



## **MEMORIAL HERMANN THE WOODLANDS MEDICAL CENTER**

2019  
Implementation  
Strategy

**MEMORIAL<sup>®</sup>**  
**HERMANN**  
The Woodlands  
Medical Center

## Executive Summary

### Introduction & Purpose

Memorial Hermann The Woodlands Medical Center (MH Woodlands) is pleased to share its Implementation Strategy Plan, which follows the development of its 2019 Community Health Needs Assessment (CHNA). In accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements, this assessment was approved by the Memorial Hermann Health System Board of Directors on June 27<sup>th</sup>, 2019.

This report summarizes the plans for MH Woodlands to develop and collaborate on community benefit programs that address the 4 Pillar prioritized health needs identified in its 2019 CHNA. These include:

#### Memorial Hermann Health System's CHNA Pillar Priorities

- Pillar 1: Access to Healthcare
- Pillar 2: Emotional Well-Being
- Pillar 3: Food as Health
- Pillar 4: Exercise Is Medicine

The following additional significant health needs emerged from a review of the primary and secondary data: Older Adults and Aging; Cancers; Education; Transportation; Children's Health; Economy. With the need to focus on the prioritized health needs described in the table above, these topics are not specifically prioritized efforts in the 2019-2022 Implementation Strategy. However, due to the interrelationships of social determinant needs many of these areas fall, tangentially, within the prioritized health needs and will be addressed through the upstream efforts of the prioritized health needs. Additionally, many of them are addressed within ongoing programs and services (and described in more detail in the CHNA report).

MH Woodlands provides additional support for community benefit activities in the community that lay outside the scope of the programs and activities outlined in this Implementation Strategy, but those additional activities will not be explored in detail in this report.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in MH Woodlands' service area and guide the hospital's planning efforts to address those needs. Special attention was given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. To standardize efforts across the Memorial Hermann Health System and increase the potential for impacting top health needs in the greater Houston region, community health needs were assessed and prioritized at a regional/system level. For further information on the process to identify and prioritize significant health needs, please refer to MH Woodlands' CHNA report at the following link: [www.memorialhermann.org/locations/the-woodlands/community-health-needs-assessment-the-woodlands/](http://www.memorialhermann.org/locations/the-woodlands/community-health-needs-assessment-the-woodlands/).

## Memorial Hermann The Woodlands Medical Center

Since 1985, Memorial Hermann The Woodlands Medical Center has been continually recognized for delivering a higher level of care. It is a trauma center and is still the first and only hospital in Montgomery County to be granted Magnet status for nursing excellence by the American Nurses Credentialing Center. Memorial Hermann The Woodlands is a 351-private bed, full-service, comprehensive, acute care facility that brings together the ultimate in healthcare technology, expertise and healing for families in south Montgomery County, north Harris County and surrounding communities.

### Vision

Memorial Hermann will be the preeminent health system in the U.S. by advancing the health of those we serve through trusted partnerships with physicians, employees and others to deliver the best possible health solutions while relentlessly pursuing quality and value.

### Mission Statement

Memorial Hermann is a not-for-profit, community-owned, health care system with spiritual values, dedicated to providing high quality health services in order to improve the health of the people in Southeast Texas.

### Memorial Hermann Health System

One of the largest not-for-profit health systems in the nation, Memorial Hermann Health System is an integrated system with an exceptional affiliated medical staff and more than 26,000 employees. Governed by a Board of community members, the System services Southeast Texas and the Greater Houston community with more than 300 care delivery sites including 19 hospitals; the country's busiest Level 1 trauma center; an academic medical center affiliated with McGovern Medical School at UTHealth; one of the nation's top rehabilitation and research hospitals; and numerous specialty programs and services.

Memorial Hermann has been a trusted healthcare resource for more than 110 years and as Greater Houston's only full-service, clinically integrated health system, we continue to identify and meet our region's healthcare needs. Among our diverse portfolio is Life Flight, the largest and busiest air ambulance service in the United States; the Memorial Hermann Physician Network, MHMD, one of the largest, most advanced, and clinically integrated physician organizations in the country; and, the Memorial Hermann Accountable Care Organization, operating a care delivery model that generates better outcomes at lower costs to consumers. Specialties span burn treatment, cancer, children's health, diabetes and endocrinology, digestive health, ear, nose and throat, heart and vascular, lymphedema, neurosurgery, neurology, stroke, nutrition, ophthalmology, orthopedics, physical and occupational therapy, rehabilitation, robotic surgery, sleep studies, transplant, weight loss, women's health, maternity and wound care. Supporting the System in its impact on overall population health is the Community Benefit Corporation. At a market share of 26.1% in the 'expanded' greater

Houston area of 12 counties, our vision is that Memorial Hermann will be a preeminent integrated health system in the U.S. by advancing the health of those we serve.

## Summary of Implementation Strategies

### Implementation Strategy Design Process

Stakeholders from the 13 hospital facilities in the Memorial Hermann Health System were invited to participate in an Implementation Strategy Kick-Off event hosted by Memorial Hermann's Community Benefit Department and Conduent Healthy Communities Institute (HCI) on May 6, 2019. During this half-day event, participants reviewed Memorial Hermann's CHNA, were introduced to the 2019 MH Implementation Strategy Template and worked in groups to begin drafting their new implementation strategies for their respective hospitals. After the Kick-Off event, each hospital engaged in a series of three bi-weekly technical assistance calls with the Conduent HCI team and representatives from the MH Community Benefit Department to further develop and refine their implementation strategy.

### Memorial Hermann The Woodlands Implementation Strategy

The implementation strategy outlined below summarizes the strategies and activities that will be taken on by MH Woodlands to directly address the Four Pillars and focal areas identified in the CHNA process. They include:

- **Pillar 1: Access to Care**
  - Nurse Health Line
  - ER Navigation
  - Referral to Health Care Resources
  - OneBridge Health Network
  - Taxi Vouchers
  - Interfaith Community Health Clinic Support
- **Pillar 2: Emotional Wellbeing**
  - Mental Health and Substance Abuse
- **Pillar 3: Food as Health**
  - Free Community Support Groups
  - Diabetes Alert Day
  - Food Insecurity Screening
  - Farmers Markets on Campus
  - Lactation Center
  - Free Community Support Groups
  - Canopy Cancer Survivorship Center
- **Pillar 4: Exercise is Medicine**
  - Free Community Support Groups
  - Canopy Cancer Survivorship Center
  - A Matter of Balance

The Action Plan presented below outlines in detail the individual strategies and activities MH Woodlands will implement to address the health needs identified through the CHNA process. The following components are outlined in detail in the tables below: 1) actions the hospital intends to take to address the health needs identified in the CHNA, 2) the anticipated impact of these actions as reflected in the Process and Outcomes measures for each activity, 3) the resources the hospital plans to commit to each strategy, and 4) any planned collaboration to support the work outlined.

## Memorial Hermann The Woodlands Medical Center: Implementation Strategy Action Plan

### PILLAR 1: ACCESS TO HEALTHCARE

**Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.**

#### Focal Area 1: Access to Health Services

#### Strategy 1.A: Nurse Health Line

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 1.A.1 Provide a 24/7 free resource via the Nurse Health Line that community members (uninsured and insured) within the greater Houston community can call to discuss their health concerns, receive recommendations on the appropriate setting for care, and get connected to appropriate resources.	# of calls from counties comprising MHTW's primary service area (Montgomery and Harris)	30,995	32,432	36,615	35,017	% Callers satisfied with the NHL  % Callers who followed the NHL advice  % Callers who were diverted from the ER	97% report the service as good or excellent.  97% report following the advice of the nurse.  99% report they will use the service again.	98.41% report the service as good or excellent.  95.08% report following the advice of the nurse.  99.46% report they will use the service again.	98% report the service as good or excellent.  98% report following the advice of the nurse.  99% report they will use the service again.
<b>Activity Notes</b> (if necessary):						<b>Outcomes Notes</b> (if Necessary):			
<b>Resources:</b>									
<ul style="list-style-type: none"> <li>NHL management and operations (currently funded through DSRIP)</li> </ul>									
<b>Collaboration:</b>									
<ul style="list-style-type: none"> <li>MH Community Benefit Corporation</li> </ul>									

- Greater Houston Safety-Net Providers

### PILLAR 1: ACCESS TO HEALTHCARE

**Goal Statement:** From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

#### Focal Area 2: Lack of Health Insurance

#### Strategy 2:A: ER Navigation

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 2.A.1 Navigating uninsured and Medicaid patients that access the ER for primary care treatable and avoidable issues to a medical home.	# of Encounters  # of Referrals	0	Determined that MH ER Navigation program will not be implemented since close connections with the Community's Interfaith Community Clinic	Implemented	1,353  3,230	Decline in ER Visits post ER Navigation Intervention as opposed to pre at 6, 12, and 18-month intervals	N/A	Implementation Year	N/A—requires 6+ months of pre/post data

#### Strategy 2.B: Referral to Health Care Resources

Activity 2.B.1 Patients connected with Resource Corporation of America (RCA), a service we pay for, to see if they match up to any existing resources for funding and/or insurance assistance.	# of Screenings Performed  # of Referrals	1,400 screenings annually  350	1,903  910	2,245  812	2,416  732	Randomized brief survey:  % callers satisfied w/ RCA  (caller was able to qualify for a referral to an organization	Survey not collected	Surveys not collected	Surveys not collected
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Referrals to: Medicaid, A&D, CIHC, SSI and VVC.						that assisted them with insurance and/or health costs)			
<b>Activity Notes</b> (if necessary):						<b>Outcomes Notes</b> (if Necessary):		Not successful in implementing surveys	
<b>Resources:</b>									
<ul style="list-style-type: none"> <li>• Staff and benefits; IT; operating costs</li> <li>• Staff time to coordinate referrals to RCA and time to compile reports</li> </ul>									
<b>Collaboration:</b>									
<ul style="list-style-type: none"> <li>• MH Community Benefit Corporation</li> <li>• Greater Houston Safety-Net Providers</li> <li>• Resource Corporation of America (RCA); Case Management, ER, Business Office/Patient Access</li> </ul>									

**PILLAR 1: ACCESS TO HEALTHCARE**

**Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.**

**Focal Area 3: Low Income/Underserved**

**Strategy 3:A: OneBridge Health Network**

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 3.A.1 Provide OneBridge Health Network to connect uninsured patients, meeting eligibility criteria, including a referral from a PCP, with the specialty care connections they need to get well.	# of physicians onboarded	0	104	95	97	# of patients navigated	10	2	4
						# of patients treated by specialists	10	1	7
						\$s of specialty services provided	\$22,802.82	\$235.00	\$131,701.75

**Strategy 3:B: Taxi Vouchers**

Activity 3.B.1 Provide transportation vouchers for patients to return home following care when they do not have another means to get home.	# of taxi vouchers distributed	200 annually (not seeking to increase year over year, but will likely occur)	279	268	281	Financial amount of vouchers redeemed by the community	\$9,780	\$9,394	\$15,827.23
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**Strategy 3:C: Interfaith Community Health Clinic Support**

Activity 3.C.1 Ancillary support for underinsured or non-insured patients who	# of patients seen	2,100	1,828	1,239	4,914	Financial amount of services provided by MHTW to Interfaith Community Clinic	\$631,195	\$778,540	\$721,842
	# of visits	9,800	7,989	2,098	1,082				

meet qualifications for service.									
<b>Activity Notes</b> (if necessary):						<b>Outcomes Notes</b> (if Necessary):		COVID-19 impacted people leaving their homes and seeking out health care – especially preventative care.	
<b>Resources:</b>									
<ul style="list-style-type: none"> <li>• OneBridge Support Staff and Operations</li> <li>• Hospital Staff communications/marketing to providers</li> <li>• Providers’ donation of time</li> <li>• Staff time to coordinate Interfaith Community Clinic referrals and coordination of patient services, performing patient services, and time to compile reports</li> </ul>									
<b>Collaboration:</b>									
<ul style="list-style-type: none"> <li>• MH Community Benefit Corporation</li> <li>• Greater Houston Safety-Net Providers</li> <li>• Interfaith Community Clinic, Finance, Business Office/Patient Access</li> </ul>									

**PILLAR 2: EMOTIONAL WELLBEING**

**Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that connect and care for community members that are experiencing a mental health crisis with: access to appropriate psychiatric specialists at the time of their crisis; redirection away from the ER; linkage to a permanent, community based mental health provider; and knowledge to navigate the system, regardless of their ability to pay.**

**Focal Area 1: Mental Health and Substance Abuse**

<b>Activities</b>	<b>Process Measures</b>	<b>Baseline</b>	<b>Y1 Actual</b>	<b>Y2 Actual</b>	<b>Y3 Actual</b>	<b>Outcomes</b>	<b>Y1 Actual</b>	<b>Y2 Actual</b>	<b>Y3 Actual</b>
Activity 1.A.1 Memorial Hermann Psychiatric Response Team: Memorial Hermann Psychiatric Response Team, a mobile assessment team, works 24/7 across the System and provides behavioral health expertise to all acute care campuses, delivering services to ERs and inpatient units.	# of patients	1,051	1,180	1,298	1,198	# ED patients referred to outpatient care	514	751	485
Activity 1.A.2 Memorial Hermann Mental Health Crisis Clinics: Memorial Hermann Mental Health Crisis Clinics (MHCCs) are outpatient specialty clinics open to the community, meant to serve individuals in crisis situations or those unable to follow up with other outpatient providers for their behavioral health needs.	# of patients	4,286	3,332	2,554	2,592	# PCP Referrals	566	438	321
Activity 1.A.3 Memorial Hermann Integrated Care Program:	# of patients	213	656	386	229	# Substance abuse	649	386	229

Memorial Hermann Integrated Care Program (ICP) strives to facilitate systematic coordination of general and behavioral healthcare. This program embeds a Behavioral Health Care Manager (BHCM) into primary and specialty outpatient care practices. Includes depression and substance abuse screenings.						screenings completed	652	330	207
						# Unique Patients Screened for Depression (using either PHQ9 or PSC-17 or Edinburg tools)			
Activity 1.A.4 Memorial Hermann Psychiatric Response Case Management: Memorial Hermann Psychiatric Response Case Management (PRCM) program provides intensive community-based case management services for individuals with chronic mental illness who struggle to maintain stability in the community	# of unique patients	182	206	136	71	% Reduced readmissions	57%	42%	76%
						# of PCP Referrals	165	58	71
						# Complete housing assessments	151	111	71
<b>Activity Notes</b> (if necessary):						<b>Outcomes Notes</b> (if Necessary):			
<b>Resources:</b>									
<ul style="list-style-type: none"> <li>• Human Resources - Behavioral Health Services Employees</li> <li>• Operating Resources – Computers, EMR, and other documentation tools</li> <li>• Capital Resources – Offices and other facilities</li> </ul>									
<b>Collaboration:</b>									
<ul style="list-style-type: none"> <li>• Collaboration with all the Memorial Hermann Facilities, Leadership, Case Management, Medical staff, Community Service Providers, and other Community Partners</li> </ul>									

**PILLAR 3: FOOD AS HEALTH**

**Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.**

**Focal Area 1: Diabetes**

**Strategy 1:A: Free Community Support Groups**

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 1.A.1 Diabetes Support Group	Total # of sessions (including any special, free education sessions)	12	7	26	Moved to System sessions, rotating to various campuses.	Randomized brief survey (scale of 1 to 5, reporting change in knowledge)	5	Surveys were not collected this year	Montgomery Co. event received high marks for education and ease of activities.
	# of attendees over the year	50	89	124	1 session out in the community with 24 attendees	Patient reported A1C or glucose improvement	3.75		
Activity 1.A.2 Weight Loss Support Group	Total # of sessions	20	14	26	11	Randomized brief survey (scale of 1 to 5, reporting change in knowledge)	5	Surveys were not collected this year	Surveys were not collected this year
	# of attendees over the year	100	90	124	48	Patient reported weight loss	3.5		

*See also Focus Area 3 Mended Hearts Support Group.*

**Strategy 1:B: Diabetes Alert Day**

<p>Activity 1.B.1 Diabetes Alert Day Health Fair</p>	<p>Total # of diabetes risk assessments performed</p>	<p>180</p>	<p>Cancelled due to COVID- 19</p>	<p>Cancelled due to COVID- 19</p>	<p>Cancelled due to COVID-19</p>	<p>Number of attendees found to be at risk for Type 2 diabetes</p> <p>Randomized brief survey (scale of 1 to 5, reporting change in knowledge)</p>	<p>Cancelled due to COVID- 19</p>	<p>Cancelled due to COVID- 19</p>	<p>Cancelled due to COVID-19</p>
<p><b>Activity Notes</b> (if necessary):</p>	<p>Diabetes hosted a session at the Montgomery Co. Women’s Shelter on June 8, 2022, giving an education talk on diabetes and healthy habits. Each of the 24 women in attendance received dinner and a goodie bag from the hospital that included nutritional worksheets, community resource info and coloring pages. Their children had dinner too and were watched for playtime while moms received education.</p>					<p><b>Outcomes Notes</b> (if Necessary):</p>	<p>COVID-19 impacted people leaving their homes and seeking out health care – especially preventative care.</p>		
<p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Staff and benefits, operational costs</li> <li>• Staff time to coordinate support group meetings and speakers/topics, hold support groups, and time to compile reports</li> <li>• Staff time to coordinate health fair and RN volunteers, promotion of health fair, hold health fair, and time to compile report</li> </ul>									
<p><b>Collaboration:</b></p> <ul style="list-style-type: none"> <li>• Community Benefit Corporation; Sodexo; Cardiopulmonary; TIRR; Bariatric Surgical Program; Diabetes Education &amp; Self-Management</li> </ul>									

**PILLAR 3: FOOD AS HEALTH**

**Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.**

**Focal Area 2: Food Insecurity**

**Strategy 2:A: Food Insecurity Screening**

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 2.A.1 Screen for food insecurity via ER staff and care managers and connect patients to Houston Food Bank for SNAP eligibility and food pantry connections.	# of patients screened  # of patients reporting food insecurity	59,677  167	56,694  224	49,251  158	48,772  131	# of SNAP applications completed by area Food Banks for Hospital’s service area counties	14,739 (Montgomery and Harris Counties)	15,863 (Montgomery and Harris Counties)	15,873 (Montgomery and Harris Counties)

**Strategy 2:B: Farmers Markets on Campus**

Activity 2.B.1 Campus Farmers Markets open to staff and the general public with fresh, local produce and other food items.	4 events  # of sales	4  200	5  250	No activity during the pandemic	No activity during the pandemic, plus we changed food services vendors to Morrison	Randomized brief survey (scale of 1 to 5):  Reported change in knowledge regarding the benefits of good nutrition	4.25  Yes	No activity during the pandemic	No activity during the pandemic, plus we changed food services vendors to Morrison
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Strategy 2.C: Lactation Center									
Activity 2.C.1 Free Community Breastfeeding Support Group, donors, general education to public about breastfeeding and donating, education internally to lactation staff, donation of breast milk.	Total # of sessions	47	35 over 8 months	11	No activity due to pandemic	Randomized brief survey (scale of 1 to 5):	5	Surveys not collected year	Surveys not collected year
	# of attendees	576	490 (classes stopped in March due to COVID-19)	109		Reported change in knowledge regarding the benefits of breastfeeding and intent to continue	Yes		
Activity 2.C.2 Milk Bank Donor Depot Drop-Off Site: Prescribing of and donating of breast milk.	# of ounces donated	30,000	39,087	No activity due to pandemic	4,389.29	# of NICU babies at MHTW prescribed donor milk	124	No activity due to pandemic	129
	# of donors	50	57		Not reported				
<b>Activity Notes</b> (if necessary):	Weekly breastfeeding support group finally restarted in Q1 FY23.					<b>Outcomes Notes</b> (if Necessary):	COVID-19 impacted people leaving their homes and seeking out health care – especially preventative care.		
<b>Resources:</b>									
<ul style="list-style-type: none"> <li>• Staff time to interview and navigate patients; staff time to compile reports</li> <li>• Staff time to promote Farmers Market, coordinate it, hold it, process payments and to compile surveys</li> <li>• Staff time to educate nursing, patients and support groups about Milk Bank Depot, staff time to compile report</li> </ul>									
<b>Collaboration:</b>									
<ul style="list-style-type: none"> <li>• Community Benefit Corporation</li> <li>• Houston Food Bank, Montgomery County Food Bank, Interfaith Food Pantry, Milk Bank of Austin, Lactation Center</li> </ul>									

**PILLAR 3: FOOD AS HEALTH**

**Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.**

**Focal Area 3: Heart Disease/Stroke**

**Strategy 3:A: Free Community Support Groups**

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 3.A.1 Stroke Support Group	Total # of sessions	10	5 (Sept bad weather; Jan holiday; Feb no one showed; COVID-19 thereafter)	No activity due to pandemic	Went System and virtual	Randomized brief survey (scale of 1 to 5) reporting a change in knowledge	4	No activity due to pandemic	Went System and virtual
	# of attendees annually	55	35			Improvement in weight loss or personal nutrition	Yes		
Activity 3.B.1 Mended Hearts Support Group	Total # of sessions	5	2	No activity due to pandemic	No activity due to pandemic	Randomized brief survey (scale of 1 to 5) reporting a change in knowledge	3.75	No activity due to pandemic	No activity due to pandemic
	# of attendees annually	100	64			Improvement in weight loss or personal nutrition	Yes		

*See also Focus Area 1 Diabetes Support Group*

*See also Focus Area 1 Weight Loss Support Group*

<b>Strategy 4:A: Canopy Cancer Survivorship Center</b>	Focus on eating healthy for cancer recovery and to decrease chances of other nutrition related disorders such as those that affect heart disease and stroke risk. All class offerings are free and open to general public as long as they are cancer survivors.
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Activity 4.A.1 Cooking Demos, Oncology Nutrition, Eating Well Through Cancer Classes at Canopy	# of participants annually	402	420	No activity due to pandemic	61	Randomized brief survey (scale of 1 to 5) reporting a change in knowledge	100% 5 out of 5	No activity due to pandemic	Limited activity of demos by chefs
<b>Activity Notes</b> (if necessary):	Regarding Activity 3.B.1, per Dana Clark in Cardiac Rehab, there were no more Mended Hearts support group meetings from Feb through June 2020 due to COVID-19. One session was already cancelled in 2019 due to bad weather, and this group also rotates between other area hospitals for meeting locations. IN FY23, Mended Hearts volunteers coming back to visit patients and efforts to reignite support group.				<b>Outcomes Notes</b> (if Necessary):	COVID-19 impacted people leaving their homes and seeking out health care – especially preventative care.			
<b>Resources:</b> <ul style="list-style-type: none"> <li>• Staff time to coordinate support group meetings and speakers/topics, hold support groups, and time to compile reports</li> <li>• Staff time to coordinate Cooking Demos/Oncology Nutrition/Eating Well Through Cancer sessions, promotion of the series, hold/teach the sessions, and time to compile reports</li> </ul>									
<b>Collaboration:</b> <ul style="list-style-type: none"> <li>• Cardiopulmonary TIRR</li> <li>• Bariatric Surgical Program</li> <li>• Diabetes Education &amp; Self-Management</li> <li>• Canopy Cancer Survivorship Center and community instructors</li> </ul>									

**PILLAR 4: EXERCISE AS MEDICINE**

**Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that promote physical activities that promote improved health, social cohesion, and emotional well-being.**

**Focal Area: Obesity**

**Strategy 1:A: Free Community Support Groups**

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
<i>See also Pillar 3: Diabetes Support Group</i>									
<i>See also Pillar 3: Weight Loss Support Group</i>									
<i>See also Pillar 3: Stroke Support Group</i>									
<b>Strategy 1:B: Canopy Cancer Survivorship Ctr.</b>	Focus on building muscle, increasing physical activity, and increasing flexibility/balance. All class offerings are free and open to general public as long as they are cancer survivors.								
Activity 1.B.1 Yoga Classes (2-3 times /week)	# of participants	983	1,070	198	528	Randomized brief survey (scale of 1 to 5) reporting a change in knowledge	10	Surveys not collected this year	Surveys not collected this year
	# of occurrences	140	137	6	95				
Activity 1.B.2 Zumba Classes (weekly)	# of participants	380	196 (due to COVID and instructor health)	No activity due to the pandemic	Zumba did not resume after the pandemic	Randomized brief survey (scale of 1 to 5) reporting a change in knowledge	5	No activity due to the pandemic	No activity due to the pandemic
	# of occurrences	48	32						
Activity 1.B.3 Tai Chi Classes (weekly)	# of participants	272	165	113	109	Randomized brief survey (scale of 1 to 5) reporting a	5	Surveys not collected this year	Surveys not collected this year
	# of occurrences	48	40	12	43				

						change in knowledge			
Activity 1.B.4 Pilates Classes (weekly)	# of participants	140	69	36	49	Randomized brief survey (scale of 1 to 5) reporting a change in knowledge	5	Surveys not collected this year	Surveys not collected this year
	# of occurrences	48	24	4	9				
<b>Strategy 1:C: A Matter of Balance</b>									
Activity 1.C.1 A Matter of Balance is a free exercise and education 8-class series to help prevent trauma to the elderly (and others at high risk) including slips, trips and falls due to poor balance and lack of strength. Focus on building muscle, increasing physical activity, and increasing flexibility/balance. <i>**Due to many challenges nothing was done FY20**</i>	# of occurrences	3	0	No activity due to pandemic	No activity due to the pandemic	# of attendees who attend all 8 sessions	0	No activity due to pandemic	No activity due to the pandemic
	# of attendees	36	0			Randomized brief survey (scale of 1 to 5) reporting a change in knowledge	0		

<p><b>Activity Notes</b> (if necessary):</p>	<p>None held in FY20</p> <ul style="list-style-type: none"> <li>• Pilates stopped at Canopy after Sept 2021</li> <li>• No Zumba in FY22 at Canopy</li> </ul> <p>Change in Trauma Coordinator led to Matter of Balance going away and being replaced with other programs; Melanie Bradshaw inputting other offerings into CBISA</p>	<p><b>Outcomes Notes</b> (if Necessary):</p>	<p>COVID-19 impacted people leaving their homes and seeking out health care – especially preventative care.</p>
<p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Staff time to coordinate Yoga/Zumba/Tai Chi/Pilates sessions, promotion of the series, hold/teach the sessions, and time to compile reports</li> <li>• Staff time to coordinate A Matter of Balance sessions and location selection, promotion of the series, hold/teach the sessions, and time to compile reports</li> </ul>			
<p><b>Collaboration:</b></p> <ul style="list-style-type: none"> <li>• Diabetes Education &amp; Self-Management</li> <li>• Canopy Cancer Survivorship Center and community instructors</li> <li>• Trauma Services and location</li> </ul>			