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

- 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 182\(^{rd}\) on social determinants and 190\(^{th}\) for physical determinants.

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**

**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

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

HCPH Priority Public Health Issues for 2013-2018
Selected for the magnitude of the issue and our ability to make progress in Harris County
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

<table>
<thead>
<tr>
<th>Economic Security</th>
<th>Livelihood Security</th>
<th>Education</th>
<th>Environment</th>
<th>Health &amp; Healthcare</th>
<th>Housing</th>
<th>Safety</th>
<th>Civic Involvement</th>
<th>Transportation</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income, wealth/assets, poverty, public assistance, access to capital</td>
<td>Unemployment, food insecurity</td>
<td>Readiness, achievement, attainment gap, investment</td>
<td>Air quality, water quality, built environment</td>
<td>Access/insurance, quality, specific outcomes</td>
<td>Affordability, availability</td>
<td>Violence/crime, family/social connections, perceptions</td>
<td>Voting, volunteering</td>
<td>Commuting</td>
<td>Locally determined</td>
</tr>
</tbody>
</table>

* Includes an indicator in the NACCHO-recommended domain
xx Includes multiple indicators in the NACCHO-recommended domain
xxx for exceeds NACCHO 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)
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