1.) Vision Statement
Memorial Hermann’s vision is to be the preeminent health system in the United States 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. With 11 licensed hospitals (includes a level I trauma center which is the teaching hospital for The University of Texas Medical School at Houston, two rehabilitation hospitals (including TIRR, one of the nation’s top rehabilitation and research hospitals), and nine suburban hospitals (two share a license)), Memorial Hermann is the largest not-for-profit, community-owned, health system in southeast Texas. Within Memorial Hermann-Texas Medical Center, the system also operates an orthopedic specialty hospital, a hospital for children and a burn treatment center. Adding to Memorial Hermann’s services within the community are three Heart & Vascular Institute locations, the Mischer Neuroscience Institute, the Ironman Sports Medicine Institute, Life Flight® air ambulance, PaRC, a substance abuse treatment center, cancer, imaging, wound care, palliative care, surgery centers, sports medicine and rehabilitation centers, outpatient laboratories, a home health agency, a retirement community and a nursing home.

The extensive geographic coverage and breadth of service uniquely positions Memorial Hermann to collaborate with other providers to assess and create health care solutions for individuals in greater Houston’s diverse communities; to provide superior quality, cost-efficient,
innovative and compassionate care; to support teaching and research to advance the health professionals and health care of tomorrow; and to provide holistic health care which addresses the physical, social, psychological and spiritual needs of individuals. An integrated health system, Memorial Hermann is known for world-class clinical expertise, patient-centered care, leading-edge technology and innovation.

2.) MEMORIAL HERMANN COMMUNITY BENEFIT CORPORATION
Through Memorial Hermann’s subsidiary, the Memorial Hermann Community Benefit Corporation (MHCBC), Memorial Hermann implements programs to work with other healthcare providers, government agencies, business leaders and community stakeholders to ensure that all residents of the greater Houston area have access to the care they need to improve their quality of life and the overall health of the community. Primary program foci include education on, access to, and provision of primary medical, dental, mental health, and social service support to underserved populations; food as health; and, exercise as medicine.

The mission of Memorial Hermann Community Benefit Corporation is to test and measure innovative solutions that promote good health for the individual, the health system and the community. We collaborate with others as well as create signature, evidence-based ways to improve the communities where people live, work, learn, and play.

3.) DESCRIPTION OF THE COMMUNITY SERVED
Memorial Hermann serves "Greater Houston," a multi-county area along the gulf coast in southeast Texas, where several counties are without hospital district services. The 5th largest metropolitan area in the United States, Greater Houston is one of the fastest growing with a population of 6.6 million. The increase in population over the past five years has placed a tremendous burden on existing public health, social, and health care infrastructure. The population of the metropolitan area is centered in the city of Houston—a large economic and cultural center, with a population of 2.2 million.

A source of strength in a global economy, Houston prizes its racial and ethnic diversity. According to U.S. census, ACS five year estimates, Houston’s Harris County, the metropolitan area’s dominant county, is 32.6% white, 41.1% Hispanic, 18.5% black or African American, 6.3% Asian/Pacific Islander and 1.6% other. More than a third of Houston residents speak languages other than English at home. Immigration is a major part of the identity of the city of Houston. Between 2000 and 2013 Houston’s immigrant population grew nearly twice the national rate: 59% versus 33%. Additionally, Harris County has one of the largest refugee populations in the U.S.

Although there is economic opportunity for many residents, there are pockets of poverty. Median household income is $53,113. 15.1% of Harris County residents are living below the poverty line, 18% of children and 26.3% of the total Harris County population are food insecure. Significantly behind other major metropolitan areas in education, only 28.4% of the Harris County population age 25+ has a college degree. So vital to the well-being of individuals and families, the Houston area’s unemployment rate is relatively low at 4.9% and the Houston area enjoys a low cost of living.
The Greater Houston area is one of the hardest hit areas in the “uninsured” healthcare crisis with a quarter of Harris County residents uninsured. Houston’s fast growing Hispanic population, young adult population and high percentage of part-time workers contributes to this continuing high rate as compared to the nation. The rising rate of obesity looms over the greater Houston area—easily the single biggest threat to the health of Houstonians—with seven in ten adults in Harris County reported being overweight and obese. Health education, healthy foods, safe places to exercise, access to health care and behavioral health services are vital to improving the overall health of residents whose leading causes of death mirror other large cities and include: cancer, heart disease, accidents, stroke, COPD and diabetes. The most prevalent chronic diseases are overweight/obesity, diabetes, heart disease, stroke, high blood pressure, cancer, heart failure and asthma. Nutrition and exercise play a major role in chronic conditions with diabetes being a key focus of many community initiatives—many patients need more than “you need to lose weight” advice from their provider. With 20% of the Houston area population self-reporting five or more poor mental health days, the need for increased access to behavioral health care is significant.

4) **2016 Community Health Needs Assessment**
Improving the health of a community is essential to enhancing the quality of life for residents in the region and supporting future social and economic well-being. In 2013, and again in 2016, Memorial Hermann engaged in a community health planning process that was two-fold: 1) A community needs assessment (CHNA) to identify the health-related needs and strengths of the community and 2) a strategic implementation plan (SIP) to identify major health priorities, develop goals and select strategies and identify partners to address these priority issues across the community.

The CHNA was guided by a participatory, collaborative approach, which examined health in its broadest sense. This process included integrating existing secondary data on social, economic, and health issues in the region with qualitative information from focus groups with community residents and service providers and interviews with community stakeholders.

**KEY THEMES AND CONCLUSIONS INCLUDE:**

- The service areas of the thirteen licensed acute, rehabilitation and surgical facilities are unique in terms of demographics and population health needs but each also has a strong set of assets on which to build. Each has a tremendously diverse population in terms of age, affluence, race, ethnicity, language, and health needs. While Harris County and Houston experience more challenges in terms of population health than their more suburban and rural neighbors in the region, it also has more accessible social and health resources and better public transportation for its residents.

- The increase in population over the past five years has placed a tremendous burden on existing public health, social, and health care infrastructure, a trend that places barriers to pursuing a healthy lifestyle among residents. Infrastructure that does not keep up with demand leads to unmet need and sustains unhealthy habits in the community. Communities without easy access to healthy foods, safe roads, affordable housing, fewer sidewalks, and more violence are at a disadvantage in the pursuit of healthy living.
• Although there is economic opportunity for many residents, there are pockets of poverty and some residents face economic challenges which can affect health. Seniors and members of low-income communities face challenges in accessing care and resources compared to their younger and higher income neighbors. Strategies such as community health workers may increase residents’ ability to navigate an increasingly complex health care and public health system.

• Obesity and concerns related to maintaining a healthy lifestyle emerged as challenges for the region. Barriers ranged from individual challenges of lack of time to cultural issues involving cultural norms to structural challenges such as living in a food desert or having limited access to sidewalks, recreational facilities, or affordable fruits and vegetables.

• Behavioral health was identified as a key concern among residents. Stakeholders highlighted significant unmet needs for mental health and substance abuse services. Key informants particularly drew attention to the burden of mental illness on the incarcerated population.

• Transportation to health services was identified as a substantial concern, especially for seniors and lower income residents, as access to public transportation may be limited in some areas.

Based on relevance, appropriateness, impact and feasibility the three overarching priorities selected and approved by the Memorial Hermann Health System Board in June 2016 were:

• Health care access, including transportation
• Healthy living, including chronic disease management
• Behavioral health, including substance abuse and mental health

The resulting implementation strategies balance the individuality of the different hospitals with the system strategy of collectively supporting community objectives to achieve the necessary alignment and leverage to impact true community change.

5.) COMMITMENT TO THE COMMUNITY
In the greater Houston area where 24% of the population is uninsured, Memorial Hermann annually contributes more than $482 million in costs in uncompensated care and community benefit activities.

In FY 2016 community contributions were distributed to the following areas:

$220,223,418

Financial Assistance and Government Programs
Charity care at cost, the unreimbursed cost of Medicaid, and means-tested government programs

$154,993,405

Community Health Improvement Services and Community Benefit Operations
Programs and initiatives developed to improve access to care
$49,823,450

Health Professions Education
Education and training of medical and allied health professionals, nurses, students, interns, residents and fellows

$48,979,404

Subsidized Health Services
Clinical services provided in response to community need despite financial loss incurred, including the Air Ambulance Program, End Stage Renal Disease Program (ESRD), and obstetrics and delivery program

$6,333,018

Research
Research dollars serving the community

$2,059,579

Cash and in-kind contributions for community benefit
Community education and awareness initiatives and sponsorship of other organizations

Additionally, Memorial Hermann provided $677,077 in programs to the community for health education and prevention for diseases and chronic conditions, support groups, nutrition and fitness classes, screening for disease, education for current and future health professionals, and community events that promote awareness of health awareness of health issues to the public.

6.) COMMUNITY BENEFIT PROGRAMS
Memorial Hermann Community Benefit Programs are designed to provide care for uninsured and underinsured; to reach those Houstonians needing low cost care; to support the existing infrastructure of non-profit clinics and FQHCs; to close the mental health gap in mental and behavioral care services; and to educate individuals and their families on how to access the services needed by and available to them. Strategically, Memorial Hermann is focusing upstream on health issues by addressing the social determinants of health—specifically access, nutrition, exercise and psychological well-being—and continuing to build the web of partnerships across Houston that will transform population health. Ongoing collaborators to address Houston’s health and social issues and improve its well-being include Gateway to Care, area school districts, the Clinton Foundation, Healthy Living Matters, the Build Health Challenge, Pasadena Vibrant Community, the Houston Food Bank, Hunger Free Texans, Texas Health Institute, The University of Texas Health Science Center at Houston School of Public Health, the YMCA, federally qualified health centers and private not-for-profit clinics, social service agencies, institutes of higher education, and professional associations.

Committed to making the Greater Houston Area a healthier and more vital place to live, Memorial Hermann operates the following initiatives:
Addressing the need for a "medical home" for the uninsured and underinsured, MHCBC partners with five school districts, Houston--the largest in Texas, Pasadena, Lamar Consolidated, Alief and Aldine for its Memorial Hermann Health Centers for Schools program designed to provide a "medical home" for uninsured children and a secondary access point for insured children, grades k-12th. The health centers provide primary healthcare, mental healthcare, nutritional care and dental care to medically underserved, at-risk children. The program began in 1996 with two school-based health centers servicing three schools. Today, Memorial Hermann operates health centers on-site at ten campuses in the Greater Houston area providing access to healthcare for students at 72 schools. "Feeder" patterns are accommodated, making it possible for a child to receive continuity of care from pre-kindergarten through twelfth grade. While Medicaid eligible services are billed, all services are provided at no cost to families. The health centers for schools operate Monday through Friday, 7:30 am to 4:00 pm, 12 months a year.

The scope of services offered include immunizations, general and sports physicals, acute, chronic and minor injury care, mental health therapy, social service referrals, health education, and nutritional guidance as well as other specific care to meet students' needs. Staffing at each center consists of a nurse practitioner, licensed clinical social worker, LVN and a receptionist, with medical oversight provided by a Memorial Hermann family practitioner. Two dietitians and certified community health workers rotate among the ten centers. The dietitians deliver the healthy eating and lifestyles program (HELP) designed to educate health centers for schools' students and their families on the importance of proper nutrition and exercise. The program is intensive and individual, meeting the student and family where they are on the "stage of change" continuum. Newly implemented summer exercise programming supports the effort. The three mobile dental clinic vans rotate among the health centers for schools and are each staffed by a dentist and one to two dental assistants. The vans serve as a ‘dental home’ and provide services that include periodic oral examinations, diagnostic x-rays, prophylaxis, fluoride treatments, oral hygiene instructions, sealants, composite fillings, extractions, stainless steel crowns, and pulpotomies.

The primary goal of the health centers for schools program is to bring increased health care to children who will otherwise not obtain it and to keep children healthy and in school so they can learn the skills they will need for a brighter future. 52% of the children served at the clinics do not have any type of healthcare coverage. 33% have some form of Medicaid. The remaining 16% are children who will not obtain healthcare due to transportation issues, working parents unable to afford a day off, high private insurance deductibles or simply a lack of parental involvement. More than 89% of students served through the program are on the free/reduced lunch program, and 29% are more comfortable speaking, reading and writing in a language other than English.

An evidenced-based program, benchmarks are derived from the School Based Health Alliance and Healthy People 2020. Metrics are reflective of providing a medical home to a defined population where the population is located—at school. Examples of outcomes:

- 14,125 students were served in 35,298 visits.
3.76% of health center students used an ER for primary care purposes versus 10.5% of the general primary care pediatric community.

Asthma exacerbations, emergency room visits and hospitalizations were reduced by 83%.

89% of students returned to their classroom on the same day.

Students who received therapy from licensed clinical social workers: Improved GPAs: 3.0 to 3.2; reduced days absent: 1.5 to 1.4 days; and reduced detention/suspension incidents: 1.7 to 8 days.

95% of students with 3+ clinic visits for acute or chronic reasons received a bi-annual physical.

4.7% of students age 4-11 and 4.9% of students age 12+ experienced caries at recall. Healthy People 2020 calls for the proportion of children with one or more caries to be no more than 49% and 48%, respectively. Similarity, 85.4% of children aged 6-9 and 80.4% of adolescents aged 13-15 received sealants as opposed to the HP 2020 targets of 28.1% and 21.9%.

**The ER Navigation Program** places thirteen certified community health workers (CHWs) in nine Memorial Hermann ERs across the greater Houston area to help the uninsured and underinsured, who disproportionately use ERs for health care, ‘navigate’ the complex health system, obtain a medical home, schedule appointments, secure needed social services and cope with healthcare concerns. Patients are empowered to embrace responsibility for their health care. The program is collaborative, dependent upon the ER business and clinical staff for patient referrals within the ER patient flow and the community’s health and social service agencies for patient connections. In 2015, the ER Navigation program began addressing social determinants of health by incorporating Food Insecurity screening into the navigation intervention process and learned that nearly 20% of patients screened were food insecure. With large numbers of Memorial Hermann patients subsequently referred to area food pantries, the program is “giving back” to the food pantries through community health and outreach initiatives. Collaborating with the food pantries is an opportunity for the ER Navigation program to align efforts of addressing social determinant of health issues, strengthening the pathways between health care and community resources, since barriers to good health are not always medical, but often are social, cultural, or economic issues. Annually 16,200 patients are navigated to over 100 safety-net clinics. A 12-month, pre-post analysis of navigated patients resulted in a 76% decline in ER visits.

According to the collaborative Houston Hospital Emergency Department Use Study and conducted by the University of Texas School Of Public Health, 46% of all patients treated and released from ERs in Houston were treated for primary care related illnesses or injuries. Overuse of emergency rooms exists, in part, because patients do not have the clinical knowledge to assess the severity of symptoms and conditions and determine where to go for appropriate care. The **Nurse Health Line** was established and designed to improve access to care and ensure more efficient use of the emergency rooms.
throughout the greater Houston region. The 24-hour nurse triage call center assists patients with their level of care decisions—a regional resource that Houstonians can call to discuss their health concerns, receive recommendations on the appropriate setting for care, and connect to appropriate resources. The call center is staffed with registered nurses and CHWs 24/7 and is available to callers, free of charge, regardless of insurance status, language, physician alignment or hospital affiliation. Callers with questions or concerns regarding medical conditions are encouraged to call and get help from a registered nurse who provides nurse triage, health education/information, suggestions on the urgency of the need for treatment and the appropriate level of care. Patients are often given discharge instructions (from hospitals, clinics, surgery centers, and doctors' offices) to contact the Nurse Health Line for assistance with medical concerns post-discharge. Conversely, callers are referred to ERs, urgent care centers, clinics, or their physician for follow up in accordance with the appropriate treatment setting needed. Patients are also referred to pharmacies, poison control hotlines, dentists, and mental health hotlines/facilities.

The 2016 data shows that of the 55,192 callers: 97% of the triage line callers followed the advice of the nurse and 72% that would have sought care in an ER setting were redirected to primary care. 17% were Medicaid or Medicaid-Medicare dual eligible and 21% were uninsured or underinsured; 97% rated the service as excellent or good; and 99% would use the service again.

- **Memorial Hermann Medical Missions** exists to finance, facilitate, and encourage physician led teams into third world countries. It finances by providing supplies, pharmaceuticals, and travel scholarships for non-physician team members. It facilitates by linking physicians and support teams together; advising on passports, vaccinations, and air travel; and coordinating necessary supplies. It encourages by sharing the knowledge of past experiences; communicating what a medical mission means to a poverty or disaster stricken area; and coaching on safety practices so that participants feel comfortable in their new surroundings. In 2016, approximately 315,435 people from 27 different countries were assisted through 82 missions. Memorial Hermann matches the proceeds of an annual golf tournament to support this global community benefit effort.

- **Memorial Hermann Neighborhood Health Centers Northwest and Northeast** are intended as a medical home for uninsured and underinsured populations. The Centers encourage the appropriate utilization of primary care by being located close to busy emergency rooms, offering extended hours and weekend coverage, keeping costs low, and charging just slightly over costs. Through 12,000 visits they provide a medical home for routine as well as chronic care, and prevent the escalation of health conditions to emergencies and poor health care outcomes.

- **Memorial Hermann Behavioral Health Services** has grown to provide a continuum of mental health care in the Houston community. For patients accessing ERs for their mental health needs or exhibiting mental health concerns in the inpatient setting, the Psych Response Team travels to meet with them, stabilize them, consult with hospital staff, and arrange for transfers to the most appropriate community care site. Since 2000, more than 42,000 patients have been screened and more than 33,000 have been moved
out of the ER and/or away from acute care hospitalization and to more appropriate behavioral health settings. The team works 24/7 partnering with 200+ mental health community treatment providers for referrals. By leveraging the referrals of the 70% of insured patients to be able to refer the 30% uninsured patients, the program assures mental health care for all populations. In 2013, the Psych Response Case Management Program began services to individuals with chronic mental illness and in 2016, case managers managed more than 1,800 face-to-face encounters with patients. The psychiatric response case management program was introduced to address the gap in the mental and behavioral care services by connecting patients to outpatient treatment and other community resources. The initiative was designed to provide intensive, community-based case management services for those with behavioral health diagnosis and a history of multiple hospitalizations. Under this program, patients are actively engaged in the development of their own mental health care plan and long-term recovery goals with the ultimate objective of improved patient wellness and goal achievement. Three Mental Health Crisis Clinics were opened in response to the significant gap in mental and behavioral health services in Harris and surrounding counties. They provide rapid access to initial psychiatric treatment and outpatient multi-disciplinary services for patients with no immediate access to mental health care. The goal is to manage challenging behaviors and reduce improper hospitalizations or possible incarceration. In 2016, their patient encounters totaled 7,149.

Through appropriate referral and placement, the Psych Response Team has reduced emergency room average length of stay for psychiatric patients needing an inpatient psychiatric bed from 72 hours in 2000 to 5.5 hours today. The Case Management Program has reduced client facility utilization by 68% in the 6-months post discharge.

- **Physicians of Sugar Creek** is a Memorial Family Practice Residency Training site for 42 family practice residents and provides a sliding fee based scale to the area’s working poor. The National Committee for Quality Assurance (NCQA) has designated this residency program and family practice as a “Recognized Medical Home”.

- **Population Research** is supported by Memorial Hermann to guide the development and implementation of effective approaches that improve the health of Houston area patient populations through data-driven research, interventions, evaluation and community engagement.

- **Community Health Prevention and Education Initiatives** are offered by Memorial Hermann through each of its hospitals and PaRC, its substance abuse treatment center. These initiatives offer free screenings, seminars and support groups through a variety of venues to **thousands** of Houston residents seeking more information about their health.

7.) **PARTNERSHIPS**
Memorial Hermann Health System’s community partnerships include: health related organizations, physicians groups, research and educational institutes, businesses, nonprofits, and government organizations to identify, raise awareness and to meet community health needs. Partnering/funding tenants include: provision of primary and/or specialty care for the uninsured
and underinsured; contribution to the existing infrastructure of non-profit clinics and FQHC’s; programs, practices, and policies that affect the health of individuals, families, and communities; commitment to measurement; existence of collaborative partners; programmatic inclusion of health education and literacy; and strive towards sustainability.

Below are just a few of the partnerships:

- **Cancare of Houston** — Memorial Hermann supports this one-on-one hospital visitation program that is staffed by volunteers whose mission it is to support patients and their families to create hope where there is none so that no one suffers alone.

- **Covenant House** — For 19 years Memorial Hermann has partnered with and provided free linen services for Covenant House, a child care agency that provides emergency shelter, counseling, vocational and educational services, health care and legal information to homeless and runaway youth at no cost.

- **E.C.H.O. (Epiphany Community Health Outreach)** — Memorial Hermann supports this social service agency that provides health and social services to new immigrants and refugees, primarily living in the Southwest area.

- **Gateway to Care** — Memorial Hermann has supported the development and implementation of Surgical Saturday Day (SSD), an extension of the Greater Houston’s collaborative, Gateway to Care Physician Health Network (PHN), a program that provides Houston’s SafetyNet clinic patients with needed specialty care through volunteer providers as well as provides navigation support of complex medical/surgical conditions. Surgical Saturday Day provides approximately ten general surgical ambulatory cases on selected Saturdays. The combined PHN and SSD is newly named Texas Gulf Coast Project Access.

- **Healthy Living Matters, The Clinton Health Matters, The Build Health Challenge, Pasadena Vibrant Communities, Cities Changing Diabetes** — Memorial Hermann is a partner with each collaborative created to increase access to healthy foods, curb obesity and use policy action to enact system and environmental change.

- **Houston Ear Research Foundation** — Memorial Hermann supports this program that provides cochlear implant services, helping deaf children and adults learn to listen and speak. The service is unique to the Houston community.

- **Houston Food Bank** — Memorial Hermann partners with the Houston Food Bank, the largest Food Bank in the United States, to address areas with high levels of food insecurity through a variety of programming and collaborative efforts. Memorial Hermann was the first health system in Houston to ask the USDA approved questions—and encourage other health entities to join the Clinton Health Matters Initiative, where members screen for Food Insecurity and share data to inform programming. To date, within the Memorial Hermann Health System, 34,799 individuals have been screened for Food Insecurity in the school-based clinics, ERs, low-cost Neighborhood Health Centers.
(NHCs), and the sliding scale fee-based Physicians of Sugar Creek (PSC) with positive rates ranging from 11% to 30%.

- **Interfaith Community Clinic** — Memorial Hermann supports this private not-for-profit volunteer based health care clinic. Its mission is to provide medical care, dental care, and social service referrals for indigent persons not eligible for other programs and have nowhere else to turn. Opened in 1996, Memorial Hermann has supported the clinic since inception with both operational funds and provision of diagnostic services.

- **Project Fit America (PFA)** — this program is one of Memorial Hermann’s collaborative programs designed to enhance schools’ physical activity programming. PFA facilitates the installation of exercise equipment on school campuses and provides a curriculum designed to help the Physical Education (PE) teachers create exercise routines that teach students how to have fun with exercise as well as maintain and improve their personal fitness levels. The program is located at three Health Centers for Schools’ sites.

- **Spring Branch Community Health Center** — Memorial Hermann supports this federally qualified health center serving the uninsured and underinsured populations in Spring Branch and West Houston areas. Using the primary care model, SBCHC offers an integrated and comprehensive service delivery system, serving as a medical home for all who seek it.

- **TOMAGWA Ministries, Inc.** — Memorial Hermann supports this private, not-for-profit clinic in the service of primary care and education to the working poor not qualifying for public assistance and not earning enough to pay for doctor visits in the Tomball, Magnolia, and Waller areas.

- **University of Texas Health Science Houston School of Nursing** — Memorial Hermann financially partners with several nursing schools to collaboratively find a solution to increase enrollment of student nurses and relieve the shortage.

- **YMCA** — Memorial Hermann partners with the YMCA to bring its evidenced-based, year-long Healthy Weight and Your Child program to school-based clinics’ families with a child in the 95% for BMI.

### 8.) SUSTAINABILITY

Initiatives supported by Memorial Hermann remove barriers to healthcare access, increase and strengthen the primary and specialty care infrastructure, provide education and increase healthcare awareness, and improve the use of preventative medical services.

Memorial Hermann annually supports community benefit programming with a pledge. Grants and contributions supplement this pledge. Several initiatives have expanded through DSRIP (Delivery System Reform Incentive Payment) funding. Initiatives are evaluated annually on efficiency, effectiveness and achievement of stated outcomes before the program is included in the operating budget.
Successful program outcomes must demonstrate the short and long term impact on individual lives and/or a population. Philanthropic and community support are critical to sustainability. An integral part of Memorial Hermann’s mission to improve healthcare is the sharing of successful programs with other organizations for replication. Thus Memorial Hermann’s roadmap for sustainability is measurable goals and outcomes, dedicated resources, organizational commitment, partnerships, funding and replication.

9.) **ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (ASCBS)**
Memorial Hermann’s total operating expenses for the most recent completed and audited prior fiscal year were $4.1 billion. The Annual Statement of Community Benefits Standards is submitted to the Hospital Survey Unit, Department of State Health Services, and includes completed worksheets that compute the ratio of cost to charge.

10.) **REPORT TO THE COMMUNITY**
Memorial Hermann periodically produces a Report to the Community. This report can be viewed via the following link: [http://www.mhcommunitybenefit.org](http://www.mhcommunitybenefit.org), along with other Memorial Hermann Community Benefit facts, resources, programs and partnerships.