



Tomball Regional Health Foundation

2017 Community Health Needs Assessment



Candor. Insight. Results.

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About Tomball Regional Health Foundation

Our Commitment to Community Health

Tomball Regional Health Foundation (TRHF), formerly known as the Tomball Hospital Authority, is located in Tomball, Harris County, Texas. Tomball Hospital Authority was the owner and operator of Tomball Regional Medical Center from its founding in 1976 until its sale to a subsidiary of Community Health Systems, Inc. on October 1, 2011. TRHF's new name reflects our new focus for the community – to address the broader health and wellness needs of the Tomball, Magnolia, Waller, and surrounding communities.

The TRHF administers the proceeds from the sale of Tomball Regional Medical Center for charitable purposes in the surrounding communities. TRHF is a vital part of the community, supporting health and wellness initiatives on behalf of its residents and seeking to meet the broader aspects of health needs in the community.

In our efforts to meet the broader health needs of the community, TRHF conducted a Community Health Needs Assessment (CHNA) from January to April 2017. The 2017 CHNA built upon the 2012 CHNA and was conducted to gather information about local health needs and health behaviors. We examined a variety of household and health statistics to create a full picture of the health and social determinants across the service area. The findings help align our initiatives, activities and partnerships with the needs of the communities we serve.

Mission Statement

To promote wellness and improve health status for all residents in our communities through programs that enhance access to health care, preventative care and health education.

Vision Statement

To be a catalyst for measurably improving access to health care and health status of the Tomball, Magnolia, Waller and surrounding communities.

Values

Integrity: The Board and Management Team will act with integrity in all matters

Community: We are here to serve our community in their health care needs

Partnership: We desire to create a partnership with our community and local organizations that serve the health care and health care related educational needs

Honesty: We will always communicate honestly

Tomball Regional Health Foundation 2017 CHNA Executive Summary

The Community Health Needs Assessment Process

Community Partnership

The 2017 CHNA was led by TRHF leadership, with participation of our community partners, within three Southeast Texas counties: Harris, Montgomery, and Waller. We are thankful to the many health and social service experts across the region who lent expertise and input to the CHNA process and continue to partner to address health needs in our community. Participation by our community partners ensures that research and planning efforts and community health improvement initiatives are aligned across the region.

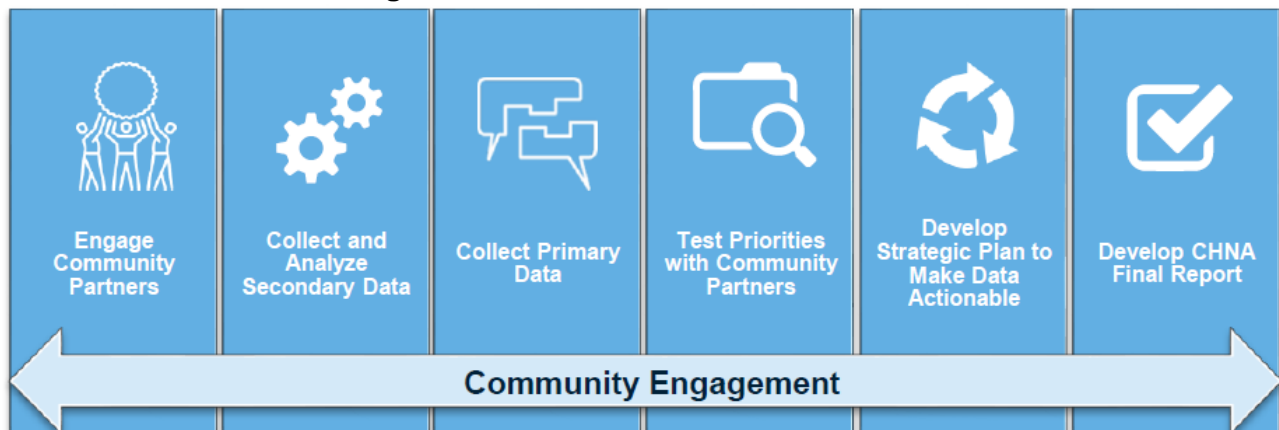
Research Methodology

The 2017 CHNA was conducted between January and April 2017. The study used both primary and secondary research to illustrate and compare health trends and disparities across the region. Primary research was used to solicit input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research was used to identify and demonstrate demographic and health trends across geographic areas and populations.

Specific research methods:

- > A review of secondary health and socioeconomic indicators for the service area
- > Community leader feedback and partner engagement, including:
 - o Interviews with community health and social services organizations
 - o An online Key Informant Survey with 94 community representatives
 - o A facilitated Focus Group with health and human service providers
- > Focus Groups with 25 health care consumers

Tomball Regional Health Foundation 2017 CHNA Process



Benchmarking

Secondary data for the TRHF service area are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable, to provide benchmark comparisons. State and national averages represent comparable year(s) of data to service area statistics, unless otherwise noted.

Healthy People is a US Department of Health and Human Services health promotion and disease prevention initiative. Healthy People 2020 goals are national goals created by the initiative to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade.

Leadership

The 2017 CHNA was overseen by representatives from TRHF, with input from a wide representation of community leaders and partners across the service area. Internal leadership was provided by:

- > Lynn LeBouef, Chief Executive Officer
- > Marilyn Kinyo, Chief Administrative Officer
- > Jack Smith, Chairman of the Board of Directors
- > Vicki M. Clark, Vice Chairman of the Board of Directors
- > Jerry Till, Treasurer of the Board of Directors
- > Stravox A. Kikis, Secretary of the Board of Directors
- > Elmer L. Beckendorf, Board of Directors
- > Ralph Foxworthy, Board of Directors
- > Bill Hogue, Board of Directors
- > Danny Marburger, Board of Directors
- > Jim Ross, Board of Directors
- > Latrell Shannon, Board of Directors
- > Steven Vaughan, Board of Directors
- > Lori Wilson, Board of Directors

Community Engagement

Engaging community stakeholders was an important element of the 2017 TRHF CHNA process, yielding valuable data, strengthened relationships, and new insights. Primary research to gather stakeholder feedback and better understand health trends were conducted with several groups through interviews with key community leaders and focus groups with health consumers.

Community engagement efforts ensured wide participation from public health experts and representative of medically underserved, low income, and minority populations.

Research Partner

Tomball Regional Health Foundation's research partner, Baker Tilly, assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and recommendations for health improvement. Baker Tilly's expertise ensured the validity of the research and assisted in developing a long-term action plan to address the highest health needs across the TRHF service area.

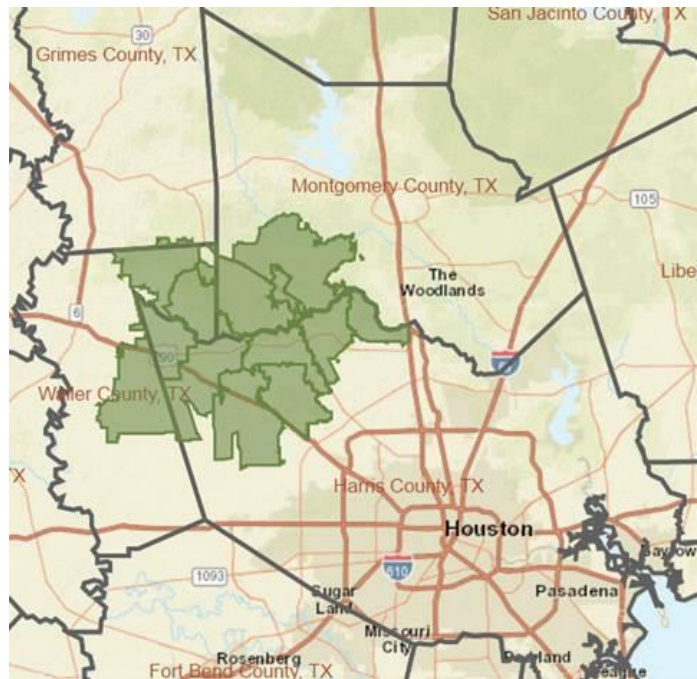
TRHF Service Area Population Overview

The TRHF primarily serves 11 zip codes spanning Harris, Montgomery, and Waller Counties in Texas. The 2016 service area population is 378,183 and is projected to increase 3.2% by 2021.

Demographic and health trends data focus on TRHF’s service counties due to secondary data limitations at the zip code level. The 2016 population of the counties is 5,111,489. Harris County, including Houston, comprises 88% of the population. The counties represent diverse populations with varied demographic and socioeconomic indicators.

Tomball Regional Health Foundation Service Area

Zip Codes
77354, Magnolia, Montgomery County
77355, Magnolia, Montgomery County
77362, Pinehurst, Montgomery County
77375, Tomball, Harris County
77377, Tomball, Harris County
77389, Spring, Harris County
77410, Cypress, Harris County
77429, Cypress, Harris County
77433, Cypress, Harris County
77447, Hockley, Harris County
77484, Waller, Harris/Waller County



Service Area Population Overview

	2016 Population	% Growth from 2010	% Growth by 2021
TRHF Service Area	378,183	5.2%	3.2%
Harris County	4,520,650	2.0%	1.7%
Montgomery County	541,657	3.5%	3.0%
Waller County	49,182	2.6%	2.1%

*Zip code 77410 is a post office (PO) box zip code and is excluded from analysis

	% Non-White Residents	Median Age	Median Income	% of People in Poverty
Harris County	45.2%	33.1	\$55,739	18.0%
Montgomery County	19.2%	37.0	\$71,374	12.0%
Waller County	42.9%	32.8	\$51,885	18.2%

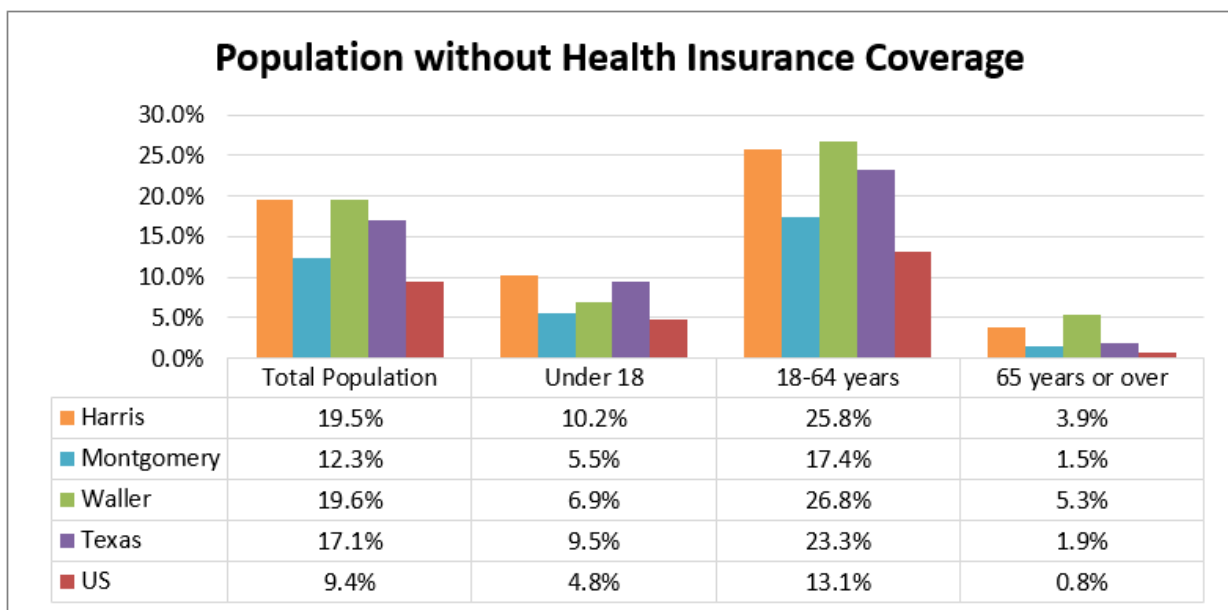
Source: ESRI Business Analyst, 2016

Key Health Findings

Access to Health Care

Access to health care indicators are key metrics for determining the availability of timely and adequate health care services. Indicators include health insurance coverage, provider availability, and receipt of routine care.

Texas has the highest percentage and number of uninsured residents in the country. Approximately 4.6 million residents are without health insurance. The percentage of uninsured TRHF service county residents declined from 2011 to 2015, but exceeds state and/or national benchmarks. Among the zip codes comprising TRHF’s primary service area, all but one zip code (77362, Pinehurst) has a higher uninsured rate than the nation. Zip codes 77484 (Waller), 77375 (Tomball), and 77447 (Hockley) have the highest uninsured rates.



Source: American Community Survey, 2015

TRHF Service Area Zip Codes with the Highest Uninsured Rates

Zip Code	Uninsured Rate	Number of Uninsured
77484, Waller, Harris/Waller County	21.4%	2,456
77375, Tomball, Harris County	20.6%	9,175
77447, Hockley, Harris County	20.0%	2,716

Source: American Community Survey, 2011-2015

Approximately 34,000 people or 9.9% of the total population within the TRHF service area is insured by Medicaid alone. This cumulative percentage is lower when compared to county, state, and national benchmarks. Zip codes 77362 (Pinehurst) and 77447 (Hockley) have the highest total percentages of Medicaid insured residents, and were both identified as not having Medicaid accepting primary care providers.

Medicaid Insured Population and Medicaid Primary Care Providers by Zip Code

	Total Population Medicaid Insured		Number of Medicaid Providers
	Percent	Number	
TRHF Service Area	9.9%	33,915	73
77362, Pinehurst	20.1%	1,004	0
77447, Hockley	17.5%	2,369	0

Source: American Community Survey, 2011-2015 & Texas Medicaid & Health care Partnership

Texas has a lower primary care provider rate than the nation. Harris and Montgomery County rates are on par with the state; the Waller County rate is less than one-fifth of the state rate. Waller County is designated by the Health Resources and Services Administration as a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care. Adults across Texas and TRHF service counties are less likely to have a personal doctor or receive routine checkups when compared to adults across the nation.

Adult Health Care Access







	Primary Care Provider Rate per 100,000	Adults with a Personal Doctor	Adults with a Routine Checkup within the Past Year
Harris County	57.9	61.1%	67.0%
Montgomery County	60.5	70.5%	58.4%
Waller County	10.7	73.2%	64.2%
Texas	59.8	66.7%	65.4%
United States	75.7	78.8%	70.2%

Source: Health Resources and Services Administration, 2014 & TDSHS Behavioral Risk Factor Surveillance System, 2015

Healthy Lifestyle Behaviors

Individual health behaviors, including smoking, binge drinking, obesity, and physical inactivity, impact overall health status and have been shown to contribute to or reduce the chance of disease and early death. Across the TRHF service counties, residents have a lower premature death rate, but are more likely to self-report having “poor” or “fair” health status.

Obesity is a leading contributor to health outcomes across the region. Approximately one-quarter to one-third of service county adults are obese. The adult obesity rate increased across Texas from 2011 to 2015 by nearly 6 percentage points. Among youth, approximately 31% of Texas high school students are overweight or obese.

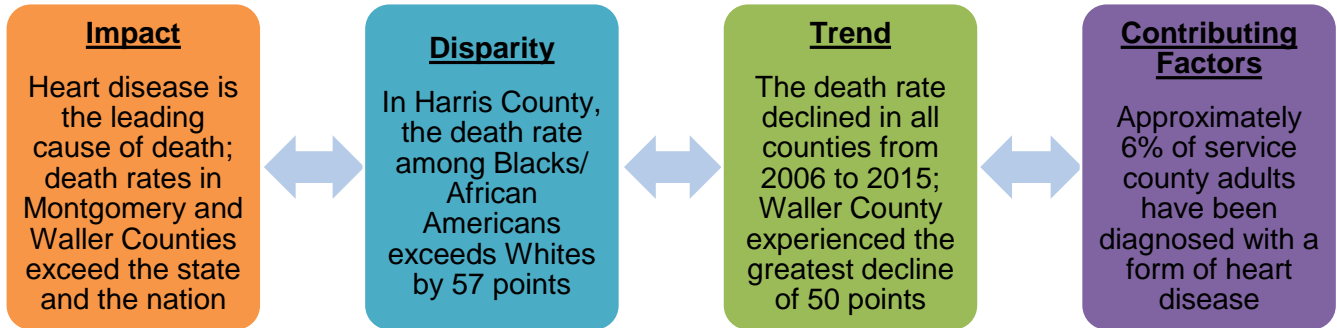
	Harris County	Montgomery County	Waller County	Texas	United States	HP 2020
 Smoking Adults	12.5%	19.0%	15.2%	15.2%	17.5%	12.0%
 Adults Binge Drinking	15.5%	6.4%	15.8%	15.9%	16.3%	NA
 Adult Obesity	31.4%	26.5%	32.4%	35.9%	29.8%	30.5%
 Physically Inactive Adults	27.8%	30.7%	39.6%	29.5%	26.2%	NA
 Health Status of “Fair” or “Poor”	19.0%	20.9%	21.5%	19.4%	16.4%	NA
 Premature Death per 100,000	6,438	6,221	6,491	6,620	6,600	NA

Source: CDC Behavioral Risk Factor Surveillance System, 2015; National Center for Health Statistics, 2011-2013; TDSHS Behavioral Risk Factor Surveillance System, 2015; Healthy People 2020

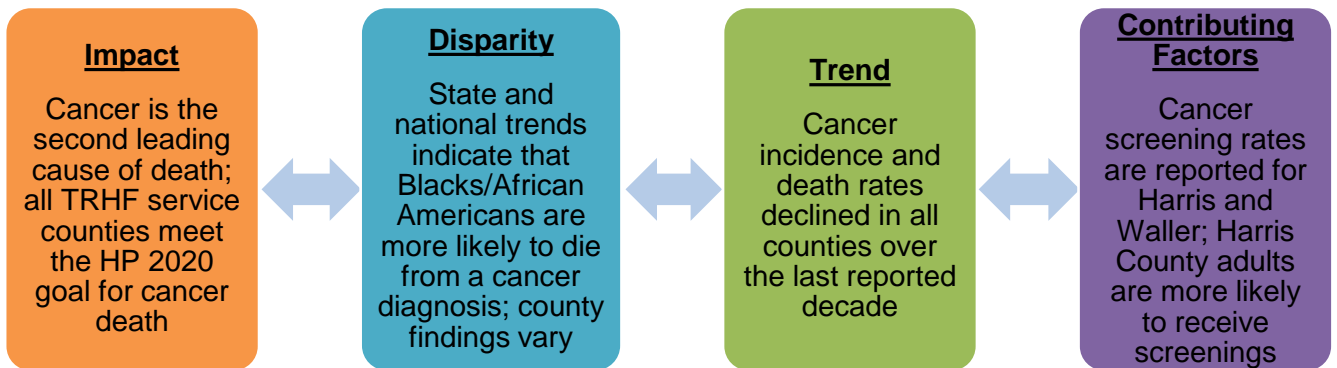
Leading Chronic Diseases

Chronic disease rates are increasing across the nation and are the leading causes of death and disability. Among TRHF service counties, heart disease and cancer are the top causes of death, but rates are decreasing. Diabetes is also a leading health concern for residents. The following charts highlight key findings for each condition

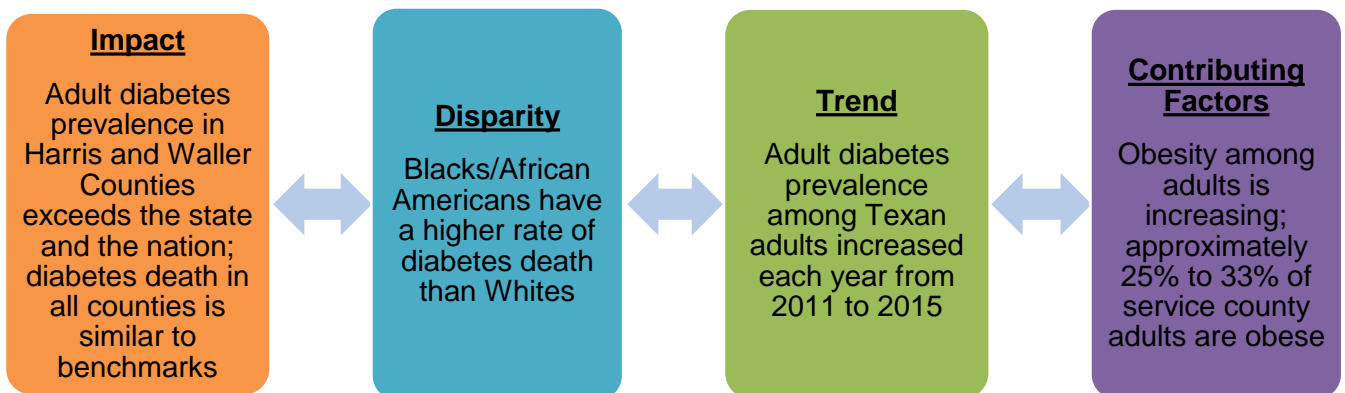
Heart Disease



Cancer



Diabetes



Behavioral Health Trends

Montgomery and Waller Counties have a higher percentage of adults with self-reported poor mental health, and a higher suicide rate, when compared to state and national benchmarks. The Montgomery County suicide rate has exceeded the Healthy People 2020 goal every year since 2006. Harris County adults are less likely to report poor mental health days; the county’s suicide rate nearly meets the Healthy People 2020 goal.

The death rate due to mental and behavioral disorders increased across Texas and the nation from 2006 to 2013, but has since declined. TRHF service counties followed a similar trend. Current service county death rates are similar to the state rate.

TRHF service counties meet the Healthy People 2020 goal for drug-induced deaths. Harris and Montgomery County death rates declined over the past decade, contrary to the national trend.

Behavioral Health Measures

	Suicide per Age-Adjusted 100,000	Mental & Behavioral Disorders Death per Age-Adjusted 100,000	Drug-Induced Death per Age-Adjusted 100,000
Harris County	10.7	28.8	10.2
Montgomery County	16.5	31.9	11.3
Waller County	17.9	32.1	9.8
Texas	12.5	32.6	9.9
United States	13.3	36.3	17.2
HP 2020	10.2	NA	11.3

Source: CDC WONDER, 2011-2015, 2013-2015 & 2015 & Healthy People 2020

The Texas Department of State Health Services contracts with 39 Community Mental Health Centers to provide mental health services for adults with serious mental illness and children with severe emotional disturbance. The average monthly number of adults and children in Texas receiving community mental health services increased between 2012 and 2015 by 16,500 and 5,600 respectively.

Community Feedback

Community engagement was an integral part of the CHNA process. Interviews and focus groups were conducted with both community health and social service leaders and health care consumers. Key findings from community representatives are outlined below:

- > The top conditions affecting residents are access to health care, overweight/obesity, and chronic conditions.
- > The top contributing factors to poor health status among residents are inability to afford care, poor diet/lack of physical activity, and social determinants of health.
- > Mental health is a growing concern in the community among both youth and adults; more resources and services are needed to address mental health needs.
- > Health and wellness education, programming, and initiatives are lacking to promote wellbeing among residents.

- > Group activities and support are positive influences on changing health behaviors.
- > Churches are key partners in supporting and promoting health education and outreach.
- > Health is not a community priority; residents do not connect short-term health behaviors with long-term chronic health effects.
- > The region lacks a collaborative effort to promote health and disease prevention.

Identified Priority Health Needs

Leadership from TRHF reviewed findings from the 2017 CHNA research to determine health priorities on which to focus community health improvement activities. CHNA research included public health indicators, socioeconomic measures, and input from health consumers and key community stakeholders.

The CHNA research revealed a number of social and health issues contributing to health disparity and poorer health outcomes across the region.

- > Access to Health Care
 - Affordability of health care costs
 - Medical home for uninsured and underinsured
 - Unmet need for behavioral health care
 - Transportation for health needs
- > Reducing Risk Factors for Chronic Disease
 - Health literacy and education
 - Wellness programs aimed at reducing risk factors for disease and managing chronic conditions
 - Proactive prescription management
- > Community Collaboration
 - Increase networking among community based organizations
 - Leverage existing resources
 - Promote cross-program referrals

Access to Care

TRHF leadership determined that improving access to health care was central to the success of future health improvement initiatives. Specifically, the CHNA highlighted specific issues related to access to care that contribute to health disparities across the region:

Affordability of health care

- Lack of health insurance
- Inability to pay copays/deductible
- Limited eligibility for Medicaid

Transportation

- Lack of personal vehicles among uninsured individuals
- Lack of public transportation
- Limited health providers in outlying areas

Availability of services

- Lack of FQHC/CHC in Greater Tomball
- Regional resources "out of reach" for most residents
- Existing resources limited by capacity, insurance eligibility, and patient acuity
- Unmet need for behavioral health services among adults and children

Access to preventive/management resources

- Proactive prescription management
- Primary care visits and screenings
- Wellness programs
- Health literacy/education

Tomball Regional Health Foundation is committed to the community and to being a community partner within Harris, Montgomery, and Waller Counties. TRHF will continue to be guided by our mission to promote wellness and improve health status for all residents in our communities through programs that enhance access to health care, preventative care and health education.

CHNA Summary and Recommendations

The 2017 CHNA was conducted between January and April 2017. The study used both primary and secondary research to illustrate and compare health trends and disparities across the region. Primary research was used to solicit input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research was used to identify and demonstrate demographic and health trends across geographic areas and populations.

Specific research methods included:

- > A review of secondary health and socioeconomic indicators for the service area
- > Community leader feedback and partner engagement, including:
 - Interviews with community health and social services organizations
 - An online Key Informant Survey with 94 community representatives
 - A facilitated Focus Group with health and human service providers
- > Focus Groups with health care consumers

Access to health care consistently rose to the top as a barrier to optimal health for residents across the Tomball Regional Health Foundation service area. Affordability of health care impacts residents from all walks of life. Those that have health insurance struggle to afford copays and high deductibles, while individuals who are unemployed or have lower incomes are unable to attain health insurance. Limited eligibility for Medicaid across the state limits options for individuals that cannot afford insurance or are not offered health insurance through employment.

The lack of public transportation in the region compounds challenges for receiving health care, particularly preventative and primary care. Many residents, especially those that are uninsured, wait until they are in crisis to seek care which reduces care options and is more costly.

Limited health care resources are available for those without health insurance. Outlying areas like Waller are designated as Medically-Underserved Areas (MUA) and Health Professional Shortage Areas (HPSA) and the closest Federally Qualified Health Center (FQHC) is 16 miles from Tomball in Montgomery County. Capacity of existing resources limits access to these services for residents. TOMAGWA is regarded as a vital community asset, but also limited in the number and acuity of patients it can serve; patients with Medicaid are not eligible to receive services at TOMAGWA. More services are available in Houston, including FQHCs and Harris Health community health centers, but transportation limits prevent many residents from accessing this care. One suggestion is to provide a van to make daily or weekly trips to these centers.

More emphasis is needed on disease prevention and management initiatives. Helping the most vulnerable of residents maintain prescription medications and keep regular primary care visits could improve outcomes for residents as well as reduce community health care costs. Vulnerable residents wait until their condition is in crisis before reluctantly seeking care at the Emergency Room. Providing early intervention with treatment or prescriptions is a better investment of dollars and promotes better health among residents.

In addition to affordability, residents asked for free and low cost community wellness programs. Health literacy and education programs would help residents learn the benefits of preventive care and assist with positive behavior change.

Health and human service partners are enthusiastic for greater opportunities to collaborate. Facilitating regular meetings for health and human service providers would afford a venue for networking and foundation for collaboration. Churches and other civic and social organizations should be included. A variety of Ministries have already been organized to fill gaps in social needs.

Funding Initiatives for Consideration:

Goal: Improve access to care for uninsured and underinsured residents.

- Support local access point for Gold Card, FQHC, or other community health centers within the Tomball region
- Provide bus/van transportation to FQHC and community health centers located in Houston, Waller, and Montgomery County or develop partnership with medical ride sharing programs built from Uber or Lyft.
- Increase enrollment in Gold Card and other existing programs for uninsured and underinsured residents.
- Partner with TEAM and other ministries to provide preventive health care for residents, i.e. prescriptions, non-emergent urgent care services, disease management appointments, etc.
- Explore developing network of providers willing to offer limited free appointments to uninsured individuals who have higher acuity that can be served at TOMAGWA.
- Provide incentives for recruitment of physicians to MUA/HPSA

Goal: Promote community health and wellness education and programs.

- Partner with health and social service organizations to hold health fair, educational workshops, walk with a nurse/doctor, free screenings, etc.
- Provide mental health first aid training for law enforcement, schools, religious organizations, social service providers
- Promote community garden to increase access to affordable fresh vegetables and nutrition education.

Goal: Increase networking among community organizations to encourage collaboration.

- Host bi-monthly networking meeting of health, social service, religious, civic, social organizations
- Seek collaborative grant requests that leverage existing resources

The Health of the Tomball Regional Community

Social Determinants of Health

The following section outlines key demographic indicators related to the social determinants of health. All reported demographic data are provided by ESRI Business Analyst. Data include both 2016 estimates and 2011-2015 American Community Survey findings published by the United States Census. Comparison data years are provided as applicable to show trending.

Population Overview

TRHF service counties are increasingly diverse. Across all counties, the percentage of White residents decreased from 2010 to 2016. An increasing percentage of residents identify as Hispanic/Latino, Asian, or another unidentified race.

In Harris and Waller Counties, approximately 45% of residents identify with a race other than White; both counties have a higher percentage of Black/African American residents compared to state and national rates. Harris County also has a higher percentage of Hispanic or Latino residents and the lowest percentage of residents who speak English as their primary language. Montgomery County is primarily White with an older median age and more residents who primarily speak English.

2016 Population Overview

	Harris County	Montgomery County	Waller County	Texas	United States
White	54.8%	80.8%	57.1%	68.3%	70.5%
Black or African American	18.9%	4.9%	24.8%	12.1%	12.8%
Asian	7.1%	2.8%	0.8%	4.6%	5.5%
Hispanic or Latino (of any race)	42.5%	23.6%	30.6%	39.4%	17.9%
Median age	33.1	37.0	32.8	34.4	38.0
Speak English only	57.1%	80.8%	75.2%	65.1%	79.1%

2010 Population Comparison

	Harris County	Montgomery County	Waller County
White	56.6%	83.5%	58.5%
Black or African American	18.9%	4.3%	24.9%
Asian	6.2%	2.1%	0.5%
Hispanic or Latino (of any race)	40.8%	20.8%	29.0%

Economic Indicators

TRHF service counties differ in their economic and employment status. Harris and Waller Counties have a similar median household income to the state and the nation, but residents in both counties are more likely to live in poverty, and Waller County residents are more likely to receive Food Stamps/Snap benefits. Waller County also has the largest blue collar workforce and the highest unemployment rate. The percentage of residents living below poverty remained stable in both counties.

The Montgomery County median household income exceeds both the state and the nation. Residents are less likely to live in poverty or receive Food Stamps/Snap benefits. The county workforce is primarily white collar and the unemployment rate is the lowest of the three counties.

Across all counties, the percentage of households living in poverty remained stable.

2016 Median Household Income and 2011-2015 Poverty/Food Stamp Status

	Harris County	Montgomery County	Waller County	Texas	United States
Median household income	\$55,739	\$71,374	\$51,885	\$54,075	\$54,149
People in poverty	18.0%	12.0%	18.2%	17.3%	15.5%
Households receiving Food Stamps/SNAP benefits	13.2%	7.2%	16.2%	13.4%	13.2%

2009 People in Poverty Comparison (2012 CHNA Indicator)

Harris County	Montgomery County	Waller County
17.1%	11.2%	19.0%

2016 Population by Occupation and Unemployment

	Harris County	Montgomery County	Waller County	Texas	United States
White collar workforce	58.0%	62.0%	54.0%	60.0%	60.0%
Blue collar workforce	42.0%	38.0%	46.0%	40.0%	40.0%
Unemployment rate	6.2%	5.5%	6.9%	5.1%	5.9%

Homeownership is a measure of housing affordability and economic stability. Harris and Waller Counties have a similar median household income and home value, but Harris County residents are the least likely to own their home. Montgomery County has the highest median home value, exceeding both state and national values, and the highest percentage of home owners.

2016 Population by Household Type

	Harris County	Montgomery County	Waller County	Texas	United States
Renter-occupied	46.0%	28.5%	32.9%	38.9%	37.2%
Owner-occupied	54.0%	71.5%	67.1%	61.2%	62.8%
Median home value	\$156,301	\$204,221	\$148,365	\$152,219	\$198,891

Education

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. Residents in Harris and Waller Counties are less likely to attain a high school diploma or higher when compared to the state and the nation. Waller County also has a lower percentage of residents attaining a bachelor’s degree or higher. Montgomery County mirrors the nation for educational attainment. Residents are the most likely to have attained at least a high school diploma or a bachelor’s degree or higher.

Across all counties, the percentage of residents attaining less than a high school diploma decreased from previous years. In Harris and Montgomery Counties, the percentage of residents attaining a bachelor’s degree or higher increased.

2016 Population (25 Years or Over) by Educational Attainment

	Harris County	Montgomery County	Waller County	Texas	United States
Less than a high school diploma	19.8%	12.8%	19.6%	17.4%	12.8%
High school graduate/GED	23.1%	24.2%	34.3%	25.0%	27.6%
Some college or associate’s degree	26.7%	30.1%	26.8%	29.2%	29.2%
Bachelor’s degree or higher	30.4%	33.0%	19.3%	28.4%	30.4%

2006-2010 Educational Attainment Comparison

	Harris County	Montgomery County	Waller County
Less than a high school diploma	22.4%	14.1%	20.5%
High school graduate/GED	24.1%	25.6%	36.7%
Some college or associate’s degree	25.8%	30.6%	23.2%
Bachelor’s degree or higher	27.7%	29.7%	19.6%

Social Determinants of Health by Zip Code

Zip code of residence is one of the most important predictors of health disparity; where residents live matters in determining their health. The following table analyzes social determinants for TRHF service area zip codes in comparison to their respective county. Service area zip codes fare better than the counties overall with the exception of 77362 (Pinehurst).

Zip codes are presented in descending order by “People in Poverty.” Cells highlighted in yellow are more than 2% points *higher* than the respective county statistic. Exception: English speaking cells are more than 2% points *lower* than the respective county.

Social Determinant of Health Indicators by Zip Code

	Black/ African American	Hispanic/ Latino	Speak English Only	People in Poverty	Households Receiving Food Stamps	Unemploy -ment	Less than HS Diploma
Harris County							
77447 Hockley	8.2%	32.9%	75.9%	16.6%	9.4%	3.6%	20.4%
77375 Tomball	9.4%	26.0%	73.5%	11.8%	7.0%	4.7%	9.2%
77377 Tomball	5.3%	21.5%	75.4%	9.8%	5.3%	3.8%	8.3%
77433 Cypress	14.6%	29.1%	72.4%	5.5%	4.5%	3.6%	7.5%
77389 Spring	5.2%	24.7%	74.5%	4.7%	3.5%	3.9%	7.1%
77429 Cypress	8.0%	20.3%	82.1%	4.4%	5.0%	2.1%	5.1%
Harris County	18.9%	42.5%	57.1%	18.0%	13.0%	6.2%	19.8%
Montgomery County							
77362 Pinehurst	2.3%	26.6%	85.0%	21.1%	12.2%	4.6%	15.0%
77354 Magnolia	2.9%	19.8%	81.0%	12.3%	6.0%	7.3%	11.8%
77355 Magnolia	1.7%	20.2%	87.5%	9.5%	8.0%	7.1%	11.0%
Montgomery County	4.9%	23.6%	80.8%	12.0%	7.5%	5.5%	12.8%
Waller County							
77484 Waller	12.5%	31.3%	74.3%	12.1%	9.5%	3.7%	18.1%
Waller County	24.8%	30.6%	75.2%	18.2%	14.8%	6.9%	19.6%

*Zip code 77410 is a post office (PO) box zip code and is not reported

Health Status and Indicators

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the region. The following analysis uses data compiled by secondary data sources such as the County Health Rankings program, Texas Department of State Health Services (TDSHS), and the Centers for Disease Control and Prevention (CDC). A full listing of all public health data sources can be found in Appendix A.

Access to Health Services

According to the 2016 County Health Rankings, TRHF service counties received the following rankings for Clinical Care Access out of 254 counties in Texas. The rankings are based on a number of indicators, including health insurance coverage and provider access.

Clinical Care County Health Rankings

#42 Montgomery County

#56 Harris County

#124 Waller County

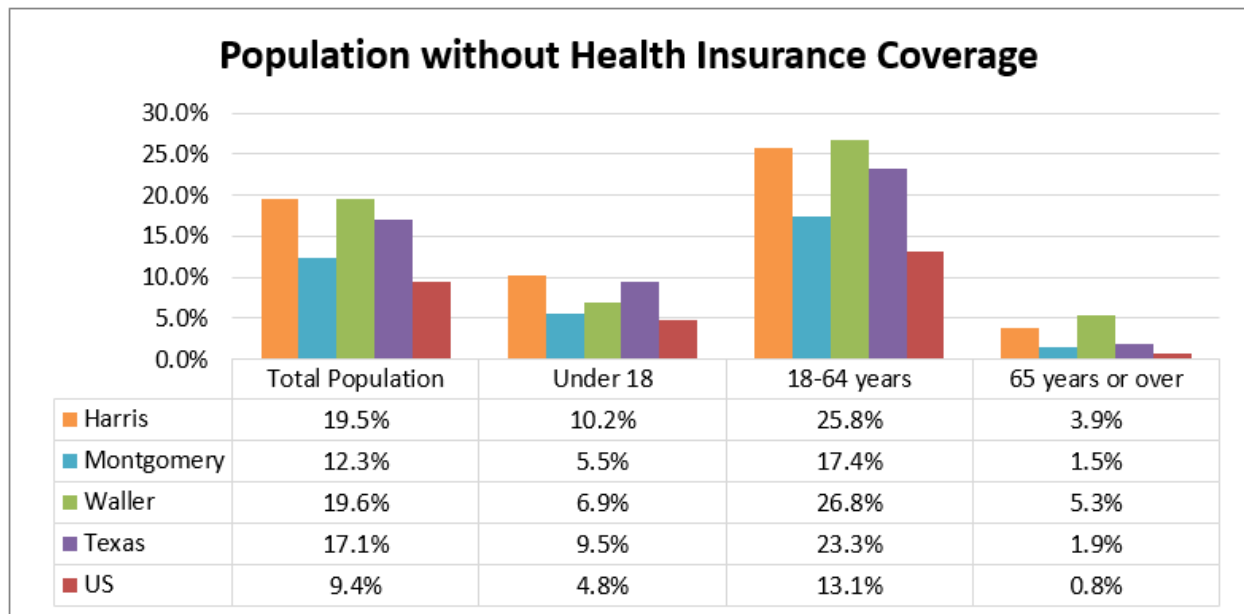
Health Insurance Coverage

The percentage of uninsured Texans decreased 2% points from 2014 (19.1%) to 2015 (17.1%), but Texas has the highest percentage and number of uninsured residents in the country. A report by the Texas Medical Association identified the state as, “The uninsured capital of the United States.” Approximately 4.6 million residents are without health insurance.

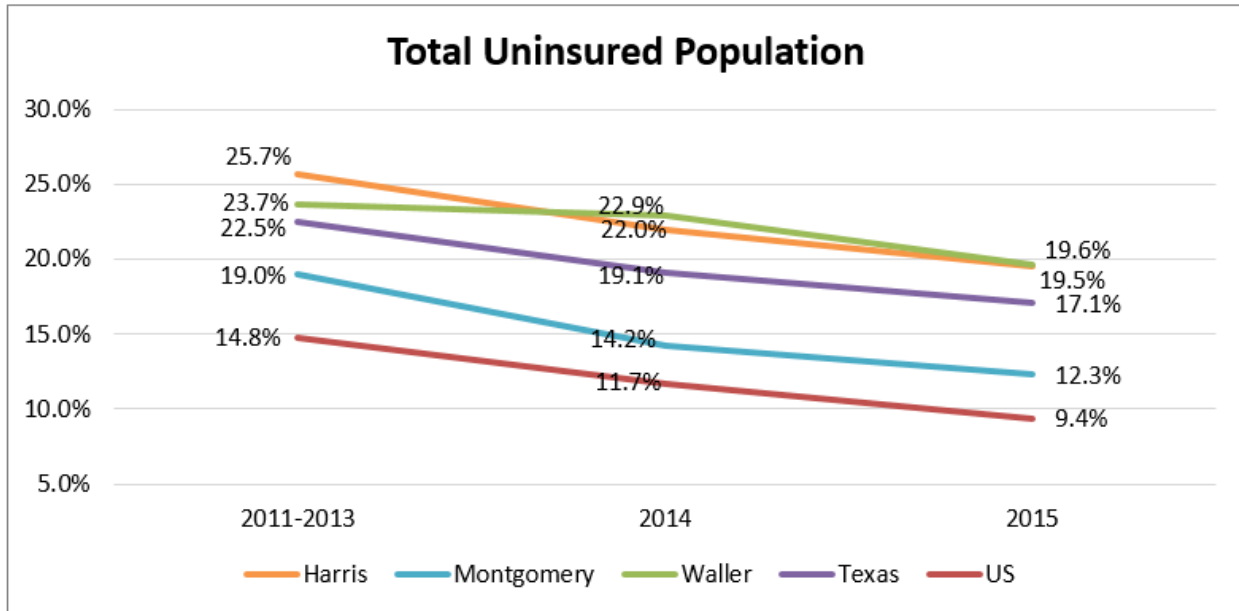
Harris and Waller Counties have higher uninsured rates when compared to Texas overall. Approximately one in five residents in both counties are without insurance. In Harris County, 10% of youth under 18 years are uninsured, more than double the national average. The Montgomery County uninsured rate is lower than the state rate, but higher than the national rate.

Texas has the most uninsured residents in the country

One in five residents in Harris and Waller Counties is uninsured



Source: American Community Survey, 2015



Source: American Community Survey, 2011-2013 - 2015

Among the zip codes comprising TRHF's primary service area, all but one zip code (77362, Pinehurst) has a higher uninsured rate than the nation. Three zip codes (77447, 77375, and 77484) exceeded the state uninsured rate.

All TRHF service zip codes except 77362, Pinehurst has a higher uninsured rate than the national average

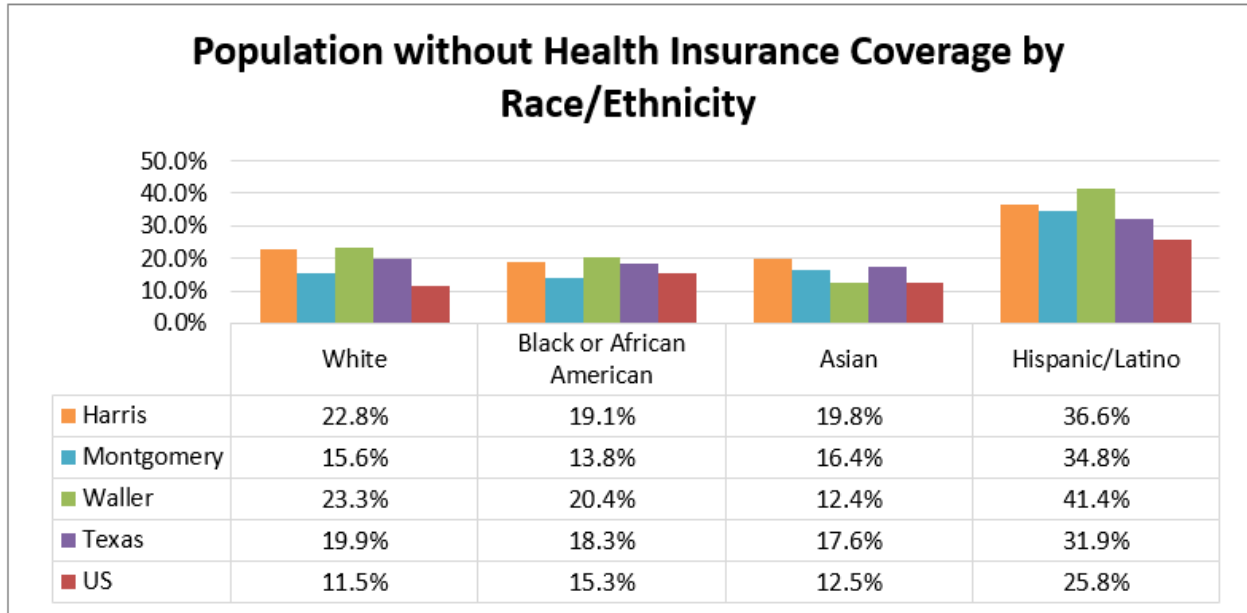
Zip Code	Uninsured Rate	Number of Uninsured
77484, Waller, Harris/Waller County	21.4%	2,456
77375, Tomball, Harris County	20.6%	9,175
77447, Hockley, Harris County	20.0%	2,716
77355, Magnolia, Montgomery County	16.4%	4,321
77354, Magnolia, Montgomery County	16.2%	5,498
77433, Cypress, Harris County	11.8%	7,583
77377, Tomball, Harris County	10.9%	3,689
77389, Spring, Harris County	10.6%	3,034
77429, Cypress, Harris County	9.9%	7,856
77362, Pinehurst, Montgomery County	7.1%	356

Source: American Community Survey, 2011-2015

* Zip code 77410 is a post office (PO) box zip code and is not reported

Uninsured rates are highest among Hispanic/Latino residents. Waller County has the highest uninsured rate among this population (41%), followed by Harris County (37%). Among racial groups, uninsured rates are slightly higher for Whites compared to Blacks, a difference from national trends.

The uninsured rate is highest among Hispanics/Latinos, particularly in Waller County (41%)



Source: American Community Survey, 2011-2015

Provider Access

Provider rates are measured for primary, dental, and mental health care. In Harris and Montgomery Counties, the primary care provider rate remained stable from 2013 to 2014, and on par with the state. Texas overall has a lower primary care provider rate than the nation. In regard to dental and mental health provider rates, Harris County rates exceed the state, but Montgomery County rates are lower. Both counties have a lower mental health provider rate compared to the nation.

Texas has a lower primary care provider rate than the nation; Harris and Montgomery County rates are on par with the state

Waller County is designated by the Health Resources and Services Administration as a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary and mental health care. MUAs are identified as having too few primary care providers, high infant mortality, high poverty, or a high elderly population.

Waller County is a designated MUA and a HPSA for primary and mental health care

Waller County has five practicing primary care physicians and 22 mental health providers. The primary care provider rate is less than one-fifth of the state rate; the mental health provider rate is less than half of the state rate. Mental health providers include psychiatrists, psychologists, counselors, therapists, social workers, and advanced practice nurses specializing in mental health care. The county’s dental provider rate is also lower than state and national benchmarks.

Montgomery and Harris Counties also have designated MUAs and HPSAs, but they are located outside of TRHF’s service region.

Provider Rate Changes per 100,000

	Primary Care		Dental Care		Mental Health Care	
	2013	2014	2013	2014	2014	2015
Harris County	57.9	57.9	62.0	63.7	106.7	110.2
Montgomery County	61.1	60.5	43.3	44.7	67.9	73.2
Waller County	8.8	10.7	15.5	15.0	46.4	47.0
Texas	59.5	59.8	51.5	53.3	96.7	101.3
United States	75.8	75.7	63.2	64.9	189.0	204.1

Source: Health Resources and Services Administration, 2013-2014; Centers for Medicare and Medicaid Services, 2014-2015

Routine Care

Health insurance coverage and provider rates impact the number of adults who have a primary care provider and receive routine care. Data for these indicators were analyzed for the past five reporting years. Consistent trends were not identified among TRHF service counties. Data for the last two reporting years are shown to illustrate recent findings.

Adults across Texas and TRHF service counties are less likely to have a primary care provider or receive routine care

Adults across Texas and TRHF service counties are less likely to have a personal doctor or receive routine checkups when compared to adults across the nation. Specific areas of concern include the percentage of Harris County adults who have a personal doctor; the percentage of Montgomery County adults who receive routine primary care checkups; and the percentage of Waller County adults who visited a dentist within the past year.

Adult Health Care Access

	Have a Personal Doctor		Routine Checkup within the Past Year		Dental Visit within the Past Year	
	2014	2015	2014	2015	2012	2014
Harris County	61.8%	61.1%	71.0%	67.0%	59.2%	58.2%
Montgomery County	66.4%	70.5%	65.4%	58.4%	58.6%	64.5%
Waller County	75.3%	73.2%	81.9%	64.2%	NA	40.2%
Texas	67.1%	66.7%	67.6%	65.4%	58.8%	58.2%
United States	76.5%	78.8%	69.6%	70.2%	67.2%	65.3%

Source: CDC Behavioral Risk Factor Surveillance System, 2012-2014 & 2014-2015; TDSHS Behavioral Risk Factor Surveillance System, 2012-2014 & 2014-2015

*Montgomery County data are based on a sample of less than 100 and should be interpreted with caution

Overall Health Status

According to the 2016 County Health Rankings, TRHF service counties received the following rankings for Health Outcomes out of 254 counties in Texas. Health outcomes are measured in relation to premature death (before age 75) and quality of life.

<p>Health Outcomes County Health Rankings</p> <p>#19 Montgomery County</p> <p>#56 Harris County</p> <p>#68 Waller County</p>
--

TRHF service counties have lower premature death rates compared to state and national rates. However, county adults are more likely to self-report having “poor” or “fair” health status. Waller County received the lowest health outcomes ranking. Adults in the county are the most likely to report having “poor” or “fair” health status and poor physical or mental health on 14 or more days in the past month.

Overall Health Status Indicators

	Premature Death Rate per 100,000	Adults with “Poor” or “Fair” Health Status	Poor Physical Health 14+ Days in Past Month	Poor Mental Health 14+ Days in Past Month
Harris County	6,438	19.0%	10.4%	9.5%
Montgomery County	6,221	20.9%	11.8%	12.2%
Waller County	6,491	21.5%	12.0%	13.1%
Texas	6,620	19.4%	11.0%	10.0%
United States	6,600	16.4%	NA	NA

Source: National Center for Health Statistics, 2011-2013; CDC Behavioral Risk Factor Surveillance System, 2015; TDSHS Behavioral Risk Factor Surveillance System, 2015

*Montgomery County data are based on a sample of less than 100 and should be interpreted with caution

Health Behaviors

Individual health behaviors include risk behaviors like smoking, excessive drinking, and obesity, or positive behaviors like exercise, good nutrition, and stress management. Health behaviors may increase or reduce the chance of disease. The prevalence of these health behaviors is provided below, with benchmark comparisons, as available.

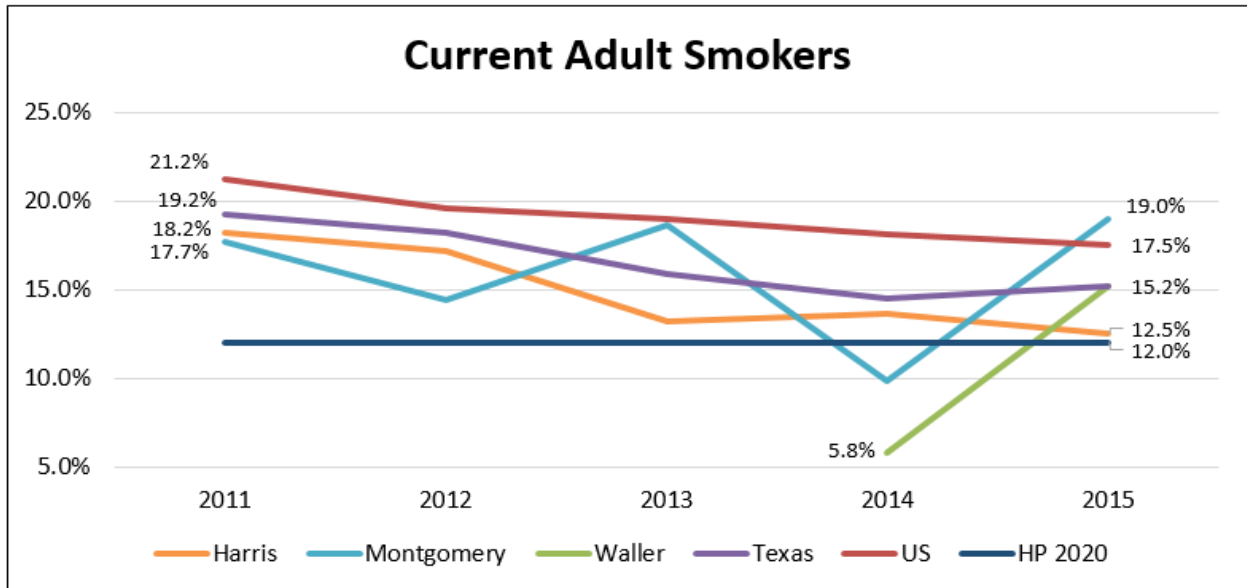
Risk Behaviors

Adults in TRHF service counties are more likely to smoke when compared to the Healthy People 2020 goal. Montgomery County adults also exceed state and national percentages. The percentage of adult smokers in Harris County decreased nearly 6 points from 2011 to 2015 and is within reach of the Healthy People 2020 goal. Waller County data is only available for 2014 and 2015.

Montgomery County exceeds the HP 2020 goal for adult smoking by 7% points

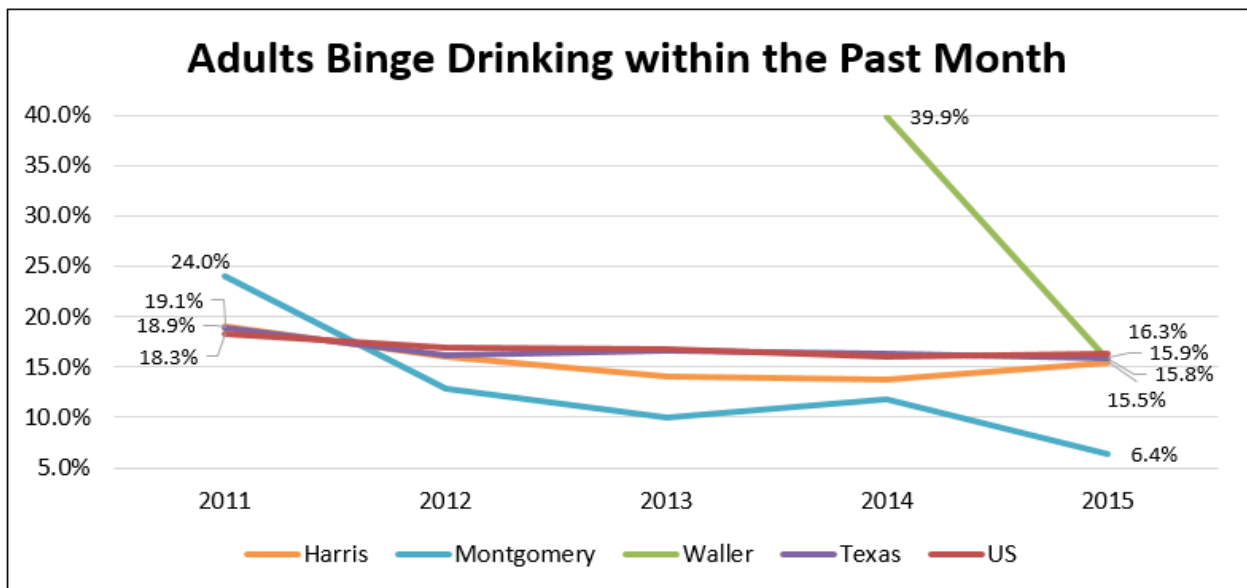
Binge drinking is defined as having five or more drinks on one occasion for men and four or more drinks on one occasion for women. Adults in TRHF service counties are just as likely or less likely to report binge drinking within the past month when compared to state and national rates. The percentage of binge drinkers decreased in all three counties from previous years.

The percentage of service county adults who report binge drinking decreased over the past five years



Source: CDC Behavioral Risk Factor Surveillance System, 2011-2015; Healthy People 2020; TDSHS Behavioral Risk Factor Surveillance System, 2011-2015

*Montgomery County data are based on a sample of 125 or less and should be interpreted with caution



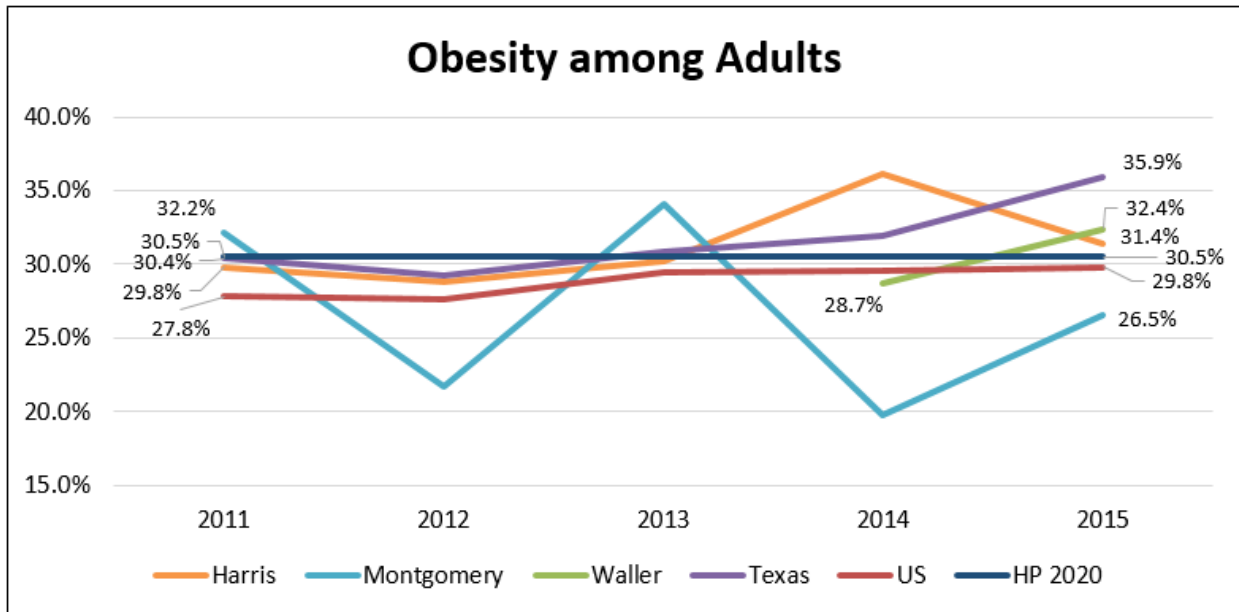
Source: CDC Behavioral Risk Factor Surveillance System, 2011-2015; TDSHS Behavioral Risk Factor Surveillance System, 2011-2015

*Montgomery County data are based on a sample of less than 100 and should be interpreted with caution

Obesity

The percentage of obese adults and youth is a national epidemic. Across Texas, 36% of adults are obese. The percentage exceeds the national rate and the Healthy People 2020 goal. Adult obesity in Harris and Waller Counties also exceeds national benchmarks with 31% to 32% of adults identified as obese. Adult obesity in Montgomery County is lower than state and national rates, but accounts for more than one-quarter of adults.

Approximately one-quarter to one-third of service county adults are obese



Source: CDC Behavioral Risk Factor Surveillance System, 2011-2015; Healthy People 2020; TDSHS Behavioral Risk Factor Surveillance System, 2011-2015

*Montgomery County data are based on a sample of less than 100 and should be interpreted with caution

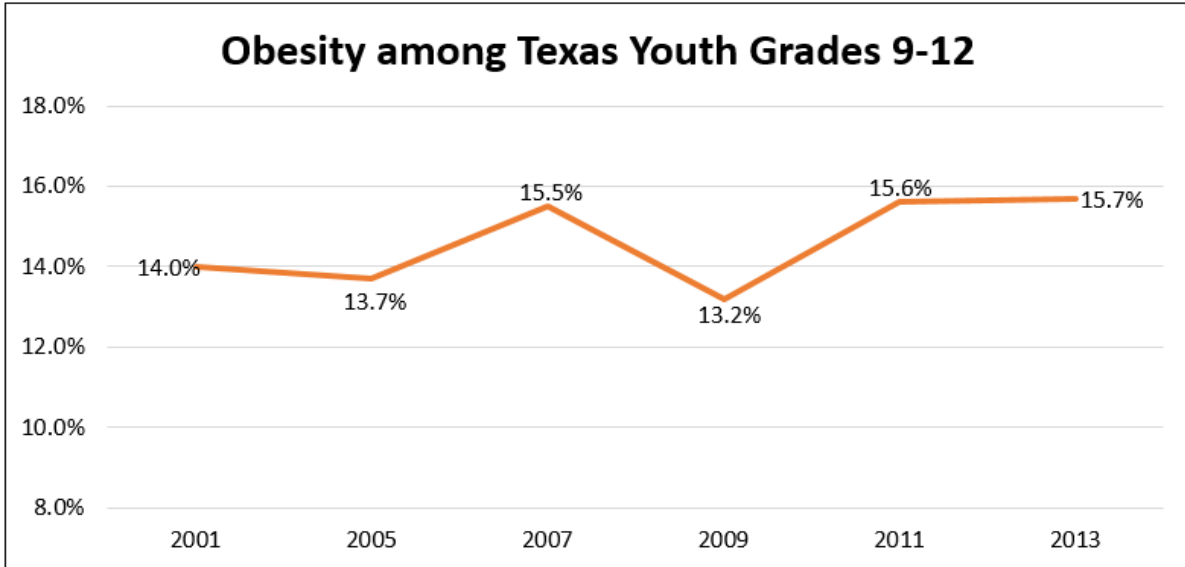
Texas youth obesity data is collected for students in grades 9-12 and reported at the state level. As of 2013, 15.6% of Texas youth were overweight and 15.7% were obese. Obesity rates were highest among males and Hispanics/Latinos. Obesity rates increased from 2001 to 2013.

31% of Texas high school youth are overweight or obese

Weight Management among Youth in Grades 9-12

	Overweight	Obese
Total	15.6%	15.7%
Gender		
Female	16.4%	11.8%
Male	14.8%	19.4%
Race/Ethnicity		
White	14.3%	12.1%
Black/African American	16.8%	14.6%
Hispanic/Latino	17.2%	19.0%

Source: TDSHS Youth Risk Behavior Survey, 2013



Source: TDSHS Youth Risk Behavior Survey, 2001-2013

Food insecurity, defined as being without a consistent source of sufficient and affordable nutritious food, contributes to obesity rates. Children are the most impacted by food insecurity. Approximately one in five children across the nation are affected. Among TRHF service counties, child food insecurity exceeds the national average with one in four children identified as food insecure.

One in four children in TRHF service counties are food insecure

Food Insecure Residents

	All Residents	Children
Harris County	17.5%	24.9%
Montgomery County	15.2%	23.7%
Waller County	19.0%	25.4%
Texas	17.0%	25.6%
United States	15.4%	20.9%

Source: Feeding America, 2014

Another measure of healthy food access is the availability of fast food restaurants versus grocery stores. Harris County rates for both venues are similar to the nation, but Montgomery and Waller County rates are lower than both the state and the nation.

Healthy Food Access & Environment

	Fast Food Restaurants per 100,000	Grocery Stores per 100,000
Harris County	76.4	18.8
Montgomery County	67.4	11.6
Waller County	48.6	9.3
Texas	74.8	13.8
United States	73.1	21.1

Source: United States Census County Business Patterns, 2014

Access to physical activity includes access to parks, gyms, pools, etc. Approximately 89-97% of Harris and Montgomery County residents have access to physical activity opportunities. Adults in both counties are just as likely to be physically inactive when compared to state and national rates. In contrast, less than 20% of Waller County residents have access to physical activity opportunities, and 40% of adults did not participate in any physical activities during the past month.

Less than 20% of Waller County residents have access to physical activity options; 40% of county adults are physically inactive

Physical Activity

	Access to Physical Activity	Physically Inactive Adults
Harris County	96.5%	27.8%
Montgomery County	88.6%	30.7%*
Waller County	17.8%	39.6%
Texas	84.0%	29.5%
United States	84.0%	26.2%

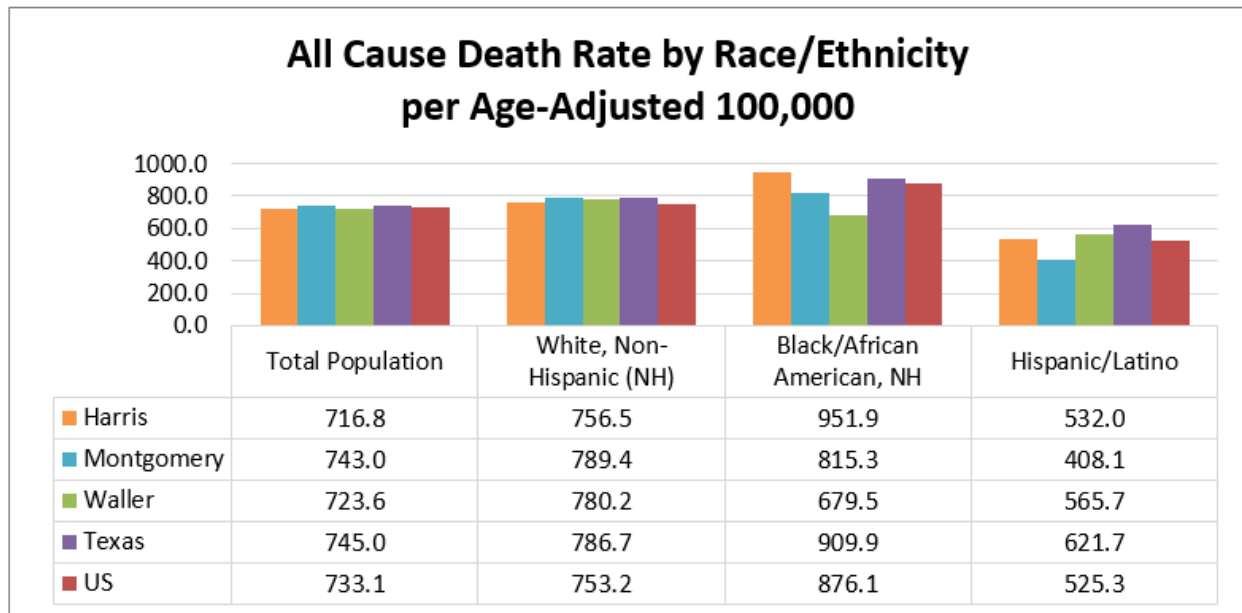
Source: Business Analyst, Delorme Map Data, ESRI, & US Census Tigerline Files, 2014; CDC Behavioral Risk Factor Surveillance System, 2015; TDSHS Behavioral Risk Factor Surveillance System, 2015

*Data is based on a sample of less than 100 and should be interpreted with caution

Mortality

The 2015 all cause age-adjusted death rate among TRHF service counties is similar to state and national rates. Among racial and ethnic groups, the death rate is generally highest among Blacks/African Americans. Harris County experiences the greatest disparity; the Black/African American death rate exceeds the White death rate by nearly 200 points.

The all cause death rate among Blacks/African Americans in Harris County exceeds the White death rate by nearly 200 points



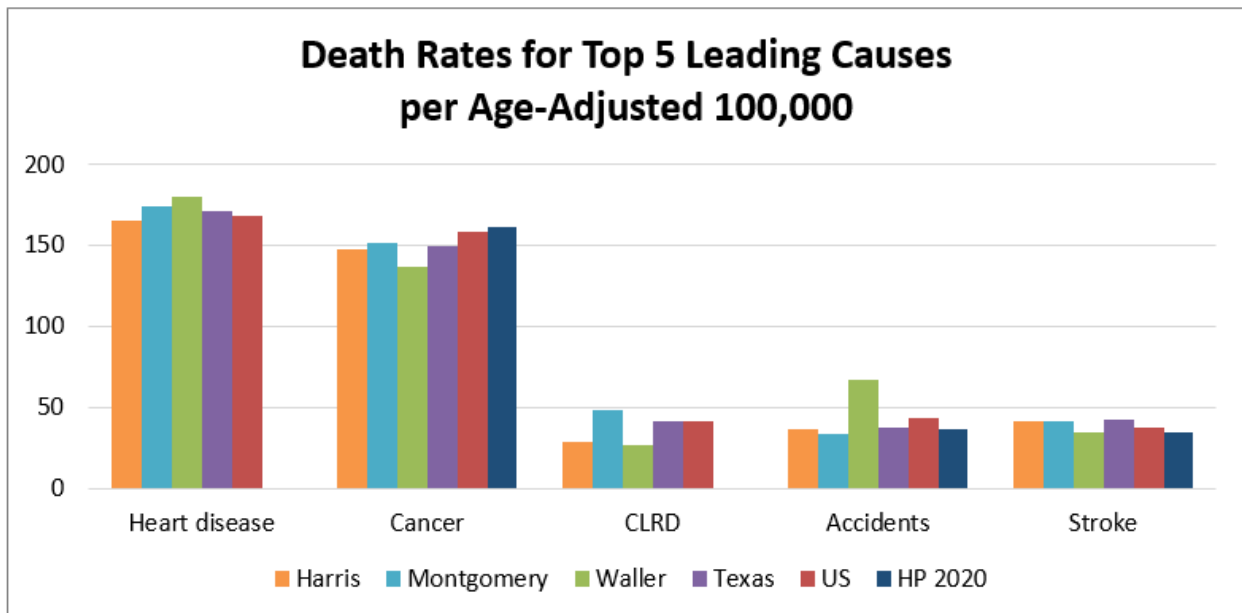
Source: CDC WONDER, 2015

The top five causes of death in the nation, in rank order, are heart disease, cancer, chronic lower respiratory disease (CLRD), accidents, and stroke. The following chart compares death rates for the top five causes by service county.

All TRHF service counties meet the Healthy People 2020 goal for cancer death, and Harris and Montgomery Counties meet the Healthy People 2020 goal for accidents. The Waller County accidental death rate exceeds the Healthy People 2020 goal by 30 points and accounts for 29 deaths.

All TRHF service counties meet the HP 2020 goal for death due to cancer

Harris and Montgomery Counties exceed the Healthy People 2020 goal for stroke death. Montgomery County also has a slightly higher rate of death due to CLRD, exceeding both the state and the nation. Waller County meets the Healthy People 2020 goal for stroke death, but has a higher rate of death due to heart disease.



Source: CDC WONDER, 2015; Healthy People 2020

*Waller County death rates for CLRD and stroke represent three-year (2013-2015) rates due to low single-year death counts

Chronic Diseases

Chronic diseases rates are increasing across the nation and are the leading cause of death and disability. Chronic diseases are often preventable through reduced health risk behaviors like smoking and alcohol use, increased physical activity and good nutrition, knowledge of risk factors, and early detection of disease.

Heart Disease and Stroke

Heart disease is the leading cause of death in the nation. Approximately 6% of adults in TRHF service counties have been

6% of service county adults have been diagnosed with heart disease

diagnosed with a form of heart disease, similar to the state rate. Harris and Montgomery Counties also have similar or lower rates of heart attack and stroke when compared to state and national benchmarks. Waller County has a higher rate of stroke; prevalence is highest among men (7.7%) versus women (3.3%).

Heart Disease Prevalence among Adults

	Heart Disease	Heart Attack	Stroke
Harris County	5.6%	4.5%	3.9%
Montgomery County	6.0%	2.7%	1.5%
Waller County	5.7%	3.4%	5.5%
Texas	6.1%	4.3%	3.0%
United States	NA	4.2%	3.0%

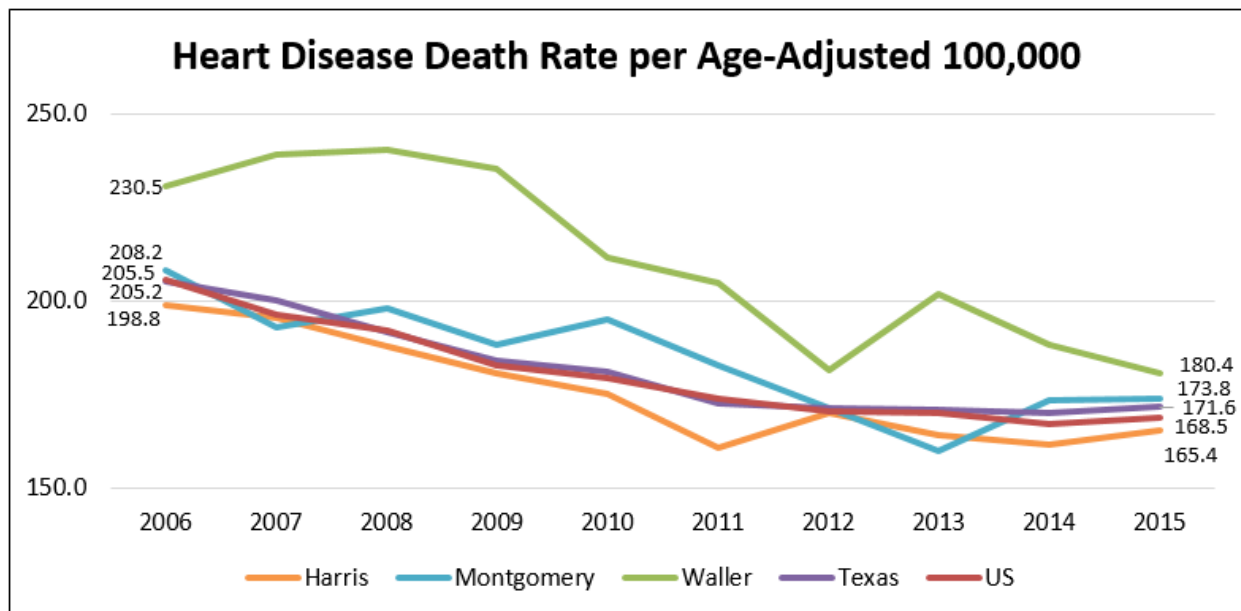
Source: CDC Behavioral Risk Factor Surveillance System, 2015; TDSHS Behavioral Risk Factor Surveillance System, 2015

*Montgomery County data are based on a sample of less than 100 and should be interpreted with caution

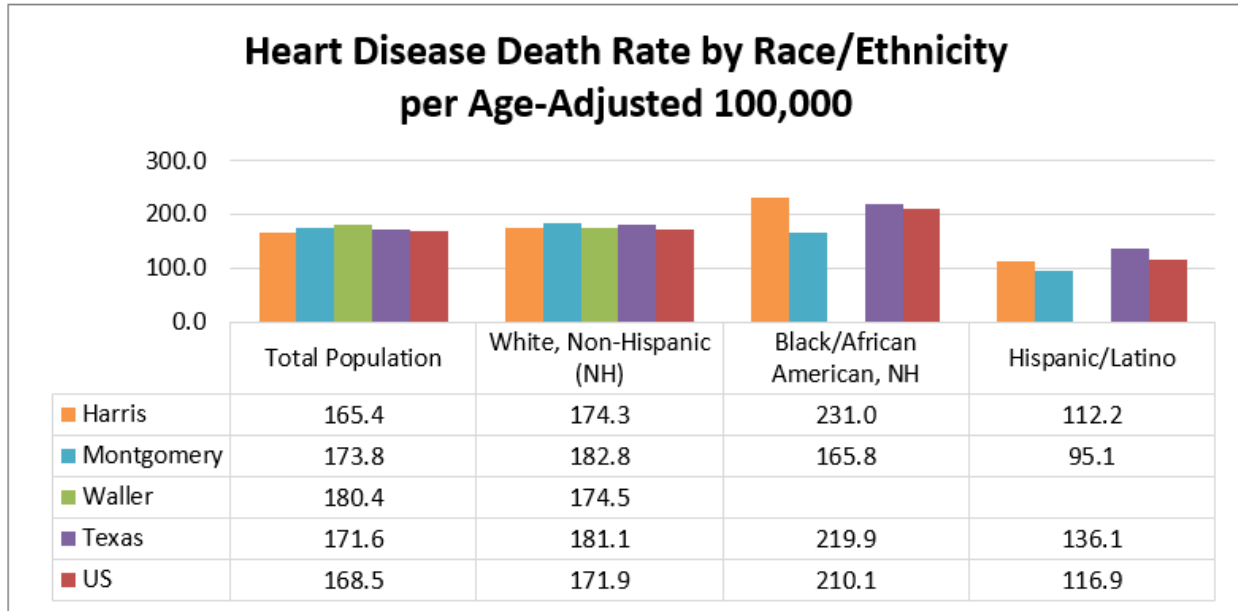
Among TRHF service counties, Waller County has a higher heart disease death rate than state and national benchmarks and experienced the greatest decline in heart disease death; falling 50 points from 2006 to 2015.

Waller County has the highest heart disease death rate, but experienced the greatest decline in deaths over the past decade

Across Texas and the nation, Blacks/African Americans have a higher heart disease death rate compared to Whites. Harris County follows the state and national trend with a Black/African American death rate that exceeds the White death rate by 57 points. In Montgomery County, the death rate is highest among Whites. Waller County data for Blacks/African Americans is not reported due to a low death count.



Source: CDC WONDER, 2006-2015



Source: CDC WONDER, 2015

*Waller County data by race and ethnicity is limited due to low death counts

Coronary heart disease is characterized by the buildup of plaque inside the coronary arteries. All TRHF service counties meet the Healthy People 2020 goal for death due to coronary heart disease.

All TRHF service counties meet the HP 2020 goal for death due to coronary heart disease; Waller County also meets the goal for death due to stroke

Several types of heart disease, including coronary heart disease, are risk factors for stroke. Despite having a higher prevalence of stroke among adults, Waller County meets the Healthy People 2020 goal for stroke death. Harris and Montgomery Counties exceed the goal.

Coronary Heart Disease and Stroke Prevalence and Death Rates

	Coronary Heart Disease Death per Age-Adjusted 100,000	Stroke Death per Age-Adjusted 100,000
Harris County	90.0	41.1
Montgomery County	83.0	41.7
Waller County	100.5	34.9*
Texas	96.9	42.7
United States	97.2	37.6
HP 2020	103.4	34.8

Source: CDC WONDER, 2015

*Represents a three-year (2013-2015) death rate due to low single-year death counts

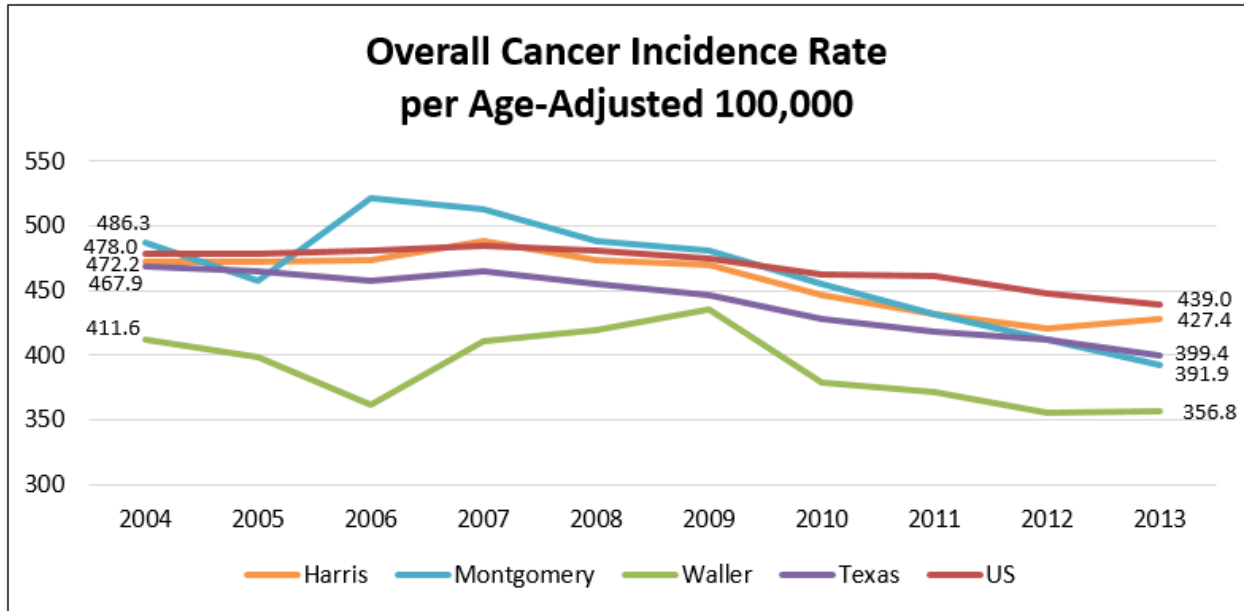
Cancer

Cancer is the second leading cause of death in the nation behind heart disease. TRHF service counties have a lower overall cancer incidence rate compared to the nation, and only Harris

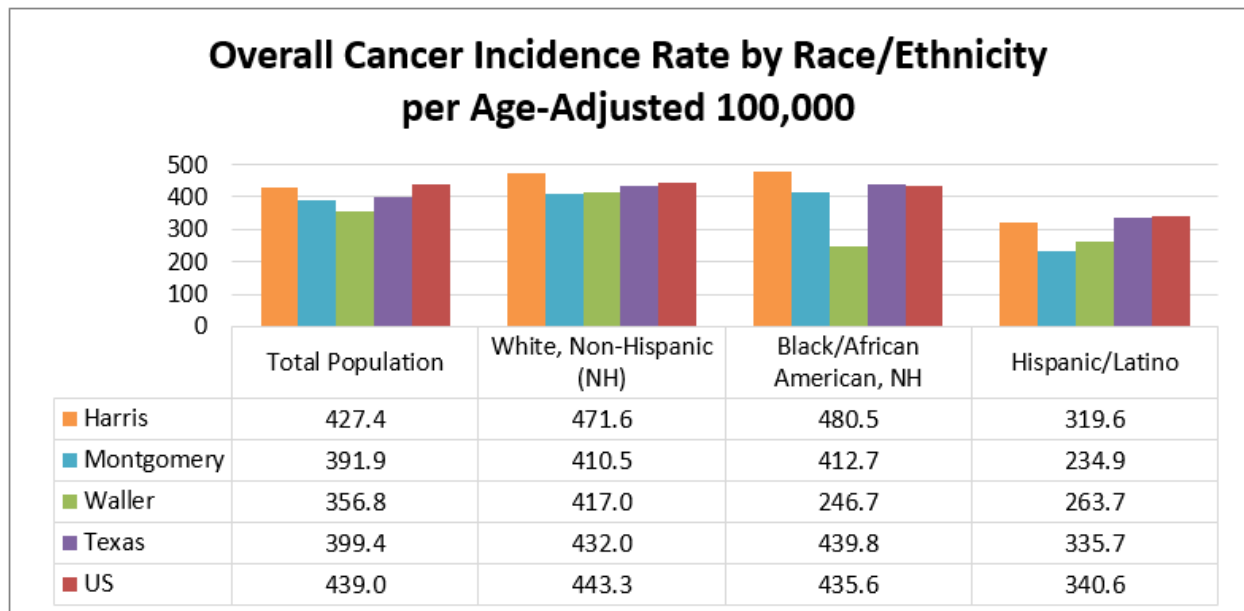
County exceeds the state rate. The cancer incidence rate declined in all counties from 2004 to 2013. Montgomery County experienced the greatest rate decline of 94 points.

TRHF service counties have a lower rate of cancer incidence than the nation; incidence declined from 2004 to 2013

Across Texas and the nation, and all service counties except Waller, Whites and Blacks/African Americans have a similar cancer incidence rate. In Waller County, incidence is higher among Whites.

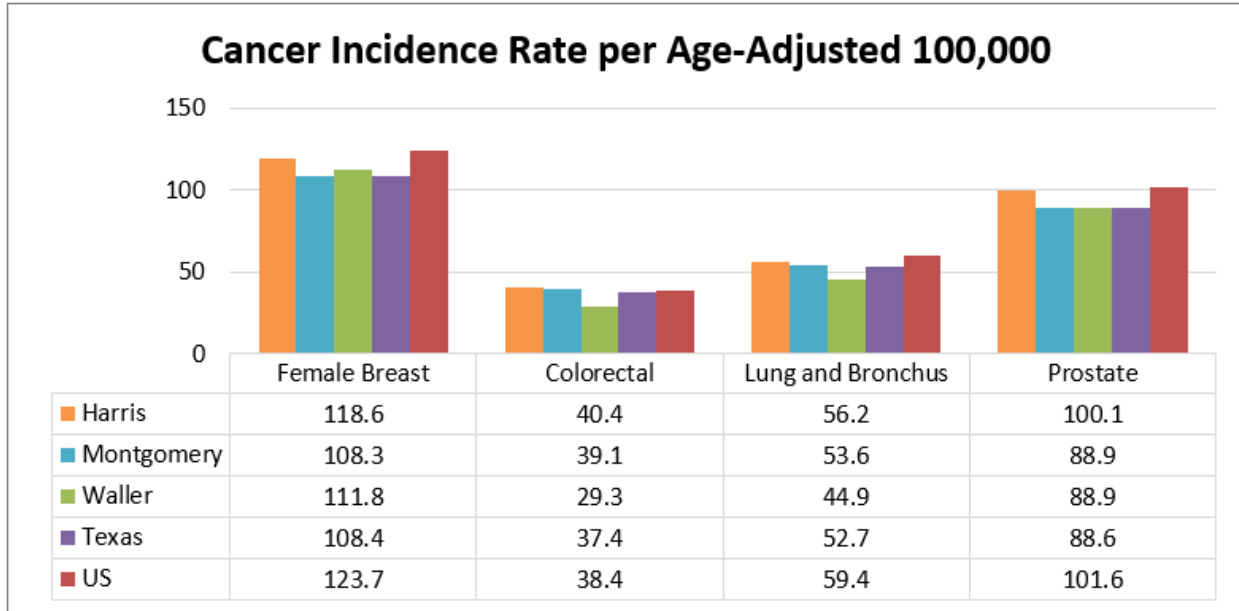


Source: CDC WONDER, 2004-2013; TDSHS Texas Cancer Registry, 2004-2013



Source: CDC WONDER, 2013; TDSHS Texas Cancer Registry, 2013

Presented below are the incidence rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male). TRHF service county incidence rates are similar to or lower than state and national rates. Harris County rates are slightly elevated in comparison to other service counties.



Source: CDC WONDER, 2013; TDSHS Texas Cancer Registry, 2013

*Colorectal cancer incidence for Waller County represents a three-year (2011-2013) rate due to low annual case counts

Cancer screenings are essential for early diagnosis and preventing cancer death. Harris County adults are just as likely or more likely to receive all reported screenings, with the exception of Pap tests, when compared to state and national benchmarks and Healthy People 2020 goals. The percentage of women receiving Pap tests falls short of the Healthy People 2020 goal by 15 points. Waller County adults are less likely to receive screenings. Screening rates for Pap tests and clinical breast exams are particularly low.

Less than 30% of women in Waller County received a recent Pap test or clinical breast exam

Cancer Screenings: Breast, Cervical, Prostate

	Pap Test within Past 3 Years (Age 21-65)	Clinical Breast Exam within Past Year (Age 40+)	Mammogram within Past 2 Years (Age 50+)	PSA Test within Past 2 Years (Age 40+)
Harris County	78.4%	64.2%	85.6%	45.5%
Waller County	29.4%	21.2%	69.6%	38.6%
Texas	77.7%	56.7%	75.0%	43.9%
United States	82.6%	NA	75.6%	42.8%
HP 2020	93.0%	NA	81.1%	NA

Source: CDC Behavioral Risk Factor Surveillance System, 2014; Healthy People 2020; TDSHS Behavioral Risk Factor Surveillance System, 2014

*Montgomery County data are excluded due to an insufficient response count

Cancer Screenings (50-75 years): Colorectal Cancer

	Sigmoidoscopy within Past 5 Years	Blood Stool Test within Past Year
Harris County	2.6%	10.2%
Waller County	2.0%	3.4%
Texas	2.1%	8.0%
United States	NA	8.0%

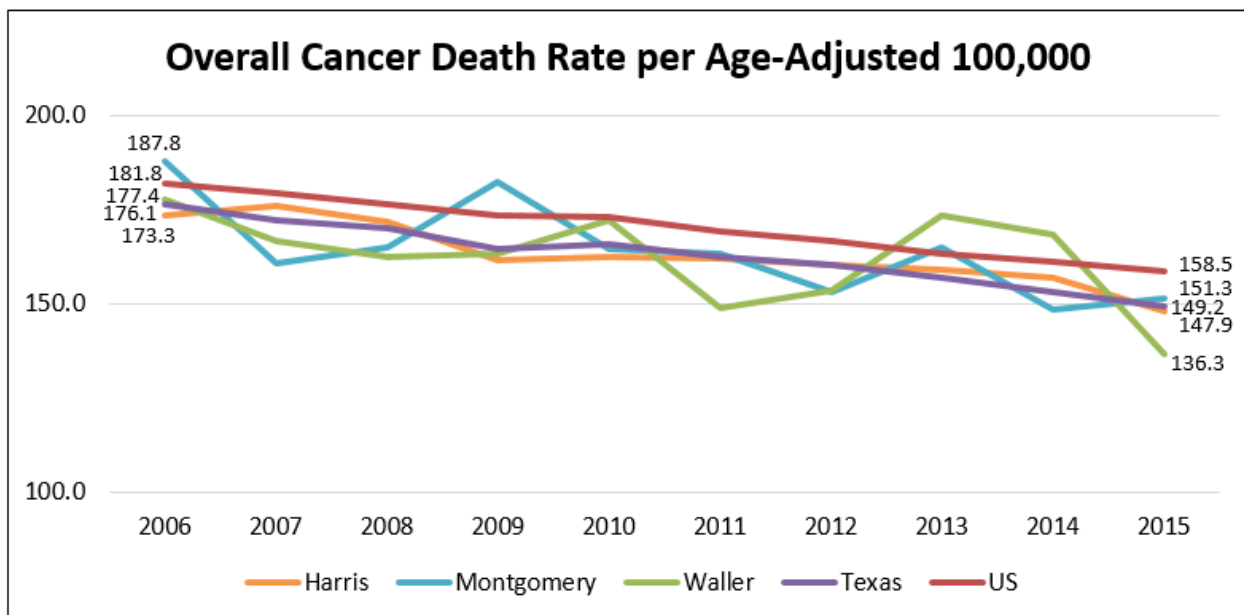
Source: CDC Behavioral Risk Factor Surveillance System, 2014; TDSHS Behavioral Risk Factor Surveillance System, 2014

*Montgomery County data are excluded due to an insufficient response count

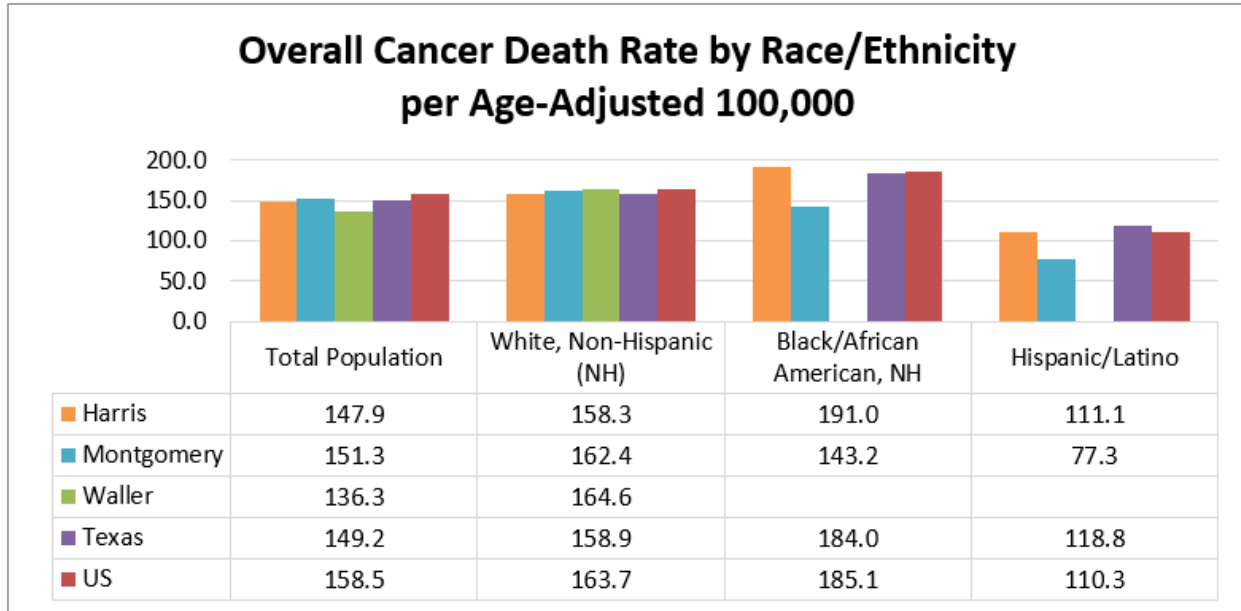
TRHF service counties meet the Healthy People 2020 goal for overall cancer death (161.4 per 100,000). All counties except Montgomery have a lower cancer death rate than the state and the nation, and all counties experienced death rate declines between 2004 and 2013. Despite lower reported screening rates, Waller County experienced the greatest rate decline (41 points).

Across Texas and the nation, Blacks/African Americans have a higher cancer death rate than Whites. The finding indicates that while Whites and Blacks/African Americans develop cancer at a similar rate, more Blacks/African Americans die from the condition. Harris County follows the state and national trend; the Montgomery County death rate is higher among Whites.

In Harris County, Whites and Blacks/African Americans have a similar cancer incidence rate, but Blacks/African Americans are more likely to die from the condition



Source: CDC Wonder, 2006-2015

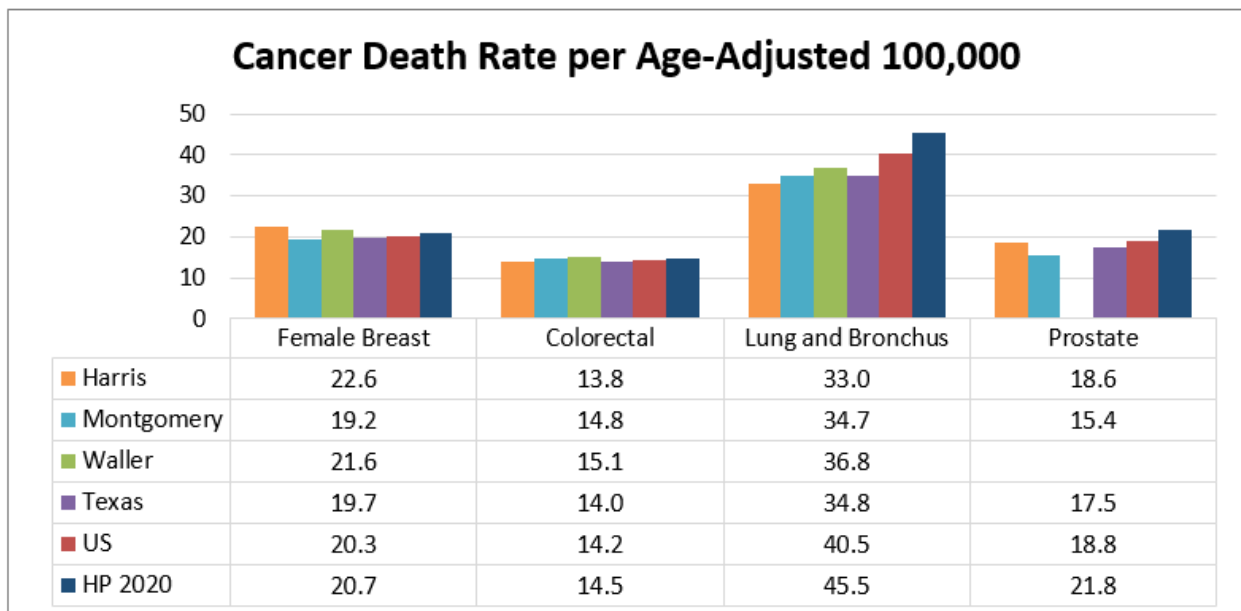


Source: CDC Wonder, 2015

*Waller County data by race and ethnicity is limited due to low death counts

Presented below are the death rates for the most commonly diagnosed cancers. TRHF service counties either meet or are within reach of Healthy People 2020 goals for cancer death. Death rates due to lung and bronchus cancer are particularly low.

TRHF service counties either meet or are within reach of HP 2020 goals for cancer death



Source: CDC Wonder, 2015

*Waller County death rates represent five-year (2011-2015) rates due to low single- and three-year death counts. Eleven prostate cancer deaths occurred in the county from 2011-2015. A rate is not reported.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease is the third most common cause of death in the nation. It encompasses diseases like chronic obstructive pulmonary disorder (COPD), emphysema, and asthma.

The prevalence of asthma and COPD among adults remained stable across Texas and the nation from 2011 to 2015. Texas adults are less likely to report having either condition in comparison to adults across the nation. Prevalence among TRHF service counties has been variable with inconsistent trends. In general, Harris and Waller Counties have had similar or better prevalence rates compared to the state, and Montgomery County has had higher rates.

Montgomery County has the highest rates of adult smoking and CLRD prevalence and death

Harris County nearly meets the HP 2020 goal for smoking and has lower CLRD rates

Harris and Waller Counties also have a lower CLRD death rate when compared to state and national benchmarks, while Montgomery County exceeds both benchmarks by 6 points. In all counties, death rates are highest among Whites and lowest among Hispanics/Latinos.

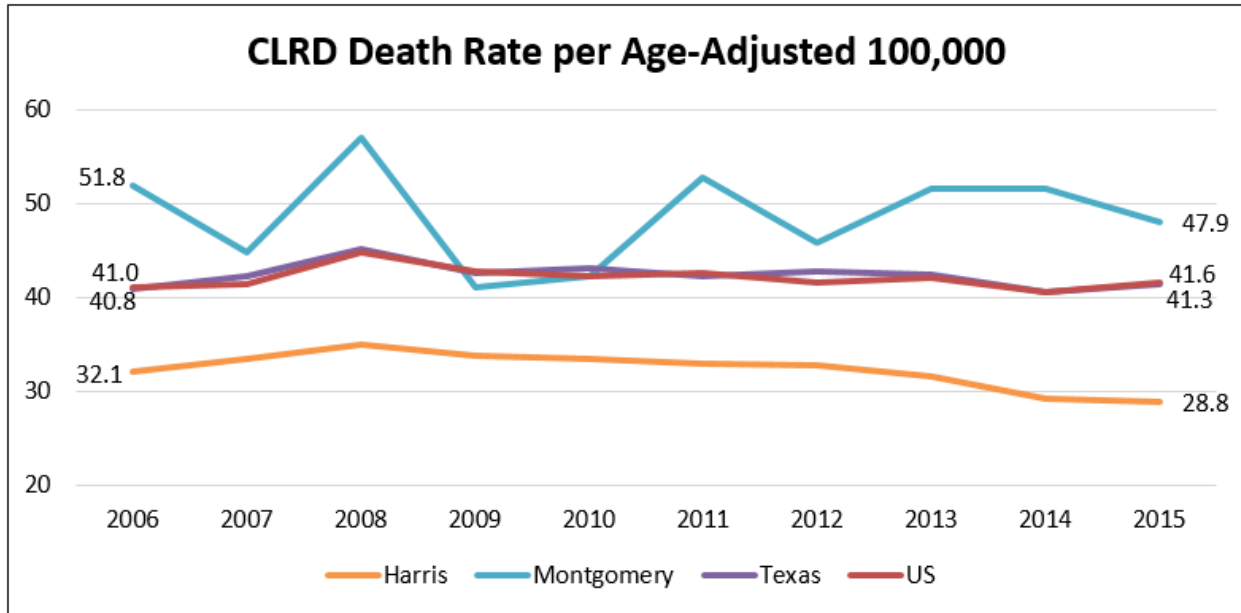
Smoking cigarettes can contribute to the onset of CLRD. Among TRHF service counties, Harris County has the lowest adult smoking rate, the lowest prevalence of asthma or COPD, and the lowest CLRD death rate. Montgomery County has the highest adult smoking rate and the highest CLRD prevalence and death rates.

Chronic Lower Respiratory Disease Prevalence among Adults

	Current Asthma Diagnosis	COPD Diagnosis
Harris County	6.5%	2.9%
Montgomery County	10.1%	10.5%
Waller County	7.1%	5.7%
Texas	7.6%	5.1%
United States	9.2%	6.2%

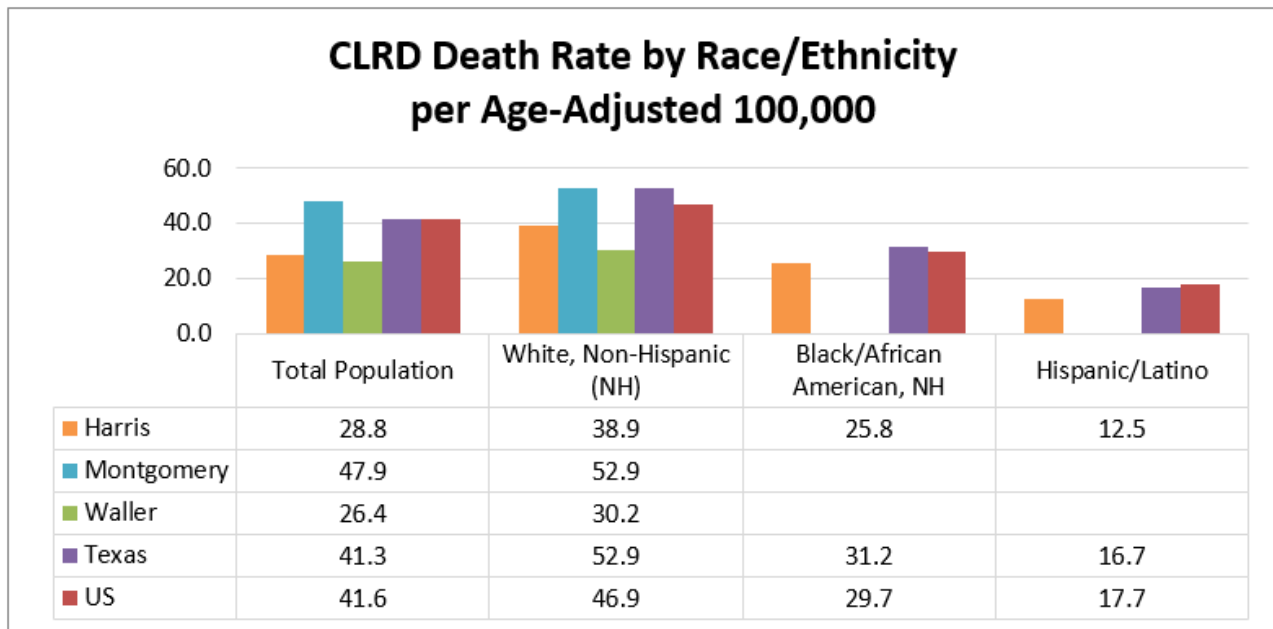
Source: CDC Behavioral Risk Factor Surveillance System, 2015; TDSHS Behavioral Risk Factor Surveillance System, 2015

*Montgomery County data are based on a sample of less than 100 and should be interpreted with caution



Source: CDC Wonder, 2006-2015

*Waller County death rates are not reported due to low annual death counts



Source: CDC Wonder, 2015

*Waller County death rates represent three-year (2013-2015) rates due to low single-year death counts.

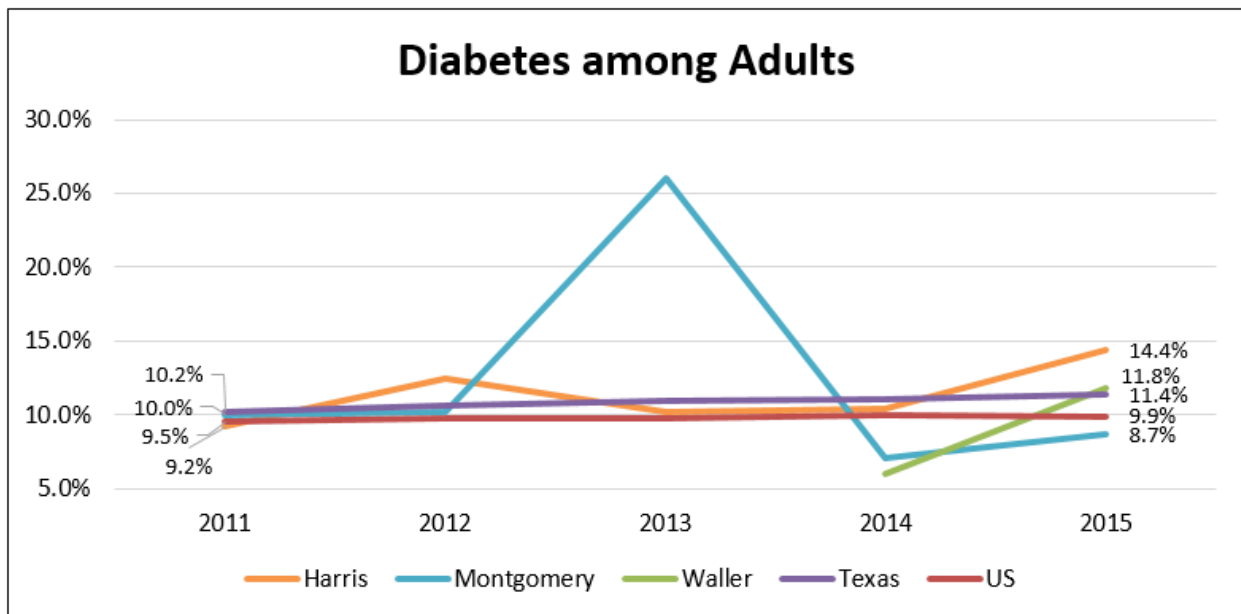
Waller and Montgomery County data by race and ethnicity is limited due to low death counts.

Diabetes

Diabetes is among the top 10 causes of death in the nation. According to the American Diabetes Association, diabetes and prediabetes affect more than 110 million Americans and cost \$332 billion per year. Diabetes can cause a number of serious complications. Type II diabetes, the most common form, is largely preventable through diet and exercise.

The prevalence of adult diabetes is increasing across Texas and the nation, but at a faster rate among Texans. Diabetes prevalence among TRHF service county adults has been variable over the past five reporting years, but current rates for Harris and Waller Counties exceed state and national benchmarks.

The prevalence of adult diabetes in Harris and Waller Counties exceeds state and national benchmarks

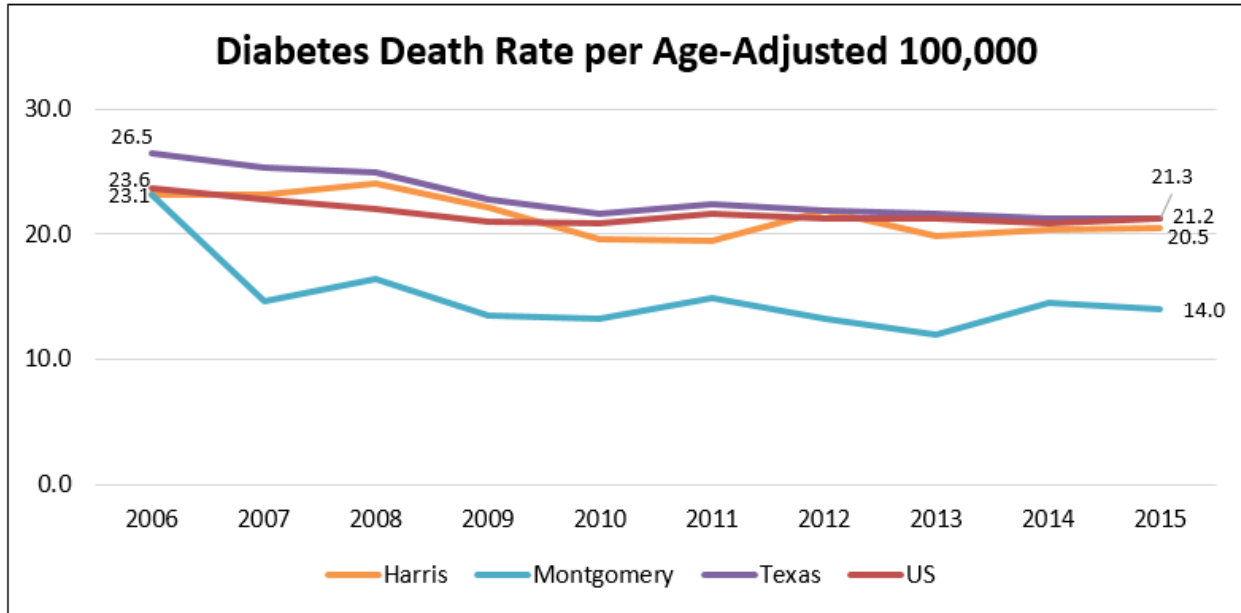


Source: CDC Behavioral Risk Factor Surveillance System, 2011-2015; TDSHS Behavioral Risk Factor Surveillance System, 2011-2015

*Montgomery County data are based on a sample of 125 or less and should be interpreted with caution. The 2013 data point is based on 59 responses.

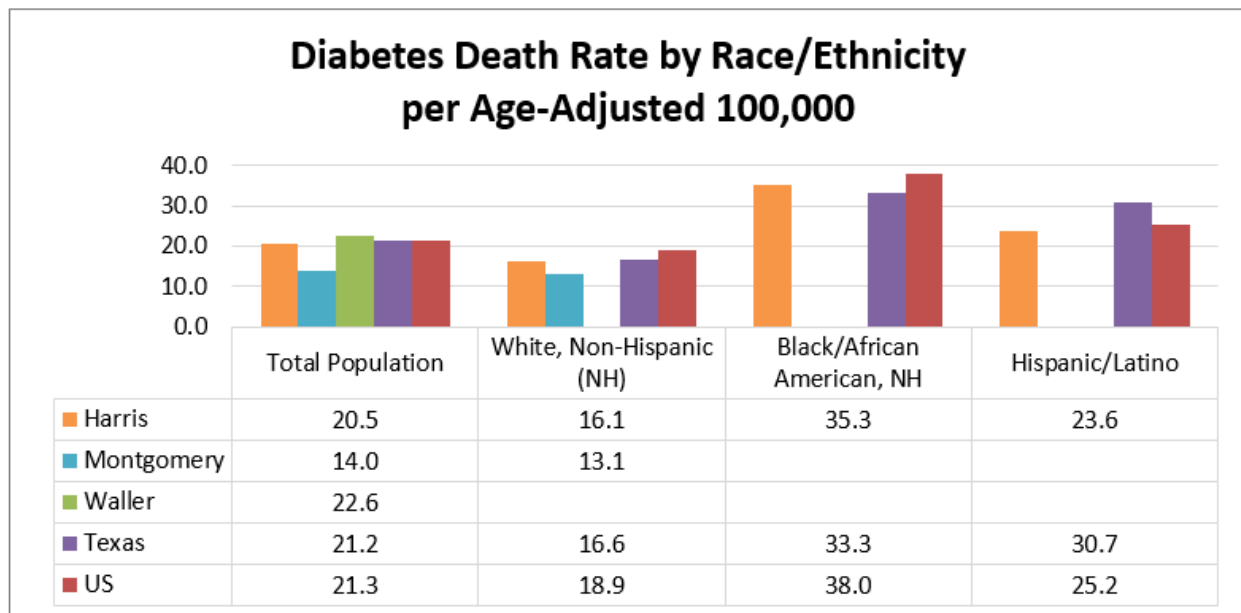
The diabetes death rate in TRHF service counties is similar to or lower than state and national rates. In Harris and Montgomery Counties, the diabetes death rate decreased from 2006 to 2015. Montgomery County experienced the greatest rate decline of 9 points. Waller County year-over-year trends are not reported.

Across Texas, the nation, and Harris County, the diabetes death rate is highest among Blacks/African Americans and Hispanics/Latinos. Racial and ethnic data are not reported in Montgomery and Waller Counties due to low death counts.



Source: CDC Wonder, 2006-2015

*Waller County death rates are not reported due to low annual death counts



Source: CDC Wonder, 2015

*The Waller County death rate represents a three-year (2013-2015) rate due to low single-year death counts. Waller and Montgomery County data by race and ethnicity is limited due to low death counts.

Senior Health

Chronic Conditions

Seniors face a number of challenges related to health and well-being as they age. They are more prone to chronic disease, social isolation, and disability. The following table notes the percentage of Medicare Beneficiaries 65 years or over who have been diagnosed with a chronic condition.

The prevalence of chronic conditions among Medicare Beneficiaries is higher in Texas compared to the nation. Among TRHF service counties, chronic condition prevalence rates are generally similar to or lower than state rates. Waller County is an exception with elevated rates of diabetes, heart failure, hypertension, ischemic heart disease, and stroke.

Waller County Medicare Beneficiaries 65 years or over have higher rates of diabetes, heart failure, hypertension, ischemic heart disease, and stroke

Chronic Conditions among Medicare Beneficiaries 65 Years or Over

	Harris County	Montgomery County	Waller County	Texas	United States
Alzheimer’s Disease	13.7%	12.0%	12.5%	13.5%	11.5%
Arthritis	29.1%	28.9%	30.3%	32.5%	30.7%
Asthma	4.6%	3.9%	4.8%	4.7%	4.5%
Cancer	8.3%	8.6%	7.8%	7.9%	8.9%
COPD	9.7%	11.8%	11.7%	11.1%	11.0%
Depression	13.1%	13.8%	12.4%	14.7%	13.6%
Diabetes	28.4%	25.0%	30.9%	28.5%	27.1%
Heart Failure	16.5%	15.2%	18.2%	16.6%	14.6%
High Cholesterol	45.8%	48.7%	49.1%	48.8%	47.9%
Hypertension	58.3%	58.9%	63.6%	60.4%	58.4%
Ischemic Heart Disease	31.3%	31.4%	34.0%	31.4%	29.3%
Stroke	5.3%	4.7%	6.2%	4.4%	4.0%

Source: Centers for Medicare & Medicaid Services, 2014

Regular screenings are essential for the early detection and management of chronic conditions. The following table analyzes diabetes and mammogram screenings among Medicare Beneficiaries. Medicare Beneficiaries in TRHF service counties have similar screening rates to the state overall, but lower rates when compared to the nation and Healthy People 2020.

Chronic Disease Screenings among Medicare Beneficiaries

	Annual hA1c Test from a Provider (65-75 Years)	Mammogram in Past Two Years (67-69 Years)
Harris County	82.3%	56.0%
Montgomery County	81.3%	59.0%
Waller County	84.5%	59.0%
Texas	83.7%	58.0%
United States	85.0%	63.0%
HP 2020	NA	81.1%

Source: Dartmouth Atlas of Health Care, 2013; Healthy People 2020

Disability

Chronic conditions and related disabilities can lead to limitations in activities of daily living (e.g. eating, bathing, dressing, etc.). Approximately 42% of older adults in Texas have a disability and 22% have a health problem that requires the use of special equipment (e.g. cane, wheelchair). Harris County older adults are more likely to have a disability and require the use of special equipment.

48% of older adults in Harris County have a disability; 28% require special equipment (e.g. cane, wheelchair)

Disabilities among Adults 65 Years or Over

	Have a Disability	Require the Use of Special Equipment (cane, wheelchair, etc.)
Harris County	47.8%	27.9%
Montgomery County	41.5%	28.3%
Waller County	40.3%	23.1%
Texas	41.6%	21.5%

Source: TDSHS Behavioral Risk Factor Surveillance System, 2015

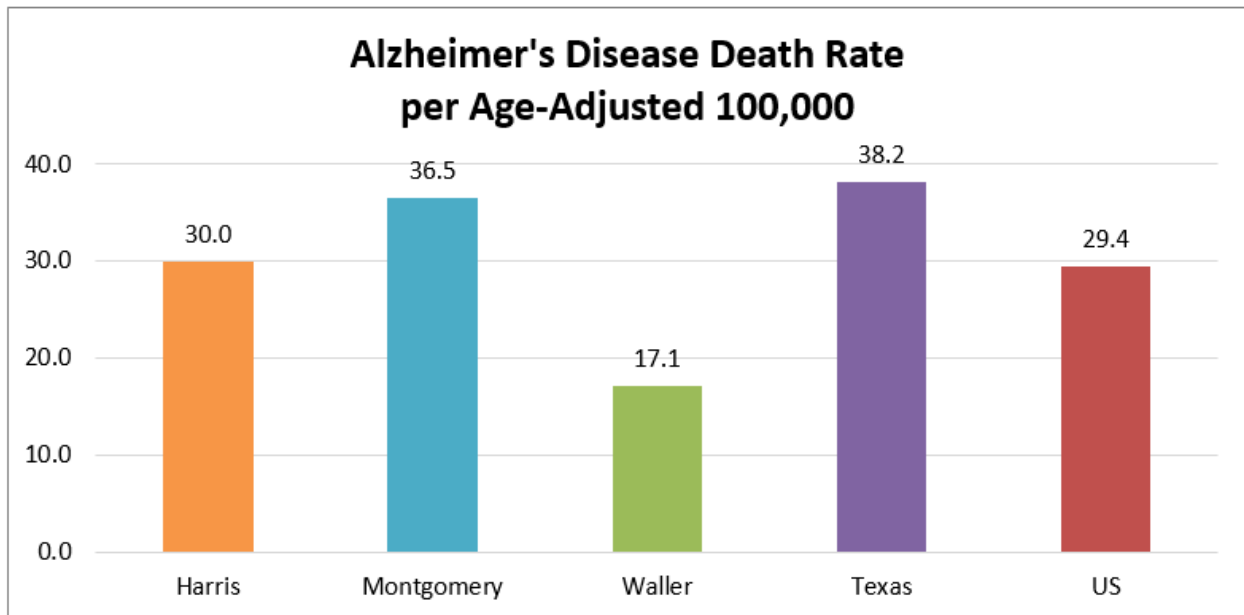
*Montgomery County data are based on years 2013-2015 (disability status) and 2011-2015 (use of special equipment). Montgomery County data are based on a sample of 130 or less and should be interpreted with caution.

Alzheimer’s Disease

According to the National Institute of Aging, “Although one does not die of Alzheimer’s disease, during the course of the disease, the body’s defense mechanisms ultimately weaken, increasing susceptibility to catastrophic infection and other causes of death related to frailty.”

Texas overall has a higher rate of Alzheimer’s disease death when compared to the nation. Montgomery County follows the state trend, while Harris County mirrors the nation. Waller County experienced 29 Alzheimer’s-related deaths between 2011 and 2015, and has a death rate that is less than half of the state rate.

The Montgomery County Alzheimer’s disease death rate exceeds the nation by 7 points



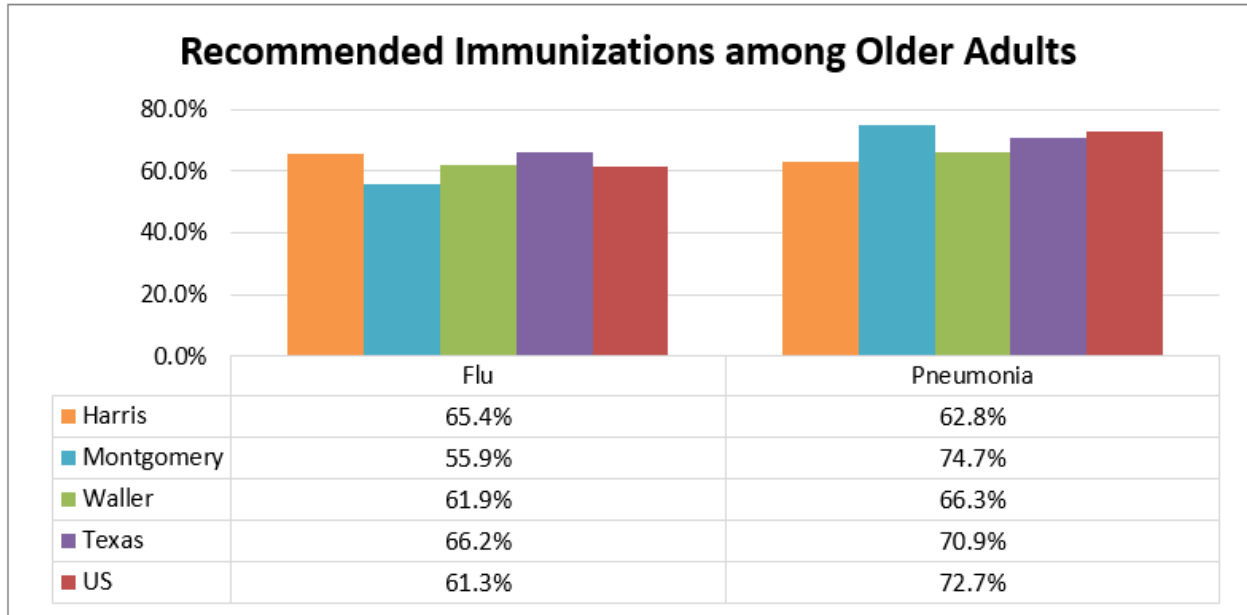
Source: CDC Wonder, 2015

*The Waller County death rate represents a five-year (2011-2015) rate due to low single- and three-year death counts

Immunizations

The Advisory Committee on Immunization Practices recommends all individuals age six months or older receive the flu vaccine. The vaccine is a priority for adults age 65 or over. Similarly, the pneumococcal vaccine is recommended for all older adults age 65 or over.

The following chart illustrates the percentage of adults aged 65 years or older who have received immunizations for flu and/or pneumonia. Harris and Waller Counties have similar flu vaccination rates to the state or nation, but lower pneumonia vaccination rates. Montgomery County has a lower flu vaccination rate, but a higher pneumonia vaccination rate.



Source: CDC Behavioral Risk Factor Surveillance System, 2015; TDSHS Behavioral Risk Factor Surveillance System, 2015

*Montgomery County data are based on years 2011-2015. Montgomery County data are based on a sample of 125 or less and should be interpreted with caution.

Sexually Transmitted Diseases

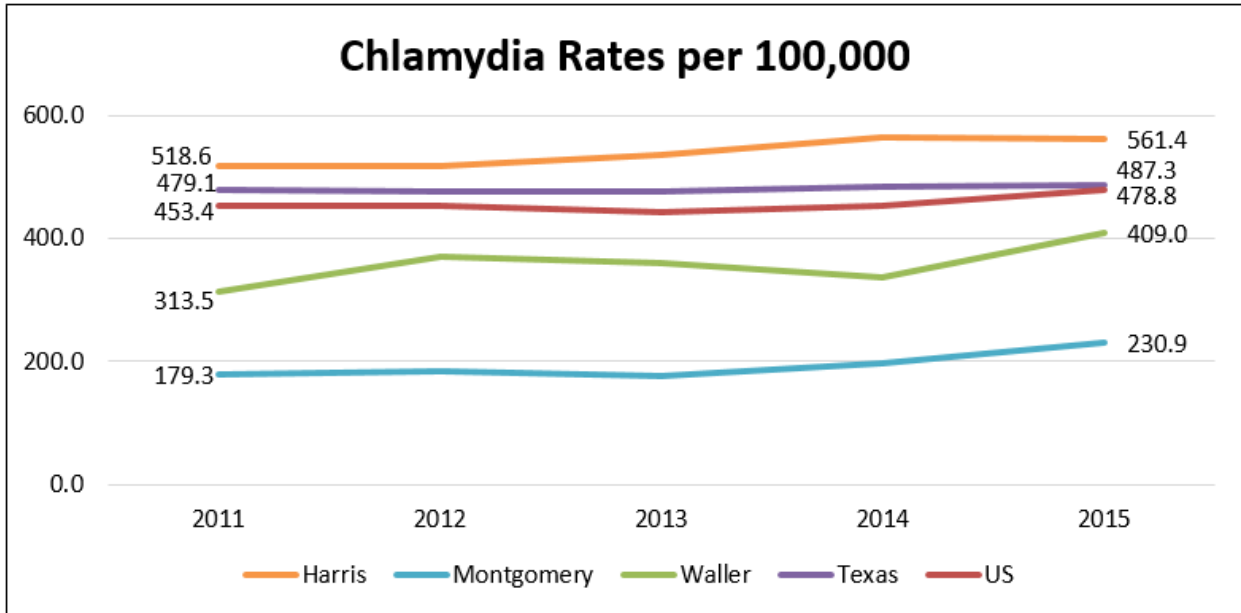
Sexually transmitted diseases (STDs) include chlamydia, gonorrhea, syphilis, and HIV. Chlamydia and gonorrhea rates increased in all TRHF service counties from 2011 to 2015. Waller County experienced the greatest chlamydia rate increase (96 points), while Harris County experienced the greatest gonorrhea rate increase (24 points). Harris County rates for both chlamydia and gonorrhea exceed state and national rates.

Chlamydia and gonorrhea rates increased in all TRHF service counties; syphilis rates increased in Harris and Montgomery Counties

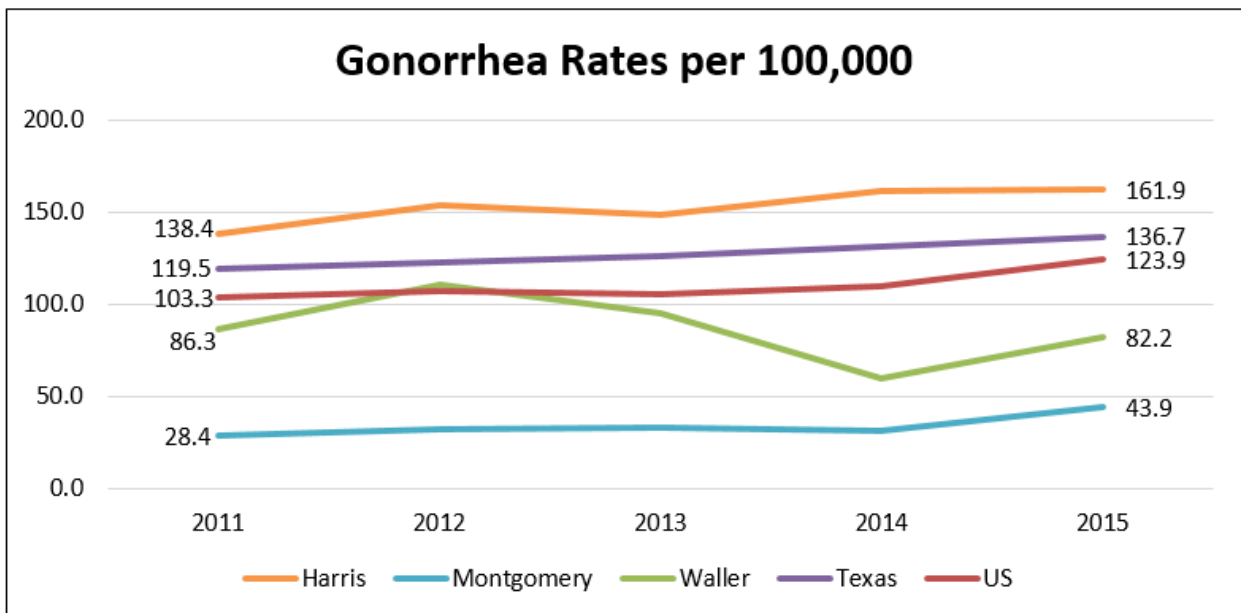
Syphilis rates increased in Harris and Montgomery Counties. Harris County experienced the greatest rate increase, and is the only service county to have a higher rate of syphilis than the state and the nation. The Waller County syphilis rate decreased 43 points from 2011 to 2015.

Harris County rates for all reported STDs exceed state and national benchmarks

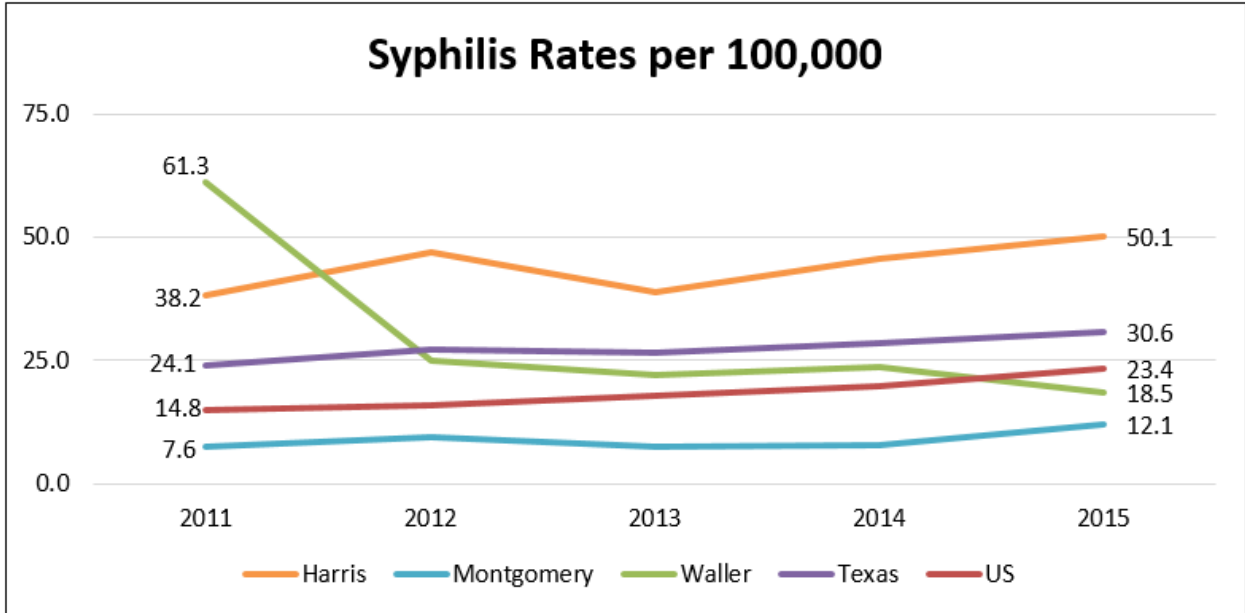
HIV rates remained stable in Harris and Montgomery Counties and decreased in Waller County. Harris County is the only service county to have a higher rate of HIV than the state and the nation.



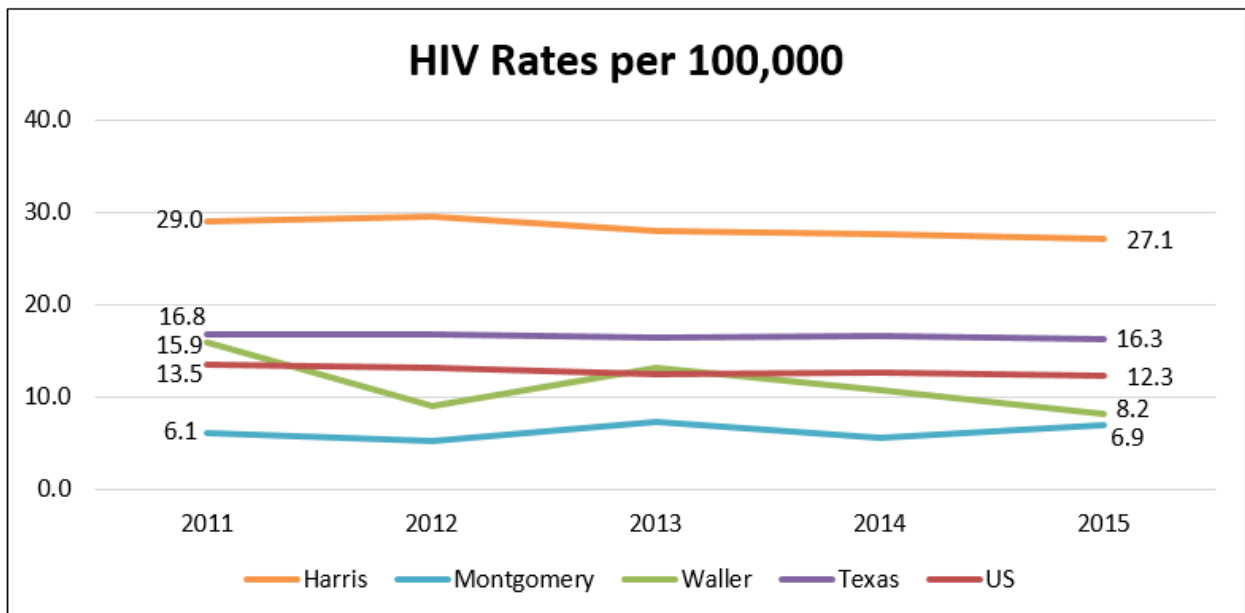
Source: CDC Sexually Transmitted Diseases, 2011-2015; TDSHS HIV/STD Program, 2011-2015



Source: CDC Sexually Transmitted Diseases, 2011-2015; TDSHS HIV/STD Program, 2011-2015



Source: CDC Sexually Transmitted Diseases, 2011-2015; TDSHS HIV/STD Program, 2011-2015



Source: CDC HIV/AIDS, 2011-2015; TDSHS HIV/STD Program, 2011-2015

Behavioral Health

Mental Health

Montgomery and Waller Counties have a higher percentage of adults with self-reported poor mental health, and a higher suicide rate, when compared to state and national benchmarks. The Montgomery County suicide rate has exceeded the Healthy People 2020 goal every year since 2006. Montgomery County also has a higher percentage of adults with a diagnosed depressive disorder, but it should be noted that the percentage is based on a low sample size and is not supported by year-over-year trends. Waller County year-over-year suicide trends are not reported due to low death counts. The county's current three-year (2013-2015) death rate exceeds the Healthy People 2020 goal by nearly 8 points.

Montgomery and Waller County adults are more likely to report having poor mental health; the suicide rate in both counties exceeds state and national benchmarks

Harris County adults are less likely to report poor mental health days or a diagnosed depression disorder. The county's suicide rate nearly meets the Healthy People 2020 goal.

Mental and behavioral disorders are varied and include delirium, disorders due to psychoactive substance abuse, schizophrenia, mood affective disorders, anxiety, eating disorders, etc. The death rate due to mental and behavioral disorders increased across Texas and the nation from 2006 to 2013, but has since declined. TRHF service counties followed a similar trend. Current service county death rates are similar to or lower than state and national rates.

TRHF service county death rates due to mental and behavioral disorders are similar to or lower than state and national rates

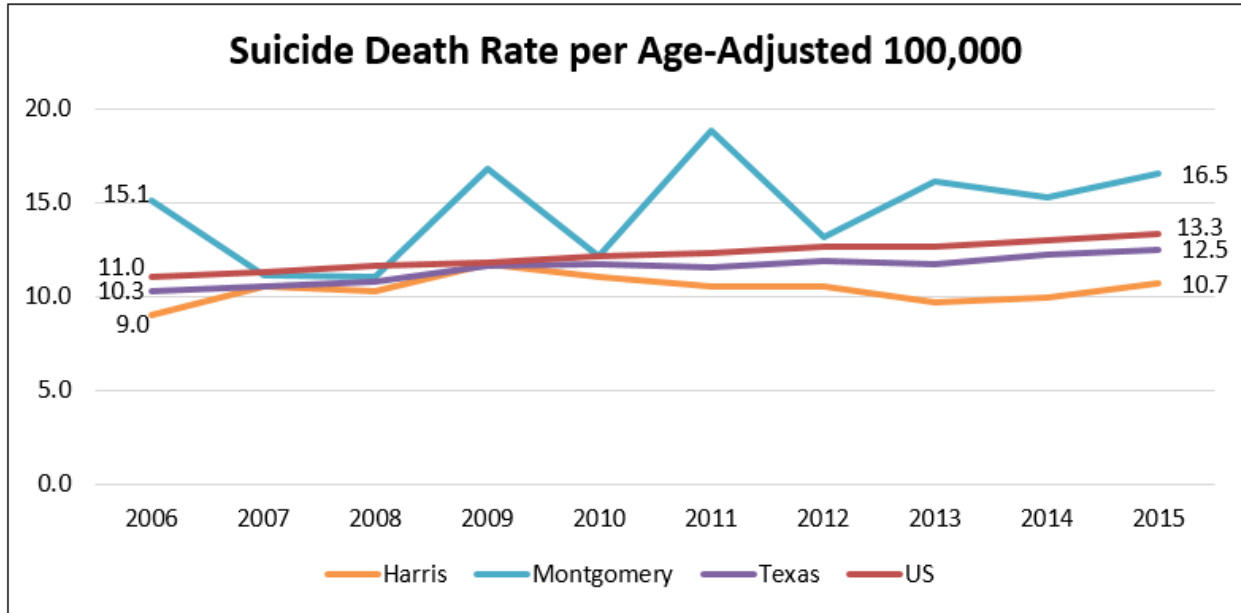
Mental Health Measures

	Poor Mental Health 14+ Days in Past Month (Adult)	Depression Diagnosis (Adult)	Suicide per Age-Adjusted 100,000	Mental & Behavioral Disorders Death per Age-Adjusted 100,000
Harris County	9.5%	13.7%	10.7	28.8
Montgomery County	12.2%*	25.3%*	16.5	31.9
Waller County	13.1%	15.5%	17.9**	32.1**
Texas	10.0%	16.1%	12.5	32.6
United States	NA	19.0%	13.3	36.3
HP 2020	NA	NA	10.2	NA

Source: CDC Behavioral Risk Factor Surveillance System & WONDER, 2015; Healthy People 2020; TDSHS Behavioral Risk Factor Surveillance System, 2015

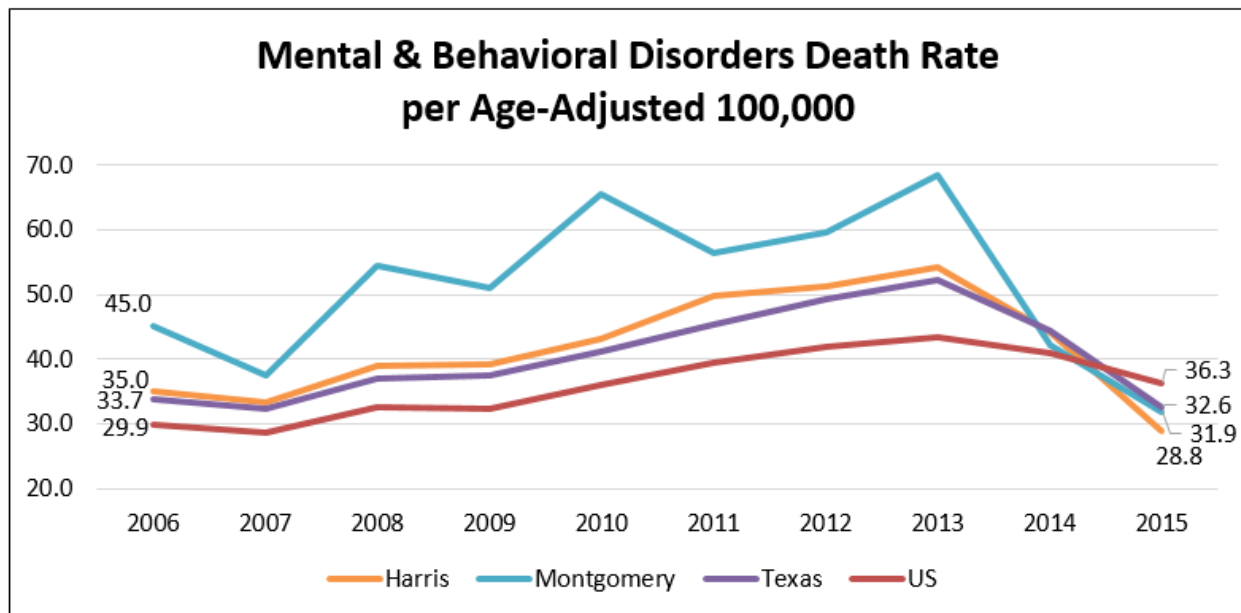
*Data are based on a sample of less than 100 and should be interpreted with caution

**Represents a three-year (2013-2015) death rate due to low single-year death counts



Source: CDC Wonder, 2006-2015

*Waller County death rates are not reported due to low annual death counts



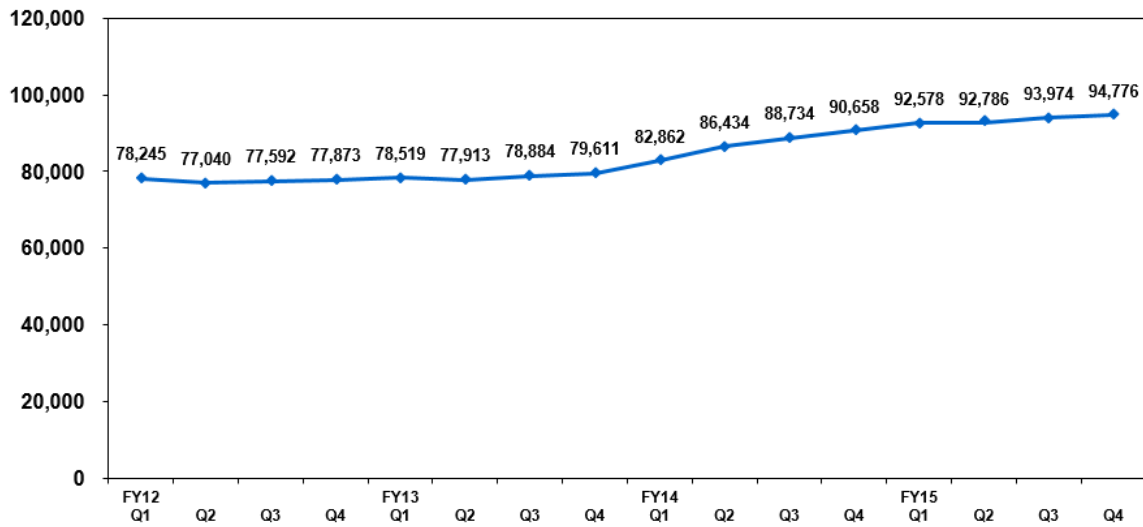
Source: CDC Wonder, 2006-2015

*Waller County death rates are not reported due to low annual death counts

The Texas Department of State Health Services contracts with 39 Community Mental Health Centers to provide mental health services for adults with serious mental illness and children with severe emotional disturbance. The average monthly number of adults and children in Texas receiving community mental health services increased between 2012 and 2015 by 16,500 and 5,600 respectively.

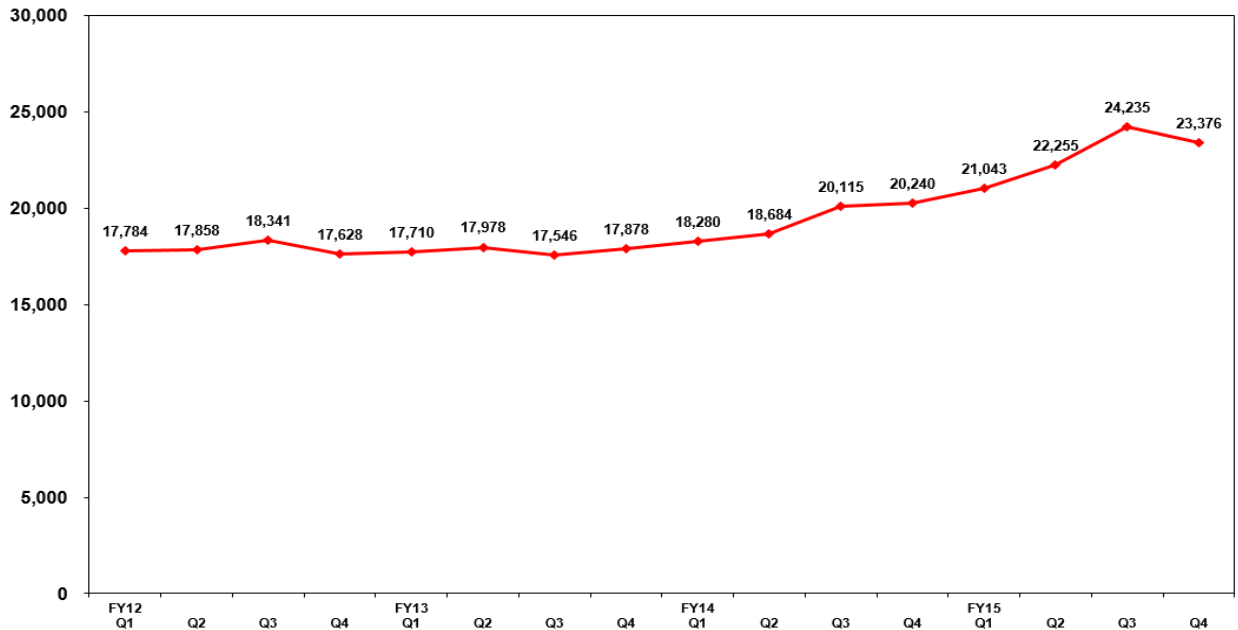
The number of Texas adults and children receiving services from state Community Mental Health Centers is increasing

Figure 1.1. Average monthly number of adults receiving community mental health services



Source: TDSHS Mental Health Services, 2012-2015

Figure 2.1. Average monthly number of children receiving community mental health services



Source: TDSHS Mental Health Services, 2012-2015

Substance Abuse

Substance abuse includes both alcohol and drug abuse. Adults in TRHF service counties are just as likely or less likely to report binge drinking within the past month when compared to state and national rates. However, both Harris and Montgomery Counties have a higher percentage of driving deaths due to alcohol impairment.

TRHF service counties meet the Healthy People 2020 goal for drug-induced deaths. Harris and Montgomery County death rates declined over the past decade, contrary to the national trend. The drug-induced death rate has been increasing across the nation since 2009.

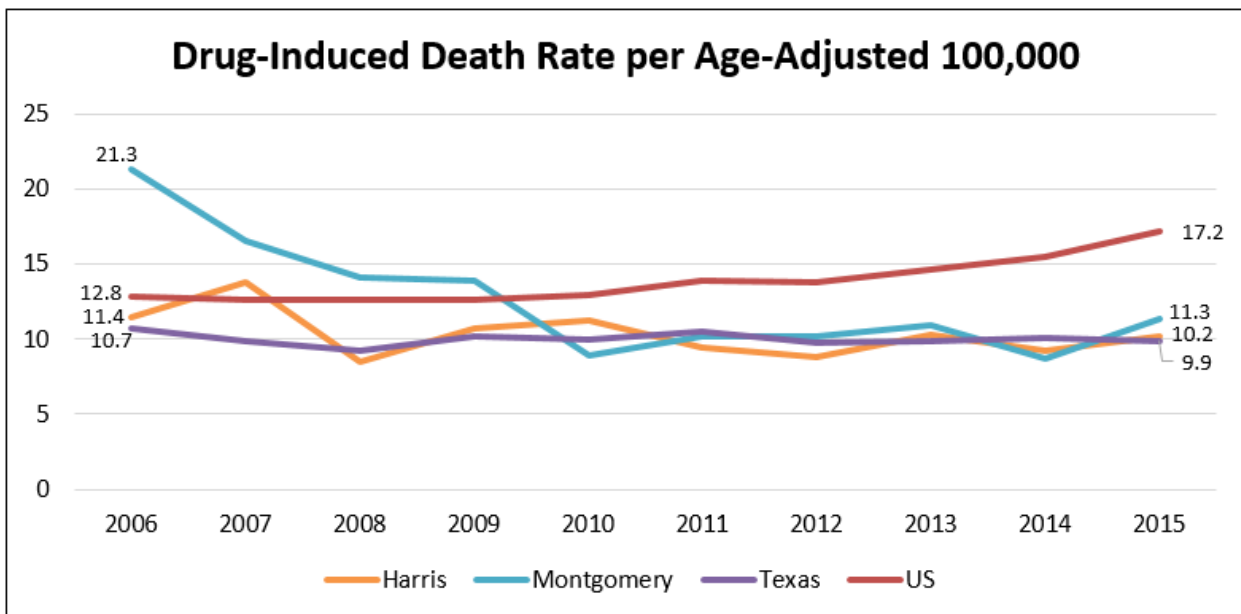
The drug-induced death rate declined in Harris and Montgomery Counties, contrary to national trends, but both counties have a higher rate of driving deaths due to DUI

Substance Abuse Measures

	Binge Drinking (Adults)	Percent of Driving Deaths due to DUI	Drug-Induced Death Rate per Age-Adjusted 100,000
Harris County	15.5%	40.9%	10.2
Montgomery County	6.4%	36.7%	11.3
Waller County	15.8%	27.0%	9.8*
Texas	15.9%	31.9%	9.9
United States	16.3%	31.0%	17.2
HP 2020	NA	NA	11.3

Source: CDC Behavioral Risk Factor Surveillance System & WONDER, 2015; Healthy People 2020; National Highway Traffic Safety Administration, 2010-2014; TDSHS Behavioral Risk Factor Surveillance System, 2015

*Represents a five-year (2011-2015) death rate due to low single- and three-year death counts



Source: CDC Wonder, 2006-2015

*Waller County death rates are not reported due to low annual death counts

In 2016, 46,069 7th – 12th grade students from 99 Texas school districts participated in the Texas School Survey of Drug and Alcohol Use. The survey is conducted every two years by the Texas Department of State Health Services Mental Health and Substance Abuse (MHSA) Division to solicit information about attitudes and behaviors towards alcohol and other drugs. The following is a summary of the survey findings as reported directly by the MHSA Division:

“Alcohol remains the drug of choice among Texas youth and the most widely used substance among surveyed students. The use of illicit drugs remained relatively constant from 2014-2016. Marijuana is the most commonly used illicit drug among students. Nonmedical use of prescription drugs slightly increased between 2014 and 2016, particularly for Xanax and Valium. The use of tobacco significantly increased due to the introduction of vaping as a measure of tobacco use, as described above.”

Alcohol continues to be the “drug of choice” among Texas youth, but tobacco and prescription drug use/abuse rates are increasing

Texas School Survey of Drug and Alcohol Use Findings (Grades 7-12)

	2014	2016
Alcohol use (ever)	50.5%	52.7%
Past month use	21.2%	28.6%
Binge drinking in past month	13.8%	11.5%
Tobacco use (ever)	22.4%	30.4%
Past month use	8.4%	14.5%
Vaping (ever)	NA	24.9%
Marijuana use (ever)	23.2%	20.8%
Past month use	9.1%	12.2%
Over-the-counter drug misuse (ever)	3.5%	3.6%
Past month use	1.6%	1.6%
Prescription misuse – codeine cough syrup (ever)	10.8%	12.8%
Past month use	5.1%	6.0%
Prescription misuse – oxycodone/hydrocodone (ever)	NA	5.0%
Past month use	NA	2.4%
Prescription drug misuse – Valium/Xanax (ever)	NA	4.0%
Past month use	NA	1.9%

Source: TDSHS Mental Health Services, 2016

Maternal and Child Health

Total Births

The overall birth rate among TRHF service counties differs with a higher rate of birth in Harris County and lower rates of birth in Montgomery and Waller Counties compared to the state. Across all counties, the birth rate is highest among Hispanics/Latinos.

2014 Births by Race and Ethnicity

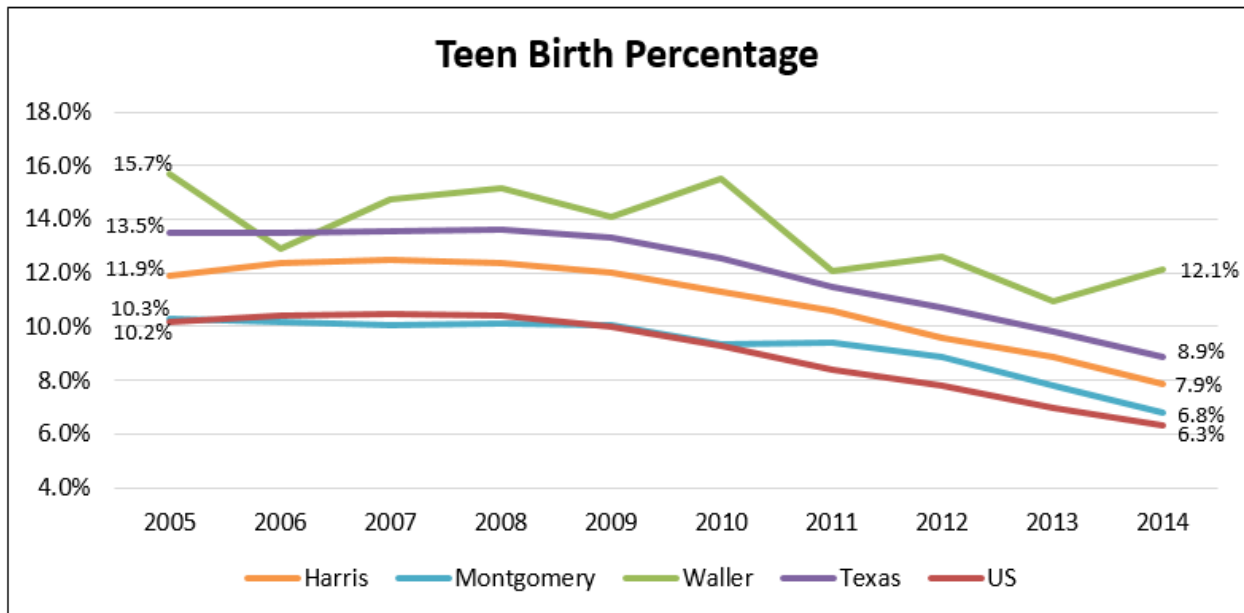
	Total Births	Birth Rate per 1,000	White Birth Rate	Black/African American Birth Rate	Hispanic/Latino Birth Rate
Harris County	71,395	16.3	12.9	16.6	18.2
Montgomery County	6,971	13.2	11.7	14.2	16.7
Waller County	667	13.7	12.4	6.9	20.2
Texas	399,482	14.7	11.8	14.8	17.6

Source: TDSHS Texas Health Data, 2014

Teen Births

The percentage of births to teen mothers declined in all TRHF service counties from 2005 to 2014 by approximately 4 points. All counties still exceed the national percentage for teen births. The Waller County teen birth percentage is nearly double the national average and is the only county to exceed the state.

The percentage of births to teens in Waller County declined, but is nearly double the national average



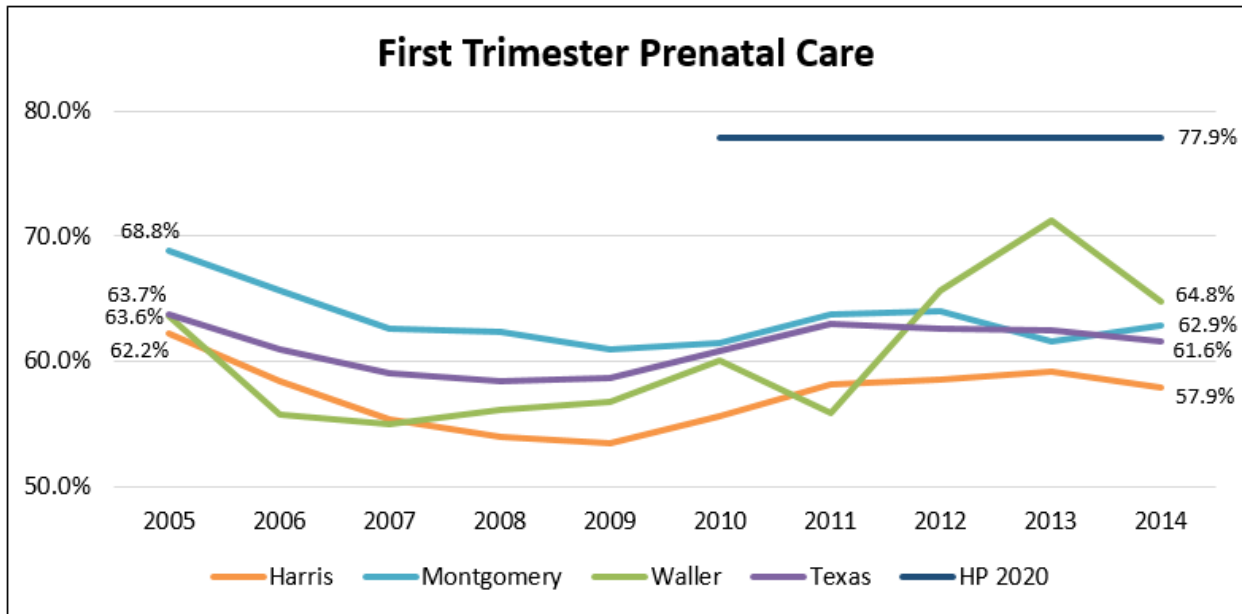
Source: CDC National Vital Statistics System, 2005-2014; TDSHS Texas Health Data, 2005-2014

Prenatal Care

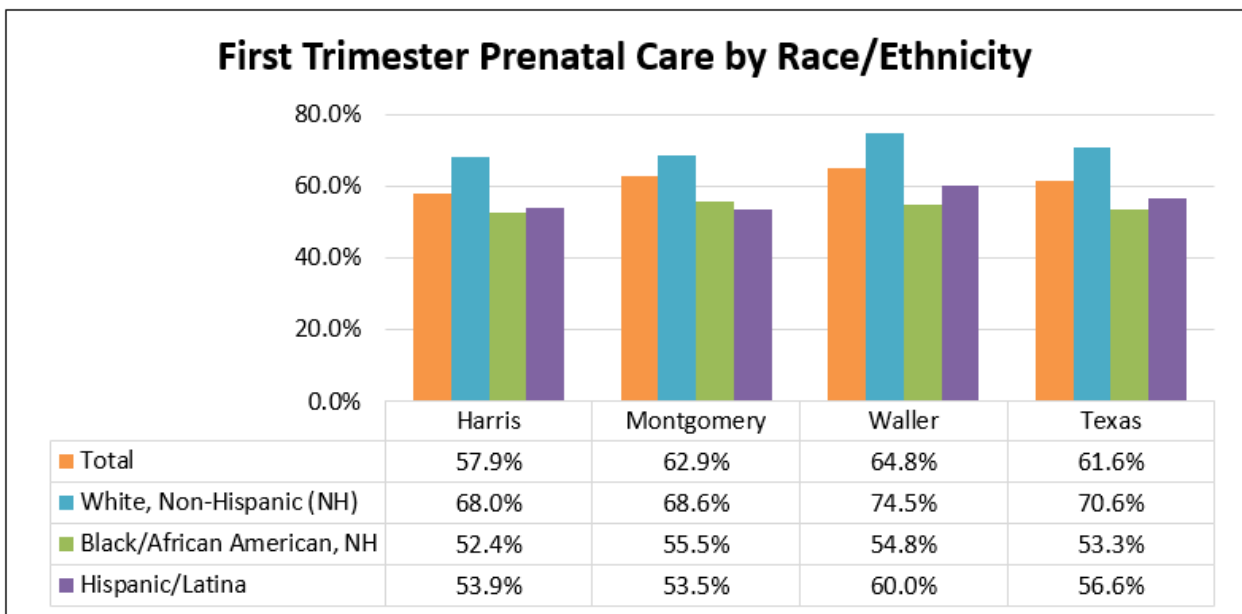
Early and adequate prenatal care is important for ensuring a healthy pregnancy and birth. The Healthy People 2020 goal is to have 77.9% of mothers receive prenatal care within the first

trimester. Mothers across Texas and TRHF service counties do not meet the Healthy People 2020 goal, falling short by as much as 20% points. Black/African American and Hispanic/Latina women are the least likely to receive first trimester prenatal care. The disparity is greatest in Waller County, where 75% of White mothers receive care compared to 55% of Black/African American mothers.

TRHF service counties do not meet the HP 2020 goal for first trimester prenatal care; Black/African American and Hispanic/Latina women are the least likely to receive care



Source: TDSHS Texas Health Data, 2005-2014; Healthy People 2020



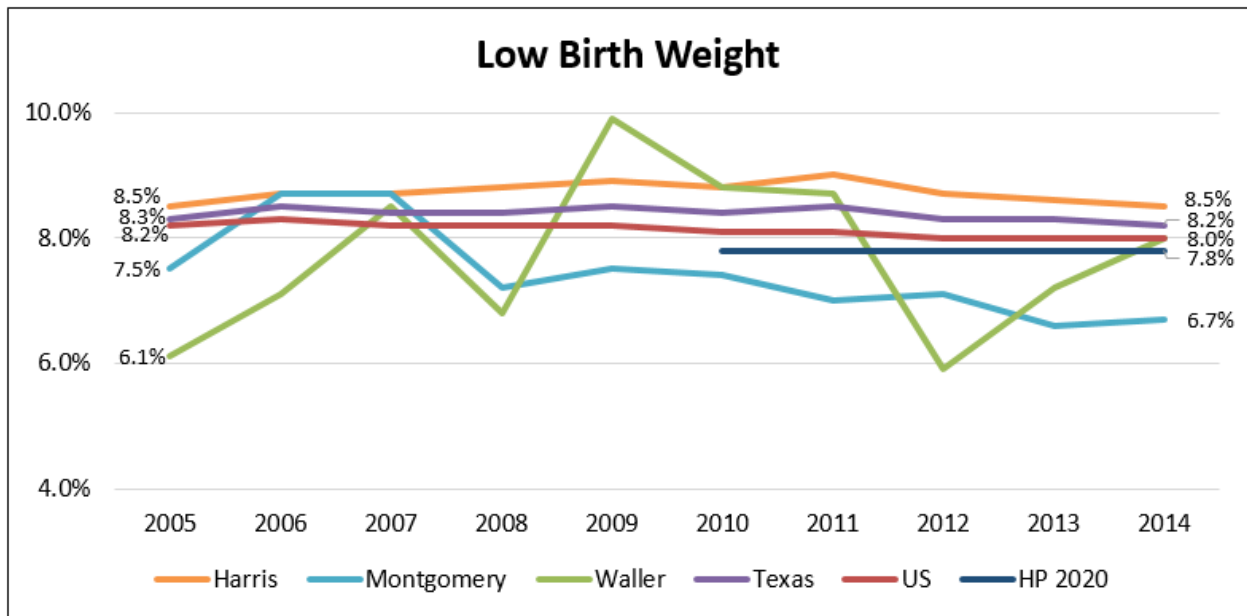
Source: TDSHS Texas Health Data, 2014

Low Birth Weight

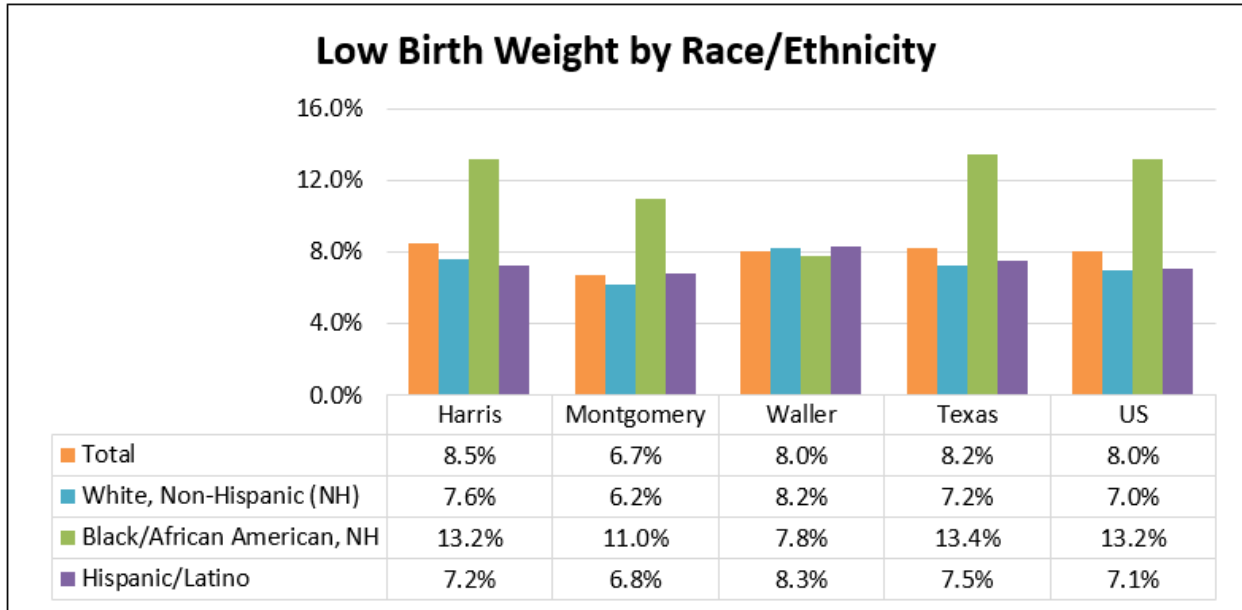
Low birth weight is defined as a birth weight less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. TRHF service counties either meet or are within reach of the Healthy People 2020 goal for low birth weight babies. Harris and Montgomery County percentages remained stable or declined between 2005 and 2014; Waller County percentages have been variable, but generally within reach of the Healthy People 2020 goal.

TRHF service counties meet or are within reach of the HP 2020 goal for low birth weight babies, but rates are higher among Blacks/African Americans

Across the nation, Black/African American women are more likely than women of other racial and ethnic groups to deliver low birth weight babies. Harris and Montgomery Counties follow the national trend with low birth weight percentages among Blacks/African Americans exceeding Whites and Hispanics/Latinos by as much as 6 points. In Waller County, the percentage of low birth weight babies is consistent among racial and ethnic groups.



Source: CDC National Vital Statistics System, 2005-2014; Healthy People 2020; TDSHS Texas Health Data, 2005-2014



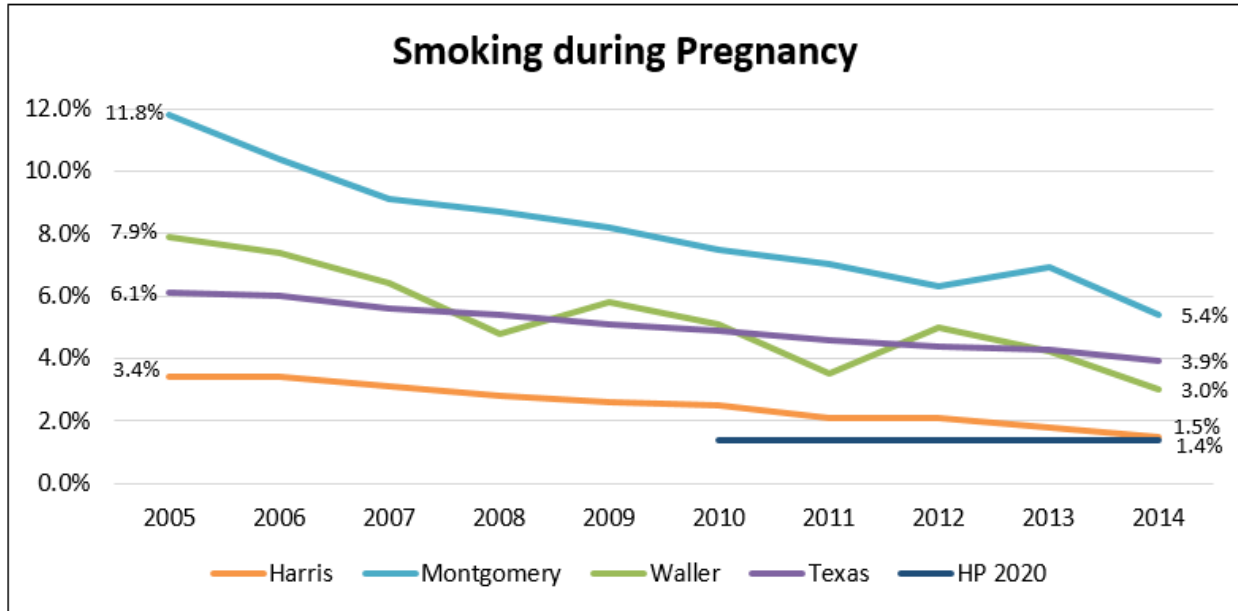
Source: CDC National Vital Statistics System 2014; TDSHS Texas Health Data, 2014

Smoking during Pregnancy

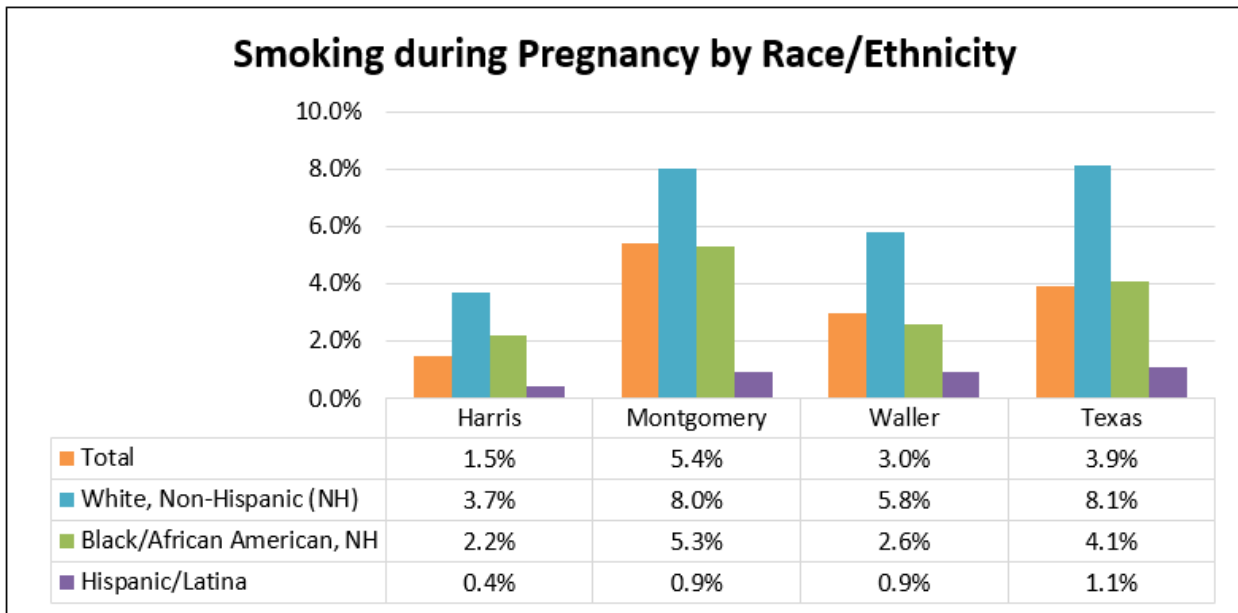
The percentage of mothers who smoke during pregnancy decreased in all TRHF service counties from 2005 to 2014. Montgomery County experienced the greatest decline of 6 points, but the current percentage is the highest of the service counties and exceeds both the state rate and the Healthy People 2020 goal. The Harris County percentage meets the Healthy People 2020 goal and the Waller County percentage is within reach of the goal.

Montgomery County exceeds both the HP 2020 goal and the state rate for mothers who smoke during pregnancy

Across Texas and TRHF service counties, White mothers are the most likely to smoke during pregnancy. In Harris and Waller Counties, the percentage of White mothers who smoke is approximately double the percentage among Black/African American mothers. Less than 1% of Hispanic/Latina mothers in the service counties smoke during pregnancy.



Source: Healthy People 2020; TDSHS Texas Health Data, 2005-2014



Source: TDSHS Texas Health Data, 2014

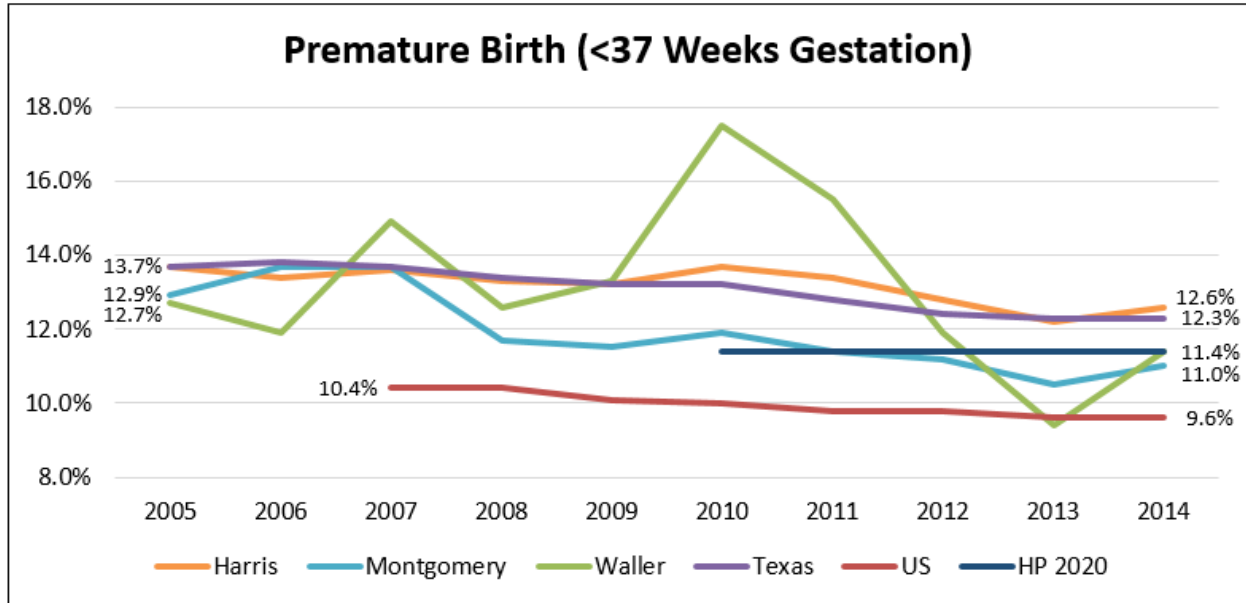
Preterm Birth

Preterm birth is defined as a birth prior to 37 weeks gestation. All TRHF service counties exceed the national rate for preterm birth, but either meet or are within reach of the Healthy People 2020 goal. The preterm birth rate decreased in all counties from 2005 to 2014, despite a rate peak in 2010 in Waller County.

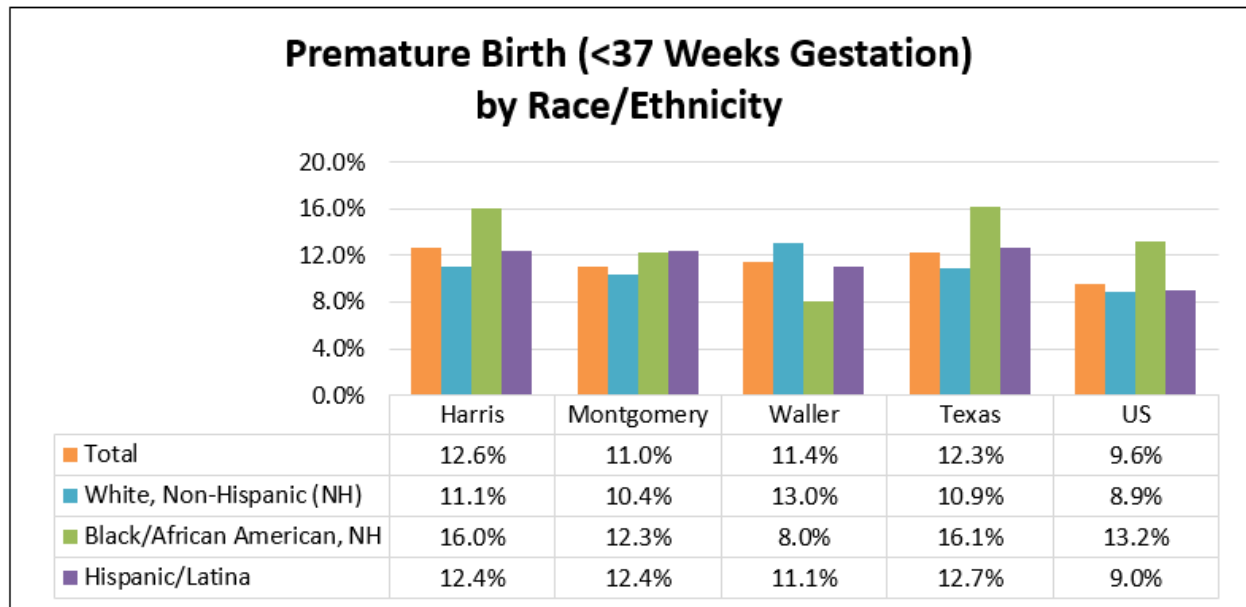
TRHF service counties meet or are within reach of the HP 2020 goal for preterm birth

Across the nation, Black/African American women are more likely than women of other racial and ethnic groups to deliver preterm babies. Harris County follows the national trend with a preterm birth percentage among Blacks/African Americans that exceeds Whites and Hispanics/Latinos by as much as 5 points. In Montgomery County, Blacks/African Americans and Hispanics/Latinos are more likely than Whites to deliver preterm babies. In Waller County, Whites are the most likely to deliver preterm babies.

In Harris and Montgomery Counties, preterm birth rates among Blacks/African Americans and/or Hispanics/Latinos are higher than rates among Whites



Source: CDC National Vital Statistics System, 2005-2014; Healthy People 2020; TDSHS Texas Health Data, 2005-2014

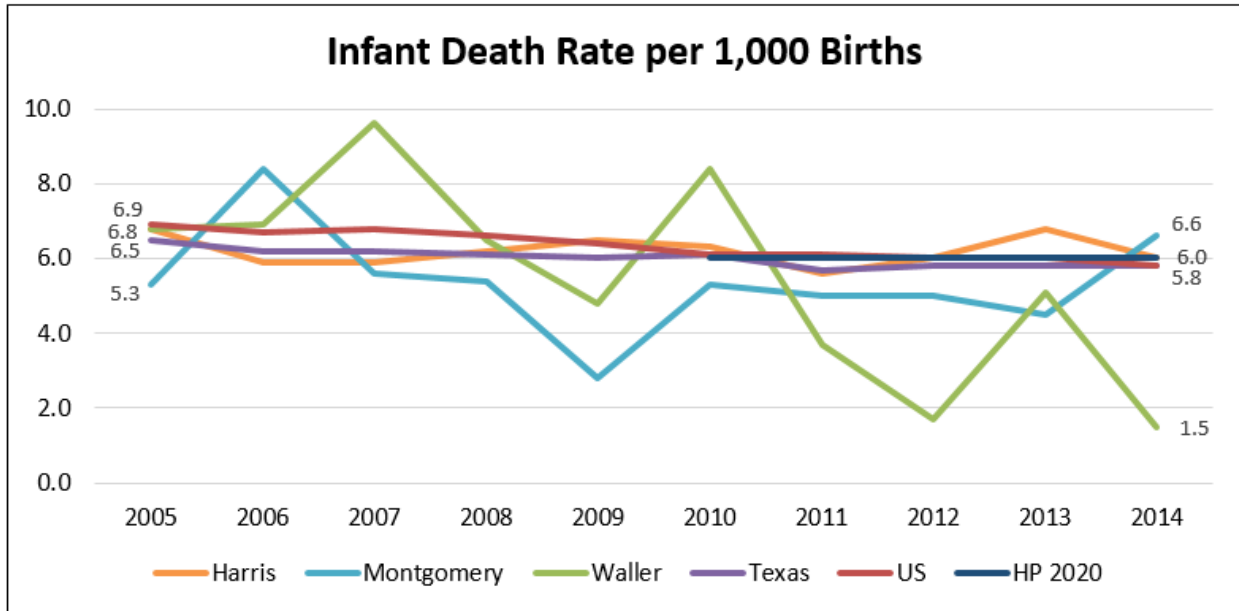


Source: CDC National Vital Statistics System, 2014; TDSHS Texas Health Data,

Infant Death

TRHF service counties either meet or are within reach of the Healthy People 2020 goal for infant death. The Harris County infant death rate has remained stable over the past decade. The Montgomery County death rate has been variable but generally below the Healthy People 2020 goal. The Waller County death rate has been variable but generally below the Healthy People 2020 goal. The Waller County death rate has also been variable, primarily due to low annual death counts. Between 2005 and 2014, the county had a total of 33 infant deaths.

TRHF service counties either meet or are within reach of the HP 2020 goal for infant death



Source: CDC National Vital Statistics System, 2005-2014; Healthy People 2020; TDSHS Texas Health Data, 2005-2014

Health Care Inventory for Low-Income and Uninsured

Texas Medicaid Programs

Medicaid, according to the Center for Medicaid and CHIP Services, “provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.”

Texas has five Medicaid programs, administered by the Texas Medicaid & Health care Partnership on behalf of the Texas Health and Human Services Commission. STAR Medicaid, a managed care plan, covers the majority of Texans with Medicaid coverage. As a managed care plan, the Medicaid insured select a medical plan and a main doctor as their point of contact for services. Each plan has a network of specialists and hospitals for referral.

Harris, Montgomery, and Waller Counties are part of the Harris Service Area. The health plans serving this area are: Amerigroup; Community Health Choice; Molina Health care of Texas, Texas Children’s Health Plan; and UnitedHealth care Community Plan.

Texas Medicaid Program Descriptions

Program	Harris Service Area Providers	Description
STAR	Amerigroup; Community Health Choice; Molina Health care of Texas, Texas Children’s Health Plan; UnitedHealth care Community Plan	Medicaid program for children, newborns, pregnant women and some families and children.
STAR Health	Statewide	Medicaid for children who get Medicaid coverage through the Texas Department of Family and Protective Services. STAR Health also is for young adults who were previously in foster care and have either: Former Foster Care Children’s Medicaid or Medicaid for Transitioning Youth.
STAR Kids	Amerigroup; Texas Children’s Health Plan; UnitedHealth care Community Plan	A new Medicaid program for children and adults 20 or younger who have disabilities.
STAR+PLUS	Amerigroup; Molina Health care of Texas, UnitedHealth care Community Plan	Medicaid program for people who have disabilities or are age 65 or older.
Traditional Medicaid or Fee for Service	Not applicable	For individuals who cannot be in managed care. Participants can go to any doctor who accepts Medicaid, but do not have a primary care provider.

Source: Texas Health and Human Services, n.d.

TRHF Medicaid Insured Population

Approximately 34,000 people or 9.9% of the total population within the TRHF service area is insured by Medicaid alone. This cumulative percentage is lower when compared to county, state, and national benchmarks. Note that zip codes 77362 (Pinehurst) and 77447 (Hockley) have the highest total population percentages of Medicaid insured at 20% and 17.5%, respectively, and were both identified as not having Medicaid accepting primary care providers.

The following table summarizes Medicaid insured individuals by zip code and age. Children under the age of 18 years are the most likely to be insured by Medicaid, followed by seniors 65 years or over.

Medicaid Insured by Zip Code and Age

Zip Code	Under 18 Years	18-64 Years	65 Years or Over	Total Population	
				Percent	Number
TRHF Service Area	20.6%	4.7%	8.3%	9.9%	33,915
77362, Pinehurst	37.6%	13.1%	0.0%	20.1%	1,004
77447, Hockley	42.6%	6.2%	10.9%	17.5%	2,369
77484, Waller	36.9%	5.6%	8.1%	14.6%	1,676
77375, Tomball	27.8%	5.1%	14.1%	13.3%	5,916
77355, Magnolia	30.1%	5.8%	8.9%	12.2%	3,210
77433, Cypress	21.5%	3.9%	10.6%	10.4%	6,697
77354, Magnolia	23.5%	4.2%	4.9%	9.7%	3,273
77377, Tomball	14.0%	5.5%	9.7%	8.7%	2,935
77429, Cypress	11.5%	3.7%	7.2%	6.4%	5,058
77389, Spring	10.3%	4.8%	2.1%	6.2%	1,777
Harris County	43.9%	9.0%	16.5%	19.2%	834,559
Montgomery County	27.0%	5.2%	9.3%	11.6%	57,919
Waller County	44.7%	8.7%	11.4%	17.7%	8,066
Texas	39.9%	7.8%	15.4%	17.3%	4,519,485
United States	37.9%	12.1%	14.1%	18.5%	57,557,806

Source: American Community Survey, 2011-2015

A total of 73 unique primary care providers that accept Medicaid were identified within the TRHF service area. The following table shows the ratio of primary care providers to Medicaid participants, and the number of providers currently known to be accepting new patients, by zip code. The table is intended as a guide to illustrate provider availability. Actual provider availability may fluctuate and is dependent upon accepted programs and health plans, specialty area, etc.

Medicaid Primary Care Providers by Zip Code

Zip Code	Number of Providers	Ratio of Providers to Medicaid (Alone) Insured	Providers Accepting New Traditional Medicaid Patients	Providers Accepting New STAR Patients
TRHF Service Area	73	1 : 465	30	52
77377, Tomball	1	1 : 2,935	1	1
77355, Magnolia	2	1 : 1,605	1	2
77429, Cypress	11	1 : 460	5	8
77354, Magnolia	8	1 : 409	6	7
77433, Cypress	18	1 : 372	6	14
77484, Waller	6	1 : 279	6	6
77375, Tomball	28	1 : 211	6	15
77362, Pinehurst	0	NA	NA	NA
77389, Spring	0	NA	NA	NA
77447, Hockley	0	NA	NA	NA

A full listing of providers and their accepted Medicaid programs is available by zip code in Appendix D. Four providers within zip codes 77423 (Brookshire), 77445 (Hempstead), and 77446 (Prairie View) are included due to their proximity to the service area and location within Waller County, a designated MUA and HPSA. A listing of community assets, including Federally Qualified Health Centers located within 16 to 41 miles of Tomball Regional Medical Center (TRMC) is included in Appendix B.

Community Leader Feedback and Partner Engagement

Community engagement was a key element in the TRHF 2017 CHNA. Input was sought from a wide range of community representatives to glean insights and information about community health needs. TRHF invited representatives of community organizations, including health care providers, social service agencies, religious institutions, elected officials, and advocates of underserved populations to participate in interviews, surveys, and a focus group. An overview of research findings from each research method is detailed below.

Interviews with Community Leaders

Background

Interviews were conducted with representatives from five community organizations to garner qualitative insight on community health needs, assets, and barriers to service. Interviews were conducted in January 2017 and included representatives from:

- Harris Health
- Northwest Assistance Ministries
- TOMAGWA
- Tomball Emergency Assistance Ministries
- Tomball Regional Medical Center

Summary of Findings

Home to Tomball Regional Medical Center and a variety of social service organizations, Tomball is seen as a hub of resources for communities in the northwest area of Houston City. Given the lack of public transportation, residents without access to personal transportation still have trouble in accessing existing services. Residents in outlying areas, particularly Waller, experience greater disparity in accessing health care without transportation. Waller is a federally designated Medically Underserved Area (MUA) and residents are considered underserved by community leaders that were interviewed.

The Greater Tomball area has a strong sense of community, demonstrated by a variety of mission-based services that are volunteer dependent. Examples include Tomball Emergency Assistance Ministries (TEAM), TOMAGWA Health Services, Northwest Assistance Ministries (NAM), Tomball Recovery Center, Tomball Unity Club, Tomball Health Coalition, and other community- and church-led social services. “Neighbors helping neighbors” is a common theme across programs. Resources are generally aimed at helping residents in crisis. The Chamber of Commerce also plays an active role in economic development and community enrichment.

Pockets of affluence and poverty exist simultaneously within the Greater Tomball area. Disparities exist related to health care, employment, housing, and substance abuse. Individuals and families that experience poverty are most impacted by disparities. Black/African American, Latino, and other racial and ethnic minorities disproportionately experience health and social disparities.

Community challenges include increasing chronic health conditions within the population, including obesity and substance abuse. More residents are diagnosed with diabetes and heart disease. Local primary and specialty health providers are limited, particularly for adults with Medicaid or those who are uninsured. TOMAGWA provides health services for uninsured individuals on a sliding scale fee. It hosts two diabetes clinic days per month with approximately 25 (mostly unique) patients at each session. TOMAGWA services are provided mainly by volunteer physicians and concerns exist for succession planning.

Providers shared the need for navigation and case management to connect patients with wrap-around services and to ensure they follow through with care instructions. Hospital staff provided the example of patients who require antibiotic infusions every day for several weeks, but only come to initial appointments. Community partnerships could be enlisted to provide home-based services and monitoring, and medication adherence assistance.

Transportation is one of the biggest barriers to receiving care and services across the region. Patients struggle to find transportation for initial appointments, as well as follow-up care. Cancellations are common among high need populations. Patients needing transport from Tomball Regional Medical Center to downtown Houston for specialty care often wait until they are in crisis, and then require an ambulance.

Behavioral health is a growing need in the community among all age groups. Grade schools to senior centers are seeing an increasing demand for services. Residents seeking services reach out to their family doctors, religious organizations, and social services. The Chamber of Commerce reports that it even receives regular calls from residents looking for mental health and substance abuse resources. The community lacks inpatient psychiatric beds for adults and children, particularly for uninsured and Medicaid insured patients. Patients are often held in the hospital ER until a bed becomes available. There is also a need for outpatient services to prevent hospitalizations. Providers discussed the potential for telemedicine to address shortages.

Residents are unaware of the social services available in the community. “Even clients we’ve seen and counseled for years, are unfamiliar with other support organizations in the community.” Organizations are limited in how much they can advertise due to limited marketing funds and limited resources to meet needs.

Key Informant Survey

Background

An online survey was administered to key informants across the TRHF service area between February and March 2017 to solicit information about health needs and disparities. Key Informants included health and human service providers, civic and social organization representatives, church and religious institution leaders, business representatives, and other community stakeholders. Ninety-four representatives completed the online survey. The following is a summary of key themes based on their feedback.

Key informants responded as representatives of community organizations (n=29) or individual community members (n=67). A list of community organizations represented by key informants, and their respective role/title, is included in Appendix C. Approximately 91% of respondents are White/Caucasian; 7.5% are Hispanic/Latino. The average age of respondents is 58 years. Informants represent diverse geographies and populations, as depicted in the tables below.

Areas Served or Represented by Key Informants

	Percent of Informants	Number of Informants
Tomball City and Surrounding Communities	74.5%	70
Spring and Surrounding Communities	29.8%	28
Magnolia City and Surrounding Communities	25.5%	24
Pinehurst and Surrounding Communities	11.7%	11
Cypress and Surrounding Communities	10.6%	10
Hockley and Surrounding Communities	7.5%	7
Waller City and Surrounding Communities	5.3%	5

Populations Served or Represented by Key Informants

	Percent of Informants	Number of Informants
Families	52.4%	44
Low income/Poor	39.3%	33
Seniors/Elderly	38.1%	32
Children/Youth	36.9%	31
Uninsured/Underinsured	33.3%	28
Women	28.6%	24
Hispanic/Latino	26.2%	22
Men	22.6%	19
Disabled	19.1%	16
Black/African American	14.3%	12
Other	13.1%	11
Homeless	10.7%	9
Asian/Pacific Islander	4.8%	4
Immigrant/Refugee	4.8%	4
American Indian/Alaska Native	3.6%	3
LGBTQ community	3.6%	3

*Other responses: All populations; mentally ill; unemployed; business community; pregnant or new families

Summary of Findings

Key informants were asked to identify the top health conditions affecting residents, and the top contributing factors to the conditions. The following tables show the most frequently selected responses.

Top Health Conditions Affecting Residents

Ranking	Condition	Percent of Total Selections	Number of Selections
1	Overweight/Obesity	14.1%	38
2	Access to Health Care	12.6%	34
3	Diabetes	10.0%	27
4	Heart Disease	8.9%	24
5	Mental Health	8.2%	22

Top Causes of Conditions Affecting Residents

Ranking	Contributing Factor	Percent of Total Selections	Number of Selections
1	Inability to afford health care	19.4%	53
2	Poor diet/Lack of physical activity	16.8%	46
3	Social determinants (poverty, education level, racial/ethnic inequality, etc.)	9.9%	27
4	Lack of health insurance	8.8%	24
5	Stress (work, family, school, etc.)	8.8%	24

Overweight/Obesity

Overweight/Obesity was identified by key informants as being the top health concern in the region, followed closely by access to health care. Contributing factors to overweight/obesity are poor diet, lack of physical activity, and lack of resources to support a healthy lifestyle. Informants identified the need for nutrition education and counseling and healthy dining options. “There is too much obesity due to fast foods. I see a need for community gardens and teaching families good nutrition. There is an abundance of cheap calories.”

Informants recognized the impact of overweight/obesity and other healthy lifestyle factors on chronic disease prevention and management. “Heart disease seems prevalent due to our county’s historical addiction to smoking as well as a poor diet. (I think we have more fast food restaurants than churches.)” “We have many hospital re-admissions related to heart disease and diabetes and patients not managing their health condition at home.” “Many patients need education on how to manage their chronic health condition in the community and what community resources to properly utilize to avoid frequent hospital re-admissions.”

Access to Health Care

Access to health care was identified as the second most common health concern affecting residents. Health care was overwhelming described as unaffordable due to out-of-pocket costs and lack of health insurance. “Health insurance remains unaffordable for people who either have incomes above the subsidized rates, or have incomes above the Texas Medicaid eligibility

maximum.” “The number of uninsured continues to rise. The cost of health care insurance/ deductibles continues to rise. Health care is becoming unaffordable for many families.”

Nearly three-quarters of informants stated that individuals in the community are uninsured because they cannot afford health insurance coverage. More than half of informants stated that the primary reason individuals with health insurance do not receive primary care services is because they cannot afford related expenses (copays, deductibles, prescriptions, etc.).

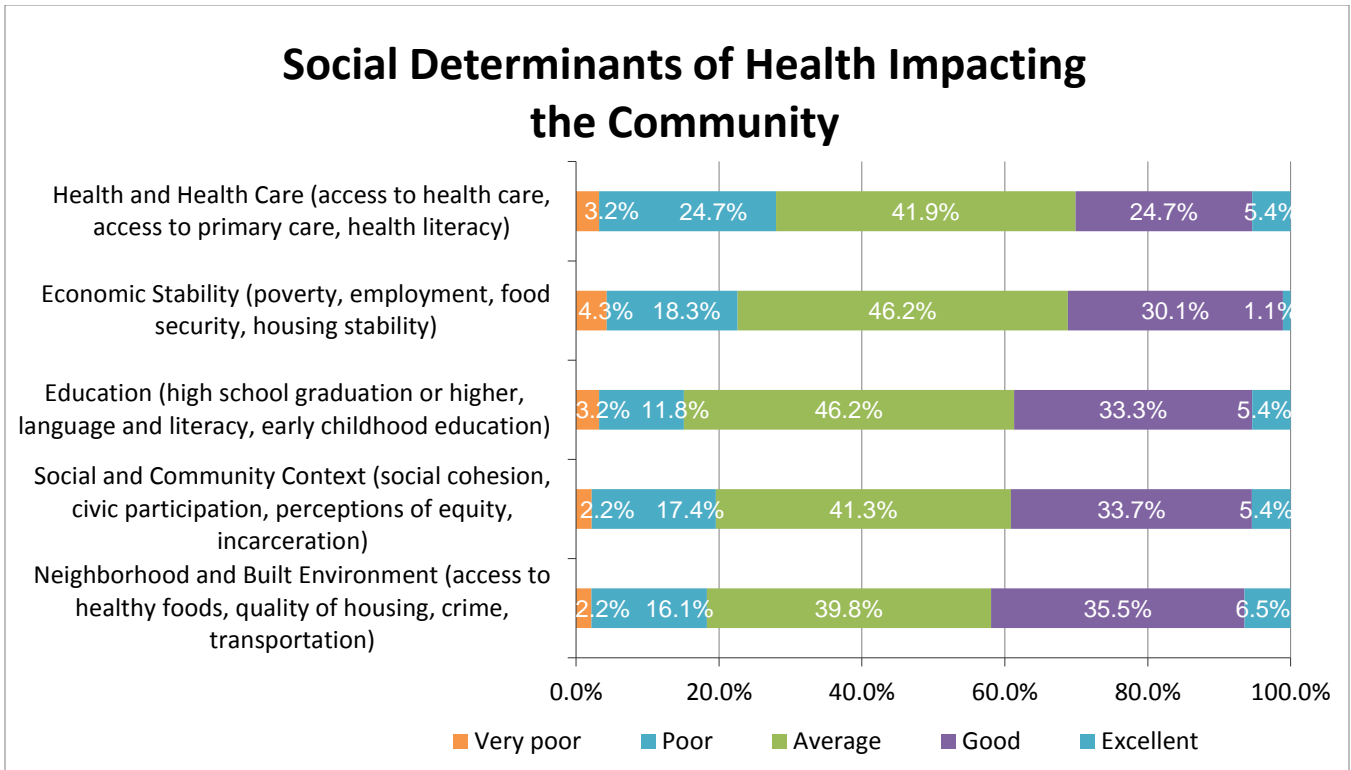
Primary Reason Individuals are Uninsured

	Percent of Informants	Number of Informants
Cannot afford health insurance coverage	71.4%	65
Other	9.9%	9
Undocumented citizen	8.8%	8

Primary Reason Insured Individuals do Not Receive Primary Care Services

	Percent of Informants	Number of Informants
Unable to afford care (copays, deductibles, prescriptions)	58.9%	53
Feel healthy ("Don't need to go to the doctor")	22.2%	20
Other	6.7%	6
Fear of diagnosis	5.6%	5

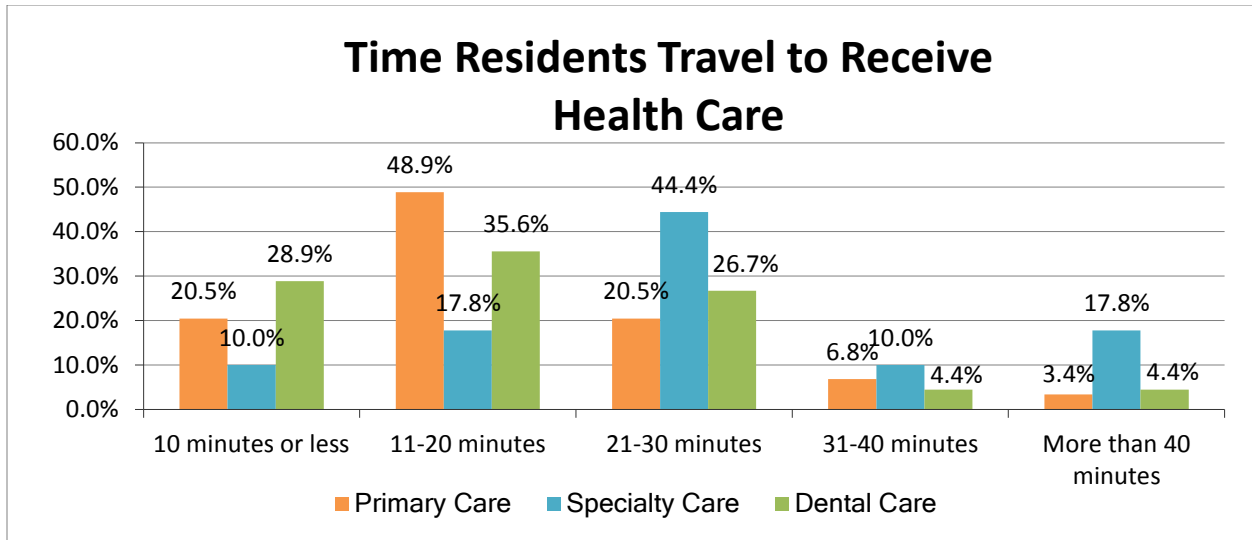
On a scale of “very poor” to “excellent,” health and health care received the lowest average rating for social determinants of health in the community. Twenty-eight percent of informants rated it as “very poor” or “poor,” primarily due to lack of affordable options. Informants shared that minority groups and individuals living outside of the Tomball City limits experience greater health care disparity. “We do have more access to food and health care within the city limits, but areas like Hazy Hollow and Dogwood Hills do not.” “The Hispanic population is more economically disadvantaged.” “The rural poor. No transportation, little education.”



Lack of transportation is also a barrier to receiving health care, particularly for residents living in rural areas. “Many poor people live in the surrounding area in substandard housing and have no access to health care because there is no transportation or they do not have insurance.” “Lack of transportation is a big issue as many people do not drive or have their own reliable vehicle. Many patients do not have someone who can drive them to appointments.”

Travel and wait times for primary, specialty, and dental care providers were assessed to gather perception on availability of services within the region. Approximately 90% of key informants reported that primary and dental care are available within 30 minutes of residents. However, 30% of informants reported that residents wait 5 or more days for primary care appointments, and 54% reported that residents wait 5 or more days for dental care appointments.

More than 25% of informants reported that specialty care is more than 30 minutes away from residents, and 69% reported that residents wait 5 or more days for appointments. Asked what specialty care services residents travel more than 30 minutes for, informants most often identified cancer treatment, pediatric specialties, behavioral health, and cardiology.



Mental Health

Mental health was identified as the fifth most common health concern, after diabetes and heart disease. Contributing factors include lack of mental health awareness among both health care professionals and the general public and lack of prevention and treatment resources. “I came from out of state and it wasn’t perfect there...but here there are very few options for folks with moderate to severe mental illness to be independent and receive help and education about their conditions. Most of the time...they can only go to the hospital. There is no in-between for them.” “Mental health is a concern that many in our area do not realize is at high levels--appears in any income level, career/ profession, etc... Drug and alcohol are, in many cases, drivers of mental health issues in our community.” “Mental Health is a very underserved need throughout Texas.”

Missing Community Resources

Key informants were asked to share what resources are missing in the community that would help residents optimize their health. The following table lists the top five missing resources according to informants. Health and wellness initiatives were identified as the most needed resources, followed by mental health services and transportation. “People need care and understanding of their health.” “Mental health services are limited and not very local. Substance abuse services are not very much in this area and typically there is a waiting list. Transportation gets to be a problem if folks have to travel into the city to get care.”

Missing Resources within the Community to Optimize Health

Ranking	Resource	Percent of Informants	Number of Informants
1	Health and wellness education, programming, initiatives	59.0%	49
2	Mental health services	50.6%	42
3	Transportation options	49.4%	41
4	Community Clinics/Federally Qualified Health Centers	39.8%	33
5	Affordable healthy food options	34.9%	29

Key informants were then asked for open-ended feedback regarding what local and regional health care providers could do better to optimize the health of residents in the community. Informants made the following recommendations:

- > Collaborate to provide public transportation options
- > Expand available appointment times to include weekends and week nights
- > Increase accessibility of healthy food options
- > Lobby to increase Medicaid eligibility and funding for behavioral health services
- > Promote awareness of available behavioral health services, including 12 step groups
- > Promote health information sharing within the community and health care settings
- > Promote easy and affordable access to health care, targeting low-income residents
- > Provide incentives for rural residents to attend health and wellness programs available in Tomball, and offer programs in communities outside of Tomball
- > Provide more health screenings, health fairs, etc., targeting underserved residents

Health and Human Service Provider Focus Group

Background

A facilitated meeting was held with health and human service providers across the TRHF service area. A total of 14 providers attended a session held in April 2017 in Tomball. The session focused on identified health needs, community assets and gaps in services, and opportunities for collaboration.

Key themes from the session included:

- 1) Residents are limited in their ability to access health care due to lack of health insurance, inability to afford out of pocket expenses, and lack of public transportation.
- 2) Mental health is a growing concern in the community among both youth and adults.
- 3) Health is not a priority, particularly among lower income and underserved populations; residents seek services when they are in crisis.
- 4) The region lacks a collaborative effort to promote health and disease prevention.

Summary of Findings

Providers represented diverse organizations and populations across the region. When asked what the top health needs are in the community, providers identified issues like obesity and chronic disease, but stated that there is an overarching need to make health a priority among residents. Providers perceived that their clients are not proactive about their health and typically seek services in crisis. "There is a need to get people connected to resources before they become major issues."

Mental health in particular was identified as a growing need requiring greater community awareness and outreach. "Mental health seems to be the last thing on people's minds until they are in dire need." "We see a lot of young parents with children with mental health issues and they're not sure where to go." Providers indicated that there is a shortage of mental health services (psychiatric, rehab, counseling, assessment, etc.) that contributes to a lack of priority

among residents. “Primary care providers prescribe psychotropic medications to fill in the gap, but they don’t have the education.”

Access to care was also considered one of the biggest barriers for residents to make health a priority. Residents struggle to afford health insurance and out of pocket expenses (copays, prescriptions, etc.). “For our low income kids, it’s a choice between the electric bill or an inhaler.” There is also a lack of Medicaid providers for both children and adults.

Lack of public transportation compounds the challenges for families without their own transportation. Medicaid patient transportation is available, but it requires advance scheduling and is not a direct route. Patients can wait for hours for a return trip home. “Our clients hang out with us for three to four hours waiting for their next ride.” “Advance scheduling requires management and proactive thought. Families in crisis don’t have that luxury.”

Providers identified existing community assets that are available to address health and social needs. (See full listing in Appendix B.) Providers noted that many of the resources are located within Tomball or northern Harris County. “Tomball has the infrastructure to support health, but many of the communities across the three counties do not. It’s a diverse area and we sit at the apex.”

There is a need for more partnership and collaboration to improve health and resource accessibility across the region. Focus group participants expressed interest in an ongoing community coalition to promote resource sharing, health outreach programming, and advocacy for policy and community change. Participants noted that faith-based providers are key partners in engaging residents and need to be included in coalition efforts.

Participants made the following recommendations to promote health:

- Conduct community health fairs with a focus on community building and engagement
- Connect senior citizen centers with Uber and Lyft to provide on demand transportation
- Create resource flyers and share them with local business, housing, and health and human service organizations
- Develop a summer meal program for students
- Engage counselors in schools to educate students, parents, and teachers about signs, symptoms, and resources related to mental health and substance abuse
- Engage city officials, the Chamber of Commerce, etc. in making health a community priority through funding, policy, and built environment changes
- Implement policy changes and training to better equip law enforcement officers to handle mental health crises
- Increase health education and outreach among new parents
- Initiate a women’s shelter and STD testing services in Tomball
- Initiate mental health first aid training among residents and providers
- Promote community gardens to increase access to affordable healthy foods; conduct health education and outreach programming at gardening sites
- Use schools to distribute health information and create a referral base for issues identified among students and parents
- Promote TEAM’s Tomball Benevolence Network, a digital listing of area resources

Consumer Engagement Focus Groups

Background

Facilitated meetings were held with residents across the TRHF service area. A total of 23 adults attended three sessions held in April 2017 in Tomball, Magnolia, and Waller Cities. Individual feedback was also collected from residents receiving service at Tomball Emergency Assistance Ministries. Meetings focused on the following health needs identified by secondary data research and key informants: access to care, behavioral health, healthy lifestyles, and maternal and child health.

Residents were recruited by publicity through local community organizations and were prescreened to ensure diverse representation from across the community. Participants were given a \$25 gift card in exchange for their time and feedback.

Key themes were consistent across the groups:

- 1) Residents are limited in their ability to access health care due to lack of health insurance, inability to afford out of pocket expenses, lack of access to Medicaid or subsidized health services, and lack of public transportation options.
- 2) Health is not a priority; residents do not connect short-term health behaviors with long-term chronic health effects.
- 3) Group activities and support are positive influences on changing health behaviors.
- 4) Churches are key partners in supporting and promoting health education and outreach.
- 5) Mental health services are missing resources in the community.

Summary of Findings

Access to Care and Healthy Lifestyles

Two Sessions: April 3 and 4, 2017

Tomball Emergency Assistance Ministries and TOMAGWA Magnolia Clinic

13 participants

Top Health Concerns and Contributing Factors

Participants offered varying opinions on what being healthy means to them. “It’s both, mental and physical health.” “It’s being comfortable.” “It’s having the best ability in the condition you’re in. You’re sick, but as healthy as you can be.” “It’s exercising, being active, and working.” “It’s eating the right kinds of foods, which I can’t. I have a sweet tooth.”

Many participants agreed that their perceptions of health changed as they aged. “As a young person, you don’t worry about health. I’m 55 now. I feel like I work just so I can have health insurance. That’s how critical it becomes.” “Younger generations don’t care about health unless they’re already in a bad situation.” “Students need to be taught more about health in school. Until my dad had a problem with triglycerides, I didn’t know that word existed. Teenagers should be more aware of what they are eating now and how it affects them later.”

Participants identified various conditions affecting community residents. The most prevalent conditions were cancer, diabetes, and obesity. “A lot more people have cancer than you think,

but they don't want to talk about it. People in the community are not knowledgeable about cancer. They think they'll catch it." "People don't manage their diabetes. It's hard." "People have lost limbs." Other conditions identified by participants included respiratory disease, heart disease, dental, arthritis, and mental health.

When asked what factors contribute to disease in the community, participants acknowledged diet and exercise. "There's fast food everywhere. You go to the grocery store and everything has salt and sugar in it. It's hard to make good choices." "It's more expensive to buy healthy foods." "Why spend \$100 when you can spend \$60 and get more?" "People are not exercising."

Participants shared that many individuals are not aware of the need to change their health behaviors until they receive a diagnosis, and even individuals who are proactive about their health, struggle to make good choices. "They realize they need to change when they have a problem." "Before, I didn't look at food nutrition. Whatever was there, I ate. Once my husband was diagnosed with diabetes, it was a turning point." "I'm still learning. I learned ketchup can have more sugar than candy. It's misleading. It's fake health." Participants were not aware of resources to support healthy lifestyles, outside of the information they receive from their doctor.

Health Care Access

Eleven of the thirteen session participants were uninsured. Among uninsured participants, seven received regular service at TOMAGWA. Participants utilizing TOMAGWA provided positive feedback, stating they can generally get an appointment when they need it and receive quality care. "There is genuine concern for your health. It's not about profit." "It's a godsend to be able to get help for my diabetes." Participants learned about TOMAGWA through word of mouth, but perceived that many community members are not aware of the services.

Participants who were uninsured and are were not TOMAGWA patients, relied on the emergency department or avoided seeking care. "I try to stay away from the doctor as much as possible. I haven't seen him in years." "I have a broken foot and went to the ER. Now I need to go to a foot doctor, but I can't. I'm unemployed and I can't afford it." "I had an emergency and went to the ER because I thought it would be cheaper and faster. It wasn't cheaper, but I didn't have any other choice." "I don't go to the emergency room unless I can't breathe. If I go, I will have hospital bills for the rest of my life." "I can't go to TOMAGWA because they say I'm high risk. I don't qualify for Medicaid or disability. What other options are there? I fall in the cracks."

Participants shared that Texas Medicaid and the Harris County Gold Card program for subsidized health services are inaccessible. "I can't get Medicaid until I'm 61." "I don't have dependent children so I don't qualify for Medicaid." "I applied for the Gold Card program, but unless you live in center city Houston, it's not of any value. It took two months to get an appointment and everything is in downtown Houston. I had to get up at 4am and have my dad drive me." "It's a Texas issue. My brother was just as sick here in Texas, but when he moved to New York, he got all of his medical care. I don't understand how you can live in different parts of the country and get different care." Participants said that a lack of public transportation options limits their ability to access available services.

Many participants perceived that they are treated differently by providers because they are uninsured. "As soon as I told them I didn't have insurance, they didn't treat me the way I thought

I should be.” “I told them I didn’t have insurance, and they came back an hour later and said I was fine and could go home.” “When I had health insurance, they treated me better. They found more stuff when I had insurance. Now that I don’t, they don’t diagnose and give me medicine.”

Most felt that hospitals do not provide adequate counseling on applying for health insurance or assistance. “They gave me a Gold Card application that was dated for 2013.” “Here in Tomball, they’re just so overwhelmed. [The hospital] is where everyone goes who doesn’t have insurance or a physician.”

Community Resources

Participants received most of their health information from a provider or the internet. Some referenced flyers posted at TEAM, TOMAGWA, the Community Center, etc. or events hosted in grocery store parking lots. Local grocery stores host health fairs that are well attended by the community. “If you’re trying to promote something, you use Wal-Mart or their parking lot.”

Asked what factors help them lead a healthier life, participants valued having family and church community support. Participating in group activities like walking clubs or facilitated health programs were seen as positive influences. “I need someone to lead, show me how, and make me accountable.” Opportunities for these programs were seen as limited. In addition, participants in Magnolia stated a need for more parks, sidewalks, and affordable gym options.

Other missing resources identified by participants were farmer’s markets for affordable fresh fruits and vegetables, clinics offering services based on income, not insurance status, and job placement services. “We need somewhere that people can go for care. I don’t want to go to the ER, but there is nowhere else to go.” “The nearest job placement site is in Willowbrook. I can’t get to it. I have to go to the library and search from the internet.”

Behavioral Health

April 6, 2017; Tomball Emergency Assistance Ministries

Individuals receiving services at Tomball Emergency Assistance Ministries were asked about their perceptions of mental health and substance abuse needs in the community. Seven people participated in a short questionnaire; their responses are illustrated in the table below.

Behavioral Health Questionnaire Response Count

	Yes	No	Don’t Know
Do many people in your community have mental health or substance abuse conditions?	2	1	4
Are people in the community comfortable talking about mental health and substance abuse issues?	1	0	5
If you or a friend/family member needed mental health or substance abuse services, would you know where to find help?	2	4	1

More than half of the respondents were unaware of mental health and substance abuse conditions in the community. Individuals who were aware of conditions considered them rampant. One individual stated, "I can't go to the gas station without being offered drugs." Another individual described trying to get back on her feet and remain sober, while being surrounded by stressful living conditions and drug use. Only two individuals knew where to find help if they or a friend/family member needed mental health or substance abuse assistance.

In addition to the questionnaire, one couple participated in an in-depth discussion about their experience accessing mental health care. The couple has been receiving services within the Tomball area for several decades and shared that the most needed resource is psychiatrists. They currently travel a half hour to see a psychiatrist, and described the service as abrupt and disjointed. "They're just getting people in and out." The couple tried to get an appointment with a different psychiatrist, but their appointment was cancelled several times with a one month waiting period in between each cancellation. They are not aware of a psychiatrist in Tomball.

The couple has private and Medicare insurance and does not struggle to identify available care or afford necessary care. However, they know others in the community who face bankruptcy due to medical costs. The biggest barrier the couple faces is transportation, particularly when accessing services in downtown Houston.

The couple could not speak to the prevalence of mental health and substance abuse conditions in the community because they do not discuss their condition with others. "When I tell people about my condition, they think I have a gun and will blow their head off." She felt that there was a lot of stigma around mental health conditions.

When asked what support is available to assist in the management of mental health conditions, the couple identified churches and support groups. Churches provide support for both individuals with conditions and their caregivers. Mental health support groups are available, but the couple found them to be "more depressing than helpful."

The couple stated that there is lack of resource information sharing in the community both for mental health and general senior services. They believe senior services exist within Tomball, but they have not found a reliable source for information.

Maternal and Child Health

April 5, 2017

Waller Pregnancy Care Center

10 participants

Prenatal Care

Participants included women who are currently pregnant or are the mother of a child under two years. During their most recent pregnancy, all but one of the women were aware of their pregnancy within two to three weeks of conception and received immediate prenatal care. They were aware of the reasons for receiving early care. "The first trimester is the most high-risk period." "You need vitamins. You need to check on the baby's health."

Participants were also aware of the need to change their health behaviors, at least during their pregnancy. “I used to eat a lot of fast food and now I avoid it.” “I quit smoking when I found out I was pregnant, but I have bad anxiety and don’t take medication. A lot of depression medications have bad side effects, so I’ve gone back to smoking.” “As soon as this baby is born, I’m having a cigarette.” “I changed what I did at work. Thank gosh my boss is a woman, so she was supportive.”

Access to Care

Nearly all participating women had Medicaid insurance and thought that they received quality care with Medicaid. “Medicaid pays for everything.” Once their Medicaid application was accepted, none of the women identified issues finding prenatal care. “Medicaid provides a list of accepting providers. I didn’t have trouble finding one who would take me.” The application processing time was noted as 10 days if submitted online or up to one month if submitted onsite or by mail.

All participants had a primary care physician. The women described their physicians as knowledgeable about Medicaid, even providing application assistance. “I had a lot of help along the way.” Participants also described having positive relationships with their providers. They most appreciated that providers answered their questions. “My doctor was really informative.”

The biggest barrier to attending prenatal care appointments was transportation. Some of the participants traveled to Tomball, a 30 minute drive, for prenatal care. “Transportation and distance... it wasn’t easy.” “I had to rely on family and friends. I had to reschedule twice and they were going to cut me from the practice.” Participants shared that Medicaid does provide transportation, but it requires advance notice.

Participants were happy with Medicaid coverage and voiced concerns about accessing health care if they are no longer eligible for Medicaid. “You either don’t work and are short money, but have Medicaid; or work and are short money from buying private insurance.” “Some employers offer health insurance, but not a lot, and it comes out of your paycheck. It’s \$100 or more.” “Paying that \$100 takes away from the needs of the child (diapers, wipes, etc.) or the electricity.” One individual who had CHIP insurance said. “I am worried that medical bills will be high if my kids have an accident and need to go to the ER.”

Community Resources

The participants’ primary source for mother and child health information is the Waller Pregnancy Care Center, followed by Women, Infants and Children (WIC). Many of the participants received their initial pregnancy test from the Center and were then connected to services and information. Others learned about the Center through the local Baby Expo, churches, and word of mouth. “Most people know about the Center. It’s a small town, word gets around.”

Missing resources identified by participants include an OB/GYN and WIC in Waller, young mom/teen parenting groups, mom support groups, and behavioral health services. Participants noted that behavioral health services require a referral from a primary care provider and are “hard to get.”

CHNA Summary and Recommendations

The 2017 CHNA was conducted between January and April 2017, and used both primary and secondary research to illustrate and compare health trends and disparities across the region. Primary research solicited input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research identified demographic and health trends across geographic areas and populations.

Specific research methods included:

- > A review of secondary health and socioeconomic indicators for the service area
- > Community leader feedback and partner engagement, including:
 - Interviews with community health and social services organizations
 - An online Key Informant Survey with 94 community representatives
 - A facilitated Focus Group with health and human service providers
- > Focus Groups with 25 health care consumers

Access to health care consistently rose to the top as a barrier to optimal health for residents across the Tomball Regional Health Foundation service area. Affordability of health care impacts residents from all walks of life. Those that have health insurance struggle to afford copays and high deductibles, while individuals who are unemployed or have lower incomes are unable to attain health insurance. Limited eligibility for Medicaid across the state limits options for individuals that cannot afford insurance or are not offered health insurance through employment.

The lack of public transportation in the region compounds challenges for receiving health care, particularly preventative and primary care. Many residents, especially those that are uninsured, wait until they are in crisis to seek care which reduces care options and is more costly.

Limited health care resources are available for those without health insurance. Outlying areas like Waller are designated as Medically-Underserved Areas (MUA) and Health Professional Shortage Areas (HPSA) and the closest Federally Qualified Health Center (FQHC) is 16 miles from Tomball in Montgomery County. Capacity of existing resources limits access to these services for residents. TOMAGWA is regarded as a vital community asset, but also limited in the number and acuity of patients it can serve; patients with Medicaid are not eligible to receive services at TOMAGWA. More services are available in Houston, including FQHCs and Harris Health community health centers, but transportation limits prevent many residents from accessing this care. One suggestion is to provide a van to make daily or weekly trips to these centers.

More emphasis is needed on disease prevention and management initiatives. Helping the most vulnerable of residents maintain prescription medications and keep regular primary care visits could improve outcomes for residents as well as reduce community health care costs. Vulnerable residents wait until their condition is in crisis before reluctantly seeking care at the Emergency Room. Providing early intervention with treatment or prescriptions is a better investment of dollars and promotes better health among residents.

In addition to affordability, residents asked for free and low cost community wellness programs. Health literacy and education programs would help residents learn the benefits of preventive care and assist with positive behavior change.

Health and human service partners are enthusiastic for greater opportunities to collaborate. Facilitating regular meetings for health and human service providers would afford a venue for networking and foundation for collaboration. Churches and other civic and social organizations should be included. A variety of Ministries have already been organized to fill gaps in social needs.

Funding Initiatives for Consideration:

Goal: Improve access to care for uninsured and underinsured residents.

- Support local access point for Gold Card, FQHC, or other community health centers within the Tomball region
- Provide bus/van transportation to FQHC and community health centers located in Houston, Waller, and Montgomery County or develop partnership with medical ride sharing programs built from Uber or Lyft.
- Increase enrollment in Gold Card and other existing programs for uninsured and underinsured residents.
- Partner with TEAM and other ministries to provide preventive health care for residents, i.e. prescriptions, non-emergent urgent care services, disease management appointments, etc.
- Explore developing network of providers willing to offer limited free appointments to uninsured individuals who have higher acuity that can be served at TOMAGWA.
- Provide incentives for recruitment of physicians to MUA/HPSA

Goal: Promote community health and wellness education and programs.

- Partner with health and social service organizations to hold health fair, educational workshops, walk with a nurse/doctor, free screenings, etc.
- Provide mental health first aid training for law enforcement, schools, religious organizations, social service providers
- Promote community garden to increase access to affordable fresh vegetables and nutrition education.

Goal: Increase networking among community organizations to encourage collaboration.

- Host bi-monthly networking meeting of health, social service, religious, civic, social organizations
- Seek collaborative grant requests that leverage existing resources

Appendix A: Public Health Data References

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Appendix B: Identified Community Assets

TRHF Service Area Assets

The following community assets and potential partners in addressing priority health needs were identified by area health and human service providers.

Community Asset	Programs/Services
Community Churches	Assistance ministries; social support
Eye Care for Kids	Free vision exams and glasses for low-income children
Focusing Families	Crisis center offering education, prevention, and intervention for family violence, sexual assault, and other crisis issues
Foundation for Autism Care, Education, and Services	Fundraising support for education, services, and treatment for children with autism and their families
Hospitals/Private Physicians	Inpatient, outpatient, and emergency care; volunteer services for uninsured and underinsured
Humble Area Assistance Ministries	Basic needs/social assistance; education and employment services; food pantry
Law Enforcement	Crisis response and public safety
Lion's Club	Funding for community organizations; glasses for students; Texas Lions Camp in Kerrville for children with disabilities
Lone Star Behavioral Health	Depression treatment; equine assistance therapy; inpatient psychiatric and substance abuse care; outpatient partial-hospitalization
Montgomery County Woman's Shelter	Advocacy; counseling; domestic violence/sexual assault services; emergency shelter; support groups
Montgomery County Youth Services	Counseling services for youth and their families (crisis, runaways, youth homelessness, bullying, violence, etc.)
Northwest Assistance Ministries	Assistance with basic needs; Children's Clinic and health classes; Learning Center; Senior Center; Violence Center
Pregnant and Parenting Students	Education and social assistance for pregnant/parenting students
Shield Bearers	Community mental health clinic - professional counseling and relationship building services
Shriners Hospitals for Children - Houston	Care for children with orthopedic and neuromusculoskeletal disorders, as well as cleft lip and palate abnormalities
Teen Challenge	Drug addiction recovery services for adults and teens
TOMAGWA	Health care for the uninsured; diabetes management classes
Tomball Emergency Assistance Ministries	Basic needs/social assistance; Tomball Benevolence Network (digital source for area resources); food pantry
Tomball Health Coalition	Community funder for organizations/programs serving underserved populations
Tomball Regional Medical Center	Community inpatient, outpatient, and emergency services
Tomball Renewal Center	Recovery services for addicted individuals (pastoral care, support groups, after school programs, assistance for women)
Tomball Unity Club	12 Step Programs (e.g. Alcoholics Anonymous)
Tomball VA Outpatient Clinic	Behavioral, physical, and social health services
Tri-County Behavioral Health	Adult and child mental health; crisis; intellectual/ developmental disabilities; substance abuse
United Way of Greater Houston	Academic success, and family stability, and safety net services

Federally Qualified Health Centers

According to the Health Resources and Services Administration, “Federally Qualified Health Centers (FQHCs) are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.” There are 73 FQHCs serving patients in Texas, operating more than 300 sites. There are also 3 FQHC-lookalikes, offering FQHC-like services without all of the benefits of FQHC status.”

There are no FQHCs located within the TRHF service area. The following FQHCs are located in Harris, Montgomery, and Waller Counties within 16 to 41 miles of Tomball Regional Medical Center (TRMC). The FQHCs accept public insurance (Medicare, Medicaid, CHIP) and most private health insurance. Individuals without insurance are eligible for sliding scale fees based on family income. Financial aid may also be available to those who qualify.

Harris County

Spring Branch Community Health Center West Houston Clinic
19333 Clay Road, Katy, Texas 77449 (30 miles from TRMC)

Services Offered: Family medicine; pediatric medicine; OB/GYN; behavioral health

Montgomery County

Lone Star Community Health Center, Inc. – Three Locations:

1. 605 S Conroe Medical Drive, Conroe, Texas 77304 (27 miles from TRMC)
2. 440 Rayford Road, Suite 150, Spring, Texas 77386 (16 miles from TRMC)
3. 201 Lincoln Ridge, Willis, Texas 77378 (37 miles from TRMC)

Services Offered: Family medicine newborn through elder; women’s health (OB/GYN, prenatal care, WIC); hospital and nursing home; diabetes and nutrition education; diagnostics; mental health; dental health; case management; pharmacy (Conroe); lab (Conroe); after hours walk-in clinic (Conroe: M-F 5-9pm; Sat. 9am-1pm)

Waller County

AccessHealth Brookshire Center

533 Fm 359 Road S, Brookshire, Texas 77423 (41 miles from TRMC)

Services Offered: Family medicine; pediatric medicine; women’s services; behavioral health and case management; immunizations; lab services; select pharmacy

Health Point Hempstead

215 Fm 1488 Road, Hempstead, Texas 77445 (34 miles from TRMC)

Services Offered: Family medicine

Community Health Centers

The following organizations within the TRHF service area also provide comprehensive health care to medically underserved individuals.

TOMAGWA Health care Ministries

Three Clinic Locations:

1. Tomball – 455 School Street, Tomball Medical Park, Building 3 (0.4 miles from TRMC)
2. Magnolia – The Landmark Building, 18230 FM 1488, Suite 203 (13 miles from TRMC)
3. Waller – St. John’s Lutheran Church, 1613 Key Street (20 miles from TRMC)

“TOMAGWA is a Christian ministry that, by the Grace of God and in response to the Love of Jesus, provides quality health care, offers hope and restores dignity to uninsured, low-income families and individuals in the Tri-County region.” TOMAGWA is a nominal fee, comprehensive family practice clinic that provides medical services regardless of ability to pay. The organization strictly services uninsured individuals and families.

Services Offered: Acute and chronic illness care; family medicine; breast cancer screening; cardiac evaluations; comprehensive type II diabetes management; lab work, tests and x-rays; respiratory therapy; vision and hearing screening; class D pharmacy services; counseling and depression management; medication assistance and education; nutrition counseling; referrals to “in-service” medical specialist partners; comprehensive dental services

Harris Health Cypress Health Center

12340 Jones Road, Ste. 100, Houston, Texas (11 miles from TRMC)

“Harris Health System’s mission is to improve our community’s health by delivering high-quality health care to Harris County residents. While medical care is not free at our facilities, there is financial assistance for those who qualify. Based on your household income, you may qualify for partial financial assistance, on a sliding scale. All Harris Health patients are asked to make a minimum payment at the time of their hospital or clinic visit, except for pediatric and prenatal care visits.”

Services Offered: Primary care; treatment of acute and chronic diseases; care coordination; specialty care for pediatric patients, including psychiatry, behavioral health therapy and weight management

Northwest Assistance Ministries (NAM)

15555 Kuykendahl Road, Houston, Texas (14 miles from TRMC)

“NAM’s Children’s Clinic offers quality medical care to infants and children through age 18 for families who have Medicaid, Children’s Health Insurance Program (CHIP), private insurance, or who are self-pay/uninsured. The Clinic provides a full range of services, from preventative care to acute care.” The NAM Emergency Basic Needs program also offers prescriptions (non-narcotic).

Appendix C: Key Informants

A Key Informant Survey was conducted with 94 community representatives. Key informants responded as representatives of community organizations or individual community members. A list of organizations represented by the 29 informants responding on their behalf, and their respective role/title, is provided below:

Key Informant Organization	Key Informant Title/Role
Care Net Pregnancy Center	Associate Director
Centurion Builders LLC	Chief Operating Officer
Church Community	Staff Member & Registered Nurse
Church Community	Pastor
Community Organization	Executive Director
Dixie USA Inc.	Chief Executive Officer
Greater Tomball Area Chamber of Commerce	President
Houston Methodist Willowbrook Hospital	Registered Nurse
Kingwood Medical Center	Chief Executive Officer
Lone Star College – Tomball Campus	President
Lone Star College – Tomball Campus	Director of Nursing Programs
Magnolia Independent School District	Director of Student Services
Mel's Country Café	Owner
Pilgrim Hill Baptist Church	Pastor
Simple Traditions Family Health PLLC	Provider
TOMAGWA Health care Ministries	RN/Patient Advocate
TOMAGWA Health care Ministries	Director of Dental Services
TOMAGWA Health care Ministries	Front Desk
TOMAGWA Health care Ministries	Not Specified
Tomball Economic Development Corporation	Executive Director
Tomball Independent School District	School Nurse
Tomball Independent School District	Health Services
Tomball Independent School District	School Nurse
Tomball Independent School District	School Nurse
Tomball Independent School District	Not Specified
Tomball Independent School District	Future Superintendent
Tomball Pregnancy Center	Director of Client Services
Tomball Recovery Foundation	Not Specified
W&W Technologies	Chief Operating Officer /General Manager

Appendix D: Medicaid Accepting Primary Care Providers by Zip Code

There are five Medicaid programs in Texas: STAR, STAR+PLUS, STAR Health, STAR Kids, and traditional Medicaid. New patients are accepted by providers based on both Medicaid program coverage type and health plan (only applicable to STAR programs). The STAR health plans serving the Harris Service Area are: Amerigroup; Community Health Choice; Molina Health care of Texas, Texas Children's Health Plan; and UnitedHealth care Community Plan.

Medicaid accepting providers within the TRHF service area were identified utilizing the TMHP Basic Provider Search [tool](#). Zip codes 77423 (Brookshire), 77445 (Hempstead), and 77446 (Prairie View) were also considered due to their proximity to the service area and location within Waller County, a designated MUA and HPSA. Providers employed by Minute Clinics or Urgent Care Centers were excluded. Medicaid providers were not identified in zip codes 77362 (Pinehurst), 77447 (Hockley), or 77389 (Spring). The following tables are intended to be a guide. Individuals should contact providers directly to confirm accepted Medicaid programs and health plans; most providers do not accept all health plans.

Zip Code 77354, Magnolia

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Abdul Haseeb	Pediatrics, MD	Children's Specialty Care Clinic: 18602 Fm 1488 RD Suite 700	Yes	x	x	x	x	Yes
Angela Miller	Physician Assistant	Children's Specialty Care Clinic: 18602 Fm 1488 RD Suite 700	Yes	x	x	x	x	Yes
Elizabeth Gaspar	Nurse Practitioner	Children's Specialty Care Clinic: 18602 Fm 1488 RD Suite 700	Yes	x	x	x	x	Yes
Hunaid Dollar	Internal Medicine, MD	18550 N 6th St	Yes	x		x	x	Yes
Kashif Ali	Pediatrics, MD	Magnolia Pediatrics: 610 Melton St STE 250	Yes	x	x	x	x	Yes
Shabana Sunesara	Nurse Practitioner	Magnolia Pediatrics: 610 Melton St STE 250	Call					Not applicable
Tracie Delaney	Nurse Practitioner	Affinity Medical Associates: 18230 FM 1488 RD	Call	x		x	x	Yes
Whitney Harris	Nurse Practitioner	Children's Specialty Care Clinic: 18602 Fm 1488 RD Suite 700	Yes	x	x		x	Yes

Zip Code 77355, Magnolia

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Joan Cherian	Nurse Practitioner	CHI St. Luke's Health: 827 Magnolia BLVD STE 6	Call	x				Yes
Randall Walker	Family Medicine, MD	CHI St. Luke's Health: 827 Magnolia BLVD STE 6	Yes	x				Yes

Zip Code 77375, Tomball

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Adnan Jafri	Internal Medicine, MD	1015 W Main ST	Yes	x		x	x	Select health plans
Amy Ciborowski	Internal Medicine, MD	200 N Cherry ST	Call	x				Yes
Anu Venkatachalam	Pediatrics, MD	Pediatric & Adolescent Center of NW Houston: 455 School ST STE 26	No			x		Unknown
Balbir Chahal	Internal Medicine, MD	455 School ST STE 44	No	x		x	x	Yes
Bethany Rife	Pediatrics, MD	Pediatric & Adolescent Center of NW Houston: 455 School ST STE 26	No			x		Unknown
Bina Saleh	Nurse Practitioner	Family Diagnostic Clinic: 27721 State Highway 249 STE 200	Call					Not applicable
Carmen Broussard	Nurse Practitioner	CHI St. Luke's Health: 602 Lawrence ST STE E	Call	x				Yes
Chante Ellison-Hodges	Family Medicine, MD	Affinity Medical Associates: 24721 Tomball Parkway	Call	x	x		x	Yes
Christine Wilson	Nurse Practitioner	909 Graham DR STE D	Call					Not applicable
David Le	Internal Medicine, MD	455 School ST STE 40	No	x		x	x	Yes

Zip Code 77375, Tomball cont'd

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Elizabeth Fowler	Pediatrics, MD	Pediatric & Adolescent Center of NW Houston: 455 School ST STE 26	No			x		Select health plans
Elizabeth Wanner	Family Practice, MD	CHI St. Luke's Health: 602 Lawrence ST STE E	Yes	x			x	Yes
Emanuel Descant	Family Practice, MD	909 Graham DR STE D	Call					Not applicable
Ewan Johnson	Internal Medicine, MD	13414 Medical Complex Dr STE 6	Call					Not applicable
Fidanis Ndokama	Physician Assistant	28439 State Highway 249	Yes	x			x	Yes
Imran Nathani	Internal Medicine, MD	1205 Graham Drive	Call					Not applicable
Khozema Palanpurwala	Pediatrics, MD	27721 State Highway 249 STE 100	Yes	x		x	x	Yes
Mark Le	Internal Medicine, MD	CHI St. Luke's Health: 602 Lawrence ST STE E	Call	x	x	x		Select health plans
Micah Bosley	Family Medicine, MD	Affinity Medical Associates: 13635 Michel RD	Call					Not applicable
Muhammad Irfan	Internal Medicine, MD	Family Diagnostic Clinic: 27721 State Highway 249 STE 200	Call	x		x	x	Yes
Patrice Miller	Nurse Practitioner	1015 W Main ST	Call					Not applicable
Poonam Singh	Pediatrics, MD	Pediatric & Adolescent Center of NW Houston: 455 School ST STE 26	No			x		Unknown
Richard Milian	Family Practice, MD	Affinity Medical Associates: 13635 Michel RD	Call					Not applicable
Shamsa Khalil	Physician Assistant	28439 State Highway 249	Yes	x				Yes
Shaukath Zahiruddin	Family Practice, MD	28465 State Highway 249	Yes	x	x	x		Yes
Sonya Brock	Family Practice, MD	Affinity Medical Associates: 24721 Tomball Parkway	Call	x		x	x	Yes

Zip Code 77375, Tomball cont'd

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Tonya Suffridge	Pediatrics, MD	Pediatric & Adolescent Center of NW Houston: 455 School ST STE 26	No			x		Unknown
Trent Cooper	Nurse Practitioner	455 School ST STE 44	Call					Not applicable

Zip Code 77377, Tomball

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
John Sun	Family Medicine, MD	11609 Spring Cypress Road	Yes	x	x	x		Yes

Zip Code 77429, Cypress

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Amrit Thandi	Family Practice, MD	21212 Northwest Freeway, STE 205	Yes	x		x	x	Yes
Anita Jimenez-Belinoski	Pediatrics, MD	Texas Children's Pediatrics Lakewood: 13215 Grant RD STE 100	Call			x		Unknown
Kate Birkelbach	Nurse Practitioner	Texas Children's Pediatrics Lakewood: 13215 Grant RD STE 100	Call					Not applicable
Paula Springer	Family Practice, MD	Cy-Fair Medical Partners: 12300 Dundee CT STE 201	Call	x	x		x	Yes
Rashida Abbas	Pediatrics, MD	Children Specialty Care Clinic of NW Houston: 17330 Spring Cypress RD STE 150	Yes	x	x	x		Yes

Zip Code 77429, Cypress cont'd

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Sarah Watson	Physician Assistant	Children Specialty Care Clinic of NW Houston: 17330 Spring Cypress RD STE 150	Yes	x	x	x	x	Yes
Sharon Gendi	Internal Medicine, MD	North Cypress Medical Center: 21212 Northeast FWY	Call	x			x	Yes
Sunjeev Patel	Pediatrics, MD	Texas Children's Pediatrics Lakewood: 13215 Grant RD STE 100	Call			x		Yes
Thomas Worrall	Pediatrics, MD	Texas Children's Pediatrics Lakewood: 13215 Grant RD STE 100	Call			x		Unknown
Thuan Nguyen	Internal Medicine, MD	St. Michael's Medical Clinic: 12609 Louetta Rd	Yes	x		x	x	Yes
Ulka Shah	Pediatrics, MD	Children Specialty Care Clinic of NW Houston: 17330 Spring Cypress RD STE 150	Yes	x	x	x	x	Yes

Zip Code 77433, Cypress

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Allison Arthur	Pediatrics, MD	Texas Children's Pediatrics Cypress: 13203 Fry RD STE 600	Call			x		Select health plans
Alyssa Kuban	Pediatrics, MD	Texas Children's Pediatrics Cypress: 13203 Fry RD STE 600	Call			x		Unknown
Audrey Winer	Pediatrics, MD	Texas Children's Pediatrics Barker Cypress: 9925 Barker Cypress RD STE 200	No			x		Yes
Cam-Ha Thi Nguyen	Pediatrics, MD	Texas Children's Pediatrics Barker Cypress: 9925 Barker Cypress RD STE 200	No			x		Yes

Zip Code 77433, Cypress cont'd

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Christy Knowles	Nurse Practitioner	Texas Children's Pediatrics Cypress: 13203 Fry RD STE 600	Call			x		Yes
Hoan NGO	Internal Medicine, MD	13203 Fry RD STE 800	No			x		Unknown
Jalpa Patel	Physician Assistant	Cypress Springs Family Care: 7630 Fry RD	Yes	x	x	x	x	Yes
Jennifer Trotter	Pediatrics, MD	Texas Children's Pediatrics Barker Cypress: 9925 Barker Cypress RD STE 200	No			x		Yes
Jorge Soria Bizet	Internal Medicine, MD	Cy-Fair Medical Partners: 8190 Baker Cypress #1500	Yes	x	x	x	x	Yes
Kamini Muzumdar	Pediatrics, MD	Texas Children's Pediatrics Barker Cypress: 9925 Barker Cypress RD STE 200	No			x		Yes
Lesly Dessieux	Family Medicine, MD	Cy-Fair Medical Partners: 10920 Fry RD #100	Yes	x	x	x	x	Yes
Michael Knapick	Pediatrics, MD	Texas Children's Pediatrics Barker Cypress: 9925 Barker Cypress RD STE 200	No			x		Yes
Michael McClintock	Pediatrics, MD	Texas Children's Pediatrics Barker Cypress: 9925 Barker Cypress RD STE 200	No	x		x	x	Yes
Nirmala Kethineni	Internal Medicine, MD	Cypress Springs Family Care: 7630 Fry RD	Yes	x		x		Yes
Rashmi Sheshadri	Family Medicine, MD	Cy-Fair Medical Partners: 8190 Baker Cypress #1500	No	x	x	x		Select health plans
Susan Gwen Klorer	Nurse Practitioner	Cy-Fair Medical Partners: 8190 Baker Cypress #1500	Yes					Not applicable
Tahseen Khan	Pediatrics, MD	Texas Children's Pediatrics Barker Cypress: 9925 Barker Cypress RD STE 200	No			x		Yes
Ursula Maria Maldonado	Pediatrics, MD	Texas Children's Pediatrics Cypress: 13203 Fry RD STE 600	Yes			x		Unknown

Zip Code 77484, Waller

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Courtney Fincher	Nurse Practitioner	Children's Specialty Care Clinic: 31303 FM 2920 RD STE G	Yes	x	x	x	x	Yes
Geraldine Wilson	Nurse Practitioner	GMW Health: 31315 FM 2920 RD STE 3	Yes	x		x	x	Yes
Rashida Abbas	Pediatrics, MD	Children's Specialty Care Clinic: 31303 FM 2920 RD STE G	Yes	x	x	x	x	Yes
Saifuddin Tahir	Pediatrics, MD	Children's Specialty Care Clinic: 31303 FM 2920 RD STE G	Yes	x	x	x	x	Yes
Sangsoo Cho	Nurse Practitioner	Children's Specialty Care Clinic: 31303 FM 2920 RD STE G	Yes	x	x			Yes
Valerie Richard	Nurse Practitioner	Children's Specialty Care Clinic: 31303 FM 2920 RD STE G	Yes	x	x	x	x	Yes

Additional Waller County Zip Codes: 77423, Brookshire; 77445, Hempstead; 77446, Prairie View

Provider	Specialty	Address	Traditional Medicaid	STAR Medicaid Programs Accepted				
			Accepting New Patients	STAR	STAR Health	STAR Kids	STAR +PLUS	Accepting New Patients
Suresh Babu	Internal Medicine, MD	350 Highway 290 East STE 5, Hempstead	Yes			x		Select health plans
Pramoda Mohapatra	Family Medicine, MD	HealthPoint: 215 FM 1488, Hempstead	Yes	x	x	x	x	Yes
Sandra Owolabi	Nurse Practitioner	Pattison First Family Clinic: 3603 Front Street, Brookshire	Yes					Not applicable
Mary Ann Neeley	Nurse Practitioner	AccessHealth: 533 FM 359 South, Brookshire	Call	x		x	x	Yes