texas	United States
Uninsured adults	20%	24%	13%
Uninsured children	11%	13%	6%
Other primary care providers	980:1	1,050:1	870:1

Galveston County Health Factors and Outcomes (2022 County Health Rankings)

Galveston County Profile

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

Key Facts



Source: This infographic contains data provided by Esri, U.S. Census, ACS, Esri-MRI-Simmons.
The vintage of the data is 2022, 2020, 2027, 2016-2020.

Liberty County

About

Liberty County is a mostly rural area located northeast of Houston with an area of 1,176.4 square miles. Liberty County has a total population of 97,621 people. Liberty county is ranked #193 out of 254 counties in Texas for health outcomes. For more information on Liberty County, [click here](#).



Liberty County Demographics

Population

Population estimates 97,621

Age

Persons under 18 years, percent 28.8%

Persons 65 years and over, percent 12.3%

Race and Ethnicity

White alone, percent 86.6%

Black or African American alone, percent 9.3%

American Indian and Alaska Native alone, percent 1.5%

Asian alone, percent 0.8%

Native Hawaiian and other Pacific Islander alone, percent 0.1%

Two or more races, percent 1.7%

Hispanic or Latino, percent 34.3%

White alone, not Hispanic or Latino, percent 54.9%

Liberty County Demographics (United States Census Bureau)

Health Outcomes

Quality of Life	Liberty (LIB)	Texas	United States
Poor or fair health	27%	21%	17%
Poor physical health days	4.7	3.6	3.9
Poor mental health days	5.0	3.9	4.5
Low birthweight	9%	8%	8%

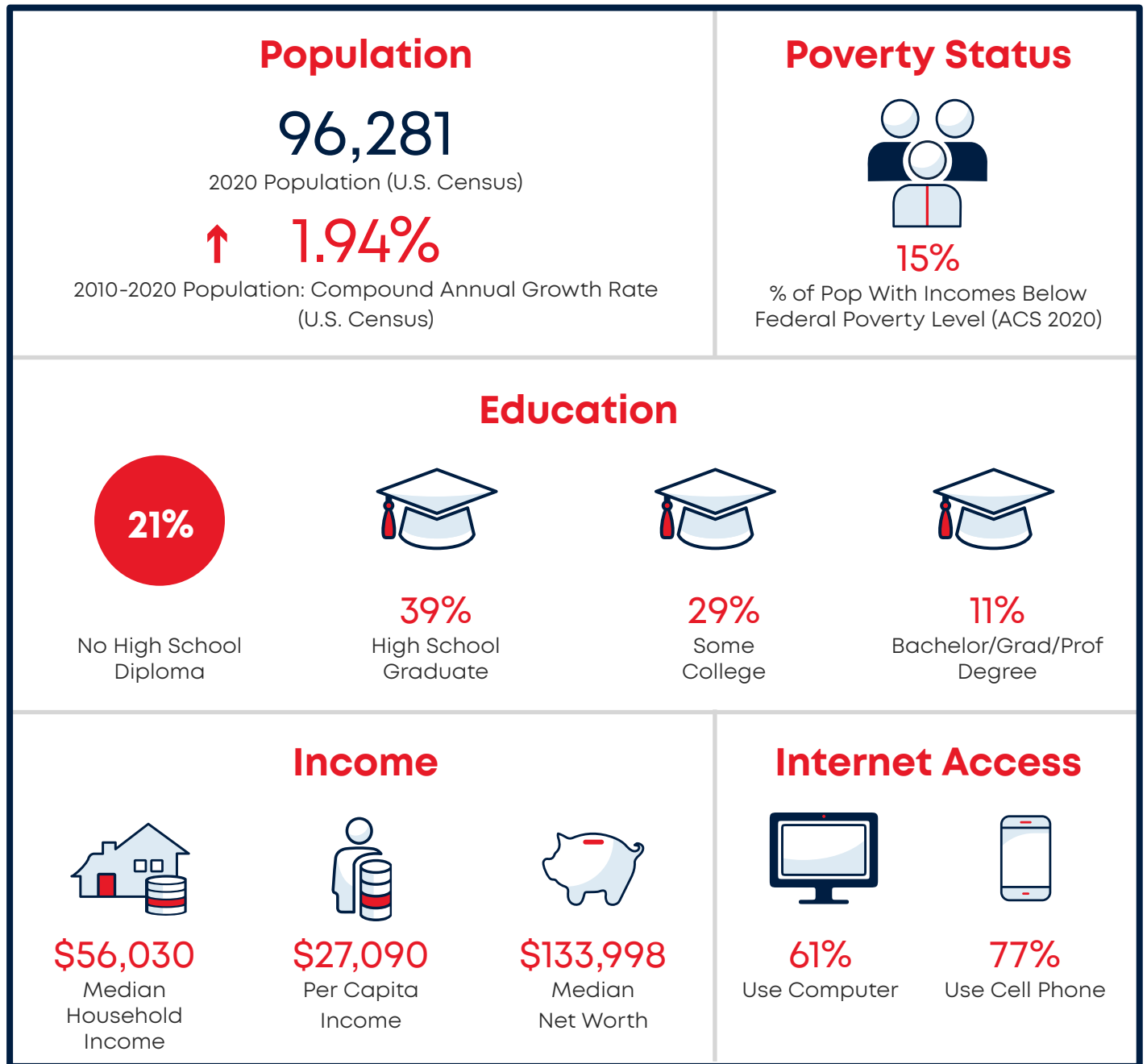
Health Factors			
Health Behaviors	Liberty (LIB)	Texas	United States
Adult smoking	22%	15%	16%
Adult obesity	37%	34%	32%
Food environment index	7.4	6.1	7.8
Physical inactivity	37%	27%	26%
Access to exercise opportunities	49%	80%	80%
Excessive drinking	19%	20%	20%
Alcohol-impaired driving deaths	19%	25%	27%
Sexually transmitted infections	374.1	445.1	551
Teen births	42	29	19
Additional Health Behaviors (not included in overall ranking)	Liberty (LIB)	Texas	United States
Food insecurity	16%	14%	11%
Limited access to healthy foods	4%	8%	6%
Drug overdose deaths	14	12	23
Motor vehicle crash deaths	31	13	12
Insufficient sleep	39%	34%	35%
Clinical Care	Liberty (LIB)	Texas	United States
Uninsured	23%	21%	11%
Primary care physicians	4,410:1	1,630:1	1,310:1
Dentists	3,660:1	1,660:1	1,400:1
Mental health providers	4,360:1	760:1	350:1
Preventable hospital stays	6,111	4,255	3,767
Mammography screening	26%	39%	43%
Flu vaccinations	37%	46%	48%
Additional Clinical Care (not included in overall ranking)	Liberty (LIB)	Texas	United States
Uninsured adults	27%	24%	13%
Uninsured children	15%	13%	6%
Other primary care providers	2,540:1	1,050:1	870:1

Liberty County Health Factors and Outcomes (2022 County Health Rankings)

Liberty County Profile

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

Key Facts



Source: This infographic contains data provided by Esri, U.S. Census, ACS, Esri-MRI-Simmons.
The vintage of the data is 2022, 2020, 2027, 2016-2020.

Montgomery County

About

Montgomery County is located north of Harris County and the Greater Houston Area and includes The Woodlands and Conroe areas. The county has a population of 648,886 and spans 1,076.9 square miles. Montgomery County is ranked #11 out of 254 counties in Texas for health outcomes. For more information on Montgomery County, [click here](#).



Montgomery County Demographics

Population

Population estimates 648,886

Age

Persons under 18 years, percent 26.0%

Persons 65 years and over, percent 13.6%

Race and Ethnicity

White alone, percent 86.7%

Black or African American alone, percent 6.6%

American Indian and Alaska Native alone, percent 1.0%

Asian alone, percent 3.5%

Native Hawaiian and other Pacific Islander alone, percent 0.1%

Two or more races, percent 2.1%

Hispanic or Latino, percent 26.4%

White alone, not Hispanic or Latino, percent 62.2%

Montgomery County Demographics (United States Census Bureau)

Health Outcomes

Quality of Life	Montgomery (MOT)	Texas	United States
Poor or fair health	19%	21%	17%
Poor physical health days	3.6	3.6	3.9
Poor mental health days	4.2	3.9	4.5
Low birthweight	7%	8%	8%

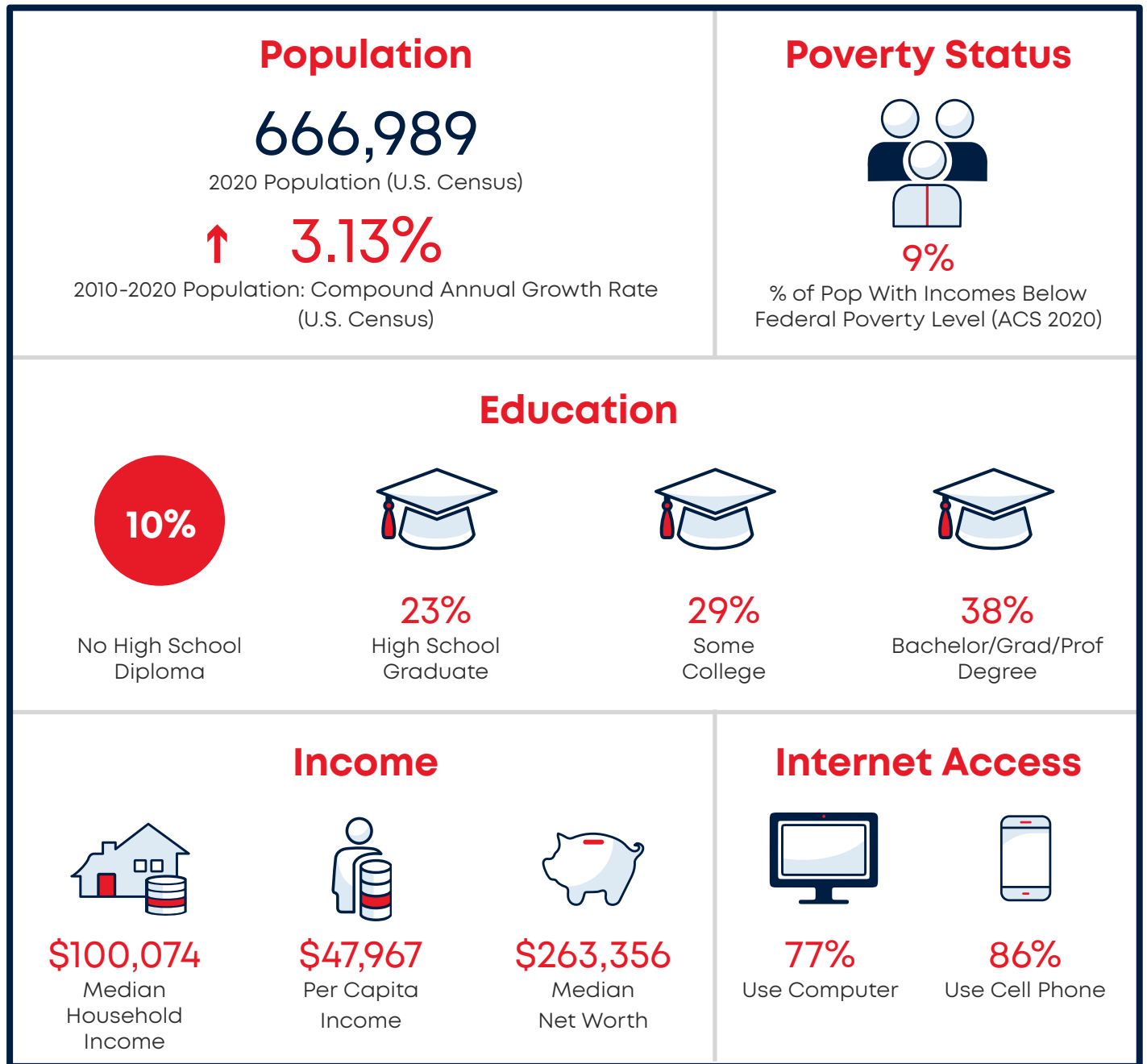
Health Factors			
Health Behaviors	Montgomery (MOT)	Texas	United States
Adult smoking	15%	15%	16%
Adult obesity	36%	34%	32%
Food environment index	7.6	6.1	7.8
Physical inactivity	28%	27%	26%
Access to exercise opportunities	83%	80%	80%
Excessive drinking	19%	20%	20%
Alcohol-impaired driving deaths	29%	25%	27%
Sexually transmitted infections	226.5	445.1	551
Teen births	20	29	19
Additional Health Behaviors (not included in overall ranking)	Montgomery (MOT)	Texas	United States
Food insecurity	12%	14%	11%
Limited access to healthy foods	8%	8%	6%
Drug overdose deaths	15	12	23
Motor vehicle crash deaths	12	13	12
Insufficient sleep	35%	34%	35%
Clinical Care	Montgomery (MOT)	Texas	United States
Uninsured	17%	21%	11%
Primary care physicians	1,660:1	1,630:1	1,310:1
Dentists	2,030:1	1,660:1	1,400:1
Mental health providers	1,070:1	760:1	350:1
Preventable hospital stays	4,558	4,255	3,767
Mammography screening	37%	39%	43%
Flu vaccinations	50%	46%	48%
Additional Clinical Care (not included in overall ranking)	Montgomery (MOT)	Texas	United States
Uninsured adults	20%	24%	13%
Uninsured children	11%	13%	6%
Other primary care providers	1,300:1	1,050:1	870:1

Montgomery County Health Factors and Outcomes (2022 County Health Rankings)

Montgomery County Profile

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

Key Facts



Source: This infographic contains data provided by Esri, U.S. Census, ACS, Esri-MRI-Simmons.
The vintage of the data is 2022, 2020, 2027, 2016-2020.

Waller County

About

Waller County is located northwest of Houston. The county spans 517.9 square miles and includes a population of 59,781 residents. Waller County is ranked #30 out of 254 counties in Texas for health outcomes. For more information on Waller County, [click here](#).



Waller County Demographics

Population	
Population estimates	59,781
Age	
Persons under 18 years, percent	24.1%
Persons 65 years and over, percent	12.1%
Race and Ethnicity	
White alone, percent	71.4%
Black or African American alone, percent	23.3%
American Indian and Alaska Native alone, percent	1.5%
Asian alone, percent	1.9%
Native Hawaiian and other Pacific Islander alone, percent	0.1%
Two or more races, percent	1.7%
Hispanic or Latino, percent	32.4%
White alone, not Hispanic or Latino, percent	41.9%

Waller County Demographics (United States Census Bureau)

Health Outcomes			
Quality of Life	Waller (WAL)	Texas	United States
Poor or fair health	24%	21%	17%
Poor physical health days	4.3	3.6	3.9
Poor mental health days	4.6	3.9	4.5
Low birthweight	8%	8%	8%

Health Factors			
Health Behaviors	Waller (WAL)	Texas	United States
Adult smoking	18%	15%	16%
Adult obesity	39%	34%	32%
Food environment index	7.1	6.1	7.8
Physical inactivity	33%	27%	26%
Access to exercise opportunities	21%	80%	80%
Excessive drinking	19%	20%	20%
Alcohol-impaired driving deaths	20%	25%	27%
Sexually transmitted infections	477.9	445.1	551
Teen births	18	29	19
Additional Health Behaviors (not included in overall ranking)	Waller (WAL)	Texas	United States
Food insecurity	13%	14%	11%
Limited access to healthy foods	11%	8%	6%
Drug overdose deaths	9	12	23
Motor vehicle crash deaths	17	13	12
Insufficient sleep	38%	34%	35%
Clinical Care	Waller (WAL)	Texas	United States
Uninsured	24%	21%	11%
Primary care physicians	6,910:1	1,630:1	1,310:1
Dentists	6,380:1	1,660:1	1,400:1
Mental health providers	4,100:1	760:1	350:1
Preventable hospital stays	5,756	4,255	3,767
Mammography screening	34%	39%	43%
Flu vaccinations	44%	46%	48%
Additional Clinical Care (not included in overall ranking)	Waller (WAL)	Texas	United States
Uninsured adults	28%	24%	13%
Uninsured children	16%	13%	6%
Other primary care providers	28,730:1	1,050:1	870:1

Waller County Health Factors and Outcomes (2022 County Health Rankings)

Waller County Profile

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



Key Facts

Population

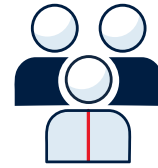
61,198

2020 Population (U.S. Census)

↑ 2.77%

2010-2020 Population: Compound Annual Growth Rate
(U.S. Census)

Poverty Status



15%

% of Pop With Incomes Below
Federal Poverty Level (ACS 2020)

Education

15%

No High School
Diploma



34%

High School
Graduate



28%

Some
College



24%

Bachelor/Grad/Prof
Degree

Income



\$68,843

Median
Household
Income



\$30,849

Per Capita
Income



\$177,171

Median
Net Worth

Internet Access



73%

Use Computer



85%

Use Cell Phone

Source: This infographic contains data provided by Esri, U.S. Census, ACS, Esri-MRI-Simmons.
The vintage of the data is 2022, 2020, 2027, 2016-2020.

Methods

To assess the health needs of the community that Texas Children's serves, a Community Health Needs Assessment (CHNA) team was established, which included members from the Texas Children's Community Benefits department, a consultant from The University of Texas School of Public Health and UT Public Health students from Fundamentals and Applications of GIS and Community Assessment Methods classes from the Fall 2021 through Fall 2022 semesters. The CHNA team embarked on a year and a half-long effort to solicit and consider input from persons who represent the broad interests of Greater Houston, including those with special knowledge of or expertise in public health. This involved a host of qualitative data-gathering efforts, which included key informant interviews, focus groups and community meeting surveillance. The results of those analyses are summarized in this report.

Key Informant Interviews

The CHNA team engaged with more than 20 organizations in Greater Houston that represent the broad interests of the community Texas Children's serves. These organizations represented a variety of sectors that interface with vulnerable populations. After establishing rapport with representatives from each organization and describing the CHNA project, the team invited each partner to participate in a recorded virtual interview. Trained interviewers from the team used the Key Informant Interview Guide (Appendix A), developed from previous CHNAs, updated with time-relevant questions, to ensure consistency and validity and utilized probing questions to further detail as needed when conducting the interviews.

These key informant interviews were conducted for approximately 30-60 minutes. Questions included background of the interviewees' organizations, community health status and concerns, healthy living, access to health care and social services, COVID-19's impact on access to health care and social services and community health issues, ways to improve community health and advice for Texas Children's team members as they develop their community health implementation strategy for 2023-2025 to address top health concerns. Qualitative data was coded using descriptive and in vivo codes to generate prominent themes that arose in the data (see Analysis). Each interview recording was run through Cisco WebEx's text to speech software, which produced a written transcript for each interview as well as word clouds of the most used words/phrases for key questions.

Analysis

For each interview, qualitative and quantitative data were entered into an ArcGIS form by utilizing interview transcripts. Content analysis was used to analyze qualitative data codes for the communities served by key informants' organizations, particularly about community health concerns, healthy living and physical activity, access to health care and social services, work populations most affected by COVID-19, positive aspects of hybrid or remote services as a result of COVID-19 and how community health can be improved. Participant quotes were also extracted to supplement the content analysis.

Quantitative data was analyzed for interviewee roles, the sector their organizations represent, demographic data for their communities (i.e., race/ethnicity, income, age group), overall community health status, the effect of COVID-19 on community health issues and access to health care and the effectiveness of health care programs and social services.

For all quantitative questions, we asked interviewees questions from the interview guide to obtain open-ended answers, which were then gathered from interview transcripts and entered into ArcGIS. For example, interviewees were asked about their primary roles within their organization. After the interview, transcripts were reviewed and coded roles of director, staff member, volunteer, health provider or other. Sectors were organized to represent community services, government, organizations/coalitions, business/industry, health care, education or other.

The method was utilized to code four additional questions, including demographics of communities served by our key informants. For example, primary age groups were coded into five different categories: children, adults, elderly, all or others. Income was coded as underserved, moderate, wealthy, mix or other. Community gender was indicated as women, men, boys (children), girls (children), all or other. For race/ethnicity, multiple codes could be selected if necessary. Community race/ethnicity was coded as White, African American, Hispanic, international and/or other.

A 5-point Likert scale was utilized for community health issues. Key informants were asked to rate the overall health status of the community they serve on a scale from 1 to 5, with 1 being poor health and 5 being good health. After entering the responses from the interview transcripts into ArcGIS, average scores were determined to indicate overall community health status. We also asked key informants to indicate how the COVID-19 pandemic has affected community health issues. After giving an open-ended response, key informants' responses were coded from very negatively (1) to very positively (5).

Key informants were asked to indicate how the COVID-19 pandemic has affected the community's access to care. Open-ended responses were correlated to a 5-point Likert scale, from very negatively (1) to very positively (5). Questions regarding effectiveness of their community's programs, services and policies concerning health care and social services were included as well. Open-ended responses were transferred to a 5-point scale, from completely ineffective (1) to very effective (5).

Figure 1: Methods for Key Informant Interviews

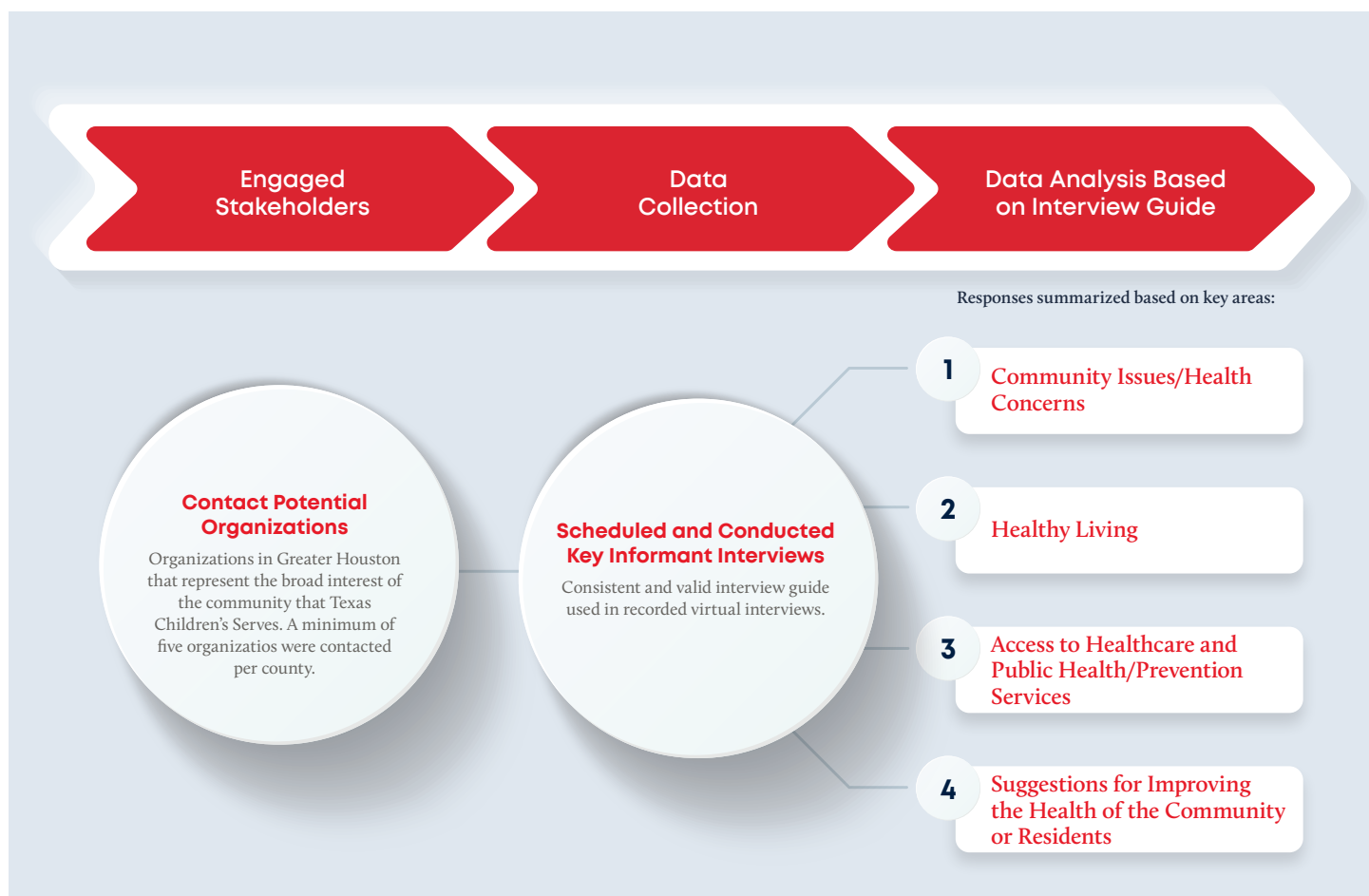
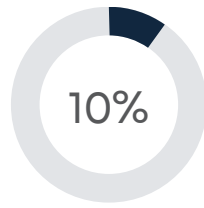


Figure 2: Organizations Interviewed by County

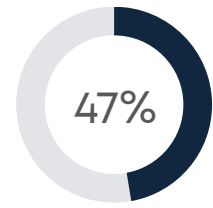
1. Brazoria

- Brazoria County Alliance for Children
- Brazoria County Health Department



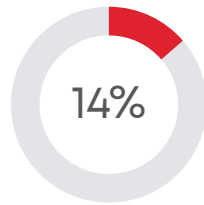
4. Harris

- Target Hunger
- Tony's Place
- New Hope Housing
- Legacy Community Health
- Houston Public Library
- Harris County Public Health
- Girl Scouts
- Houston Independent School District
- Houston Food Bank
- YMCA



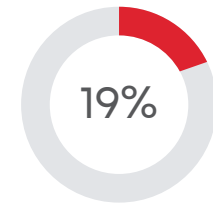
2. Fort Bend

- Friends of North Richmond
- Fort Bend County Women's Center
- San Jose Clinic



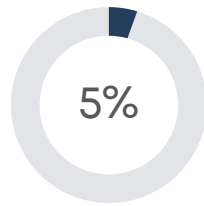
5. Montgomery

- Yes to Youth
- Tri-County Behavioral Healthcare
- Kids Meals
- Mosaics of Mercy



3. Galveston

- Pregnancy Help Center of Galveston



6. Waller

- House of Help

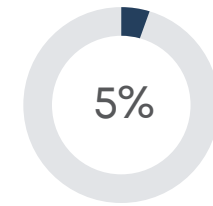
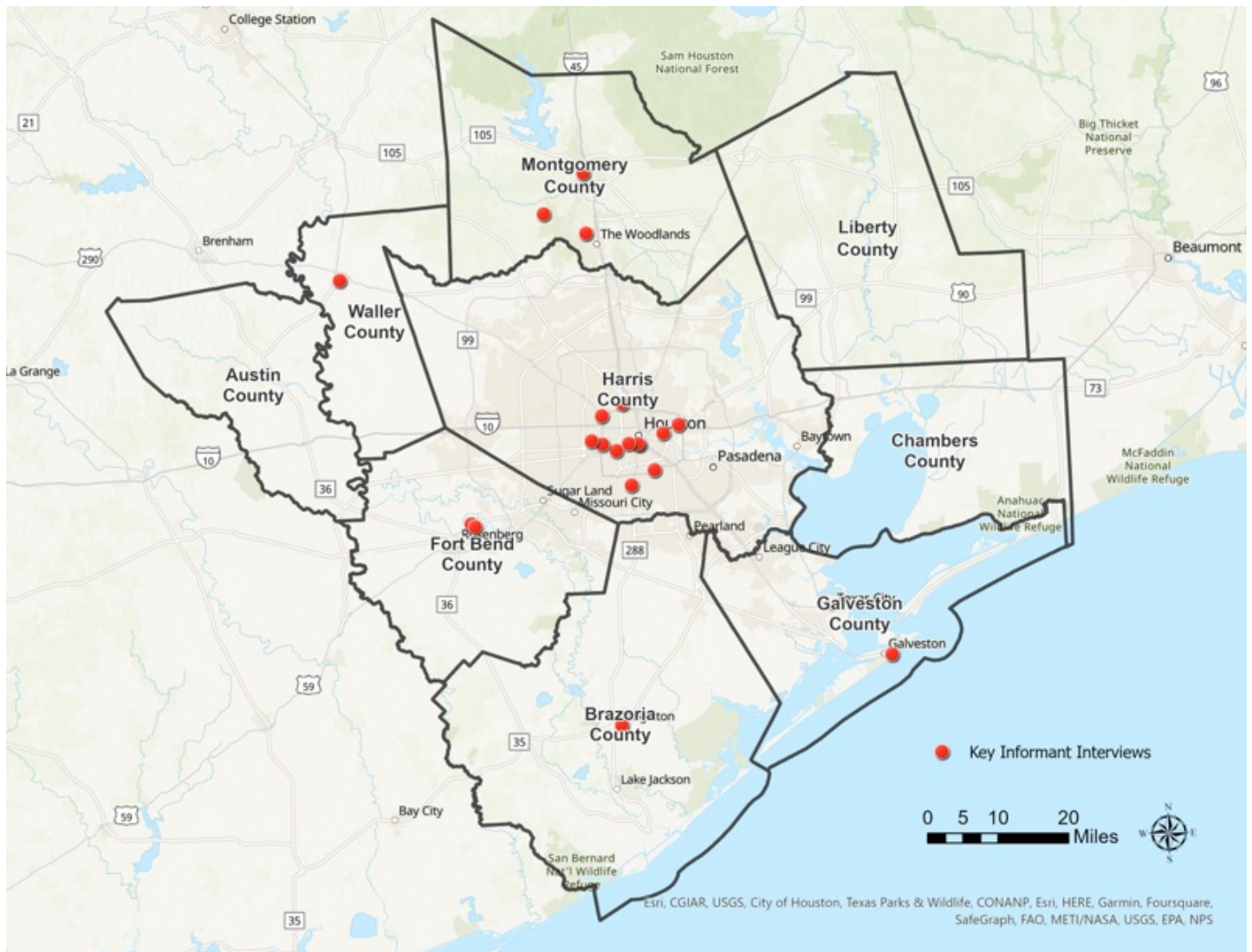
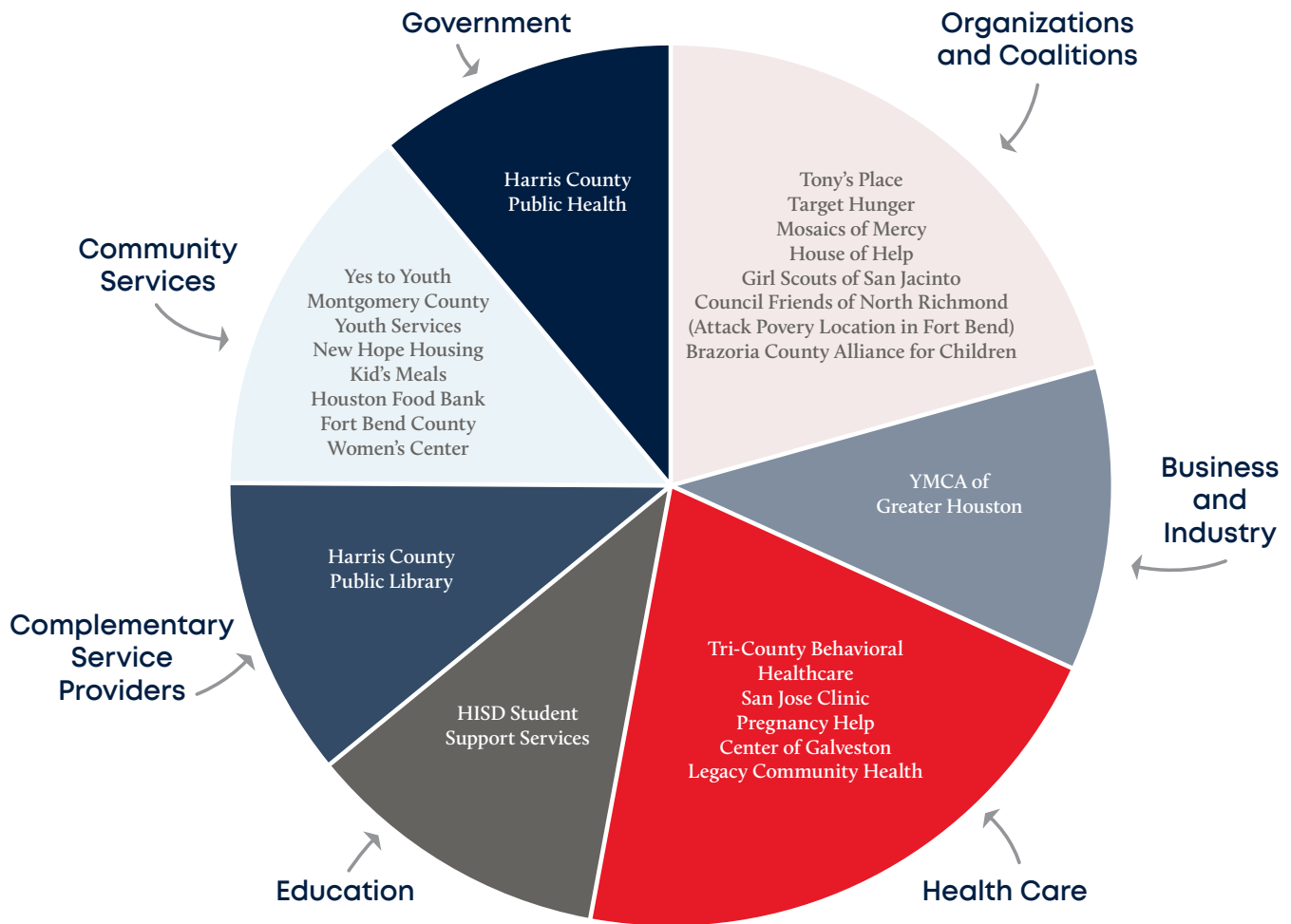


Figure 3: Geographic Location of Organizations Interviewed for 2022 CHNA



County	Population (2019)	Organizations Interviewed
Harris	4,680,609	12
Montgomery	590,188	3
Fort Bend	822,778	2
Galveston	350,682	1
Brazoria	368,062	1
Waller	53,626	1
Austin	29,892	0
Liberty	86,173	0
Chambers	46,571	0

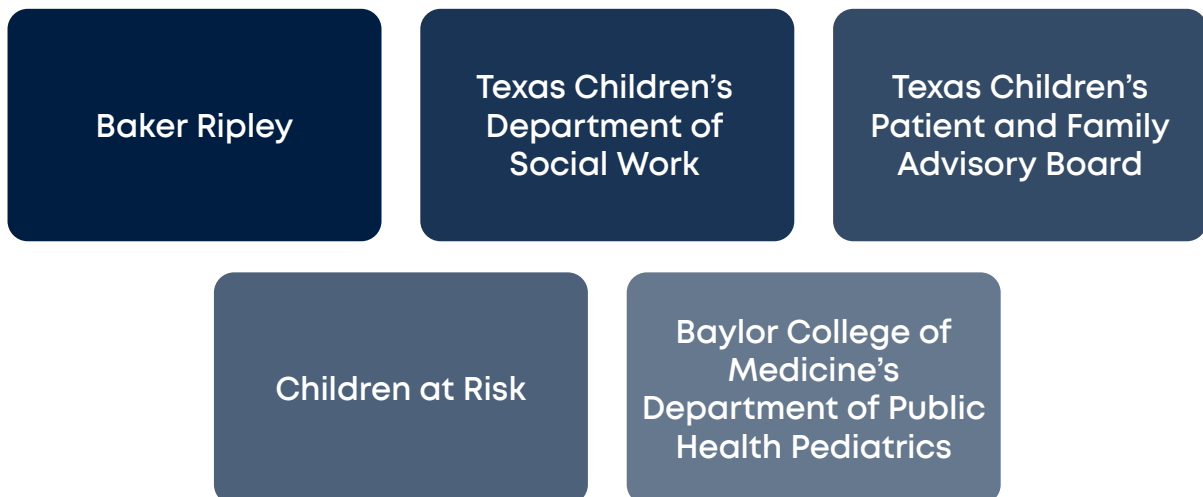
Figure 4: Sector Representation



Focus Groups

The CHNA team also conducted focus groups with community members who represent the broad interests of the Texas Children's service area. These focus groups were aimed at collecting qualitative data. The team planned, scheduled, coordinated and facilitated these focus groups according to the project timeline, utilizing virtual meeting platforms to ensure participants' safety while including as many community voices as possible.

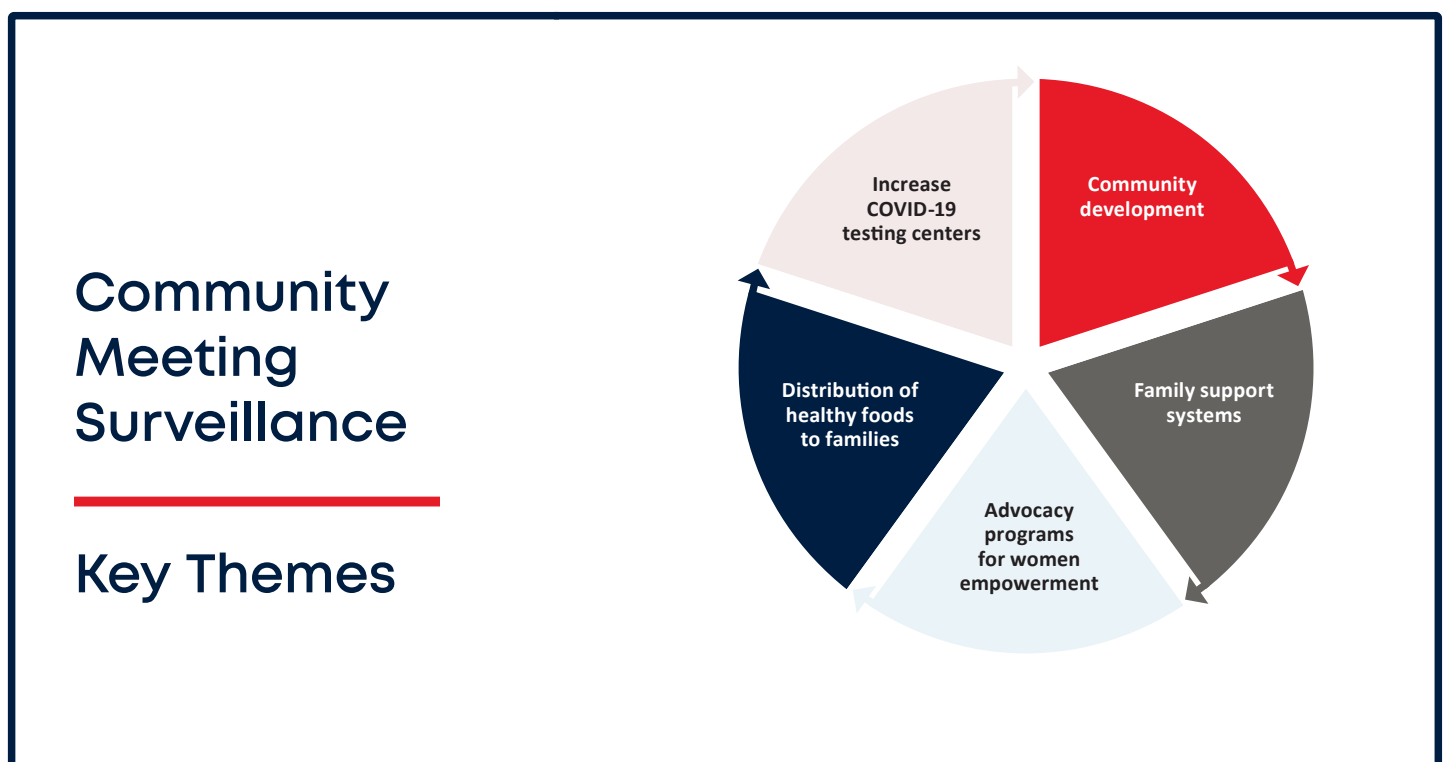
Figure 5: Focus Group Organizations



Community Meeting Surveillance

The CHNA team reviewed and documented the findings of several community-based meetings to understand community health needs and issues within the Texas Children’s service area. The Community Meeting Surveillance Guide (Appendix C) was utilized as a guide to collect information at meetings such as relevant issues and topics specifically referring to underserved women and children. These meetings included several community meetings for the Mayor’s Complete Communities Initiative.

Figure 6: Focus Group Organizations



Prioritized Community Health Needs and Potential Resources

Texas Children's identified four key health needs through key informant interviews, focus groups and community meeting surveillance. A team of graduate students from the UTHealth School of Public Health then utilized extant data sources and academic literature to investigate each of these health needs. The findings were brought before the hospital's Community Benefits Workgroup on July 15, 2022, for guidance on prioritizing them from the hospital's Network of Care perspective.

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

1. Mental and Behavioral Health
2. Social Determinants of Health
 - a. Economic stability
 - b. Food insecurity
 - c. Access to care
 - d. Health literacy
3. Maternal Health
4. Chronic Disease and Unhealthy Lifestyle

1. Mental and Behavioral Health

The Community Benefits Workgroup identified Mental and Behavioral Health as Texas Children's number one community health priority need for the Greater Houston area. Locally and across the nation, there has been a dramatic increase in mental health needs for children and young adults. This need has only been accentuated by the pandemic. According to the Centers for Disease Control and Prevention (CDC), one in five U.S. children are diagnosed with a mental disorder, with only 20% of those diagnosed receiving care from a specialized care provider for mental health. The key informants who were interviewed described mental health as a major health need in their communities. Many relayed seeing increasing depression, anxiety and suicidal behavior in the communities they served.

In a 2021 report by 2021 Mental Health America, Texas scored second-to-last nationally in access to mental health care for both kids and adults. Social distancing guidelines, school closures and quarantining significantly decreased peer interaction and heightened stress levels (Zhou et al., 2022, Xie et al., 2020). Anxiety, depression, stress over the loss of family members and the virtual nature of education affected children across all age groups. Amongst the adolescent age group, an increase in suicidal thoughts was observed by school counselors (Zhai & Du, 2020; Liu et al., 2020).

"But as a counselor, what I see from our families is that [COVID 19] has significantly impacted families that have lost loved ones. They are struggling. They've lost their jobs...some normalcy has gone. Children's anxiety levels are through the roof. We have so many children who are really having trouble going back to school because of the fear of what that means and being in crowded spaces and being in these high schools and schools that have thousands of kids in them and there's no mass mandates and things like that. And we'll have kids who say that to us...Anxiety and suicide it's the highest we have ever seen with kids the youngest we have ever seen..."

[Representative from Yes to Youth (Montgomery County)]

A study by the University of Texas Medical Branch that included 1,188 adolescents found that pandemic-induced isolation, loneliness, stress and economic challenges were linked to poor mental health outcomes and substance misuse (Temple et al., 2022). The study demonstrated that the pandemic worsened mental health and substance usage changes on individual and family levels. Depression and anxiety rates increased among teenagers when their regular support systems at school or in the community were unavailable.

"We see a lot of trauma in our communities and trauma has been exacerbated by COVID. We've seen folks who were at a normal functioning level that are really not at that level anymore and we've seen a lot of kids really retreat and get worse."

[Representative from Tri-County Behavioral Health]

Another study found that the number of mental health claims for high school-aged kids doubled in March and April of 2020 compared to March and April 2019 (FAIR Health, 2021). Stressors that disproportionately impacted teens were remote learning, school closures and isolation from friends. Lack of access to quality mental health care is a barrier, as there are insufficient pediatric therapists, psychiatrists, or school counselors to meet the demand for mental health services.

"Our waiting list for behavioral health right now is 19,898 people and that's because we have 132 providers that do behavioral health, both adult and pediatric and we have 34 school based clinics where we have a behavioral health therapist in the school. And so I really do see the need. We grew by 9,000."

[A representative of Legacy Community Health]

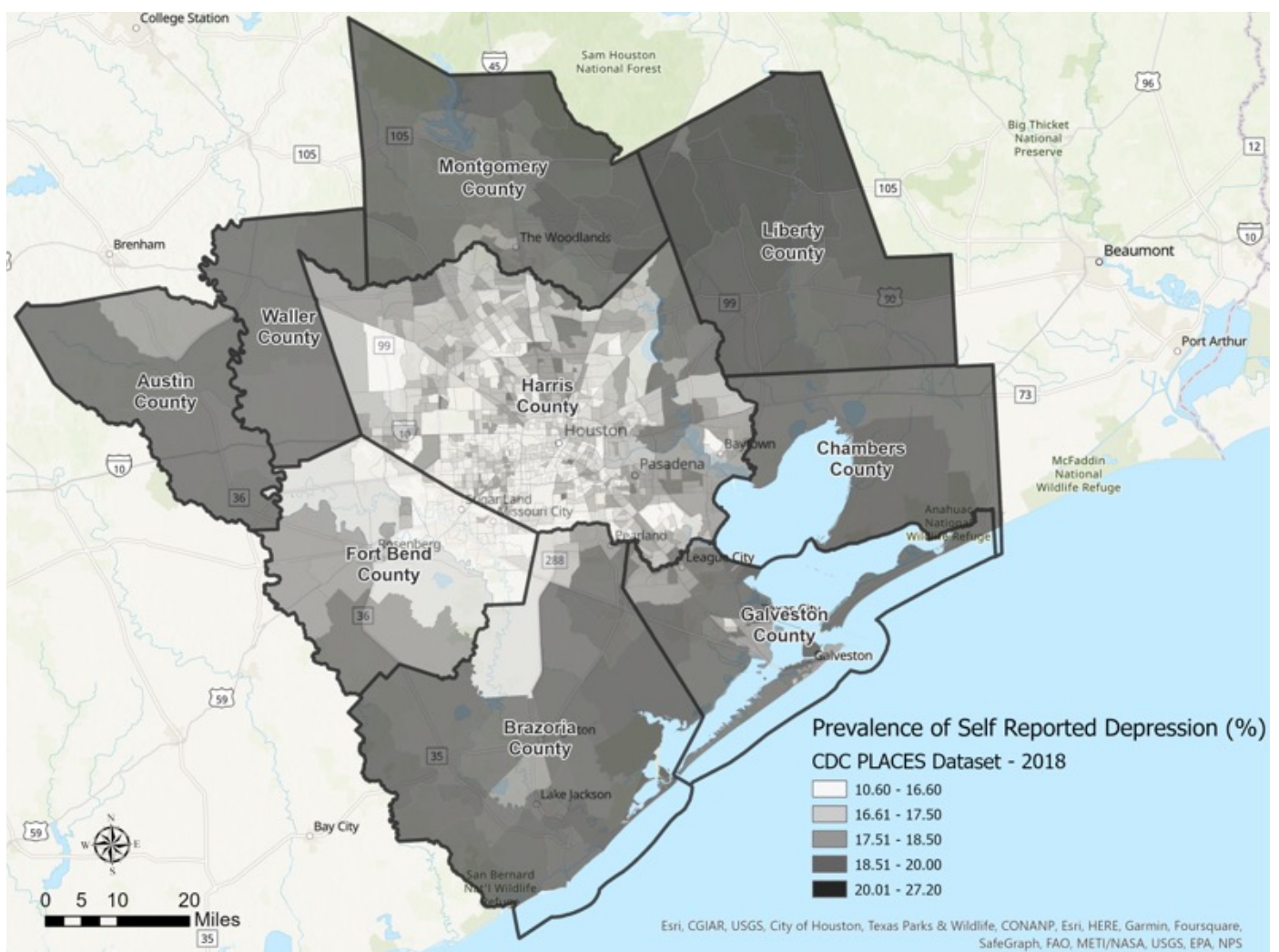
Mental health emergency crises also rose. From March 2020 to October 2020, cognitive health-related emergency department visits increased by 24% for children ages 5 to 11 and 31% for those ages 12 to 17 compared with 2019 emergency department visits, according to CDC data (Leeb et al., 2020).

Added to the mental health crisis were the exacerbating factors of being from low-income communities, loss of livelihood in families due to the pandemic and being from culturally diverse backgrounds leading to racially induced violence (Rahman et al., 2021). Respondents to key informant interviews and focus groups reported a decrease in retention rates of program activities. The community members communicated a lack of motivation to attend program events and appointments with the stakeholders. This was in part attributed to the negative impact of COVID 19 and the social issues it brought on mental health. The served communities' subpopulations, such as the elderly, are especially vulnerable to COVID and are also unable to participate in program activities in group settings. Another concern expressed by several key informants was the cultural barrier of seeking mental health assistance. From their observations, minority communities have a stigma surrounding seeking mental health help and resources and therefore have additional barriers.

"I definitely think that we need to have more programming around mental health and what that looks like and educating some of our black and brown communities about why you should not be afraid of speaking."

[Representative from Houston Independent School District (HISD) Student Support Services]

Figure 7: Geospatial Distribution of Self-Reported Depression Among Adults Aged ≥ 18 in Greater Houston



Potential Resources to Address Mental and Behavioral Health in the Community

Local Spotlight: The Harris Center for Mental Health and IDD

The Harris Center is the state-designated local mental health and intellectual and developmental disability (IDD) authority serving Harris County, Texas. Their vision is to empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated and comprehensive recovery-oriented system of care.

Address: 9401 Southwest Freeway, Houston, TX 77074, Phone: 713-970-7000

Additional Resources:

- Legacy Community Health Centers
11 clinic locations in Greater Houston. For more information, [click here](#).
- St. Hope Foundation
Six clinic locations in Greater Houston. For more information, [click here](#).
- Mosaics of Mercy
33114 Forest West Street
Magnolia, TX 77354
346-703-0051
- Mental Health America of Greater Houston
2211 Norfolk, Suite 810
Houston, TX 77098
713-523-8963

Rice University's Kinder Institute for Urban Research releases a Houston area survey every year to determine changes in the way residents perceive and understand ongoing issues and challenges within Houston. In 2022, the local economy is once more Houston's most reported concern, with 28% of respondents naming the cost of living, particularly in relation to gasoline and housing prices. The pandemic has undoubtedly disrupted the financial stability of residents in ways that have worsened the escalating disparities. For example, 23% percent of respondents admitted that there had been a time when they had trouble paying their rent or mortgage. The survey also showed that housing instability is once again far more severe among Blacks and Hispanics, of whom 39 and 28%, respectively, reported that they were unable to make at least one of their rent or mortgage payments in the past year.

"Inflation [is]going up, it's been difficult to eat on food stamps. We have tried to advise people for a long time about how to [eat] fresh vegetables, fresh fruit, all the things that people tell you to eat to be healthy. These folks can't afford that stuff."

[Tri County Behavioral Health care]

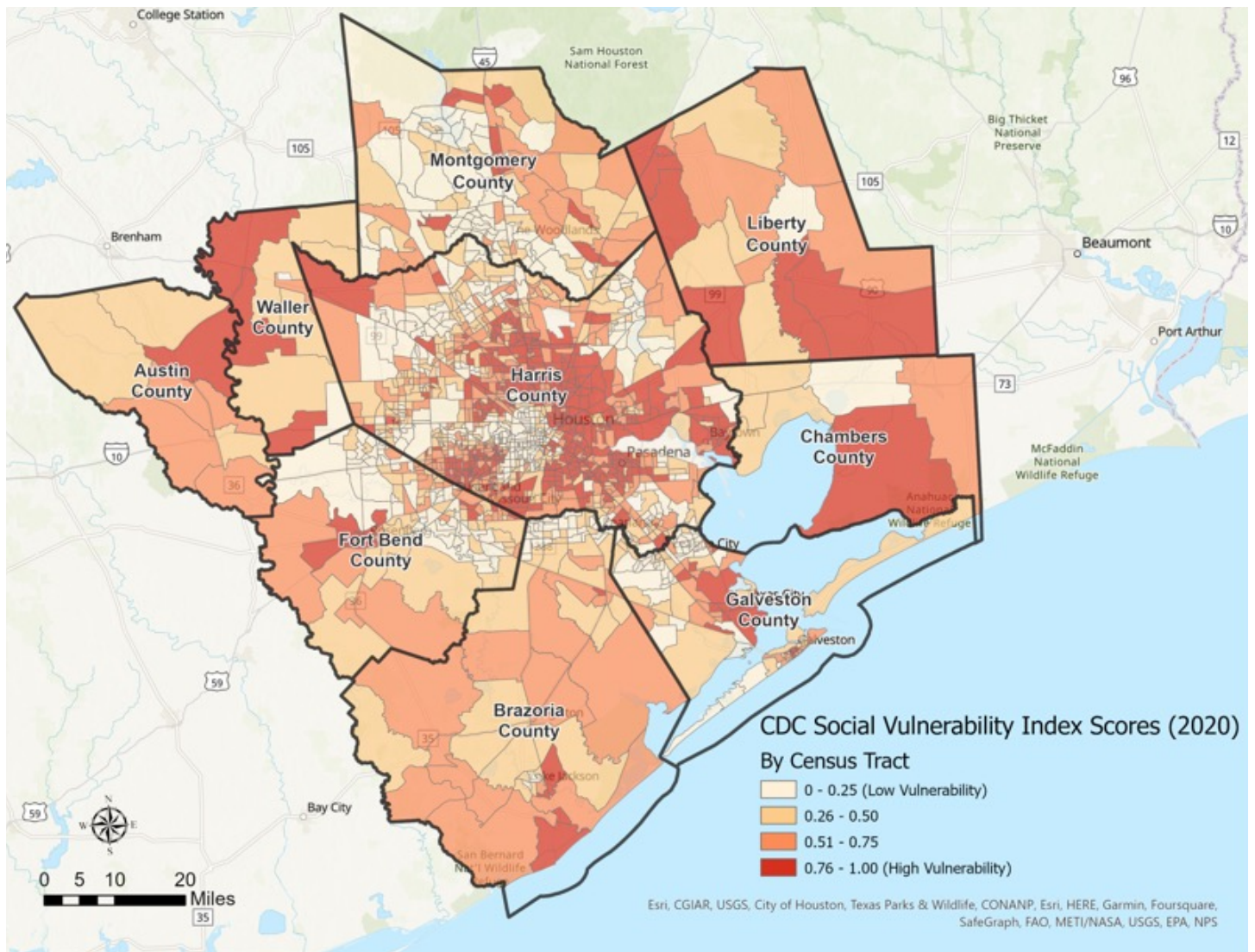
A representative from Tony's Place observed a lack of housing stability for students during the pandemic. Due to school closures and stay-at-home orders, many students found themselves in a compromised situation when it came to housing and internet access.

"But during the pandemic, when schools shut down or [when] housing was eliminated, some of those individuals found themselves homeless and then they needed laptops that they didn't have. And then Wi-Fi that they didn't have because that was being offered at the school. So many individuals were coming, just to plug their laptops in to log into school. We were still open. So that's why I wanted to talk about the range of homelessness because you have families that just came from another state they couldn't go home. [Students reported] 'I came from California here, I'm in Texas. I can't go home, so I don't have anywhere to stay because my dorm closed' and then they find themselves still trying to stay in school. So there's a range of what that looks like.

[Representative from Tony's Place]

The potential of Houstonians to grow and prosper within our community rises when fewer people live in poverty, increasing economic stability among its residents. A standard for future growth and prosperity is set by lower rates of poverty, which also lead to lower crime, better community health, higher academic accomplishment and even improvements in infrastructure.

Figure 9: Geospatial Distribution of Social Vulnerability in Greater Houston



The Centers for Disease Control and Agency for Toxic Substances and Disease Registry’s Social Vulnerability Index (CDC/ATSDR SVI) uses U.S. Census data to determine the social vulnerability of every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The CDC/ATSDR SVI ranks each tract on 16 social factors, including poverty, lack of vehicle access and crowded housing and groups them into four related themes. (CDC/ATSDR)

Food Insecurity

Feeding America (2020) notes 14.8% of U.S. households with children under 18 experienced food insecurity in 2020. Food insecurity has several negative health implications. High-quality nutritious foods are necessary for leading a healthy life. Food insecure individuals have limited access to these foods and they often must make significant financial tradeoffs in order to make ends meet. The 2022 Medical Access Report found 52% of their respondents sacrificed basic needs, such as food and bills, to afford their medications (CoverMyMeds, 2022). When household budgets are slim, cost-efficient, calorically dense foods often become a main source of energy. As time passes, the combined effects of stress, insufficient medical care and poor dietary intake can lead to the development or exacerbation of chronic conditions such as diabetes, high blood pressure and obesity. This also leads to inferior performance in school and other extracurricular activities (Ranjit et al., 2021).

Due to the COVID-19 pandemic and rising unemployment levels, the number of families experiencing food insecurity has increased. Food insecurity due to disasters and pandemics may seem temporary, but the impact of a consistent lack of access to nutritious food is long term. Children are the most vulnerable to its effect.

“Because even in emergencies, hunger doesn’t stop. We still have a mission to feed the people, even in the midst of a pandemic, hunger doesn’t stop.”

[A representative from Target Hunger]

In Texas, the average prevalence of food insecurity is higher among Black (35.9%) and Hispanic (33.5%) Texans compared to non-Hispanic White (22.1%) Texans and higher among Texas households with children (32.8%) compared to all Texas households (28.8%) (Schanzenbach & Tomeh, 2020). This disparity among people of color reflects both long-standing inequities across society and the disproportionate impact of the current crisis on those households. Children of color face higher rates of food hardship. Over one-fifth of children in Black and Latino households did not eat enough in the last seven days, three times the rate for White children (Keith-Jennings et al., 2021). This level of food hardship observed in these data among children is unprecedented in recent decades.

Organizations such as the Houston Food Bank and House of Help in Waller County have been providing kitchen utensils and tools such as Tupperware®, pans, plates and recipes to support accessibility to healthy cooking.

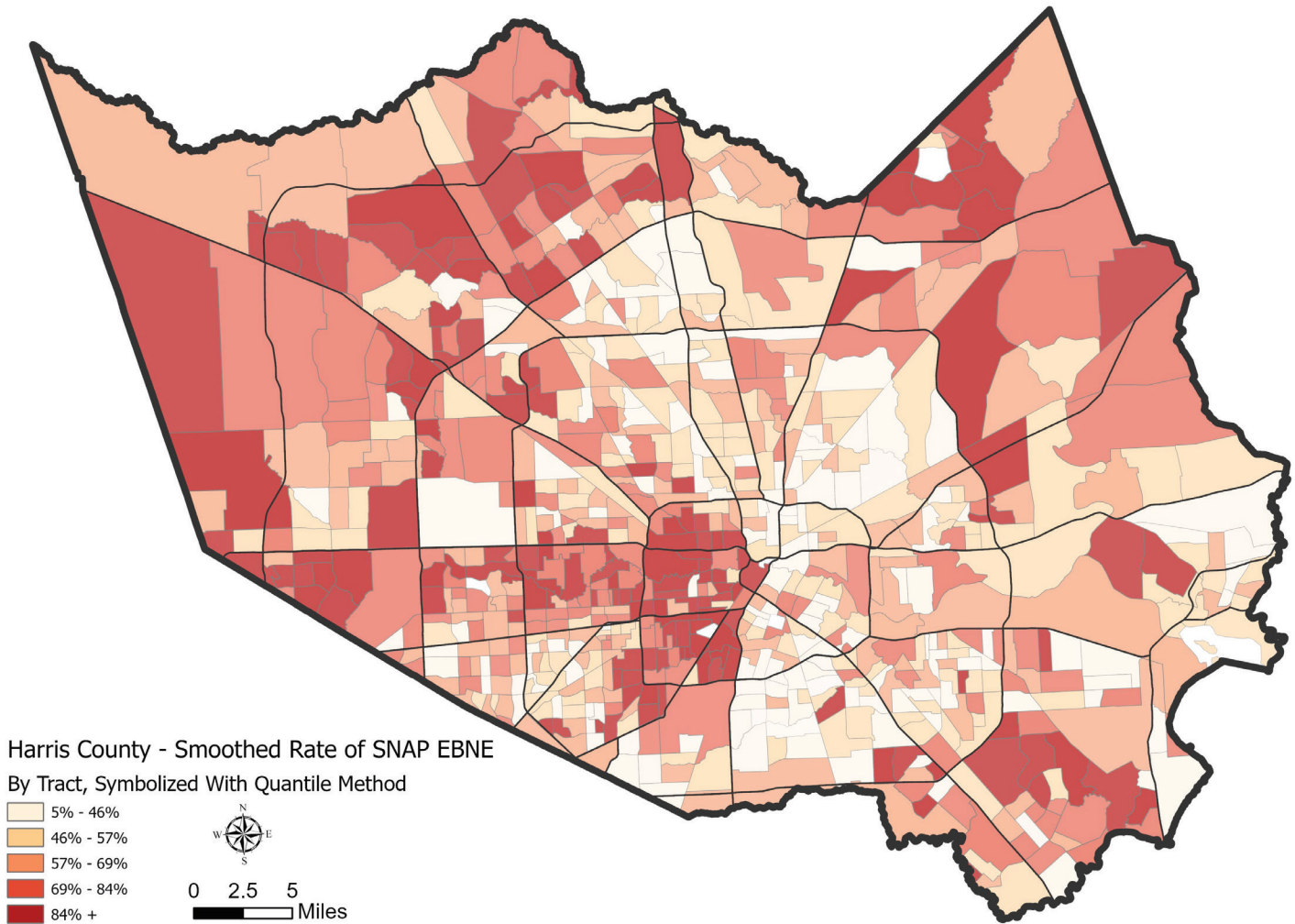
“Just because we have some food in our pantry is no sign that we have everything that they need, nor does it mean when they access it that they know what to do with it, how to cook it, availability or being able to cook it... Different issues with different families and different groups” “The first question we ask when someone comes in is ‘do you have a freezer? Do you have somewhere to cook?’ ...the answer is not always yes.”

[Representative from House of Help]

“The entire concept of access to food, healthy food, how to eat healthy food, how to cook healthy food, how to have the time and money and wherewithal to cook healthy food... When you are in the midst of a mental health crisis and suffering some substance abuse and unhealthy relationships, the last thing you’re going to do is worry about a complicated and time-consuming meal that would be considered healthy.”

[Representative from New Hope Housing]

Figure 10: Geospatial Distribution of SNAP GAP (% Households That Are Eligible for the SNAP Program, but not Enrolled, by Census Tract)



Ramphul, R., Sharma, S., Revere, F. L., & Highfield, L. (2022). Mapping the “SNAP Gap”—Identifying Neighborhood-level Hot Spots and Cold Spots of SNAP Under-participation in Texas. *Journal of Hunger & Environmental Nutrition*, 1-14.

Access to Care

While Houston is well known for having an extensive health care infrastructure, there are still Houstonians who struggle to access high-quality health care. High-quality, affordable and accessible health care is essential to maintaining physical and mental health. Disparities in access to care can lead to an increase in health disparities and can disproportionately affect marginalized groups.

“You can’t just walk into a clinic and see a doctor. It doesn’t work that way. There is so much red tape you have to go through...When people need health care, they need it now, not two months from now, not three months from now.”

[Representative from House of Help]

Several factors can act as barriers to accessing health care, such as lack of health insurance, a shortage of health care providers, struggles navigating the health care system and distrust of the medical community. Other barriers to accessing care include cost and lack of transportation.

Health insurance is vital for people to receive needed preventative and medical care. Insurance coverage rates in the U.S. have increased since the enactment of the ACA in 2010 (Greater Houston, n.d.). However, as of 2021, Texas was still ranked last out of all 50 states in health care coverage, according to the United Health Foundation’s Health Care Rankings (United Health, 2021). The percentage of Texas adults lacking public or private health insurance is 18.4% (United Health, 2021).

“It’s just the fact that people that are uninsured are not really thinking preventative care and ... So that’s really a huge barrier to care.”

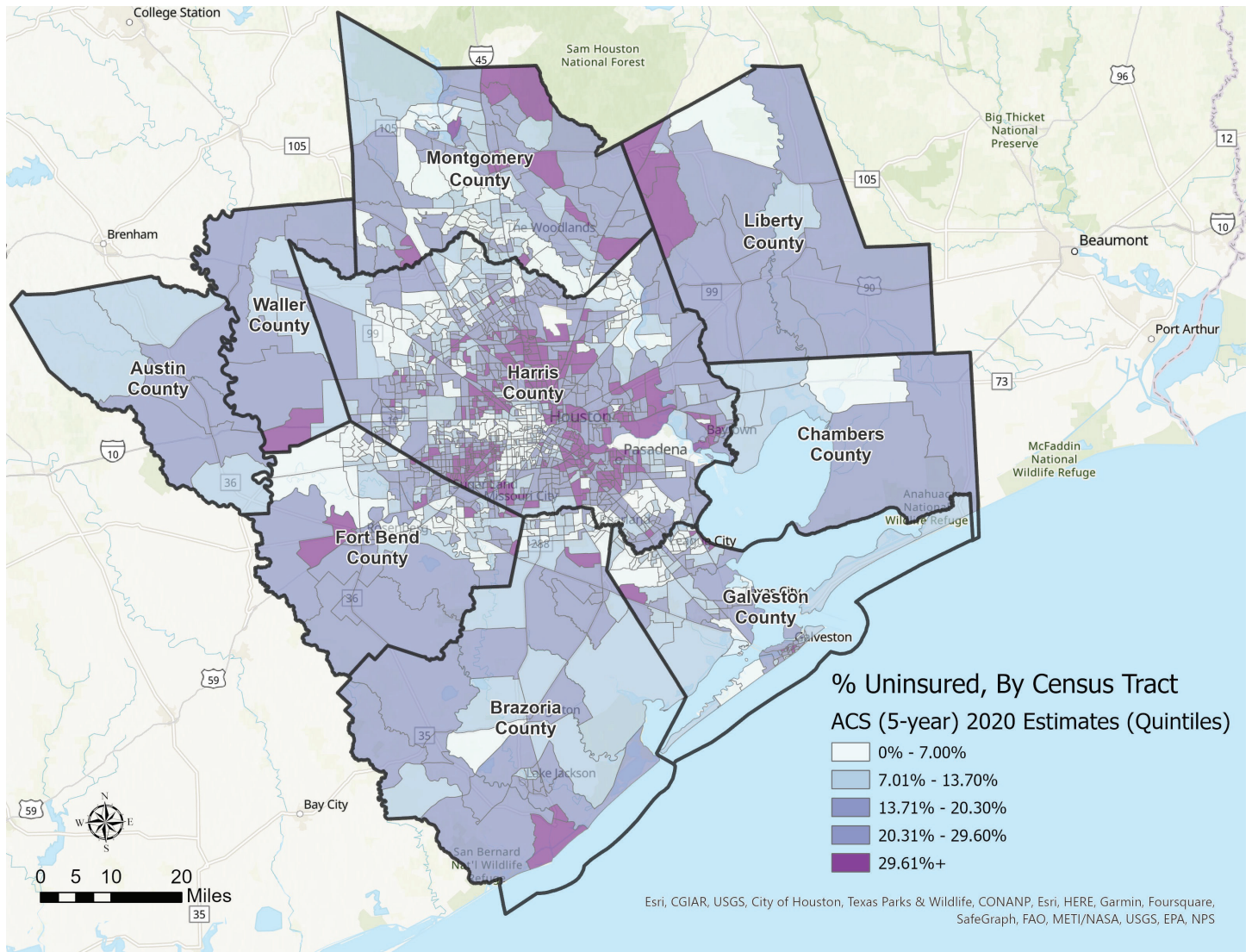
Representative from Legacy Community Health

Texas has the highest number and rate of uninsured children in the U.S. (CCF, 2022). In 2019, 995,000 (12.7%) Texas children were uninsured (CCF, 2022). Additionally, there were disparities across races relating to uninsured children. In Texas, Hispanic/Latino children had an uninsured rate of 17.5%, which is almost 1.5 times higher than for children overall (CCF, 2022). Prior to the COVID-19 pandemic, mainstream services such as health care were not accessed by immigrants due to fears of deportation. Vargas and Ybarra (2017) note the effect immigration status has on parental reporting of child health status. When comparing families of varying documentation status, those families with undocumented parents were not as likely to indicate optimal health for their child who held citizenship compared to others in the study (Vargas and Ybarra, 2017). Insured children in Texas were primarily covered through their parent’s employer-sponsored health insurance (44%) (CCF, 2022). The second highest coverage method was through Medicaid/CHIP at 36.4%, followed by 4.7% who were covered through Direct Purchase and 2.2% through another Public Insurance (CCF, 2022). Medicaid/CHIP provides no-cost or low-cost health care coverage for children. However, only 84.5% of eligible Texas kids were enrolled in Medicaid/CHIP in 2019 (CCF, 2022).

One critical factor that impacts access to health care is the availability of primary care physicians. Better availability of primary care physicians can improve patient outcomes, allow doctors to identify health conditions earlier and reduce overall health care costs. While the number of primary care physicians has increased since 2010, Texas still has fewer primary care physicians per capita than the national average (DSHS, 2020). Additionally, the distribution of primary care physicians is higher in metropolitan areas than in non-metropolitan areas (DSHS, 2020). Texas has an estimated 199.6 primary care providers per 100,000 in population (United Health, 2021). In the Greater Houston area, 6 of 9 counties have a shortage of primary care physicians (Miller & Miller, 2021).

Another barrier to accessing health care is cost and in 2021, 15.2% of Texas adults reported avoiding care due to cost (United Health, 2021). In 2019, 22% of Harris County adults reported being unable to see a doctor due to cost (Houston Health Department, 2019). This number is much higher than the Texas rates (15.2%) and the U.S. rates (12%), further underscoring the importance of keeping health care costs down for residents in the Greater Houston area (Houston Health Department, 2019). Keeping health care costs down for both parents and children is important to ensure the health of families in the Greater Houston area. Many experts argue that health insurance coverage and access to health care are inextricably linked. The geospatial patterns of insurance in Greater Houston are stark.

Figure 11: Geospatial Distribution of Uninsured in Greater Houston



Health Literacy

Health literacy is important to understanding one's health. According to Healthy People 2030, there are two categories of health literacy. The first category is personal health literacy, which is defined as “an individual's ability to find, understand and use information and services to inform health-related decisions and actions for themselves and others” (Health Literacy, 2020). The second category of health literacy is organizational health literacy. Healthy People 2030 states that organizational health literacy is the “...degree to which organizations equitably enable individuals to find, understand and use information and services to inform health-related decisions and actions for themselves and others” (Health Literacy, 2020).

Currently, 12% of the U.S. adult population has high proficiency in health literacy, 50% has intermediate health literacy, 21% has a basic level of health literacy and 14% has no health literacy and are unable to perform any health tasks (Miron-Shatz, 2022). This ongoing crisis has been dubbed “the silent pandemic” by Dr. Talya Miron-Shatz, PhD. Physicians have also reported that people with high literacy ask more questions and search for added information, which leads to longer visits and active participation in their care than those with low literacy (Miron-Shatz, 2021).

The vast amount of misinformation available online related to health highlights the importance of health literacy (Schulz & Nakamoto, 2022). Health literacy is important because it helps patients correctly identify academically supported articles and make educated decisions about their health.

Potential Resources to Address Social Determinants of Health in the Community

Local Spotlight: San José Clinic (Harris County)

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

San Jose Clinic has two locations in Greater Houston: For more information, [click here](#).

Additional Resources:

- **Economic Stability**
 - **Baker Ripley**
Six community centers in Greater Houston. For more information, [click here](#).
 - **Family Houston**
Five locations in Greater Houston. For more information, [click here](#).
- **Food Insecurity**
 - **Houston Food Bank**
Two locations in Greater Houston. For more information, [click here](#).
 - **Kids’ Meals**
330 Garden Oaks
Houston, TX 77018
713-695-5437
- **Access to Care**
 - **Avenue 360**
2150 West 18th Street
Houston, Texas 77008
713-26-0027
 - **Hope Clinic**
7001 Corporate Dr #120
Houston, TX 77036,
713-773-0803
- **Health Literacy**
 - **Barbara Bush Houston Literacy Foundation**
7887 San Felipe St. Ste. 250
Houston, TX 77063
346-212-2310
 - **Texas AHEC East-Greater Houston Region**
For more information, [click here](#).

3. Maternal Health

Maternal health was identified as the third priority community health concern for the Greater Houston area. At a national level, the maternal mortality rate in 2020 was 23.8 deaths per 100,000 live births, compared to 20.1 in 2019 (Hoyert, 2022). The most recent report published in September 2020 and revised in February 2022 by the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) and the Department of State Health Services, states that cardiovascular and coronary conditions, mental disorders, obstetric hemorrhage, preeclampsia and eclampsia, infection, embolism, cardiomyopathy and pulmonary diseases accounted for 82% of maternal deaths in Texas.

“I have a lot of moms who have hypertension. Diabetes don’t know how to manage any of that. Don’t even aren’t even, you know, on medication. So that’s a huge thing is more of those chronic illnesses.”

[Representative from Fort Bend County Women’s Center]

In December 2018, the MMMRC formed a new subcommittee, Maternal Health Disparities, to investigate further factors that contributed to disparities in maternal mortality (Texas Maternal Mortality, 2020). The subcommittee looked at the role of obesity, mental disorders and substance use in pregnancy related deaths. The subcommittee identified that mental health disorders contributed to 16% of pregnancy deaths, substance use disorders contributed to 7% of pregnancy deaths and violence contributed to 13% of pregnancy related deaths (Texas Maternal Mortality, 2020). On the national and local level there are racial disparities in maternal mortality, with Black women experiencing a three times higher rate compared to non-Hispanic White women (Hoyert, 2022).

When asked about health concerns in relation to pregnant woman, key informants have observed that pregnant women have multiple barriers affecting healthy living. According to staff in the organizations that were interviewed, barriers to healthy food, a safe household, mental health and access to care have impacted their ability to have a healthy pregnancy.

“Healthy food is very expensive. I just believe that the cost of food is going through the roof... we’re feeling that right so my patients, especially if they have multiple children at home... I have 1 patient with 9 kids in 1 room and I’m sure they, just open a box of cereal on the floor.”

[Representative from Pregnancy Center of Galveston]

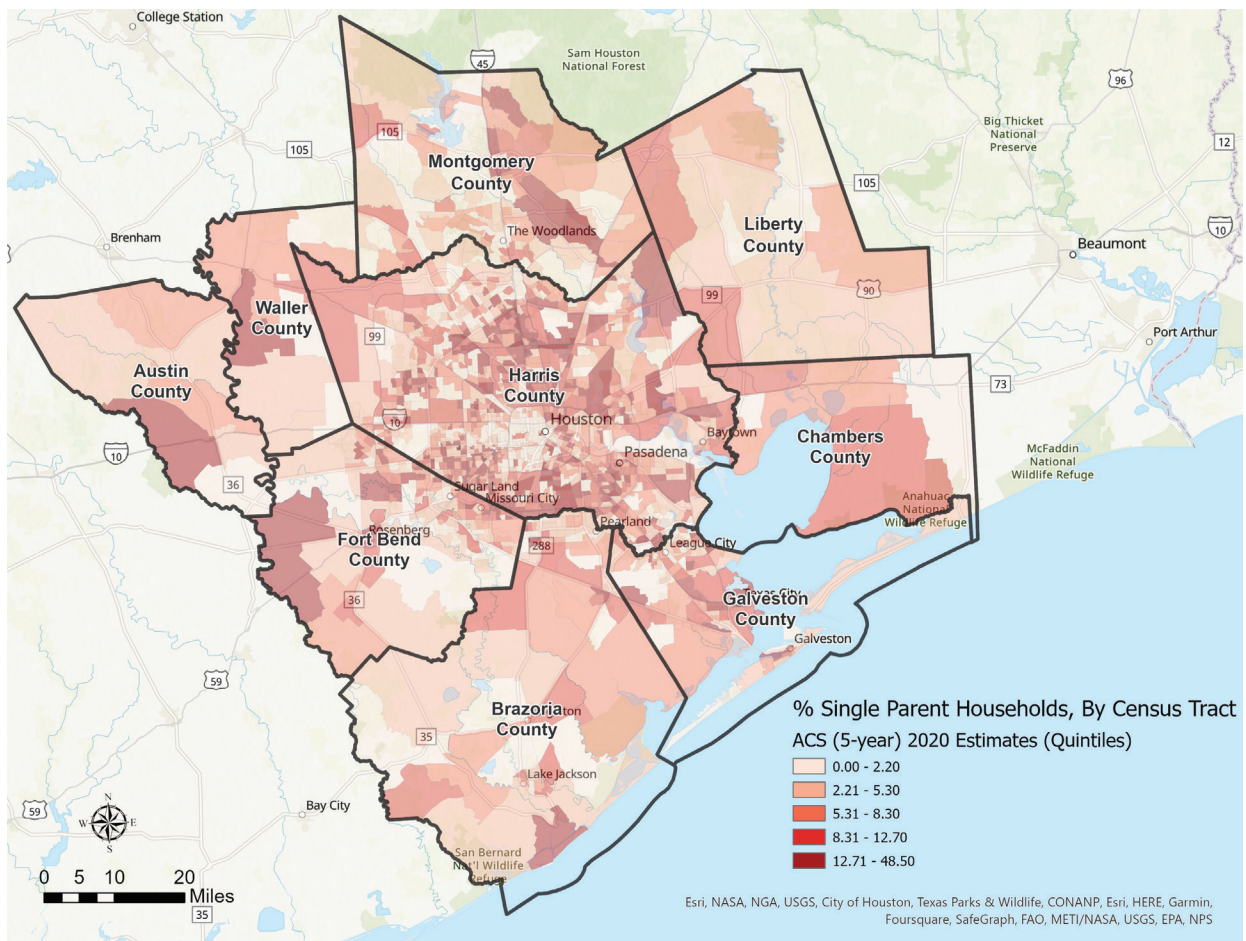
“...when she asked one of the moms “hey, why didn’t you make nutrition class?” The mom said oh, I’m just up in my head today. I couldn’t do it. And I think it’s when we talk about motivation, when we talk about lack of outreach and lack of knowledge about the resources. A lot of it can be tied back to that mental health piece.”

[Representative from New Hope Housing]

Figure 12: Word Cloud of Key Words and Phrases Said During the Key Informant Interview With Pregnancy Center of Galveston



Figure 13: Geospatial Distribution of Single Parent Households in Greater Houston



Potential Resources to Address Maternal Health in the Community

Local Spotlight: El Centro de Corazón Health Center

Serving Houston's East End community since 1994, El Centro de Corazón (El Centro) is an accomplished Federally Qualified Health Center (FQHC) with three health centers and offers a comprehensive range of pediatric and adult health care services for the medically underserved and health care for uninsured women. El Centro provides all services in Spanish and has three locations in Greater Houston.

For more information, [click here](#).

Additional Resources:

- **Santa Maria Hostel**
2605 Parker Road
Houston, TX 77093
713-691-0900
- **The Women's Resources**
730 North Post Oak Road, Suite 203
Houston, TX 77024
713-667-4493
- **UH Healthy Start**
713-743-5500
- **Houston Health Department Nurse-Family Partnership**
Two locations in Greater Houston. For more information, [click here](#).

4 . Chronic Disease and Unhealthy Lifestyle

Approximately 27% of children in the United States suffer from a chronic condition, while approximately 6% have more than one chronic condition (Rezzae et al., 2015). Chronic diseases are defined as conditions that last one or more years and require ongoing medical attention or limit activities of daily living. The COVID-19 pandemic exacerbated the prevalence of chronic diseases and unhealthy lifestyles, including increases in food intake, sedentary behavior, weight gain and decreases in physical activity (Bukart, 2021). These unhealthy behaviors increase the risk of heart disease, diabetes and other chronic illnesses in the pediatric population.

“I think again families do the best they can, but without access to resources, it’s really hard to prioritize healthy lifestyle. When you are really just trying to do basic needs.”

[Representative from YMCA]

Adolescents and children with chronic illnesses are at increased risk for anxiety, depression, attention difficulties and learning problems. This risk to mental health is often due to a combination of factors comprising the disease’s severity, progression and treatment. Also, they have experienced increased anxiety due to the morbidity and mortality associated with COVID-19 infection (Logan, 2022).

Food insecurity is a risk factor for chronic diseases, and food insecurity and lack of healthy food availability were exacerbated by the pandemic due to increases in unemployment, financial hardships and disruptions in supply chain. Furthermore, school closures made it more difficult for children to access the free or reduced-price breakfasts and lunches that are available for low-income families (Parekh, 2021).

The pandemic also contributed to chronic illnesses going undetected due families delaying or avoiding visits to health care providers to reduce the risk of exposure to COVID-19.

“I don’t think there’s a lot of information on what does a healthy lifestyle looks like and how you can do that for your family, regardless of how much money you have”

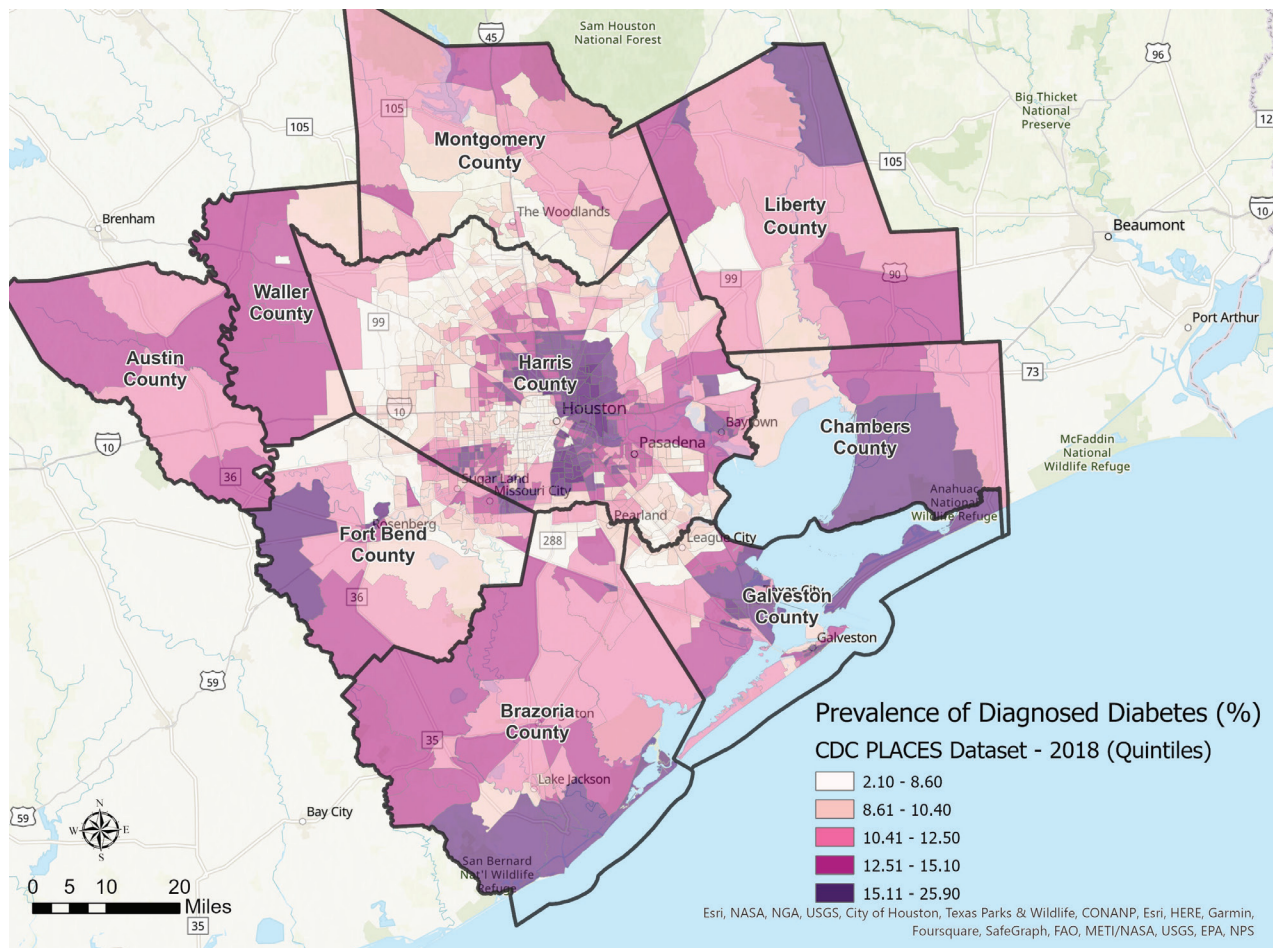
[Representative from YMCA]

“So you do have some park spaces, but it’s not maintained. It’s not well kept the grass is high. It’s not safe for people, or keep people from all the loose dogs that are out in the neighborhood, you have a huge problem with that. It’s sort of like a dumping ground, a lot of people. Whether it’s tires, the trash, those people don’t stay in this neighborhood, they come to dump here because no one’s going to come stop them.

So it’s not safe and that leads to no physical activities. We don’t have the nice pristine Memorial Park, you know. Here we don’t have things like bike trails, in this neighborhood, you see that huge difference”

[Representative from Target Hunger]

Figure 14: Geospatial Distribution of Diagnosed Diabetes Among Adults Aged >=18 years in Greater Houston



Potential Resources to Address Chronic Disease and Unhealthy Lifestyle in the Community

Local Spotlight: The YMCA of Greater Houston

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

For more information, [click here](#).

Additional Resources:

- **Brighter Bites**
Multiple locations in Greater Houston. For more information, [click here](#).
- **DAWN Center**
Four locations in Greater Houston. For more information, [click here](#).
- **Boys & Girls Club of Greater Houston**
815 Crosby Street
Houston, TX 77019
713-868-3426
- **Go Healthy Houston**
For more information, [click here](#).

Community Based Resources

Texas Children's is working with the [FindHelp.org](https://www.findhelp.org/) - The Social Care Network, an online tool that helps find local resources to meet the needs of those living in the communities we serve.

*FindHelp.org is not an affiliate of Texas Children's. Family Resources uses the FindHelp.org directory of third-party resources and community based resources available in a specific community that are free and/or low-cost. Texas Children's does not endorse third-party organizations and resources linked in the FindHelp.org directory.

References

- About Social Determinants of Health (SDOH)*. (2022).
<https://www.cdc.gov/socialdeterminants/about.html#:~:text=Economic%20Stability,food%20security%2C%20and%20housing%20stability>.
- Addressing Substance Use in Texas: Public Health Agency Action Plan. (2020). In *Texas Health and Human Services*. (pp. 1-46)
<https://www.dshs.state.tx.us/features/substance-use-action-plan/DSHS-SubstanceUse-ActionPlan.pdf>
- Alvis, L. M., Douglas, R. D., Shook, N. J., & Oosterhoff, B. (2022). *Associations between adolescents' prosocial experiences and mental health during the COVID-19 pandemic*. *Current Psychology*.
<https://doi.org/10.1007/s12144-021-02670-y>
- Bozick, R., & Klineberg, S. L. (2022). *THE FORTY-FIRST YEAR OF THE KINDER HOUSTON AREA SURVEY: At the Forefront of a Changing America*. In *Rice University Kinder Institute for Urban Research*.
<https://scholarship.rice.edu/handle/1911/112398>
- Burkart, S., Parker, H., Weaver, R. G., Beets, M.W., Jones, A., Adams, E.L., Chaput, J. & Armstrong, B. (2021). *Impact of the COVID-19 pandemic on elementary schoolers' physical activity, sleep, screen time and diet: A quasi-experimental interrupted time series study*. *Pediatric Obesity*.
<https://doi.org/10.1111/ijpo.12846>
- Centers for Disease Control and Prevention. (2022, April 27). Improving access to children's mental health care. *Centers for Disease Control and Prevention*. Retrieved November 14, 2022, from <https://www.cdc.gov/childrensmentalhealth/access.html>
- CoverMyMeds. (2022). *2022 Medication Access Data Guide*. CoverMyMeds.
[CoverMyMeds.com](https://www.covermymeds.com)
- Children's Mental Health During the COVID-19 Pandemic.** (2021, May 27).
[Luriechildrens.org www.luriechildrens.org/en/blog/childrens-mental-health-pandemic-statistics/](https://www.luriechildrens.org/en/blog/childrens-mental-health-pandemic-statistics/)
- Episcopal Health Foundation. (2019). *Social Factors [Infographic]*. Episcopal Health Foundation.
<https://www.episcopalhealth.org/research/county-health-data/>
- Episcopal Health Foundation. (2019). *Behavioral Health Factors [Infographic]*. Episcopal Health Foundation.
<https://www.episcopalhealth.org/research/county-health-data/>
- Environmental Science Research Institute. (2022). *Key Facts by County [Infographic]*. ESRI Community Analyst.
<https://communityanalyst.arcgis.com/>
- Explore health rankings. County Health Rankings & Roadmaps. (n.d.). Retrieved November 14, 2022, from <https://www.countyhealthrankings.org/explore-health-rankings>
- FAIR Health. (2021, March 2). *The Impact of COVID-19 on Pediatric Mental Health: A Study of Private Health care Claims*. FAIR Health White Paper.
[FAIRHealth.org](https://www.fairhealth.org)
- Greater Houston Community Foundation; Rice Kinder Institute for Urban Research. (n.d.). *Health Care Access. Understanding Houston*.
<https://www.understandinghouston.org/topic/health/access-to-health-care/#overview>
- Gundersen, C., & Ziliak, J. P. (2015). *Food Insecurity and Health Outcomes*. *Health Affairs*, 34(11).
<https://doi.org/10.1377/hlthaff.2015.0645>
- Health Literacy in Healthy People 2030 - Healthy People 2030 | health.gov.* (2020).
[Health.gov. https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030#:~:text=Health%20literacy%20is%20a%20central,well%2Dbeing%20of%20all.%E2%80%9D](https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030#:~:text=Health%20literacy%20is%20a%20central,well%2Dbeing%20of%20all.%E2%80%9D)

- Hill, H. D., Romich, J., Mattingly, M. J., Shamsuddin, S., & Wething, H. (2017). An Introduction to Household Economic Instability and Social Policy. *Social Service Review*, 91(3), 371–389.
<https://doi.org/10.1086/694110>
- Houston Health Department. (2019). *Health Disparity and Health Inequity 2019 Trends and Data Report*. [houstontx.gov. https://www.houstontx.gov/health/chs/documents/Health-Disparities-Summary-2019.pdf](https://www.houstontx.gov/health/chs/documents/Health-Disparities-Summary-2019.pdf)
- Hoyert, D. L. (2022, February 6). *Maternal Mortality Rates in the United States, 2020*. [www.cdc.gov. https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm#:~:text=Rates%20in%202020%20were%2013.8](https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm#:~:text=Rates%20in%202020%20were%2013.8)
- Kohler, A. (2019). *Key Points from the Texas Maternal Mortality and Morbidity Task Force Report*. In *Texans Care for Children* (pp. 1–5).
<https://static1.squarespace.com/static/5728d34462cd94b84dc567ed/t/5e3476fa82e01937d769d6c5/1580496635216/part2-key-points-tmmmtf-report.pdf>
- Keith-Jennings, B., Nchako, C., & Llobrera, J. (2021, April 27). *Number of Families Struggling to Afford Food Rose Steeply in Pandemic and Remains High, Especially Among Children and Households of Color | Center on Budget and Policy Priorities*. Center on Budget and Policy Priorities.
<https://www.cbpp.org/research/food-assistance/number-of-families-struggling-to-afford-food-rose-steeply-in-pandemic-and>
- Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K. M. (2020). *Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*. *MMWR. Morbidity and Mortality Weekly Report*, 69(45), 1675–1680.
<https://doi.org/10.15585/mmwr.mm6945a3>
- Liu, J. J., Bao, Y., Huang, X., Shi, J., & Lu, L. (2020). *Mental health considerations for children quarantined because of COVID-19*. *The Lancet Child & Adolescent Health*, 4(5), 347–349.
[https://doi.org/10.1016/s2352-4642\(20\)30096-1](https://doi.org/10.1016/s2352-4642(20)30096-1)
- Logan, B. A. (2022). *The impact of the COVID-19 pandemic on pediatric chronic illness groups*. *The Brown University Child and Adolescent Behavior Letter*, 38(5), 1–4.
<https://doi.org/10.1002/cbl.30623>
- Maternal Health & Safety Initiatives. (2020). *In Texas Health and Human Services*.
<https://dshs.texas.gov/legislative/2020-Reports/Maternal-Health-and-Safety-Activities-Report-2020.pdf>
- Miller, C., & Miller, C. (2021). *Physician Shortage Grows Worse Across Texas - Texas 2036*. *Texas 2036*.
<https://texas2036.org/posts/physician-shortage-grows-worse-across-texas/>
- Miron-Shatz, T. (2021). *Your life depends on it: What you can do to make better choices about your health*. Basic Books.
- Parekh, N., Ali S.H., O'Connor, J., Tozan, Y., Jones, A.M., Capasso, A., Foreman, J., & DiClemente, R.J. (2021) *Food insecurity among households with children during COVID-19 pandemic: Results from a study among social media users across the United States*. *Nutrition Journal*, 20 (73).
- Priority Areas - Healthy People 2030 | health.gov. (2020).
[Health.gov. https://health.gov/healthypeople/priority-areas](https://health.gov/healthypeople/priority-areas)
- Ranjit, N., Macias, S., & Hoelscher, D. (2021). *Factors related to poor diet quality in food insecure populations*. *Translational Behavioral Medicine*, 10(6), 1297–1305.
<https://academic.oup.com/tbm/article/10/6/1297/6075148>

- Ramphul, R., Sharma, S., Revere, F. L., & Highfield, L. (2022). *Mapping the “SNAP Gap”–Identifying Neighborhood-level Hot Spots and Cold Spots of SNAP Under-participation in Texas*. *Journal of Hunger & Environmental Nutrition*, 1-14.
<https://www.tandfonline.com/doi/abs/10.1080/19320248.2022.2038758>
- Rezaee, M. E., & Pollock, M. (2015, February 12). *Multiple Chronic Conditions Among Outpatient Pediatric Patients, Southeastern Michigan, 2008–2013*. *Preventing Chronic Disease*, 12.
<https://doi.org/10.5888/pcd12.140397>
- Robinson, R., & Vasquez, L. (2022, September 6). *Maternal mortality rates in Harris County are abysmal. With competent maternal care, it doesn't have to be that way*. *Legacy Community Health*.
<https://www.legacycommunityhealth.org/newsblog-maternal-mortality-rates-in-harris-county-are-abysmal-with-competent-maternal-care-it-doesnt-have-to-be-that-way/>
- Sanyaolu, A., Okorie, C., Marinkovic, A., Ayodele, O., Abbasi, A. F., Prakash, S., Gosse, J., Younis, S., Mangat, J., & Chan, H. (2019). *Measles Outbreak in Unvaccinated and Partially Vaccinated Children and Adults in the United States and Canada (2018–2019): A Narrative Review of Cases*. *INQUIRY: The Journal of Health Care Organization, Provision and Financing*, 56, 004695801989409.
<https://doi.org/10.1177/0046958019894098>
- Schanzenbach, D. W., & N. Tomeh. (2020). *State Levels of Food Insecurity During the COVID-19 Crisis*. *Institute for Policy Research Rapid Research Report*.
<https://www.ipr.northwestern.edu/documents/reports/ipr-rapid-research-reports-app-visualizes-food-insecurity-14-july-2020.pdf>
- Schulz, P. J., & Nakamoto, K. (2022). *The perils of misinformation: when health literacy goes awry*. *Nature Reviews Nephrology*, 18(3), 135–136.
<https://doi.org/10.1038/s41581-021-00534-z>
- Temple, J. R., Baumler, E., Wood, L., Guillot-Wright, S., Torres, E., & Thiel, M. (2022). *The Impact of the COVID-19 Pandemic on Adolescent Mental Health and Substance Use*. *Journal of Adolescent Health*, 71(3), 277–284.
<https://doi.org/10.1016/j.jadohealth.2022.05.025>
- Texas Department of State Health Services. (2020). *Primary Care Physicians Trends, Distribution and Demographics*.
dshs.texas.gov. https://dshs.texas.gov/chs/hprc/publications/2020/PrimaryCarePhysician_FactSheet_2020.pdf
- Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report. (2020). *In Texas Health and Human Services*.
<https://www.dshs.texas.gov/legislative/2020-Reports/DSHS-MMMRC-2020.pdf>
- The Center for Children & Families (CCF). (2022). *Texas State Profile. Georgetown CCF Data*.
<https://kidshealth.carereport.ccf.georgetown.edu/states/texas/>
- The Impact of Coronavirus on Food Insecurity | Feeding America. (2020).
[Feedingamerica.org. https://www.feedingamerica.org/research/coronavirus-hunger-research](https://www.feedingamerica.org/research/coronavirus-hunger-research)
- The Impact of COVID-19 on Pediatric Mental Health. (2021, March 2). *Fair Health*.
<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/The%20Impact%20of%20COVID-19%20on%20Pediatric%20Mental%20Health%20-%20A%20Study%20of%20Private%20Healthcare%20Claims%20-%20A%20FAIR%20Health%20White%20Paper.pdf>
- Turrentine, M., Ramirez, M., Monga, M., Gandhi, M., Swaim, L., Tyer-Viola, L., Birsinger, M., & Belfort, M. (2020). *Rapid Deployment of a Drive-Through Prenatal Care Model in Response to the Coronavirus Disease 2019 (COVID-19) Pandemic*. *Obstetrics & Gynecology*, 136(1), 29–32.
<https://pubmed.ncbi.nlm.nih.gov/32332322/#:~:text=A%20drive%2Dthrough%20prenatal%20care%20model%20was%20developed%20in%20which,staff%20exposure%20to%20COVID%2D19>

Understanding Houston. (2022).

[Understandinghouston.org. https://www.understandinghouston.org/topic/economic-opportunity/poverty-social-mobility/#overview](https://www.understandinghouston.org/topic/economic-opportunity/poverty-social-mobility/#overview)

United Health Foundation. (2021). *Explore uninsured in Texas: 2021 annual report. America's Health Rankings.* <https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/TX>

U.S. forcible rape cases by state 2020. (2020). Statista.

<https://www.statista.com/statistics/232524/forcible-rape-cases-in-the-us-by-state/>

U.S. Census Bureau (2022). American Community Survey. Retrieved from [data.census.gov]. October 1, 2022

Van Horne, B., Mandell, D., Vinez, M., Nong, Y., Correa, N., Keefe, R., & Clover-Brown, I. (2019).

SUPPORTING MOTHERS AND INFANTS IMPACTED BY PERINATAL OPIOID USE: A CROSS-SECTOR ASSESSMENT HOUSTON AND SAN ANTONIO, TEXAS. In Texas Children's Hospital.

https://www.texaschildrens.org/sites/default/files/uploads/documents/Perinatal%20Opioid%20Report%20Final_%20march%202019.pdf

Vargas, E., Ybarra, V. (2017). *U.S. citizen children of undocumented parents: the link between state immigration policy and the health of Latino children. Immigrant Minority Health, 19 (4). pp. 913-920, 10.1007/s10903-016-0463-6*

Weldon, K. (2022, May 6). *Texas Encourages Women to Get Important Health Screenings in Recognition of National Women's Health Week | Texas Health and Human Services.*

<https://www.hhs.texas.gov/news/2022/05/texas-encourages-women-get-important-health-screenings-recognition-national-womens-health-week>

What Infection Screenings, Routine Tests & Exams to Expect During Pregnancy - MY Texas Health Care Obstetrics & Gynecology. (2021, February 24). *MY Texas Health Care Obstetrics & Gynecology.*

<https://mytexashealthcareobgyn.com/pregnancy-infertility/what-infection-screenings-routine-tests-exams-to-expect-during-pregnancy/>

Xie, X., Xue, Q., Zhou, Y., Zhu, K., Liu, Q., Zhang, J., & Song, R. (2020). *Mental Health Status Among Children in Home Confinement During the Coronavirus Disease 2019 Outbreak in Hubei Province, China. JAMA Pediatrics, 174(9), 898.*

<https://doi.org/10.1001/jamapediatrics.2020.1619>

Yılmaz, C., & Gökmen, V. (2020). *Neuroactive compounds in foods: Occurrence, mechanism and potential health effects. Food Research International, 128, 108744.*

<https://doi.org/10.1016/j.foodres.2019.108744>

Zhai, Y., & Du, X. (2020). *Mental health care for international Chinese students affected by the COVID-19 outbreak. The Lancet Psychiatry, 7(4), e22.*

[https://doi.org/10.1016/s2215-0366\(20\)30089-4](https://doi.org/10.1016/s2215-0366(20)30089-4)

Zhou, S.-J., Zhang, L.-G., Wang, L.-L., Guo, Z.-C., Wang, J.-Q., Chen, J.-C., Liu, M., Chen, X., & Chen, J.-X. (2020). *Prevalence and socio-demographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID-19. European Child & Adolescent Psychiatry, 29(6), 749-758.*

<https://doi.org/10.1007/s00787-020-01541-4>

**TEXAS CHILDREN'S
BOARD OF TRUSTEES
OPERATIONS, PLANNING & PHILANTHROPY COMMITTEE**

I hereby certify that at a meeting of the Operations, Planning & Philanthropy Committee of the Board of Trustees of Texas Children's, a Texas nonprofit corporation, held on December 1, 2022, at which said meeting a quorum was present and acting throughout, the following resolution was approved:

RESOLVED, that that the Operations, Planning & Philanthropy Committee of the Texas Children's Board of Trustees does hereby approve the 2022 Community Health Needs Assessment, assessing the state of child and maternal health and those factors impacting the health of families throughout the Greater Houston community. This assessment will fulfill requirements included in the Affordable Care Act and outlined by the IRS community benefit mandate and will be used to support and enhance programs and collaborations established through Texas Children's Hospital Community Benefits Department and help guide the organization in the development of its 2023-2025 Community Benefits Implementation Plan.

DocuSigned by: <i>Jessica Fleischer</i> <small>96E4576434C8441...</small>	12/7/2022
Jessica Fleischer Assistant Secretary Board of Trustees Texas Children's	_____ Date

Appendices

APPENDIX A

Interview Guide

Introductory Script (5 minutes)

- Good morning/afternoon [NAME OF RESPONDENT]. My name is [NAME OF INTERVIEWER] and I am a [INTRODUCE YOURSELF]. Thank you for speaking with me today.
- As we mentioned in our interview invitation, Texas Children’s Hospital is working with the UTHealth School of Public Health to coordinate an interview initiative to prepare for their community health needs assessment.
- The purpose of this interview is to gain a greater understanding of the health status and wellbeing of residents in the Greater Houston area and determine how these health needs are currently being addressed. Interviews like this one are being conducted with stakeholders from a range of sectors such as government, health care, business and community service organizations. We are also interviewing community leaders with specific experience working with priority populations such as women, children, people of color and the disabled to name a few.
- We are interested in hearing people’s feedback on the needs of the broader Greater Houston community and the populations you work with as a leader in your community. Texas Children’s Hospital welcomes your critical feedback and suggestions for health improvement activities in the future. Your honesty during today’s interview is encouraged and appreciated.
- As we mentioned in our interview invitation, the interview will last between 45 minutes to an hour and it will be recorded. You have the choice whether or not you would like this interview to be recorded, however we will need to transcribe this interview. After all the interviews are completed, we (UTHealth Professor and students) will provide a transcript of your interview to Texas Children’s Hospital for use in preparing their community health needs assessment reports. The hospital will keep your interview transcript confidential and accessible only to the team that is preparing the community health needs assessment report. UTH students will also be preparing a report of the general themes that emerge across all the interviews to help the hospitals prepare their reports.
- Texas Children’s Hospital has asked UTHealth graduate students to ask all respondents how they want any quotes from today’s interview to be presented in reports. There are three options. Quotes may be presented anonymously without your name or organization, presented with your name and organization, or presented with only the sector you represent. Which option would you like to choose?
 - RECORD RESPONSE FROM INTERVIEWEE:
Anonymous Name and organization Sector
- Thank you. We will note your choice in the transcript that we provide to the hospitals.
 - IF THE RESPONDENT IS UNSURE AT THE TIME OF THE INTERVIEW: Ok, please feel free to think it over and we will follow up with you for your decision before we send the transcript to the hospitals.
 - Do you have any questions before we begin? BEGIN RECORDING THE INTERVIEW

Background (5 Minutes)

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

Community Issues (25 Minutes)

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

- Thinking about the status of the community today, how would you rate the overall health status of residents on a scale of 1 to 5 with 1 being poor and 5 being very healthy?
- If you had to pick your top 3 health concerns in the community, what would they be? PROBE IN-DEPTH BASED ON RESPONDENT AREA OF EXPERTISE
 - Who do you consider to be the populations in the community most vulnerable or at risk for these conditions/issues?
 - IF NOT YET MENTIONED, PROBE SPECIFICALLY ON PRIORITY POPULATION RELEVANT TO THE RESPONDENT'S EXPERTISE: What do you think are the most pressing health concerns in the community for [PRIORITY POPULATION]?
 - FOR RESPONDENTS EXPERTISE WITH WOMEN AND CHILDREN: What do you think are the most pressing health concerns in the community for children and their families? How about for women?
 - IF NOT YET DISCUSSED: Of the top three issues you mentioned, which would you rank as your top issue? How do you see this issue affecting community members' daily lives and their health? PROBE IN-DEPTH IN SPECIFIC FOCUS AREAS; MAY ASK ABOUT ONE ISSUE AT TIME AND FOCUS ON PERSON'S AREA OF EXPERTISE.
- From your experience, what are residents' biggest barriers to addressing the top 3 health issues you identified?
 - PROBE: Social determinants of health?
 - PROBE: Barriers to accessing medical care?
 - PROBE: Barriers to accessing preventive services or programs?
- From your experience, how do you think COVID-19 has affected community health issues?
- How do you think COVID-19 has exacerbated pre-existing community health issues?
 - FOLLOW-UP: Has it changed the top health concerns in the community?
 - PROBE: If yes, how did it change the concerns?
- From your observations, who has been most affected by the COVID-19 pandemic in your area of work?
 - FOLLOW-UP: What steps were taken or should be taken to protect these groups during this pandemic?

Focus Area: Healthy Living (5 Minutes)

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

Focus Area: Healthy Living (5 Minutes)

- I'd like to ask you about access to health care and social services in your community.
 - What do you see as the strengths of the health care and social services in your community?
 - What do you see as its limitations?

- What challenges/barriers do residents in your community face in accessing health care and social services? [PROBE IN DEPTH FOR BARRIERS TO CARE: INSURANCE ISSUES, LANGUAGE BARRIERS, ACCESS TO HEALTH INFORMATION/HEALTH LITERACY, LACK OF TRANSPORTATION, CHILD CARE, ETC.]
 - What do you think needs to happen in the community you serve to help residents overcome or address these challenges?
- What programs, services, or policies are you aware of in the community that address access to health care and social services?
 - In your opinion, how effective have these programs, services, or policies been at addressing the health needs of residents?
 - What program, services, or policies are currently not available that you think should be?
- How has the COVID-19 pandemic affected the priority community’s access to health care based on your area of expertise?
 - FOLLOW-UP: In your opinion, what are ways we can improve access to health care for the community during these times?
- From your perspective, due to the pandemic has there been any positive aspects of a predominantly remote/online format of services?
 - PROBE: Transportation barriers removed?
 - PROBE: More accessibility to providers?
 - PROBE: More flexibility in scheduling appointments?
 - FOLLOW-UP: If not, who has the pandemic negatively affected the most (certain age groups or those of certain socioeconomic demographics)?

Improving the Health of the Community/Residents (10 Minutes)

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

Vision for the Community (5 Minutes)

- Texas Children’s Hospital will be planning their strategy to improve the health of the communities they serve. What advice do you have for the group developing the plan to address the top health needs you’ve mentioned?

Closing (5 Minutes)

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

As I mentioned, after all of the interviews are completed, we will be sending your interview transcripts to Texas Children’s Hospital. They will make their community health needs assessment reports publicly available when they are complete. If you have any questions, please feel free to reach out to [NAME OF CONTACT] at the Texas Children’s Hospital who is coordinating this effort. Thank you again. Have a good day.

APPENDIX B

FOCUS GROUP DISCUSSION GUIDE

Introduction

- Purpose of the interview
- Introductions (department, role, etc.)

Community Issues

1. Based on your experience interacting with vulnerable populations, what do you think are the most pressing health concerns in the community for children, their families and women?
2. What do you think are some barriers to addressing these health issues?
3. How do you think COVID-19 has affected community health issues in the populations you serve?
4. Are there any populations who have been more affected than others by the COVID-19 pandemic, in your area of work?

Focus Area: Healthy Living

- What are some barriers to healthy eating and physical activity in the populations you serve?
- Are you aware of any programs to promote healthy living in the populations you serve?

Access to Health Care and Public Health/Prevention

1. What do you see as the strengths of the health care and social services system in Greater Houston, as it relates to the populations you serve?
2. What challenges/barriers does the population you serve face in accessing health care and social services? (Insurance? Language? Health Literacy? Transportation?)
3. What programs, services, or policies are you aware of in the community that address access to health care and social services?
4. PROBE: Are there any program, services, or policies are currently not available that you think should be?
5. Due to the pandemic has there been any positive aspects of a predominantly remote/online format of services?
 - PROBE: Transportation barriers removed?
 - PROBE: More accessibility to providers?
 - PROBE: More flexibility in scheduling appointments?

Improving the Health of the Community/Residents (10 Minutes)

- What do you think needs to happen in the community you serve to help residents overcome or address the challenges they face in being able to be healthy?
- Do you have any suggestions about how hospitals can be creative or work outside their traditional roles to address to improve community health?

Closing (5 Minutes)

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

APPENDIX C

COMMUNITY MEETING SURVEILLANCE GUIDE

Meeting Date:

Meeting Time:

Recording Link:

Meeting Purpose

Facilitators

Community Partners Present

Discussions Surrounding Underserved Women and Children in Greater Houston

TIME STAMP	Who was the discussion surrounding: Underserved women/children/BOTH	DISCUSSION POINTS

Other Key Points

APPENDIX D GOVERNANCE

A Community Benefits Work Group, composed of representatives from key internal stakeholders representing various areas of the Texas Children’s Hospital system, supported the development of the Community Health Needs Assessment (CHNA). The Work Group met monthly to review, provide feedback and reach agreement on key decisions about processes and strategies related to data collection, qualitative analysis and prioritization.

Name	Title	Area Representing
Paige Schulz	Assistant Vice President	Community Benefits
Jean L. Raphael, MD, MPH	Professor, Department of Pediatrics	Academic Medicine / SDOH
Dan Gollins	President, Texas Children’s Pediatrics/ Texas Children’s Urgent Care	Texas Children’s Pediatrics
Paul Sirbaugh DO, MBA	Chief Medical Officer- The Woodlands	Community
Jeanine Graf, MD	Chief Medical Officer- West Campus	Community
Julie Boom, MD	Director, Immunization Project	Vaccine
Janet Winebar, DNP, MSM, RN, CNML	Senior Vice President	Surgery
Maame Aba Coleman, MD	Associate Professor of Obstetrics and Gynecology	Pavilion for Women
Christopher Greeley, MD, MS	Professor of Pediatrics, Vice Chair for Community Health, Department of Pediatrics	Public Health Pediatrics
Ketrese White, DNP, MHA, RN, NE-BC	Vice President	Community
Paola Alvarez-Malo, MS	Vice President, Financial Services	Strategy
Angela McPike, MPA	Senior Vice President	Marketing/ Public Relations/ Philanthropy
Johnna Carlson	Assistant Vice President	Government Relations
Shazia Arroyo	Project Analyst	Community Benefits
Guadalupe Ortega	Program Support Coordinator	Community Benefit s
Laura Hardy, MBA	Vice President	Behavioral Health / Pediatrics
Mike Mizwa	Director	Global Health
Jenny Little	Vice President	Finance
Rachel Zartman, MBA, MSN, RN, CCM	Vice President	Health Plan
Tarra Kerr, DNP, RN, NEA-BC	Assistant Vice President, Quality	Care Coordination / SDOH
Anne-Marie Savage, MSN, RN	Assistant Vice President, Nursing	Women’s Pavilion
Ryan Ramphul, PhD, MS	Assistant Professor of Epidemiology, Human Genetics and Environmental Sciences at The University of Texas Health Science Center at Houston (UTHealth) School of Public Health	UT Health, Consultant
Nancy Correa, DrPH	Practice Administrator	Public Health Pediatrics

APPENDIX E

Internal Stakeholders

The departments highlighted below provided support to the CHNA process. These departments were selected based on their ability to offer services both internally and externally.

The Texas Children's Hospital Center of Childhood Injury Prevention

The center serves as the lead organization for Safe Kids Greater Houston, a local consortium of health and safety experts and volunteers who work together to educate and prevent pediatric injury using evidenced-based best practice recommendations. For more information, [click here](#).

Public Health Pediatrics

Through clinical services, training and education, research and community programs, the Division of Public Health Pediatrics is leading a larger effort to reframe how children and families receive care and services that mitigate adversities and that foster resilience within our community. For more information, [click here](#).

Patient & Family Advisory Council

The Department of Patient and Family Engagement provides a rich variety of opportunities for patients and families to collaborate with Texas Children's to improve the quality and safety of care at Texas Children's. For more information, [click here](#).

Texas Children's Health Plan

Texas Children's Health Plan was founded in 1996 by Texas Children's Hospital. As the nation's first health maintenance organization (HMO) created just for children, Texas Children's Health Plan has coverage for kids, teens, pregnant women and adults. For more information, [click here](#).

Texas Children's Mobile Clinics

Texas Children's operates mobile clinics to provide trusted, high-quality medical services to children who may not have the access or opportunity to receive health care. This fleet of mobile clinics travel to low-income, largely Hispanic neighborhoods to provide comprehensive health care to underserved children. The mobile clinics provide free care to children from newborn to 18 years of age. The clinics are open to the public; children do not have to attend the school where the clinic is parked to receive care. For more information, [click here](#).

Texas Children's Hospital Social Work

Social workers help families locate community resources, assist in crisis interventions, provide counseling, educate families on their child's diagnosis and respond to the unique needs of families who come to Texas Children's Hospital. Hundreds of medical groups, information centers, support groups, nonprofit agencies, home care services, special schools and federal, state and city programs are available to assist families in need. Social workers will help families find the resources they need during their child's hospital stay and after returning home. For more information, [click here](#).



APPENDIX F

Community Based Organizations

In conjunction with the input provided by Texas Children's internal stakeholders, the following organizations provided support to the CHNA process. You can find more information on the services they provide below.

BakerRipley

BakerRipley is the largest charitable organization in Texas and hosts a network of over 70 services sites that helps more than half a million people each year. Their mission is to bring resources, education and connection by working with their neighbors' side by side. For more information, [click here](#).

Brazoria County Alliance for Children

The mission of Brazoria County Alliance for Children, Inc. is to provide services and meet the needs of abused and neglected children by partnering with law enforcement and other social service providers within Brazoria County. For more information, [click here](#).

Children at Risk

Children at Risk serves as a catalyst for change to improve the quality of life for children through strategic research, public policy analysis, education, collaboration and advocacy. For more information, [click here](#).

Fort Bend County Women's Center

The mission of Friends of North Richmond is to assist all survivors of domestic violence and sexual assault and their children to achieve safety and self-sufficiency, while striving to prevent violence against women. Since their founding in 1980, the Fort Bend Women's Center has helped more than 52,000 survivors of domestic abuse and sexual assault. For more information, [click here](#).

Friends of North Richmond

The mission of Friends of North Richmond mission is to strengthen under-resourced communities through spiritual growth, education, revitalization and basic needs. For more information, [click here](#).

Girl Scouts

Scouting builds girls of courage, confidence and character, who make the world a better place. For more information, [click here](#).

House of Help

House of Help assists those living in the Hempstead ISD boundaries with a food pantry and community resources. For more information, [click here](#).

Houston Food Bank

Around one million people in the 18 southeast Texas counties served by Houston Food Bank are considered food insecure, meaning they lack consistent access to enough nutritious food to fuel a healthy life. In order to address this issue, the Houston Food Bank distributes food and other essentials to those in need through a network of more than 1,600 community partners. The Food Bank also provides provide programs and services aimed at helping families achieve long-term stability, including nutrition education, job training, health management and help securing state-funded assistance. For more information, [click here](#).

Houston Independent School District (HISD)

HISD's mission is to equitably educate the whole child so that every student graduates with the tools to reach their full potential. HISD is the largest school district in Texas. For more information, [click here](#).

Houston Public Library (HPL)

The HPL system is comprised of 44 public service units, including 31 neighborhood libraries, four regional libraries, three special collection libraries and four express libraries, the HPL Mobile Express and a satellite library located at the Children's Museum of Houston. HPL's mission is to link people to the world. For more information, [click here](#).

Kids' Meals

The mission of Kids' Meals is to end childhood hunger in Houston by delivering free healthy meals, year-round to the doorsteps of Houston's hungriest preschool-aged children and through collaboration provide their families with resources to end the cycle of poverty. For more information, [click here](#).

Legacy Community Health

As a full-service, Federally Qualified Health Center, Legacy identifies unmet needs and gaps in health-related services and develops client-centered programs to address those needs. A United Way-affiliated agency since 1990, Legacy currently provides adult primary care, pediatrics, dental care, vision services, behavioral health services, OB/GYN and maternity, vaccinations and immunizations, health promotion and community outreach, wellness and nutrition and comprehensive HIV/AIDS care. Legacy's mission is driving healthy change in our communities. For more information, [click here](#).

Mosaics of Mercy

Mosaics of Mercy's mission is to help members of our community navigate mental health and addiction recovery. For more information, [click here](#).

New Hope Housing

New Hope Housing's core purpose is to provide life-stabilizing, affordable, permanent housing with support services for people who live on very limited incomes. For more information, [click here](#).

Pregnancy Help Center of Galveston

The Pregnancy Help Center of Galveston provides pregnancy resources and education. All services are free and confidential. For more information, [click here](#).

San Jose Clinic

San Jose Clinic's mission is to provide healing through quality health care and education with respect and compassion for those with limited access to care. For more information, [click here](#).

Target Hunger

The mission of Target Hunger is to alleviate hunger and its root causes in the Houston neighborhoods it serves. For more information, [click here](#).

Tony's Place

Tony's Place promotes respect, physical safety, security and development for LGBTQ+ youth and their allies up to age 25 who are unstably housed, couch-surfing or experiencing homelessness. The organization helps the youth survive on a day-to-day basis by providing services to meet their immediate, basic needs. When needed or desired, Tony's Place also provides referrals to services that will help the youth develop and thrive long term through education, health and wellness and cultural development. For more information, [click here](#).

Tri-County Behavioral Healthcare

Tri-County Behavioral Healthcare works to enhance the quality of life for those it serves by ensuring the provision of quality services for individuals with mental illness, substance use disorders and intellectual/ developmental disabilities. For more information, [click here](#).

YES to YOUTH

YES to YOUTH - Montgomery County Youth Services strengthens the emotional and mental health development of youth and families by providing crisis intervention, counseling and suicide prevention services. The organization provides a safe and nurturing home where abused, battered, sex-trafficked, homeless and at-risk youth begin healing from the past and become empowered for the future. For more information, [click here](#).

YMCA

“The Y” is a cause-driven organization for youth development, healthy living and social responsibility. For more information, [click here](#).

The difference is
life changing™



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

Paige Schulz
Assistant Vice President

Shazia Arroyo
Community Benefits

Guadalupe Ortega
Community Benefits