Health Equity in Harris County

Health equity is 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 (CDC, 2008).

Harris County Public Health (HCPH) adopted health equity as a priority in our most recent Strategic Plan and has been taking steps ever since to transform public health practice with a health equity lens. To monitor the success of these efforts, we integrated a set of health equity standards and measures into our agency-wide Strategic Plan Dashboard.

Below are the health equity standards and measures adopted under each strategy of our Strategic Plan. These standards and measures are routinely assessed, so we can identify improvements to public health practice that will advance health equity in Harris County.

**Strategy 1B: Upstream Solutions**

Create a prepared, ready and resilient community

- **15%**  
  of households living below poverty  
  **13%**  TEXAS

- **20%**  
  adults 25+ without a high school diploma  
  **18%**  TEXAS

- **12%**  
  linguistically isolated  
  **8%**  TEXAS

- **9%**  
  have a disability  
  **12%**  TEXAS

- **24%**  
  adults without health insurance  
  **19%**  TEXAS

- **97%**  
  county neighborhood nuisance cases closed (to address blight and improve living conditions)  
  **100%**  GOAL

- **100%**  
  areas positive for mosquito-borne illness treated by HCPH  
  **100%**  GOAL

- **7085**  
  pet licenses issued by HCPH  
  **GOAL 8502/+20%**

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**Life Expectancy (Years)**

Harris County vs. Texas

- **77.8**  
  **75.5**  MEN  
  **75.2**  WOMEN  
  TEXAS

- **77.7**  
  **80.0**  MEN  
  **80.2**  WOMEN  
  TEXAS

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Strategy 2B: Workforce Development
Ensure a competent workforce
Aim for staff and leadership to reflect the people we serve

84% GOAL 100%
HCPH staff completing health equity training, 4/16

7.9% GOAL 0%
The average difference, across all age groups, between the make-up of HCPH, staff and the county population, 4/16

5.7% GOAL 0%
Average difference, across all racial/ethnic groups, between the make-up, of HCPH staff and the county population, 4/16

3 : 2 GOAL 1:1
Female to male ratio among HCPH staff, 4/16

Strategy 5A: Optimize Resources
Increase collection of and stratification by REAL data (Race, Ethnicity, primary Language)

REAL Data
Identifying health disparities within client populations can help health departments uncover underlying health inequities. To do so, data on the Race, Ethnicity, and primary Language (REAL) of clients must be routinely collected and analyzed. In this strategy, we track the percent of our client records with known Race, Ethnicity, and primary Language.

81% GOAL 97%
HCPH client records with known Race

84% GOAL 94%
HCPH client records with known Ethnicity

81% GOAL 97%
HCPH client records with known primary Language

Specific Health Inequities

63% GOAL 57%
Adults overweight or obese

44% GOAL 40%
Children at unhealthy weight

88% GOAL ≥85%
Infants with whom breastfeeding was initiated

75% GOAL 80%
Clients retained in HIV primary medical care

Sources:
2. HCPH Epi Case Tables, CY 2015, investigated cases only, excluding TB records
3. Health of Houston/Harris County Survey 2010, HCPH internal W/C database (average over several calendar years)
3. HCPH Centralized Patient Care Data Management System (CPCDMS) 2015