Texas Children's Hospital

Community Health Needs Assessment

2025

Texas Children's Hospital®

Prepared by:

Texas Children's Hospital®

Vice President, Patient Experience, System Access, and Community Engagement

Paige Schulz

Division Chief, Academic General Pediatrics

Jean L. Raphael, MD, MPH

Director, Community Engagement

Julie Griffith

Project Manager, Community Benefit & Parternships

Shazia Arroyo

UTHealth® Houston

School of Public Health

Assistant Professor, Epidemiology, Human Genetics and Environmental Sciences

Spring 2025-PH1112
Community Needs Assessment

Jacqueline Foss
Santhakumar Rivachandra
Sanskrit Fnu
Olga Goode

Summer 2025-PH1112
Community Needs Assessment

Nandita Phadke
Adelia Addoyobo
Runzhe Chen
Clayton Smith

Fall 2025-PH1112
Community Needs Assessment

Sydney Jordan
Nkemasom Nwadei
Jenan Albaqali
Gabriela Bursztyn
Sindi Castillo

RICE UNIVERSITY

Spring 2025-HEAL 376
Fundamentals and Applications of GIS

Sarah Guo
Anna Rozer

Key Contributors

Nancy Correa, DrPH, Director, Population Health

Madelyn Risch, University of Michigan, Community Benefit Intern 2025

Ashley Lopez-Garza, Administrative Assistant

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Texas Children's Hospital

Texas Children's Hospital, a not-for-profit health care organization, is dedicated to advancing the health of children and women worldwide through leading patient care, education, and research. Texas Children's is consistently ranked as the top children's hospital in Texas and among the best in the nation; its experts are recognized for their groundbreaking work in pediatric and women's health. The hospital's Medical Center campus includes the Lester and Sue Smith Legacy Tower, home of the nation's #1-ranked Heart Center; the Mark A. Wallace Tower for outpatient clinics; the West Tower for inpatient care and the NICU; the Feigin Tower for pediatric research; and the Pavilion for Women, specializing in high-risk births. Texas Children's also extends care through its West Campus in suburban Houston and The Woodlands, the region's first hospital dedicated to children north of the city.

Beyond its hospitals, Texas Children's is deeply committed to research and innovation through its partnership with Baylor College of Medicine and the Jan and Dan Duncan Neurological Research Institute. Ranked by U.S. News and World Report as one of the nation's top 25 medical schools for research, Baylor College of Medicine is known for advancing the health of women, children and families through scientific discovery. The collaboration with this leading medical school in the areas of pediatrics, pediatric surgery, and obstetrics and gynecology and Texas Children's work with Baylor physicians and researchers across hundreds of projects, enables continual improvements to treatments and outcomes for children and women throughout the community and beyond.

Background

In accordance with Section 501(r)(3) of the Internal Revenue Code, all not-for-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) at least once every three years. This process is designed to ensure that hospitals remain responsive to the evolving health priorities of the communities they serve. The CHNA involves a systematic collection and analysis of data to identify key health needs, disparities, and social drivers of health within the hospital's service area.

Following the completion of the CHNA, each hospital must develop and adopt an Implementation Strategy that outlines specific, measurable actions the organization will take to address the identified needs. Together, the CHNA and Implementation Strategy serve as critical tools for promoting community engagement, guiding strategic investments in health improvement, and fulfilling the hospital's commitment to advancing the health and well-being across its service population.

Summary of 2022 Community Health Needs Assessment

The 2022 CHNA for Texas Children's Hospital was approved by the hospital's Board of Directors in December 2022 and made publicly available before December 31, 2022.

To develop the 2022 CHNA, Texas Children's, in collaboration with The University of Texas School of Public Health, embarked on a year and a half-long effort to solicit and consider input from persons who represent the broad interests of Greater Houston, including those with special knowledge of or expertise in public health. This involved a host of qualitative data-gathering efforts, which included key informant interviews, focus groups and community meetings. Twenty organizations representing six counties were represented in the interviews. These stakeholders were community leaders, providers and staff from a wide range of organizations, including public health, education, health care, local government, counseling support services, social services and others.

Through the extensive CHNA process, Texas Children's identified five key health needs that pertain to the Greater Houston community. In August 2022, the Community Benefits team presented the findings to the hospital's Community Benefits Executive Steering Team (EST) for guidance on prioritizing the health needs from the hospital's system-wide perspective.

Review of 2023–2025 Implementation Strategy

In March 2023, the Community Benefits EST led the development of a comprehensive Implementation Strategy was developed featuring internal and external action items to address the health needs identified in the 2022 CHNA.

Texas Children's Community Benefits department collaborated with internal stakeholders to review the latest scientific literature on evidence-based interventions to address the community health needs identified in the Hospital's 2022 CHNA. In addition to conducting a literature review, the team also consulted with several Texas Children's subject matter experts. This process helped identify evidence-based strategies for each of the four community health needs in the 2022 CHNA.

The 2023–2025 implementation strategies and their outcomes are included in this report on pages 5–19.

Evaluation of 2023–2025 Key Health Needs, Implementation Plans and Outcomes:

Mental and Behavioral Health 2023–2025 Implementation Plan Strategies

Texas Children's Hospital has strengthened its commitment to improving mental and behavioral health across the community through a comprehensive, multi-faceted approach. The organization continues to expand access to care and builds collaborative partnerships that promote prevention, early identification, and intervention. Efforts include providing the community with evidence-based resources, tools, and trainings that enhance awareness and build capacity for early support. Texas Children's continues to expand existing mental and behavioral health programs, ensuring that services remain accessible, effective, and responsive to community needs. In addition, the hospital supports initiatives, programs, and screenings designed to identify mental and behavioral health concerns earlier, connecting children and families to appropriate care and reducing barriers to treatment. Together, these strategies demonstrate Texas Children's ongoing leadership in fostering a stronger, more resilient system of mental and behavioral healthcare for children and families throughout the region.

Action 1 - Support the community with resources, evidence-based tools, and trainings in preventation and early intervention in mental and behavioral health.

Evaluation of Implementation Strategies

External Partnerships:

- In 2023, Texas Children's established a Community Benefit Partner Program and executed gift agreements with Communities in Schools and Yes to Youth to address mental and behavioral health in the Greater Houston community.
    - Communities in Schools (CIS) of Southeast Harris County - Texas Children's supports the Communities in Schools Crisis/Mental Health Program, which is focused on students' well-being and social, emotional needs at no cost to the families. Crisis specialists conduct an in-depth needs assessment of the campuses and communities they serve to ensure that the gaps in services and needs are met without duplication. Crisis specialists offer services throughout the school day, weekends, evenings, and during the summer as crises arise. The crisis specialist is responsible for coordinating and providing peer support, mental health services, supportive guidance, victim assistance, court advocacy, and other needed services at the student's home or campus. These needs may be met through individual, or group sessions offered at no charge to the students.
    - CIS operates programs that are school-based and support the students and families who attend school in Galena Park and Pasadena Independent School Districts. Communities in Schools supports students facing a wide range of mental health challenges. Students facing emotional crises such as depression and anxiety, difficulties with self-regulation, suicide ideation, are connected to professional counseling services including those without health insurance. The goal is to provide consistent case management aimed at prevention and early intervention for mental health and behavioral issues as well as educational support. In 2024, CIS served 842 youth through the Crisis/Mental Health program, with 93% improved behavior outcomes, 96% were promoted to the next grade level, 100% stayed in school, and 100% were eligible to graduate.

- Yes to Youth - Montgomery County Youth Services is a nonprofit organization committed to supporting at-risk youth by equipping them with the tools to navigate life's challenges and prevent issues such as conflict, family violence, child abuse and neglect, runaway behavior, and homelessness. Through a range of free services—including emergency youth shelter, family and youth behavioral health counseling, and prevention programs—Yes to Youth creates a safe, nurturing environment where young people and their families can heal, grow, and build brighter futures. The Texas Children's Community Benefit Partner Program supports a Bilingual Counselor position to support Spanish-speaking community members. As a result of this position, hired in August 2024, the Bilingual Counselor has built a caseload of 11 active families comprised of 13 target youth participants and 11 caregivers.

Internal Initiatives and Divisions Supporing Mental and Behavioral Health in the Community:

- Texas Children's offers behavioral health trainings in the community through partnerships with the Public Health Pediatrics and the Behavioral Health department. In 2023, 15 Zero Suicide trainings were provided to the Greater Houston community and within Texas Children's reaching 900 people.
- To expand access to mental and behavioral health care and increase early interventions, Texas Children's grew its Mobile Behavioral Health Unit (MBHU), enabling underserved children and families to receive confidential, high-quality services in schools and community settings.
    - In 2024, the MBHU completed 318 visits, serving 47 unique patients referred by Houston-area schools for evaluation and treatment of trauma-related symptoms such as anxiety, depression, and behavioral challenges. Many of these youth have experienced significant trauma and loss. The MBHU delivers bilingual, evidence-based care through specialized clinicians, offering individualized screening, assessment, and ongoing therapy. By parking at designated community partner campuses, the unit maximizes its reach and impact.
- Texas Child Health Access Through Telemedicine (TCHATT) is a statewide telemedicine program to support school districts in identifying and assessing the behavioral health needs of children and adolescents (K–12) and provide access to free, short-term mental health services. The objective of TCHATT is to enhance access to behavioral health services for children by eliminating traditional barriers to care. Through a streamlined model that includes virtual assessments, brief therapeutic interventions, and coordinated care, we ensure timely and effective support. Schools engage in this initiative through strategic partnerships with local healthcare institutions, fostering a collaborative approach to student well-being. At Texas Children's, our clinicians deliver high-quality care, while Baylor College of Medicine serves as a vital partner—providing clinical training, oversight, and contributing to the development of sustainable behavioral health resources within the community. Dedicated Ambulatory Service Representatives (ASRs) contact all referrals a minimum of three times before closing a case. In 2024, Texas Children's established a TCHATT contract with Houston Independent School District and now serves a total of 44 school districts.

Action 2 - Explore the logistics of continuing and expanding services provided in current Texas Children's mental and behavioral health programs.

Evaluation of Implementation Strategies

External Partnerships:

- In 2023, Texas Children's Hospital established a partnership with The Menninger Clinic to support pediatric patients requiring the safety of inpatient hospital care as well as transitional outpatient treatment to support returning home and to school. This partnership facilitates mutual referral sharing between the Intensive Outpatient Programs (IOP). Additionally, this partnership has supported patients in need of a Partial Hospitalization Program offered at Menninger Clinic.

Internal Initiatives and Divisions Supporting Mental and Behavioral Health in the Community:

- Texas Children's now has 30 integrated Texas Children's Pediatric (TCP) sites out of 70 TCP practices. Three of these integrated sites are in Austin. In FY24, Texas Children's completed 25,519 appointments for 9,414 unique patients. In FY25, we are on track to complete 26,000 visits for 10,500 unique patients. The integrated primary care programs have been successful in supporting access for mental health services, with additional plans to expand to additional sites in the new fiscal year.
- Texas Children's Psychiatry Department developed the Intensive Outpatient Program (IOP) to close the gap between inpatient and outpatient behavioral health services. The IOP provides intensive, evidence-based, and outcomes-driven behavioral health care to adolescents ages 12 through 17-years-old with emotional and behavioral issues that lead to challenges in daily life. Difficulties may include but are not limited to suicidal thoughts, self-injurious behavior, anxiety, mood difficulties, impulsive behavior, and family conflict. In FY24, Texas Children's received 433 referrals--an 85% increase in referral volumes increase from the previous year. Referral volumes for this program have increased in FY25 to 800 referrals through August 2025. Texas Children's plans to open a new program serving additional patients, and anticipates referral volumes to IOP to continue to increase.
- Texas Children's has reintroduced the Bridge Clinic for Acute Mental Health (previously with the Psychiatry department). The goal of the Bridge Clinic is to minimize unnecessary hospitalizations by providing crisis management and stability, and support the patient and family transition to the next level of appropriate care. Many patients arrive in the Emergency Center in a mental health crisis, are then discharged to Bridge, and then can be seen in the IOP. The Bridge Program fills a gap which connects Texas Children's continuum of care vision for mental health services. With only one year into the relaunch, we have already seen early success. Texas Children's plans to grow the program in FY26 with new providers to support access demands.

Action 3 - Support initiatives, programs and screenings to increase identification of mental and behavioral health issues.

Evaluation of Implementation Strategies

Internal Initiatives and Divisions Supporting Mental and Behavioral Health in the Community:

- All Texas Children's Hospital Behavioral Health patients (age 11 and older) are screened for suicidal ideation. This aligns with the Joint Commission requirements to screen patients 12 and older (Texas Children's has adopted the age of 11 and older as a best practice guideline for Behavioral Health patients). The same screening process is followed in our Emergency Centers located at West Campus, The Woodlands, Medical Center, and Austin. If a patient screens positive, an internal dashboard then tracks those who complete necessary risk assessments and safety planning. Texas Children's does not yet screen for suicidal ideation universally across the system. This applies to Behavioral Health patients within Psychology, Psychiatry, Developmental-Behavioral Pediatrics, and Emergency Centers.
- Texas Children's Government Relations Department advocates for mental and behavioral health initiatives and improved access to care:
    - Federal advocacy efforts included proactive support of the following bills during the 118th Congress (2023–2025):
        - S. 4472, Health Care Capacity for Pediatric Mental Health Act
        - H.R. 4943, Children's Mental Health Infrastructure Act
        - H.R. 4944, Helping Kids Cope Act
        - H.R. 7236, Strengthening Kids Mental Health Now Act

- During the 119th Congress (2025), in partnership with the Children's Hospital Association, federal advocacy efforts focused on requesting that Congress make investments in pediatric mental health workforce and infrastructure. Specifically, Congress was asked to continue to support the children's hospitals graduate medical education program that funds training and education for pediatric specialists. Texas Children's also advocated for ongoing robust support of funding for Medicaid and the Children's Health Insurance Program (CHIP). Currently, 37.3 million children rely on Medicaid and CHIP for coverage of mental health care.
- 2025: 89th Texas Legislative Session
  - Senate Bill 5 - The bill authorizes the creation of the Dementia Prevention and Research Institute of Texas (DPRIT). It has been signed by the Governor and awaits implementation pending voter approval of its enabling legislation, Senate Joint Resolution 3, on the ballot this November.
    - Government Affairs publicly supported this legislation and submitted written testimony in favor. During a meeting with the bill's author, Senator Joan Huffman (R-Houston), TCH President and CEO, Dr. Debbie Sukin, expressed our support and offered physician participation in any oversight committee charged with building out DPRIT to ensure a pediatric perspective is included.
  - Senate Bill 1401 - Texas Mental Health Profession Pipeline Program - In an effort to address the mental healthcare workforce shortage, Senate Bill 1401 was filed and passed to direct the Texas Higher Education Coordinating Board (THECB) to create the Texas Mental Health Professional Pipeline Program.
  - While there is currently no direct opportunity for healthcare institutions to engage, TCH Government Affairs monitored this legislation during the session.
- 2023–2024 Texas Legislation
  - Senate Bill 26 - Mental Health Workforce and Innovation Grants-allows local mental health authorities to use licensed master social workers or licensed professional counselors under a waiver approved by the commissioner of the Health and Human Services Commission (HHSC).
  - SB 26 also creates the Innovation Matching Grant Program for Mental Health Early Intervention and Treatment. The program functions as follows:
    - HHSC is required to establish a matching grant program to support community-based initiatives that promote the identification of mental health issues and improve access to early intervention and treatment for children and families.
    - Eligible initiatives may include evidence-based programs outlined in Sec. 531.09915.
    - Hospitals licensed under Section 241 of the Health and Safety Code are eligible to apply for the grant.
- House Bill 1 - General Appropriations Act (State's Two-Year Budget)
  - $28 million was allocated for the Mental Health Loan Repayment Program, which is open to psychiatrists, psychologists, advanced practice nurses certified in mental health, and others. The program encourages professionals to practice in mental health shortage areas.
  - Nearly $16 million was allocated for a grant program to construct inpatient mental health beds at children's hospitals.
  - TCH Government Affairs is actively monitoring for additional opportunities to apply for remaining grant funds.

Social Determinants of Health 2023–2025 Implementation Plan Strategies

Texas Children's is strengthening partnerships and initiatives to improve social determinants of health across the Greater Houston area. Through collaboration with community-based organizations and public health partners, the hospital supports programs that enhance quality of life and health outcomes for families living in poverty. Texas Children's has advanced efforts to screen families for social needs, such as housing, food access, transportation, and employment, and connect them to appropriate community resources. In addition, the hospital actively participates in regional collaboratives that improve access to basic needs and strengthen systems of support. By leveraging partnerships and services to promote health insurance coverage and health education in vulnerable communities, Texas Children's is helping reduce barriers to care and fostering greater health equity throughout the region.

Action 1 - Support programs and partnerships that improve quality of life and health outcomes across communities living in poverty.

Evaluation of Implementation Strategies

External Partnerships:

- In 2023, Texas Children's established a Community Benefit Partner Program and executed a gift agreement with the Houston Food Bank to address food insecurity and social determinants of health in the Greater Houston community.
    - Houston Food Bank (HFB) is the largest food bank in the United States in meals distributed to partner agencies and as a member of Feeding America, the largest hunger-relief charity in the nation. Texas Children's has collaborated with HFB to support and expand referral programs and wrap-around services. HFB's established team of community-based Community Resource Navigators, provide application assistance for state benefits such as SNAP, TANF, Medicaid, and CHIP to over 15,000 individuals each year. To complement this proven program, HFB created the Referral Partner Program (RPP), a one-year program, in which referral specialists (RS) check-in with clients every 3 months to ensure they are receiving the social services, such as housing, childcare, and utilities. Through the Texas Children's Community Benefit Partner Program, HFB's RPP will be expanded and, for the first time, be connected to financial literacy, mental health, job certification, or maternal health programs presented by Houston Area Urban League (HAUL), a community-based organization that has been working to enable marginalized communities to secure economic self-reliance, parity, power, and civil rights since 1968. In 2024, 32 families were supported through the Referral Partner Program with referrals ranging from car seats, affordable housing, rent/utilities, diapers, Gold Card, and food pantries.

Internal Initiatives and Divisions Supporting Social Determinants of Health in the Community:

- The Division of Public Health Pediatrics at Texas Children's and Baylor College of Medicine was established in recognition that complex family and community forces play a substantial role in the health and well-being of children. The mission of the Division is to create a healthier future for Texas' children and families by leading in patient care, education, services and research that seek to mitigate childhood adversities and foster individual, family and community resilience. In response to community needs and community feedback, in 2022 the Division launched upSTART, a suite of community-based programs offered to families with young children that addresses early brain development, social determinants of health, mental health and maternal health. Licensed nurses, social workers, community health workers, speech language pathologists and parent educators work together to provide education and training and connect families to community resources.

  Beyond offering direct community programs, the Division is committed to enhancing the capacity of community organizations and fostering partnerships that improve services for high-risk pregnant individuals and families with young children.

- Capacity Building: In partnership with UTHealth Houston and Texas Prevention and Early Intervention, the Division trains professionals on how to support pregnant individuals and families with complex social needs, including substance use disorders, through an evidence-informed tool, the Family CARE Portfolio. The goal of this tool is to promote healthy pregnancies and family health and keep children safe in the home. Similarly, the Division also trains professionals to deliver the Parenting Action Plan, a tool that is designed to help maternal caregivers of newborns understand and plan for common stressors often experienced during an infant's first few months of life.
- Education: The Division also offers trainings to community members and professionals on topics including positive parenting, recognizing and responding to abuse and neglect, early brain development and adverse childhood experiences.
- Collaboration: The Division both leads and participates in various community collaboratives designed to promote health equity and prevent youth suicides and unnatural child deaths. Specifically, the Division leads the Harris County Child Fatality Review team, which brings together local partners to review child deaths from a public health perspective in order to identify trends and strategies to decrease preventable child deaths. Texas Children's collaborates with Houston Area Suicide Prevention Coalition (HASPC) as a lead/co-founder to the organization, which is focused on decreasing suicide in the Greater Houston Area through community engagement, suicide awareness, prevention, and post intervention.
- Workforce Development: In collaboration with Trust CHW, the Division is providing free Community Health Worker certification training to current/prior upSTART participants.
- 2024 Outreach:
    - 60 parent facing community events that 10,411 families attended
    - Education to 2,379 professionals including 15 suicide prevention trainings, 15 preventing and responding to child abuse and neglect trainings, 28 early brain development trainings
    - 207 child fatality cases reviewed
    - 95 professionals trained in the Family CARE Portfolio, and 3,132 Family CARE Portfolios distributed

Action 2 - Support efforts to screen families for social determinants of health and connect families to resources.

Evaluation of Implementation Strategies

Internal Initiatives and Divisions Supporting Social Determinants of Health in the Community:

- Texas Children's established a Population Health Department in 2024, which was tasked to develop and implement a system wide approach to identifying and responding to social drivers of health (SDOH).
- A TCH Find Help Workgroup was established to optimize TCH's FindHelp platform by identifying and engaging with strategic community partners. In 2024, 26,000 unique users completed 47,000 searches on TCH's Find Help platform. In addition, the workgroup educated over 1,000 TCH team members on how to utilize the platform.
- Beginning June 2024, all admitted pediatric patients at Texas Children's Hospital are being screened for five social drivers of health: food insecurity, unstable housing, unmet financial needs, unmet transportation needs, and caregiver education. Since June 2024, over 29,000 patients and families have been screened for SDOH. Social Work meets with all patients and families that screen positive and want assistance to help connect families with community resources to address the family's unmet health related social need.

- In 2025, we are expanding SDOH screening to ambulatory clinics including Complex Care, Psychiatry, Renal, Cardiology, Cancer Center, Partners in OB/GYN Care, and the Resident Clinic at Palm Center. We are continuing to expand SDOH screening to additional clinics and the Emergency Center.
- Texas Children's has partnered with the Houston Food Bank and Montgomery County Food Bank to have onsite Food Bank navigators at three of our hospital campuses to assist patients and families with SNAP applications and connecting with food resources.
- Beginning Fall 2024, Texas Children's Pediatrics developed direct referral pathways to the Houston Food Bank, Central Texas Food Bank, and Brazos Valley Food Bank to assist families that screen positive for food insecurity with accessing food resources and completing SNAP applications. Over 450 referrals have been submitted with a 74% completion rate.
- In partnership with the Houston Food Bank, we are piloting the Food Rx program at eight Texas Children's Pediatrics site. Families that screen positive for food insecurity are offered the Houston Food Bank's Food Rx program and are eligible for 30 pounds of fresh produce twice a month for a year.
- We have provided 58,000 caregiver trays to the caregivers of admitted patients that are food insecure.
- We continued the TCP Rides program, which provides free rides to TCP medical appoinments for families without transportation. Since 2022, we have provided over 6,000 rides to patients and families.

Action 3 - Participate in community-based collaboratives to support access to basic needs and social determinants of health.

Evaluation of Implementation Strategies

External Partnerships:

- Texas Children's is actively involved in community-based collaboratives to support access to basic needs and social determinants of health.
    - Drs. Claire Bocchini and Michelle Lopez are members of the Board of Directors of Children at Risk, a non-partisan research and advocacy nonprofit dedicated to understanding and addressing the root causes of child poverty and inequality. Established in 1989 by Houston child advocates and researchers, it has grown into a statewide organization tackling Texas children's and families' most pressing needs. Texas Children's Hospital has been a continuing sponsor for Children at Risk, contributing to ongoing initiatives.
    - Dr. Nancy Correa sits on the Steering Committee of the Health Equity Collective, a multi-sector effort focused on creating a more equitable health ecosystem in Greater Houston. The Collective has over 400 members representing over 140 organizations and more than 50 coalitions aligned with a shared mission to establish an impactful, sustainable, data-driven system to promote health equity and address the social drivers of health outcomes. Through this data sharing ecosystem, we aim to implement a comprehensive population-level approach to understand and effectively and efficiently address SDOH across the Greater Houston area.

Internal Initiatives and Divisions Supporting Social Determinants of Health in the Community:

- Texas Children's leverages community collaborations that address community health needs such as injury prevention, physical activity, heart safety, and more. Current partnerships include:
    - The YMCA of Greater Houston - This partnership with one of the largest charitable nonprofits in the region, supports several health-related programs, including Safety Around Water.

- Texas Children's Center for Childhood Injury Prevention - The Safe at Home Program focuses on home safety and water safety education and teaches parents how to childproof their homes and identify potential drowning hazards that may cause injury to their children. The program also teaches parents of infants younger than one year how to reduce their child's risk for infant death. As funding and resources allow, the program distributes portable crib systems, safe storage devices for firearms and childproofing kits. Throughout the year, program staff participate in health fairs, community events and media outreach in targeted neighborhoods with diverse populations. By providing parents and caregivers with the knowledge and tools needed to reinforce safety practices in the home, many injuries and deaths to young children can be prevented.
- Project ADAM - Texas Children's Cardiology team works with area schools to become Project ADAM Heart Safe Schools, better equipping them to respond to a sudden cardiac arrest on campus. To become Heart Safe, schools must meet certain criteria, including having an adequate number of functional automated external defibrillators (AEDs), five to ten CPR-trained faculty or staff members and two AED drills per year.
  - As of August 2025, 73 school districts have been certified or recertified as HeartSafe.
  - Districtwide certifications were awarded to Alvin ISD and Pearland ISD in 2024.
- Texas Children's is a local sponsor for NFL PLAY 60. This program is the League's national Youth Health and Wellness platform to empower youth to get physically active for at least 60 minutes a day and encourage a healthy lifestyle. The PLAY 60 Movement motivates the next generation of youth alongside the 32 NFL clubs and PLAY 60 partners to get moving and play.

Action 4 - Leverage partnerships and services to support community-based organizations focused on improving health insurance coverage and education in vulnerable communities.

Evaluation of Implementation Strategies

Internal Initiatives and Divisions Supporting Social Determinants of Health in the Community:

- Texas Children's Health Plan (TCHP) identifies geographic-specific partnerships with over 80 organizations, including nonprofit groups, community organizations, social services, school districts and police departments. Through these partnerships, community outreach events are facilitated to assist families with applications for the Children's Health Insurance Program (CHIP) and Medicaid programs. In FY24, the Health Plan participated in a total 184 events impacting 117,576 individuals and in FY25, participated in 241 events impacting 90,000 individuals with our brand, education and information.

Maternal Health 2023–2025 Implementation Plan Strategies

As a leading maternal-fetal medicine hospital, Texas Children's is dedicated to improving the health and well-being of mothers and infants across the region. The hospital expands partnerships and programs that provide critical support services for pregnant women and new mothers. Texas Children's prioritizes initiatives that address racial inequities in access to maternal health care, working to close gaps and promote positive outcomes for all mothers. In addition, the hospital advocates for policies that enhance access to care, including the expansion of Medicaid coverage for postpartum women. Through these efforts, Texas Children's continues to strengthen the continuum of maternal care and advance healthcare for women and families across the region.

Action 1 - Support and expand partnerships and programs which offer support services for pregnant women and new mothers.

Evaluation of Implementation Strategies

Internal Initiatives and Divisions Supporting Maternal Health in the Community:

- The Center for Childhood Injury Prevention, in partnership with Baylor College of Medicine, is a current recipient of a funding award from the Centers for Disease Control and Prevention's Sudden Unexpected Infant Death (SUID) Registry Component C. Staff and community partners are working to use local sleep-related child fatality data to inform prevention strategies.
    - 864 parents and professionals were educated about safe infant sleep
    - 1 Professional 'Train the Trainer Course'
    - 2 community-based listening sessions with parents of all stages were provided
    - 2 maternal resource fairs
    - 19 portable crib systems to families in need
- The Division of Public Health Pediatrics' upLIFT support program addresses the mental health needs of pregnant and postpartum women in the year after giving birth. Participants in our program are experiencing symptoms of depression and anxiety, known as a perinatal mood and anxiety disorder (PMAD), that can have profound impacts on both mothers and their children. Three tailored programs support women in meeting their challenges by learning new tools and strategies to help ease symptoms of depression and anxiety and to instill empowerment and well-being: upLIFT, upLIFT Teen and upLIFT Group. Our programs are also easily accessible, providedat home or virtually. Licensed social workers lead sessions and provide a high standard of professional care and expertise in mental health support. upLIFT uses evidence-based tools and strategies that are grounded in research and the effective management of PMAD symptoms and in strengthening emotional well-being. In 2024, upLIFT and upLIFT group programs reached over 150 pregnant and postpartum women.
- Team HOPES - Holistic Obstetric Patient Emotional Support (HOPES) provides a continuum of emotional, physical, and informational support to patients and families that experience an adverse obstetric event.

- The Women's Place (Dr. Horst) - The Center for Reproductive Psychiatry at Texas Children's Pavilion for Women is a unique multidisciplinary center focused on the care and treatment of women's mental health issues related to a woman's reproductive cycle, such as mood disorders or psychiatric conditions during pregnancy, postpartum, or perimenopause. One of only a handful of such programs in the United States, The Women's Place provides specialized care from Baylor College of Medicine reproductive psychiatrists—physicians with expertise in both women's health and psychiatry—along with licensed psychologists and social workers. Patients benefit from a warm, compassionate, supportive environment, and a collaborative approach to care, with our reproductive psychiatrists working closely with other Baylor College of Medicine specialists in general Obstetrics and Gynecology, Reproductive Endocrinology and Infertility, Maternal-Fetal Medicine, Prenatal and Reproductive Genetics, Gynecologic Oncology, menopause, and others.

Action 2 - Support initiatives which focus on reducing racial inequalities in accessing maternal health resources.

Evaluation of Implementation Strategies

External Partnerships:

- In 2023, Texas Children's established a Community Benefit Partner Program and executed a gift agreement with the University of Houston Graduate School of Social Work to address racial inequities in maternal health in the Greater Houston community.
    - Graduate School of Social Work Postpartum Doula Project - The Community Based Postpartum Doula Project aims to advance perinatal health equity through the provision of high quality, culturally responsive postpartum doula support for Black mothers residing in the greater Houston area.

      In addition to direct provision of postpartum doula services, this project provides mentorship support to the postpartum doulas as they serve families, supports the training and certification process of a new community-based postpartum doula, and provides community-based education opportunities on childbirth, breastfeeding, infant care, and doula services. As such, we seek to reduce barriers for diverse individuals who aspire to pursue professional paths to providing postpartum doula services and to increase community awareness about doula services and their potential impact on family health and well-being.

      Since the partnership, the Doula Program has achieved the following key activities:

        - Secured the commitment of three postpartum doulas to provide services and completed fully executed contracts/vendor set-up for each doula.
        - Secured the commitment of one postpartum doula mentor with midwifery expertise to support doulas throughout service administration.
        - Commenced postpartum doula services with two mothers in the greater Houston area.
        - Planned, hosted, and facilitated a dynamic community education event, "Empowered Mama: A Black Maternal Wellness Circle," with community partner Sister's Thrive.

Internal Initiatives and Divisions Supporting Maternal Health in the Community:

- Black Family Wellness Expo - The Black Family Wellness Expo is an annual community event that attracts over 700 families from Harris, Fort Bend, and Brazoria counties. The goal was to address family wellness and maternal health, with a focus on wellness within the African American community. The Pavilion for Women team participated in a panel discussion on women's health and menopause. This allowed us to shed light on critical health issues and share more about our services. During the expo, the team promoted various women's health services, including our Physical Therapy, Urogynecology, Generalist Group, Minimally Invasive Gynecology, The Women's Place, Menopause, and Lactation Services.

- Texas Children's Hospital is committed to reducing racial inequalities in maternal health through a series of targeted quality improvement initiatives. Texas Children's Pavilion for Women launched a Respectful Care Survey and interventions to improve patient experiences of dignity, autonomy, and communication. These efforts have led to measurable improvements in equitable care and significantly reduced perceptions of discrimination and disrespect among patients across racial and ethnic groups.

Action 3 - Advocate for the support, access and expansion of Medicaid coverage for mothers' post-partum

Evaluation of Implementation Strategies

Internal Initiatives and Divisions Supporting Maternal Health in the Community:

- Texas Children's Government Relations Department advocates for maternal health and improved access to care:
    - During the 88th Texas Legislative Session in 2023, Texas Children's Government Relations proactively advocated in support of House Bill 12, which extended postpartum Medicaid coverage for mothers from two to twelve months.
        - As part of the advocacy effort, Texas Children's has joined letters of support as signatories and registered in support of the bill as part of the public record.
- The Texas Legislature also focused its efforts to improve access to services for non-medical drivers of health for pregnant women during the 88th legislative session. House Bill 1575 amended provisions aimed to improve health outcomes for pregnant women and their children through the case management for children and pregnant women program. The bill standardized screening questions for assessing the nonmedical, health related needs of pregnant women eligible for benefits under Medicaid and certain other public benefits programs. The bill also requires a biennial report to the Legislature by the Health and Human Services Commission (HHSC) summarizing the data collected and provided to HHSC by Medicaid managed care organizations and providers using the screening questions.
        - The Texas Association of Health Plans publicly supported HB 1575 on behalf of the industry.
    - State Budget - 2024–2025 General Appropriations Act
        - Texas Children's Government Relations proactively supported key hospital and healthcare funding items in the Texas Legislature's two-year state budget. Governor Greg Abbott signed on June 18, 2023, a bill that appropriated $321 billion. The state budget provides the following items as they relate to maternal health, including maternal care, family planning, and breast and cervical cancer programs:
            - The Healthy Texas Women program received $129 million in funding for 2024 and just under $140 million for 2025.
            - The Family Planning Program—historically underfunded in past budgets—received $145 million over the biennium ($74.7 million in 2024 and $70.3 million in 2025), almost doubling the program's appropriations for 2022–23.
            - The Breast and Cervical Cancer Program received $11.3 million for each year for a biennial total of more than $22 million.
        - The Legislature also demonstrated its commitment to tackling the state's maternal mortality and morbidity problem with a fully funded allocation of $3.5 million per year to the Texas AIM initiative, a collaboration that helps hospitals and clinics implement projects for maternal safety.
        - An additional $10.9 million went toward implementing the Maternal Health Quality and Improvement System and Maternal Mortality Review Information Application Replacement.

Chronic Disease and Unhealthy Lifestyle 2023–2025 Implementation Plan Strategies

As a leading pediatric and women's hospital, Texas Children's is committed to improving long-term health outcomes by supporting chronic disease prevention and the adoption of healthy lifestyles across the Greater Houston community. The hospital connects families with low-cost and no-cost community resources that promote healthy eating and physical activity, particularly in underserved neighborhoods. Texas Children's advances public education and engagement initiatives focused on chronic disease prevention and management while ensuring that programs are accessible to all families. Through these efforts, the hospital fosters healthier communities and empowers families to build lifelong habits that support overall well-being.

Action 1 - Support and connect families with low-cost/no-cost community resources to support healthy eating and physical activity in neighborhoods.

Evaluation of Implementation Strategies

External Partnerships:

- In September 2023, Texas Children's established a Community Benefit Partner Program and executed a gift agreement with Kids Meals to support healthy eating for families in the Greater Houston community.
    - Kids' Meals – The mission of Kids' Meals is to end childhood hunger by delivering free, healthy meals year-round to the doorsteps of the Greater Houston area's hungriest preschool-aged children, and through collaboration, provide their families with resources to help end the cycle of poverty. Kids' Meals provides 6,500 home-delivered meals daily to preschool-aged children, ensuring they receive nutritious food in a safe and accessible way. During peak times such as summer, up to 11,000 meals are served daily to siblings and families, addressing broader household food insecurity. In addition, families receive weekly grocery bags filled with fresh produce, supporting healthy eating habits at home. To further support community well-being, Kids' Meals offers wrap-around services, connecting families with vital resources including medical and dental care, ESL classes, and job skills training. Since the partnership, Kids' Meals served 909,333 meals, delivered groceries at least 4 times per week, and achieved a 8.2% increase in enrollment growth. Additionally, Kids' Meals provided wrap-around service information for 70+ collaborative partners to 6,036 households.

Internal Initiatives and Divisions Supporting Chronic Disease and Healthy Lifestyles in the Community:

- Texas Children's believes in increasing access to green spaces and providing Houston families with possibilities for connection, growth and physical activity.
    - Through the $63,834.63 in funding provided by Texas Children's Hospital, the 50/50 Park Partnership revitalized Forum Park, which is nestled within the Alief-Westwood Complete Community. The playground was upgraded by installing a new shade sail, adding a fresh coat of paint, and repairing the seating wall. A new illuminated parking lot with 16 spaces and an ADA parking space was built to improve safety and accessibility. New amenities, including picnic tables, benches, barbeque grills, water fountains, and a new park sign were installed, as well as a sidewalk that now connects the park to the adjacent Best Elementary School. Texas Children's Hospital joined with other healthcare organizations in the community to collectively commit $190,000 for the construction of a new soccer mini-pitch and a basketball half-court. These improvements give children increased options for play and physical activity, which will improve the quality of life within the Alief-Westwood community.
    - Texas Children's has committed a $1.5 million donation to Houston Parks Board to support the renovation of MacGregor Park. The gift will support a 5-year renovation plan that is slated to begin in 2026. The plan includes a new Texas Children's play area, infrastructure enhancements, 20 new capital projects and much-needed park maintenance.

Action 2 - Support opportunities aimed to better inform, educate, and engage the public regarding chronic disease prevention and management.

Evaluation of Implementation Strategies

Internal Initiatives and Divisions Supporting Chronic Disease and Healthy Lifestyles in the Community:

- The Texas Children's Mobile Clinic Program (TC-MCP) began in 2000 with the donation of the Superkids Mobile Clinic (SKMC) by the Junior League of Houston. The vision for the mobile clinic was to provide uninsured families an alternative to the emergency room for healthcare. Over time, this evolved to providing free care for uninsured and underserved children from newborn to 18 years of age. The SKMC primarily serves the southwest area of Houston. In 2006, the Ronald McDonald House Charities of Greater Houston/ Galveston, Inc. added their Ronald McDonald Care Mobile (RMCM) to the TC-MCP, serving the southeast and north areas of Houston. In 2014, with a donation from the Katz Foundation, an additional unit named the Texas Children's Care Squad (TCCS) joined the fleet of mobile clinics. Serving from 7,000–11,000 patients annually, the clinic provides care to families from all over the world. The program also serves as a much-needed safety net for Houstonians who have become uninsured.

  The mission is to provide comprehensive health care and preventive education to underserved children in the Houston area. The TC-MCP's goals are to:

  - Educate families about health insurance options
  - Explain to families the advantages of establishing a permanent medical home for their children
  - Increase immunization rates in target areas
  - Reduce inappropriate ER use by increasing access to health care in target areas
  - Promote health education and healthy living in the communities served
  - Provide a learning opportunity for Baylor College of Medicine medical students and residents with a focus on addressing health care disparities

  The mobile clinics provide everything from well child care to illness and urgent care visits to immunizations to hearing and vision screening. The clinics also work through health insurance referrals, dental and mental health referrals, and referrals to permanent and trusted medical homes. With 13 members, including five English-Spanish bilingual Baylor College of Medicine providers, one pediatrician/ medical director, two pediatricians and two nurse practitioners, the clinic offers formative educational experiences for Baylor College of Medicine medical students and pediatric resident physicians. In 2024, RMCM completed 3,265 encounters, and SKMC completed 3,655 encounters.

Action 3 - Provide culturally appropriate support for healthy lifestyles in underserved communities.

Evaluation of Implementation Strategies

Internal Initiatives and Divisions Supporting Chronic Disease and Healthy Lifestyles in the Community:

- The Children's Nutrition Research Center (CNRC) is a unique cooperative partnership between Texas Children's, Baylor College of Medicine and the U.S. Department of Agriculture/Agricultural Research Service. The CNRC has over 35 faculty members conducting nutrition-related research. The nutrition research conducted at the CNRC is viewed through many lenses, from basic biochemistry to model organism development, plant studies, and human studies—all aimed at ultimately asking questions about ways to enhance the nutritional health of every child and every adult they will become.

- Healthy Dads Healthy Kids for Hispanic Families is a culturally adapted, evidence based healthy lifestyle program that aims to help Hispanic fathers lose weight and their children be more physically active to prevent obesity and promote health. The National Heart, Lung, and Blood Institute (NHLBI) funded a community efficacy trial of the program in 2022 (R33HL155015), and researchers partnered with YMCA centers across Houston to engage with Hispanic families in the study. The study enrolled 187 Hispanic families across ten YMCAs since the study started, and 177 families at nine YMCAs from 2023–2025. Once enrolled, families were recruited to the study in partnership with the TCHP, TCP clinics and other community partners; and once enrolled families were randomized to receive the program or a standard of care control. Outcomes regarding the efficacy of the study should be available in 2026.
- Prediabetes Physical Activity and Stopping Evening Snacking Study (PASS Study) Prediabetes is defined as blood glucose levels that are elevated above normal but below the diagnostic threshold for type 2 diabetes. This condition is particularly significant in children, as it represents a critical window for intervention to prevent progression to type 2 diabetes and associated complications later in life. The PASS Study is an eight-week, randomized clinical trial that aims to explore the health benefits of increasing physical activity and stopping evening snacks in youth with prediabetes. The United States Department of Agriculture, Agricultural Research Service, supports this study.

Additional Initiatives Supporting the 2023–2025 Implementation Strategy

Texas Children's Health Plan (TCHP)

Texas Children's Hospital maintains deep engagement with the community across multiple levels and layers of care and support. In addition to its broad range of community health interventions, the Texas Children's Health Plan (TCHP) serves as an extension of the hospital's mission, working closely with vulnerable populations and addressing the impact of social determinants of health. Through this integrated approach, the Health Plan not only provides high-quality care but also supports families through outreach and assistance with Medicaid tenrollment and coverage in Texas, ensuring access to essential health services for those who need it most.

- TCHP includes Social Drivers of Health assessment questions on food, housing, transportation and general financial insecurity on the Health Risk Assessment, which is available to all members. The Population Health team employs Field Resource Coordinators (FRCs), who reach out to members with identified SDOH needs. The FRCs perform a standardized Health Needs Assessment to further assess member needs and refer members to community-based organizations to help address their social needs, or to the different Care Coordination programs as applicable.
    - Each FRC serves as the go-to person to help a member every step of the way on their health journey. The Population Health FRC team can:
        - Identify options and make plans to help with questions about members' medical, transportation, and food needs
        - Initiate collaboration with referral source to ensure member/family linkages to financial assistance, legal aid, housing, job placement, and other community resources as appropriate
        - Schedule appointments and transportation to medical, dental, or pharmacy appointments
        - Review benefit designs to help members understand their benefits
        - Help members apply for certain benefits, like Value-Added Services

- Diabetes Awareness Wellness Network (DAWN) - Diabetes is the fifth leading cause of death in Harris County. Approximately 11% of adults in the Houston area has been diagnosed with diabetes. Consequently, the City of Houston's Houston Health Department (HHD) through its Diabetes Awareness Wellness Network (DAWN) offers free wellness initiatives inclusive of fitness, nutrition, and cooking classes to assist those diagnosed as having or at risk for diabetes. The initiatives provide lifestyle enhancements to improve diabetes management and quality of life. DAWN team members participate in TCHP member advisory group meetings, and provide TCHP and providers quarterly updates regarding member participation in DAWN . Members who are engaged in Diabetes Disease Management at TCHP are informed about the DAWN center through touchpoints with their case managers and/or FRCs. Members can also learn about the DAWN center through a link on our Texas Children's Health Plan Diabetes Site at https://www.texaschildrenshealthplan.org/your-health/diabetes.

- At Texas Children's Health Plan (TCHP), our dedication to providing culturally competent care is a cornerstone of our mission, reflecting our commitment to a healthier future for children and women. Understanding the critical role of cultural competency in healthcare, we have integrated it deeply into our operational ethos. This is exemplified by our strong recommendation for providers within our network to participate in the Culturally Effective Health Care course designed by Texas Health Steps, and the mandatory annual cultural competency training required for all TCHP staff across the entire institution. This training is meticulously crafted to highlight the nuances of caring for a culturally diverse membership, emphasizing the delivery of care that respects the unique beliefs, cultural, and linguistic needs of our patients. Reflecting our dedication to this cause, we have achieved remarkable completion rates, with 100% in 2022 and 96% in 2023. These figures are a testament to our team's commitment and our effective methodology in imparting these essential values and skills.

- Community Involvement: Community events are leveraged as a means of educating the pregnant population about the importance of early prenatal care, pregnancy, the postpartum period, interconception, preconception, birth spacing and parenting skills. Community events reach 30–150 members, depending on participation.

    - Baby showers: Occurring at minimum biannually, these events serve 25–50 registered, pregnant or newly delivered members. In this environment, members are given prenatal/postpartum education in addition to newborn resources. In coordination with the Texas Children's Injury Prevention office, members requiring car seat safety education and in need of a car seat can obtain one here.

    - Community events: Events serving the public where Health Plan members can participate in receiving education regarding car seat safety. In coordination with the Texas Children's Injury Prevention office, members that need a car seat can obtain one here. These are typically in tandem with other initiatives like the "BOO to FLU" event.

- March of Dimes Maternal and Infant Health Committee: Selected members of the Women's Health Care Coordination team serve on a committee of hospitalists, healthcare providers, and community partners dedicated to reducing preventable preterm births through education on risk factors and prevention strategies for patients, providers, and the community. The workgroup focuses on decreasing preterm birth by improving health care delivery and increasing access to prevention services. It provides a platform for the dissemination of pregnancy-related education to community stakeholders.

Texas Children's Hospital

Community Health Needs Assessment

2025

Introduction

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

According to federal regulations (Internal Revenue Service, n.d.) hospital facilities must complete the following steps:

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

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

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

The basic structure and format of the report are in alignment with the 2022 report. The 2025 CHNA is a result of independent data collection by Texas Children's Community Benefits team in collaboration with the University of Texas Health Science Center faculty and students under the guidance and advisory of the Texas Children's Community Benefits Executive Steering Team.

Community Served

Texas Children's Hospital defines its "community" as the Houston–The Woodlands–Sugar Land Metropolitan Statistical Area (MSA), commonly called "Greater Houston." This U.S. Office of Management and Budget (OMB) -defined region is used by the U.S. Census Bureau and other agencies for statistical and planning purposes.

As of July 1, 2024, the Houston MSA's estimated population is about 7.8 million, making it the fifth-most populous metro area in the U.S. (U.S. Census Bureau, 2025). The MSA encompasses nine counties; Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller across approximately 9,444 square miles of land, a footprint larger than several U.S. states (e.g., New Hampshire, New Jersey, Connecticut) (Texas Demographic Center, 2023; Understanding Houston, 2024).

Harris County alone is estimated to have about 5,009,302 residents in 2024, making it the most populous county in Texas and among the most populous in the nation (U.S. Census Bureau, 2024).

Demographically, the region is highly diverse. Understanding Houston (2024) indicated the racialand ethnic composition of the three most populous counties:

- Harris County, 44% Hispanic, 27% non-Hispanic White, 19.7% Black, and 8.9% Asian/Other populations
- In Fort Bend County, 28.9% non-Hispanic White, 24.7% Hispanic, 22.7% Asian, and 21.7% Black populations
- Montgomery County is 58% White, 28.3% Hispanic, 7.1% Black, and 4.8% Asian/Other

Population growth has remained strong, with the region gaining 43,217 residents between 2023 and 2024, the second-highest numeric growth of any U.S. metro during that period (Harris County Office of Economic Development, 2024). While Texas Children's treats patients globally, 85% of patients in fiscal year 2024 came from the Greater Houston region.

Harris County

Key Facts

4,926,283
Population

35.3
Median Age

2.7
Average Household Size

$76,963
Median Household Income

Internet Access

74%
Use Computer

87%
Use Cell Phone

Housing Stats

$303,897
Median Home Value

$12,097
Average Spent on Mortgage & Basics

$1,174
Median Contract Rent

Education

15.0%
No High School Diploma

23.4%
High School Graduate

25.1%
Some College / Associate's Degree

36.5%
Bachelor's / Grad / Prof Degree

Source: This infographic contains data provided by Esri (2025, 2030), ACS (2019–2023), Esri-MRI-Simmons (2025), Esri-U.S. BLS (2025).

Harris County

Harris County Demographics

Population	
Population Estimates	4,835,125
Age	
Below 18 Years of Age (%)	25.6%
Above 65 Years of Age (%)	12.1%
Race and Ethnicity	
Non-Hispanic White (%)	27.0%
Non-Hispanic Black (%)	19.7%
Native Hawaiian or Other Pacific Islander (%)	0.1%
Hispanic (%)	44.1%
Asian (%)	7.7%
American Indian or Alaska Native (%)	1.2%

Population Health and Well-Being

Length of Life	Harris	Texas	United States
Life Expectancy	77.3	76.7	77.1
Premature Age Adjusted Mortality (100K)	400	420	410
Child Mortality (per 100k residents)	50	50	50
Infant Mortality (per 1000 residents)	6	6	6

Quality of Life	Harris	Texas	United States
Poor Physical Health Days (out of 30 prior days)	4.3	3.8	3.9
Poor Mental Health Days (out of 30 prior days)	5.7	5.1	5.1
Poor or Fair Health (%)	25%	20%	17%
Diabetes Prevalence (%)	15%	13%	10%
HIV Prevalence (per 100k residents)	739	425	387
Adult Obesity (%)	35%	36%	34%

Community Conditions

Health Infrastructure	Harris	Texas	United States
Access to Exercise Opportunities (%)	91%	82%	84%
Food Environment Index	7.3	5.7	7.4
Food Insecurity (%)	16%	16%	14%
Physical Inactivity (%)	29%	25%	23%
Flu Vaccinations (%)	47%	45%	48%
Primary Care Physicians	1,720:1	1,600:1	1,330:1
Mental Health Providers	560:1	590:1	300:1
Dentists	1,340:1	1,590:1	1,360:1
Preventable Hospital Stays (per 100k enrolled)	3,104	2,968	2,666
Mammography Screening (%)	39%	41%	44%
Uninsured Adults (%)	26%	22%	11%
Uninsured Children (%)	12%	11%	5%
Excessive Drinking (%)	17%	19%	19%
Alcohol-Impaired Driving Deaths (%)	31%	25%	26%
Drug Overdose Deaths (per 100k residents)	21	16	31
Adult Smoking (%)	16%	12%	13%
Sexually Transmitted Infections (per 100k residents)	654.8	517.8	495.0

Physical Environment	Harris	Texas	United States
Severe Housing Problems (%)	21%	18%	17%
Air Pollution: Particulate Matter	11.6	8.1	7.3
Adverse Climate Events	3	~	~

Austin County

Key Facts

31,930
Population

42.6
Median Age

2.5
Average Household Size

$79,088
Median Household Income

Internet Access

73%
Use Computer

86%
Use Cell Phone

Housing Stats

$298,834
Median Home Value

$12,023
Average Spent on Mortgage & Basics

$913
Median Contract Rent

Education

9.9%
No High School Diploma

35.2%
High School Graduate

29.5%
Some College / Associate's Degree

25.4%
Bachelor's / Grad / Prof Degree

Source: This infographic contains data provided by Esri (2025, 2030), ACS (2019–2023), Esri-MRI-Simmons (2025), Esri-U.S. BLS (2025).

Austin County

Austin County Demographics

Population	
Population Estimates	31,677
Age	
Below 18 Years of Age (%)	23.6%
Above 65 Years of Age (%)	21.5%
Race and Ethnicity	
Non-Hispanic White (%)	60.7%
Non-Hispanic Black (%)	8.6%
Native Hawaiian or Other Pacific Islander (%)	0.1%
Hispanic (%)	28.2%
Asian (%)	0.9%
American Indian or Alaska Native (%)	1.1%

Population Health and Well-Being

Length of Life	Austin	Texas	United States
Life Expectancy	76.5	76.7	77.1
Premature Age Adjusted Mortality (100K)	410	420	410
Child Mortality (per 100k residents)	50	50	50
Infant Mortality (per 1000 residents)	~	6	6

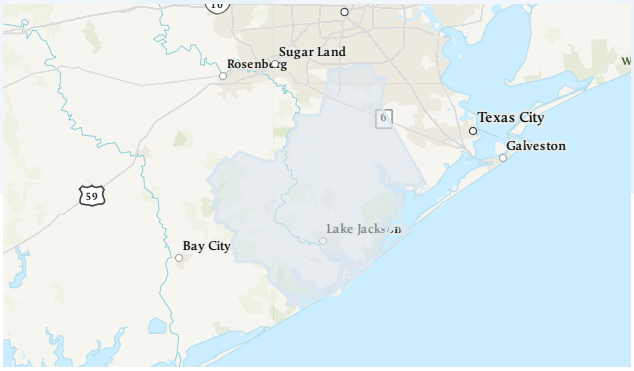
Quality of Life	Austin	Texas	United States
Poor Physical Health Days (out of 30 prior days)	4.2	3.8	3.9
Poor Mental Health Days (out of 30 prior days)	5.4	5.1	5.1
Poor or Fair Health (%)	21%	20%	17%
Diabetes Prevalence (%)	12%	13%	10%
HIV Prevalence (per 100k residents)	246	425	387
Adult Obesity (%)	36%	36%	34%

Community Conditions

Health Infrastructure	Austin	Texas	United States
Access to Exercise Opportunities (%)	43%	82%	84%
Food Environment Index	8.0	5.7	7.4
Food Insecurity (%)	15%	16%	14%
Physical Inactivity (%)	27%	25%	23%
Flu Vaccinations (%)	39%	45%	48%
Primary Care Physicians	5.060:1	1,660:1	1,330:1
Mental Health Providers	2,260:1	590:1	300:1
Dentists	2,220:1	1,590:1	1,360:1
Preventable Hospital Stays (per 100k enrolled)	2,635	2,968	2,666
Mammography Screening (%)	38%	41%	44%
Uninsured Adults (%)	22%	22%	11%
Uninsured Children (%)	12%	11%	5%
Excessive Drinking (%)	19%	19%	19%
Alcohol-Impaired Driving Deaths (%)	22%	25%	26%
Drug Overdose Deaths (per 100k residents)	11	16	31
Adult Smoking (%)	17%	12%	13%
Sexually Transmitted Infections (per 100k residents)	279.8	517.8	495.0

Physical Environment	Harris	Texas	United States
Severe Housing Problems (%)	16%	18%	17%
Air Pollution: Particulate Matter	9.2	8.1	7.3
Adverse Climate Events	3	~	~

Brazoria County



Key Facts

404,657
Population

37.6
Median Age

2.8
Average Household Size

$100,488
Median Household Income

Internet Access

78%
Use Computer

87%
Use Cell Phone

Housing Stats

$329,450
Median Home Value

$14,456
Average Spent on Mortgage & Basics

$1,194
Median Contract Rent

Education

9.3%
No High School Diploma

25.4%
High School Graduate

30.9%
Some College / Associate's Degree

34.5%
Bachelor's / Grad / Prof Degree

Source: This infographic contains data provided by Esri (2025, 2030), ACS (2019–2023), Esri-MRI-Simmons (2025), Esri-U.S. BLS (2025).

Brazoria County

Brazoria County Demographics

Population	
Population Estimates	398,938
Age	
Below 18 Years of Age (%)	25.5%
Above 65 Years of Age (%)	13.0%
Race and Ethnicity	
Non-Hispanic White (%)	41.5%
Non-Hispanic Black (%)	16.8%
Native Hawaiian or Other Pacific Islander (%)	0.1%
Hispanic (%)	31.8%
Asian (%)	7.9%
American Indian or Alaska Native (%)	0.9%

Population Health and Well-Being

Length of Life	Brazoria	Texas	United States
Life Expectancy	76.9	76.7	77.1
Premature Age Adjusted Mortality (100K)	400	420	410
Child Mortality (per 100k residents)	40	50	50
Infant Mortality (per 1000 residents)	5	6	6

Quality of Life	Brazoria	Texas	United States
Poor Physical Health Days (out of 30 prior days)	3.9	3.8	3.9
Poor Mental Health Days (out of 30 prior days)	5.3	5.1	5.1
Poor or Fair Health (%)	19%	20%	17%
Diabetes Prevalence (%)	13%	13%	10%
HIV Prevalence (per 100k residents)	304	425	387
Adult Obesity (%)	40%	36%	34%

Community Conditions

Health Infrastructure	Brazoria	Texas	United States
Access to Exercise Opportunities (%)	79%	82%	84%
Food Environment Index	8.0	5.7	7.4
Food Insecurity (%)	13%	16%	14%
Physical Inactivity (%)	25%	25%	23%
Flu Vaccinations (%)	42%	45%	48%
Primary Care Physicians	1,530:1	1,660:1	1,330:1
Mental Health Providers	850:1	590:1	300:1
Dentists	1,700:1	1,590:1	1,360:1
Preventable Hospital Stays (per 100k enrolled)	3,698	2,968	2,666
Mammography Screening (%)	36%	41%	44%
Uninsured Adults (%)	18%	22%	11%
Uninsured Children (%)	9%	11%	5%
Excessive Drinking (%)	20%	19%	19%
Alcohol-Impaired Driving Deaths (%)	31%	25%	26%
Drug Overdose Deaths (per 100k residents)	16	16	31
Adult Smoking (%)	13%	12%	13%
Sexually Transmitted Infections (per 100k residents)	395.7	517.8	495.0

Physical Environment	Brazoria	Texas	United States
Severe Housing Problems (%)	13%	18%	17%
Air Pollution: Particulate Matter	10.4	8.1	7.3
Adverse Climate Events	3	~	~

Chambers County

Key Facts

55,979
Population

36.4
Median Age

3.0
Average Household Size

$106,306
Median Household Income

Internet Access

81%
Use Computer

88%
Use Cell Phone

Housing Stats

$314,020
Median Home Value

$15,453
Average Spent on Mortgage & Basics

$1,283
Median Contract Rent

Education

9.0%
No High School Diploma

27.5%
High School Graduate

38.5%
Some College / Associate's Degree

25.0%
Bachelor's / Grad / Prof Degree

Source: This infographic contains data provided by Esri (2025, 2030), ACS (2019–2023), Esri-MRI-Simmons (2025), Esri-U.S. BLS (2025).

Chambers County

Chambers County Demographics

Population	
Population Estimates	53,876
Age	
Below 18 Years of Age (%)	27.7%
Above 65 Years of Age (%)	11.9%
Race and Ethnicity	
Non-Hispanic White (%)	60.8%
Non-Hispanic Black (%)	8.6%
Native Hawaiian or Other Pacific Islander (%)	0.2%
Hispanic (%)	27.3%
Asian (%)	1.6%
American Indian or Alaska Native (%)	1.2%

Population Health and Well-Being

Length of Life	Chambers	Texas	United States
Life Expectancy	76.2	76.7	77.1
Premature Age Adjusted Mortality (100K)	440	420	410
Child Mortality (per 100k residents)	50	50	50
Infant Mortality (per 1000 residents)	~	6	6

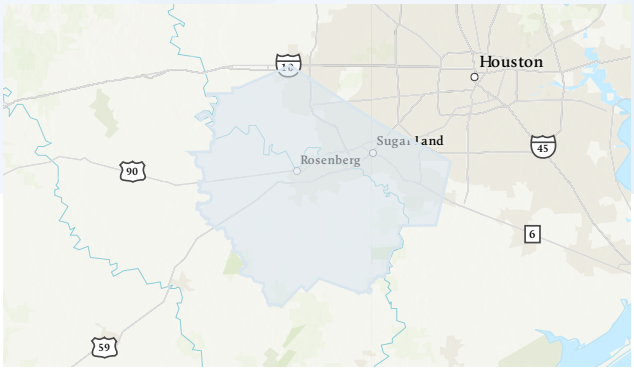
Quality of Life	Chambers	Texas	United States
Poor Physical Health Days (out of 30 prior days)	4.1	3.8	3.9
Poor Mental Health Days (out of 30 prior days)	5.6	5.1	5.1
Poor or Fair Health (%)	19%	20%	17%
Diabetes Prevalence (%)	12%	13%	10%
HIV Prevalence (per 100k residents)	104	425	387
Adult Obesity (%)	39%	36%	34%

Community Conditions

Health Infrastructure	Chambers	Texas	United States
Access to Exercise Opportunities (%)	79%	82%	84%
Food Environment Index	7.6	5.7	7.4
Food Insecurity (%)	16%	16%	14%
Physical Inactivity (%)	25%	25%	23%
Flu Vaccinations (%)	32%	45%	48%
Primary Care Physicians	6.980:1	1,660:1	1,330:1
Mental Health Providers	2,450:1	590:1	300:1
Dentists	10,260:1	1,590:1	1,360:1
Preventable Hospital Stays (per 100k enrolled)	5,407	2,968	2,666
Mammography Screening (%)	34%	41%	44%
Uninsured Adults (%)	16%	22%	11%
Uninsured Children (%)	9%	11%	5%
Excessive Drinking (%)	21%	19%	19%
Alcohol-Impaired Driving Deaths (%)	26%	25%	26%
Drug Overdose Deaths (per 100k residents)	21	16	31
Adult Smoking (%)	15%	12%	13%
Sexually Transmitted Infections (per 100k residents)	136.5	517.8	495.0

Physical Environment	Chambers	Texas	United States
Severe Housing Problems (%)	17%	18%	17%
Air Pollution: Particulate Matter	9.7	8.1	7.3
Adverse Climate Events	3	~	~

Fort Bend County



Key Facts

953,983
Population

37.6
Median Age

3.0
Average Household Size

$112,620
Median Household Income

Internet Access

82%
Use Computer

89%
Use Cell Phone

Housing Stats

$399,817
Median Home Value

$18,316
Average Spent on Mortgage & Basics

$1,574
Median Contract Rent

Education

6.7%
No High School Diploma

17.7%
High School Graduate

23.6%
Some College / Associate's Degree

52.0%
Bachelor's / Grad / Prof Degree

Source: This infographic contains data provided by Esri (2025, 2030), ACS (2019–2023), Esri-MRI-Simmons (2025), Esri-U.S. BLS (2025).

Fort Bend County

Fort Bend County Demographics

Population	
Population Estimates	916,778
Age	
Below 18 Years of Age (%)	26.4%
Above 65 Years of Age (%)	13.0%
Race and Ethnicity	
Non-Hispanic White (%)	28.9%
Non-Hispanic Black (%)	21.7%
Native Hawaiian or Other Pacific Islander (%)	0.1%
Hispanic (%)	24.7%
Asian (%)	22.7%
American Indian or Alaska Native (%)	0.6%

Population Health and Well-Being

Length of Life	Fort Bend	Texas	United States
Life Expectancy	81.0	76.7	77.1
Premature Age Adjusted Mortality (100K)	260	420	410
Child Mortality (per 100k residents)	40	50	50
Infant Mortality (per 1000 residents)	4	6	6

Quality of Life	Fort Bend	Texas	United States
Poor Physical Health Days (out of 30 prior days)	3.4	3.8	3.9
Poor Mental Health Days (out of 30 prior days)	4.6	5.1	5.1
Poor or Fair Health (%)	16%	20%	17%
Diabetes Prevalence (%)	12%	13%	10%
HIV Prevalence (per 100k residents)	267	425	387
Adult Obesity (%)	33%	36%	34%

Community Conditions

Health Infrastructure	Fort Bend	Texas	United States
Access to Exercise Opportunities (%)	89%	82%	84%
Food Environment Index	8.5	5.7	7.4
Food Insecurity (%)	11%	16%	14%
Physical Inactivity (%)	22%	25%	23%
Flu Vaccinations (%)	51%	45%	48%
Primary Care Physicians	1,180:1	1,660:1	1,330:1
Mental Health Providers	840:1	590:1	300:1
Dentists	1,720:1	1,590:1	1,360:1
Preventable Hospital Stays (per 100k enrolled)	2,830	2,968	2,666
Mammography Screening (%)	42%	41%	44%
Uninsured Adults (%)	15%	22%	11%
Uninsured Children (%)	7%	11%	5%
Excessive Drinking (%)	17%	19%	19%
Alcohol-Impaired Driving Deaths (%)	24%	25%	26%
Drug Overdose Deaths (per 100k residents)	10	16	31
Adult Smoking (%)	11%	12%	13%
Sexually Transmitted Infections (per 100k residents)	261.7	517.8	495.0

Physical Environment	Fort Bend	Texas	United States
Severe Housing Problems (%)	15%	18%	17%
Air Pollution: Particulate Matter	10.6	8.1	7.3
Adverse Climate Events	3	~	~

Galveston County

Key Facts

371,384
Population

39.7
Median Age

2.5
Average Household Size

$90,034
Median Household Income

Internet Access

79%
Use Computer

88%
Use Cell Phone

Housing Stats

$341,918
Median Home Value

$13,789
Average Spent on Mortgage & Basics

$1,170
Median Contract Rent

Education

8.7%
No High School Diploma

23.6%
High School Graduate

31.1%
Some College / Associate's Degree

36.7%
Bachelor's / Grad / Prof Degree

Source: This infographic contains data provided by Esri (2025, 2030), ACS (2019–2023), Esri-MRI-Simmons (2025), Esri-U.S. BLS (2025).

Galveston County

Galveston County Demographics

Population	
Population Estimates	361,744
Age	
Below 18 Years of Age (%)	23.4%
Above 65 Years of Age (%)	16.2%
Race and Ethnicity	
Non-Hispanic White (%)	54.8%
Non-Hispanic Black (%)	12.7%
Native Hawaiian or Other Pacific Islander (%)	0.1%
Hispanic (%)	26.7%
Asian (%)	3.7%
American Indian or Alaska Native (%)	0.8%

Population Health and Well-Being

Length of Life	Galveston	Texas	United States
Life Expectancy	76.1	76.7	77.1
Premature Age Adjusted Mortality (100K)	450	420	410
Child Mortality (per 100k residents)	50	50	50
Infant Mortality (per 1000 residents)	5	6	6

Quality of Life	Galveston	Texas	United States
Poor Physical Health Days (out of 30 prior days)	3.9	3.8	3.9
Poor Mental Health Days (out of 30 prior days)	5.3	5.1	5.1
Poor or Fair Health (%)	18%	20%	17%
Diabetes Prevalence (%)	12%	13%	10%
HIV Prevalence (per 100k residents)	383	425	387
Adult Obesity (%)	40%	36%	34%

Community Conditions

Health Infrastructure	Galveston	Texas	United States
Access to Exercise Opportunities (%)	85%	82%	84%
Food Environment Index	7.3	5.7	7.4
Food Insecurity (%)	15%	16%	14%
Physical Inactivity (%)	24%	25%	23%
Flu Vaccinations (%)	47%	45%	48%
Primary Care Physicians	1,420:1	1,660:1	1,330:1
Mental Health Providers	630:1	590:1	300:1
Dentists	1,930:1	1,590:1	1,360:1
Preventable Hospital Stays (per 100k enrolled)	3,666	2,968	2,666
Mammography Screening (%)	42%	41%	44%
Uninsured Adults (%)	19%	22%	11%
Uninsured Children (%)	9%	11%	5%
Excessive Drinking (%)	21%	19%	19%
Alcohol-Impaired Driving Deaths (%)	36%	25%	26%
Drug Overdose Deaths (per 100k residents)	24	16	31
Adult Smoking (%)	14%	12%	13%
Sexually Transmitted Infections (per 100k residents)	415.3	517.8	495.0

Physical Environment	Galveston	Texas	United States
Severe Housing Problems (%)	16%	18%	17%
Air Pollution: Particulate Matter	8.3	8.1	7.3
Adverse Climate Events	3	~	~

Liberty County

Key Facts

112,170
Population

36.27
Median Age

3.0
Average Household Size

$76,469
Median Household Income

Internet Access

64%
Use Computer

81%
Use Cell Phone

Housing Stats

$205,136
Median Home Value

$10,525
Average Spent on Mortgage & Basics

$795
Median Contract Rent

Education

19.3%
No High School Diploma

40.2%
High School Graduate

28.1%
Some College / Associate's Degree

12.4%
Bachelor's / Grad / Prof Degree

Source: This infographic contains data provided by Esri (2025, 2030), ACS (2019–2023), Esri-MRI-Simmons (2025), Esri-U.S. BLS (2025).

Liberty County

Liberty County Demographics

Population	
Population Estimates	108,272
Age	
Below 18 Years of Age (%)	30.4%
Above 65 Years of Age (%)	11.4%
Race and Ethnicity	
Non-Hispanic White (%)	48.0%
Non-Hispanic Black (%)	8.0%
Native Hawaiian or Other Pacific Islander (%)	0.1%
Hispanic (%)	41.8%
Asian (%)	0.9%
American Indian or Alaska Native (%)	1.6%

Population Health and Well-Being

Length of Life	Liberty	Texas	United States
Life Expectancy	72.8	76.7	77.1
Premature Age Adjusted Mortality (100K)	610	420	410
Child Mortality (per 100k residents)	60	50	50
Infant Mortality (per 1000 residents)	6	6	6

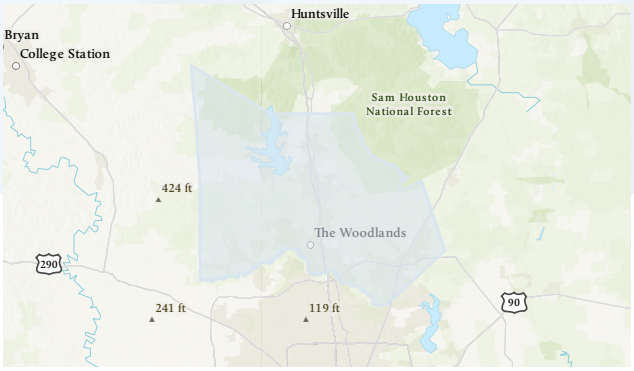
Quality of Life	Liberty	Texas	United States
Poor Physical Health Days (out of 30 prior days)	5.1	3.8	3.9
Poor Mental Health Days (out of 30 prior days)	6.1	5.1	5.1
Poor or Fair Health (%)	28%	20%	17%
Diabetes Prevalence (%)	14%	13%	10%
HIV Prevalence (per 100k residents)	373	425	387
Adult Obesity (%)	40%	36%	34%

Community Conditions

Health Infrastructure	Liberty	Texas	United States
Access to Exercise Opportunities (%)	46%	82%	84%
Food Environment Index	7.0	5.7	7.4
Food Insecurity (%)	18%	16%	14%
Physical Inactivity (%)	34%	25%	23%
Flu Vaccinations (%)	47%	45%	48%
Primary Care Physicians	4,650:1	1,660:1	1,330:1
Mental Health Providers	3,380:1	590:1	300:1
Dentists	3,520:1	1,590:1	1,360:1
Preventable Hospital Stays (per 100k enrolled)	4,178	2,968	2,666
Mammography Screening (%)	30%	41%	44%
Uninsured Adults (%)	28%	22%	11%
Uninsured Children (%)	12%	11%	5%
Excessive Drinking (%)	19%	19%	19%
Alcohol-Impaired Driving Deaths (%)	18%	25%	26%
Drug Overdose Deaths (per 100k residents)	24	16	31
Adult Smoking (%)	21%	12%	13%
Sexually Transmitted Infections (per 100k residents)	408.9	517.8	495.0

Physical Environment	Liberty	Texas	United States
Severe Housing Problems (%)	16%	18%	17%
Air Pollution: Particulate Matter	9.8	8.1	7.3
Adverse Climate Events	3	~	~

Montgomery County



Key Facts

749,111
Population

38.2
Median Age

2.8
Average Household Size

$98,378
Median Household Income

Internet Access

79%
Use Computer

88%
Use Cell Phone

Housing Stats

$385,457
Median Home Value

$16,007
Average Spent on Mortgage & Basics

$1,275
Median Contract Rent

Education

8.4%
No High School Diploma

23.7%
High School Graduate

27.4%
Some College / Associate's Degree

40.5%
Bachelor's / Grad / Prof Degree

Source: This infographic contains data provided by Esri (2025, 2030), ACS (2019–2023), Esri-MRI-Simmons (2025), Esri-U.S. BLS (2025).

Montgomery County

Montgomery County Demographics

Population	
Population Estimates	711,354
Age	
Below 18 Years of Age (%)	25.8%
Above 65 Years of Age (%)	14.0%
Race and Ethnicity	
Non-Hispanic White (%)	58.8%
Non-Hispanic Black (%)	7.1%
Native Hawaiian or Other Pacific Islander (%)	0.1%
Hispanic (%)	28.3%
Asian (%)	3.8%
American Indian or Alaska Native (%)	1.0%

Population Health and Well-Being

Length of Life	Montgomery	Texas	United States
Life Expectancy	78.2	76.7	77.1
Premature Age Adjusted Mortality (100K)	350	420	410
Child Mortality (per 100k residents)	50	50	50
Infant Mortality (per 1000 residents)	5	6	6

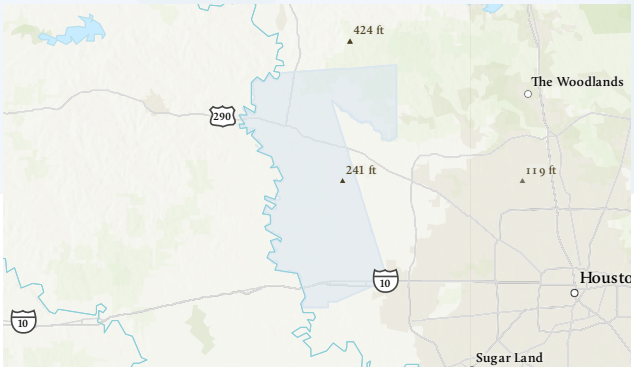
Quality of Life	Montgomery	Texas	United States
Poor Physical Health Days (out of 30 prior days)	3.7	3.8	3.9
Poor Mental Health Days (out of 30 prior days)	5.2	5.1	5.1
Poor or Fair Health (%)	20%	20%	17%
Diabetes Prevalence (%)	11%	13%	10%
HIV Prevalence (per 100k residents)	207	425	387
Adult Obesity (%)	35%	36%	34%

Community Conditions

Health Infrastructure	Montgomery	Texas	United States
Access to Exercise Opportunities (%)	88%	82%	84%
Food Environment Index	7.6	5.7	7.4
Food Insecurity (%)	14%	16%	14%
Physical Inactivity (%)	27%	25%	23%
Flu Vaccinations (%)	47%	45%	48%
Primary Care Physicians	1,580:1	1,660:1	1,330:1
Mental Health Providers	780:1	590:1	300:1
Dentists	1,970:1	1,590:1	1,360:1
Preventable Hospital Stays (per 100k enrolled)	3,315	2,968	2,666
Mammography Screening (%)	41%	41%	44%
Uninsured Adults (%)	19%	22%	11%
Uninsured Children (%)	9%	11%	5%
Excessive Drinking (%)	21%	19%	19%
Alcohol-Impaired Driving Deaths (%)	27%	25%	26%
Drug Overdose Deaths (per 100k residents)	19	16	31
Adult Smoking (%)	16%	12%	13%
Sexually Transmitted Infections (per 100k residents)	220.0	517.8	495.0

Physical Environment	Montgomery	Texas	United States
Severe Housing Problems (%)	14%	18%	17%
Air Pollution: Particulate Matter	10.3	8.1	7.3
Adverse Climate Events	3	~	~

Waller County



Key Facts

68,004
Population

33.4
Median Age

2.7
Average Household Size

$83,772
Median Household Income

Internet Access

77%
Use Computer

88%
Use Cell Phone

Housing Stats

$335,642
Median Home Value

$13,714
Average Spent on Mortgage & Basics

$970
Median Contract Rent

Education

13.9%
No High School Diploma

30.5%
High School Graduate

26.5%
Some College / Associate's Degree

29.1%
Bachelor's / Grad / Prof Degree

Source: This infographic contains data provided by Esri (2025, 2030), ACS (2019–2023), Esri-MRI-Simmons (2025), Esri-U.S. BLS (2025).

Waller County

Waller County Demographics

Population	
Population Estimates	65,553
Age	
Below 18 Years of Age (%)	23.7%
Above 65 Years of Age (%)	11.8%
Race and Ethnicity	
Non-Hispanic White (%)	38.2%
Non-Hispanic Black (%)	23.7%
Native Hawaiian or Other Pacific Islander (%)	0.2%
Hispanic (%)	34.0%
Asian (%)	2.4%
American Indian or Alaska Native (%)	1.5%

Population Health and Well-Being

Length of Life	Waller	Texas	United States
Life Expectancy	75.9	76.7	77.1
Premature Age Adjusted Mortality (100K)	460	420	410
Child Mortality (per 100k residents)	50	50	50
Infant Mortality (per 1000 residents)	6	6	6

Quality of Life	Waller	Texas	United States
Poor Physical Health Days (out of 30 prior days)	4.2	3.8	3.9
Poor Mental Health Days (out of 30 prior days)	5.5	5.1	5.1
Poor or Fair Health (%)	22%	20%	17%
Diabetes Prevalence (%)	13%	13%	10%
HIV Prevalence (per 100k residents)	162	425	387
Adult Obesity (%)	42%	36%	34%

Community Conditions

Health Infrastructure	Waller	Texas	United States
Access to Exercise Opportunities (%)	29%	82%	84%
Food Environment Index	7.3	5.7	7.4
Food Insecurity (%)	14%	16%	14%
Physical Inactivity (%)	29%	25%	23%
Flu Vaccinations (%)	47%	45%	48%
Primary Care Physicians	8,540:1	1,660:1	1,330:1
Mental Health Providers	3,180:1	590:1	300:1
Dentists	6,880:1	1,590:1	1,360:1
Preventable Hospital Stays (per 100k enrolled)	3,103	2,968	2,666
Mammography Screening (%)	37%	41%	44%
Uninsured Adults (%)	22%	22%	11%
Uninsured Children (%)	11%	11%	5%
Excessive Drinking (%)	20%	19%	19%
Alcohol-Impaired Driving Deaths (%)	18%	25%	26%
Drug Overdose Deaths (per 100k residents)	14	16	31
Adult Smoking (%)	16%	12%	13%
Sexually Transmitted Infections (per 100k residents)	442.7	517.8	495.0

Physical Environment	Waller	Texas	United States
Severe Housing Problems (%)	15%	18%	17%
Air Pollution: Particulate Matter	9.7	8.1	7.3
Adverse Climate Events	3	~	~

Methods

To assess the health needs of the community that Texas Children's serves, a Community Health Needs Assessment (CHNA) team was established, consisting of members of the Texas Children's Community Benefits department, a PhD-level consultant, and graduate students from UTHealth Houston School of Public Health's Community Assessment Methods course and Rice University's Fundamentals of Geographic Information Systems (GIS) in Public Health course. The CHNA team embarked on a six-month effort to solicit and analyze input from persons representing the broad interests of Greater Houston, including those with specialized knowledge or expertise in public health.

The process incorporated key informant interviews, focus groups, and community meeting surveillance. Together, these efforts provided a qualitative picture of the needs, assets, and health concerns within Texas Children's nine-county service area. Results of these analyses are summarized below, with additional charts and graphs to illustrate sector representation, population coverage, and recurring themes.

Key Informant Interviews

The CHNA team engaged with 14 organizations across the Greater Houston area that represent the diverse interests of the community. These organizations represented a variety of sectors that interface with vulnerable populations, including health and human service agencies, county and city health departments, nonprofit organizations, education partners, housing and food insecurity programs, and behavioral health providers.

After building rapport with organizational representatives and describing the CHNA project, the team invited each partner to participate in a recorded interview conducted virtually. Interviews lasted approximately 30 to 60 minutes and were guided by a structured Key Informant Interview Guide (Appendix A) developed from prior CHNAs. Interviews were updated to include questions about current issues, including access to specialty care, food insecurity, maternal and child health, mental health, and community resilience following extreme weather events.

Trained interviewers utilized probing questions to elicit detailed responses. All interviews were transcribed, coded, and analyzed using descriptive coding to identify recurring themes. Data were organized by sector, role, and population served, allowing comparisons across counties and sub-groups.

Focus Groups

The CHNA team convened focus groups with a direct patient care team and an advisory committee to capture the perspectives of individuals who live in, work with, or serve the broader community, including those who may not be Texas Children's patients. The two focus groups conducted were with the following groups:

- Texas Children's Social Work Department
- Texas Children's Patient and Family Advisory Council

Each focus group included 6-10 participants and was facilitated by Community Benefits staff, UTHealth faculty, and students. Sessions were conducted using a semi-structured guide and were recorded with participant consent. Questions explored community health status, barriers to healthy living, access to care and social services, and suggestions for improvement. Transcripts were coded thematically, with illustrative quotes extracted to highlight community perspectives.

Community Meeting Surveillance

To complement interviews and focus groups, the CHNA team also conducted systematic surveillance of community meetings hosted by the City of Houston between April and July 2025. These included standing committees such as:

- Public Safety Committee
- Housing Affordability Committee
- Resilience Committee
- Quality of Life Committee
- Arts and Culture Committee

The team attended community meetings in the Greater Houston area and utilized a Community Meeting Surveillance Guide (Appendix C) to document meeting discussions, with a focus on issues relevant to underserved women and children. Observations captured public deliberations on topics including housing stability, disaster preparedness, tree canopy and green space access, public safety and 911 utilization, and neighborhood quality of life.

Analysis

All qualitative data (interviews, focus groups, meeting notes) were transcribed and coded. Themes were generated through a content analysis process using descriptive codes (e.g., "food insecurity," "maternal health," "mental health access") and in vivo codes drawn directly from participants' language. To supplement the qualitative analysis, data were categorized by sector, population served (children, families, seniors, underserved), and county.

Charts and graphs were developed to visualize the representation of sectors, geographic spread of participants, and frequency of health themes. Participant quotes were also extracted to provide context and grounding for the data.

Figure 1: Methods for Key Informant Interviews

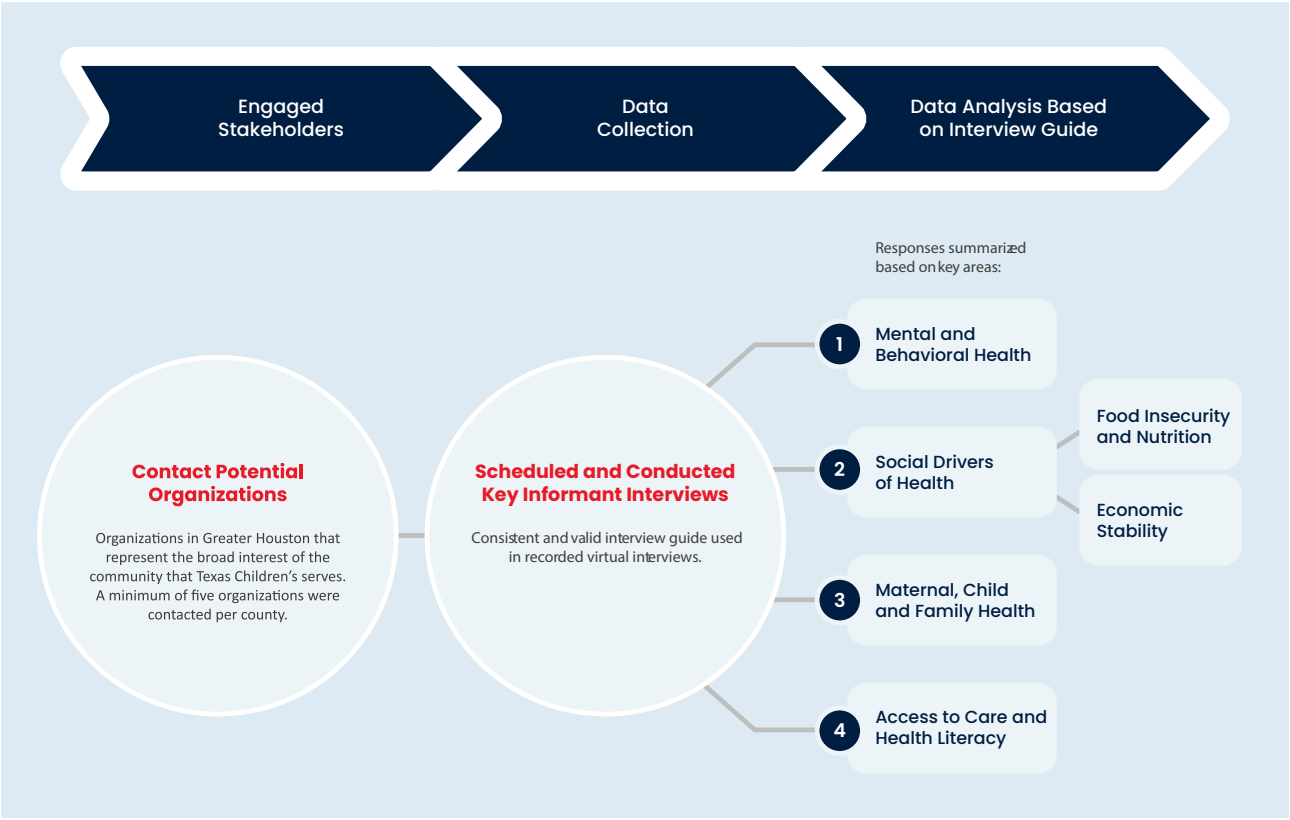


Figure 2:
Interviewee Locations Relative to County Populations

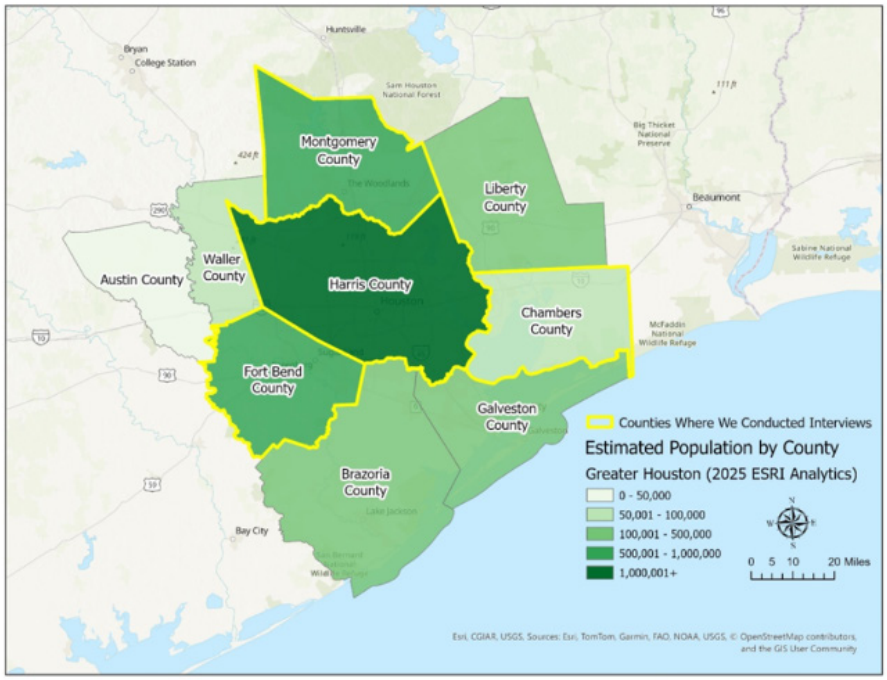
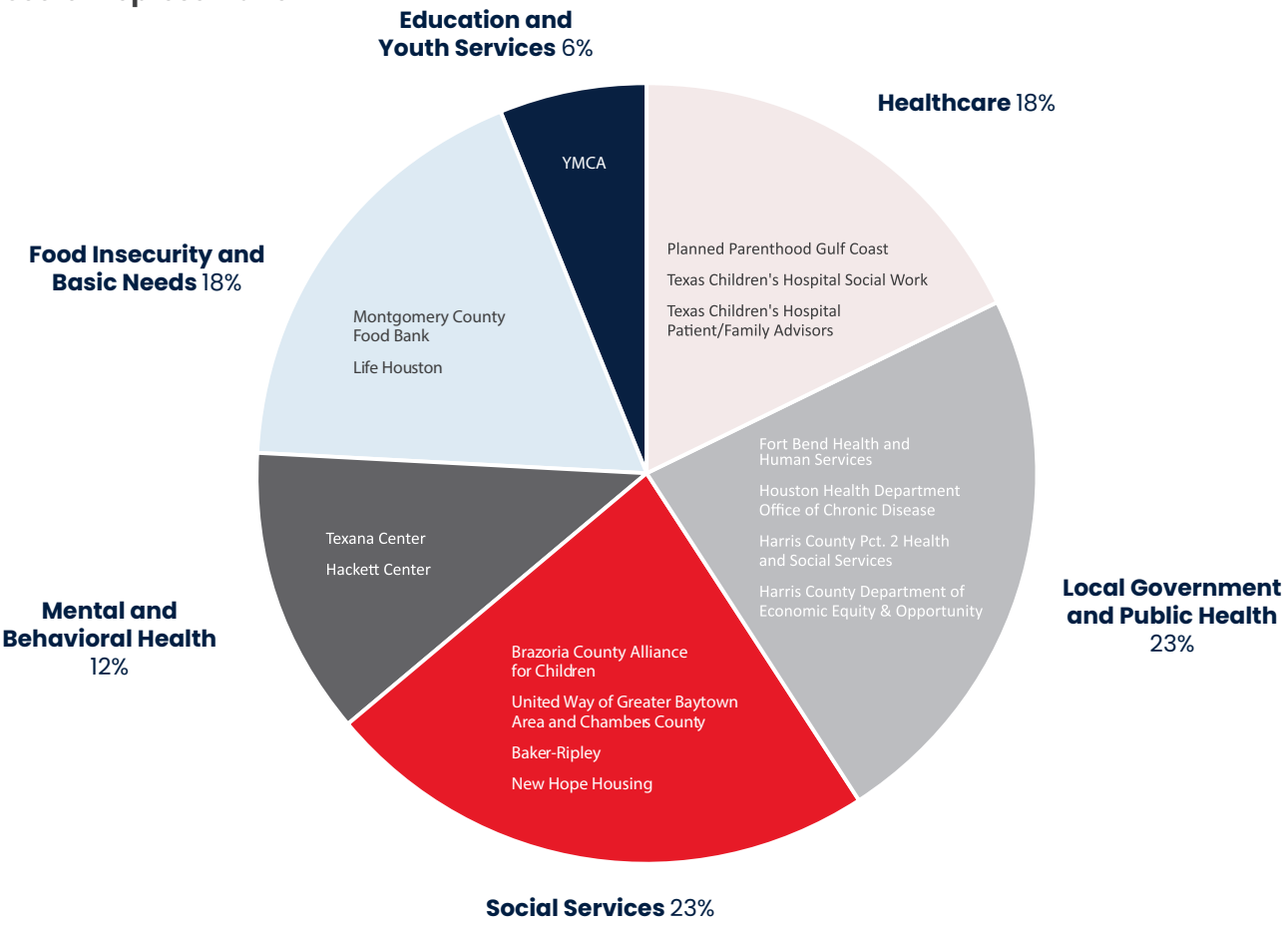


Figure 3:
Sector Representation

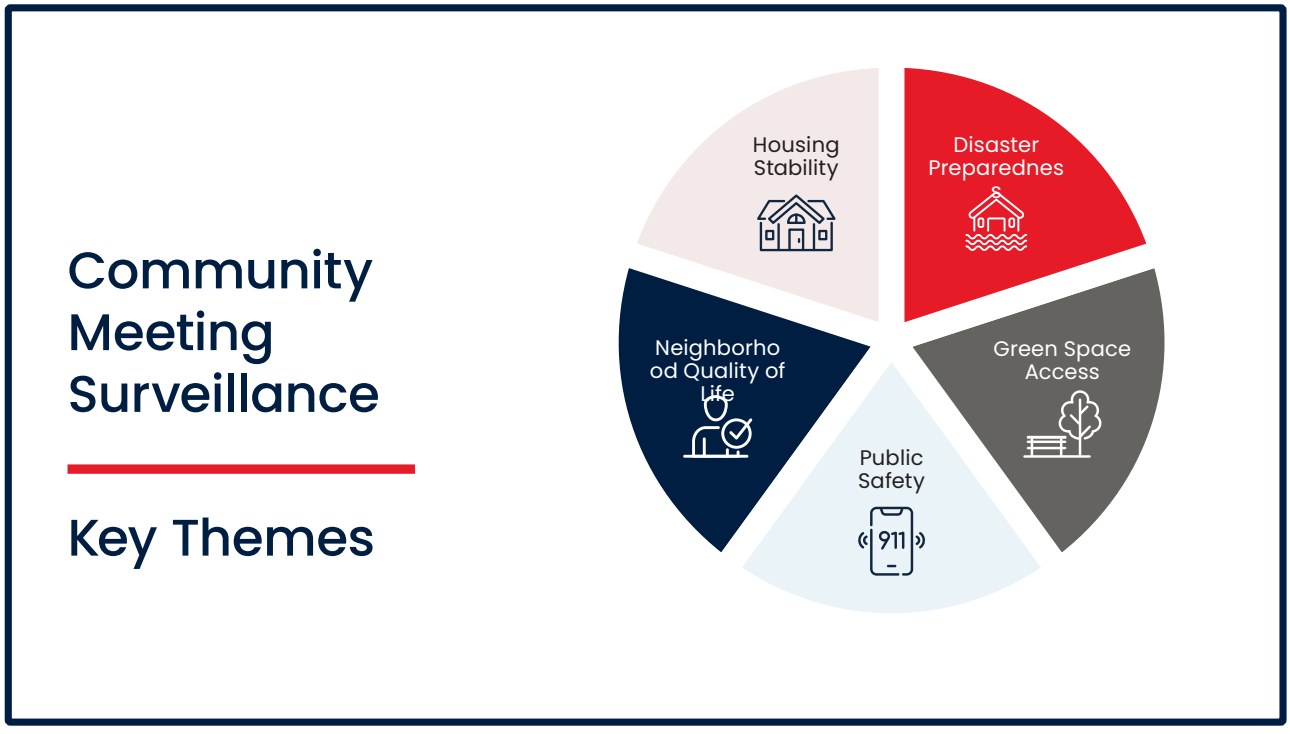


Community Meeting Surveillance

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

Figure 4: Community Meetings Attended

Figure 5: Community Meeting Key Themes



Prioritized Community Health Needs and Potential Resources

Texas Children's Hospital identified four key health needs through key informant interviews, focus groups and community meeting surveillance. A team of graduate students from the UTHealth School of Public Health then utilized extant data sources and academic literature to investigate each of these health needs. The findings were brought before the hospital's Community Benefits Executive Steering Team on September 3, 2025, for guidance on prioritizing them from the hospital's network of care perspective.

The Community Benefits Executive Steering Team consists of physicians and administrative leaders across the Texas Children's network of care, who provide critical guidance to the Community Benefits Department regarding community health issues. Their guidance is shaped by the institution's mission to create a healthier future for children and women throughout our global community by leading in patient care, education and research. It is supported by the five core values of Texas Children's: humility, excellence, accountability, respect, and trust. The Community Benefits Executive Steering Team prioritized our region's key community health issues in the following order:

1. **Mental and Behavioral Health**
2. **Social Drivers of Health**
    a. **Food Insecurity and Nutrition**
    b. **Economic Stability**
3. **Maternal, Child, and Family Health**
4. **Access to Care and Health Literacy**

1. Mental and Behavioral Health

The Community Benefits Steering Team identified Mental and Behavioral Health as Texas Children's number one community health need for the Greater Houston area. Mental health issues are widespread in the United States and locally, with approximately 23 percent of adults (nearly 59 million people) experiencing a diagnosable mental illness in 2022 (National Institute of Mental Health, 2025). Additionally, an estimated 20% of Texas youth (0–17) report a mental, emotional, behavioral, or developmental (MEBD) problem, affecting approximately 1.2 million children in Texas (Every Texan, 2023). National Institute of Mental Health (2025) reports that despite this high prevalence, access to mental health care remains limited, with only 50.6 % of those with a mental illness having received treatment in the past year. Barriers such as provider shortages, geographic maldistribution, insurance coverage gaps, and high costs further exacerbate the challenge of meeting mental health needs, particularly in rural and underserved areas.

> *"One of the things that I learned in this position is you see when somebody is starting to spiral and when they need that mental health intervention, and finding someone who can help you is so very hard. Often it goes beyond the ability of a case manager. Then, where are you? What else is there? There is nothing there."*
>
> **(Representative from New Hope Housing)**

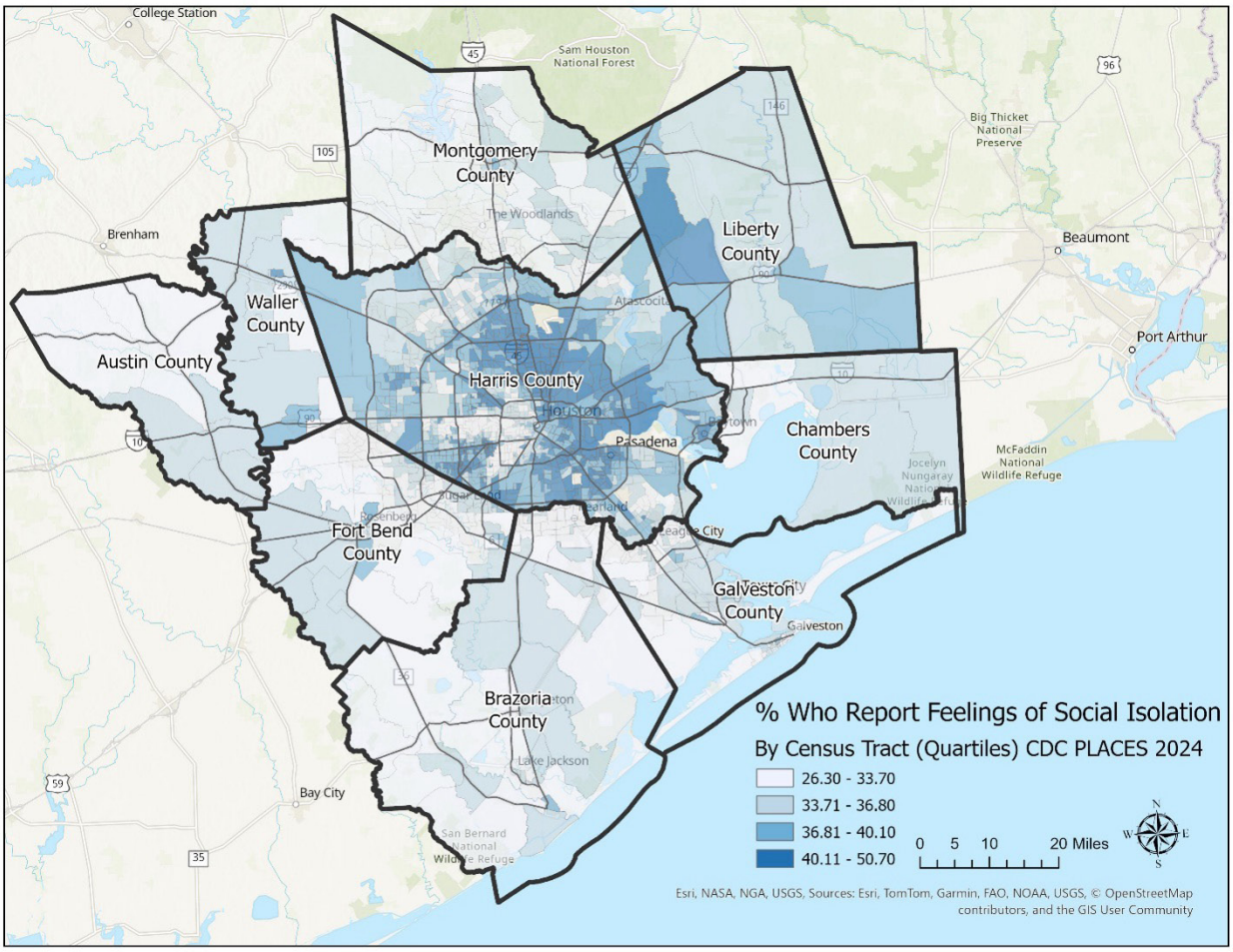
A 2024–2025 study found that nearly 1 in 10 adults (8.9 %) reported a mental health crisis in the past year, with younger adults (age 18–29) disproportionately affected (Anderson et al., 2025). According to a study by Texas A&M University (2024), a total of 40,338 children and adolescents (5–17) in Texas visited an emergency room with psychiatric issues as a primary diagnosis in 2022. These numbers match what local leaders in the Greater Houston area see every day. A representative from the Montgomery County Food Bank said:

> *"Mental health challenges such as depression, anxiety, and bipolar disorder are common and frequently lead to disability, unemployment, and financial instability. Many individuals are trying to do better for themselves and their families, but significant structural barriers (finances, economic opportunity, access to services) make progress difficult."*
>
> **(Representative from Montgomery County Food Bank)**

Loneliness and social isolation have emerged as important public health issues. In May 2023, the U.S. Surgeon General issued the advisory Our Epidemic of Loneliness and Isolation, which underscored the role of social connection in maintaining overall well-being. The report noted that lacking strong social relationships is associated with a 29% increased risk of heart disease, a 32% increased risk of stroke, and a 50% increased risk of developing dementia among older adults. In addition, loneliness is linked to higher rates of depression, anxiety, and premature mortality. These health effects extend beyond individuals, with consequences observed in families, schools, and communities nationwide (U.S. Department of Health and Human Services, 2023). Key informants reinforced these concerns, with respondents indicating that social connectedness is waning across several age groups from children to elderly adults.

> *"One of the things that we really wrapped our head around after COVID is a continued focus around isolation. It is a real thing that we see within the community of people not having a way to feel like they can connect or belong. And because of that, they're not achieving their wellness outcomes that you would typically want to see someone progressing in throughout their lives."*
>
> **(A representative from YMCA of Greater Houston)**

Figure 6



Mental health needs in the Houston area have risen sharply, particularly in the wake of the COVID-19 pandemic. In 2022, anxiety and other mental health disorders surpassed diabetes as one of the most common diagnoses among patients at Federally Qualified Health Centers (FQHCs). FQHCs in Greater Houston reported that more than 53,000 patients were treated for hypertension, 32,000 for anxiety disorders including PTSD, and nearly 28,400 for depression and other mood disorders, reflecting the high demand for behavioral health services (Episcopal Health Foundation, 2024). Health centers have responded by expanding behavioral health integration into primary care, yet capacity remains limited, especially as the region struggles to recruit bilingual behavioral health providers. Staffing challenges, coupled with rising patient demand, highlight an urgent need for investment in mental health services and resources across the Houston safety-net system (Episcopal Health Foundation, 2024).

"It's especially important to be culturally and linguistically responsive. You have to have a very deep understanding of the community that you're serving to understand how to address things like mental health."

(Representative from a local government agency, focused on economic equity and workforce development)

In the Houston Independent School District (HISD), student mental health concerns have increased in both severity and visibility. As of 2023, just over 20% of HISD high school students reported that their mental health was "most of the time or always not good," compared to about 28.5% nationally. Meanwhile, nearly 14% of HISD students reported having attempted suicide in the past year—well above the U.S. average of just under 10%. Reported bullying on school property also rose steeply, from around 9% in 2021 to 15.7% in 2023, while electronic bullying was reported by 13.6% of students in 2023. Feelings of being unsafe also had a real impact on attendance: about 19.3% of HISD students said they had missed school in 2023 because they felt unsafe (Kulesza et al., 2025). A representative from the Hackett Center observed:

"A lot of chronic absenteeism… maybe 30 or 40%, maybe 50% is driven by household mental health issues, whether it's directly like 'I'm depressed today' or secondary, like because my house has anxiety and depression in it."

(Representative from Hackett Center)

Texas Children's reported a record number of pediatric behavioral health visits to its emergency department in April 2025. Texas Children's treated 647 children for concerns such as depression, anxiety, and suicidal ideation, well above the monthly average of about 450 cases. The surge underscores the ongoing mental health crisis among young people, which has persisted beyond the COVID-19 pandemic (DeGuzman, 2025).

"We're also like a hotspot for domestic violence issues and trauma and grief, and we just don't have enough capacity to meet the needs of those populations, both the adults involved and the children involved."

(Representative from Hackett Center)

"There has been a lot of trauma and the repercussions of COVID. So because of that, we're seeing an uptick in familial stress, financial stress, social, emotional stress, and it's going to trickle down to the child… Understand that you can't have a healthy child without a healthy adult. So that's why I feel parental stress is one of the top issues."

(Representative from a local government agency, focused on economic equity and workforce development)

Potential Resources to Address Mental and Behavioral Health

Local Spotlight: The Hackett Center

The Hackett Center for Mental Health advances evidence-based approaches to behavioral health by translating policy into practice across the Greater Houston region and Gulf Coast. In partnership with the Meadows Mental Health Policy Institute, the Center focuses on improving prevention and care for children and families, strengthening women's behavioral health, and enhancing system effectiveness through research, program implementation, and community engagement. For more information, click here.

Additional Resources:

- **Family Service Center | The Center for Mental Health and Wellbeing**
  Multiple areas in the Greater Houston.
  For more information, click here.
- **The Center for Pursuit**
  4400 Harrisburg Blvd.
  Houston, TX 77011
  For more information, click here.
- **The Community of Children's Impact Center**
  1020 N Byrd
  Shepherd, TX 77371
  For more information, click here.

2. Social Drivers of Health

In Houston, social drivers of health represent fundamental sources of health inequities across the community. Limited access to reliable public transit and walkable infrastructure impedes access to healthcare, employment, and nutritious foods. Workforce and income disparities leave nearly half of households (44%) struggling to afford necessities (Greater Houston Community Foundation, n.d.), undermining both economic stability and long-term financial security. Food insecurity further exacerbates these inequities. In 2023, an estimated 18.2% of households in Harris County were food insecure, a rate that disproportionately affected children and low-income families (Feeding America, 2024). These economic vulnerabilities limit the ability of households to consistently access healthy food, stable housing, and preventative healthcare, perpetuating cycles of poor health. Gaps in early childhood education and childcare further reduce opportunities for long-term health and economic advancement (Kofron & Meier, 2025). Simultaneously, disproportionate exposure to climate-related disasters and environmental hazards compounds these challenges, as low-income and minority communities often endure longer recovery times and deeper disruptions to daily life (Lee et al., 2021). Together, these structural challenges underscore the need for integrated, cross-sector approaches to improve health outcomes and advance equity in the Houston region.

The critical social drivers of health identified in the CHNA are food insecurity and economic stability. Additional considerations, such as transportation, childcare, and disparities related to extreme weather events, are included to provide a broader context of social factors shared by key informants and the communities they represent. While these issues may be less prominent, they offer valuable insight into the complex landscape of social drivers affecting health and well-being.

Food Insecurity & Nutrition

Food insecurity remains a persistent public health issue in the United States, and especially in Texas. According to Feeding America, 19.2% of U.S. children live in food-insecure households, which translates to approximately one in every five children. In Texas, the rate is even higher, with 22.2% of children experiencing food insecurity as of 2023, making Texas one of the highest ranked states in the nation for child food insecurity (Feeding America, 2024). Food-insecure individuals have limited access to nutritious food essential for growth and development, which can lead to numerous adverse health implications, particularly for children. In Harris County, racial disparities in food insecurity are especially stark. The average prevalence of food insecurity is highest among Black individuals at 34% and Latino individuals at 25%, compared to just 11% of White non-Hispanic individuals (Feeding America, 2024). These disparities among people of color reflect long-standing inequalities across society related to housing, employment, and education. The health impacts for children due to limited access to nutritious food increase the risk of obesity, diabetes, and behavioral and academic difficulties. As one study found, "Students experiencing food insecurity had a statistically significant higher average discrimination score… and were 2.29 times more likely to report fair or poor health compared to those who were food secure." (Gamba et. al., 2024).

> *"Every woman and child exists in a context… the non-medical drivers of health—housing, food security, utility assistance, rental assistance—are critical alongside medical care. At the end of the day, with the food that she has in the household, the woman will feed her family first before caring for herself. It would behoove us… to make that linkage to care and those resources to ensure that the family is more resilient."*
>
> **(Representative from Fort Bend Health and Human Services)**

Low-income families may experience greater difficulty in purchasing nutrient dense foods, which are often more expensive (CDC, 2024). Such financial constraints may result in skipping meals or relying on cheaper processed foods that are higher in sugar, sodium, and lack in important nutrients (French, 2019). Representatives from local partners Baker Ripley and Montgomery Food Bank emphasize that finance-related food insecurity is one of the biggest issues seen in the community.

"I hear that a lot from the women…that it would be nice to be able to go and buy all this, but [there are] financial constraints… buying healthy food…"

(Representative from Montgomery County Food Bank)

"It's more expensive… to eat healthier… it's sometimes cheaper to eat fast food, you know, so people in poverty may choose that route…"

(Representative from Montgomery County Food Bank)

Currently, to address food insecurity at the policy level, the federal and state government distribute funds for supplemental assistance through SNAP and WIC, which help 11.4% of Texans (Calderon, S, 2024). However, greater investments are needed to meet the increasing demand as food insecurity rises amidst inflation and higher cost of food (Feeding America, 2024). To meet immediate needs at the community level, food pantries and non-profit organizations like the Montgomery Food Bank address childhood hunger through child hunger-relief programs.

"Three years ago, we served roughly 65,000 neighbors per month. That rose to 80,000 two years ago, 85,000 last year, and reached a record 97,000 in November 2024."

(Representative from Montgomery County Food Bank)

Clinical food insecurity screenings are an effective method that help support families struggling with food insecurity (Correa, 2017). By disseminating screening tools to all clinics, health care professionals are better equipped to identify patients in need of referrals to local resources, like food pantries. Increasing the use of these tools is something we can do to address this social driver of health.

"I would love to see an increase in… the Food RX program. … if you have these buses go out to these hard to reach communities …and we will bring produce and we can do nutrition education …where and we teach how like, you know, eating the right kinds of food will prevent illness and can manage existing illnesses…then giving them access to that healthy food. …And then there is a food RX program in terms of, you know, you write a script for healthy food."

(Representative from Montgomery County Food Bank)

Economic Stability

Economic stability refers to the connection between an individual's financial circumstances, such as income level, cost of living, and overall socioeconomic status. Individuals from lower socioeconomic backgrounds often encounter unstable employment conditions, fluctuating public assistance, changes in household dynamics, and limited access to secure housing and neighborhood infrastructure, all of which can negatively affect their well-being.

Greater Houston boasts a large and diverse workforce of over 3.6 million people, with notable strengths in health care, energy, advanced manufacturing, and technology sectors (Greater Houston Partnership, n.d.). Despite this economic breadth, many households face financial instability. In 2023, nearly 924,000 residents across the three-county Houston region lived below the federal poverty line, and approximately 44% of households were classified as either living in poverty or as ALICE (Asset Limited, Income Constrained, Employed), indicating they struggle to afford basic necessities despite being employed (Greater Houston Community Foundation, n.d.). The proportion of ALICE households varies across the three most populous counties, with Harris County at 32%, Fort Bend at 27%, and Montgomery, also at 27%. Additionally, the Greater Houston Health Equity Collective has identified critical gaps in career pathways, job stability, and compensation for Community Health Workers (CHWs), who serve as vital connectors between underserved populations and essential health and social services (Sharma et al., 2025). Financial insecurity remains a challenge, with only 34% of Harris County residents able to cover three months of expenses from savings, and barriers to saving include emergencies (80%), housing costs (76%), medical expenses (63%), and credit card debt (61%) (Njeh & Potter, 2025).

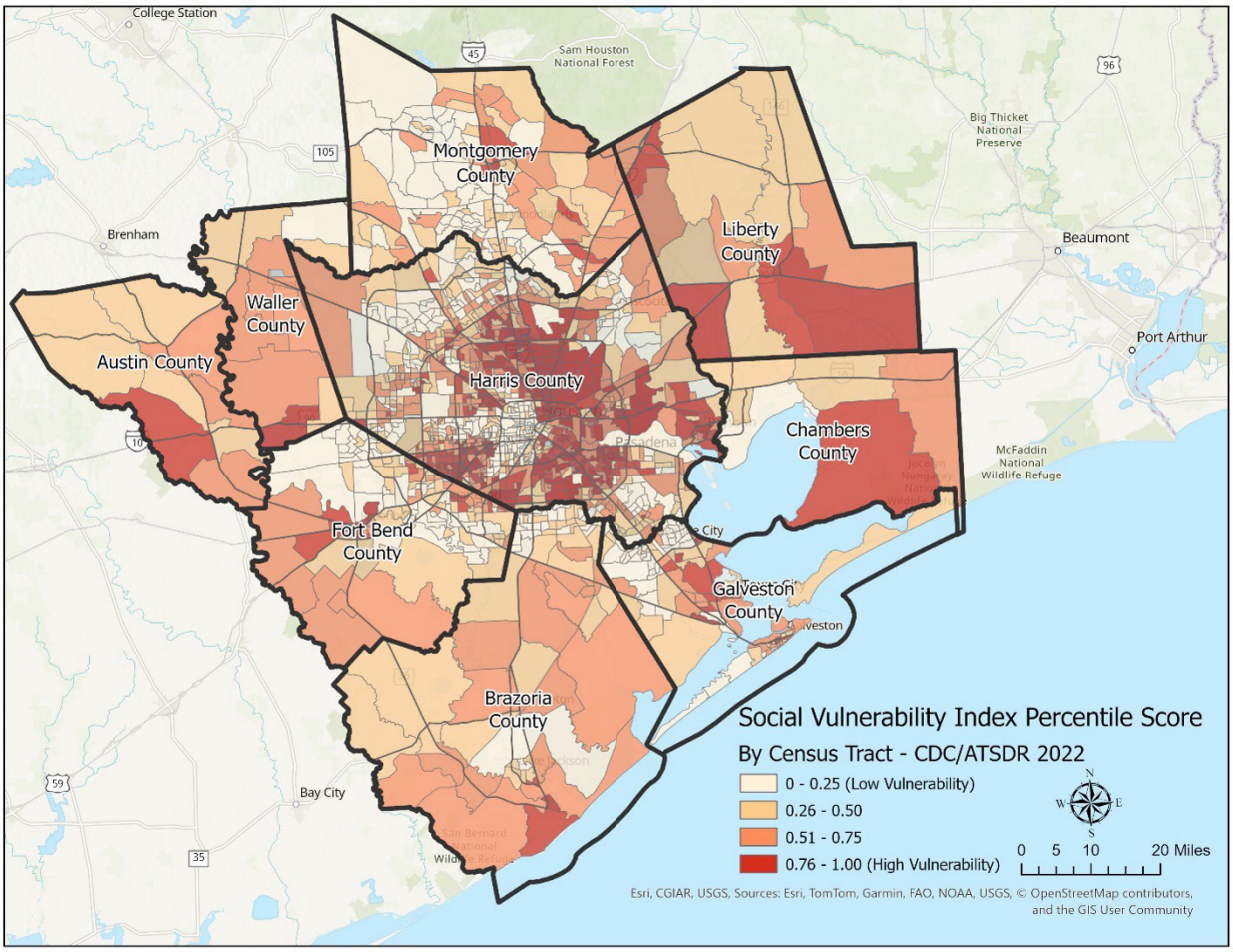
> *"It's those non-medical drivers of health, right? The social context supports housing, cost burden, and food security. All of those other services exist within Health and Human Services to meet some short-term needs like utility or rental assistance, but the underlying stress continues to weigh heavily on families."*
>
> **(Representative from Fort Bend Health and Human Services)**

In 2024, Houston reported the highest poverty rate among large U.S. cities. More than one in five residents lived below the federal poverty line, including nearly one in three children (Understanding Houston, 2024). Harris County alone counted more than 760,000 residents in poverty, with child poverty rates exceeding 23%. Housing costs intensify the pressure: research from Rice University's Kinder Institute shows that many renters in Houston spend more than 30% of their income on housing, and some households spend more than half (Kinder Institute, 2024). This leaves little room for food, transportation, or medical bills.

> *"You can't think about your health if other things are going wrong. If you're having trouble with housing, transportation, or finding a job, then you're not thinking about the chronic conditions you come in contact with on a day-to-day basis."*
>
> **(Representative from Houston Health Department)**

The health effects of economic instability are clear. Adults in low-income families have a higher incidence of diabetes, hypertension, and depression. Children in families without adequate housing or nutritionally adequate meals have developmental delays, severe stress, and inadequate nutrition. A survey conducted by the CDC in 27 states found that residents of highly deprived neighborhoods were almost four times more likely, at earlier points in life, to have multiple chronic conditions than residents of affluent neighborhoods (CDC, 2024). Local data mirror these findings: in Houston's lowest-income neighborhoods, families experience more food insecurity, greater use of emergency rooms, and less access to preventive care.

Figure 7



Additional Social Drivers of Health

Limited transportation access in Harris County presents significant barriers to health, economic mobility, and overall quality of life. Approximately 7% of households—about 125,000—report having no vehicle, the highest rate in the region (Greater Houston Community Foundation, n.d.). Despite this, only 2% of workers in the Greater Houston area use public transportation, while 71% commute alone by car (Greater Houston Community Foundation, n.d.). Walkability is also limited, with just 47% of roads in Harris County featuring sidewalks, compared to 37% in Fort Bend County and only 7% in Montgomery County. These conditions exacerbate health and social inequities by restricting access to essential services such as healthcare, employment, and nutritious food (Greater Houston Community Foundation, n.d.).

> *"Transportation can be one (barrier to access) out in the county in that we don't have as robust a public transportation system as other jurisdictions, so that can be a barrier as well. And then, of course, because we are such an ethnically, culturally diverse population, there can be language barriers for sure, because… relying on medical interpreters and language lines and all those things can still be a challenge to people seeking care."*
>
> (A representative from Fort Bend County Health and Human Services)

Recent analysis by Children at Risk highlights persistent disparities in access to subsidized child care across Harris County, despite increased capacity from COVID-19 relief funding. More than half (54%) of lower-income working families in the region reside in child care deserts—areas with limited access to subsidized early learning programs. Notably, ZIP codes 77003 (near downtown Houston) and 77587 (in south Houston) exhibit the lowest availability of subsidized care (Kofron & Meier, 2025).

> *"We really need to invest more in just early childhood work in general, not necessarily exclusively for children, you know, not like necessarily pre-K, but building supports around childcare ecosystems. Prenatal ecosystems, maternal ecosystems, like building in more support, more contacts, more interventions in that space, would overall benefit folks."*
>
> **(Representative from Fort Bend Health)**

The community has experienced extreme weather and several notable natural disasters in recent years, including hurricanes, tornadoes, floods and a winter storm. During Winter Storm Uri in February 2021, operators in Texas instituted rolling blackouts to stabilize the grid, an action that precipitated unequal environmental and infrastructural burdens across Harris County and Greater Houston (Lee, et al., 2021). In a study done by Lee et al., 2021, in which aggregated "big data" (including mobile-device activity and related proxies) was analyzed, the authors showed that census tracts with lower median incomes and higher proportions of Hispanic residents experienced longer outage durations (Lee, et al., 2021). Moreover, these same communities saw heightened incidence of burst water pipes and greater disruption in food access, revealing layered consequences of environmental stress on infrastructure systems (Lee, et al., 2021). These findings demonstrate how structural environmental disruptions, managed or due to natural disaster, do not produce uniform effects: low-income and minority neighborhoods face deeper, more persistent impacts from power, water, and service interruptions.

Potential Resources to Address Social Drivers of Health

Local Spotlight: Baker Ripley

Baker Ripley has served the community for more than a century with the mission of advancing economic stability, education, and health equity for individuals and families. The organization recognizes that community members share common aspirations for opportunity and well-being. Through a comprehensive network of programs, partnerships, and interventions, Baker Ripley seeks to expand access to education, workforce development, and health-promoting resources. These efforts are designed to improve individual earning potential, enhance learning opportunities, foster social connectedness, and strengthen overall health and quality of life across the region.

Additional Resources:

- **Boys and Girls Club**
  Multiple locations in the Greater Houston.
  For more information, click here.
- **Communities in Schools Houston**
  1111 North Loop West Suite 300
  Houston, TX 77008
  For more information, click here.
- **Special Angels of The Woodlands**
  314A Pruitt Road
  Spring, TX 77380
  For more information, click here.
- **Yes to Youth**
  1519 Oddfellow Street
  Conroe, TX 77301
  For more information, click here.

3. Maternal, Child, and Family Health

Maternal, child, and family health was identified as the third priority community health concern and encompasses a wide range of services that cater to prenatal care, pediatric health assessments, maternal care and resources to support family needs. Maternal health in the United States shows signs of improvement, yet persistent racial disparities continue to drive unequal outcomes. Recent data highlight both the overall decline in maternal mortality and the disproportionate burden faced by Black non-Hispanic women compared to other racial and ethnic groups. The U.S. maternal mortality rate declined from 22.3 deaths per 100,000 live births in 2022 to 18.6 in 2023, signaling progress (Hoyert, 2025). However, racial disparities remain stark. In 2023, Black non-Hispanic women experienced a maternal mortality rate of 50.3 deaths per 100,000 live births—more than three times higher than rates for White non-Hispanic (14.5), Hispanic (12.4), and Asian (10.7) women. Notably, while rates declined for White, Hispanic, and Asian women from 2022 to 2023, the rate for Black women increased slightly from 49.5 to 50.3 in the U.S. (Hoyert, 2025).

Texas, on the other hand, has continued to experience a maternal health crisis. Between 2022 and 2023, Texas experienced a significant increase in maternal mortality, rising 56% in 2022 and an additional 33% in 2023. During this period, Black women in Texas were 2.5 times more likely to die from maternal complications than White women (Gender Equity Policy Institute, 2024). According to the Texas Maternal Mortality and Morbidity Review Committee (MMMRC), 80% of pregnancy-related deaths in Texas are considered preventable, and their 2024 report found that the most frequently observed underlying causes of pregnancy death were infection, cardiovascular conditions, hypertensive disorder of pregnancy, and cerebrovascular accidents. In 2020, the MMMRC found that 16 out of 85 cases of pregnancy-related deaths were experienced by women with additional obstacles to accessing care, such as language barriers, mental health conditions, stigma towards people experiencing substance use disorder, unstable housing, violence against women, and difficulties accessing ongoing care during pregnancy and postpartum. Furthermore, of these 16 women, six were Hispanic, and six were Non-Hispanic Black. These findings highlight how both health issues and social challenges are putting marginalized women at greater risk and demonstrate the need for better access to maternal care across Texas.

> *"Late access to prenatal care continues to be one of the most puzzling and concerning findings from our assessments. It's important to reach women even before pregnancy, to ensure they know the value of prenatal care and the resources available to support them and their families."*
>
> **(Representative from Fort Bend Health and Human Services)**

Lack of consistent health insurance coverage remains a critical barrier to care for women in Texas, with significant implications for maternal and postpartum health. About 23% of women in Texas ages 19 to 44 lack health insurance, the highest rate of uninsured women in any state compared to the national average of 10.9% (American Health Rankings, 2022). A study by Ela et al. (2022) examined insurance "churn" (changes in coverage or loss of coverage) among Texas women whose births were covered by Medicaid/CHIP and its association with postpartum health outcomes. Findings showed that within the first year after birth, a substantial proportion of participants experienced gaps in coverage, with 64% uninsured by three months and 88% experiencing a lapse at some point during the year, which was linked to reduced access to care and self-reported declines in health status (Ela et al., 2022). Qualitative responses further underscored the impact of these coverage disruptions, highlighting financial hardship and difficulty obtaining care for ongoing, undiagnosed, mental health, reproductive, and lifestyle-related conditions.

Maternal mental health disorders, including depression, anxiety, perinatal mood and anxiety disorders (PMADs), and post-traumatic stress disorder, are among the most frequent complications of pregnancy and childbirth in the United States, affecting about 1 in 5 women during pregnancy or within the first year postpartum (American Hospital Association, n.d.). Self-reported maternal mental health has worsened over recent years: from 2016 to 2023, the percentage of mothers reporting "excellent" mental health dropped from ~38% to ~26%, while reports of "fair" or

"poor" mental health increased from ~5.5% to ~8.5% (Ahrens et al., 2024). In Texas, untreated maternal mental health conditions (MMHCs) were estimated to affect 13.2% of mothers overall and as much as 17.2% among those enrolled in Medicaid, costing the state approximately $2.2 billion in 2019 when upstream and downstream impacts are accounted for (Bowers et al., 2022). In Houston, recent research from Brathwaite et al. (2023) shows that ~19% of women delivering at Houston Methodist hospitals (among ~20,000 births studied between 2020-2023) were diagnosed with a psychiatric illness during the perinatal period (from conception through 3 months postpartum). Non-Hispanic White women were diagnosed at higher rates (24.8%) than other racial/ethnic groups, and increased neighborhood deprivation was correlated with higher diagnosis rates (Brathwaite et al., 2023).

"I think people are kind of understanding that the 'baby blues' are not normal, right? There's been like a social shift in understanding more about mental health and what it is. I think it's still an issue, but I don't know if that's depending on the culture, depending on how long you've even been in the US, it's very hard to figure out like whether or not what you're feeling is normal, whether or not you're going to get over it, those kinds of things."

(Representative from a local government agency, focused on economic equity and workforce development)

Furthermore, access to information and healthcare services is impacted by social determinants of health like income and education. Maternal and child health interventions include increasing access to prenatal and postpartum care, offering health education and resources such as WIC, encouraging healthy lifestyle choices, bolstering the role of doulas and community health workers, enhancing access to transportation and other support services, and utilizing telehealth and remote monitoring technologies. According to the Office of the Surgeon General (OSG, 2020), holistic, comprehensive assistance also requires regulations that promote community-based initiatives like the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, and the engagement of a wider spectrum of healthcare providers in care planning.

"We do have parents that come in as our fathers, and they don't meet the criteria for WIC because it's women and children. We get a lot of children on our floor that have like G tubes or have to have special formulas that are given to them, and it's sometimes very hard for them to obtain one, especially if they're on Medicaid, because with certain prescriptions, it does not allow for them to have those formulas filled."

(Representative from Texas Children's Social Work Department)

"Our grant is … it's over 3 1/2 years. So, but that's it. That's it. We're giving them their grant, and then we have to say goodbye, and that's very unfortunate. But if there was a way to just have like a chunk of money that was always going to be for maternal health, familial health, prenatal care, that would be so exciting and so, it's just so needed."

(Representative from Community Health Needs Harris County)

Potential Resources to Address Maternal, Child, and Family Health in the Community

Local Spotlight: Life House Houston

Life House provides residential services and comprehensive support for pregnant women, addressing both immediate housing needs and long-term stability. The program delivers holistic care that integrates physical, emotional, and social support, while also emphasizing skill-building and lifelong learning. Core program components include structured accountability, workforce preparation, and community integration. These services are designed to improve maternal and child health outcomes, strengthen family stability, and reduce the likelihood of recurrent housing or economic insecurity. For more information, click here.

Additional Resources:

- **Casa de Esperanza**
  Multiple locations in the Greater Houston.
  For more information, click here.
- **Rainbow of Love**
  101103 Fondren Rd
  Houston, TX 77096
  For more information, click here.
- **Texas Department of State Health Services**
  Texas Health and Human Services (HHS) state office HQ:
  1100 West 49th Street
  Austin, TX 78756-3199
  For more information, click here.
- **SHIFA Healthcare and Community Services**
  Office: 2900 Wilcrest Drive Suite 226 Houston, TX 77042
  Medical & Dental Clinic: 8150 Southwest Freeway C Houston, TX 77074
  For more information, click here.
- **Waller Pregnancy Care Center**
  3108 Washington St.
  Waller, TX 77484
  For more information, click here.

4 . Access to Care & Health Literacy

Families continue to face significant barriers to accessing care, including financial constraints, transportation limitations, and provider shortages. In addition, many community members experience challenges with health literacy, such as understanding medical information and navigating complex health systems, which can hinder their ability to make informed decisions about their care. While structural and informational barriers can limit access and contribute to poorer health outcomes for a significant portion of the Houston population, they also highlight important opportunities for improvement. Strengthening access to convenient, high-quality care and enhancing health communication are essential not only for physical health, but also for social well-being and mental health, supporting families in navigating the care system more effectively.

Texas ranks first in the United States in terms of the number of uninsured children. In 2023, approximately 11% of Texas children lived without health insurance, which is twice the national percentage (Center for Children & Families [CCF], 2024). The issue is further worsened by poverty-level incomes, which place most Texas families at risk of not being able to pay ever-escalating bills for medicine. Many parents delay or forgo preventive care because of expense, and children are often left without timely treatment, which worsens long-term outcomes.

> *"It's not only obtaining the prescription, but how do you pay for that? …it's really going from what is the ideal medical advice and care for this patient to what they can do sustainably as a family…"*
>
> **(Representative from Texas Children's Social Work Department)**

Health literacy remains a critical barrier to effective chronic disease prevention and management in the Houston area, particularly among underserved populations. Limited understanding of health information and care navigation contributes to delayed diagnoses, poor disease control, and increased mortality. According to the Episcopal Health Foundation, disparities in health literacy are closely tied to social determinants such as poverty, insurance status, and education levels, disproportionately affecting Black and Hispanic communities (Episcopal Health Foundation, 2024). These disparities are reflected in chronic disease outcomes: between 2016 and 2021, diabetes-related deaths in Harris County rose by nearly 30%, with Black residents experiencing the highest age-adjusted death rates (Harris County Public Health, 2024). Similarly, hypertensive heart disease deaths increased by 24.1%, and prostate cancer mortality among Black men was nearly double that of other groups (Harris County Public Health, 2024). These trends underscore the urgent need for targeted health literacy initiatives that empower individuals to understand, access, and act on health information—especially in communities facing systemic barriers to care.

> *"The majority of the families that we serve use social services like WIC, SNAP, Medicaid, and oftentimes people are only going to the doctor for emergencies, so they don't have a readily available primary care physician. So they're missing those developmental milestone check-ins."*
>
> **(Representative from a local government agency, focused on economic equity and workforce development)**

> *"It's not just about giving people a referral—we have to build trust and make sure the handoff to care is warm, supportive, and effective."*
>
> **(Representative from Fort Bend County Health and Human Services)**

The Houston region's primary care safety net has experienced notable growth and transformation in recent years, yet challenges persist in ensuring equitable healthcare access and health literacy. In 2022, safety-net health centers in Harris and surrounding counties served nearly 800,000 patients, a 15% increase over 2019, with almost 46% of patients remaining uninsured despite efforts to diversify payer sources (down from 60% in 2017) (Episcopal Health Foundation, 2024, p. 14). Improvements include the expansion of safety-net clinics, with a net increase of four clinic locations since 2021, with 48% of sites open after 6:00 p.m. and 43% offering weekend hours (Episcopal Health Foundation, 2024, p. 10). However, demand for care outpaces supply, especially for specialty services, where patients often face months-long waits. Chronic conditions and behavioral health needs remain pressing. Anxiety and other mental health disorders surpassed diabetes as a top diagnosis in 2022, and over 110,000 patients were treated for overweight and obesity (Episcopal Health Foundation, 2024, p. 17). Nearly 87% of health centers now screen for non-medical drivers of health (NMDOH), with many offering food, transportation, and housing assistance (Episcopal Health Foundation, 2024, p. 18). Yet, operational pressures remain high, with expenses rising by 12–17% since 2021, largely due to staffing shortages and inflation (Episcopal Health Foundation, 2024, p. 19). These trends underscore the urgent need for systemic reforms and enhanced health literacy initiatives to help patients navigate care more effectively.

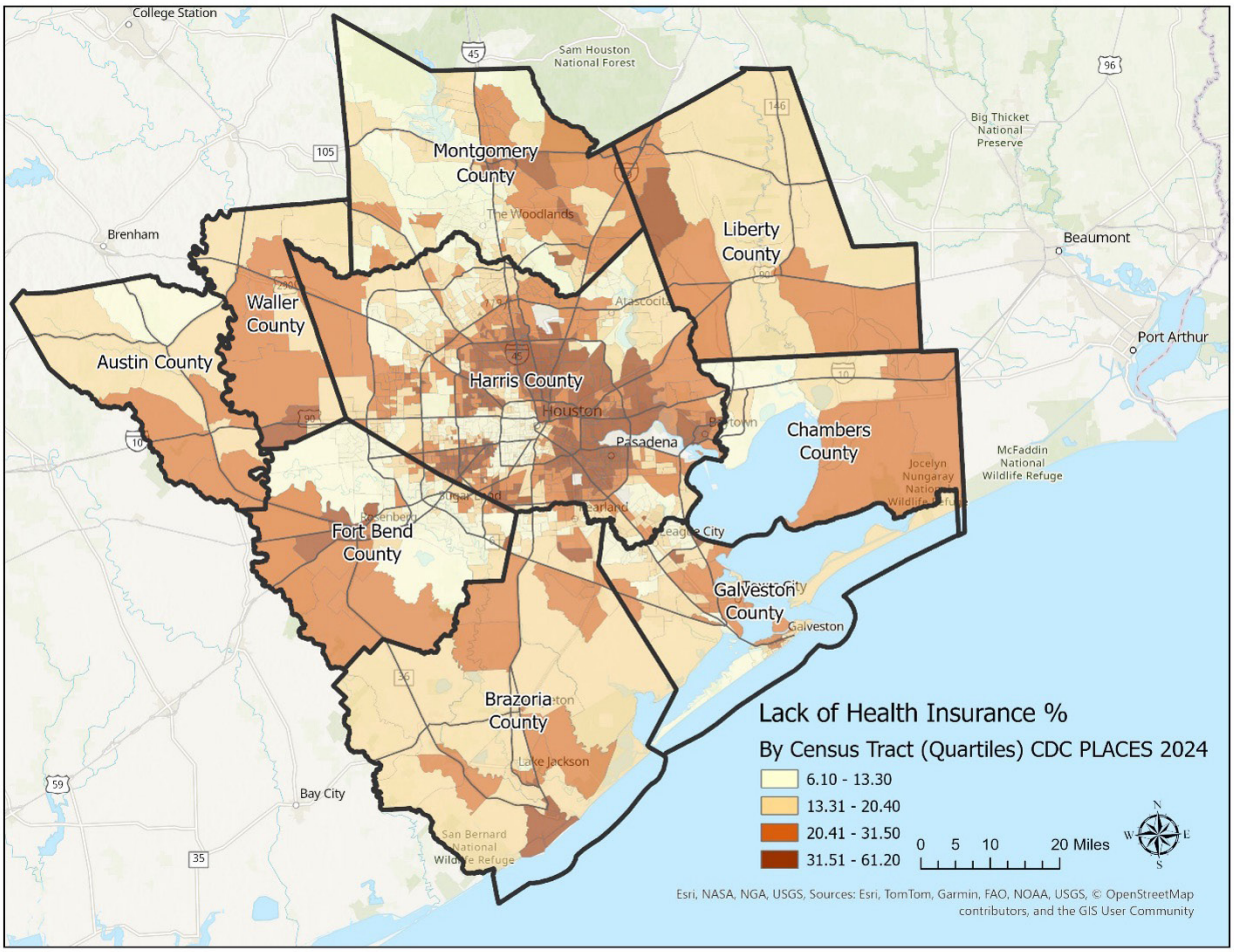
> *"The bigger challenge for us is not everybody qualifies for our services and there's just so many people that fall into that gap."*
>
> **(Representative from Texana Center)**

> *"I've noticed the population that is transitioning from children to young adults—18 and up. Once Medicaid ends, then they are having issues with obtaining insurance coverage because some of their parents are not employed. Or, if they are employed, then their employers don't have health coverage in order to add them."*
>
> **(Representative from Texas Children's Social Work Department)**

Texas has made significant strides in expanding health coverage under the Affordable Care Act (ACA), with nearly 4 million residents enrolled in marketplace plans in 2025, including large concentrations in urban counties like Harris County (Dague et al., 2025). Federal subsidies have played a critical role, covering over 95% of premium costs for most enrollees, making insurance accessible to low- and middle-income families across the state (Dague et al., 2025). Meanwhile, health literacy and affordability remain pressing concerns. According to statewide polling, 64% of Texas adults have skipped or postponed care due to cost, with notable disparities by race, income, and age (Dague et al., 2025). These findings underscore the urgent need for community-based health literacy initiatives to ensure equitable access to care.

> *"You have a lot of health neglect that has happened year over year, especially in our rural communities because there is not access to quality healthcare. So, you have a lot of chronic disease that's left untreated by those who are uninsured, underinsured, or just simply do not have access to healthcare… We see a bigger need because the underlying issue is transportation."*
>
> **(Representative from United Way Baytown)**

Figure 8


College Station
Sam Houston National Forest
Big Thicket National Preserve
Montgomery County
The Woodlands
Liberty County
Brenham
Beaumont
Waller County
Austin County
Port Arthur
Harris County
Houston
Pasadena
Chambers County
McFaddin National Wildlife Refuge
Fort Bend County
Galveston County
Galveston
Brazoria County
Lake Jackson
Bay City
San Bernard National Wildlife Refuge
Lack of Health Insurance %
By Census Tract (Quartiles) CDC PLACES 2024
6.10 - 13.30
13.31 - 20.40
20.41 - 31.50
31.51 - 61.20
0 5 10 20 Miles
N
W
E
S
Esri, NASA, NGA, USGS, Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

Potential Resources to Address Access to Care and Health Literacy

Local Spotlight: United Way

United Way of Greater Houston has worked for over a century to strengthen communities by addressing the root causes of social and economic challenges. Guided by research and data, the organization invests in high-quality programs and convenes nonprofit partners to expand opportunities for individuals and families to achieve stability and long-term well-being.

Additional Resources:

- **Access-Health - WIC Specialty Site**
  526 Ward St
  Sealy TX 77474
  For more information, click here.
- **Pasadena Health Center**
  908 Southmore Ave., Ste 100
  Pasadena, TX 77502
  For more information, click here.
- **Partnership for the Advancement and Immersion of Refugees (PAIR) Houston**
  3300 Chimney Rock Rd. Ste 104
  Houston, Texas 77056
  For more information, click here.
- **Easter Seals Greater Houston**
  4888 Loop central Drive, Suite 200
  Houston, TX 77081
  For more information, click here.

Summary

Through an extensive assessment involving key informant interviews, focus groups, and data analysis, Texas Children's Hospital identified four primary health priorities shaping the well-being of the Greater Houston community: Mental and Behavioral Health; Social Drivers of Health (including food insecurity and economic stability); Maternal, Child, and Family Health; and Access to Care and Health Literacy. Mental and behavioral health emerged as the most urgent concern, with local hospitals, including Texas Children's, reporting record numbers of pediatric emergency visits for depression, anxiety, and suicidal ideation in 2025. These findings align with statewide data showing significant numbers of Texas children presenting to emergency departments with psychiatric diagnoses. Social drivers such as food insecurity and economic instability continue to perpetuate health inequities, with nearly one in five Harris County households experiencing food insecurity and nearly half of Houston-area families struggling to meet basic needs. Maternal and child health disparities remain acute, as Texas continues to face one of the highest maternal mortality rates in the nation, disproportionately affecting Black women and those with limited access to prenatal and postpartum care. Finally, gaps in health literacy and access, driven by provider shortages, uninsured rates twice the national average, and barriers related to cost and transportation, underscore the ongoing need for coordinated, community-based solutions. Together, these findings reveal a landscape of interrelated challenges requiring cross-sector collaboration, culturally responsive care, and targeted investment to improve mental health, strengthen family stability, and advance health equity across the Greater Houston region.

Texas Children's Hospital is committed to addressing these pressing health priorities through a multi-faceted implementation strategy that leverages cross-sector partnerships, community engagement, and evidence-based interventions. Guided by insights from our comprehensive assessment, Texas Children's will lead and collaborate on advancing mental and behavioral health, addressing social drivers of health, improving maternal and pediatric outcomes, and expanding access to care and health literacy. Our goal is to ensure that all children and families in Greater Houston have the opportunity to thrive and achieve their best possible health.

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TEXAS CHILDREN'S HOSPITAL
BOARD OF DIRECTORS

I hereby certify that at a meeting of the Board of Directors of Texas Children's Hospital, a Texas nonprofit corporation, held November 11, 2025, at which said meeting a quorum was present and acting throughout, the following resolution was approved:

RESOLVED, that the Texas Children's Hospital Board of Directors does hereby approve the 2025 Community Health Needs Assessment and Plan, assessing the state of child and maternal health and those factors impacting the health of families throughout the Greater Houston community. This assessment and plan will fulfill requirements included in the Affordable Care Act and outlined by the IRS community benefit mandate and will be used to support and enhance programs and collaborations established through Texas Children's Hospital Community Benefits Department and help guide the organization in the fulfillment of its 2025-2027 Community Benefits Implementation Plan.

DocuSigned by:
Afsheen Davis
437EF4181D14417...

11/18/2025

Afsheen Davis
Secretary
Board of Trustees
Texas Children's

Date

APPENDIX A
Key Informant Interview Guide

Texas Children's 2025 Community Health Needs Assessment

We are inviting you to share your views on community needs and community health through interviews conducted by Texas Children's Hospital Community Benefits Department. We would like to learn more about the health of the Greater Houston community.

Participation in these interviews is voluntary. You do not have to share any information that you are not comfortable sharing. You can stop the interview at any time.

The total time commitment is expected to be one hour.

We will be using the information you share in this interview and combining it with the perspectives of other individuals. Themes and quotes from the interviews will be published in a publicly available report. The identities of participants will not be included in the report.

If you have any questions about this community assessment, please contact Texas Children's Community Benefits Team at 832-824-8061.

Do you understand and agree to participate? (Yes/No)

_____

Printed name

_____

Signature

_____

Date

Introduction

- **Introduce yourself and the project:** "Hello, my name is [Your Name], and I am part of a research team from the University of Texas Health Science Center at Houston. We are conducting a Community Health Needs Assessment in [Houston/Austin], Texas."
- **Purpose of the interview:** "The purpose of this interview is to gather insights from key community members like yourself to better understand the health needs and issues in our community."
- **Confidentiality:** "Your responses will be kept confidential and will only be used for research purposes. You can choose not to answer any question and can stop the interview at any time."
- Key informant introduction
- Have you or your organization worked with Texas Children's in the past?
- Please tell us about the community you serve (demographics).

Questions

1. **Community Issues**
    - What do you think are the most pressing issues in our community? (i.e., gun violence, access to parks, availability of fresh foods, childcare)
2. **Community Health Issues**
    - What do you think are the most pressing health issues in our community?
    - Are there any specific populations that are more affected by these issues?
    - When it comes to community health issues:
        - What are the strengths (things that are positive, unique, and/or beneficial) in our community?
        - What are the challenges (issues that prevent growth, cause a disadvantage, or obstacles) in our community?
        - Do you have ideas for improvement in these areas of our community?
        - Outside of your organization's area of focus, what are the most pressing health issues in our community?
3. **Health of Women and Children**
    - What are the key health challenges faced by women and children in our community?
    - Are there any specific programs or resources you believe would help improve the health of women and children in the community?
    - When it comes to women and children's health issues:
        - What are the strengths (things that are positive, unique, and/or beneficial) in our community?
        - What are the challenges (issues that prevent growth, cause a disadvantage, or obstacles) in our community?
        - What are the opportunities (areas that have potential for growth or improvement) in our community?

4. **Access to Healthcare**

   - How would you describe the accessibility of healthcare services in our community?
   - What barriers do people face when trying to access healthcare?
   - When it comes to access to healthcare:
     - What are the strengths (things that are positive, unique, and/or beneficial) in our community?
     - What are the challenges (issues that prevent growth, cause a disadvantage, or obstacles) in our community?
     - What are the opportunities (areas that have potential for growth or improvement) in our community?

5. **Mental Health**

   - How prevalent are mental health issues in our community?
   - What resources are available for mental health support?
   - When it comes to mental health issues:
     - What are the strengths (things that are positive, unique, and/or beneficial) in our community?
     - What are the challenges (issues that prevent growth, cause a disadvantage, or obstacles) in our community?
     - What are the opportunities (areas that have potential for growth or improvement) in our community?

6. **Extreme Weather Events and Natural Disasters**

   - How have extreme weather events, such as hurricanes, freezes, tornadoes or floods, impacted the health of your family or our community?

7. **Community Strengths**

   - What do you think are the strengths or assets of our community
   - How can these strengths be leveraged to improve community health?

8. **Suggestions for Improvement**

   - What changes or improvements would you suggest to address the health needs of our community?
   - Are there any specific programs or initiatives you think would be beneficial?

Closing

- Thank the participant: "Thank you for your time and valuable insights. Your input is greatly appreciated and will help us better understand and address the health needs of our community."
- Next steps: "We will compile the information from these interviews and use it to inform our Community Health Needs Assessment report. If you have any further questions or thoughts, please feel free to contact us.

APPENDIX B

Focus Group Interview Guide

Texas Children's 2025 Community Health Needs Assessment

We are inviting you to share your views on community needs and community health through interviews conducted by Texas Children's Hospital Community Benefits Department. We would like to learn more about the health of the Greater Houston community.

Participation in these interviews is voluntary. You do not have to share any information that you are not comfortable sharing. You can stop the interview at any time. The total time commitment is expected to be one hour.

We will be using the information you share in this interview and combining it with the perspectives of other individuals. Themes and quotes from the interviews will be published in a publicly available report. The identities of individual perspectives will not be included in the report.

If you have any questions about this community assessment, please contact Texas Children's Community Benefits Team at 832-824-8061.

Do you understand and agree to participate? (Yes/No)

Introduction

- **Welcome participants:** "Hello everyone and thank you for joining us today. My name is [Your Name], and I am part of a research team from Texas Children's Hospital."
- **Purpose of the focus group:** "We are conducting a Community Health Needs Assessment in [Houston], Texas, and we want to hear your thoughts and experiences regarding community health."
- **Ground rules:** "Please speak one at a time, respect each other's opinions, and remember that there are no right or wrong answers. Your responses will be kept confidential."

Icebreaker

- **Icebreaker question:** "To get started, let's go around and have everyone introduce themselves and share one thing they like about our community."

Questions

1. **Community Issues**
    - What do you think are the most pressing issues in our community? (i.e., gun violence, access to parks, availability of fresh foods, childcare)
2. **Community Health Issues**
    - What do you think are the most pressing health issues in our community?
    - Are there any specific populations that are more affected by these issues?
    - When it comes to community health issues:
        - What are the strengths (things that are positive, unique, and/or beneficial) in our community?
        - What are the challenges (issues that prevent growth, cause a disadvantage, or obstacles) in our community?
        - Do you have ideas for improvement in these areas of our community?
        - Outside of your organization's area of focus, what are the most pressing health issues in our community?
3. **Health of Women and Children**
    - What are the key health challenges faced by women and children in our community?
    - Are there any specific programs or resources you believe would help improve the health of women and children in the community?
    - When it comes to women and children's health issues:
        - What are the strengths (things that are positive, unique, and/or beneficial) in our community?
        - What are the challenges (issues that prevent growth, cause a disadvantage, or obstacles) in our community?
        - What are the opportunities (areas that have potential for growth or improvement) in our community?

4. **Access to Healthcare**

   - How would you describe the accessibility of healthcare services in our community?
   - What barriers do people face when trying to access healthcare?
   - When it comes to access to healthcare:
     - What are the strengths (things that are positive, unique, and/or beneficial) in our community?
     - What are the challenges (issues that prevent growth, cause a disadvantage, or obstacles) in our community?
     - What are the opportunities (areas that have potential for growth or improvement) in our community?

5. **Mental Health**

   - How prevalent are mental health issues in our community?
   - What resources are available for mental health support?
   - When it comes to mental health issues:
     - What are the strengths (things that are positive, unique, and/or beneficial) in our community?
     - What are the challenges (issues that prevent growth, cause a disadvantage, or obstacles) in our community?
     - What are the opportunities (areas that have potential for growth or improvement) in our community?

6. **Extreme Weather Events and Natural Disasters**

   - How have extreme weather events, such as hurricanes, freezes, tornadoes or floods, impacted the health of your family or our community?

7. **Community Strengths**

   - What do you think are the strengths or assets of our community
   - How can these strengths be leveraged to improve community health?

8. **Suggestions for Improvement**

   - What changes or improvements would you suggest to address the health needs of our community?
   - Are there any specific programs or initiatives you think would be beneficial?

Closing

- **Thank participants:** "Thank you all for your time and for sharing your thoughts and experiences. Your input is invaluable and will help us better understand and address the health needs of our community."
- **Next steps:** "We will compile the information from this focus group and use it to inform our Community Health Needs Assessment report. If you have any further questions or thoughts, please feel free to contact us."

APPENDIX C

Community Meeting Surveillance Guide

Summer 2025

Meeting Date

Meeting Time

Recording Link

Meeting Purpose

Facilitators

Community Partners Present

Discussions Surrounding Underserved Women and Children in the Greater Houston Area		
Time Stamp	**Who was the discussion surrounding:** Underserved women/children/BOTH	**Discussion Points**

Other Key Points

APPENDIX D

Governance

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

Name	Title	Area Representing
Paige Schulz	Vice President	Community Benefit
Jean Raphael, MD, MPH	Associate Professor, Department of Pediatrics	Academic Medicine / SDOH
Julie Griffith, MPH	Director, Community Engagement	Community Benefit
Dan Gollins	President, Texas Children's Pediatrics / Texas Children's Urgent Care	Texas Children's Pediatrics
Christina Davidson	Chief Quality Officer for Obstetrics and Gynecology	Maternal-Fetal Medicine
Tiffany Curry	Director, Care Coordination, STAR Kids	Texas Children's Health Plan
Jeanine Graf, MD	Chief Medical Officer - West Campus	Community
Julie Boom, MD	Director, Immunization Project	Vaccine
Janet Winebar, RN, MBA	Senior Vice President	Surgery
Maame Aba Coleman, MD	Associate Professor of Obstetrics and Gynecology	Pavilion for Women
Christopher Greeley, MD	Senior Faculty	Public Health Pediatrics
Ketrese White, DNP, MHA, RN, NE-BC	Vice President	Community
Nancy Correa, DrPH	Director, Population Health	Population Health
Paola Alvarez-Malo, MS	Vice President, Financial Services	Strategy
Angela McPike, MPA	Senior Vice President	Marketing / Public Affairs
Johnna Carlson	Assistant Vice President	Government Relations
Shazia Arroyo	Project Manager	Community Benefit & Partnerships
Laura Hardy, MBA	Vice President	Behavioral Health / Pediatrics
Mike Mizwa	Director	Global Health
Jenny Little	Vice President	Finance
Tarra Kerr, DNP, RN, NEA-BC	Assistant Vice President, Quality	Care Coordination / SDOH
Anne-Marie Savage, MSN	Assistant Vice President, Nursing	Women's Pavilion
Ryan Ramphul, PhD, MS	Assistant Professor of Epidemiology, Human Genetics and Environmental Sciences at The University of Texas Health Science Center at Houston (UTHealth) School of Public Health	UT Health, Consultant

APPENDIX E

Stakeholders

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

The Texas Children's Hospital Center for Childhood Injury Prevention

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

Public Health Pediatrics

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

Patient & Family Advisory Council

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

Texas Children's Health Plan

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

Texas Children's Mobile Clinics

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

Texas Children's Hospital Social Work

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

APPENDIX F

Community Based Organizations

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

BakerRipley

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

Brazoria County Alliance for Children

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

Fort Bend Health and Human Services

Fort Bend County Health and Human Services provides a wide array of programs and services to prevent disease, promote public health, and offer assistance to vulnerable residents within the county. It is a local government department that works in conjunction with the state's Texas Health and Human Services system to enhance the overall well-being of the community. For more information, click here.

Hackett Center

The Hackett Center is the Meadows Institute's first regional center, focused on the unique needs of Greater Houston and the Texas Gulf Coast. Starting with its inaugural effort to help heal communities traumatized by Hurricane Harvey, The Hackett Center has advanced mental health initiatives — primarily focused on children, youth, and families — to improve lives across the region. For more information, click here.

Harris County Department of Economic Equity and Opportunity

The mission of the Harris County Department of Economic Equity & Opportunity (DEEO) is to foster a more inclusive and equitable economic system in Harris County by addressing disparities, promoting opportunities for underserved communities, and implementing data-driven initiatives and policy analysis to create lasting economic improvements. For more information, click here.

Houston Health Department - Office of Chronic Disease

The Houston Health Department's Office of Chronic Disease works with partners to improve the health of all Houstonians by increasing opportunities for chronic disease prevention, health education and self-management, access to healthy foods and beverages, opportunities for active living, and access to tobacco-free environments. For more information, click here.

Harris County Precinct 2 - Health and Social Services

Harris County Precinct 2's Health and Social Services aims to improve resident well-being by increasing healthcare access, decreasing health disparities, and promoting community health equity through programs and partnerships. Key goals include supporting seniors and veterans, offering various social services, educating the community on health and social topics, and working with partners like Precinct2gether to empower residents and address disparities in health, education, and economic opportunity. For more information, click here.

L.I.F.E. Houston

L.I.F.E. Houston is the city's only food bank for babies. Through emergency formula assistance, L.I.F.E. Houston helps ensure that the cost of formula does not prohibit families from accessing the essential nutrition for their infant's first year of life. By providing emergency infant formula and ensuring access to the right nutrition among families with infants, L.I.F.E. Houston helps ensure that all Houston-area families can give their babies a strong start in life. For more information, click here.

Montgomery Food Bank

Montgomery County Food Bank is a nonprofit hunger relief organization dedicated to uniting the community to fight hunger. Montgomery County Food Bank provides nutritious food to hungry children, seniors, and families through a network of 90+ partner agencies. For more information, click here.

New Hope Housing

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

Planned Parenthood - Gulf Coast

For 90 years, Texans have trusted Planned Parenthood to provide quality, compassionate healthcare from expert clinicians, medically-accurate, inclusive sex education from professional educators, and an enduring commitment to restoring and expanding access to healthcare for the communities who need it most. These services are provided to everyone who needs them, no matter their income, insurance or immigration status, who they are, where they live, or who they love. For more information, click here.

Texana Center

Since 1999, Texana Center has been recognized as the expert for mental health, autism, and developmental disabilities services throughout Fort Bend, Austin, Colorado, Matagorda, Waller, and Wharton counties. Texana's evidence-based, trauma-informed approach supports individuals and families with a wide variety of services. For more information, click here.

United Way of Greater Baytown Area and Chambers County

United Way's mission is to bring the community together to take action, solve problems, and create opportunities for everyone to thrive. Whether it's helping children succeed in school, connecting families to health services, or strengthening neighborhoods in times of crisis, United Way unites people, resources, and ideas that create lasting change in the Greater Baytown Area and Chambers County. For more information, click here.

YMCA

"The Y" is a cause-driven organization for youth development, healthy living and social responsibility. For more information, click here.

APPENDIX G Variable Definitions

Term	Definition
Below 18 Years of Age(%)	Percentage of population below 18 years of age
Above 65 Years of Age (%)	Pecentage of population above 65 years of age
Non-Hispanic White (%)	Pecentage of population identifying as non-Hispanic white
Non-Hispanic Black (%)	Percentage of population identifying as non-Hispanic black
Native Hawaiian or Other Pacific Islander (%)	Percentage of population identifying as Native Hawaiian or Other Pacific Islander
Hispanic (%)	Percentage of population identifying as Hispanic
Asian (%)	Percentage of population identifying as Asian
American Indian or Alaska Native (%)	Percentage of population identifying as American Indian or Alaska Native
LIfe Expectancy	Average number of years people are expected to live
Premature Age Adjusted Mortality (100k)	Number of deaths among residents under age 75 per 100,000 population (age-adjusted)
Child Mortality (per 100k residents)	Number of deaths among residents under age 20 per 100,000 popution
Infant Mortality (per 1000 residents)	Number of infant deaths (within 1 year) per 1,000 live births
Poor Physical Health Days (out of 30 prior days)	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Poor Mental Health Days (out of 30 prior days)	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
Poor or Fair Health (%)	Percentage of adults reportings fair or poor health (age-adjusted)
Diabetes Prevalence (%)	Percentage of adults age 18 and above with diagnosed diabetes (age-adjusted)
HIV Prevalence (per 100k residents)	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population
Adult Obesity (%)	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m^2
Access to Exercise Opportunities (%)	Percentage of population with adequate access to locations for physical activity
Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)
Food Insecurity (%)	Percentage of population who lack adequate access to food

APPENDIX G Variable Definitions

Term	Definition
Physical Inactivity (%)	Percentage of adults aged 18 who reported participating in no physical activity outside of work
Flu Vaccinations (%)	Percentage of fee-for-service (FFS) Medicare Enrollees who had an annual flu vaccination
Primary Care Physicians	Ratio of population to primary care physicians
Mental Health Providers	Ratio of population to mental health providers
Dentists	Ratio of population to dentists
Preventable Hospital Stays (per 100k enrolled)	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
Mammography Screening (%)	Percentage of female Medicare enrollees ages 65–74 who received an annual mammography screening
Uninsured Adults (%)	Percentage of adults under age 65 without health insurance
Uninsured Children (%)	Percentage of children under age 19 without health insurance
Excessive Drinking (%)	Percentage of adults reporting binge or heavy drinking (age-adjusted)
Alcohol-Impaired Driving Deaths (%)	Percentage of driving deaths with alcohol involvement
Drug Overdose Deaths (per 100k residents)	Number of drug poisoning deaths per 100,000 population
Adult Smoking (%)	Percentage of adults who are current smokers (age-adjusted)
Sexually Transmitted Infections (per 100k residents)	Number of newly-diagnosed chlamydia cases per 100,000 population
Severe Housing Problems (%)	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities
Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Adverse Climate Events	Indicator of thresholds met for the following adverse climate and weather-related event categories: extreme heat (300 or more days above 90°F), moderate or greater drought (65 weeks or more), and disaster (2 or more presidential disaster declarations) over the five-year period.

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

Community Benefit & Parternships
CommunityBenefits@TexasChildrens.org

Julie Griffith
Director, Community Engagement

Shazia Arroyo
Project Manager, Community Benefit & Parternships