RWJF Culture of Health
Sentinel Community Snapshot:

Harris County, Texas
Introduction

Harris County, Texas, located along the Gulf of Mexico, is the third largest and fastest growing metropolitan area in the United States. With 34 municipalities and a total population of nearly 4.3 million, Harris County accounts for 16% of the state's population and 1% of the U.S. population. More than 75% of the county's growth since 2000 has been in unincorporated areas, which are collectively expected to surpass the population of Houston—the county's largest municipality—by 2020.

Despite boom and bust cycles, Harris County's oil-based economy has driven tremendous, sustained growth and in-migration of people from other states and nations. The county is in the most diverse metropolitan area in the nation. The majority of residents (41%) are Hispanic or Latino, 32% are white, 19% are black, and 6% are Asian. The county also has a high proportion of residents who are not U.S. citizens (17%), including more than 34% of the Hispanic population.

Racial and ethnic groups tend to cluster in certain areas of the county, where they face different risks and challenges. For example, the southeastern part of the county, which includes a high concentration of Hispanic residents, is particularly vulnerable to childhood obesity and environmental exposures, such as petrochemicals. In the county more broadly, Hispanic and black residents experience higher rates of poverty, lower educational attainment, more limited health care coverage and access, and more chronic diseases than white residents.

Harris County faces rapid, sustained growth and a number of political and structural constraints, including a state governing structure...
that prohibits counties from enacting local ordinances and a lack of zoning laws in two of the county’s major cities: Houston and Pasadena. In fact, Houston is the only major city that has never enacted zoning.\(^9\)

City codes govern how property can be subdivided (e.g., adequate street parking), but they do not address land use.\(^9\)

These challenges make it difficult to establish and enforce local health policies in Harris County. Despite this challenging climate, multiple sectors are collaborating to implement innovative initiatives that address important determinants of health and well-being, including access to healthy foods and civic engagement. However, given the profound social, economic, and health inequities experienced by Hispanic and black residents, lasting solutions will require ongoing collaboration and commitment of key stakeholder groups and long-term investment.

**SYSTEMIC OBSTACLES TO PUBLIC HEALTH**

Organizations and agencies in Harris County face a number of distinct political and structural hurdles, which directly affect the health of residents. Texas had the highest uninsured rate in the United States before passage of the Affordable Care Act (ACA) in 2010, but it did not expand Medicaid under the legislation, leaving many working poor without an affordable insurance option.\(^12\) As a result, more than 25% of people in Harris County are still uninsured, compared with 14% nationally.\(^4, 13\)

Texas counties and other unincorporated areas do not have legislative authority to pass local ordinances and, thus, rely on state laws to authorize public health mandates.\(^14\) Because Houston and Pasadena do not have zoning ordinances, residences, schools, businesses, and small industries can be in close proximity, posing challenges to a community design that supports health, such as integration of sidewalks or green spaces.\(^10\)

**SOCIAL, ECONOMIC, AND HEALTH INEQUITIES**

Poverty disproportionately affects Hispanic and black residents of Harris County. About one-fourth of Hispanic (26%) and black (24%) households are below the federal poverty level, compared with 7% of white households (Figure 1).\(^4\)

The median household income for Harris County is $53,822, which is slightly more than the median household income for the United States ($53,482). However, income inequalities between the racial/ethnic groups within the county are striking, with Hispanics earning just over half (53%) the median income of white residents.\(^4\) Black residents earn even less, with approximately 49% the median income of white residents.\(^4\) Black residents also face a steep unemployment rate of 10%, compared with 5% for white residents and 6% for Hispanic residents (see Figure 1).\(^4\)

In addition, Hispanic residents experience greater inequities in educational attainment. Forty-three percent of Hispanics have not earned a high school degree, which is more than eight times the percentage of white residents (5%) and more than three times the percentage of black residents (12%) (see Figure 1).\(^4\)

Health disparities among Hispanic and black residents compared with white residents are substantial (Figure 2). Greater proportions of Hispanic residents (78%) and black residents (72%) are overweight or obese than white residents (63%) (Figure 2).\(^8, 9\) Overall, more Hispanic

---

**FIGURE 1. SOCIAL AND ECONOMIC INDICATORS IN HARRIS COUNTY BY RACE/ETHNICITY**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hispanic</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population at 100% of the FPL</td>
<td>45%</td>
<td>50%</td>
<td>65%</td>
</tr>
<tr>
<td>Children (&lt;Ages 18) at 100% of the FPL</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Population that is unemployed</td>
<td>20%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Population with less than a high school degree</td>
<td>30%</td>
<td>40%</td>
<td>10%</td>
</tr>
</tbody>
</table>


Note: FPL = Federal Poverty Level

**FIGURE 2. HEALTH INDICATORS IN HARRIS COUNTY BY RACE/ETHNICITY**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hispanic</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured (2010–2014, ACS)</td>
<td>60%</td>
<td>70%</td>
<td>40%</td>
</tr>
<tr>
<td>Cannot see doctor due to cost (2010, BRFSS)</td>
<td>50%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Fair or poor health status (2010, BRFSS)</td>
<td>30%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Overweight/obese (2010, BRFSS)</td>
<td>70%</td>
<td>80%</td>
<td>50%</td>
</tr>
</tbody>
</table>


residents (23%) and black residents (24%) rate their health as fair to poor, compared with white residents (12%).

Although the health outcomes for Asian and Pacific Islanders in Harris County are favorable at this time, the sizable population and shifts in their health status is an issue that warrants continued monitoring. One notable area where Asians have worse reported health status is in Hepatitis B infections. In Houston, a 2013 report showed that Asians had a Hepatitis B infection rate (165.0 per 100,000) of almost five times that of whites (35.5) and blacks (31.7) and over 10 times the Hispanic rate (13.9).

More than one in three children in Harris County are overweight or obese, with rates much higher in communities with high concentrations of black and Hispanic residents. Approximately 18% of all Harris County residents lack consistent access to healthy food, and 22% of children (aged 0 to 17) eat fast food three or more times per week. In addition, 77% of children (aged 6 to 17) do not get the recommended levels of physical activity. Although most residents have access to nearby locations for physical activity (97%), the area’s hot, humid weather and poor air quality likely inhibit people from regular outdoor activity.

In addition, 90% of Harris County residents commute using a vehicle as opposed to walking or biking.

POOR ACCESS TO HEALTH COVERAGE AND CARE

Despite being home to the Texas Medical Center, the largest medical center in the world, many Harris County residents face challenges in getting the health care they need.

A shocking 39% of Hispanic residents are uninsured (see Figure 2). This may be because many non-U.S. citizens are not qualified to receive public insurance or subsidized coverage through the ACA’s insurance marketplace.

The state’s decision to opt out of the ACA’s Medicaid expansion also limited the ability of low-income adults to qualify for coverage and get assistance in paying for care. In 2010, cost prohibited 32% of Hispanic residents and 30% of black residents from seeing a doctor, compared with only 11% of white residents.

One study found that low-income adults in Texas are more likely to have problems paying medical bills or affording prescriptions than those in states that expanded Medicaid eligibility.

Collaborating to Address Health in Harris County

Through progressive collaboration across sectors, organizations have addressed some systematic factors that bear on health and well-being.

HEALTHY LIVING MATTERS

In 2011, the Houston Endowment provided $2.5 million to create the Healthy Living Matters (HLM) collaborative, a public-private partnership aimed at addressing the county’s extremely high rates of childhood obesity. Managed by Harris County Public Health (HCPH) and comprising organizations representing health care, education, policy making, business, and recreation, HLM seeks to increase children’s access to healthy food, improve the built environment, and encourage advocacy for decisions related to these issues. According to the director of HCPH’s Office of Policy and Planning, the HLM collaborative members are aligning their various approaches with 16 policy priorities to achieve a sense of community and greater collective impact on childhood obesity.

Based on local needs assessments, HLM prioritized challenges to healthy eating and active living in three particularly underserved communities: Kashmere Gardens/Greater Fifth Ward, Near Northside, and Pasadena. The latter two have high concentrations of Hispanic residents (61% and 56%, respectively) (Figure 3).

Since launching its Community Action Plan in January 2014, the HLM collaborative has already achieved a number of goals, including bill sponsorship for a few HLM policies in the Texas Legislature, building one walking trail, incorporating nutrition education programs in local schools, and distributing 700 bike helmets and 500 bike lights to children in Pasadena.

PROMOTING YOUTH AND CIVIC ENGAGEMENT

In addition to nurturing partnerships across sectors, HLM provides opportunities for civic engagement targeting youth through the HLM Youth Council. Through a partnership with the Alliance for a Healthier Generation, a Clinton Foundation initiative, HLM engaged more than 90 youth in the county through a series of social media activities, workshops, and a youth summit to inform them of challenges they face and to help them realize their critical role in policy change.

The collaborative also provides information on how to advocate for local children’s health; obtain and share resources on nutrition and physical activity, such as a healthy dining finder; and participate in public project meetings, School Health Advisory Council meetings, Neighborhood Association Meetings, and City Council Meetings. However, it is unclear to what extent community members are participating in these efforts and having their voices and ideas incorporated into decision making.

IMPROVING ENVIRONMENTS AND ACCESS TO FRESH FOODS

Emerging from the partners’ work on HLM, Harris County was awarded $250,000 by the BUILD (Bold, Upstream, Integrated, Local, Data-driven) Health Challenge, a national awards program funded by the Advisory Board Company, the de Beaumont Foundation, the Kresge Foundation, the Robert Wood Johnson Foundation, and the Colorado Health Foundation.

The BUILD Health Challenge aims to improve the social, physical, and economic environments to support healthy behaviors for all residents. In Harris County, the initiative focuses on northern Pasadena because of the area’s higher rate of poverty and food insecurity, lower educational attainment, and linguistic isolation compared to the surrounding region. The community also has the highest level of overweight or obese children in the county (65%).
The Houston Food Bank, HCPH, and the University of Texas MD Anderson Cancer Center jointly lead the initiative, with support from the city of Pasadena, other health care systems and clinics, academic institutions, and community-based organizations. In coordination with businesses, schools, and the local government, the collaborative is working to cultivate equitable access to healthy food and reduce food insecurity in northern Pasadena by addressing the three arms of the food system: production, distribution, and consumption. For example, the Community Located Agricultural Research Area, to be established in partnership with Indoor Harvest Corp, aims to be a vertical farm built on repurposed land owned by the city. Not only will the agricultural facility provide low-cost, fresh produce for community residents, it will also help develop the local workforce by offering job training in urban farming and culinary arts.

To manage the proximity of businesses to schools resulting from Pasadena’s lack of zoning and to address the food desert conditions in the area, the collaborative is partnering with convenience stores and restaurants to increase their fresh food offerings. However, for the production and distribution arms to be successful, the collaborative realized it needed to boost residents’ awareness of and demand for healthy food. Thus, it has worked with five health care sites to provide nutritional education and write “prescriptions” for fruits and vegetables, which can be filled at centralized “Food FARMacies,” a local area food pantry created for the program. The director of the HCPH Office of Policy and Planning hopes the BUILD project will serve as a model of cross-sector collaboration that can be replicated across the county to tackle various issues affecting vulnerable populations.
By addressing important issues, such as access to healthy foods, the HLM and BUILD initiatives represent a commitment to cultivating an equitable community. But more time is needed to surmount the profound inequities among Hispanic and black residents.

Continuing the Health Equity Conversation

Despite significant political and structural challenges, Harris County is making progress in “turning the ship” toward health equity through innovative initiatives led by multi-sector partnerships. Additional surveillance, data and information gathering, analysis, and reporting will examine the progress and impact of these initiatives on the health and well-being of Harris County residents, especially at-risk Hispanic and black residents.

The following questions could provide insights into the degree to which meaningful change is taking place and can be extended and sustained:

• How are the various initiatives aligning their missions and collaborating with each other, and how are underserved groups involved in decision making?

• How are local initiatives, particularly HLM, mobilizing support for their policy priorities among influential sectors, such as health care and education?

• Who is benefiting from the initiatives, and who is not? How are the initiatives addressing inequities among Hispanic, black and Asian residents?

• How is Harris County measuring and evaluating the impact of completed and ongoing initiatives to address systematic drivers of obesity and related chronic illnesses?

• In what ways have grassroots accomplishments, such as the BUILD Challenge, improved the social and economic environment?

• What evidence is there that the initiatives are improving the health and well-being of Harris County residents? For instance, what are the trends in access to healthy foods, physical inactivity, and obesity prevalence?

• How is Harris County continuing to acquire philanthropic interest and investment in initiatives to improve the health and well-being of its residents?
References


