

What Drives Health in Southwest Houston?

Findings from a Community-Based Survey of the Social Determinants of Health

June 2020



**Developed by Texas Health Institute
With Support from Memorial Hermann Community Benefit Corporation**

**In Partnership with the Alliance, Bee Busy Wellness Center,
Community Health Choice, Culture of Health-Advancing Together,
Chinese Community Center**

About Texas Health Institute

We are a non-profit, non-partisan public health institute with the mission of advancing the health of all. Since 1964, we have served as a trusted, leading voice on public health and healthcare issues in Texas and the nation. Our expertise, strategies, and nimble approach makes us an integral and essential partner in driving systems change. We work across and within sectors to lead collaborative efforts and facilitate connections to foster systems that provide the opportunity for everyone to lead a healthy life.



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EXECUTIVE SUMMARY

INTRODUCTION

Southwest Houston is one of the nation's most racially and ethnically diverse and densely populated communities, rich in culture and history, yet facing a confluence of social, economic, environmental and health challenges. Nearly one in three people live below the federal poverty level, with some neighborhoods having one in every two children in poverty. The uninsured rate is roughly twice as high in the Southwest area (45%) than Greater Houston (23%) and the state (19%), and five times higher than the nation (9%). Crime and safety are serious concerns. Together these circumstances have contributed to worsening health and growing inequities across the region.

These challenges are being further tested and amplified in the face of the ongoing coronavirus pandemic, underscoring the need and urgency to address the root drivers of health—including stable jobs and income, housing, food security, safe neighborhoods, and access to health care—that are core and central to building resilience of communities to withstand and bounce back from public health emergencies.

While there is growing recognition and momentum in Greater Houston to address health more holistically working collaboratively across sectors, little is known about how communities perceive and prioritize the drivers of health. What do Southwest Houstonians say are the top factors that affect their ability to lead and achieve a healthy life? Community voices and perspectives are critical to informing priority issues, and in turn shaping tailored solutions to move the needle on health improvement.

The purpose of this initiative was three-fold:

1. To conduct a first-of-its kind community-based survey to identify and prioritize the primary social determinants driving health in Southwest Houston.
2. To identify distinct neighborhood needs and lived experiences of diverse populations in Southwest Houston.
3. To inform actionable and collaborative solutions to improve population health and health equity in Southwest Houston.

DESIGN

Our Partners. Texas Health Institute collaborated with five community partners – the Alliance for Multicultural Community Services, Bee Busy Wellness Center, Community Health Choice, Chinese Community Center, and Culture of Health-Advancing Together. Our partners were engaged throughout the project, from informing the survey instrument to leading on-the-ground data collection across communities and helping to interpret and ground-truth findings.



A first-of-its-kind community-based survey conducted in over two-dozen languages and dialects to identify and prioritize the primary social determinants driving health in Southwest Houston

Characteristics of Respondents (n=1,000)

Survey Instrument. The 54-item survey asked community members to identify their:

- Self-reported general and mental health
- Beliefs about health
- Top barriers and facilitators to health
- Perceptions of how food, housing, transportation, neighborhood conditions, financial circumstances, and health care access affect their health
- Attitudes toward current and potential role of health care providers in screening health-related social needs

Survey Administration. A total of 1,000 surveys were conducted utilizing a quota sampling methodology. Surveys were conducted electronically in-person, interview-style in over two-dozen languages by more than 40 trained community surveyors from October 21, 2019 to December 31, 2019. Criteria for participation required respondents to be 18 years of age or older and living in the seven Zip Code study area. Individuals were surveyed at a variety of community settings, such as apartment complexes, hair salons, places of worship, grocery stores, cafes, food pantries, and at partner organization facilities.

Analysis. Data were weighted by Zip Code, race/ethnicity, and sex to be representative of the general population in Southwest Houston. Univariate and bivariate analyses were conducted on weighted data, and multivariate probability models on unweighted data to examine differences between neighborhoods adjusting for race/ethnicity, sex, age, and education.

Zip Code/Neighborhood



77035 (Westbury)	11%
77036 (Sharpstown)	23%
77071 (Fondren)	7%
77072 (Alief)	12%
77074 (Sharpstown)	22%
77081 (Gulfton)	12%
77099 (Alief)	13%

Race and Ethnicity



Hispanic	32%
Non-Hispanic White	9%
Non-Hispanic Black	26%
Non-Hispanic Asian	29%
Non-Hispanic Other	4%

Other Characteristics



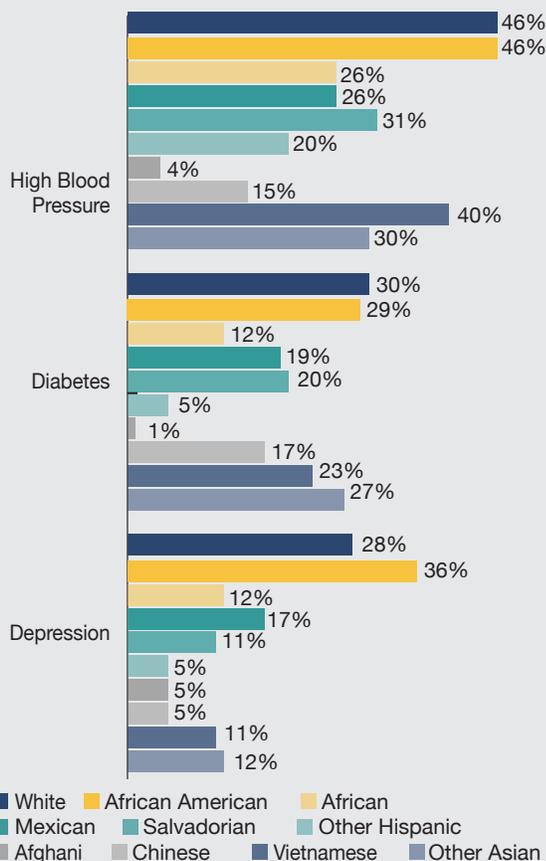
Refugee or Asylee	17%
Limited English Proficient	73%

KEY TAKEAWAYS

1. Southwest Houston has a high burden of chronic disease, and wide inequities by race and ethnicity.

Southwest Houstonians face higher rates of blood pressure (32%), diabetes (19%) and depression (19%) than residents on average in Harris County and Texas. At the same time, some racial/ethnic groups, such as Whites and Blacks face even higher rates—especially compared to immigrants in the community. For example, Blacks of US origin (36%) reported a rate of depression three times higher than Blacks identifying with African countries (12%), and twice the rate of depression than the state of Texas (17%). Asian and Hispanic subpopulations also reported differing burdens of disease, with Vietnamese, for example reporting a higher rate of high blood pressure than all other Asian groups.

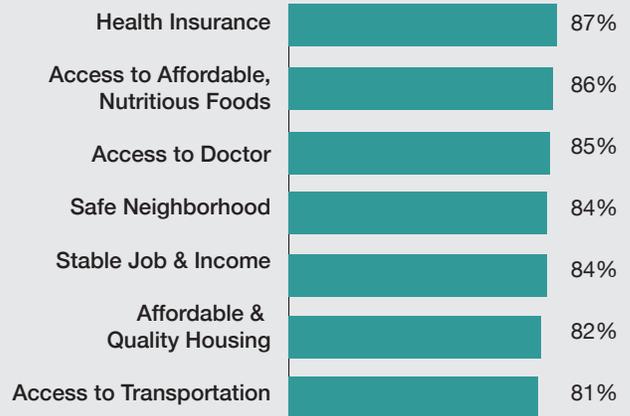
Top Chronic Conditions Reported in Southwest Houston by Race and Ethnicity



2. Southwest Houstonians believe health is multifaceted and driven by more than just health care.

Southwest Houston residents were asked to report what factors are important to their health. They reported that broader social, economic and environmental determinants are just as critical to their health as health care factors. Specifically, four out of five said that having access to affordable and nutritious foods (86%), a stable job and income (84%), safe neighborhood (84%), affordable housing (82%), and access to transportation (81%) are just as important to their health as having health insurance (87%) and access to a doctor (85%). These beliefs generally held true across all racial and ethnic groups and neighborhoods.

Percentage Reporting Very Important or Important Factors to their Health



3. Southwest Houston residents face a complex web of social, economic, environmental, and health care barriers to health.

Our study reveals the stark realities facing communities across Southwest Houston, highlighting the many challenges they experience in their day-to-day lives that affect health. Data on food insecurity, housing, neighborhood conditions, transportation, social cohesion, and health care access overall, by racial/ethnic subpopulation groups, and neighborhoods provide important insight on the gaps people face in the opportunity to achieve health in Southwest Houston.



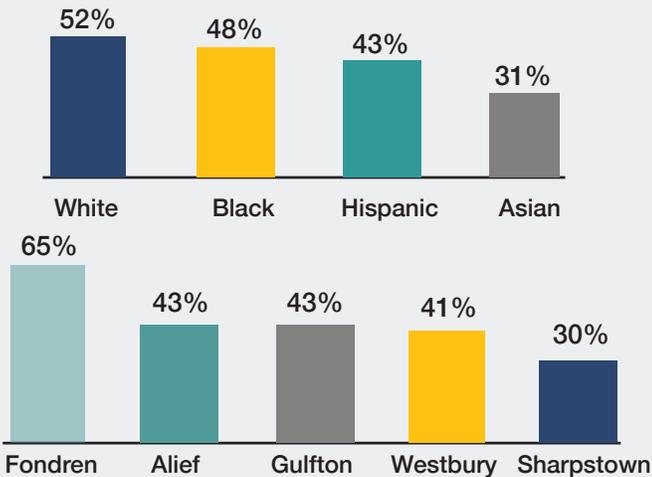
FOOD INSECURITY

40% Were unable to pay for food when it was needed in the past year

40% Could not consume fresh fruits and vegetables because they could not afford to

36% Could not consume fresh fruits and vegetables because they were either not available or in poor quality at their store

Percent Unable to Pay for Food When Needed in the Past Year



TRANSPORTATION

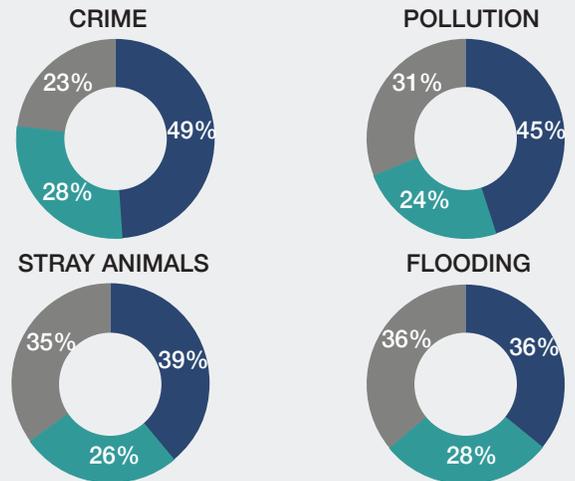


41% Could not seek medical care due to lack of transportation



NEIGHBORHOOD CONDITIONS

45% Identify three or more neighborhood barriers such as crime, pollution, stray animals, flooding, and lack of walkable spaces as "big" problems to their health



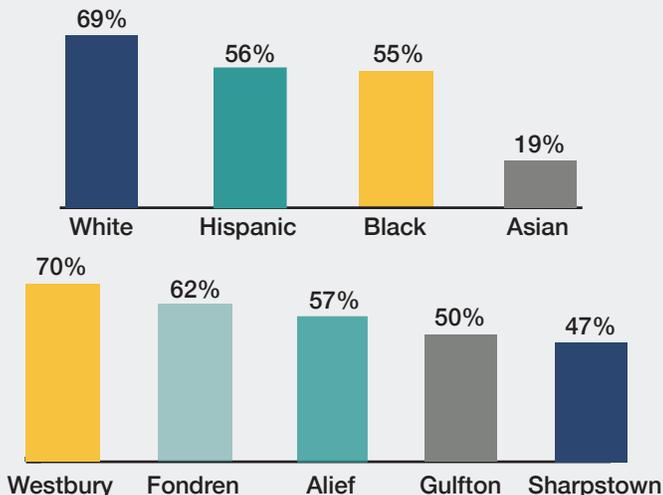
■ Big Problem ■ Somewhat of a Problem ■ Not a Problem



HOUSING

55% Face severe housing cost burden, spending more than half their income on rent or mortgage

Percent Spending More than Half of Their Income on Rent or Mortgage



HEALTH CARE ACCESS

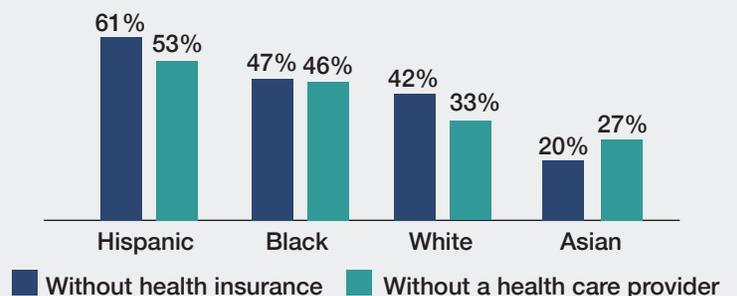


47% Without health insurance

44% Without a health care provider

35% Forego care due to cost

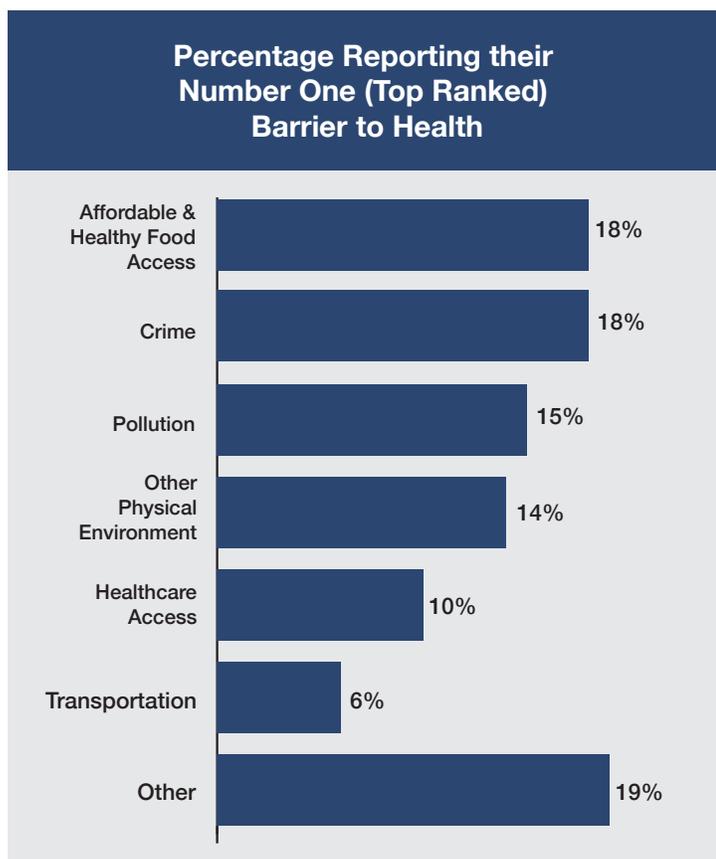
Percent Without Health Insurance and Without Health Care Provider



■ Without health insurance ■ Without a health care provider

4. Southwest Houston residents most commonly rank food insecurity, neighborhood safety, and pollution as their number one barrier to health.

Of all the barriers Southwest Houstonians face, they were asked to rank order their top three. The five most common responses provided for the number one (top ranked) barrier included: (1) lack of access to affordable and healthy foods; (2) neighborhood crime and violence; (3) pollution; (4) other physical environment factors; and (5) access to health insurance and care.



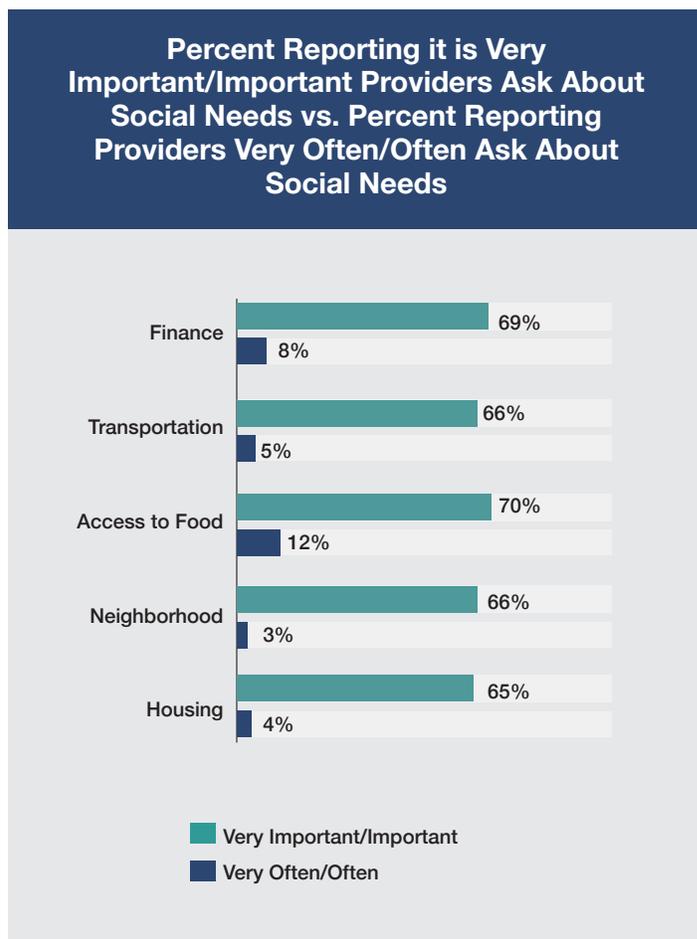
5. Southwest Houstonians say that access to affordable and healthy foods, neighborhood parks and clean environment help them be healthy.

Residents were asked to rank order their top facilitators to health. The most commonly cited number one facilitators were: neighborhood conditions including clean and safe spaces and accessible community amenities such as pools, gyms, and free exercise classes (21%); access to walkable spaces such as

parks and sidewalks (20%); and access to affordable, healthy foods through food pantries, nearby grocery stores, and food fairs (15%).

6. Southwest Houston residents say it is important that health care providers screen for their social needs when providing care.

At least two-thirds of Southwest Houstonians said that it is very important or important that when providing care, health care providers ask about their social needs such as access to food, neighborhood, financial situation, housing and others. However, they reported that very few providers actually ask them questions about their health-related social needs. Food insecurity was most commonly identified as being screened by health care providers—with 12% saying they were very often/often asked this question.



MOVING FORWARD

Our survey findings affirm that solutions to measurably improve health in Southwest Houston must address the multifaceted nature of health as well as the distinct needs of communities. As we found health is not driven by any one factor, but by a combination of complex determinants that will require working across systems—health care, food, environment, housing, education, and transportation. While health systems and providers have an important role to play in addressing these root drivers, local government, public health agencies, philanthropies, social service agencies, community development organizations, businesses, and others are just as critical to leading and partnering in solutions. As such, going forward, we recognize that moving the needle on improving health in Southwest Houston will require solutions at multiple levels—community, health system, and individual—balancing broader initiatives with tailored interventions to address the distinct needs of neighborhoods and diverse individuals.

Levels of Action to Improve Health and Well-Being in Southwest Houston

Community

- Recommendation 1: Engage diverse community members, cross-sector partners, and subject matter experts as part of Community Action Teams dedicated to addressing food insecurity, neighborhood safety, and other urgent priorities.

Health Systems

- Recommendation 2: Expand health-related social needs screenings and community referral networks.
- Recommendation 3: Champion & invest in upstream community initiatives to address the social determinants of health.

Individual

- Recommendation 4: Provide culturally and linguistically tailored education, programs, and resources to better reach diverse individuals

RECOMMENDATIONS

1. Engage diverse community members, cross-sector partners, and subject matter experts as part of Community Action Teams dedicated to addressing food insecurity, neighborhood safety, and other urgent priorities.

We recommend building Community Action Teams comprised of racially, ethnically, and linguistically diverse community members, key stakeholders, and subject matter experts from Southwest Houston, with each team working to develop and execute a concrete plan of action for addressing urgent priorities. An important starting point will be to address food insecurity—a priority determinant inextricably linked with higher rates of hypertension, diabetes and other chronic conditions. Doing so will require bringing the right partners to the table, such as members of the community, faith organizations, and neighborhood leaders alongside health systems, social service organizations, and food banks to commit to driving meaningful and sustainable change. It will also require alignment with existing community initiatives such as the Mayor of Houston’s *Complete Communities* initiative in Gulfton and Alief, while also building on successful initiatives such as healthy corner stores, neighborhood farmer’s markets, and food pharmacies.

2. Expand health-related social needs screenings and referrals across health systems.

There is clear consensus of the critical role that health care providers can play to identify and address patient’s social needs. Such community buy-in— together with evidence from around the country demonstrating that social screenings and community referrals have indeed reduced social needs and improved overall health status—provide a strong case for further expanding and building out these efforts across health systems in the Southwest region, and Greater Houston more broadly.

3. Champion and invest in evidence-informed community initiatives to address the social determinants of health.

Improving the conditions for health, and in turn health outcomes, will require a shift in efforts focused solely on social determinants in *health care* to those focused on *health*. Health systems serving Southwest Houstonians can play a more meaningful role to champion and invest in targeted, evidence-informed interventions and innovations working in harmony with the community and other cross-sector partners to address the determinants of health outside their four walls. Many large health systems around the nation are playing a greater role to invest in the overall vitality of their communities as a way of doing business, pushing further upstream to support affordable housing, local jobs, transportation, and other social determinants of health.

4. Provide culturally and linguistically tailored programs, education and resources to better reach diverse individuals.

Our findings underscore the importance of developing programs and education that are tailored to the distinct needs and circumstances of diverse populations to ensure their understanding, reception and adherence to important information, guidance and access to resources. Doing so will require meeting individuals where they are; providing information through trusted messengers and voices; assuring culturally and linguistically appropriate and tailored messages; and recognizing that many individuals will require *multiple touches*. Ensuring cultural and linguistic competence will be crucial across the spectrum of initiatives targeting Southwest Houstonians, including social needs screenings, community referrals, and information resources.

CONCLUSION

Our study revealed a richly detailed portrait of the lives, hopes and challenges of residents across Southwest Houston. While each community is distinct, their voices reveal shared priorities and reinforce that the path to health and well-being for all residents must recognize and address the social determinants of health. These priorities take on greater urgency in the face of public health threats, such as the ongoing coronavirus pandemic, as social, economic and health care needs not only deepen, but the need to reach diverse populations in trusted, culturally and linguistically appropriate ways becomes central to protecting and building their resilience, as well as that of all people in Southwest Houston and Greater Houston.

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INTRODUCTION

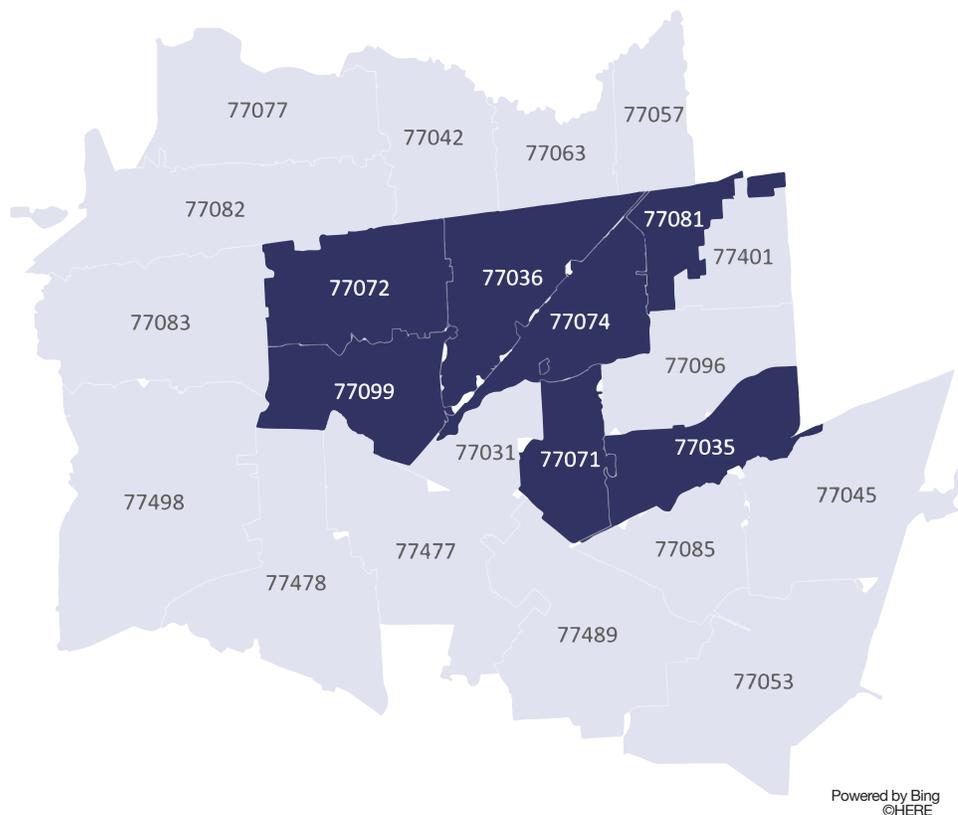
Southwest Houston is among one of the nation's most racially and ethnically diverse and densely populated communities, rich in culture and history, yet facing a confluence of social, economic, environmental and health challenges. While the average life expectancy at birth for some in the region is 84 years, residents a few miles away can expect to live to just 75 years.¹

A robust body of evidence documents that health is shaped by factors more than just health care. It is produced by conditions in which people are born, grow, live, work and age, also referred to as the social determinants of health.² While there is growing recognition and momentum in Greater Houston to address health more holistically, working in collaboration across sectors, little is known about how communities perceive and prioritize the drivers of health. What do Southwest Houstonians say are the factors that affect their ability to lead and achieve a healthy life? Community voices and perspectives are critical to informing and setting priorities, and shaping tailored policy interventions to move the needle on health improvement.

With support from Memorial Hermann Community Benefit Corporation, Texas Health Institute conducted a first-of-its-kind community survey initiative in Southwest Houston, working in partnership with the Alliance for Multicultural Community Services, Bee Busy Wellness Center, Chinese Community Center, Community Health Choice, and Culture of Health-Advancing Together. The purpose of this initiative was three-fold:

1. To conduct a community-based survey to identify and prioritize the primary social determinants driving health in Southwest Houston.
2. To identify distinct neighborhood needs and lived experiences of diverse populations in Southwest Houston.
3. To inform actionable and collaborative solutions to improve population health and health equity in Southwest Houston.

Figure 1: Southwest Houston 7 Zip Code Study Area



Why Southwest Houston?

Southwest Houston is a unique community, vibrant and rich in diversity. It is home to a culturally and linguistically diverse population, with people from more than 80 countries including Mexico, Central America, Somalia, Afghanistan, and Pakistan.³ Whites comprise just 12% of the population, compared to 35% and 42% in Houston and Texas, respectively. Over 140 languages are spoken, and a large percentage of people face limited English proficiency. At the same time, Southwest Houston faces a complex web of chronic social, economic, environmental and health challenges, which have not only remained stagnant over time, but in some cases have worsened.^{4,5} These circumstances have been further compounded by the ongoing threat of public health emergencies that reveal the region's vulnerability. Southwest communities were among those hard hit by Hurricane Harvey, and in the face of the ongoing coronavirus pandemic are among neighborhoods vulnerable to facing adverse health, economic, and social outcomes.

Poverty is concentrated in these communities and has grown by as much as 15% since 2010 across some neighborhoods.⁶ Whereas 15% and 21% of the population in Texas and Greater Houston, respectively, live below the federal poverty level, on average 29% of Southwest Houstonians live in poverty.^{7,8} In the neighborhoods of Gulfton and Sharpstown, two in every five adults and one in every two children live in poverty, respectively.⁹ *The Health of Houston 2018 Survey* further identified several Southwest neighborhoods as having some of the highest percentage of adults facing economic hardship—a reality that has not improved since their initial 2010 survey.¹⁰

The uninsured rate is roughly twice as high in Southwest Houston (45%) as compared to Greater Houston (23%) and the state (19%), and roughly five times higher than the national average (9%).¹¹ *Harris Cares 2020* identified Southwest Houston among regions with high preventable adult hospitalizations, and related uncompensated care costs. Similarly, *Memorial Hermann's 2019 Community Health Needs Assessment* identified a cluster of zip codes—including Gulfton, Sharpstown, and Alief—as having the highest number of inpatient discharges in the southwest region.

Figure 2: Comparing Sociodemographic Characteristics

	Southwest Houston	Greater Houston	Texas	
Race	White	12%	35%	42%
	Hispanic	54%	38%	40%
	Black	22%	18%	13%
	Asian	11%	7%	5%
Poverty	Below Poverty	29%	21%	15%
Insurance	Uninsured	45%	23%	19%

Crime and safety are also ongoing concerns. Alief, Gulfton, Sharpstown, Westbury, Westwood and Braeburn in the southwest corridor, all fall in the top 20% of neighborhoods with the highest violent crime rates in Houston.¹² According to the *Kinder Houston Area Survey*, more than two-thirds of residents in Southwest Houston fear they will become a victim of crime¹³—a factor that often serves as a mental stressor and an impediment to outdoor physical activity across communities.

Together, these data on the broader social determinants of health paint a portrait of the daily challenges facing people of Southwest Houston. As the *2018 Health of Houston Survey* revealed, while poor health outcomes in Southwest Houston have remained largely stagnant, some measures of chronic disease have indeed worsened. For example, the rate of diabetes rose from 15.0% in 2010 to 21.3% in 2018 in Gulfton.¹⁴

Community Partnerships

We partnered with five community-based organizations anchored in, trusted, and representative of diverse populations in Southwest Houston: the Alliance for Multicultural Community Services, Bee Busy Wellness Center, Community Health Choice, Chinese Community Center, and Culture of Health-Advancing Together. These partners were engaged throughout the course of the project, from inception and survey development to data collection sense-making and reporting out. Key leadership, staff, community health workers, navigators, and volunteers from each of the organizations served as our ongoing Community Advisory Group, guiding and grounding the work in the community's reality, while also serving as the trusted face of the project on the ground across neighborhoods.

Survey

Survey content was informed by our previous health survey initiatives, as well as validated surveys in the field, and importantly, input and guidance from community partners on priority topics most relevant to Southwest Houston. The purpose of the survey was to identify and prioritize the Southwest community's experiences and perspectives on the social determinants of health that enable or inhibit

people's ability to lead healthy lives. We drafted a preliminary version of the survey, compiling a list of relevant validated questions from national, state and local surveys such as the *Behavior Risk Factor Surveillance System*, *Health of Houston Survey*, *American Health Values Survey*, *Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)*, and others. Community partners reviewed and provided input on the draft survey through an in-person meeting and follow-up communication, which was folded into a final draft.

The final survey included a total of 54 questions asking about demographics, health status, beliefs about barriers and facilitators to health; individual sections assessing experiences with specific social determinants of health such as food insecurity, housing, transportation, and finance; and experiences and attitudes toward role of health care providers in addressing health-related social needs. Through the assistance of community partners, the survey was translated into Vietnamese, Mandarin Chinese, and Spanish.



Sampling

The objective of our sampling methodology was to: (1) capture the voice of diverse communities in Southwest Houston, including immigrants, refugees, linguistically-isolated, and (2) ensure the characteristics of the sample matched those of the overall population. To this end, we employed a quota sampling methodology that required survey interviewers to target respondents from specific Zip Codes and with specific (presumed) demographic characteristics. While not a random sample, quota sampling minimizes some of the biases that arise from an unbalanced, convenience sample. In addition, it enables the use of population weights to estimate prevalence measures for the population as a whole.

The project budget enabled us to target as many as 1,000 interviews to be conducted by participating community partners.ⁱ THI gave each community partner a targeted quota for recruitment. The recruitment targets were based on population distribution by race, ethnicity, and Zip Code, along with each partner's capacity, familiarity with and reach across the different Zip Codes, and fluency in the languages used in those communities. Community partners were required to balance two targets: those based on race and ethnicity, and those based on neighborhood and Zip Code.

Survey Administration

Surveys were conducted between October 21 and December 31, 2019 electronically in-person, interview-style in multiple languages by 40 trained community surveyors utilizing the SurveyMonkey field survey app on Samsung tablets. Individuals were surveyed at a variety of locations across communities including apartment complexes, hair salons, places of worship, grocery stores, cafes, food pantries, and at partner organization facilities. Respondents were screened to include only those 18 years and older, and those living in the seven Southwest Houston Zip Codes of focus. At the completion of the survey, participants were given \$10 gift cards to nearby grocery stores, identified by our community partners as popular and accessible sites among their target communities.

Prior to the launch of the survey in Fall 2019, we organized a number of trainings to prepare community partners. As a kick-off, we convened a four-hour in-person train-the-trainer workshop in September 2019 to familiarize surveyors with the process of survey administration. The purpose of the training was two-fold: (1) to build community-based organization and individual capacity and skills to conduct survey work; and (2) ensure a clear and consistent survey administration process for the collection of quality data.

The training focused on ways to: (1) help partners understand the meaning of the project; (2) describe ground rules for quality, consistent, and respectful survey administration; (3) assist partners in becoming fluent in utilizing tablets to administer surveys in the field; (4) define the meaning of the questions and terms used in the survey; and (5) prepare partners to train other surveyors and community members. We developed a hands-on training session with partners to engage in role play on survey administration utilizing the tablet. Partners practiced administration of the survey in various languages commonly spoken in the Southwest Houston region. Two to three tablets were assigned to each organization at the end of the training session for survey administration. Valuable feedback on the survey as well as the survey administration process was incorporated before the launch of the survey. Following the training, partners were encouraged to strategize and devise a plan for data collection efforts according to sample Zip Code and race/ethnic breakdown.

Additional follow-up step-by-step web tutorials were provided, along with electronic copies of a guidebook on how to conduct surveys and navigate the electronic platform. Our team conducted final in-person site visits to each organization to ensure full preparation before the launch.

Once in the field, we established a real-time data monitoring process and weekly check-in calls with each organization to ensure quality data collection. Weekly, thirty-minute check-ins served the dual purpose of monitoring data quality, as well as receiving regular qualitative summaries and anecdotes on common and distinct community experiences on what drives health in Southwest Houston.

ⁱ Notwithstanding the caveat of sample bias, the sample of 1,000 in a population of 350,000 is associated with a margin of error of $\pm 3.09\%$.

Data Analysis

Survey data were downloaded from SurveyMonkey, cleaned utilizing Microsoft Excel, and analyzed in Stata Version 14. We weighted the data by Zip Code, race/ethnicity, and sex to be representative of our target Southwest Houston population. Univariate and bivariate analyses were conducted on weighted data. Multivariate probability models were analyzed for unweighted data examining differences between neighborhoods by adjusting for race/ethnicity, sex, age, and education. Open-ended responses were analyzed through thematic coding and a grounded theory approach. Preliminary results were shared with our community partners and surveyors in late February 2020 to help with sense-making and contextualizing findings, as well as to brainstorm preliminary recommendations for addressing identified priority needs.

Limitations

To capture diverse perspectives from Southwest Houston, we utilized a quota sampling methodology. Despite its cost advantages to random sampling as well as bias reduction compared to traditional convenience samples, we recognize that quota sampling has its limitations and does not fully eliminate bias. First, as we had more female surveyors than male, recruitment and response was greater among women. The length of the survey also inhibited many working men from participating, resulting in a much larger sample of women completing the survey than men. Second, because the survey was conducted in multiple languages—including on-site oral interpretation and translation in over two dozen languages—it is possible that surveyors could have influenced responses as they explained questions and/or probed for answers. There is also a possibility that terms and concepts in our survey may have been interpreted differently based on culture and language. Finally, when interpreting results, the diversity of the white population should be taken into consideration. Whites in this study included a mix of ethnicities including people from the Middle East. Only about 60% identified as English-speaking Caucasians.

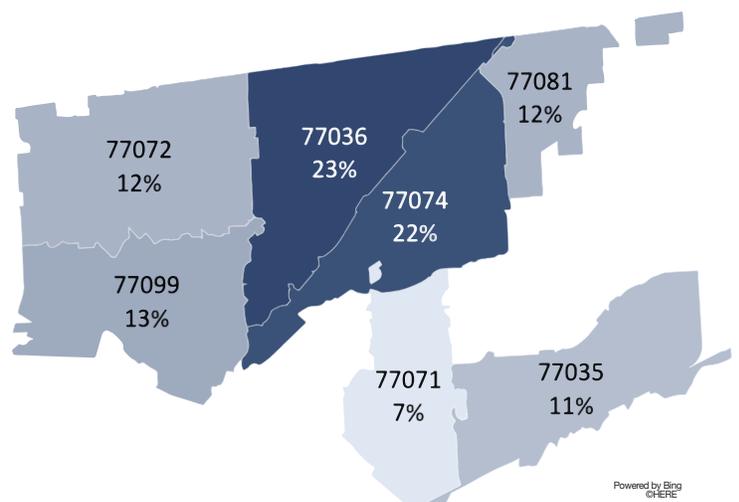
Notwithstanding these limitations, however, this survey initiative represents a first-of-its-kind effort to document and elevate diverse perspectives and community voices on the social determinants of health, while also translating data to inform solutions in Southwest Houston. Our findings ground long-known anecdotal stories and qualitative data in numbers—not only for Southwest Houston as a region, but for more granular neighborhoods as well as racially, ethnically, and linguistically diverse population groups.

Survey Respondants

A total of 1,000 residents in Southwest Houston were surveyed. Approximately 45% of respondents were from Sharpstown (77036 and 77074), 25% from Alief (77072 and 77099), 12% from Gulfton (77081), 11% from Westbury (77035), and 7% from Greater Fondren (77071) neighborhoods.

Hispanics comprised 32% of the sample, followed by 29% Asians, 26% Blacks, 9% Whites, and 4% other including multiracial individuals. Broader race categories were further broken down by ethnic background. Among Asians, 29% were Chinese, 28% Vietnamese, 24% Afghani, and 20% other Asian ethnicities. Among Hispanics, 46% were from Mexico, 21% from El Salvador, and 33% from other Latin American countries. Among Blacks, 53% were of US origin and 47% identified as being from African countries such as Democratic Republic of the Congo and Nigeria.

Figure 3: Total Respondents by Zip Code



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Figure 4. Characteristics of Respondents (n=1,000)

The race/ethnic distribution data by neighborhood showed that Hispanics comprised over fifty percent of the Gulfton sample and just more than one-third of Alief. For both Sharpstown and Greater Fondren, majority of respondents were Asians, whereas over fifty percent of Westbury respondents were Black. Seven in ten (71%) respondents reported speaking a language other than English at home, of which Spanish (37%) was the top language spoken. Other most frequently spoken languages by Southwest respondents included Chinese (13%), Vietnamese (11%), and dialects of Pashto and Dari origin (15%). An additional 27 languages were reported among respondents.

Almost three-fourths of the respondents (73%) reported having limited English proficiency, defined as speaking English less than “very well.” Respondents from Greater Fondren had the highest (88%) rate of limited English proficiency and those from Westbury reported the lowest rate (53%). About 14% of the respondents said they were refugees and 3% identified as asylees. Our sample consisted of more females (71%) than males (29%). As community surveyors noted, males were more likely to decline the survey due to time limitations than females, who were more willing to participate.

In terms of age, more than half of respondents (54%) were aged 25-44 years, one-fourth (26%) were aged 45-64 years, and just one in ten was 65+ years. Younger adults aged 18-24 years comprised 11% of the sample.

Nearly 72% of the respondents lived in a household consisting of three or more members and 66% of the respondents lived in a home with two or more children. One in four respondents reported less than a high school education, with Hispanic respondents being the most likely (39%) to not have graduated from high school.

Zip Code/Neighborhood

	77035 (Westbury)	11%
	77036 (Sharpstown)	23%
	77071 (Greater Fondren)	7%
	77072 (Alief)	12%
	77074 (Sharpstown)	22%
	77081 (Gulfton)	12%
	77099 (Alief)	13%

Race and Ethnicity

	Hispanic	32%
	Non-Hispanic White	9%
	Non-Hispanic Black	26%
	Non-Hispanic Asian	29%
	Non-Hispanic Other	4%

Sex

	Female	71%
	Male	29%

Language Spoken at Home

	Limited English Proficient	73%
	Spanish	37%
	Chinese	13%
	Vietnamese	11%
	Pashto	10%
	Dari	5%
	Other	24%

Age

	18-24	11%
	25-34	30%
	35-44	24%
	45-54	15%
	55-64	11%
	65+	9%

What is the Health of Southwest Houstonians?

General and Mental Health Status

Just over one-fifth (21%) of Southwest Houstonians reported they were in fair or poor health, and 17% indicated their mental health was fair or poor. The rate of reporting fair or poor general and mental health was similar by race/ethnicity, with the exception of Hispanics. Hispanics reported higher rates of fair or poor general health (25%) than mental health (15%). African Americans had almost twice the rate (21%) of reporting fair or poor health status, compared to the rate for Blacks originating from

African countries (11%). Vietnamese (25%) and Chinese (21%) reported higher rates of fair or poor health status, than Afghanis (4%) and Other Asians (11%). Among Hispanics, 25% of Mexicans and 21% of Salvadorians reported fair or poor health.

Sharpstown (25%) and Gulfton (27%) had higher rates of fair or poor general health than Alief (19%), Westbury (14%), and Fondren (10%).

Figure 5: Percent Reporting the Status of their General and Mental Health

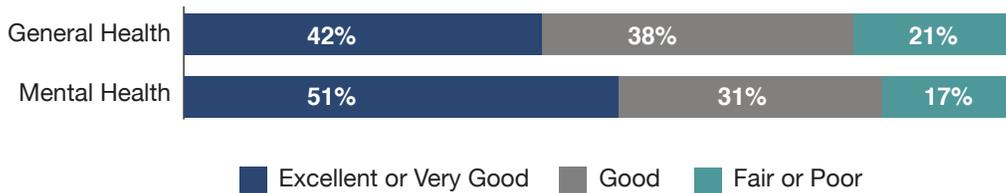
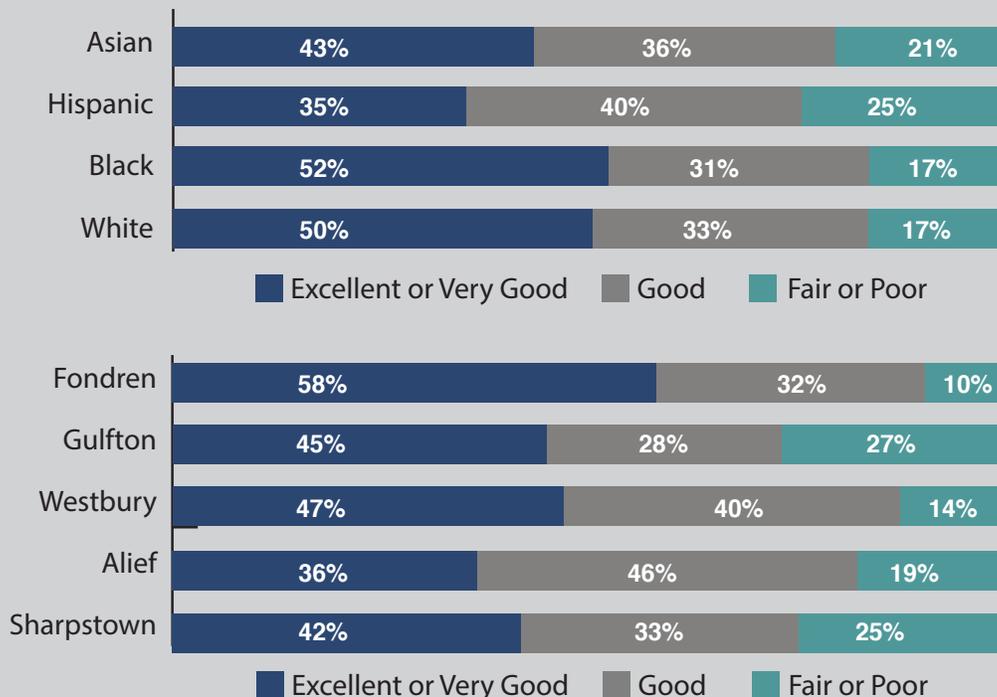


Figure 6: Percent Reporting the Status of their General Health



Common Chronic Conditions

More than half of Southwest Houston adults (53%) reported having one or more chronic condition(s) and 28% reported having two or more chronic conditions. Nearly one-third (32%) of residents had been diagnosed with high blood pressure, and one in five residents reported being diagnosed with diabetes (19%) and depression (19%). Roughly one in ten (11%) residents said they had asthma.

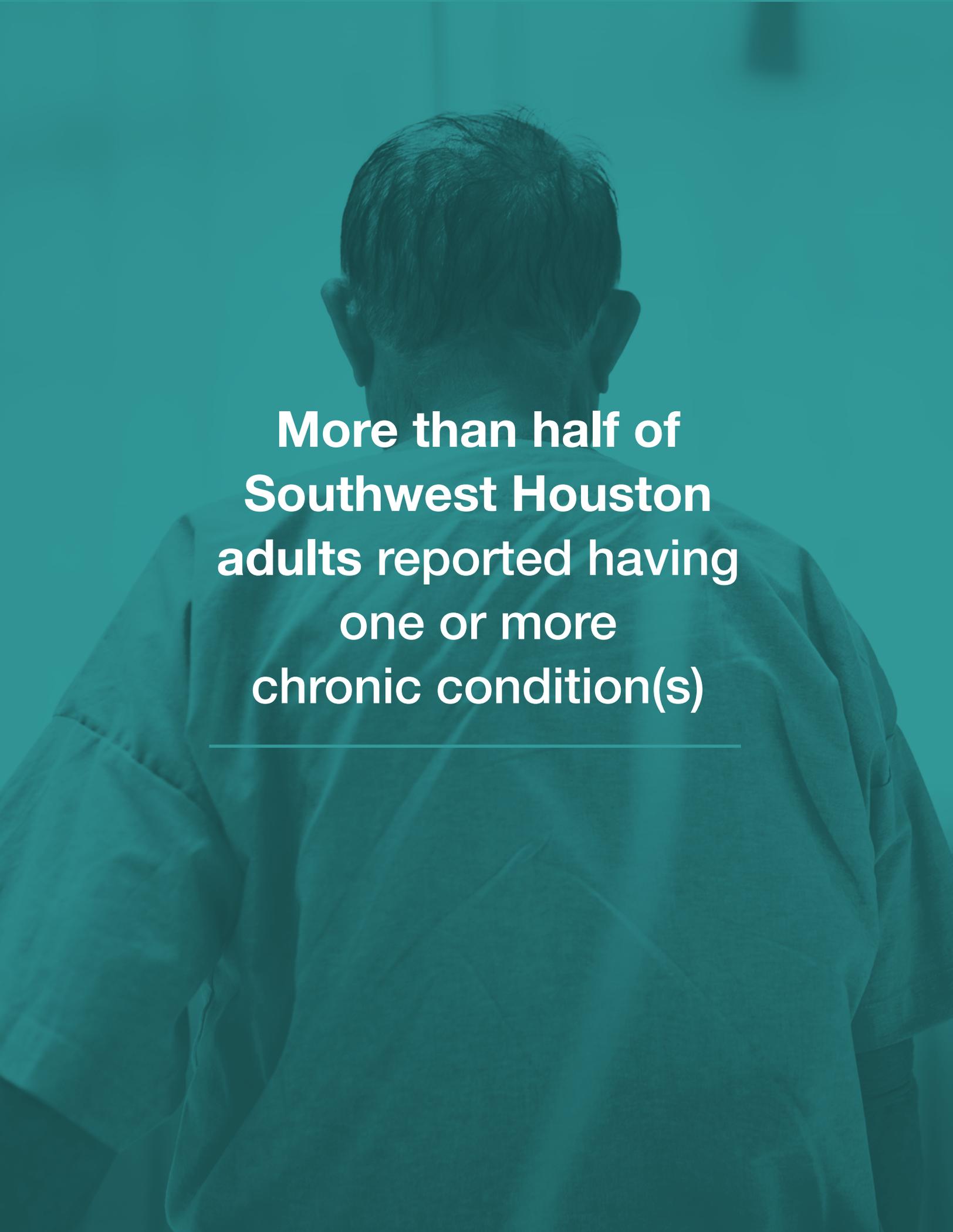
The prevalence of common chronic conditions differed by race/ethnicity. We found Blacks and Whites in Southwest Houston reported higher rates of diagnosis of many chronic conditions, such as high blood pressure, diabetes, and depression. Hispanics, on the other hand, reported the lowest rates of diagnosis of high blood pressure, diabetes, asthma, and heart disease. Asians also reported the lowest rates of diagnosis of depression and disability, but higher rates of heart disease. Important differences emerged by additional race/ethnic breakdowns. For example, African Americans had almost twice the rate of many common chronic conditions than those from African countries.

Most notably, African Americans (36%) in Southwest Houston reported the highest rate of depression of all racial/ethnic groups.

Vietnamese residents had higher rates of diabetes, high blood pressure, and depression than Chinese, Afghani, and many other groups of Asians. Mexicans and Salvadorians reported higher rates of chronic disease than other Hispanics. Lower rates of chronic disease among many immigrant groups may be tied to a phenomenon known as the Immigrant Health Paradox—that is, newer immigrants not yet acculturated to the American way of life have better health outcomes than U.S. citizens.¹⁵ At the same time, because respondents were asked to report if they were ever told by a health care provider if they had a condition, the burden of disease could be under-reported among some groups who may not have ready access to health care. For example, lower rates of diagnosis among some Hispanics may be due to lower rates of coverage and access to a dedicated health care provider, as described later in this report.

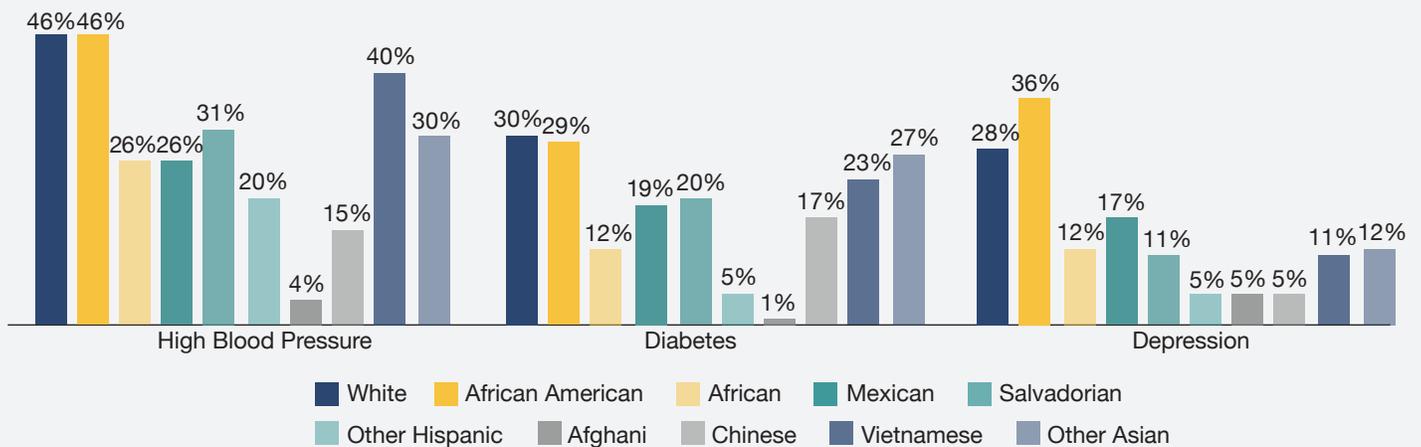
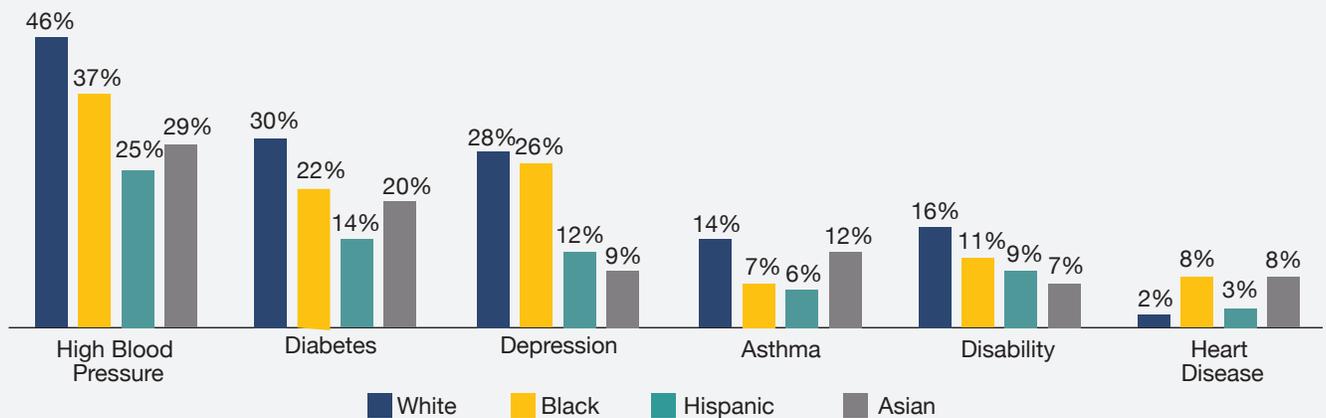
**Figure 7:
Percent Reporting Diagnosis of
Specific Chronic Conditions**

Chronic Conditions	Percentage
High Blood Pressure	32%
Diabetes	19%
Depression	19%
Asthma	11%
Disability	9%
Heart Disease	6%
Other Mental Health	3%
Substance Abuse	2%
Cancer	1%



**More than half of
Southwest Houston
adults reported having
one or more
chronic condition(s)**

Figure 8: Percent Reporting Diagnosis of Chronic Conditions



How Do Southwest Houstonians Define Health?

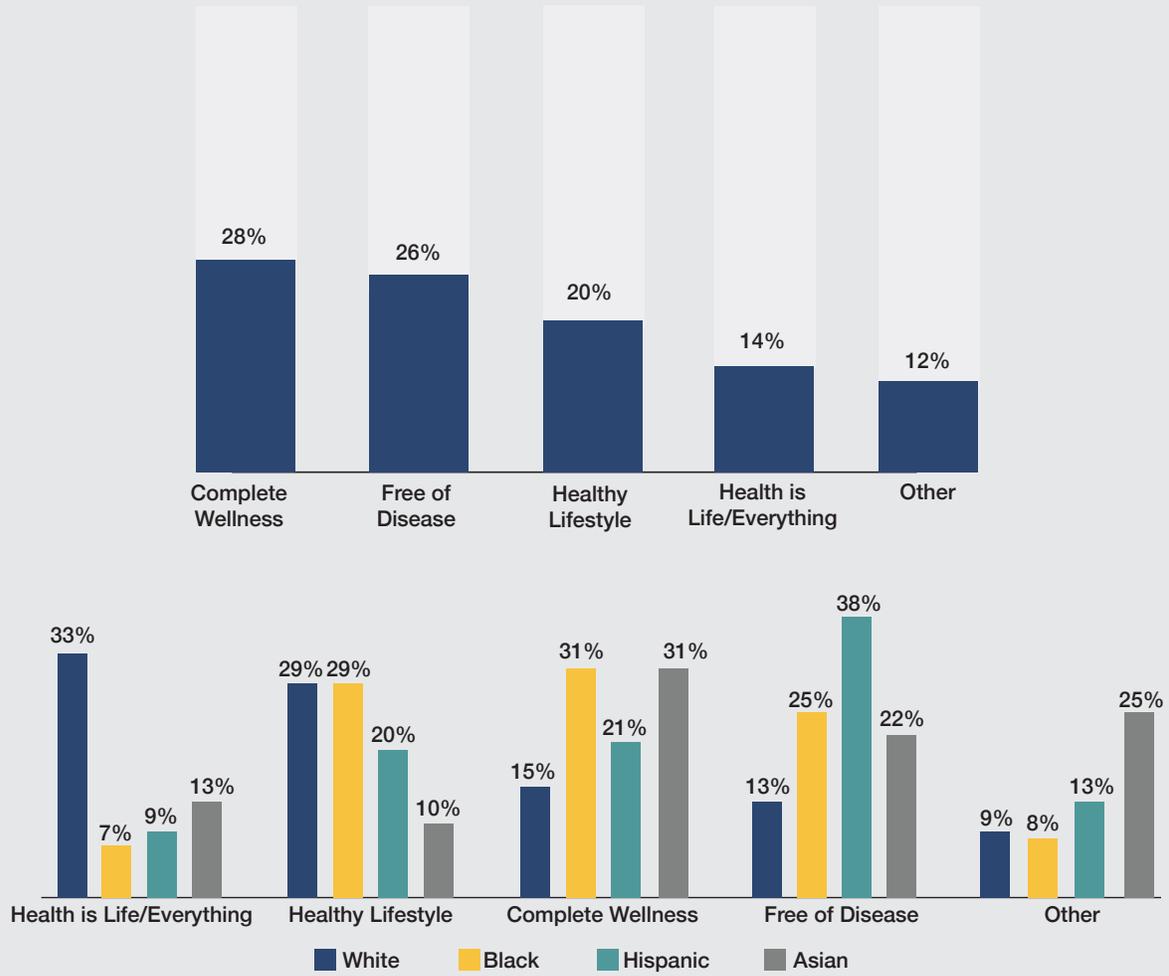
Defining Health

In an open-ended question, we asked Southwest Houstonians to define, “what does health mean to you?” Responses were varied and complex, and when analyzed thematically, ranged in perceptions of health as being: holistic (e.g., complete mind and body wellness, equating to “life” or “everything”), medical (e.g., free of disease), individualistic (e.g., a lifestyle choice), spiritual (e.g., a “precious” gift or asset from God), and a source of individual and family happiness.

More than two in five (42%) Southwest Houstonians had a broad and holistic outlook on health defining it as either complete physical and emotional well-being or equating it to “life” or “everything”. One in four (26%) held a more medical view of health, defining it as being free of disease or illness (26%), and one in five (20%) considered health to be a lifestyle choice involving exercise, healthy eating, and quality sleep.

When considering racial/ethnic perspectives on the meaning of health, Whites, Blacks, and Asians were more likely to define health more holistically, whereas Hispanics were more likely to equate it with being disease free. Blacks and Asians both reported complete

Figure 9: Percent Reporting What They Believe Health Means



Note: Other includes a combination of economic stability, the well-being of family and children, having health care, and the perspective as health being a precious gift from God.

wellness (31%) as the top definition of health, while Whites reported health as being the core component of life (33%) as the top meaning of health. A large portion of Hispanics (38%) defined health as being free of disease. Examples of common responses from Hispanic respondents included “not having diabetes or other sickness,” “the state of being disease free,” and “not having sickness”. The variation in perspectives on health can inform tailored education, interventions, and resources to specific communities for greater impact.

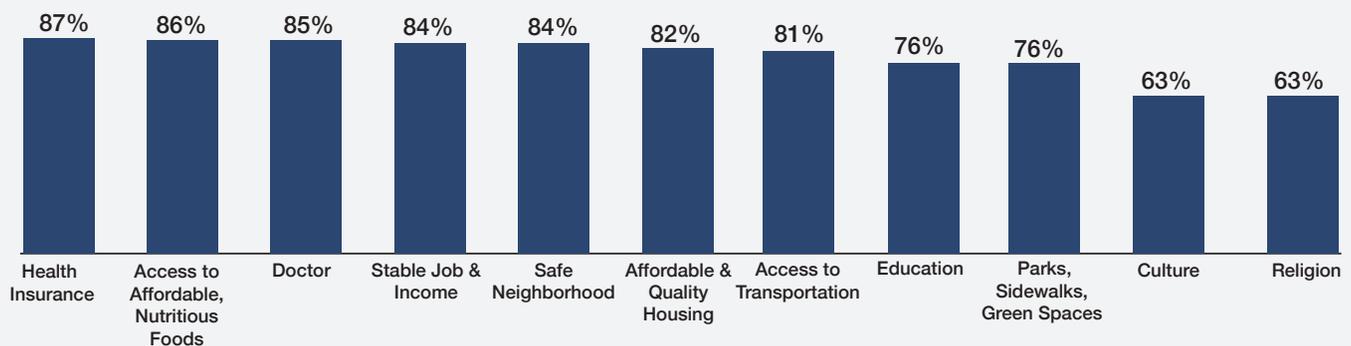
Factors Important to Health

In addition to asking questions regarding the meaning of health, respondents were asked about their perception of how important specific social determinants of health are to their own health. By and large, Southwest Houstonians acknowledged that health is about more than just health care. While more

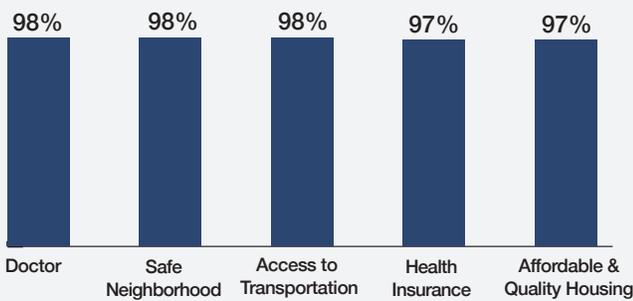
than four in five residents identified health insurance coverage (87%) and a doctor (85%) as very important or important to their health, more than four in five residents also identified access to affordable, nutritious foods (86%), a job (84%), and safe neighborhood (84%) as critical to their health.

All racial/ethnic groups affirm that their health is tied not only to health care, but broader social, environmental, and economic conditions they face. While Hispanics also cite these conditions as top factors, they have lower rates of reporting so.

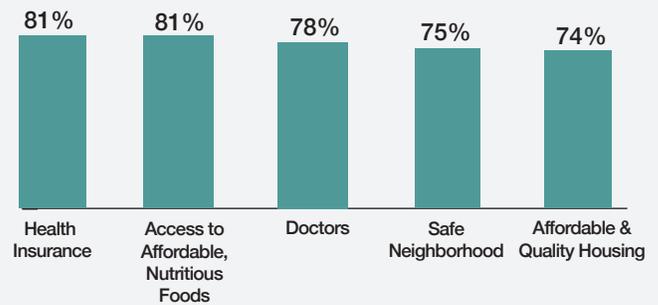
Figure 10: Percent Reporting Very Important/Important on Factors Important to Their Health



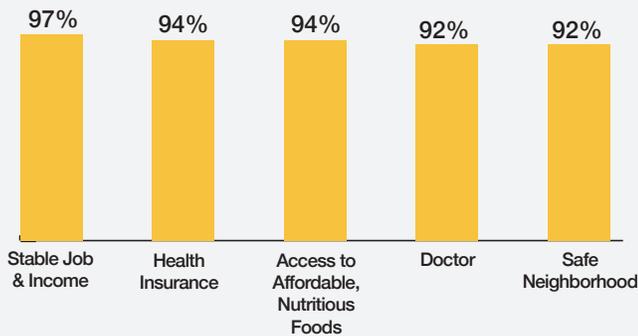
White



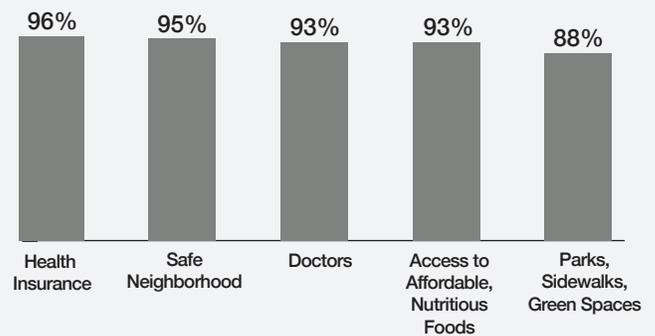
Hispanic



Black



Asian



What are Top Barriers to Health?

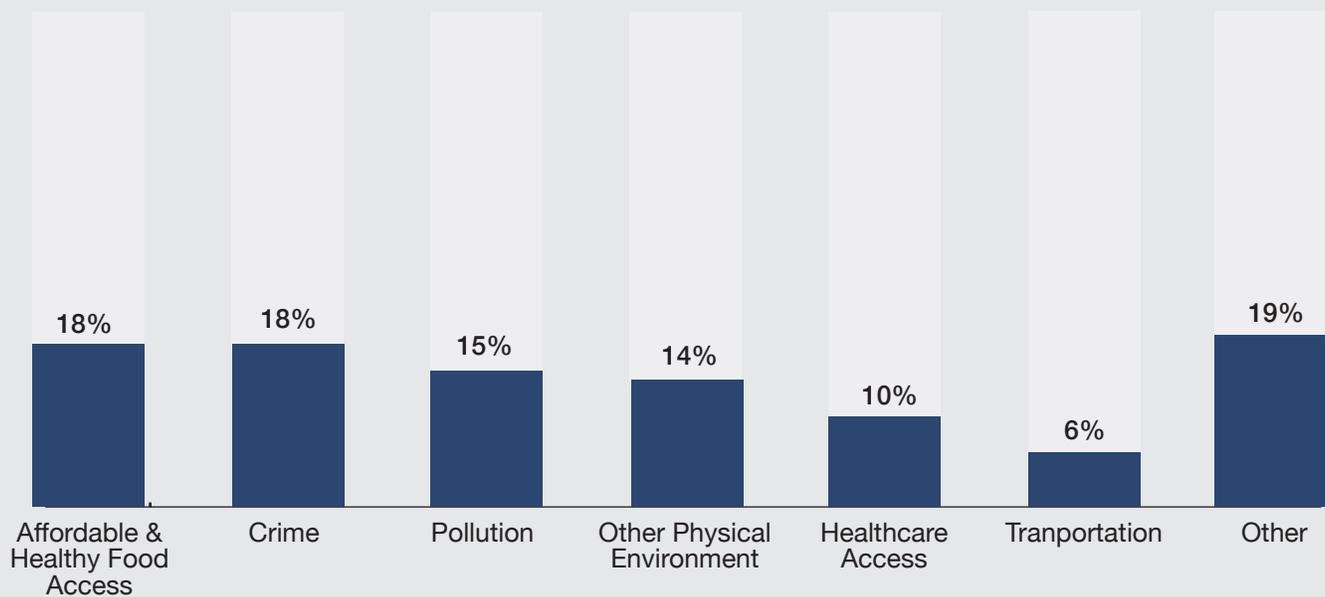
With the purpose of identifying and prioritizing what hinders Southwest Houstonians from reaching their best potential health, respondents were asked to report the top three barriers (in rank order) in their communities keeping them from leading their healthiest life possible. Nearly one in five Southwest Houstonians cited access to affordable and healthy foods and crime as the number one (top most) barrier to being healthy. In particular, they cited the rampant availability of fast foods and unhealthy food options as major deterrents to being healthy.

In terms of crime, 18% said that concerns with neighborhood safety, human trafficking, theft, drugs, and other forms of violence were their number one impediment to health. Fifteen percent cited pollution as the top barrier, including trash, noise, air, smell, and water. Fourteen percent cited other physical environment barriers as number one, including the need for or better maintenance of sidewalks, lack of green space and stray animals. While healthcare access was among the top five barriers reported in

Southwest Houston, it is important to note that 90% of residents identified a host of structural barriers beyond the health care sector as their number one impediment to achieving health. With respect to location, residents in Greater Fondren (33%) and Alief (21%) were most likely to cite lack of access to affordable, healthy foods as their number one barrier. Residents in Sharpstown and Westbury (24%) were most likely to cite crime as their top barrier to health, followed by access to affordable and healthy foods (21% in Sharpstown, and 14% in Westbury). Gulfton residents, on the other hand, were more likely to report health care access (16%) and transportation (13%) as their number one barrier.

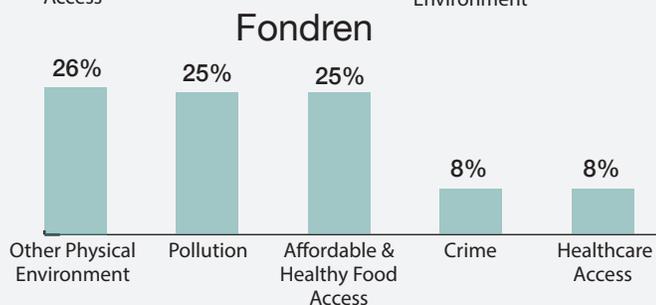
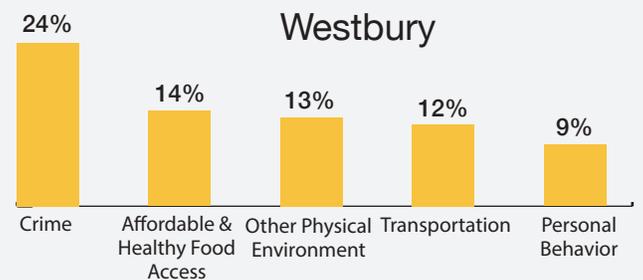
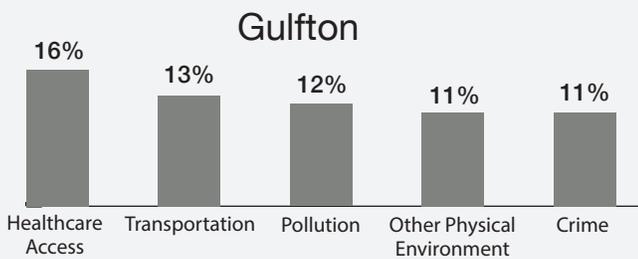
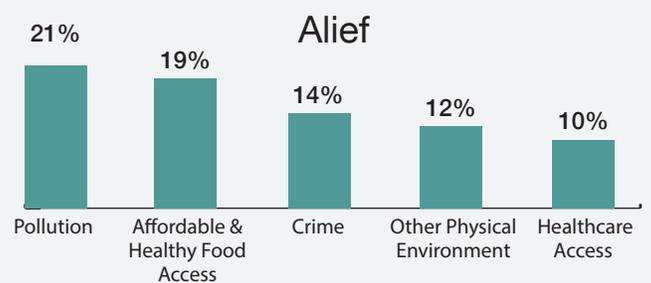
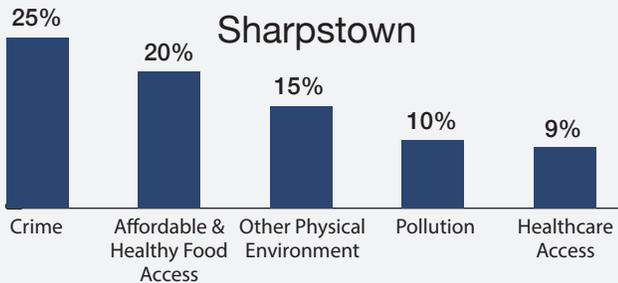
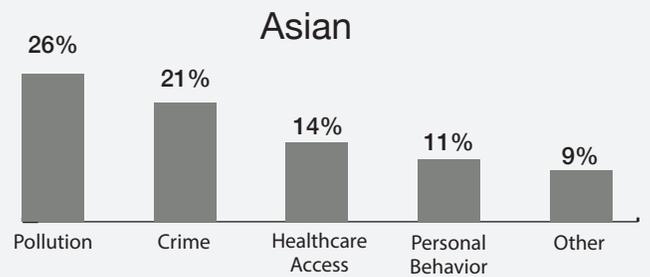
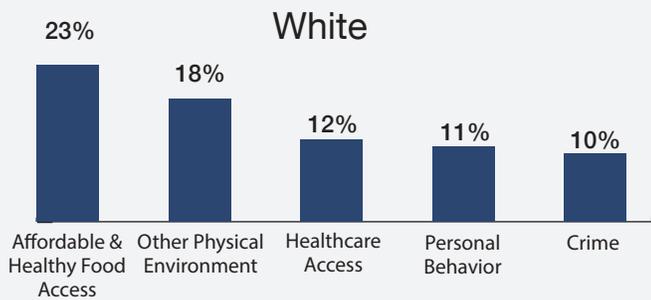
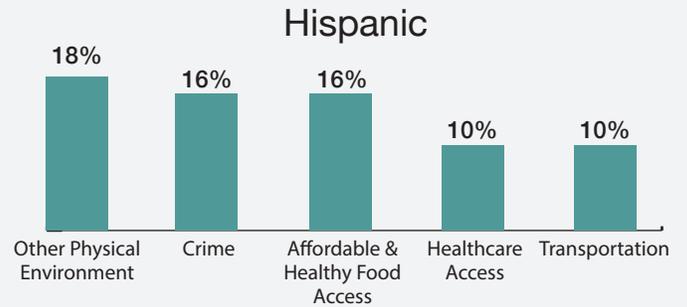
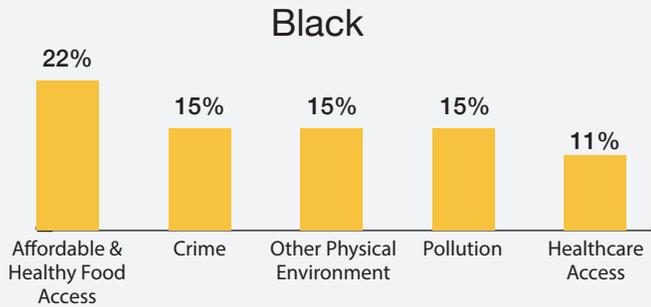
Barriers also varied by race/ethnicity. One in four Whites and Blacks reported that out of all barriers to health, lack of access to affordable, healthy foods is the top barrier they encounter. On the other hand, Asians cited pollution (26%) and Hispanics cited other physical environment (18%) as top barriers to achieving their best health.

**Figure 11:
Percent Reporting Their Number One
(Top Ranked) Barrier to Health**



Note: Other includes socioeconomic, behavioral, and other social factors.

**Figure 12:
Percent Reporting Their Number One
(Top Ranked) Barrier to Health**



Among Blacks, although 32% of African Americans indicated lack of access to affordable, healthy foods as the top barrier, those from African countries reported crime (16%) as the top barrier. Among Asians, 50% of Afghanis and 25% of Vietnamese reported crime as a top barrier, whereas 37% of Chinese reported pollution as the most urgent.

What are the Health-Related Social Needs?



Access to Affordable and Healthy Foods

Forty percent of residents of Southwest Houston reported that they or a family member they lived with were unable to pay for food when it was really needed in the past year. Half of Whites (52%) and Blacks (48%) reported being

unable to pay for food in the past year. Overall, 31% of Asians reported struggling with paying for food. Among Hispanics, 41% of Mexicans and Other Hispanics were unable to pay for food, whereas 53% of Salvadorians encountered barriers in paying for food over the past twelve months.

Concerns with food access and affordability varied by neighborhood. Two-thirds (65%) of Greater Fondren residents stated they or a family member had difficulty paying for food over the past year. More than 40% of Alief, Gulfton, and Westbury residents and 31% of Sharpstown residents faced this difficulty. Even after controlling for sex, age, race/ethnicity, and education, Alief, Gulfton, and Fondren residents were more likely than Sharpstown residents to report food access and affordability related challenges.

Figure 13: Percent Reporting Unable to Pay for Food in the Past Year

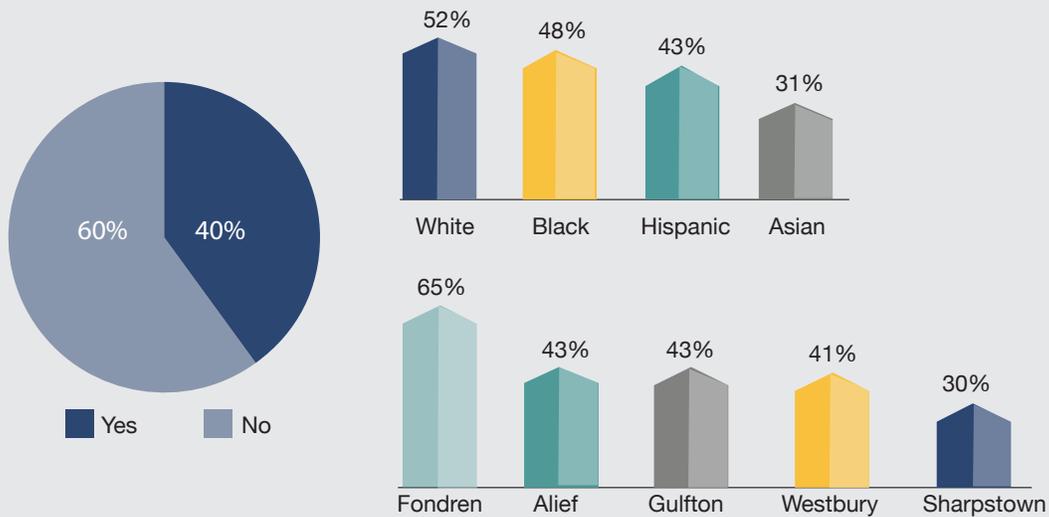
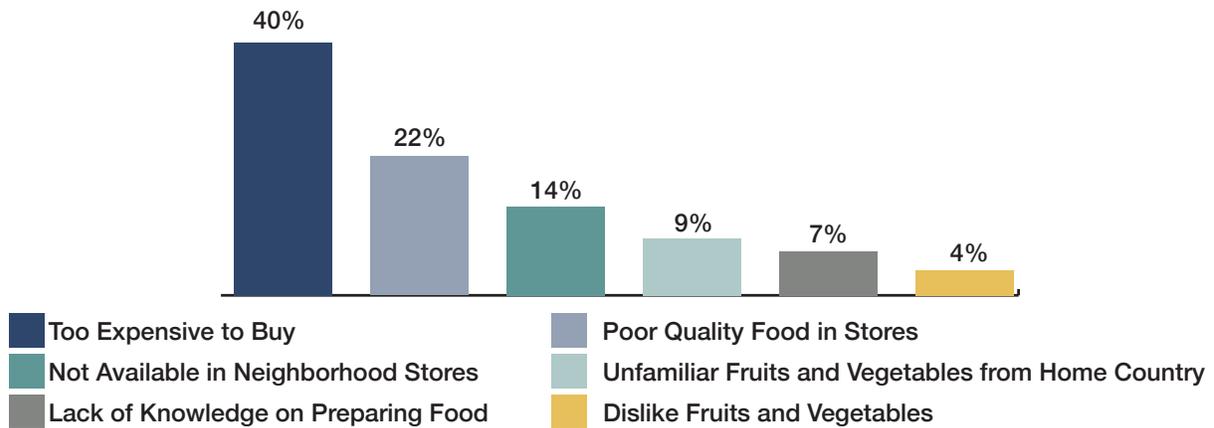


Figure 14: Percent Reporting Reason Preventing Eating Fresh Fruits and Vegetables



In addition to surveying food access and affordability, residents of Southwest Houston were asked what was keeping them from eating healthy. Almost 75% of residents stated that they were unable to eat a balanced, healthy diet with fresh fruits and vegetables due to affordability (i.e., too expensive), poor quality of produce, or lack of availability in neighborhood stores. Considering the diversity of Southwest Houston, 9% of the respondents reported that the fruits and vegetables found in local stores were unfamiliar to them or different from their country of origin.

In exploring racial/ethnic breakdown of neighborhood conditions, all groups agreed crime and pollution were big problems in their neighborhood affecting their health. Asians (78%) had the highest rate of reporting crime as a big problem, whereas Whites (64%) had the highest rate of reporting pollution. Hispanics, on the other hand, had lower rates of reporting neighborhood conditions were big problems affecting their health compared to all other groups. These differences between Hispanics and other groups raise some questions as to whether the difference is in perception or reality. In other words, do Hispanic residents view neighborhood conditions as less pressing to their health compared to other priorities they may be facing?



Neighborhood Conditions

Several questions sought to explicitly explore how big of a problem various neighborhood conditions were to the health of residents in the area. These conditions included crime, pollution, flooding, lack of sidewalks, lack of green space, pollution, liquor stores, stray animals, lack of grocery stores, and abandoned homes and lots. Forty-five percent of all residents reported at least three or more neighborhood conditions as big problems to their health.

Nearly half of Southwest Houstonians reported crime (48%) and pollution (45%) are big problems to their health in their neighborhoods—reaffirming previous sentiments they shared when open-endedly discussing the top barriers to health. More than one-third of residents also cited stray animals (39%) and flooding (36%) as big problems to their health.

45% of Southwest Houstonians identified at least three or more neighborhood conditions as big problems for their health

Figure 15: Percent Reporting Neighborhood Conditions as Big Problems for their Health

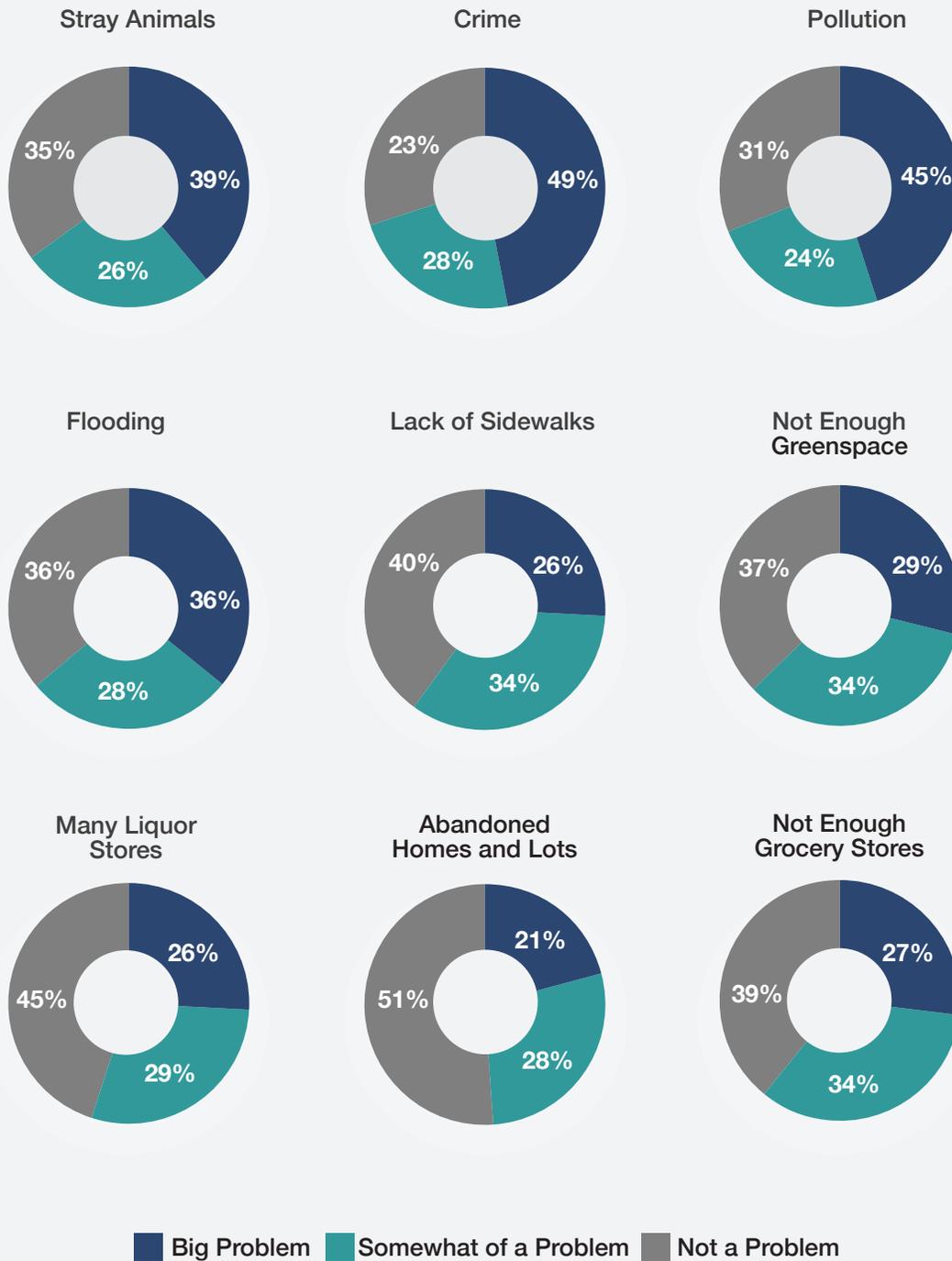
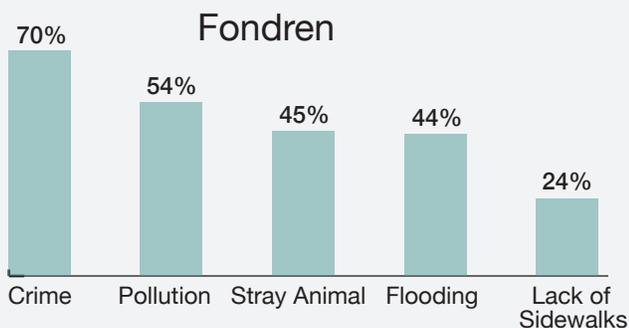
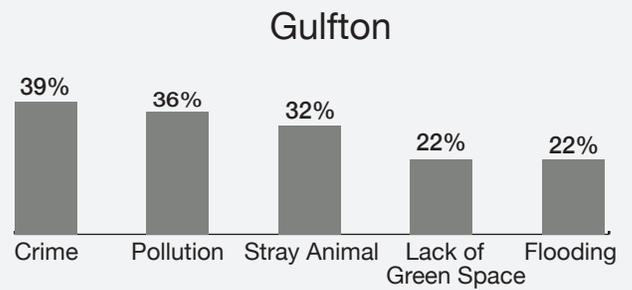
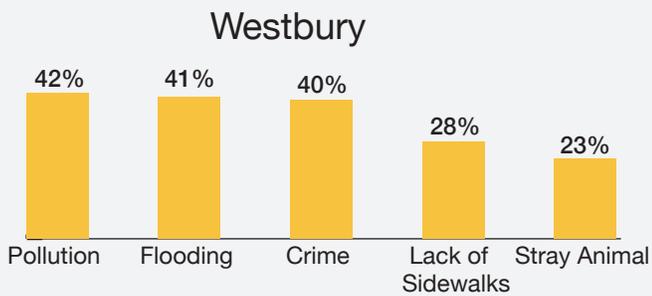
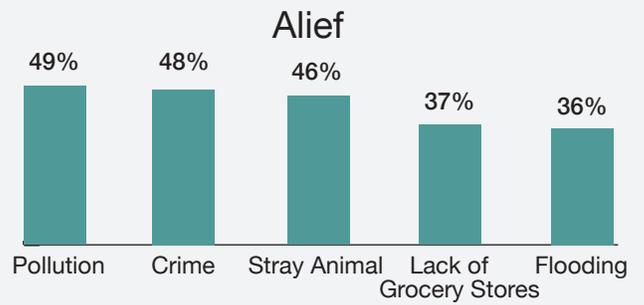
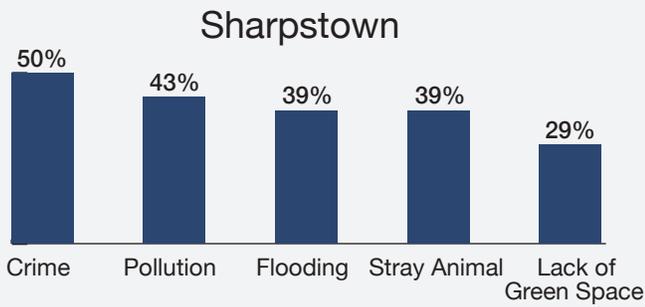
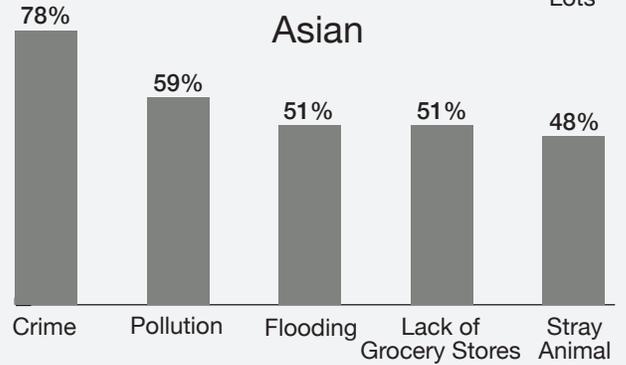
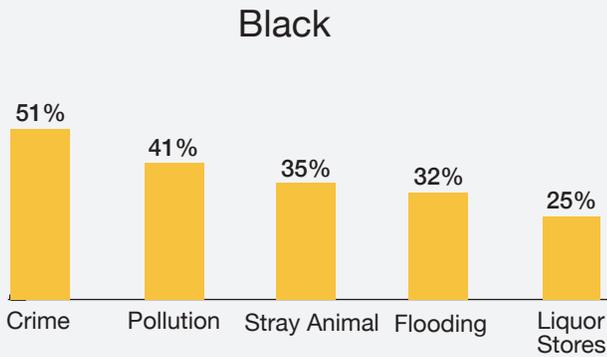
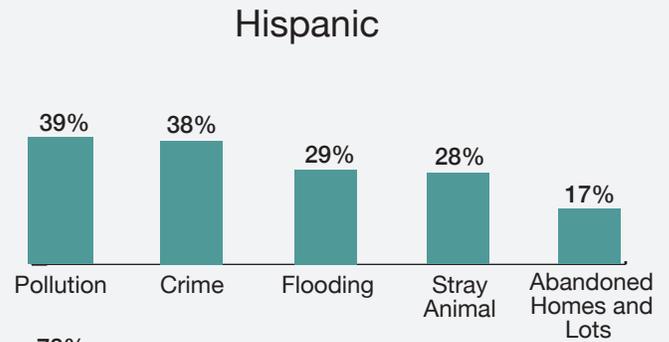
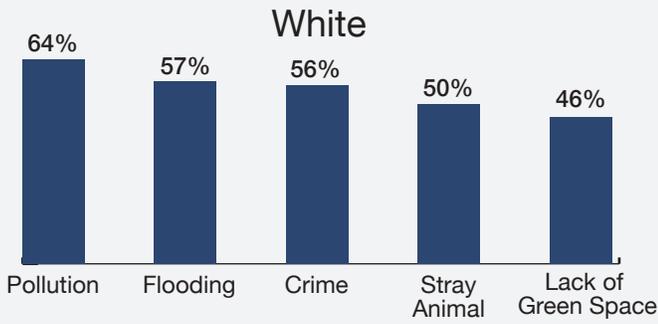


Figure 16: Percent Reporting Neighborhood Conditions as Big Problems for their Health



As our data show, Hispanics are more likely to report being in fair or poor health, more likely to perceive health as being downstream or disease-free, most likely to be uninsured, and least likely to have a dedicated health care provider.

At the neighborhood level, crime and pollution were also reported as big problems across all neighborhoods. More than two-thirds (70%) of Fondren residents and nearly half of Sharpstown and Alief residents reported crime as a big problem in their neighborhood affecting their health. Even after adjusting for demographic variables, Greater Fondren residents were more likely to report crime as a big problem than Sharpstown and Gulfton residents. Residents of Fondren were also significantly more likely to report pollution as a big problem than residents of Sharpstown, Gulfton, and Westbury. Flooding and stray animals were also big problems faced by residents across all neighborhoods. After adjusting for sex, age, race/ethnicity and education, differences across neighborhoods largely disappeared, suggesting these were salient issues that transcended any one neighborhood.



Housing

When asked to report their “housing situation today,” a large majority of Southwest Houston residents reported having housing (93%). However, 17% said their current housing situation was a big problem to their health. Asians (36%) were the most likely to report housing as a big problem to their health, with 69% of the Vietnamese population reporting so.

Figure 17: Percent Reporting Their Current Housing Situation is a Big Problem

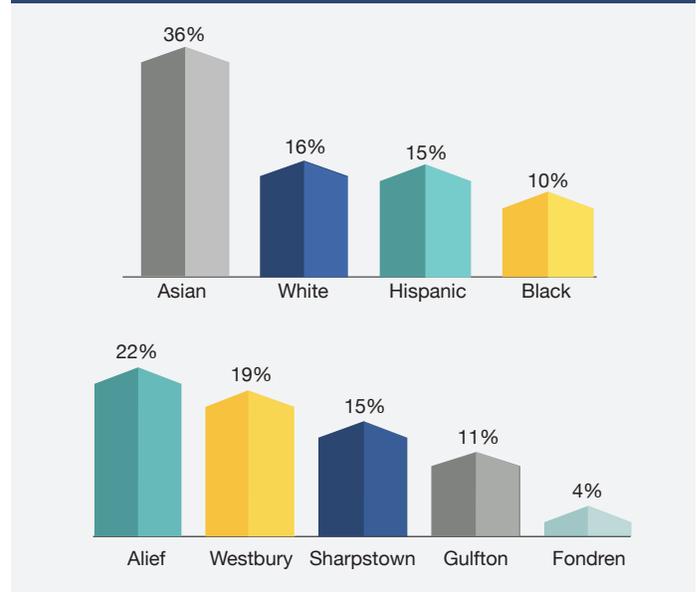


Figure 18: Percent of Income Spent on Rent or Mortgage by Race and Ethnicity

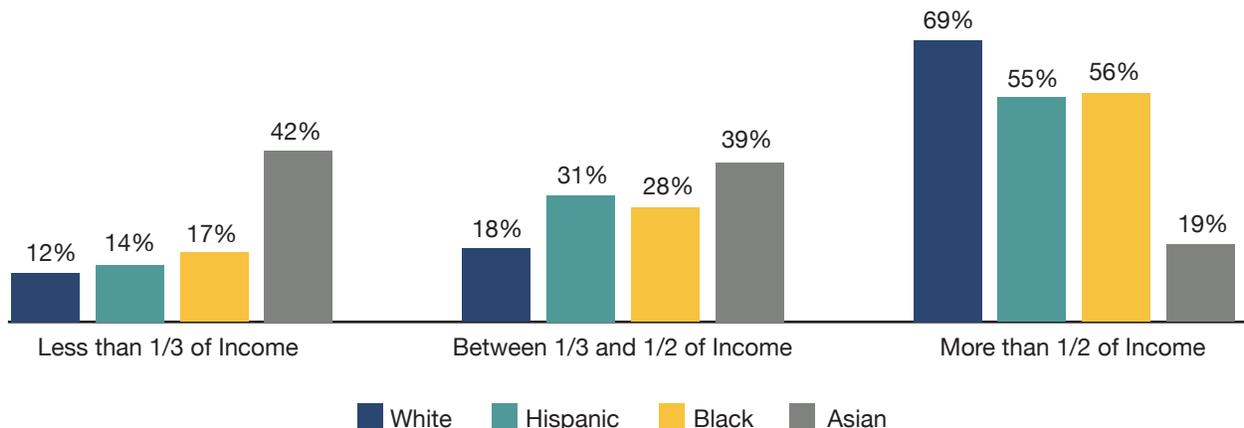
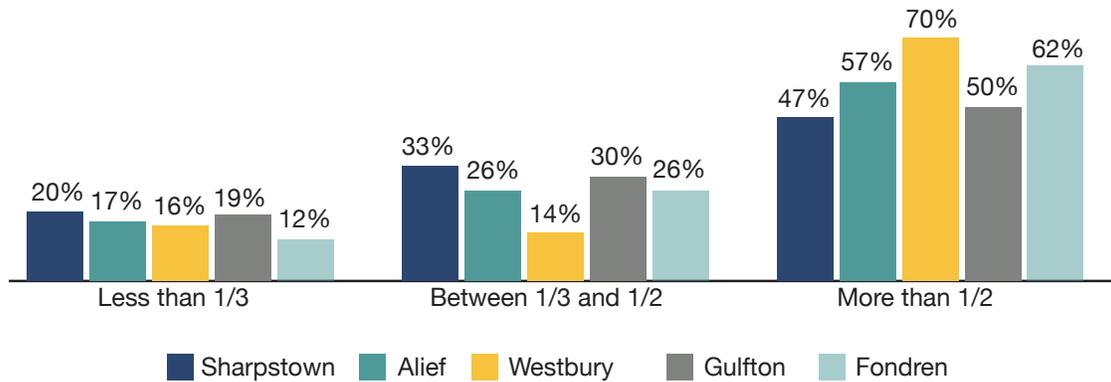


Figure 19: Percent of Income Spent on Rent or Mortgage by Neighborhood



Even after adjusting for sociodemographic variables, residents of Alief (22%) were more likely to report housing as a big problem to their health than the other Southwest neighborhoods.

When asked further about housing, Southwest residents reported severe housing cost burden. Stable and affordable housing are strongly linked with health. When housing costs account for large portions of income, households struggle not only to maintain shelter, but also face difficult trade-offs with meeting basic human and health needs.¹⁶

More than half (55%) of Southwest Houstonians reported spending more than 50% of their income on rent or mortgage. Whites (69%) were most likely to spend more than 50% of their income on rent or mortgage whereas Asians (19%) were least likely. In fact, Asians were most likely (42%) to spend less than one-third of their income on housing. Just over half of both Hispanics (55%) and Blacks (56%) reported spending more than half of their income on housing. A majority of residents in Westbury (70%), Fondren (62%), and Alief (57%) reported being severely burdened by housing costs.

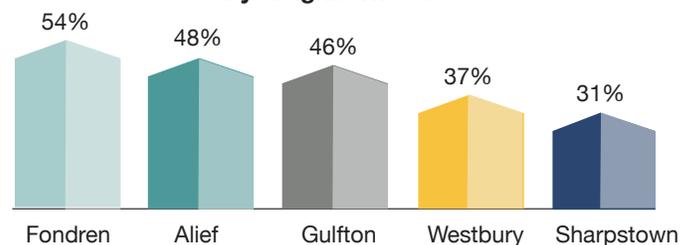


Transportation

Although transportation did not appear in the top five barriers identified by Southwest Houstonians as preventing their ability to be healthy, 41% of residents reported that transportation had kept them at some point from seeking the medical care they needed. Transportation experiences varied greatly by race and ethnicity. A large portion of Asians (72%) reported that transportation kept them from seeking medical care. Specifically, 96% of Vietnamese, 63% of Other Asians, and 48% of Chinese reported transportation as a barrier. Almost half of Whites (49%) indicated transportation as a problem to seeking medical care.

With respect to neighborhood, roughly half of residents in Greater Fondren (54%), Alief (48%), and Gulfton (46%) reported transportation as a barrier to care. Residents of Sharpstown were less likely to report transportation as a barrier to care compared to other neighborhoods even after controlling for sociodemographic factors.

Figure 20: Percent Reporting Lack of Transportation Preventing Medical Care by Neighborhood





Socioeconomic Factors

To consider the impact of finance on health, respondents were asked how often their financial situation kept them from getting what they needed for their health. At least one in four Southwest Houston residents (27%) indicated that their finances always or very often kept them from getting what they needed for their health. Almost half of Whites (48%) reported financial struggle as a barrier to health care. Asians were the least likely to report their financial situation kept them from seeking care. By neighborhood, Westbury (40%) and Gulfton (37%) residents were most likely to report that their financial situation served as a barrier to seeking care.



Social Connectedness

The survey sought to understand the extent to which Southwest Houstonians felt socially connected to people in their neighborhoods. Residents were asked whether they agreed or disagreed on a five point Likert scale about their level of social connectivity. One in four residents strongly disagreed or disagreed with the statement “I feel connected to the people in my neighborhood”. Nearly one-third of Blacks felt disconnected from the people in their neighborhood while Asians (11%) felt the least disconnected.

Figure 21: Percent Reporting How Often Their Financial Situation Kept Them From What is Needed for Health

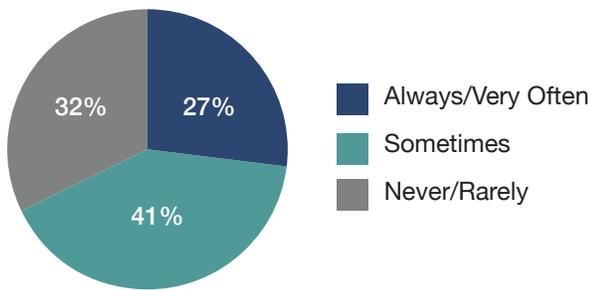


Figure 23: Percent Reporting How Much They Agree About Being Connected to the People in their Neighborhood

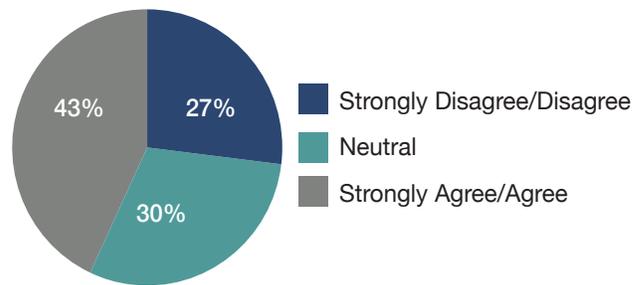


Figure 22: Percent Reporting Financial Situation Always/Very Often Kept Them From What is Needed for Health by Race and Ethnicity

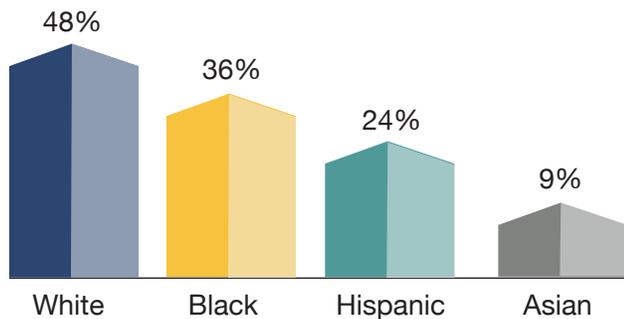
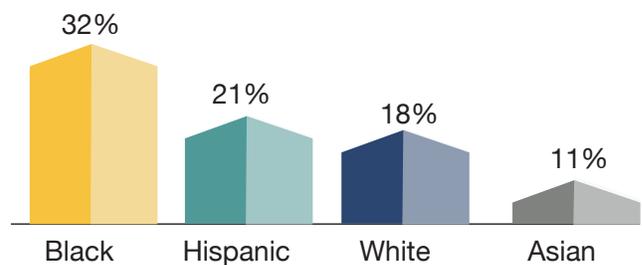


Figure 24: Percent Reporting They Do Not Feel Connected to the People in their Neighborhood by Race and Ethnicity





Health Insurance

Almost half (47%) of Southwest Houston adults reported having no health insurance, of which 34% said they didn't know how to get it. Hispanics (61%) followed by Blacks (47%) and Whites (42%) were most likely to be uninsured. Specifically, among Hispanics, 47% of Mexicans, 52% of Salvadorians, and 71% of other Hispanics reported being uninsured. Additionally, of all uninsured, Hispanics (57%) were most likely to say they "did not know how to obtain coverage". Among Blacks, those from African countries (44%) reported higher rates of being uninsured than African Americans (29%). While overall Asians reported relatively lower rates of lacking coverage, rates were higher for some ethnic groups. For example, 40% of Afghanis reported having no health insurance. By neighborhood, uninsured rates were high and consistent (i.e., roughly 50% of people across each neighborhood reported having no health insurance).



Personal Health Care Provider

People with a personal health care provider are more likely to access care when it is needed and experience better health and health outcomes. Just over half (56%) of Southwest Houstonians have one person they think of as their personal doctor, a rate far lower than the Texas average of 68%.¹⁷ Considering race/ethnicity, while overall Asians (73%) and Whites (67%) in Southwest Houston are more likely to have a personal doctor, Hispanics (47%) and Blacks (54%) are less likely. There is little variation in having a health care provider by neighborhood.

Almost two-thirds (66%) of Southwest residents say they usually go to a health care center or clinic when they are sick. Three in four (75%) Whites, 62% Hispanics, 72% Blacks, and 70% Asians go to a health center or clinic. Among Asians, Chinese (68%), Vietnamese (70%) and other Asians (83%) are more likely to go to a health center or clinic for health care than Afghanis (40%). African Americans and those from

Figure 25: Percent Reporting They Have Health Insurance

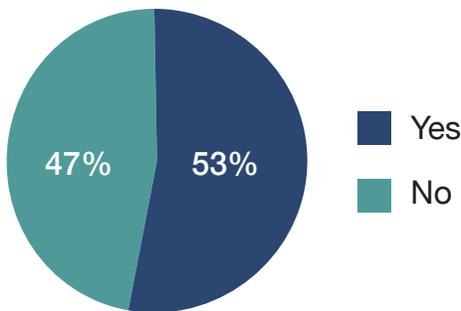


Figure 27: Percent with a Personal Health Care Provider

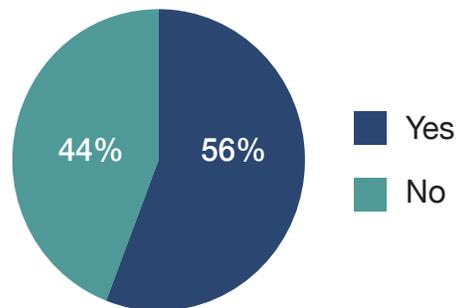


Figure 26: Percent Without Health Insurance by Race and Ethnicity

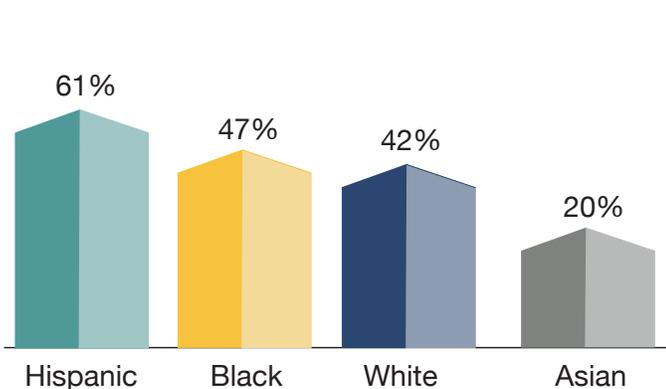
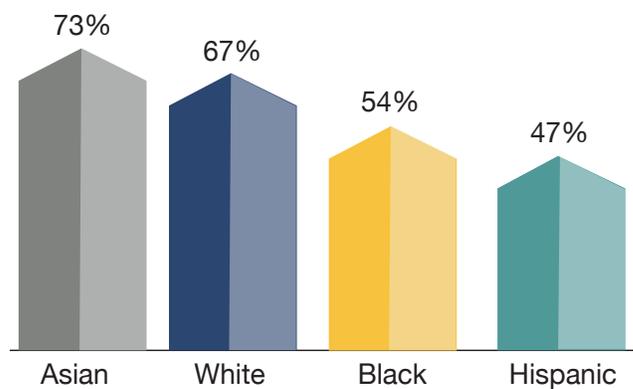


Figure 28: Percent with a Personal Health Care Provider by Race and Ethnicity



African countries are both equally likely (72%) to go to a health center or clinic. Salvadorians (72%) and Mexicans (64%) are slightly more like to visit health centers and clinics than other Hispanics (54%).

One in ten Southwest residents reported utilizing the emergency room as their usual place of care when sick. When asked why the emergency room was utilized for non-urgent reasons, 43% said because they did not have health insurance, 22% said because they did not know where else to go for care, and 14% reported not being able to afford care anywhere else.



Forgoing Care Due to Cost

We asked Southwest residents to tell us if there was a time in the past 12 months when they needed to see a doctor, but could not due to cost. Nearly 35% of Southwest Houstonians reported they did not go see a doctor when necessary due to cost. Specifically, over half of Whites (51%) and 40% of Blacks indicated forgoing care due to cost. Examining it from a neighborhood standpoint, 47% of Fondren residents stated they were unable to see a provider due to cost, compared with about one-third of residents from all other neighborhoods.

Figure 29: Percent by Usual Place of Care when Sick

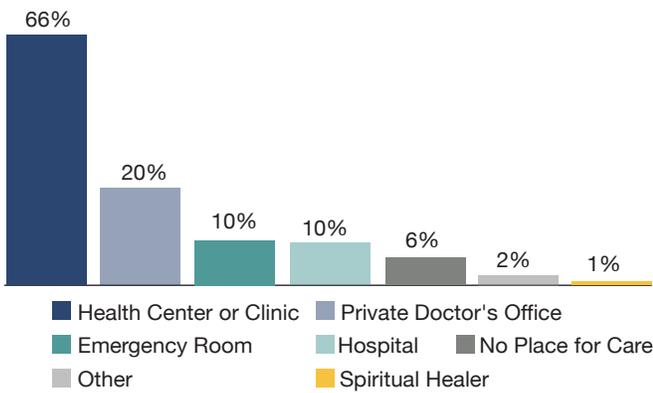


Figure 30: Percent Reporting Non-Urgent Reasons for Using the Emergency Room

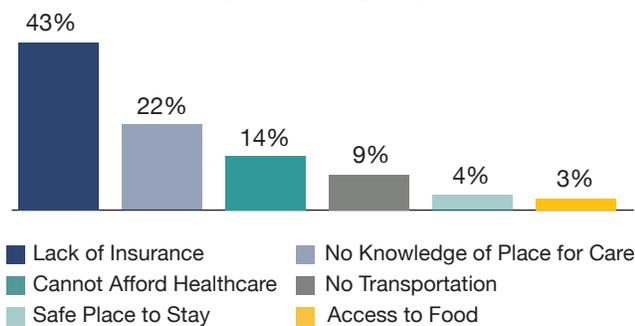
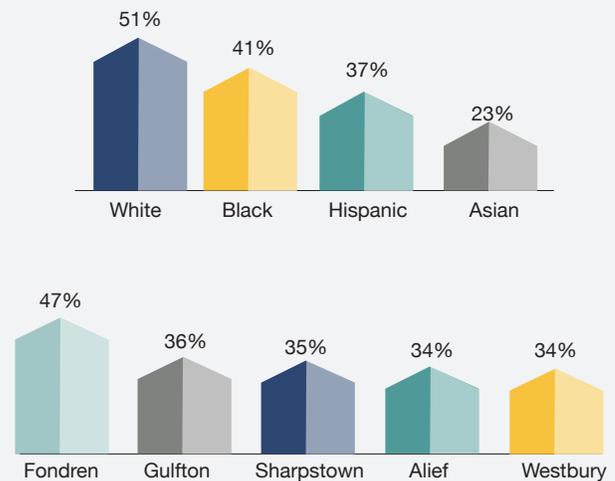


Figure 31: Percent Reporting Unable to See a Doctor due to Cost



What Factors Help Southwest Houstonians Be Healthy?

Top Ranked Facilitators

In addition to identifying barriers to health, residents were asked to report on factors that have helped them be healthy. Respondents were asked to rank order the top three facilitators of health. Two in five (41%) Southwest Houstonians cited a wide range of neighborhood amenities and conditions—from access to sidewalks, green spaces, and parks to clean

surroundings and community amenities such as nearby pools, gyms, free exercise classes, community centers, and places of worship – as most important to keeping them healthy. Fifteen percent reported that access to affordable food was their biggest facilitator to health, including food pantries, nearby grocery stores or supermarkets, community organizations assisting with food, and food fairs. One in ten cited health care related factors as their number one facilitator to health, such as having health insurance, having a “Gold Card,” a doctor nearby, health fairs and health education programs.

Figure 32: Percentage Reporting Their Number One (Top Ranked) Facilitator of Health

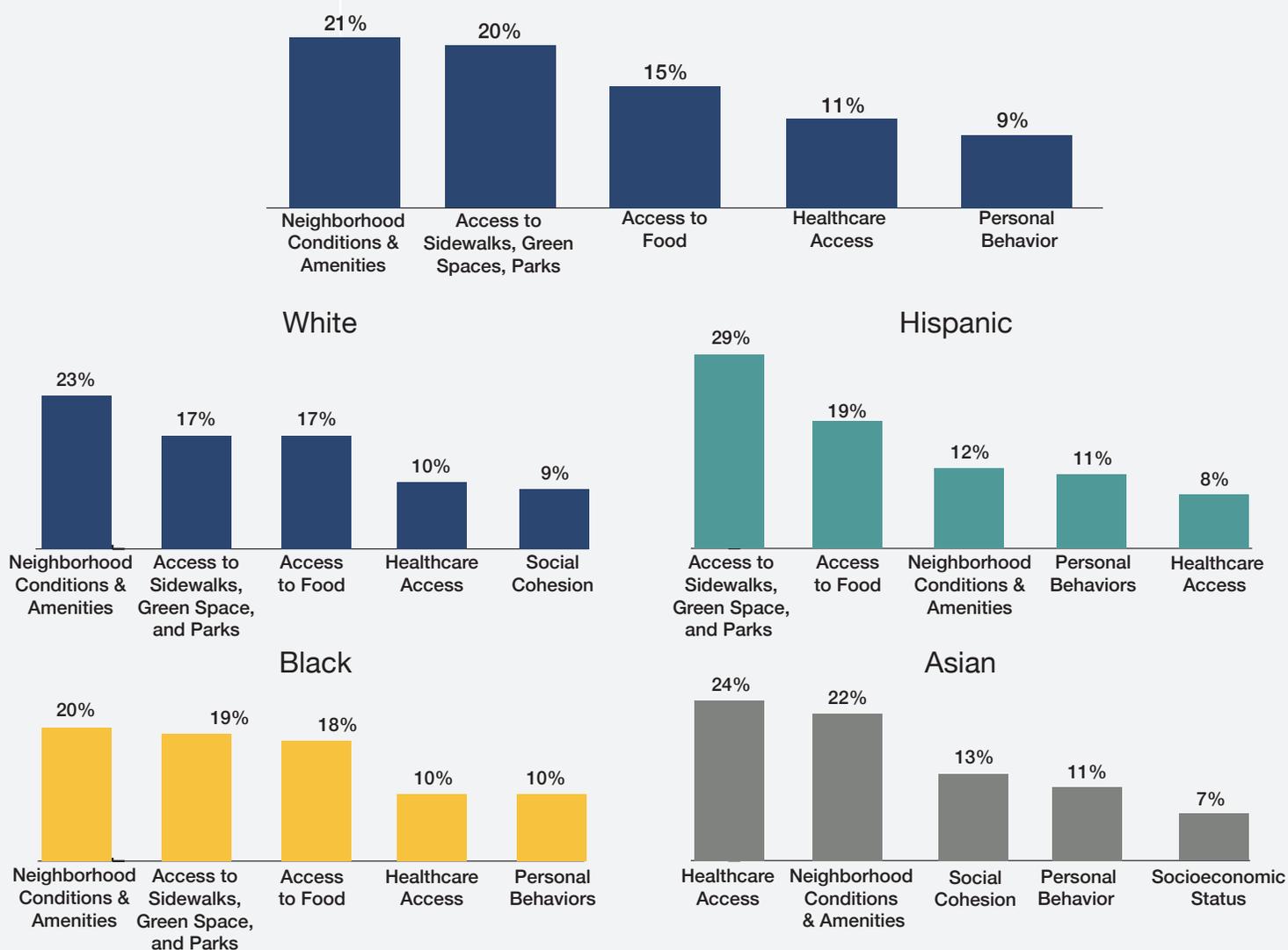
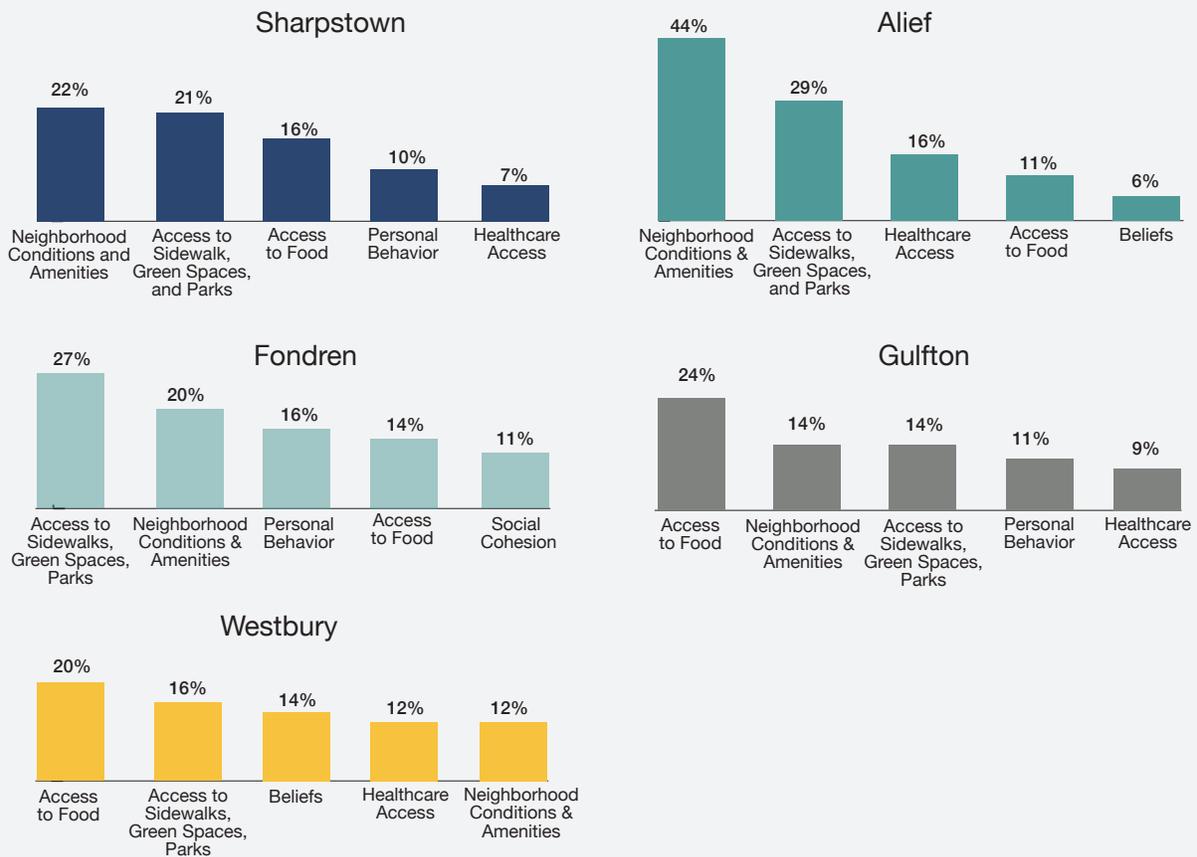


Figure 33: Percentage Reporting Their Number One (Top Ranked) Facilitator of Health



Whites, Blacks, and Hispanics were most likely to rank neighborhood conditions and amenities, access to green and walkable spaces, and access to food among their top facilitators of health. Asians, on the other hand, were more likely to report healthcare access as their number one, top facilitator to health, followed by neighborhood conditions and amenities. Among Asians, 32% of Chinese reported neighborhood factors, and 28% of Afghanis reported food access as their top facilitators to health.

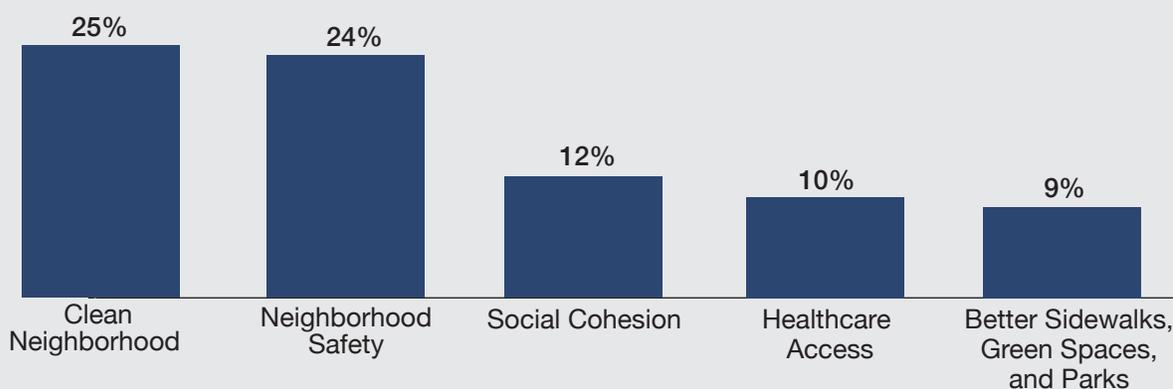
Almost 75% of residents in Alief, 47% in Fondren, and 43% in Sharpstown ranked neighborhood conditions and green and walkable spaces among their top facilitators to health. Gulfton (24%) and Westbury (20%) residents ranked food access as the top most asset in being healthy.

Improving Neighborhood Conditions

The survey asked residents to identify if they could fix one thing in their neighborhood to improve their health circumstances, what would that be? One in four Southwest residents identified a clean environment (25%) and a safe neighborhood (24%) as their top most priorities for improvement, reaffirming what were identified as the top most barriers to health. More so, residents wanting a cleaner and safer neighborhood was a consistent finding across all neighborhoods.

In addition, 12% of residents reported the need for greater social cohesion in Southwest Houston. Suggestions included the need for greater neighbor interaction and communication, community events that bring neighborhood people together, and

Figure 34: Percentage Reporting How Neighborhood Conditions Should be Improved



community volunteering. Some residents also explicitly cited the need to address racism and encourage open-mindedness and respect of different cultures. One in ten residents cited the need for better access to health care, predominantly citing a need for more doctors and clinics, as well as greater outreach and information on health insurance, the health care system, and resources.

having more affordable fresh fruits and vegetables in nearby stores would help them eat healthier. Chinese residents (10%) were least likely to report financial assistance as helping them eat healthier. In fact, they were most likely to report (44%) that having information on healthy recipes and food preparation would help them most with healthy eating.

Improving Healthy Eating Opportunities

Respondents were asked to report the one thing that would help them the most in eating more nutritious, healthy foods. Approximately 41% of Southwest Houstonians stated having more affordable fresh fruits and vegetables in nearby stores would help them eat healthy. This was followed by 39% of respondents reporting that receiving financial assistance for food would facilitate healthy eating. About 1 out of 10 respondents stated having better access to food pantries or information and recipes on healthy eating would provide better guidance on eating healthy. These findings were generally consistent across neighborhoods with financial assistance for food and more affordable fresh fruits/vegetables being the top two facilitators of healthy eating.

Some important variation emerged by race and ethnicity. White (61%) and Vietnamese (60%) individuals were most likely to report that financial assistance would help them eat healthier, more nutritious foods. African individuals from other countries (49%) and African Americans (40%) were most likely to say that

Figure 35: Percentage Reporting What Will Help Them Most With Eating Healthy

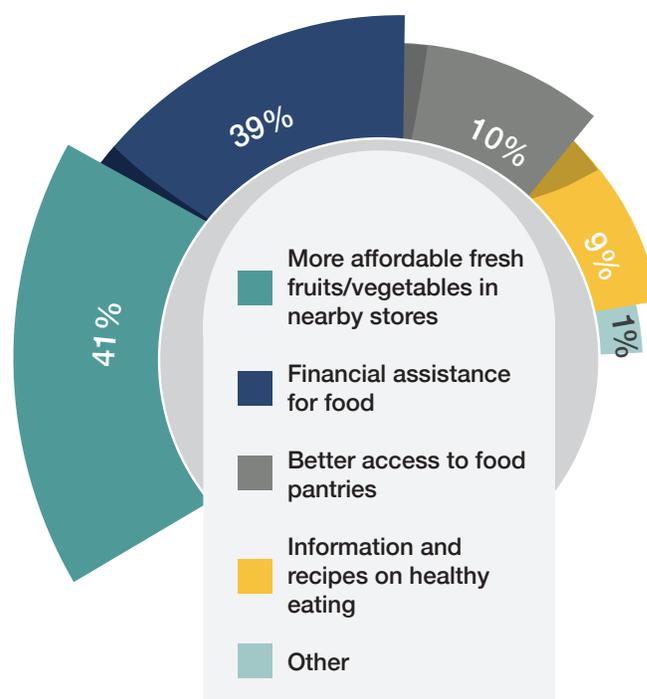
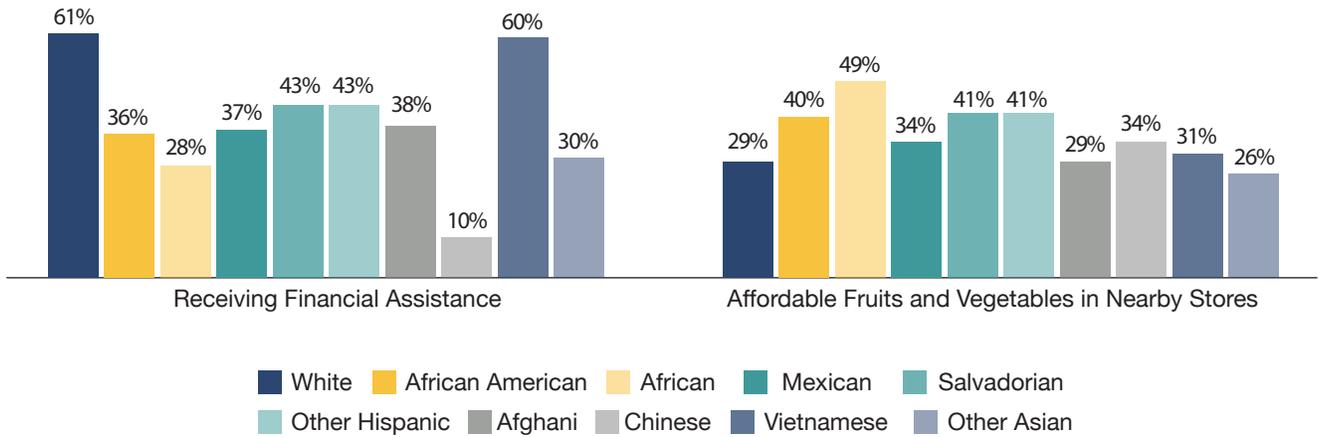


Figure 36: Percentage Reporting What Will Help Them Most With Eating Healthy by Race and Ethnicity

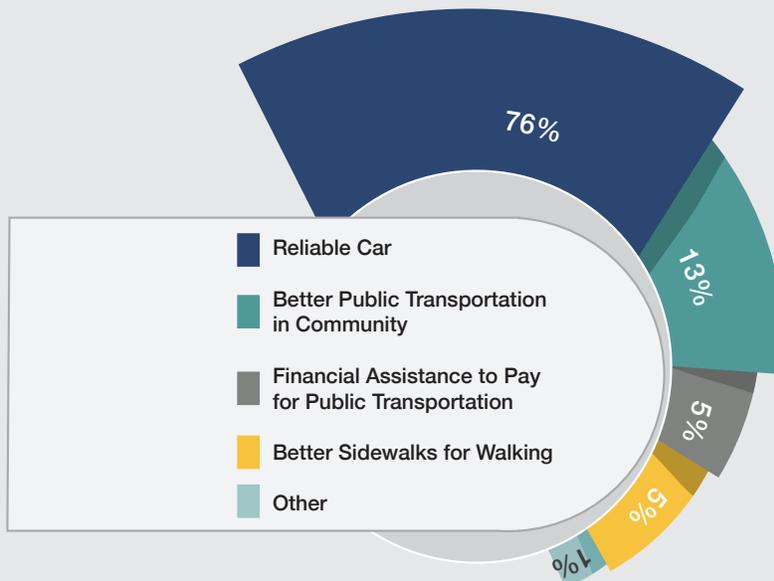


Improving Transportation for Health

Residents of Southwest Houston facing transportation barriers to health care were asked to name one source of transportation that would help them better access care. Over three-fourths (76%) of respondents stated that having a reliable car would help them access medical care. Thirteen percent of residents stated having better public

transportation would help them access medical care. In taking a closer look, although all neighborhoods agree having a reliable car would be helpful, 25% of Westbury residents stated better access to public transportation would assist in health care access. The findings are also generally consistent across race/ethnic breakdowns.

Figure 37: Percentage Reporting What Transportation Source Would Help Them Better Access Medical Care

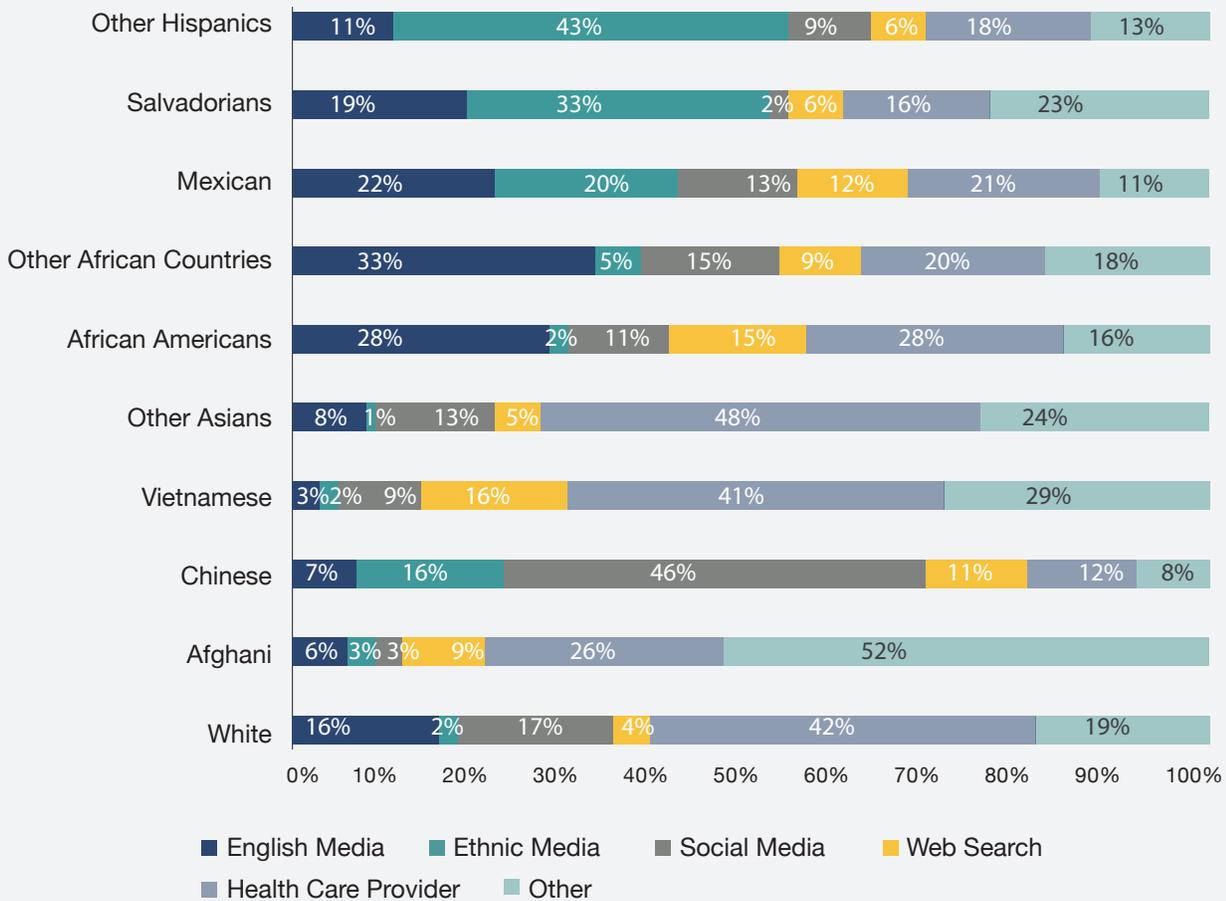


Sources of Health Information

Utilizing trusted sources of information is critical to reaching diverse communities with important messages on health, prevention, and community resources. When asked to report their primary source of health information, 25% reported a health care provider, 19% English-language media, 16% ethnic media, 12% social media, among others. However, there was considerable variation by race and ethnicity.

One-third of Mexicans and 43% of other Hispanics said they received their health information from ethnic media. Among Asians, although the majority of Vietnamese and other Asian populations received health information from their providers, 42% of the Chinese community said they relied on information from social media and 52% of Afghans received information from other sources such as through neighborhood organizations or friends and family.

Figure 38: Percentage Reporting Health Source by Race and Ethnicity



What Role Can Health Care Systems Play?

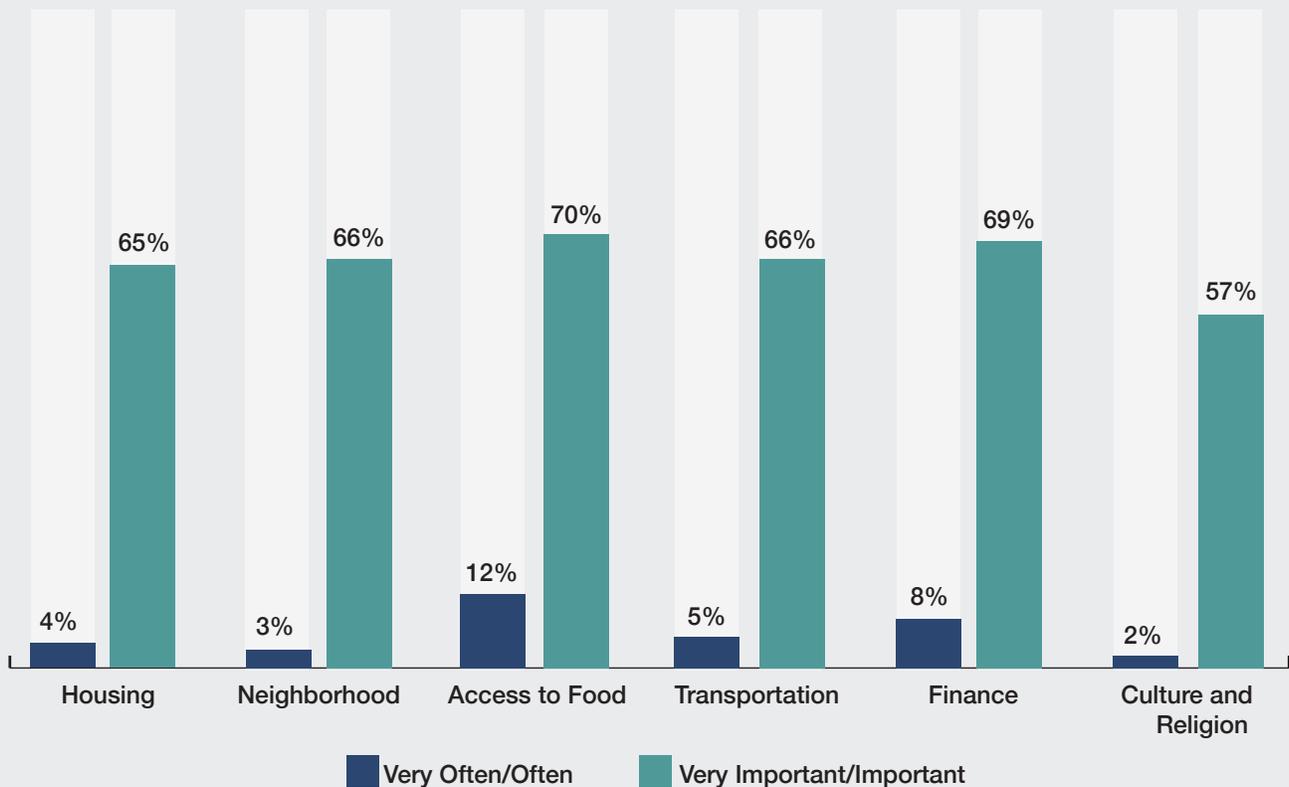
In addition to identifying the broader social, economic, and environmental factors driving health in Southwest Houston, our survey sought to understand the current and potential role of health care providers in addressing patients' health-related social needs. To this end, we asked Southwest residents to respond to two key questions: how often health care providers (doctors, nurses, or other health care staff) have asked them about their health-related social needs; and how important they feel it is for health care providers to ask these questions when providing care.

At least two-thirds of Southwest Houstonians believe that it is very important or important that health care providers ask about their social needs such as

access to food, neighborhood, financial situation, housing and others. However, they reported that very few providers actually ask them questions about their health-related social needs.

Whereas 70% of residents said it was very important or important that health care providers screen for their food-related needs, only 12% of residents reported being screened about their access to affordable, healthy foods very often or often. This finding points to an important gap in the system especially as one in five residents ranked access to healthy, affordable food as a top barrier to achieving health, and roughly 40% said they or a family member were unable to pay for food in the past year. Furthermore, in a diverse community such as Southwest Houston, cultural competency is central to providing quality care. While 57% of residents said it is very important or important for health care providers to know about their cultural

Figure 39: Percent Reporting Health Care Providers Very Often/Often Ask about Health-Related Social Needs vs. Percent Reporting it is Very Important/Important Health Care Providers Ask These Questions

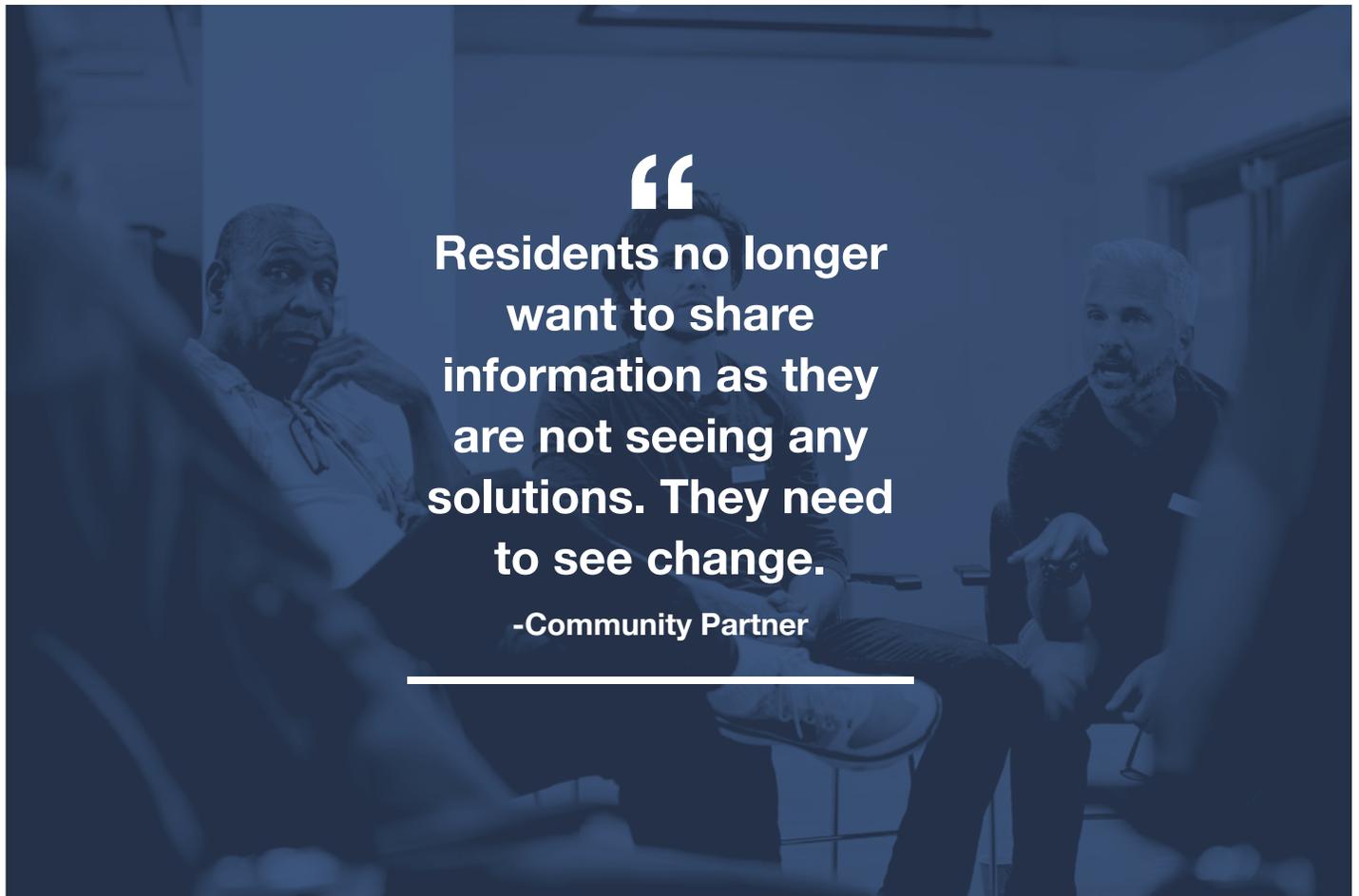


and religious beliefs in providing health care, only 2% of residents reported that their providers asked them these questions.

Our findings revealed serious housing-related challenges facing Southwest residents. Approximately 17% of Southwest Houstonians identified housing as a big problem to their health and over half (55%) of residents reported facing severe housing cost burden. And while 65% of residents said that it is very important/important that health care providers understand their housing situation when providing care, only 4% of residents were very often/often asked this question.

Over half of residents reported crime and pollution as big problems in their neighborhood, both problems ranking as barriers in the top five factors keeping residents from being healthy. Although 66% of residents acknowledged it is very important/important that their health care provider understand their neighborhood circumstances, only 3% said providers ask about neighborhood context.

We found considerable agreement across all race and ethnic groups of the importance of screening for health-related social needs, yet other than food, these questions were not asked very often/often in health care settings. At least two-thirds of Whites, Blacks and Asians say that it is very important/important for health care providers to ask them about their health-related social needs when providing care. While Hispanics have slightly lower rates, the majority (i.e., more than half) say that health care providers should be asking about housing, neighborhood environment, access to food, transportation, financial situation, and cultural and religious preferences when providing care. Fewer than 13% of residents of any race or ethnicity say that these questions are being asked by providers. Indeed, these data reveal a clear opportunity for health care providers to play a role in screening and addressing patients' health-related social needs, which are critical to improving overall health.



“
**Residents no longer
want to share
information as they
are not seeing any
solutions. They need
to see change.**

-Community Partner

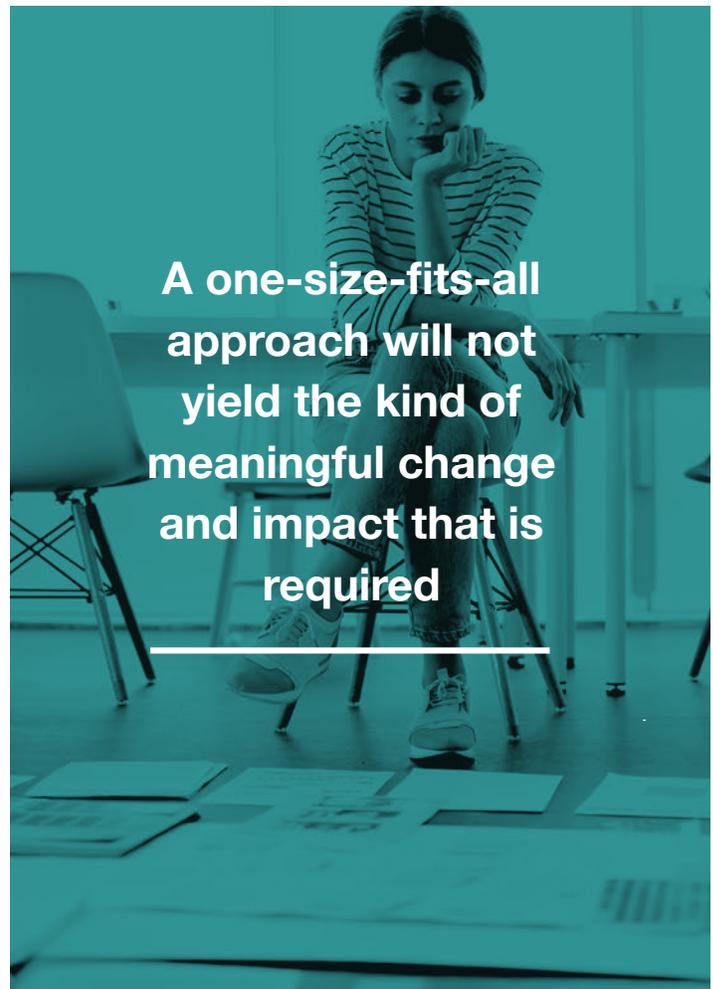
MOVING FORWARD

Our survey findings reveal the deep, systemic barriers and inequities facing Southwest Houstonians, not just in health care, but in almost every facet of their daily lives—from high rates of food insecurity, neighborhood crime, safety and pollution concerns to severe housing cost burden and lack of health care coverage. While some issues—such as neighborhood safety, food insecurity, and pollution—were cross-cutting, others were more pronounced among specific neighborhoods and racial/ethnic population groups. For example, Hispanics were most likely to experience health care access challenges, nearly two-thirds of whom said they were uninsured. Black Americans (not including African immigrants) reported the highest rates of depression and feeling socially disconnected from people in their neighborhoods, as well as high rates of food insecurity and chronic disease. Asian and Hispanic subethnic groups also faced distinct health-related needs, in many cases compounded by language barriers. By neighborhood, food insecurity and transportation barriers were most commonly cited by Alief, Gulfton, and Greater Fondren residents, and while crime emerged as a pervasive challenge across all neighborhoods, it was more commonly documented by Greater Fondren residents as a “big problem” to their health. Other environmental and infrastructural factors, such as pollution and flooding, were shared concerns across neighborhoods.

These challenges are not new to Southwest Houston. However our study sheds new light on how these experiences vary by race and place, underscoring that a “one-size-fits-all” approach will not yield the kind of meaningful change and impact that is required. As community partners and members shared, they have witnessed few improvements in opportunity and health over the years. In fact, as data confirm, poverty continues to concentrate in Southwest Houston, and health outcomes have either remained stagnant or have worsened for many neighborhoods.¹⁸ These challenges are only being further tested and amplified in the face of the ongoing coronavirus pandemic, underscoring the need and urgency to address the root drivers of poor health—those drivers that also play out so frequently in

Houston in public health emergencies and are crucial to building the resilience of communities and their ability to bounce back.

To that end, our survey findings affirm that solutions to measurably improve health in Southwest Houston must address the multifaceted nature of health as well as the distinct needs of communities. As we found health is not driven by any one factor, but by a combination of complex determinants that will require working across systems—health care, food, environment, housing, education, and transportation, and others. While health systems and providers have an important role to play in addressing these root drivers, local government, public health agencies, community organizations, philanthropies, social service agencies, community development organizations, businesses, and others are just as critical to leading and partnering in solutions. As such

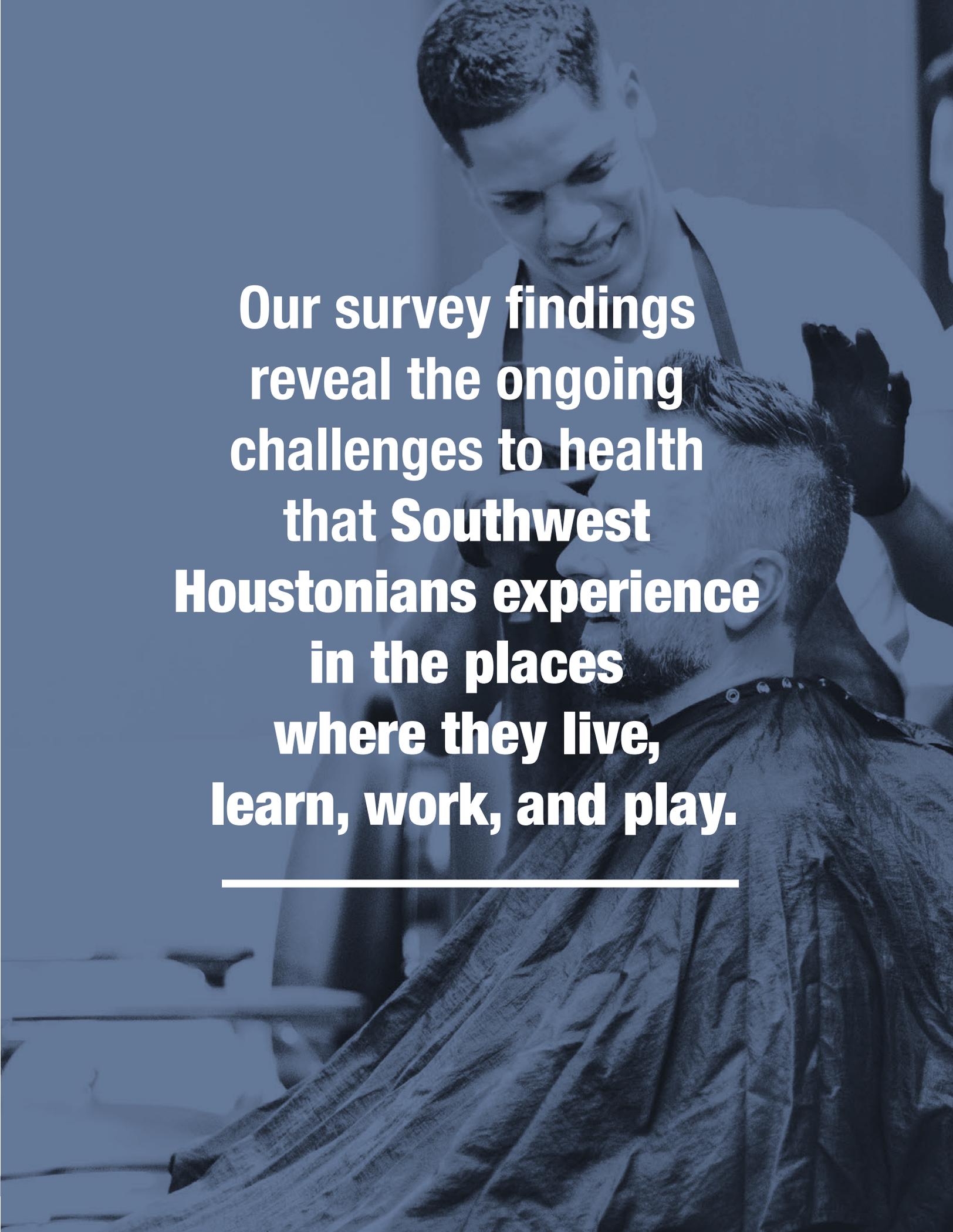


going forward, we recognize that moving the needle on improving health in Southwest Houston will require cross-sector solutions at multiple levels—community, health system, and individual—balancing broader initiatives with tailored interventions to address the distinct needs of neighborhoods and culturally and linguistically diverse individuals (see Figure 40).¹⁹ We identify four key recommendations for community leaders, stakeholders, philanthropies, and health systems to consider as they move forward with developing strategies and solutions to meet the needs

of Southwest Houstonians. These recommendations build on evidence from around the nation, while leveraging promising initiatives and assets already in place across Greater Houston and the Southwest region. Importantly, they are grounded in rich perspectives and guidance provided by our community partners, and also recognize that voices from communities of concern must be a part of designing and developing cross-sector, multi-level solutions.

Figure 40: Levels of Action to Improve Health and Well-Being in Southwest Houston



A photograph of a barber cutting a man's hair in a barbershop. The barber is wearing a white shirt and a dark apron, and is smiling as he works. The man is wearing a dark barber's cape and has a beard. The background is slightly blurred, showing other people in the shop. The entire image has a blue tint.

**Our survey findings
reveal the ongoing
challenges to health
that Southwest
Houstonians experience
in the places
where they live,
learn, work, and play.**



Recommendation 1:

Engage diverse community members, cross-sector partners, and subject matter experts as part of Community Action Teams dedicated to addressing food insecurity, neighborhood safety, and other urgent priorities

Our survey findings reveal the ongoing challenges to health that Southwest Houstonians experience in the places where they live, learn, work, and play. When asked to identify the number one barrier they face in their community to achieving good health, Southwest residents were mostly likely to rank access to affordable and healthy foods and crime on top. Regardless of neighborhood, race, and ethnicity, these two issues were prevalent and common deterrents to health for all. At the same time, these were not identified as new issues in the community. In fact, community members voiced their frustrations with the lack of action over the years.

Clearly, Southwest Houstonians deserve to see their conditions, opportunities, and health improve. Doing so will require listening to and understanding their distinct needs, building trust, engaging them as ‘experts’, and empowering them to be a part of tailored and targeted solutions that work for them. As such, we recommend building Community Action Teams comprised of racially, ethnically, and linguistically diverse community members, key stakeholders, and subject matter experts from Southwest Houston, with each team dedicated to a specific priority. Research shows that smaller, action-oriented workgroups focused on a specific priority that bring the community together with the right partners to develop, execute, and maintain a shared action plan yield tangible outcomes.^{20,21}

Based on findings from this study, an important starting point will be to address food insecurity—a determinant inextricably linked with higher rates of hypertension, diabetes and other chronic conditions.^{22,23} Two in five (40%) Southwest Houstonians reported they or someone in their household was not able to pay for food within the past 12 months. Whites and Blacks (particularly U.S. natives) reported being least likely to pay for food when needed, and also reported the highest rates of diabetes, high blood pressure, and other chronic conditions in Southwest Houston. Many immigrants, despite having lower rates of chronic disease than U.S.

natives (likely due to the Immigrant Health Paradox),²⁴ also reported facing pervasive challenges with food insecurity. In addition, when asked why they could not consume a nutritious diet with fresh fruits and vegetables, 40% of Southwest Houston residents reported fresh produce being too expensive, 22% said fresh produce in nearby stores was poor quality, and 14% said fresh produce was not available to them nearby. When asked to identify the number one solution to their current food situation: 41% said they would like to see more affordable fresh produce available in nearby stores, 37% said they would benefit from financial assistance for food, 10% cited the need for better access to food pantries, and 9% said information and education on healthy eating and recipes.

Building on these data, we recommend establishing a Community Action Team on Building Food Security in Southwest Houston that brings together diverse leaders and members of the Southwest Houston community together with social service organizations including the food bank and faith-run food pantries, hospitals and health systems, local public health departments, local and ethnic grocers and restaurants, and food security subject matter experts. Together, the Community Action Team would:

- clearly define food insecurity concerns in Southwest Houston
- set timebound SMART goals and objectives
- identify and execute tangible actions and strategies for achieving goals
- address financial and human capital needs
- delineate roles, responsibilities, and timeline for the team as a whole as well as expectations for individual partners

Aligning the Community Action Team’s work with existing initiatives in Greater Houston will be important to fill gaps and amplify impact. For example, there may be an opportunity to inform and align with the Mayor of *Houston’s Complete Communities* initiatives in Gulfton and Alief.²⁵ The Gulfton Action Plan includes a plan to “encourage healthy eating” by expanding weekly farmers markets and community kitchens, as well as working with area partners to build additional community gardens and healthy corner stores by 2023. However, many of these actions were marked as medium to low priorities, even though the plan documents food insecurity as a “prevalent” issue in Gulfton.²⁶ As such, a Community Action Team could leverage and fill important gaps where *Complete Communities* and other Houston area initiatives fall short in Southwest Houston. Additionally, the Community Action Team could provide an important community voice to broader regional initiatives, such as the *Greater Houston Coalition on the Social Determinants of Health* which aims to reduce food insecurity in Greater Houston by 5% by 2025.²⁷ As evidence suggests, coordinating broader regional coalition efforts, with tailored, bite-size community level action is central to measurably improving conditions for health.²⁸

Finally, the Community Action Team could look to build on successful partnerships and initiatives addressing the social determinants of health in other communities across Houston, such as Near Northside, Pasadena and Baytown. For example, CAN DO Houston’s Healthy Corner Store initiative, piloted in Pasadena and since then expanded to other neighborhoods across Houston, improved availability of healthy, quality, and affordable foods in areas with limited access.²⁹ Specifically, CAN DO partners with local produce vendors to deliver fresh fruits and vegetables to transform corner stores to provide healthy options.³⁰ Such an initiative could fill an important gap facing Southwest residents, 76% of whom said that they could not consume fresh fruits and vegetables because it was either too expensive, of poor quality, or not available in nearby stores. In addition, many Southwest residents in our survey documented food pantries, food fairs, and farmers markets as important resources for their health. Food pharmacies located at hospitals and health centers

are also promising initiatives with documented success in connecting patients to needed, nutritious foods, while decreasing hospital readmission rates and costs.^{31,32}

In addition to food insecurity, neighborhood crime and safety—specifically related to drugs, human trafficking, gang violence and violent crime—were identified as longstanding community concerns, with little improvements. Many residents cited a need for more neighborhood watches and greater security. Amid COVID-19, this priority takes on a new sense of urgency as neighborhoods grapple with rising assault and domestic violence cases.³³

A Community Action Team dedicated to building neighborhood safety in Southwest Houston could bring together diverse community members—including those directly affected by crime—with multisector partners such as community-based organizations, law enforcement, city/county agencies, hospitals and health systems, and others. Such an action team could also leverage and complement *Houston’s Complete Communities* plans, while further building on other promising efforts from around the state and nation. For example, the Building Healthy Communities initiative in California builds on a similar model as a Community Action Team, working on a defined local scale to create broader impact. To improve community safety, they focused on cross-sector, neighborhood-level actions such as: *building people power*, by engaging and empowering community members—especially residents affected by violence—to participate in community meetings on safety and act as change agents; *building neighborhood infrastructure* such as creating new, safe recreation spaces and active living programs; and *expanding employment and job training opportunities* by recruiting locally; among other actions.³⁴ These efforts were made possible by the active engagement of community members alongside multiple stakeholders from criminal justice, community development, major local employers, philanthropy, hospitals, schools, and others.

**More than two-thirds
of residents said
it was important
for health care providers
to understand their
social and economic
circumstances**





Recommendation 2: Expand health-related social needs screenings and referrals across health systems.

There is clear consensus among Southwest community members of the critical role that health care providers can play to identify and address patient's social needs. More than two-thirds of residents said it was important for health care providers to understand their social and economic circumstances, such as access to healthy foods, housing situation, neighborhood conditions, financial barriers, and transportation. However, 12% or fewer reported they were asked these questions often by health care providers. These findings were largely consistent by race/ethnicity--that is the majority of all groups cited social screenings as important to their health care experience, but few actually reported experiencing it in their provider visits. Such strong community buy-in—together with evidence from around the country demonstrating that social screenings and community referrals have indeed reduced social needs and improved overall health status³⁵—provide a strong case for further expanding and building out these efforts across health systems (both hospitals and health centers) in the Southwest region, and Greater Houston more broadly.

As our survey findings reveal, there are considerable gaps in the implementation of social needs screenings across health care providers. A Landscape Map generated by the *Greater Houston Coalition on the Social Determinants of Health* also reinforces these findings documenting the inconsistent implementation of screenings across systems. Although some health systems are well on their way, propelled by sources such as federal grants for Accountable Health Communities to screen

Medicaid and Medicare beneficiaries for social needs, others are only just getting started.³⁶ Moving all providers forward in a coordinated manner with shared objectives and technological interoperability will require a concerted, collective effort with adequate resources, skills training, and technical assistance to ensure providers of all sizes and capacities are able to participate and extend these services to the communities they serve.³⁷

At the same time, this upstream transition will require an intentional internal journey among health systems involving actions such as aligning organizational strategic plans with social determinants of health initiatives, building technological adaptations, and providing education and training to organizational leaders, staff, and health professionals to build working knowledge, understanding and buy-in for addressing the social determinants of health. For hospitals and health centers in Southwest Houston, there will be a need to build added capacity to ensure social needs screenings, community resources, and referrals to social services are provided in culturally and linguistically appropriate ways. For example, partnering with ethnic organizations to develop translated versions of screening tools and referral resources, as well as ensuring access to navigators, community health workers, or *promotores* who can communicate and provide support in trusted, culturally and linguistically appropriate ways. Ensuring cultural and linguistic competency will be central to ensuring all populations can equally benefit from social screenings, referrals, and access to the resources they need.

**Health systems are playing
a greater role to invest
in the overall
vitality of their
communities**





Recommendation 3: Champion and invest in evidence-informed community initiatives to address the social determinants of health.

Our survey results showed a myriad of social, economic, environmental and health care access challenges faced by Southwest Houstonians. While food insecurity and crime rose to the top of ranked barriers, factors such as pollution, health care access, transportation, housing cost burden and other neighborhood infrastructural issues were also of concern. For example, 41% of residents said transportation inhibited them from seeking the care they needed and 55% reported being severely burdened by housing costs, spending more than half of their income on rent or mortgage. Health systems serving Southwest Houstonians can play a more meaningful role to champion and invest in targeted, evidence-informed interventions and innovations working in harmony with the community and other cross-sector partners to address the determinants of health outside their four walls.^{38,39}

Many large health systems around the nation are playing a greater role to invest in the overall vitality of their communities as a way of doing business, pushing further upstream to support affordable housing, local jobs, transportation, and other social determinants of health.⁴⁰ These systems recognize that a healthy community is critical to preserving their own economic health. As such many health systems are leading or partnering in major community investments. For example, Greater University Circle Initiative, bringing together Case Western University, University Hospitals, and the Cleveland Clinic, and other partners, set out to boost income and opportunities for 60,000 residents across seven surrounding low income neighborhoods—similar in need to Southwest Houston. The partners coalesced around four, shared economic-inclusion goals—“buy local, hire local, live local, and connect”.⁴¹ Similarly, Partners Health System in Boston launched a Workforce Development program to provide training,

internships, career counseling, job placement and sustaining wages for low-income community residents.⁴² While outcomes data are not yet available, these efforts underscore the role that health systems—and other major institutions serving Southwest Houston—can play to build sustainable solutions to address training, job availability, and livable wages to lift residents out of financial distress. Shifting upstream is especially critical for building financial resilience in communities in times such as these—where COVID-19 has led to job losses largely concentrated in Gulfton, Sharpstown, and Alief.⁴³ These losses will have a domino effect worsening housing and food insecurity, uninsured rates, access to care and other factors that ultimately also take a financial toll on health systems.

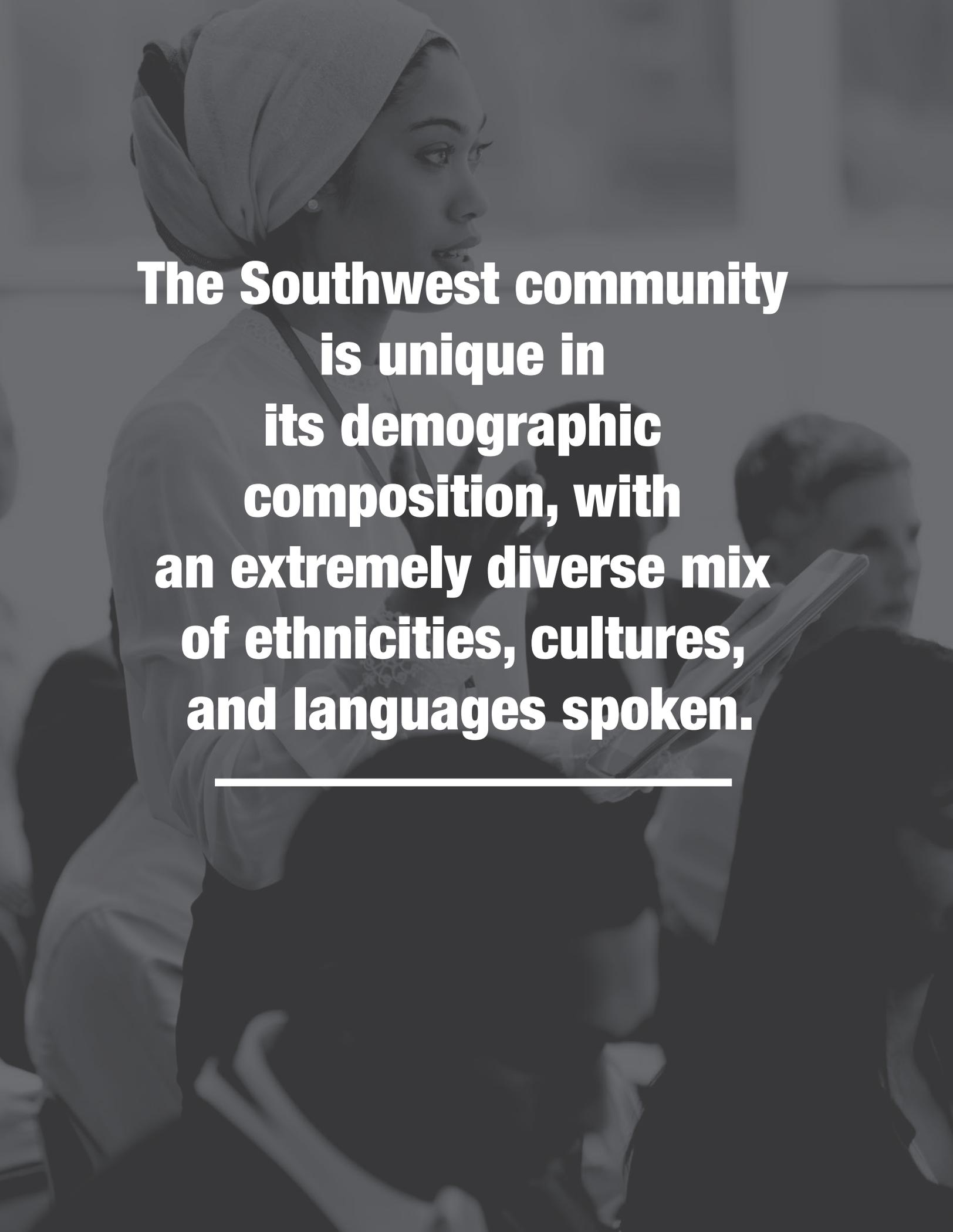
Many hospitals are also addressing housing in the communities they serve. Some use their cash reserves to invest in housing projects that further their mission and margin. Others play a facilitator role, such as leveraging their position or using their access to cheap credit to help lift projects off the ground.⁴⁴ For example, Denver Health is partnering with the Denver Housing Authority to repurpose an old building on the hospital campus into affordable housing for seniors, with some units also designated for the homeless. “It costs Denver Health \$2,700 a night to keep someone in the hospital. Patients who are prime candidates for the transitional units stay on average 73 days, for a total cost to the hospital of nearly \$200,000. The hospital estimates it would cost a fraction of that, about \$10,000, to house a patient for a year instead.”⁴⁵ Nationwide Children’s Hospital in Columbus, Ohio has invested in the Healthy Neighborhoods, Healthy Families initiative since 2008, rolling out efforts in Southern Orchards— a diverse and economically depressed area. Programs were phased in from helping homeowners repair and improve housing quality, rehabilitating vacant

and abandoned properties to adding new affordable apartments and providing lower cost rental units.⁴⁶ Over eight years, over \$22.6 million were invested in housing, with the vacancy rate declining from 25% to 6%, local high school graduation rates increasing from 64% to 79%, and crime rates including homicide declining.

Transportation is also another priority being addressed by hospitals and health systems. For example, some are forging ride-share partnerships with Lyft or Uber

to provide transportation to health facilities, while others are providing public transportation vouchers.^{47,48} Others—such as providers in Cleveland—have moved further upstream sponsoring public transportation routes for easy, regular access (every 10 minutes) to all health systems across the region.⁴⁹ Initial implementation resulted in an increase of 60% in ridership on the designated bus route through health systems.⁵⁰





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Recommendation 4: Provide culturally and linguistically tailored programs, education and resources to better reach diverse individuals.

The Southwest community is unique in its demographic composition, with an extremely diverse mix of ethnicities, cultures, and languages spoken. Our surveys were conducted in over two dozen languages, reflecting many diverse perspectives and realities that co-exist in the region. We also learned that health was perceived differently by different groups. Whites, Blacks, and Asians generally defined health more holistically in terms of complete wellness, whereas Hispanics were more likely to equate it with being disease- or illness-free. Different groups also trusted and relied on different sources of health information. Furthermore, 57% of residents felt that addressing their culture and religion were important in health care encounters, however only 2% said that health care providers often or very often asked them about their culture and religion when providing care.

These, and other findings from our study, underscore the importance of cultural competence in health care and in broader programs, education, and resources that address the social determinants of health. Culturally and linguistically tailored programs and resources are especially critical to ensure that diverse individuals receive, understand and can adhere to important information and guidance such as how to navigate the health care system, how to obtain health insurance coverage, disease prevention and management, and access to community resources such as food pantries, transportation, and housing assistance. Doing so will require what other national initiatives⁵¹ have shown to be promising practices in delivering patient education and resources: meeting patients and community members where they are at trusted, accessible venues; providing information through trusted messengers and voices; assuring culturally and linguistically appropriate and tailored information; and recognizing that many individuals will require *multiple touches* to understand, be receptive to and adhere to health and health care recommendations. As such, there are at least three

concrete opportunities for better reaching communities of color with critical information, education and resources in Southwest Houston in culturally and linguistically appropriate ways.

Health prevention and education: Rates of chronic disease varied considerably by race and ethnicity, shedding important light on where specific population groups may benefit from culturally competent prevention, education and interventions, working closely with trusted community partners. For example, Blacks (not including African immigrants) in Southwest Houston reported some of the highest rates of high blood pressure, diabetes, and depression. They were also more likely to report feeling socially disconnected from people in their neighborhoods. Research nationally documents the link between experiences of racial discrimination, poverty, and chronic stress among Blacks, which can increase vulnerability to chronic disease and infection.⁵² Experience with racism is also tied to mistrust in health systems among Blacks.⁵³ As such, reaching Black communities with critical health education, resources, and services will require an approach centered in cultural competency, working through trusted channels and messengers, such as faith institutions, Black community organizations and leaders, and Black media. This is especially important in the face of public health threats, such as COVID-19, where Southwest communities with large concentrations of African Americans are often hard hit.⁵⁴

Health insurance outreach and education: Our study found that almost half of Southwest residents have no health insurance, and 34% of them do not know how to get it. Among those who do not know where to go or how to get health insurance, more than half (57%) were Hispanic—with Mexicans and other Hispanics disproportionately more likely to not know how to gain coverage than Salvadorians. These findings

point to the need for continued attention, outreach, and education to different communities of Hispanic origin with important information and resources on health insurance enrollment. Doing so will require working through trusted sources (e.g., ethnic media) and in-language navigators to dispel fear or stigma, especially related to public charge.

Social services and community resources: Community referrals, resources, and information to help connect community members to affordable, healthy food options, neighborhood resources, transportation, and other services must

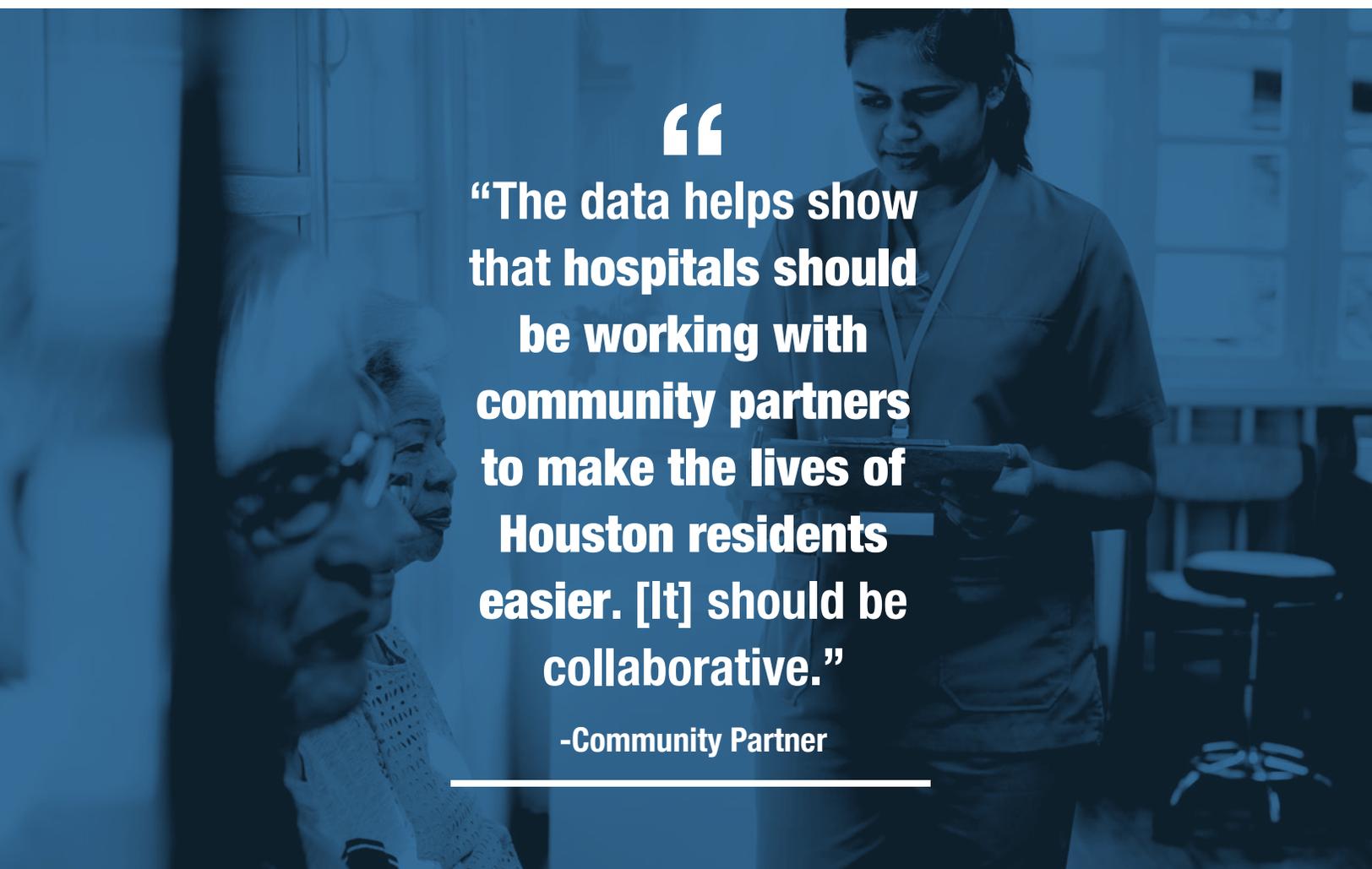
also be provided in multiple languages, working through trusted, culturally competent social and community health workers. For example, almost 15% of residents said they could not consume fresh fruits and vegetables because these produce were unfamiliar and different from their home country, or because they did not know how to prepare them. Forty-four percent of Chinese said they would benefit from recipes and information on healthier food preparation. There may be opportunities to partner with community organizations to provide food resources, demonstrations, and classes which are culturally- and faith-tailored, as well as offered in multiple languages.



CONCLUSION

Our study revealed a richly detailed portrait of the lives, hopes and challenges of residents across Southwest Houston. While each community is distinct, their voices reveal shared priorities and reinforce that the path to health and well-being for all residents must recognize and address the social determinants of health. For Southwest Houston, these priorities centered in addressing not just health care, but factors beyond it, such as food insecurity and neighborhood safety. Residents strongly affirmed the role of health care providers in screening for and addressing these

needs, while also pointing to broader communitywide initiatives, such as those expanding access to affordable healthy food options and building safe, resilient communities. These priorities take on greater urgency in the face of public health threats, as social, economic and health care needs not only deepen, but the need to reach diverse populations in trusted, culturally and linguistically appropriate ways becomes central to protecting and building their resilience, as well as the resilience of all people in Southwest Houston and Greater Houston.



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“The data helps show that hospitals should be working with community partners to make the lives of Houston residents easier. [It] should be collaborative.”

-Community Partner

REFERENCES

- 1 National Center for Health Statistics. (2018). U.S. small-area life expectancy estimates project (USALEEP): Life expectancy estimates, 2010-2015. National Center for Health Statistics. Retrieved from <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>
- 2 World Health Organization. (2017). About social determinants of health. Retrieved from https://www.who.int/social_determinants/sdh_definition/en/
- 3 Brinley, A., & Hilbig, A. (2019, October 4). How a Houston, Texas neighborhood center is using diversity to strengthen a neighborhood. Brookings. Retrieved from https://www.brookings.edu/blog/the_avenue/2019/10/04/how-a-houston-texas-neighborhood-center-is-using-diversity-to-strengthen-a-neighborhood/
- 4 Memorial Hermann Southwest Hospital. (2019). 2019 Community Health Needs Assessment. Retrieved from http://www.memorialhermann.org/uploadedFiles/Library_Files/Community_Benefit/MH_Southwest_CHNA.pdf
- 5 Health of Houston Survey. (2019). Area profile across indicators (2018). Houston, TX: Institute for Health Policy, The University of Texas School of Public Health. Retrieved from <https://hhs2010.sph.uth.tmc.edu/AreaProfileReport/>
- 6 Houston Community Data Connections, Kinder Institute for Urban Research, version 1.0. Retrieved from <https://www.datahouston.org/dashboard.html>
- 7 Health of Houston Survey. (2019). Area profile across indicators (2018). Houston, TX: Institute for Health Policy, The University of Texas School of Public Health. Retrieved from <https://hhs2010.sph.uth.tmc.edu/AreaProfileReport/>
- 8 U.S. Census Bureau. 2018 Demographic Profile Data by Zipcode; U.S. Census Bureau. 2018 Demographic Profile Data by State.
- 9 Houston Community Data Connections, Kinder Institute for Urban Research, version 1.0. Retrieved from <https://www.datahouston.org/dashboard.html>
- 10 Lake, D. M. (2019, September 18). From lack of food to chronic illness, 2018 Health of Houston Survey sheds light on residents. UT Health News. Retrieved from <https://www.uth.edu/news/story.htm?id=58e82906-c98a-4149-9ff4-f9959e191c23>
- 11 Berchick, E., Barnett J., & Upton, R. (2019). Current Population Reports, P60-267(RV), Health Insurance Coverage in the United States: 2018. U.S. Census Bureau. U.S. Government Printing Office, Washington, DC. Retrieved from <https://www.census.gov/library/publications/2019/demo/p60-267.html>
- 12 City of Houston & Kinder Institute for Urban Research-Urban Data Platform Team. (2018). Houston Crime (Part1) Reports - 2009-2017 [Data set]. Rice University-Kinder Institute: UDP. <https://doi.org/10.25612/837.97532040586D>
- 13 Klineberg, Stephen L. (2019). The 2019 kinder Houston area survey: Tracking responses to the economic and demographic transformations through 38 years of Houston surveys. Rice University Kinder Institute for Urban. <https://doi.org/10.25611/t7y9-j987>
- 14 Lake, D. M. (2019, September 18). From lack of food to chronic illness, 2018 Health of Houston Survey sheds light on residents. UT Health News. Retrieved from <https://www.uth.edu/news/story.htm?id=58e82906-c98a-41499ff4-f9959e191c23>
- 15 Hall, E. & Cuellar, N. G. (2016). Immigrant health in the United States: A trajectory toward change. *Journal of Transcultural Nursing*, 27(6), 611–626. doi: 10.1177/1043659616672534
- 16 County Health Rankings and Roadmaps. (2020). Severe housing cost burden. Retrieved from <https://www.countyhealthrankings.org/app/texas/2020/measure/factors/154/description>
- 17 United Health Foundation. America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, 2018. Retrieved from https://www.americashealthrankings.org/explore/annual/measure/dedicated_health_care_provider/state/TX_48
- 18 Health of Houston Survey, HHS 2017-18 A Brief Summary, Houston, TX: Institute for Health Policy, UTHealth School of Public Health, 2019. https://sph.uth.edu/research/centers/ihp/health-of-houston-survey-2010/HHS2018%20final%20report_9-6-2019.pdf
- 19 Castrucci, B. and Auerbach, J. (2019, January). Meeting Individual Social Needs Falls Short of

- Addressing Social Determinants of Health. Health Affairs Blog. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20190115.234942/full/>
- 20 Finnegan, H.A., et al. (2018, Dec.) Developing a Productive Workgroup Within a Community Coalition: Transtheoretical Model Processes, Stages of Change, and Lessons Learned. *Prog Community Health Partnersh.* Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6280975/>
- 21 ASTHO. Building Community Action Teams: A Framework for Improving Influenza Immunization Uptake. Retrieved from: <https://www.astho.org/Immunization/Documents/Building-Community-Action-Teams-AFramework-for-Improving-Influenza-Immunization-Uptake/>
- 22 Seligman, H.K., Laraia, B.A., and Kushel, M.B. (2010, Feb). Food Insecurity is Associated with Chronic Disease among Low-Income NHANES Participants. *J Nutr*, 140(2). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2806885/>.
- 23 Ford E.S. (2013). Food Security and Cardiovascular Disease Risk Among Adults in the United States: Findings From the National Health and Nutrition Examination Survey, 2003–2008. *Prev Chronic Dis*, 10:130244. DOI: <http://dx.doi.org/10.5888/pcd10.13024>
- 24 Alcántara, C., Estevez, C. D., & Alegría, M. (2017). Latino and Asian immigrant adult health: Paradoxes and explanations. In S. J. Schwartz & J. B. Unger (Eds.), *Oxford library of psychology. The Oxford handbook of acculturation and health* (p. 197–220). Oxford University Press.
- 25 City of Houston. (2018, June). Gulfton Complete Communities: Action Plan. Retrieved from <https://www.houstontx.gov/completemunities/gulfton/Gulfton-Action-Plan-English.pdf>
- 26 Ibid.
- 27 Greater Houston Coalition on the Social Determinants of Health. (2019, December 10) Quarterly Coalition Meeting.
- 28 Alliance for Health Equity: Hospitals and Communities Improving Health Across Chicago and Cook County. <https://allhealthequity.org/>
- 29 Opusunju JJ and Foreman FE. Healthy Corner Store Network. 2017. <https://www.houstontx.gov/council/committees/qol/20170726/healthy-corner-stores.pdf>
- 30 CAN DO Houston. (2015). Healthy Corner Store Initiative. Retrieved from <http://www.candohouston.org/healthycorner-stores.html>
- 31 Koh H, et al. (2020, March). Anchor Institutions: Best Practices to Address Social Needs and Social Determinants of Health. *American Journal of Public Health*, 110(3).
- 32 American Hospital Association. (2017). Food Insecurity and the Role of Hospitals. Retrieved from <http://www.hpo.org/Reports-HPOE/2017/determinants-health-food-insecurity-role-of-hospitals.pdf>
- 33 Arnold R. (2020, April 23). Spike in burglaries, assaults, and domestic violence seen in Houston-area during coronavirus pandemic. Click2Houston. Retrieved from: <https://www.click2houston.com/news/investigates/2020/04/23/spike-in-burglaries-assaults-and-domestic-violence-seen-in-houston-area-duringcoronavirus-pandemic/>
- 34 Ibid.
- 35 Gottlieb, L.M., et al. (2016). Effects of social needs screening and in-person service navigation on child health: a randomized clinical trial. *JAMA Pediatrics*, 170(11). <http://dx.doi.org/10.1001/jamapediatrics.2016.2521>
- 36 UTHealth. (2017, June). UTHealth School of Public Health Awarded \$2.6 Million to Address Social Needs of Medicare and Medicaid Beneficiaries in Harris County. Retrieved from <https://www.tmc.edu/news/2017/06/uthealth-school-public-health-awarded-2-6-million-address-social-needs-medicare-medicaid-beneficiaries-harriscounty/>
- 37 Thomas-Henkel, C. and Schulman, M. (2017, October). Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations. Center for Health Care Strategies, Inc. Issue Brief. Retrieved from <https://www.chcs.org/media/SDOH-Complex-Care-Screening-Brief-102617.pdf>
- 38 Deloitte. Social Determinants of Health: How are hospitals and health systems investing in and addressing social needs? Retrieved from <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-healthcare/us-lshc-addressing-social-determinants-of-health.pdf> 49
- 39 Robertson L and Chernof B. (2020, February). Addressing Social Determinants: Scaling Up Partnerships

- with Community-Based Organization Networks. Health Affairs Blog. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20200221.672385/full/>
- 40 Koh H, et al. (2020, March). Anchor Institutions: Best Practices to Address Social Needs and Social Determinants of Health. *American Journal of Public Health*, 110(3).
- 41 Wright, W., Hexter, K.W., Downer, N. (2016). Cleveland's Greater University Circle Initiative: An Anchor-Based Strategy for Change. Democracy Collaborative. Retrieved from <https://democracycollaborative.org/sites/default/files/downloads/ClevelandGreaterUniversityCircle-web.pdf>
- 42 Koh H, et al. (2020, March). Anchor Institutions: Best Practices to Address Social Needs and Social Determinants of Health. *American Journal of Public Health*, 110(3).
- 43 Kinder Institute for Urban Research. (2020, April 28). Where Jobs Are Being Lost or At-Risk due to COVID-19 in Harris County, TX. Retrieved from <https://www.hcdc.datahouston.org/covid19job>.
- 44 Hawryluk M. (2019, October). Why Hospitals Are Getting Into the Housing Business. Kaiser Health News. Retrieved from <https://khn.org/news/why-hospitals-are-getting-into-the-housing-business/>
- 45 Hawryluk M. (2019, October). Why Hospitals Are Getting Into the Housing Business. Kaiser Health News. Retrieved from <https://khn.org/news/why-hospitals-are-getting-into-the-housing-business/>
- 46 Kelleher, K., Reece J., and Sandel M. (2018, September). The Healthy Neighborhood, Healthy Families Initiative. *Pediatrics*. 142(3). Retrieved from <https://pediatrics.aappublications.org/content/142/3/e20180261>
- 47 PatientEngagementHIT. (2019, February 27). 3 Top Strategies to Address the Social Determinants of Health. Retrieved from <https://patientengagementhit.com/news/3-top-strategies-to-address-the-social-determinants-ofhealth>
- 48 American Hospital Association. (2017). Transportation and the Role of Hospitals. Retrieved from <https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/sdoh-transportation-role-of-hospitals.pdf>
- 49 Christ, G. (2019, January). Hospitals investing in transit to provide access, improve health for Clevelanders. Retrieved from https://www.cleveland.com/healthfit/2017/04/hospitals_investing_in_transit.html
- 50 Ibid.
- 51 Texas Health Institute. (2016, September). In the Wake of Affordable Care Act: Understanding Community Barriers and Facilitators to Health Care Access. Retrieved from https://www.sierrahealth.org/assets/pubs/THI_South_Sacramento_ACA_Report_Sept_2016.pdf
- 52 Thames, A.D., et al., (2019, August). Experienced discrimination and racial differences in leukocyte gene expression. *Psychoneuroendocrinology*. 106: 277-283. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/31029930>
- 53 Wizdom Powell, Jennifer Richmond, Dinushika Mohottige, Irene Yen, Allison Joslyn, Giselle Corbie-Smith. Medical Mistrust, Racism, and Delays in Preventive Health Screening Among African-American Men. *Behavioral Medicine*, 2019; 45 (2): 102 DOI: 10.1080/08964289.2019.1585327
- 54 Stuckey, A., et al. (2020, April 26). Where are Harris County's COVID-19 cases? Concentrated in at-risk neighborhoods. *Houston Chronicle*. Retrieved from <https://www.houstonchronicle.com/news/houstontexas/houston/article/Where-are-Harris-County-s-COVID-19-cases-15227180.php>.

