CHI St. Luke's Health Brazosport

Lake Jackson, TX

Community Health Needs Assessment
and Implementation Strategy

CHI St. Luke's Health
Brazosport

Adopted by Board Resolution June 29, 2018[1]

[1]Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 990) Part V B 9

CHI St. Luke's Health
Brazosport

Dear Community Member:

At CHI St. Luke's Health Brazosport, we have spent more than 70 years providing high-quality compassionate healthcare to the greater Lenoir community. The "2018 Community Health Needs Assessment" identifies local health and medical needs and provides a plan of how CHI St. Luke's Health Brazosport (St. Luke's Brazosport) will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

St. Luke's Brazosport will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need, footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Al Guevara, Jr., FACHE
President and CEO
CHI St. Luke's Health Brazosport

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

CHI St. Luke's Health Brazosport ("St. Luke's Brazosport" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community, develop an implementation plan to outline and organize how to meet those needs, and fulfill federal requirements.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. A second survey was distributed to the same group that reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The Significant Health Needs for Brazoria County are:

1. Behavioral/Mental Health
2. Suicide
3. Cancer – 2015 Significant Need
4. Prevention – 2015 Significant Need
5. Obesity
6. Heart Disease

The Hospital has developed implementation strategies for five of these six needs (Behavioral/Mental Health, Suicide, Cancer, Obesity and Heart Disease) including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

CHI St. Luke's Health Brazosport ("St. Luke's Brazosport" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment ("CHNA") is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act ("ACA"), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.[2] Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.[3]

Project Objectives

St. Luke's Brazosport partnered with Quorum Health Resources (Quorum) to:[4]

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

[2] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

[3] As of the date of this report all tax questions and suggested answers relate to 2014 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must consider input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a*

[5] Section 6652

hospital facility must take into account input received from, at a minimum, the following three sources:

(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;

(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and

(3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.[6]

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must ''solicit'' input from these categories and take into account the input ''received.'' The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

(1) A definition of the community served by the hospital facility and a description of how the community was determined;

(2) a description of the process and methods used to conduct the CHNA;

(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

… final regulations provide that a CHNA report will be considered to describe the process and methods

[6] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."[7]

Additionally, all CHNAs developed after the very first CHNA must consider written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."[8]

The methodology takes a comprehensive approach to the solicitation of written comments. As previously cited, input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs by performing several independent data analyses based on secondary source data, augmenting this with Local Expert Advisor[9] opinions, and resolving any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis.

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[7] Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. Response to Schedule H (Form 990) B 6 b

[8] Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one-member self-identifying with each of the five written comment solicitation classifications, with whom the Hospital solicited to participate in the CHNA process. Response to Schedule H (Form 990) V B 3 h

Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.[10]

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include:[11]

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Brazoria County compared to all New Mexico counties	May 3, 2018	2012-2014
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	May 2, 2018	2017
http://svi.cdc.gov	To identify the Social Vulnerability Index value	May 8, 2018	2010-2014
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	May 9, 2018	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	May 8, 2018	2016

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, a standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA "Round 1" survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's

[10] Response to Schedule H (Form 990) Part V B 3 i

[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

geographically and ethnically diverse population. Community input from 22 Local Expert Advisors was received. Survey responses started May 7, 2018 and ended with the last response on May 18, 2018.

- Information analysis augmented by local opinions showed how Brazoria County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.[12]
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments
  - Low income residents
  - People with major co-morbidity and complications
  - Racial and ethnic minority groups
  - Access to care for these populations was expressed

When the analysis was complete, the information and summary conclusions was put before the Hospital's Local Expert Advisors[13] who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional comments of need.[14] Consultation with 17 Local Experts occurred again via an internet-based survey (explained below) beginning May 30, 2018 and ending June 15, 2018.

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.[15]

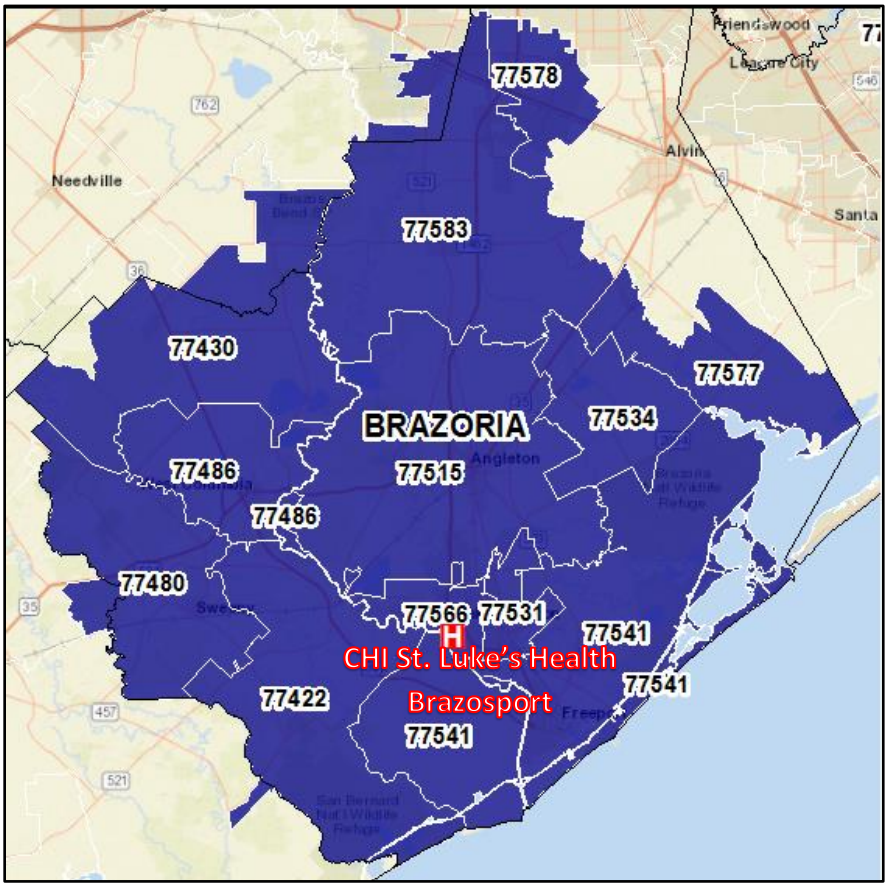
In the St. Luke's Brazosport process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: "Significant" and "Other Identified Needs." The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least fifty percent (50%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.[16]

[12] Response to Schedule H (Form 990) Part V B 3 f
[13] Response to Schedule H (Form 990) Part V B 3 h
[14] Response to Schedule H (Form 990) Part V B 3 h
[15] Response to Schedule H (Form 990) Part V B 5
[16] Response to Schedule H (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital[17]



For the purposes of this study, CHI. St. Luke's Health Brazosport defines its service area as Brazoria County in Texas, which includes the following ZIP codes:[18]

77422 – Brazoria	77430 – Damon	77480 – Sweeny	77486 – West Columbia
77515 – Angleton	77531 – Clute	77534 – Danbury	77541 – Freeport
77566 – Lake Jackson	77577 – Liverpool	77578 – Manvel	77583 – Rosharon

(Zip codes 77431, 77463, 77516, and 77542 are included in the above zip codes)

From 10/1/2015 – 9/30/2016, the Hospital received 92.4% of its patients from this service area.[19]

[17] Responds to IRS Schedule H (Form 990) Part V B 3 a
[18] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below
[19] IBM Watson Health patient origin data for the hospital; Responds to IRS Schedule H (Form 990) Part V B 3 a

Demographics of the Community[20] [21]

	Brazoria County	Texas	U.S.
2018 Population[22]	**190,935**	**25,531,631**	**326,533,070**
% Increase/Decline	**7.02%**	**7.10%**	**3.50%**
Estimated Population in 2023	**204,341**	**30,558,783**	**337,947,912**
Median Age	**37.0**	**35.0**	**38.2**
Median Household Income	**$70,520**	**$61,912**	**$59,039**
% Population over age 65	**12.96%**	**12.63%**	**15.86%**
% Women of Childbearing Age	**19.10%**	**20.62%**	**19.58%**
% White, non-Hispanic	**49.92%**	**41.84%**	**60.35%**
% Hispanic	**33.04%**	**39.38%**	**18.25%**
Unemployment Rate (December 2017)	**4.60%**	**3.90%**	**4.10%**

2018 Benchmarks
Area: CHI St. Luke's Brazoria - 2018 CHNA
Level of Geography: ZIP Code

Area	2018-2023 % Population Change	Median Age	Population 65+ % of Total Population	Population 65+ % Change 2018-2023	Females 15-44 % of Total Population	Females 15-44 % Change 2018-2023	Median Household Income
USA	3.50%	38.2	15.86%	17.00%	19.58%	1.40%	$59,039
Texas	7.10%	35.0	12.63%	22.70%	20.62%	4.70%	$61,912
Selected Area	7.02%	37.0	12.96%	24.80%	19.10%	5.80%	$70,520

Demographics Expert 2.7
DEMO0003.SQP

[20] Responds to IRS Schedule H (Form 990) Part V B 3 b
[21] The tables below were created by IBM Watson Health
[22] All population information, unless otherwise cited, sourced from IBM Watson Health (formally Truven Health Analytics)

Demographics Expert 2.7
2018 Demographic Snapshot
Area: CHI St. Luke's Health Brazosport - CHNA 2018
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2010 Total Population	168,684	308,745,538
2018 Total Population	190,935	326,533,070
2023 Total Population	204,341	337,947,861
% Change 2018 - 2023	7.0%	3.5%
Average Household Income	$91,933	$86,278

	2018	2023	% Change
Total Male Population	98,819	105,336	6.6%
Total Female Population	92,116	99,005	7.5%
Females, Child Bearing Age (15-44)	36,411	38,529	5.8%

POPULATION DISTRIBUTION

Age Distribution

Age Group	2018	% of Total	2023	% of Total	USA 2018 % of Total
0-14	39,325	20.6%	40,077	19.6%	18.7%
15-17	8,470	4.4%	9,106	4.5%	3.9%
18-24	17,895	9.4%	20,042	9.8%	9.7%
25-34	25,464	13.3%	26,655	13.0%	13.4%
35-54	51,248	26.8%	52,859	25.9%	25.5%
55-64	23,780	12.5%	24,721	12.1%	12.9%
65+	24,753	13.0%	30,881	15.1%	15.9%
Total	190,935	100.0%	204,341	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

Income Distribution

2018 Household Income	HH Count	% of Total	USA % of Total
<$15K	6,502	10.0%	10.9%
$15-25K	4,487	6.9%	9.5%
$25-50K	12,769	19.6%	22.1%
$50-75K	10,750	16.5%	17.1%
$75-100K	9,333	14.4%	12.3%
Over $100K	21,150	32.5%	28.2%
Total	64,991	100.0%	100.0%

EDUCATION LEVEL

Education Level Distribution

2018 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	10,260	8.2%	5.6%
Some High School	9,910	7.9%	7.4%
High School Degree	37,395	29.9%	27.6%
Some College/Assoc. Degree	40,266	32.1%	29.1%
Bachelor's Degree or Greater	27,414	21.9%	30.3%
Total	125,245	100.0%	100.0%

RACE/ETHNICITY

Race/Ethnicity Distribution

Race/Ethnicity	2018 Pop	% of Total	USA % of Total
White Non-Hispanic	95,312	49.9%	60.4%
Black Non-Hispanic	23,261	12.2%	12.4%
Hispanic	63,094	33.0%	18.2%
Asian & Pacific Is. Non-Hispanic	5,546	2.9%	5.8%
All Others	3,722	1.9%	3.2%
Total	190,935	100.0%	100.0%

Customer Segmentation[23]

Claritas Prizm uses Census data, sources of demographic and consumer information, and 30 years of annual consumer surveys to classify all U.S. households into 66 demographically and behaviorally distinct groups. These segments represent clusters of at least 250 households that have comparable characteristics and exhibit similar behaviors. The top segments in Brazoria County are:

Claritas Prizm Segments	Characteristics	
Winner's Circle (9.6%)	• Urbanicity: Metro Mix • Income: Wealthy • Household Technology: Above Avg • Income Producing Assets: Elite • Age Ranges: Age 35-54	• Presence of Kids: Mostly w/ Kids • Homeownership: Mostly Owners • Employment Levels: Management and Professional • Education Levels: Graduate Plus
Big Sky Families (8.4%)	• Urbanicity: Rural • Income: Upper Mid-Scale • Household Technology: Average • Income Producing Assets: Above Avg • Age Ranges: Age 35-54	• Presence of Kids: Mostly w/ Kids • Homeownership: Mostly Owners • Employment Levels: Management and Professional • Education Levels: College Graduate
Networked Neighbors (8.2%)	• Urbanicity: Suburban • Income: Wealthy • Household Technology: Highest • Income Producing Assets: Millionaires • Age Ranges: Age 35-54	• Presence of Kids: Mostly w/ Kids • Homeownership: Mostly Owners • Employment Levels: Management and Professional • Education Levels: College Plus
Kid Country, USA (7.4%)	• Urbanicity: Town • Income: Mid-Scale • Household Technology: Average • Income Producing Assets: Low • Age Ranges: Age 25-44	• Presence of Kids: Mostly w/ Kids • Homeownership: Mix • Employment Levels: Service Mix • Education Levels: College Graduate
New Homesteaders (4.5%)	• Urbanicity: Town • Income: Upscale • Household Technology: Above Avg • Income Producing Assets: High • Age Ranges: Age 25-44	• Presence of Kids: Mostly w/ Kids • Homeownership: Mostly Owners • Employment Levels: Management and Professional • Education Levels: College Graduate
Country Strong (4.2%)	• Urbanicity: Rural • Income: Lower Mid-Scale • Household Technology: Below Avg • Income Producing Assets: Below Avg • Age Ranges: Age <55	• Presence of Kids: Family Mix • Homeownership: Mostly Owners • Employment Levels: Blue Collar Mix • Education Levels: High School

[23] IBM Watson Health Household Targeter

Each of the 68 Claritas Prizm segments exhibit prevalence toward specific health behaviors. In the second column of the chart below, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where Brazoria County varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	98%	29.8%	Cancer Screen: Skin 2 yr	109.2%	11.7%
Vigorous Exercise	105.2%	60.1%	Cancer Screen: Colorectal 2 yr	101.1%	20.8%
Chronic Diabetes	84.0%	13.2%	Cancer Screen: Pap/Cerv Test 2 yr	111.1%	53.6%
Healthy Eating Habits	97.3%	22.7%	Routine Screen: Prostate 2 yr	96.4%	27.4%
Ate Breakfast Yesterday	100.1%	79.2%	**Orthopedic**		
Slept Less Than 6 Hours	96.5%	13.2%	Chronic Lower Back Pain	96.1%	29.7%
Consumed Alcohol in the Past 30 Days	103.0%	55.3%	Chronic Osteoporosis	88.3%	9.0%
Consumed 3+ Drinks Per Session	94.1%	26.5%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	98.7%	80.2%
Search for Pricing Info	106.3%	28.6%	NP/PA Last 6 Months	111.3%	46.2%
I am Responsible for My Health	97.9%	88.5%	OB/Gyn 1+ Visit	110.8%	42.5%
I Follow Treatment Recommendations	100.3%	77.2%	Medication: Received Prescription	102.0%	61.8%
Pulmonary			**Internet Usage**		
Chronic COPD	78.7%	4.2%	Use Internet to Look for Provider Info	106.2%	42.4%
Chronic Asthma	86.8%	10.2%	Facebook Opinions	100.9%	10.2%
Heart			Looked for Provider Rating	122.4%	28.8%
Chronic High Cholesterol	92.4%	22.6%	**Emergency Services**		
Routine Cholesterol Screening	98.9%	43.8%	Emergency Room Use	95.5%	33.1%
Chronic Heart Failure	85.7%	3.5%	Urgent Care Use	105.5%	34.8%

Leading Causes of Death[24]

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Texas's Top 15 Leading Causes of Death are listed in the table below in Brazoria county's rank order. Brazoria county was compared to all other Texas counties, Texas state average, and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in TX (#1 rank = worst in state)	Rate of Death per 100,000		Observation (Compared to U.S.)
TX Rank	Brazoria Rank	Condition		TX	Brazoria	
19	1	Heart Disease	155 of 247	167.7	207.5	Higher than expected
39	2	Cancer	110 of 247	148.5	183.4	Higher than expected
31	3	Lung	127 of 247	39.5	49.7	Higher than expected
9	4	Stroke	156 of 247	42.0	47.2	Higher than expected
46	5	Accidents	206 of 247	38.6	40.7	Lower than expected
10	6	Alzheimer's	55 of 247	37.8	34.6	Higher than expected
29	7	Diabetes	193 of 247	20.3	21.2	As expected
14	8	Kidney	81 of 247	15.8	17.0	Higher than expected
6	9	Blood Poisoning	56 of 247	16.1	15.9	Higher than expected
40	10	Flu - Pneumonia	211 of 246	11.1	14.5	As expected
40	11	Suicide	163 of 247	12.6	12.5	Lower than expected
7	12	Liver	128 of 246	13.5	12.2	Higher than expected
23	13	Hypertension	83 of 245	8.0	8.4	As expected
11	14	Parkinson's	75 of 243	8.9	7.2	As expected
25	15	Homicide	148 of 234	6.0	3.8	Lower than expected

[24] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations[25]

Information about Priority Populations in the service area of the Hospital is difficult to encounter if it exists. The Hospital's approach is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

Begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy** (NQS). The report's key findings are provided in Appendix C.

A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the Hospital places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[26]

- Low income residents
- People with major co-morbidity and complications
- Racial and ethnic minority groups
- Access to care for these populations was expressed

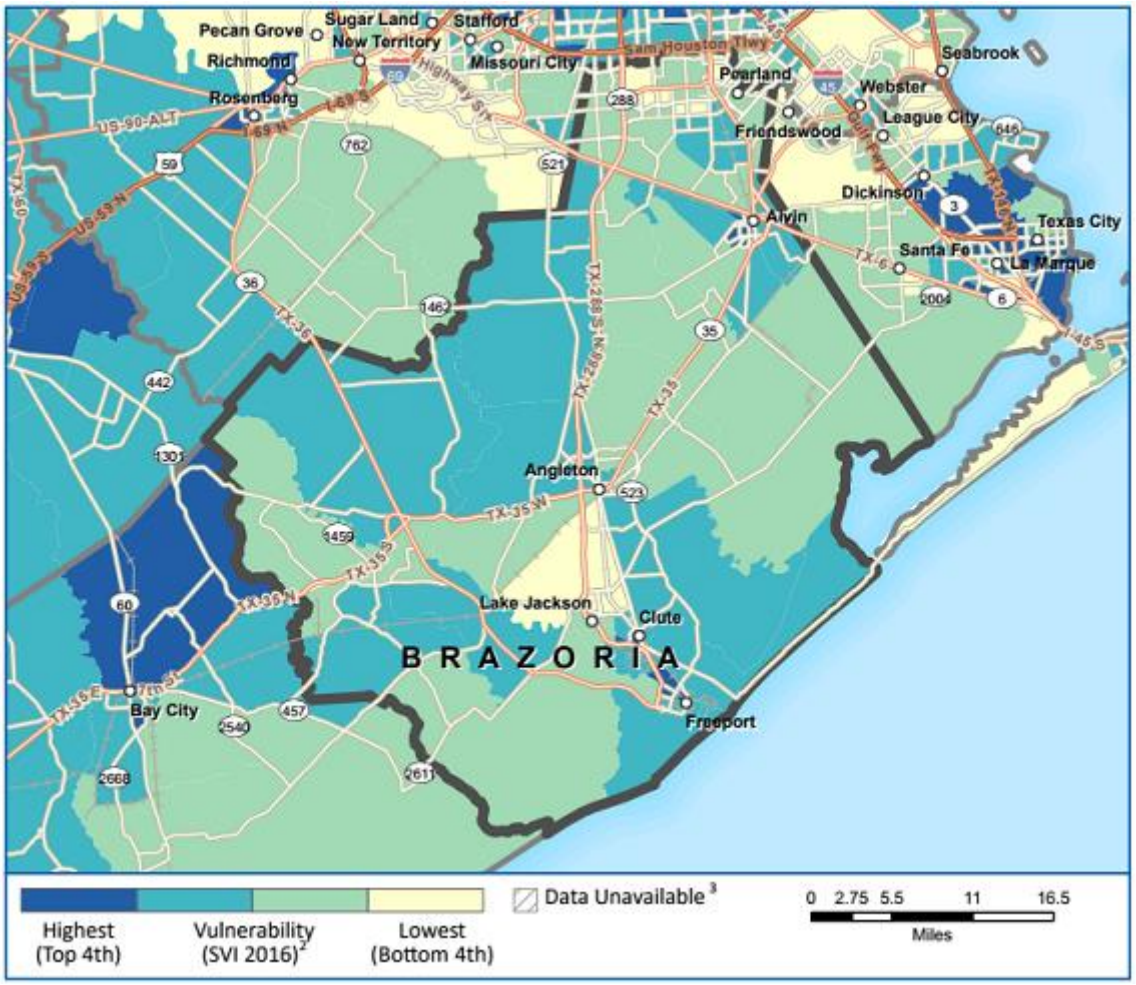
[25] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i
[26] All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability[27]

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks.

Overall, regions of Brazoria County fall into all four quartiles:

- The majority if the county fall into the second lowest quartile (light green) and second highest quartile (light blue).
- A region in the center of the county is in the lowest quartile, making that area's vulnerability very low.



[27] http://svi.cdc.gov

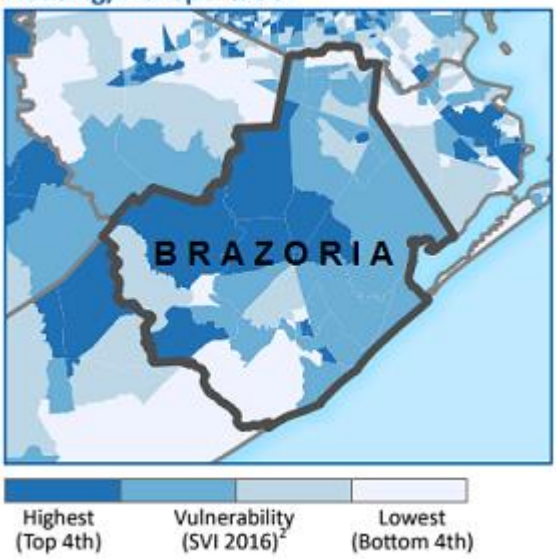
SVI Themes

Socioeconomic Status

Household Composition/Disability

Race/Ethnicity/Language

Housing/Transportation



Summary of Survey Results on Prior CHNA

In the Round 1 survey, a group of 22 individuals provided feedback on the 2015 CHNA. Complete results, including *verbatim* written comments, can be found in Appendix A.

Commenter characteristics:

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	7	9	16
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	6	8	14
3) **Priority Populations**	7	8	15
4) Representative/Member of **Chronic Disease Group** or Organization	2	11	13
5) Represents the **Broad Interest of the Community**	18	2	20
Other			
Answered Question			22
Skipped Question			0

Priorities from the last assessment where the Hospital intended to seek improvement:

- Low-income groups
- People with major co-morbidity and complications
- Racial and ethnic minority groups

St. Luke's Brazosport received the following responses to the question: **"Should the hospital continue to consider the 2015 Significant Health Needs as the most important health needs currently confronting residents in the county?**

	Yes	No	Response Count
Doctor Availability/Access/Awareness and Wait Time	21	0	21
Emergency	12	7	19
Access/Cost	18	3	21
Prevention	20	0	20
Cancer	17	2	19

St. Luke's Brazosport received the following responses to the question: **"Should the Hospital continue to allocate resources to help improve the needs identified in the 2015 CHNA?"**

	Yes	No	Response Count
Doctor Availability/Access/Awareness and Wait Time	21	0	21
Emergency	11	7	18
Access/Cost	18	2	20
Prevention	19	0	19
Cancer	17	2	19

Comparison to Other State Counties[28]

To better understand the community, Brazoria County has been compared to all 242 counties in the state of Texas across five areas: Health Outcomes, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. The last four areas are all Health Factors that ultimately affect the Health Outcomes of Length (Mortality) and Quality of Life (Morbidity).

In the chart below, the county's rank compared to all counties is listed along with any measures in each area that are ***worse than*** the state average and U.S. Best (90th percentile).

	Brazoria County	Texas	U.S. Best
Health Outcomes			
Overall Rank *(best being #1)*	22/242		
Health Behaviors			
Overall Rank *(best being #1)*	49/242		
Adult Obesity	31%	28%	26%
Access to Exercise Opportunities	79%	81%	91%
Alcohol-impaired Driving Deaths	34%	28%	13%
Clinical Care			
Overall Rank *(best being #1)*	40/242		
Population to Dentist	1,910:1	1,790:1	1,280:1
Population to Mental Health Provider	1,770:1	1,010:1	330:1
Preventable Hospital Stays	63	53	35
Diabetes Monitoring	83%	84%	91%
Mammography Screening	54%	58%	71%
Social & Economic Factors			
Overall Rank *(best being #1)*	28/242		
Unemployment	5.2%	4.6%	3.2%
Social Associations	7.0	7.6	22.1
Physical Environment			

[28] www.countyhealthrankings.org

	Brazoria County	Texas	U.S. Best
Overall Rank *(best being #1)*	240/242		
Air Pollution (PM2.5 concentration)	11.2 µg/m^3	8.0 µg/m^3	6.7 µg/m^3
Driving alone to work	87%	80%	72%
Long commute – driving alone	48%	37%	15%

Per 100,000

Comparison to Peer Counties[29]

The Federal Government administers a process to allocate all 3,143 U.S. counties into "Peer" groups. County "Peer" groups have similar social, economic, and demographic characteristics. The counties are ranked across six health and wellness categories and divided into quartiles: Better (top quartile), Moderate (middle two quartiles), and Worse (bottom quartile).

In the below chart, Brazoria County is compared to its peer counties and the U.S. average, but only areas where the county is Better or Worse are listed. (The list and number of peer counties used in each ranking may differ.)

	Brazoria County	Peer Ranking	U.S. Best
BETTER			
Health Outcomes			
Premature death	6,400	3 of 23	5,300
Health Behaviors			
Adult smoking	14%	3 of 21	14%
Physical inactivity	23%	2 of 22	20%
Access to exercise opportunities	79%	5 of 23	91%
Clinical Care			
Population to primary care provider ratio	1,530:1	3 of 24	1,030:1
Population to dentist ratio	1,910:1	2 of 24	1,280:1
Social and Economic Factors			
Some college	66%	2 of 24	72%
Children in poverty	13%	1 of 20	12%
Children in single-parent households	25%	4 of 22	20%
Injury deaths	52	3 of 24	55
WORSE			
Health Behaviors			
Alcohol-impaired driving deaths	34%	21 of 24	13%
Teen births *(per 1,000 population ages 15-19)*	36	16 of 21	15
Clinical Care			
Diabetes monitoring	83%	19 of 23	91%
Mammography screening	54%	19 of 23	71%
Social and Economic Factors			
Unemployment	5.2%	19 of 24	3.2%
Social associations	7.0	20 of 24	22.1
Physical Environment			
Air pollution - particulate matter	11.2	23 of 24	6.7
Severe housing problems	15%	17 of 20	9%
Driving alone to work	87%	22 of 23	72%

[29] www.cdc.gov/communityhealth

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of the county to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- None

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 5.2% more likely to **Vigorously Exercise**, affecting 60.1%
- 11.1% more likely to receive **Cervical Cancer Screening every 2 years**, affecting 53.6%
- 10.8% more likely to **Visit OB/Gyn Annually**, affecting 42.5%
- 11.3% more likely to **Visit NP/PA Last 6 Months**, affecting 46.2%

Conclusions from Other Statistical Data[30]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Brazoria County statistics to the U.S. average, and lists the change since the last date of measurement.

	Current Date of Data	Statistic	Change	Last Date of Data
Brazoria County measures that are **WORSE** than the U.S. average and **GOT WORSE**				
Male Diabetes, Urogenital, Blood, Endocrine Disease Deaths	2014	64.0* cases	9.4%	1980
Female Liver Disease Deaths	2014	15.6* cases	33.9%	1980
Male Liver Disease Deaths	2014	30.2* cases	29.4%	1980
Male Obesity	2011	33.9%	11.5%	2001
Brazoria County measures that are **WORSE** than the U.S. average but **IMPROVED**				
Female Heart Disease	2014	145.6* cases	-41.0%	1980
Male Heart Disease	2014	202.9* cases	-55.1%	1980
Female Stroke	2014	54.2* cases	-37.6%	1980
Male Stroke	2014	50.1* cases	-44.6%	1980
Female Tracheal, Bronchus, and Lung Cancer	2014	47.6* cases	-2.1%	1980
Male Tracheal, Bronchus, and Lung Cancer	2014	69.1* cases	-53.5%	1980
Female Breast Cancer	2014	27.9* cases	-12.5%	1980
Female Diabetes, Urogenital, Blood, Endocrine Disease Deaths	2014	51.3* cases	-11.0%	1980
Female Transport Injury Deaths	2014	10.8* cases	-44.8%	1980
Male Transport Injury Deaths	2014	23.3* cases	-55.0%	1980
Brazoria County measures that are **BETTER** than the U.S. average but **GOT WORSE**				

[30] http://www.healthdata.org/us-county-profiles

	Current Date of Data	Statistic	Change	Last Date of Data
Female Mental and Substance Use Disorder Deaths	2014	7.6* cases	399.2%	1980
Male Mental and Substance Use Disorder Deaths	2014	11.1* cases	236.6%	1980
Female Heavy Drinking	2012	5.4%	43.6%	2005
Male Heavy Drinking	2012	9.1%	9.9%	2005
Female Obesity	2011	35.9%	20.0%	2001
Brazoria County measures that are **BETTER** than the US average and **IMPROVED**				
Female Malignant Skin Melanoma	2014	1.6* cases	-29.3%	1980
Male Malignant Skin Melanoma	2014	3.4* cases	-19.1%	1980
Female Life Expectancy	2014	80.2 years	4.1%	1980
Male Life Expectancy	2014	76.1 years	8.8%	1980
Male Breast Cancer	2014	0.3* cases	-17.7%	1980
Female Self-Harm/Interpersonal Violence Deaths	2014	7.7* cases	-37.4%	1980
Male Self-Harm/Interpersonal Violence Deaths	2014	29.2* cases	-29.0%	1980
Female Binge Drinking	2012	9.4%	-11.5%	2002
Male Binge Drinking	2012	23.4%	-8.4%	2002
Female Smoking	2012	14.2%	-33.8%	1996
Male Smoking	2012	22.1%	-22.4%	1996

Community Benefit

Worksheet 4 of Form 990 H can be used to report the net cost of community health improvement services and community benefit operations.

> *"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*
>
> *"Community benefit operations" means:*
>
> - *activities associated with community health needs assessments, administration, and*
> - *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting included:

Activities reported by the hospital St. Luke's Brazosport facilitated and/or participated in a variety of community building activities that promote the health of the community that it services. These activities included community based clinical services, community health education, health profession education, health care support services and in-kind donations.

Community Based Clinical Services

Annual community flu shot campaign supplying an average of ~1100 flu shots per year. Health screenings (blood pressure, blood sugar, and cholesterol) were provided at local community and business events. A community blood drive occurred every two months on the hospital campus, sports physicals for students in the local school district, and a community, a women's health conference was coordinated with local community leaders. Health screenings (blood pressure, blood sugar, and cholesterol) were also provided at local community and business events.

Community, Health Profession Education and Health Care Support Services

St. Luke's Brazosport coordinated and provided diabetes self-management and support group on campus. A breast cancer awareness campaign and basic life support education.

A Health Worker Conference, in partnership with the Health South Texas, and a Community Women's Health Conference, and a community wide, Human Trafficking Awareness event were supported by staff through provision of education and/or hands on coordination. Cancer and imaging education, for students at the local college and ACLS Instructor Courses and prescription assistance supporting patients in finding affordable medications were also provided.

In-kind Donations

Examples of financial assistance include: financial assistance for uninsured, underinsured patients and free mammograms to qualifying low-income, uninsured men and women living in Southern Brazoria County. Financial assistance to secure products and supplies was also given to Project CURE which provides medical supplies and supply chain services to resource limited areas.

CHI St. Luke's Health Brazosport includes over 100 board-certified physicians and nearly 600 highly-qualified employees. The 154-bed hospital offers state of the art diagnostic and comprehensive treatment services with care and compassion. Our highly skilled team of medical professionals is here 24 hours a day, 7 days a week to meet our communities ever changing healthcare needs. CHI Health Brazosport was a community stand alone hospital (Brazosport Regional) from 1961-2016. In 2016, Brazosport Regional merged with CHI St. Luke's Health in Houston to become CHI St. Luke's Health Brazosport.

IMPLEMENTATION STRATEGY

Significant Health Needs

St. Luke's Brazosport used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by St. Luke's Brazosport.[31] The following list:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies current efforts responding to the need including any written comments received regarding prior implementation actions
- Establishes the Implementation Strategy programs and resources St. Luke's Brazosport will devote to attempt to achieve improvements
- Documents the Leading Indicators St. Luke's Brazosport will use to measure progress
- Presents the Lagging Indicators St. Luke's Brazosport believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, St. Luke's Brazosport is the major hospital in the service area. St. Luke's Brazosport is an 80-bed, acute care medical facility located in Lake Jackson, TX. The next closest facilities are outside the service area and include:

- UTMB Health Angleton Danbury Campus, Angleton, TX; 13.5 miles (20 minutes)
- Sweeny Community Hospital, Sweeny, TX; 22 miles (30 minutes)
- Matagorda Regional Medical Center, Bay City, TX; 40.4 miles (53 minutes)
- Oakbend Medical Center – Wharton Hospital Campus, Wharton, TX; 57.6 miles (73 minutes)

All statistics analyzed to determine significant needs are "Lagging Indicators," measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the St. Luke's Brazosport Implementation Strategy uses "Leading Indicators." Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

[31] Response to IRS Schedule H (Form 990) Part V B 3 e

1. **BEHAVIORAL/MENTAL HEALTH (emotional, psychological, and social well-being) – Population to Mental Health Provider is worse that state, national and peer averages.**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2015, so no comments were solicited.

2. **SUICIDE – #11 leading causes of death**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2015, so no comments were solicited.

Due to the similar nature of these needs, one implementation plan has been created to address both needs.

St. Luke's Brazosport's services, programs, and resources available to respond to these needs include:[32]

- Patients are held in the ED
- Provided sitters until provided placement
- Offer employee assistance program
- Mental health deputy program
- National Alliance on Mental Illness (NAMI) Program
- Sponsor anti-bullying campaign in the community

Additionally, St. Luke's Brazosport plans to take the following steps to address this need:

- Explore implementing telemedicine for psychiatry
- Explore partnering with psychiatry residency program with CHI/Baylor School of Medicine
- Provide listing of services and providers to community and families
- Provide support for joint meeting of community mental health resources, including Alzheimer's, Dementia, and other mental health issues
- Suicide prevention education provided to patients with moderate risk or above

Anticipated results from St. Luke's Brazosport Implementation Strategy

[32] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers		X
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate St. Luke's Brazosport's intended actions is to monitor change in the following Leading Indicator:

- Number of tele-psych patients: To begin tracking if tele-psych gets implemented
- Number of suicide risk assessment completed on inpatients and ED patients: To begin tracking annually
- Number of suicide prevention education provided to patients with moderate risk or above: To begin tracking number and frequency of education and referrals to toll free line annually

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Decreased attempted suicides seen at facility: To begin tracking annually

St. Luke's Brazosport anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Baylor School of Medicine	Family and Community Medicine	https://www.bcm.edu/ 1 Baylor Plaza, Houston, TX 77030 (713) 798-4951

Organization	Contact Name	Contact Information
United Way of Brazoria County	Kori Brown, Resource Development, Community Outreach	https://www.uwbc.org/ 4005 Technology Dr. #1020, Angleton, TX 77515 (979) 849-9402
National Alliance on Mental Illness (NAMI)	Strategic Alignment and Development	https://namigulfcoast.org/ 2206 N. Gordon St., Alvin, TX 77511 (281) 585-3100
MHMR Gulf Coast Center-Child	Adult, Child and Adolescence	https://gulfcoastcenter.org/services/child-and-adolescent-mental-health-services/ 2352 E Mulberry St., Angleton, TX 77515 (979) 848-8420
Lake Jackson Police Department	Client to provide	http://www.lakejacksontx.gov/index.aspx?nid=283 5 Oak Drive, Lake Jackson, TX 77566 (979) 415-2700
Lake Jackson EMS	Client to provide	https://www.lakejacksonems.com/ 10 Oak Drive, Lake Jackson, TX 77566 (979) 415-2714

3. CANCER – 2015 Significant Need; #2 leading causes of death, higher than state and national averages; Mammography screenings worse than state and national averages

Public comments received on previously adopted implementation strategy:

- *I think the purchase of a new scanner will be very beneficial to so many of our citizens that will not have to go to Houston.*
- *most people that I hear of with cancer end up in Houston or give up on trying to defeat it. Seems that it would be beneficial to tell about local capabilities and options.*
- *I am excited about the free screening services. Are there any partnership efforts with the local VA center?*
- *Too few resources devoted to awareness and screening activities.*
- *Own cancer center with medical and radiation oncologists*

St. Luke's Brazosport's services, programs, and resources available to respond to this need include:[33]

- Accredited mammography
- Started outreach process to aid mammography compliance
- Mermaid Fund provided for low income patients
- Mobile PET Scanner
- Full service cancer center on-site
- Cancer survivor support group available
- Access to surgical oncology program through Baylor College of Medicine
- Colonoscopy on-site provided
- Participate in Relay for Life
- Partner with Brazosport College for the Women's Conference annually

Additionally, St. Luke's Brazosport plans to take the following steps to address this need:

- Expanding partnership with the Dan Duncan Cancer Center (Baylor School of Medicine)
- Education on resources available (clinical, funding, etc.) through the facility
- Adding and utilizing an additional CT scanner

Anticipated results from St. Luke's Brazosport's Implementation Strategy

[33] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers		
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		
4. Enhances public health activities		
5. Improves ability to withstand public health emergency		
6. Otherwise would become responsibility of government or another tax-exempt organization		
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate St. Luke's Brazosport's intended actions is to monitor change in the following Leading Indicator:

- Number of mammography screenings: To begin tracking annually
- Radiation oncology volume: To begin tracking annually
- Number of participants in Mermaid Project: To begin tracking annually

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Cancer stage at diagnosis: To begin tracking annually through the tumor registry

St. Luke's Brazosport anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Baylor School of Medicine	Oncology	https://www.bcm.edu/ 1 Baylor Plaza, Houston, TX 77030 (713) 798-4951

Organization	Contact Name	Contact Information
Brazosport Hematology - Oncology		www.brazosportregional.org/home.aspx 100-B Medical Drive, Lake Jackson, TX 77566 (979) 297-6401
American Cancer Society	Cancer Resources Treatment and Support	2500 Fondren Road, Houston, TX 77063 (713) 266-2877
Brazosport Health Foundation		http://brazosport-health-foundation.org/ 1 W. Way Ct., Lake Jackson, TX 77566 (979) 297-6190

4. PREVENTION – 2015 Significant Need

Public comments received on previously adopted implementation strategy:

- *I think more awareness, to the public, should be given on the many programs that they can take advantage of at the hospital.*
- *I have noticed more public education classes offered by the hospital*
- *this was accomplished through the hospital program and now with Healthy South Texas*
- *partnered with Health South Texas for Diabetes education*
- *Screenings and support groups are great ideas; however, I'm curious about how many people actually participate in such events/groups. How are we drawing people in? Are we incentivizing participation?*
- *We could do more through primary care and outreach to address prevention.*
- *Better access with the clinics*

St. Luke's Brazosport's services, programs, and resources available to respond to this need include:

- Annual community flu shot clinic
- Education/access during flu season
- Participation in Healthy South Texas
- Cardiac Phase 3 Program available
- Trauma program offers educational services to community
- Stroke program offers educational services to community
- Partner with Brazosport College for the Women's Conference annually
- Kidney Smart classes available
- Offers reduced price screening physical for high school sports
- Orthopedists offers support for athletics training for local schools
- Participates in Community health fairs
- Pay for gym membership for employees

St. Luke's Brazosport does not intend to develop an implementation strategy for this Significant Need

Due to a relatively low priority assigned to Prevention since this need has been considered in the development of implementation strategies for other needs, St. Luke's Brazosport felt it wasn't necessary to develop an individual implementation strategy for this need.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need	
1. Resource Constraints	
2. Relative lack of expertise or competency to effectively address the need	
3. A relatively low priority assigned to the need	**X**
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	

St. Luke's Brazosport anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Baylor St. Luke's Medical Group		https://www.chistlukeshealth.org/baylor-st-lukes-medical-group 508 This Way, Lake Jackson, TX 77566 (979) 480-9334
Caravan ACO	Population Health Management	http://www.caravanhealth.com (916) 542-4582
Brazosport College	Community Education	http://www.brazosport.edu/ 500 College Blvd., Lake Jackson, TX 77566 (979) 230-3000
Healthy South Texas	Kristi Parr, Program Management	https://healthytexas.tamu.edu/ 600 John Kimbrough Blvd. Suite. 518, College Station, TX 77843-7101 (979) 862-3932

5. **OBESITY – Adult obesity in Brazoria county is higher than state and national averages; Access to exercise opportunities in Brazoria county are lower than state and national averages; Diabetes monitoring in Brazoria county is worse than state and national averages**

Public comments received on previously adopted implementation strategy:

This was not a 2015 Significant Need, so no comments were solicited.

St. Luke's Brazosport's services, programs, and resources available to respond to this need include:

- Phase 1, 2 and 3 Cardiac Rehab
- Pay for gym membership for employees
- Healthy options offered in the cafeteria
- Participation in Healthy South Texas
- BMI screenings completed at clinic visits

Additionally, St. Luke's Brazosport plans to take the following steps to address this need:

- Explore partnering with existing and future events in the service area to encourage physical activity
- Dedicate one Live Well edition to healthy choices
- Weight loss support group

Anticipated results from St. Luke's Brazosport's Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers		
2. Reduces barriers to access services (or, if ceased, would result in access problems)		
3. Addresses disparities in health status among different populations		
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		
6. Otherwise would become responsibility of government or another tax-exempt organization		

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate St. Luke's Brazosport's intended actions is to monitor change in the following Leading Indicator:

- Number of BMI screenings in patient population: To being tracking annually

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Current clinic patient population BMI (risk migration): To begin tracking annually

St. Luke's Brazosport anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Baylor St. Luke's Medical Group		https://www.chistlukeshealth.org/baylor-st-lukes-medical-group 508 This Way, Lake Jackson, TX 77566 (979) 480-9334
Healthy South Texas	Kristi Parr, Program Manager	https://healthytexas.tamu.edu/ 600 John Kimbrough Blvd. Suite. 518, College Station, TX 77843-7101 (979) 862-3932
City of Lake Jackson Rec Center		http://www.lakejackson-tx.gov/parks 91 Lake Rd., Lake Jackson, TX 77566 (979) 297-4533
Brazosport Area Road Runners	Dan Walsh	http://www.non-profitfacts.com/TX/Brazosport-Area-Road-Runners-Association P.O. Box 162, Lake Jackson, TX 77566

6. HEART DISEASE – #1 Leading Cause of Death

Public comments received on previously adopted implementation strategy:

This was not a 2015 Significant Need, so no comments were solicited.

St. Luke's Brazosport's services, programs, and resources available to respond to this need include:

- Cath lab
- ED
- Phase 1, 2 and 3 Cardiac Rehab
- EKG's on sports physicals
- Partner with Brazosport College for the Women's Conference annually
- Pay for gym membership for employees

Additionally, St. Luke's Brazosport plans to take the following steps to address this need:

- Dedicate Power of the Purse event towards women's cardiac focused initiatives
- Explore chest pain center accreditation
- Improve congestive heart failure protocols
- Dedicate one Live Well edition to healthy choices
- Explore partnering with existing and future events in the service area to encourage physical activity
- Explore offering Lifeline Screenings

Anticipated results from St. Luke's Brazosport's Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)		
3. Addresses disparities in health status among different populations		
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate St. Luke's Brazosport's intended actions is to monitor change in the following Leading Indicator:

- Percent of follow-up phone calls to congestive heart failure patients: To begin tracking annually via discharge report
- Participation in cardiac rehab program = To begin tracking outpatient rehabilitation volume annually

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Congestive heart failure readmissions = To begin tracking annually
- Congestive heart failure observed to expected mortality = To begin tracking annually

St. Luke's Brazosport's anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Baylor St. Luke's Medical Group	Client to provide	https://www.chistlukeshealth.org/baylor-st-lukes-medical-group 6624 Fannin St. #1240, Houston, TX 77030 (832) 355-5575
Brazosport College	Client to provide	http://www.brazosport.edu/ 500 College Blvd., Lake Jackson, TX 77566 (979) 230-3000
Brazosport Cardiology	Client to provide	http://www.brazosportcardiology.com/ 215 Oak Dr. S. # L, Lake Jackson, TX 77566 (979) 297-5481

Organization	Contact Name	Contact Information
Brazosport Health Foundation	Client to provide	http://brazosport-health-foundation.org/ 1 W. Way Ct., Lake Jackson, TX 77566 (979) 297-6190

Other Needs Identified During CHNA Process

7. **Doctor Availability, Access/Awareness and Wait Time – 2015 Significant Need**
8. **Substance Use/Abuse**
9. **Diabetes**
10. **Emergency – 2015 Significant Need**
11. **Alzheimer's**
12. **Alcohol Use**
13. **Stroke**
14. **Kidney Disease**
15. **Women's Health**
16. **Lung Disease**
17. **Accidents**
18. **Flu/Pneumonia**
19. **Tobacco Use**
20. **Liver Disease**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[34]

1. Behavioral/Mental Health
2. Suicide
3. Cancer – 2015 Significant Need
4. Obesity
5. Heart Disease

Significant needs where hospital did not develop implementation strategy[35]

1. Prevention – 2015 Significant Need

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

[34] Responds to Schedule H (Form 990) Part V B 8
[35] Responds to Schedule H (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Round 1)

Hospital solicited written comments about its 2015 CHNA.[36] 22 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. **Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.**

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	7	9	16
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	6	8	14
3) **Priority Populations**	7	8	15
4) Representative/Member of **Chronic Disease Group** or Organization	2	11	13
5) Represents the **Broad Interest of the Community**	18	2	20
Other			
Answered Question			22
Skipped Question			0

Congress defines "Priority Populations" to include:

- **Racial and ethnic minority groups**
- **Low-income groups**
- **Women**
- **Children**
- **Older Adults**
- **Residents of rural areas**
- **Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care**
- **Lesbian Gay Bisexual Transsexual (LGBT)**
- **People with major comorbidity and complications**

2. **Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?**

- *Access to healthcare (including immunizations), access to public transportation; access to information that helps prevent obesity and other chronic illnesses (DM, HTN, etc.); and access to mental health care!!!*
- *Homeless with/without children hospice or LTAC near by*
- *Psychiatric needs; readmissions; problems getting medications/noncompliance*
- *There is a severe need in our area for additional mental health support. While we do have a good number of*

[36] Responds to IRS Schedule H (Form 990) Part V B 5

reputable therapists, when someone is needing hospitalization due to a mental health condition, there are no resources in our immediate area.

- *Access to medical specialists to treat complications resulting from poor control of their chronic conditions.*
- *Specifically, we need more specialist able to treat older adults. And those with multiple issues.*
- *Patient overall satisfaction of services provided. Increase in drug overdoses among adolescents needs to be addressed. Teen pregnancy rate and teen suicides in Brazoria county doubled in 2017.*
- *Limited available health care available for individuals without health insurance or disability. Many members of population with major chronic health disease that could be managed better. Availability of psychiatric care is also a concern.*
- *Behavioral Health*
- *There is a large Hispanic population and they are generally low to moderate income.*
- *Transportation to Medical Care*
- *Transportation to health care providers, assistance in home for custodial care, assistance with prescription drug costs, access to specialist care locally.*
- *Access…it is more difficult for low income and rural residents to access primary care.*

In the 2015 CHNA, there were five health needs identified as "significant" or most important:

1. **Doctor Availability/Access/Awareness and Wait Time**
2. **Emergency**
3. **Access/Cost**
4. **Prevention**
5. **Cancer**

3. Should the hospital continue to consider the 2015 Significant Health Needs the most important health needs currently confronting residents in the county?

	Yes	No	Response Count
Doctor Availability/Access/Awareness and Wait Time	21	0	21
Emergency	12	7	19
Access/Cost	18	3	21
Prevention	20	0	20
Cancer	17	2	19

Comments:

- *Need to recruit more mental health staff to the area (Psychiatrist, trained counselors, etc.)*
- *Lack of access to medical specialists including but not limited to the following: Endocrinology, Urology, Psychiatry, Otolaryngology, Rheumatology & Dermatology.*
- *Wider range of doctors to treat more specialized cases*

- *Patient overall satisfaction of services provided. Increase in drug overdoses among adolescents needs to be addressed. Teen pregnancy rate and teen suicides in Brazoria county doubled in 2017.*
- *Psychiatric care/Suicide awareness and prevention*
- *Recruitment of specialty physicians, Urology, Cardiology and GI*
- *Primary and specialist care access remains a problem.*
- *Health complications*

4. Should the Hospital continue to allocate resources to help improve the needs identified in the 2015 CHNA?

	Yes	No	Response Count
Doctor Availability/Access/Awareness and Wait Time	21	0	21
Emergency	11	7	18
Access/Cost	18	2	20
Prevention	19	0	19
Cancer	17	2	19

Comments:

- *Improve access to mental health care*
- *With the addition of the new emergency center at CHI St. Luke's Brazosport, more patients are able to be seen in a timely manner, the left without being seen has decreased, and patients per day has increased.*
- *A large number of the uninsured indigent population in our area is currently being treated by volunteer physicians and nurse practitioners, almost all of them associated with CHI Brazosport. The goal is to keep these people working and out of the emergency department. This has been an ongoing endeavor for the last 10 years. I am not certain this is a sustainable model - I certainly hope so, but there are many challenges.*
- *Patient overall satisfaction of services provided. Increase in drug overdoses among adolescents needs to be addressed. Teen pregnancy rate and teen suicides in Brazoria county doubled in 2017.*

5. Are there any new or additional health needs the Hospital should address? Are there any new or additional implementation efforts the Hospital should take? Please describe.

- *Recruit mental health staff!!*
- *Psychiatric needs*
- *In addition to the categories above, something needs to be done to help with the mental health crisis our community is facing. With Brazoria County having one of the highest suicide rates in the state, additional resources are definitely needed.*
- *Assuring that medical records such as test images given to the patient on DVD aren't damaged or blank.*
- *I have recently experienced a situation where a family member had to be transferred to Houston because the local specialist was unwilling to treat the patient due to age (81) We need specialists that are trained and able to take care of our elderly and not just refer to Houston.*

- *Patient overall satisfaction of services provided. Increase in drug overdoses. Teen pregnancy rate and teen suicides in Brazoria county.*
- *Transportation in the community, behavioral health population, suicide awareness*
- *Mental health resources*
- *Is there any way to find out how many low-income families do not have access to affordable health care to see if this is still a large need?*
- *There is a great need for psychiatric resources in the county. It is very difficult to find a psychiatrist, and most often these physicians are in Houston. We need more resources and access for people with mental health challenges.*
- *Psych and drug abuse…we are very limited in terms of resources. The ED is where these patients seek care in a crisis, when it is often too late.*
- *Mental health*

6. **Please share comments or observations about keeping <u>Doctor Availability/Access/Awareness and Wait Time</u> among the most significant needs for the Hospital to address.**

- *More scale for the uninsured*
- *I have seen some improvement in the wait time at the Doctor's office. There is still a need for doctors specializing in certain fields.*
- *The need for local access to specialty medical care is critical. Our population is aging, and many are finding it necessary to travel to Angleton (UTMB) or Pearland for care by specialists. They would certainly prefer to receive all of their medical care close to home. These older patients are seeking care by specialists who are physicians, not physician extenders.*
- *Why are so many of our local doctors not given hospital access. Only staff doctors seeing patients.*
- *I believe we still need more physicians in our community – family medicine and specialists*
- *There have been great improvements made on this front, the next steps would be access to specialty physicians such as GI, urology, cardiology and ENT*
- *It seems to me that making citizens aware of services/doctors available to them is a great need.*
- *The opening of three primary care clinics has improved access, however, same day access for sick visits remain a problem. Recommend scheduling solutions to improve same day access.*
- *Some specialties are difficult to access. Urology, ENT,*
- *The hospital needs to continue to monitor this situation. Several local physicians are near retirement age.*
- *Especially in emergencies to avoid premature death*
- *Consistent access to primary when preventative care would decrease non-emergent use of the ED and avoidable hospitalizations*
- *Access to primary care providers in a timely manner could continue to help the allocation of resources for*

patients and the hospital.

7. **Please share comments or observations about the implementation actions the Hospital has taken to address <u>Doctor Availability/Access/Awareness and Wait Time</u>.**

- *All are valid*
- *Continue to address the needs of patients with Diabetes and refer to partners who offer education and support.*
- *I think the hospital has done an excellent job in this area.*
- *CHI Brazosport has been successful in attracting several much-needed family practice physicians. Unfortunately, the community is not aware of these additional practitioners. As the hospital staff has increased their interactions with the community through senior events, etc., perhaps it would be helpful to mention the many new practitioners who are now serving our community. Something as simple as a large video loop with physicians faces, names & specialty for viewing by the attendees.*
- *I'm not aware of specific actions*
- *Goals achieved*
- *The hospital did accomplish the actions mentioned above.*
- *We have decreased our LWBS to less than 2%. Implemented Teletracking to improve patient flow. Changed staffing models to match flow of volume in the ED to improve wait times*
- *I can see and appreciate the efforts to increase the number of physicians serving our community.*
- *The hospital actions have greatly improved access to primary care, but as the area grows, wait time for sick visits or new patients is still an issue.*
- *Recruited Primary Care*
- *It has been difficult to recruit to this area--physicians tend to be attracted to larger urban communities.*
- *Not aware of any actions*
- *Increased providers in the clinics*

8. **Please share comments or observations about keeping <u>Emergency</u> among the most significant needs for the Hospital to address.**

- *The new emergency center is a vast improvement. Wait time is down significantly and more beds are available.*
- *My experience both personal and observed is that wait times are still long. As well as it seems that stay in the ER is long, 6-8 hours and more.*
- *The new ED is open and very busy. Accomplished.*
- *90% of our admissions come through the ED and we see over 100 patients per day. Access to care must continually be evaluated as well as flow through the ED.*
- *Patients continue to use the ED instead of primary care.*
- *The new ER has been helpful in providing the capacity to see additional patients.*

- *Brazosport is the safety net hospital for the community*

9. **Please share comments or observations about the implementation actions the Hospital has taken to address <u>Emergency</u>.**
    - *The new Emergency center is just what the community needed. I have had the opportunity to use the ER as well as my husband and Mother. Was treated very well, everyone was very professional with hardly any wait time at all. Great Job!!*
    - *Enlarging the emergency department, both the space and the number of staff, has been a huge public opinion WIN for the hospital. Change seems to be greeted with initial skepticism until it's no longer new. The imminent move of the Urgent Care to a more visible location is another huge step in the right direction for the hospital and the community it serves.*
    - *The facility has been updated and seems to be first class.*
    - *This concern has been addressed.*
    - *Last year our organization built a new ED with 28 beds which has allowed us to serve our community and provide better access to our emergency physicians.*
    - *Y'all got this one down!*
    - *The new emergency room has greatly improved patient flow and care. It also seems that the area has expanded in population and use of the emergency department.*
    - *Actions appear to have been effective.*
10. **Please share comments or observations about keeping <u>Access/Cost</u> among the most significant needs for the Hospital to address.**
    - *This is certainly important, and I think the hospital has taken measures to address this issue.*
    - *Continued improvement needed*
    - *Still need additional physicians. Still limited options for people without health insurance.*
    - *There is a significant population of low income individuals and families in southern Brazoria county. Access to quality healthcare that they can afford is a must.*
    - *Uninsured patients are an issue for cost. The out of pocket for PCP visit is prohibitive.*
    - *Still difficult to be seen timely or some key specialties*
    - *Lower income people tend to have higher health problems*
    - *Though Lake Jackson has a significant number of citizens who are financially sound, there is a large population of under and uninsured*
11. **Please share comments or observations about the implementation actions the Hospital has taken to address <u>Access/Cost</u>.**
    - *Again, the hospital, I think, has done what it could to address the rising cost.*
    - *Continued improvement needed*

- *Did expand the clinics and provides*
- *We have become part of the CHI St. Luke's Health System which gives us the ability to transfer to sister hospitals within the Division including BSLMC- so we have increased our access to care and resources*
- *I'm not sure what "financial assistance" looks like, but I appreciate the efforts to treat people regardless of their ability to pay right away. It does seem though that some patients may not be able to pay much, if anything.*
- *We do provide charity care, but there continues to be a great need for uninsured and under-insured people.*
- *Renegotiated Contracts Reduced staff to control cost*
- *Limited improvement*

12. Please share comments or observations about keeping <u>Prevention</u> among the most significant needs for the Hospital to address.

- *This is certainly important, and I think the hospital has taken measures to address this issue.*
- *I think prevention is extremely important. It would be great if certain tests could be incorporated into the routine physical, thus preventing many diseases before they become an emergency. For example, heart scans. If these were given every 2 - 3 years, most heart attacks could be prevented or treated way before it becomes serious. Insurance should pay for these types of tests because it would save them a considerable amount of money in the long run and at the same time, prevent an untimely death.*
- *Continued improvement needed*
- *Focused diabetic education and management*
- *Readmissions is a focus point for our organization with primary focus on Health Failure Readmissions. It causes us to score low on VBP is the OE ratio is more than expected. We need HF education and follow up and understanding. Our community needs more clarity of the prevention of readmission and management of Heart Failure.*
- *I think prevention and education will always be priorities, so that we can hopefully prevent and delay major health concerns/comorbidities.*
- *I honestly do not know what is being done. One of my biggest concerns is the obesity epidemic among our children. Are there holistic initiatives with the schools and parents that are addressing this problem?*
- *Diabetes and heart disease continue to be widespread in the community.*
- *Flu clinics every year.*
- *It would almost be impossible to direct too many resources to prevention. Needs to start in grade school.*
- *I firmly believe the hospital model should maintain a balance between the curative and preventative models*

13. Please share comments or observations about the implementation actions the Hospital has taken to address <u>Prevention</u>.

- *I think more awareness, to the public, should be given on the many programs that they can take advantage of at the hospital.*

- *I have noticed more public education classes offered by the hospital*
- *This was accomplished through the hospital program and now with Health South Texas*
- *Partnered with Health South Texas for Diabetes education*
- *Screenings and support groups are great ideas; however, I'm curious about how many people actually participate in such events/groups. How are we drawing people in? Are we incentivizing participation?*
- *We could do more through primary care and outreach to address prevention.*
- *Better access with clinics*
- *Recruited primary care*

14. Please share comments or observations about keeping <u>Cancer</u> among the most significant needs for the Hospital to address.

- *Even though many new treatments have improved for the various types of cancer, this horrible disease is still prevalent and everything that can be done should be done to hopefully eradicate this disease.*
- *Still need to increase awareness of local care that is available.*
- *Our cancer center has huge opportunity for growth*
- *I haven't lived in this area for long, so my observation may be off, but it seems like cancer is very prevalent in this part of the world.*
- *Cancer awareness/screenings are needed*
- *Cancer screening and care are paramount to health communities*

15. Please share comments or observations about the implementation actions the Hospital has taken to address <u>Cancer</u>.

- *I think the purchase of a new scanner will be very beneficial to so many of our citizens will not have to go to Houston.*
- *Most people that I hear of with cancer end up in Houston or give up on trying to defeat it. Seems that it would be beneficial to tell about local capabilities and options.*
- *The screenings and support groups were accomplished*
- *Are there any other types of cancer screenings we could offer at no cost?*
- *I am excited about the free screening services. Are there any partnership efforts with the local VA center?*
- *Too few resources devoted to awareness and screening activities.*
- *Own cancer center with medical and radiation oncologists*

16. Finally, after thinking about our questions and the information we seek, is there anything else you think is important as we review and revise our thinking about significant health needs in the county?

- *It would be important to involve as many community partners as possible (i.e. nursing homes, assisted living facilities, urgent cares, school districts, pharmacies, CONNECT transit, etc.) in this assessment to get a good*

picture of the needs.

- *I think the hospital is doing everything it can to serve the Brazosport and beyond community.*
- *Keeping community outreach as a significant focus might be important in engendering goodwill in our small community.*
- *MENTAL HEALTH! Drug abuse.*
- *We, as a community, have failed to address the current epidemic that is facing our children/teenagers in Brazoria county and the number of deaths/ incidents have doubled. I realize that we are not "Pediatric Only" facility, but that should not keep us from meeting the needs of that population. I would love to see our community partners work along beside us as a collaboration and establish an education program addressing children/teen issues of 2018.*
- *Psych care and suicide prevention*
- *Suicide awareness and prevention should be a priority as well as access to for behavioral health populations.*
- *We have a major crisis with childhood obesity. I know this is a huge systematic family and low-income issues but if nothing changes healthcare cost and quality of life standards will be dramatically impacted. Are there many models in the US that we can learn from?*
- *Transportation is a significant problem. Public transportation doesn't serve our rural areas well, and there is often delay in transportation, resulting in missed visits.*
- *Psych and drug use issues seem to be increasing.*
- *Still need to address better access to mental health care*

Appendix B – Identification & Prioritization of Community Needs (Round 2)

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Behavioral/Mental Health (emotional, psychological, and social well-b	390	14	24.38%	24.38%	Significant Needs
Suicide	152	11	9.50%	33.88%	
Cancer - 2015 Significant Need	147	12	9.19%	43.06%	
Prevention - 2015 Significant Need	110	12	6.88%	49.94%	
Obesity	95	9	5.94%	55.88%	
Heart Disease	91	9	5.69%	61.56%	
Doctor Availability, Access/Awareness and Wait Time – 2015 Significar	90	9	5.63%	67.19%	Other Identified Needs
Substance Use/Abuse	89	9	5.56%	72.75%	
Access/Cost - 2015 Significant Need	65	8	4.06%	76.81%	
Diabetes	58	8	3.63%	80.44%	
Emergency – 2015 Significant Need	50	7	3.13%	83.56%	
Alzheimer's	48	7	3.00%	86.56%	
Alcohol Use	46	7	2.88%	89.44%	
Stroke	36	5	2.25%	91.69%	
Kidney Disease	23	5	1.44%	93.13%	
Women's Health	20	5	1.25%	94.38%	
Lung Disease	17	4	1.06%	95.44%	
Accidents	15	4	0.94%	96.38%	
Flu/Pneumonia	15	4	0.94%	97.31%	
Tobacco Use	15	5	0.94%	98.25%	
Senior Adult Care	15	1	0.94%	99.19%	
Liver Disease	13	4	0.81%	100.00%	
Total	1600		100.00%		

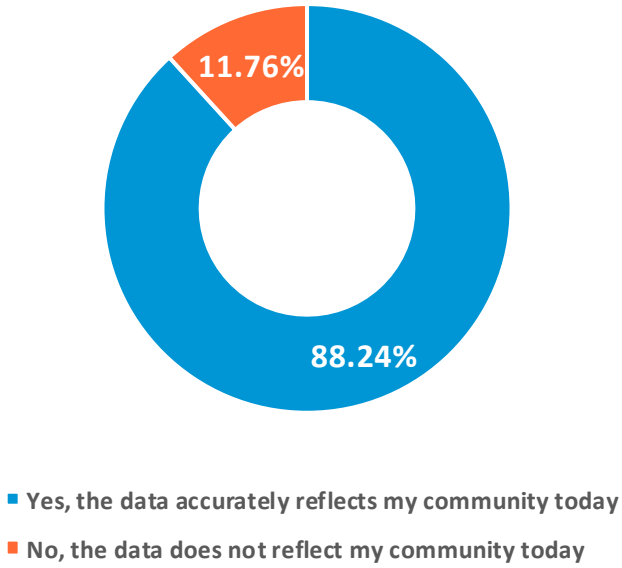
Individuals Participating as Local Expert Advisors[37]

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	5	5	10
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	9	3	12
3) **Priority Populations**	4	6	10
4) Representative/Member of **Chronic Disease Group** or Organization	1	7	8
5) Represents the **Broad Interest of the Community**	10	2	12
Other			
Answered Question			16
Skipped Question			0

[37] Responds to IRS Schedule H (Form 990) Part V B 3 g

Advice Received from Local Expert Advisors

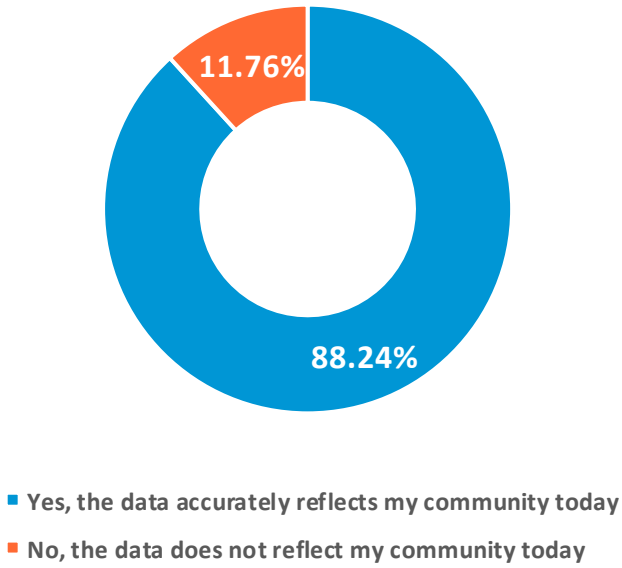
Question: Do you agree with the comparison of Brazoria County to all other Texas counties?



Comments:

- *We have numerous exercise facilities in our area available for the public. The unemployment rate is down to 4.6. Last June is was 5.9 - Social Associations: there are many civic, religious, etc. organizations. I do not agree with the Air Pollution. Don't understand driving alone?*
- *As far as I know, this data could be correct. Not sure about the unemployment rate. Also, transportation within the county and access to mental health services are a VERY big concern!!!*
- *I don't know what "social associations" mean.*
- *I am not that familiar with the data, but it does sound reasonable to me*

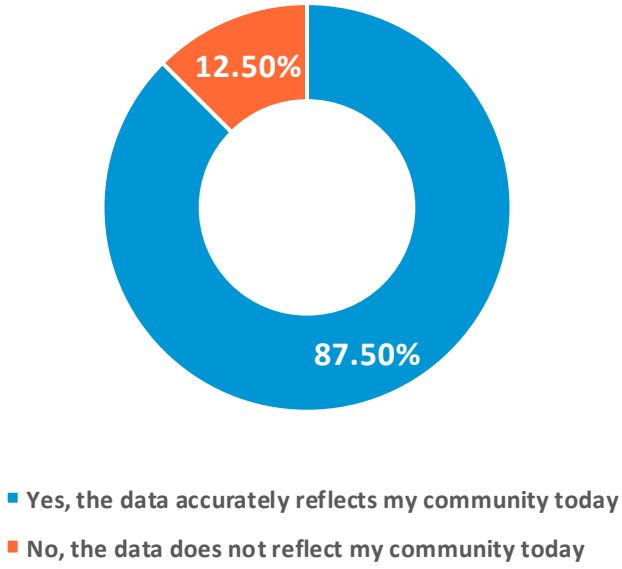
Question: Do you agree with the comparison of Brazoria County to its peer counties?



Comments:

- *Air Pollution. Driving alone to work? Unemployment is 4.6*
- *As far as I know, this data could be correct. I have received reports about a very large number of students in schools being HOMELESS!!! Not sure that is reflected in "children in poverty"?*
- *How is the Physical Inactivity determined?*
- *Reasonable*

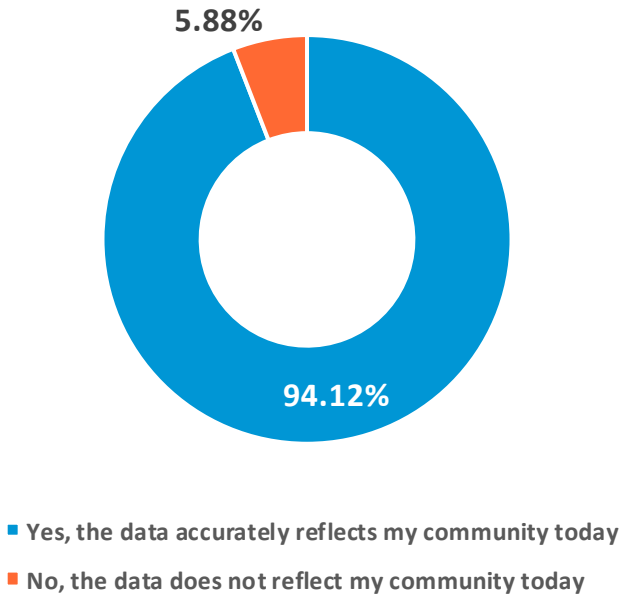
Question: Do you agree with the demographics and common health behaviors of Brazoria County?



Comments:

- *Median household income seems high.*
- *question the unemployment rate*
- *I question the populations over 65 number.*
- *I wonder if the income data is skewed high because of Pearland being in Brazoria County. My sense is that incomes in Southern Brazoria county are lower.*

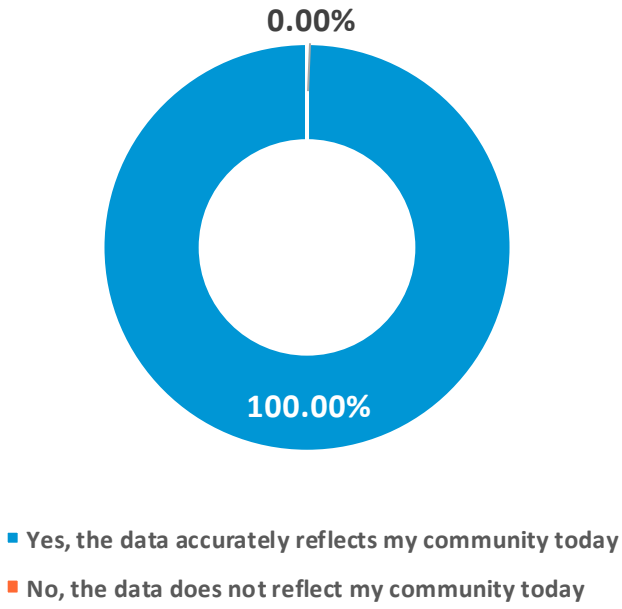
Question: Do you agree with the overall social vulnerability index for Brazoria County?



Comments:

- *I think the housing and transportation data may not accurately reflect our community.*
- *there is no way for me to accurately answer this. I have little information or awareness of some of these categories.*

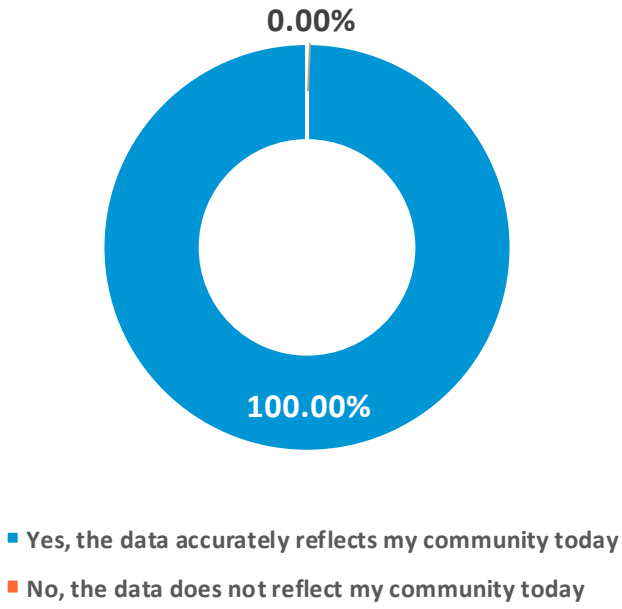
Question: Do you agree with the national rankings and leading causes of death?



Comments:

- *Not sure. Numbers very high.*

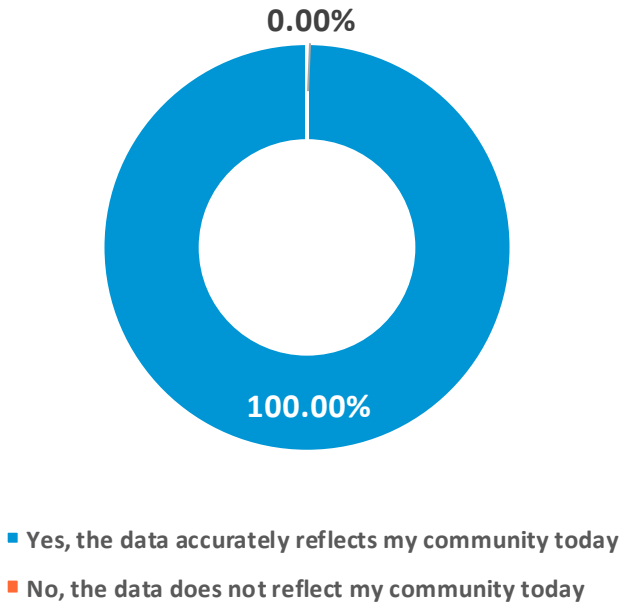
Question: Do you agree with the health trends in Brazoria County?



Comments:

- *May be correct; what about male obesity as well? What about STD rates and TB rates?*
- *What qualifies as a mental and substance use disorder death?*

Question: Do you agree with the written comments received on the 2015 CHNA?



Comments:

- *Agree with some observations, though there are resources available through local mental health authority, thus more efforts are needed to educate community as to how to access available.*
- *Most of them*
- *We have a crisis of obesity and overweight that is increasing the likelihood of diabetes and liver problems. both of these were recognized as being on the increase in our county.*
- *Yes!! Mental Health needs to be top priority.*

Appendix C – National Healthcare Quality and Disparities Report[38]

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsurance, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

[38] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[39] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable

[39] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

care at the national level using available nationally representative data. The summary charts are accessible via the link below.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf

Appendix D – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule H Part V Section B (Form 990)[40]

Community Health Need Assessment Illustrative Answers

1. **Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?**

   No

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C**

   No

3. **During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply)**

   a. **A definition of the community served by the hospital facility**

      See footnote 17 on page 11

   b. **Demographics of the community**

      See footnote 20 on page 12

   c. **Existing health care facilities and resources within the community that are available to respond to the health needs of the community**

      See footnote 32 on page 31

   d. **How data was obtained**

      See footnote 11 on page 8

   e. **The significant health needs of the community**

      See footnote 31 on page 30

   f. **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups**

      See footnote 12 on page 9

   g. **The process for identifying and prioritizing community health needs and services to meet the community health needs**

      See footnote 37 on page 56

   h. **The process for consulting with persons representing the community's interests**

[40] Questions are drawn from 2014 Federal 990 schedule H.pdf and may change when the hospital is to make its 990 H filing

See footnotes 8 and 9 on page 7

i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

See footnote 10 on page 8, footnotes 13 and 14 on page 9, and footnote 25 on page 17

j. **Other (describe in Section C)**

N/A

4. **Indicate the tax year the hospital facility last conducted a CHNA: 20__**

2015

5. **In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**

Yes; see footnote 15 on page 9 and footnote 37 on page 56

6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**

No

b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

See footnote 4 on page 4 and footnote 7 on page 7

7. **Did the hospital facility make its CHNA report widely available to the public?**

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a. **Hospital facility's website (list URL)**

http://www.brazosportregional.org/

b. **Other website (list URL)**

No other website

c. **Made a paper copy available for public inspection without charge at the hospital facility**

Yes

d. **Other (describe in Section C)**

No other effort

8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11**

Yes

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 20__

2015

10. Is the hospital facility's most recently adopted implementation strategy posted on a website?

a. If "Yes," (list url):

http://www.brazosportregional.org/sites/brhstx_org/Uploads/files/Brazosport%20Regional%20CHNA%202015%20Final%20(2).pdf

b. If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed

See footnote 32 on page 31

12. a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?

None incurred

b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

Nothing to report

c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

Nothing to report