Harris County Public Health
Building a Healthy Community

# **Health Equity and Performance and Quality Improvement (PQI):** How a Local Health Department Is Transforming Health Inequities from Within

Umair A. Shah, MD, MPH and Jennifer Hadayia, MPA
Harris County Public Health

NACCHO Annual 2016 | Phoenix, AZ
Wednesday, July 20, 2016 | 10:15 AM – 10:45 AM
Camelback A

# Our Community

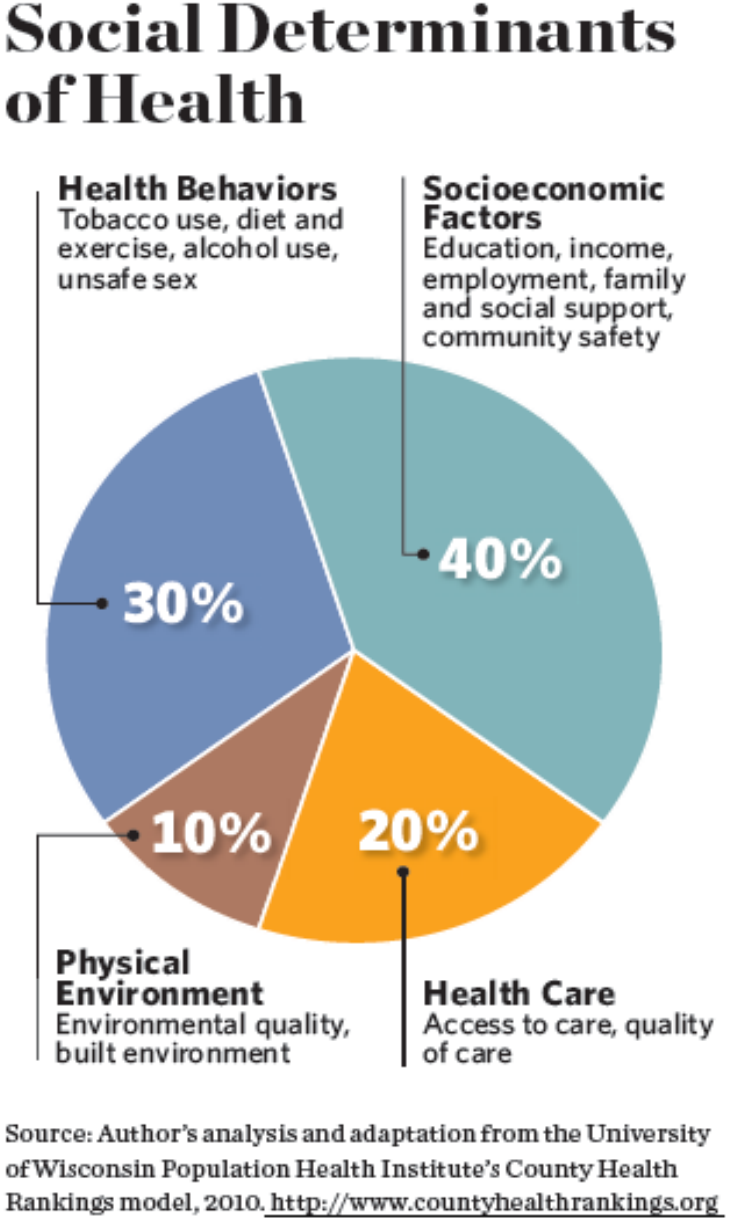
## Harris County, TX:

- Third most populous county with over **4.3 million people** *and growing.*
- Over **1,778 square miles** (size of Rhode Island)
- Home to the fourth largest city (Houston), the world's largest non-profit medical center, and one of the world's busiest ports.

## Harris County Public Health:

- Local health department for Harris County with over **700** public health professionals and over **$80 million** budget.
- Annually, see **20,000** patients in our 16 wellness clinics and WIC sites, inspect **7,500** food establishments, and house **26,000** animals in our shelter.
- Provide refugee health screenings, mosquito control, and Ryan White HIV/AIDS services for the entire County.

# True Drivers of Health




Source: Author's analysis and adaptation from the University of Wisconsin Population Health Institute's County Health Rankings model, 2010. http://www.countyhealthrankings.org

- Social and physical determinants create a gap in Harris County health *outcomes* (#56 statewide) and health *factors* (#96).[a]
- Odds of poor health in Harris County are independently correlated with decreased education and income:[b]
  - Those with college degrees are 58 percent less likely to be in poor health.
  - Those with incomes above $75,000 are 62 percent less likely to be in poor health.
- Those in APWL zip codes are 28 percent more likely to be in poor health.[b]
- Neighborhood belonging and participation are also significant independent correlates of health; and the relationship is likely bi-directional.[b]

[a]County Health Rankings, 2016 UWPHI. 241 Texas counties ranked. From 2015 to 2016, Harris County's gap widened (2015: 50 and 94, respectively). Harris County is now 182nd on *social* determinants and 190th for *physical* determinants.
[b]Klineberg, SL et al, What Accounts for Health Disparities? Findings from the Houston Surveys (2001 – 2013). Kinder Institute for Urban Research, 2014

# The Harris County Approach: The 4 Es

**Economics**


**Education**

**Environment**

**Engagement**

# Evolution from Disparity to Equity

## Health Disparity

- Differences in health between population groups related to unchangeable characteristics such as sex/gender, race/ethnicity, or disability**

***Identification of health disparities can begin a process for identifying health inequities.*

## Health Inequity

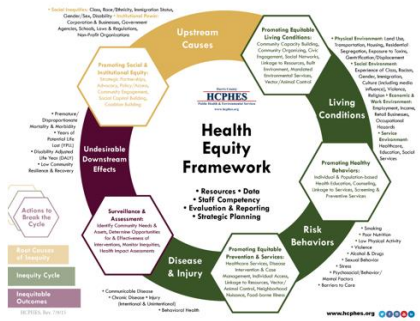
- Differences in health between population groups related to unfair, unjust, and avoidable socioeconomic or environmental conditions, public policy, or other socially determined circumstances

## Health Equity

- A state in which every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of socioeconomic or environmental conditions

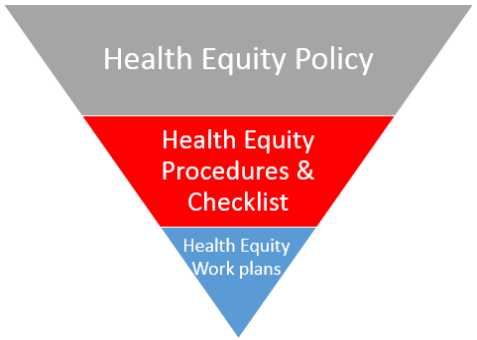
# 5 Steps to Organizational Transformation

## Step 1: Establish foundational elements



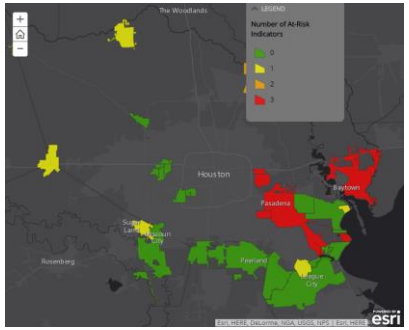

## Step 2: Engage and develop staff


## Step 3: Develop policies and procedures




## Step 4: Ignite place-based work

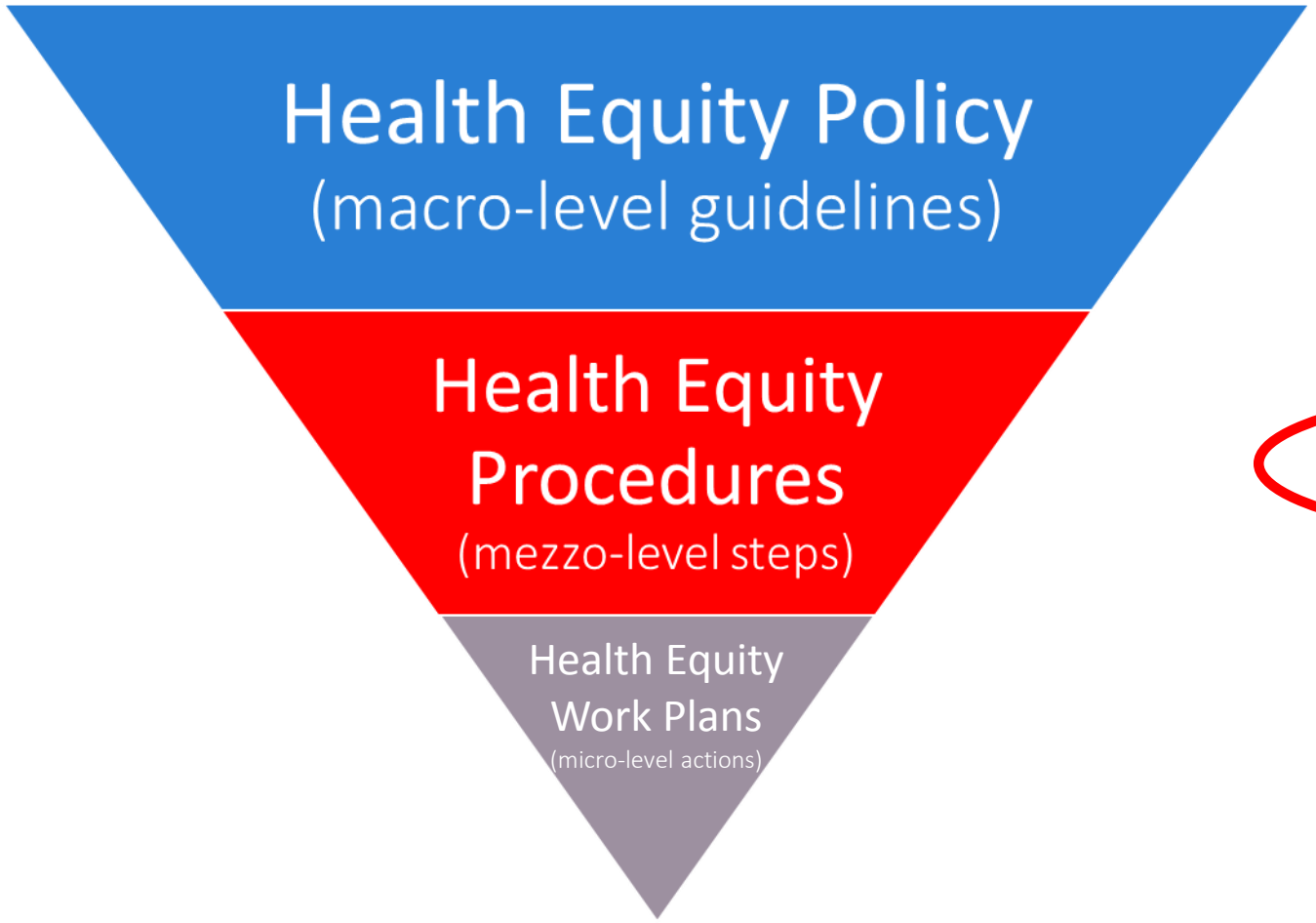

## Step 5: Use data as a tool




*Evidence base:*

CDC Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health; and Practitioner's Guide for Advancing Health Equity
BARHII Local Health Department Organizational Self-Assessment for Addressing Health Inequities
WHO Governance for Health Equity
NACCHO Guidelines for Achieving Health Equity in Public Health Practice
Health Resources in Action: Embracing Equity in Community Health Improvement
National Prevention Strategy for Elimination of Health Disparities
National Stakeholder Strategy for Achieving Health Equity
Public Health Accreditation Board (PHAB) Standards and Measures (v. 1.5)
*Scan of health equity offices, programs, and initiatives at city and county health departments resulting in an inventory of nine program examples*

# The HCPH Health Equity Infrastructure




**Apply a health equity lens to:**

1. Current and new programming
2. Community needs assessment, improvement planning, surveillance, and other monitoring
3. Health education, health communications, and public information
4. Data collection on program participants
5. Benchmarking and PQI
6. Workforce development and composition
7. Budget allocations

**Ensure:**

1. Institutional means for meaningful community engagement in agency decision-making
2. Strategic partnerships to affect public policies outside of public health

# Benchmarking Protocols

- **Adopt internal and external performance standards and measures on:**
  1. Staff diversity
  2. Staff training on health equity
  3. Community engagement
  4. Collection of and stratification of internal data by social determinants of health
  5. Community-level social determinants monitoring (e.g., poverty, achievement gap, linguistic isolation, disability, insurance status, etc.)
  6. Neighborhood conditions and other physical determinants of health
  7. Community resilience

- **Produce the following every two years:**
  1. Demographic Profile of Harris County
  2. Workforce Profile of HCPH Staff

# Measures Inventory

*An assessment of national, state, and local health equity indices against an industry standard framework to identify common measures

NACCHO-Recommended Domains and Sample Measures for Assessing Social Determinants of Health

| Selected Indices & Reports for Comparison (see tabs for details) | Economic Security<br>*income, wealth/assests, poverty, public assistance, access to capital* | Livelihood Security<br>*unemployment, food insecurity* | Education<br>*readiness, achievement, attainment gap, investment* | Environment<br>*air quality, water quality, built environment* | Health & Healthcare<br>*access/insurance, quality, specific outcomes* | Housing<br>*affordability, availability* | Safety<br>*violence/crime, family/social connections, perceptions* | Civic Involvement<br>*voting, volunteerism* | Transportation<br>*commuting* | Other<br>*locally determined* |
|---|---|---|---|---|---|---|---|---|---|---|
| HGAC-Regional Equity Profile | x | x | x | | x | x | | | x | |
| Seattle King County-Preliminary Measures of Equity | x | x (Food xx) | xx | xx (BE xxx) | xx | xx | x | x | xxx | |
| Connecticut Health Equity Index | x | x | x | x | x | x | x | x | | |
| Rockefeller Intercity Hardship Index | xx | x | x | | | x | | | | x |
| Child Opportunity Index | xx | x | xx | x (BE xx) | x | x | | | | |
| Tool for Health and Resiliance in Vulnerable Environments | x | x | x | xx | | x | xxx | xxx | x | |
| MAPP Health Equity Supplement | x | x | x | | x | x | x | x | x | |
| Texas Equity Profile | | | | | x | | | | | |
| Kinder Institute-Health Disparties Report | x | | x | x | x | | | x | | |
| Rice University-Sustainbility Atlas | xx | x | | x (BE x) | x | x | | | xx | |
| Harris County (ex. Houston) Key Health Indicators (2014) | xx | x | x | | | | | | | |

*x-includes an indicator in the NACCHO-recommended domain*
*xx-includes multiple indicators in the NACCHO-recommended domain*
*xxx-far exceeds NACCHO's list of indicators*

# Dashboard

*Standards and measures for base-lining, goal-setting, and monitoring of a health equity footprint both internally and externally

## The Health Equity Standards

1. Create a prepared, ready, and resilient community
2. Improve living and working conditions
3. Ensure a competent workforce
4. Aim for staff and leadership to reflect the people we serve
5. Engage with partners in the community to address public health concerns
6. Increase collection of and stratification by REAL data (Race, Ethnicity, and primary Language)

**Attachment A:**
**2013-2018 HCPHES Strategic Plan Performance Standards and Measures Dashboard**

| Standard | Measure |
|---|---|
| **STRATEGIC DIRECTION 1B – UPSTREAM SOLUTIONS**<br>*Health equity • Population-based approaches • Priority public health issues* | |
| Create a prepared, ready, and resilient community | Monitor social determinants:<br>*Percent of households living below FPL*<br>*Percent of adults 25+ without a HS diploma*<br>*Percent of adults linguistically isolated*<br>*Percent of adults with a disability*<br>*Percent of adults without health insurance*<br>Number of coalition partnerships established for purposes of public health preparedness |
| Improve living and working conditions | Number of neighborhood nuisance abatement cases closed (any reason) |
| Improve priority public health issues | Number of food borne illness complaints investigated<br>Number of vector-borne illnesses<br>Percent of rabies exposed cases counseled<br>Percent of adults overweight or obese<br>Percent of children at unhealthy weight<br>Percent of infants with whom breastfeeding was initiated |
| Support clients to engage in a full continuum of care | Percent of clients who return for confirmatory testing in the HCPHES Wellness Clinics<br>Percent of clients retained in Ryan White HIV/AIDS Program primary medical care<br>Percent of clients who return for follow-up nutritional counseling in the WIC Program |
| Educate the public about health concerns | Number of school-based pet training programs provided<br>Number of community, school, and library-based mosquito control programs provided<br>Number of DSRIP education sessions provided |
| **STRATEGIC DIRECTION 2B – WORKFORCE DEVELOPMENT**<br>*Critical workforce competencies • Employee development • Pre-employment and exit management • Recognition* | |
| Ensure a competent workforce | Percent of staff completing accreditation-required training on: (1) confidentiality; (2) health equity; and (3) changes in mandates |

# PQI Council

*Formal permanent internal body responsible for overseeing implementation of our performance management system and formal QI efforts.

**PQI Council**

**Health Equity Coordinator**

**Health Equity Advisory Committee**

# Health Equity PQI In Practice

## Example #1 – Workforce Development Plan

- PHAB requirements include a workforce profile
- Per our Health Equity Standards, we also conducted a demographic alignment profile comparing workforce data to jurisdictional data
- Results will guide new recruitment and professional development

## Example #2 – Risk Assessment of Cities/GIS Application

- We needed a rapid assessment of health risk in the 33 independent municipalities in our jurisdiction
- We used the Health Equity Standards as a framework for risk assessment and created an at-risk index based on the overlap of three measures
- Applied to GIS mapping for determining need

# Health Equity PQI In Practice

## Example #1 – Workforce Development Plan

- PHAB requirements include a workforce profile
- Per our Health Equity Standards, we also conducted and included a demographic alignment profile
- Results will guide new recruitment and professional development

## Example #2 – Risk Assessment of Cities/GIS Application

- We needed a rapid assessment of health risk in the 33 independent municipalities in our jurisdiction
- We used the Health Equity Standards as a framework for risk assessment and created an at-risk index based on the overlap of three measures
- Applied to GIS mapping for determining need

# 5 Steps to Health Equity Benchmarking

## Step 1: Establish expectations in protocol


## Step 2: Assess the measures evidence

## Step 3: Set agency standards

## Step 4: Adopt an oversight mechanism

## Step 5: Apply dashboard to practice

# Harris County Public Health

## { Vision }

- Healthy People,
- Healthy Communities,
- A Healthy Harris County

## { Values }

- Excellence
- Compassion
- Flexibility
- Integrity
- Accountability
- Professionalism
- Equity

## { Mission }

- Promoting a Health and Safe Community
- Preventing Injury and Illness
- Protecting You

**www.hcphtx.org**