



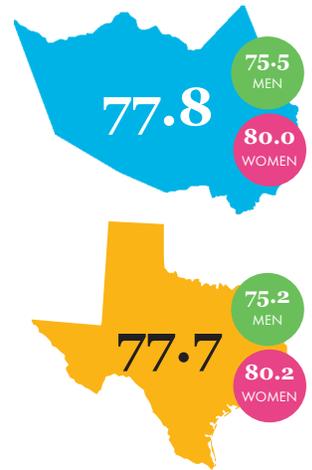
Health Equity in Harris County

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.

Life Expectancy (Years) Harris County vs. Texas



Strategy 1B: Upstream Solutions¹

Create a prepared, ready and resilient community



15% TEXAS
13%

of households living below poverty



20% TEXAS
18%

adults 25+ without a high school diploma



12% TEXAS
8%

linguistically isolated



9% TEXAS
12%

have a disability



24% TEXAS
19%

adults without health insurance



97% GOAL
100%

county neighborhood nuisance cases closed (to address blight and improve living conditions)



100% GOAL
100%

areas positive for mosquito-borne illness treated by HCPH



7085 GOAL
8502/+20%

pet licenses issued by HCPH

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 Resources²

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 Inequities³



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