

Houston Community Health Improvement Plan

Houston Department of Health and Human Services

Office of Surveillance and Public Health Preparedness
Performance Improvement and Accreditation Team

2013



Houston Department of
Health and Human Services



Self sufficient families and individuals in safe and healthy communities

In 2012, the Houston Department of Health and Human Services (HDHHS) began the process of developing a Community Health Improvement Plan. Using the results from the Health of Houston Survey 2010 and the Houston/Harris County State of Health Report 2012, community partners collaborated with HDHHS to identify programs, activities, and recommendations to address identified health issues. The community health improvement plan fulfills the mission of HDHHS to “work in partnership with the community to promote and protect the health and social well-being of Houstonians.”

I am pleased to present the community health improvement plan for the City of Houston as a charter for establishing our community as a healthy and safe place to live, work, and play. By reviewing this plan you will understand how the community was engaged in the process, how the data supports the need for addressing the identified health issues, and recommendations for action and partnership to ensure the quality of life for greater Houston area residents.

I encourage you to examine the document and engage community partners and HDHHS in the planning of strategies to address identified health issues. It takes all members of the community to strategically implement changes in individual, family, neighborhood, and societal aspects of our lives to truly accomplish change in our overall health and well-being.

A handwritten signature in white ink that reads "Stephen L. Williams". The signature is written in a cursive, flowing style.

Stephen L. Williams, M.Ed., M.P.A.

Director, Houston Department of Health and Human Services

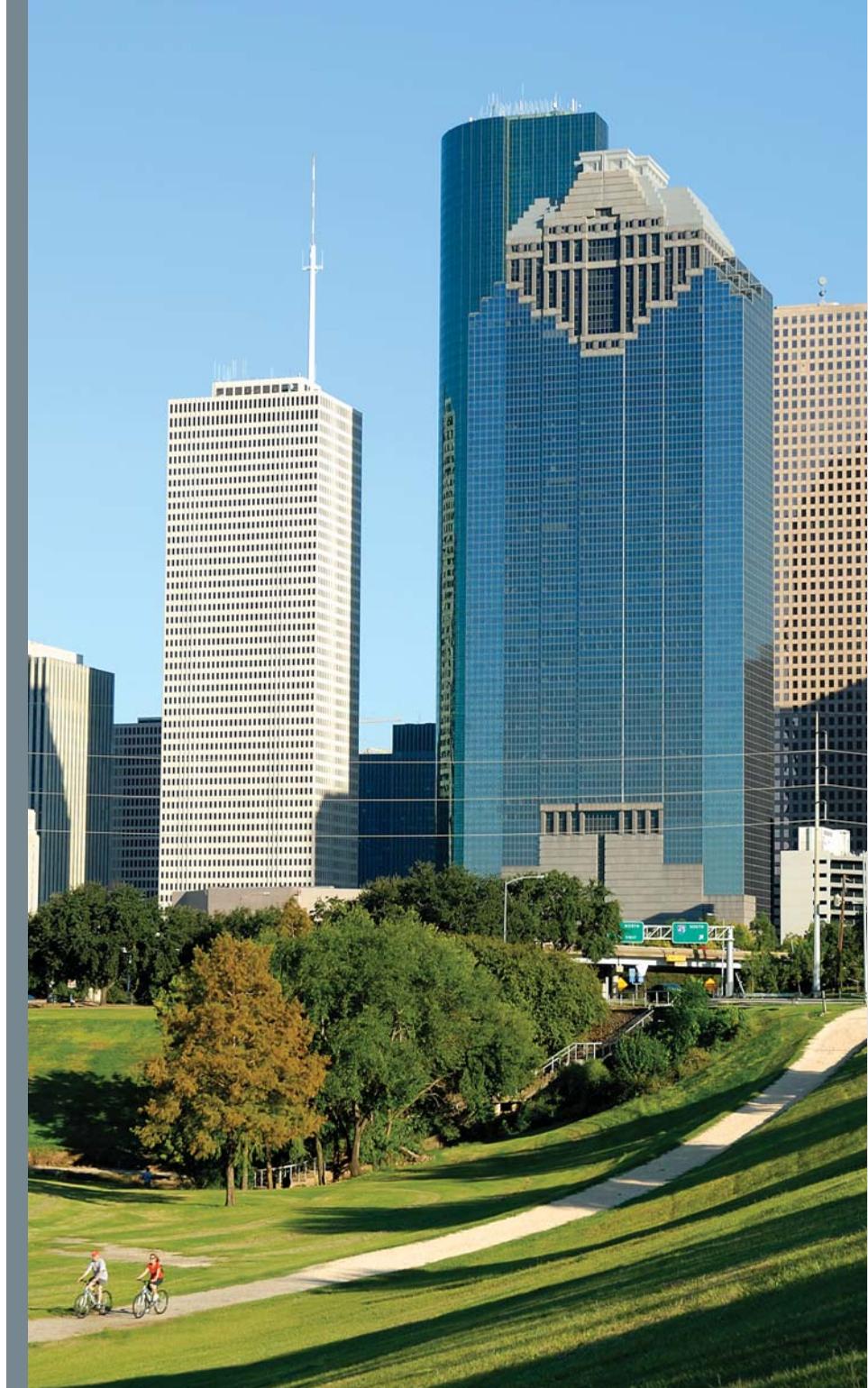


TABLE OF CONTENTS

1

Overview

3

Primary Health Areas

Access to Quality Care, 3

Behavioral Health, 5

Childhood Obesity, 7

Chronic Disease, 9

Environmental Health, 11

HIV/AIDS, 13

Maternal and Child Health, 15

17

HDHHS Special Initiatives

Healthy Homes, 17

Kids Vision, 19

Project Saving Smiles, 21

STRYVE Houston, 23

25

Next Steps

26

Healthy Houston 2010 Survey Areas Map

27

Afterword

28

Contributors

29

References

OVERVIEW

The Community Health Assessment (CHA), Agency Strategic Plan (SP), and Community Health Improvement Plan (CHIP) serve as the cornerstones for national voluntary public health accreditation. Accreditation drives a continuous quality improvement process that enhances community efforts to support public health. The Houston Department of Health and Human Services (HDHHS) has selected the Health of Houston Survey 2010 and the Houston/Harris County State of Health 2012 as its community health assessments. The HDHHS 2013-2016 Strategic Plan prioritizes and focuses HDHHS' efforts.

The HDHHS CHIP is the product of collaboration between community partners and the City of Houston, to improve the health and well-being of Houstonians. It is a long-term, systematic, community-driven plan to address seven primary health areas identified in the CHAs, and HDHHS Strategic Plan. All facets of the community have a role in applying the plan, to improve the health and quality of life of Houston area residents. Additionally, four HDHHS special initiatives have been included to further facilitate community engagement and response to key health issues. HDHHS and its community partners will continue to collaborate to meet the needs of the community, and update the CHIP as data, resources, and strategies evolve.

About HDHHS

The Houston Department of Health and Human Services (HDHHS) has engaged in a mission to promote and protect the health and social well-being of Houstonians. HDHHS provides traditional public health services and implements innovative methods to meet the community's present and future needs.

HDHHS is a full service public health department with 1,000 employees and approximately a 100 million dollar budget. HDHHS serves as a catalyst to foster collaboration and reach the overall goal of the CHIP; to transition from individual health areas into a comprehensive public health system.

PRIMARY HEALTH AREAS

The following health topic sections describe the health issue, community partners who participated in developing the CHIP, collaborative programs and activities to address the health issue, policy and practice recommendations, and improvement targets. Through the CHIP process the following overarching recommendations for improved health and well-being in the City of Houston emerged. These recommendations should be considered when establishing strategies to make improvements in these primary health areas over the next five years:

- Identify public health services and resources in federal and state legislation
- Increase awareness of the relationship between physical, behavioral, and social health
- Develop empirical support for measuring the effectiveness of public health programs
- Expand training opportunities for a diverse public health workforce
- Increase family voice in all facets of service delivery

HDHHS SPECIAL INITIATIVES

HDHHS has a solid foundation of core services and diverse partnerships to advance a quality behavioral health infrastructure focusing on prevention, access, and integration.

HDHHS' strategy is to use a public health context which includes medical, environmental, social, family, educational, and spiritual factors. By designing new services, and modifying existing services to effectively serve the whole person and community of people, HDHHS is intervening earlier, reducing need for more intensive interventions, and reducing long-term workforce, healthcare, and financial costs.

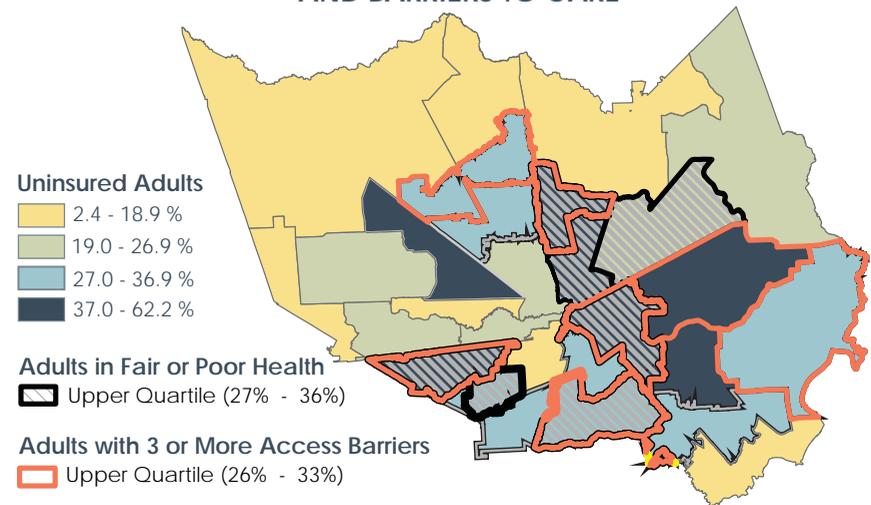
The maps found in this document are designed to provide a snapshot of community health concerns within 28 areas across Houston/Harris County. These areas can be identified using the Healthy Houston Survey Areas map on page 26.

ACCESS TO QUALITY CARE

COMMUNITY PARTNER: GATEWAY TO CARE; HARRIS COUNTY HEALTHCARE ALLIANCE (HCHA)

The safety net of affordable health care providers is shrinking compared to the growing needs of the uninsured in Houston/Harris county. Among Houston area residents, those without a personal doctor are more likely to use community health centers and emergency rooms (ER) as their usual place of care.

ADULT INSURANCE COVERAGE, PERCEIVED HEALTH STATUS, AND BARRIERS TO CARE



© The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012

IMPROVEMENT TARGETS

Coordinate and collaborate to enroll 800,000 individuals in the Harris County Region into safety net healthcare alternatives by January 2015

ACTIONS

The Harris County Community Clinic Performance Indicators report (1) is compiled by HCHA to monitor a standard set of performance

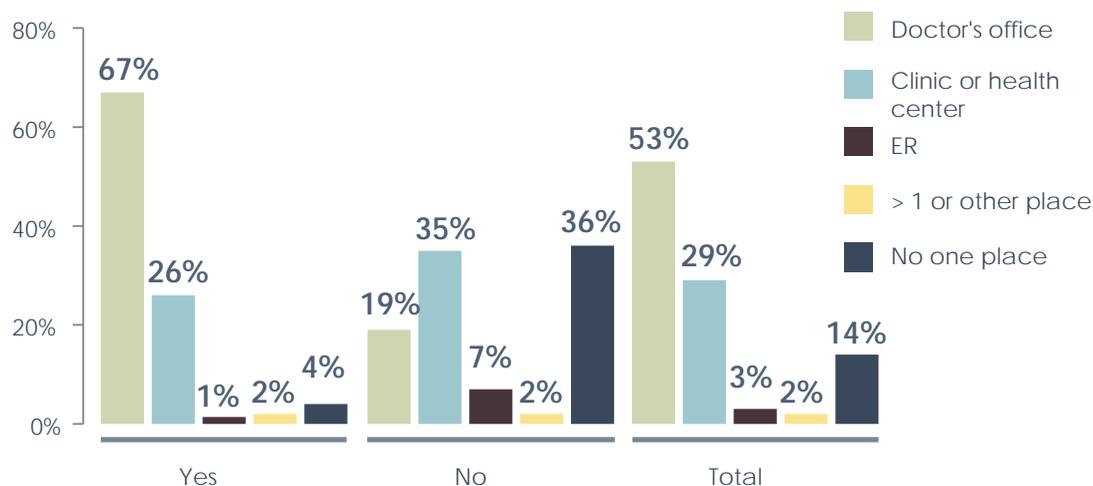
indicators to demonstrate the effectiveness of investing in key safety net providers.

Individuals living in the Houston area who were in fair or poor health cited the lack of insurance as one of the primary barriers to healthcare access.

The Harris County Healthcare Alliance (HCHA) and Gateway to Care (GC) are two member organizations who collaborate to expand and strengthen the primary care safety net system of the greater Houston area.

Working with other member organizations, these entities seek to improve access to appropriate care for the uninsured and under-insured.

USUAL PLACE OF CARE BY PERSONAL DOCTOR OR HEALTH CARE PROVIDER



© The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012

RECOMMENDATIONS

- 1) Improve local partnerships and the local safety net capacity to meet legislative and funding requirements
- 2) Allocate access resources to areas where resources are inadequate
- 3) Explore potential local mechanisms to expand Medicaid access
- 4) Improve electronic medical record application and information exchange

Greater Houston Health Connect is a protected network of patient health information supported by HCHA. Existing hospital system networks can connect with each other

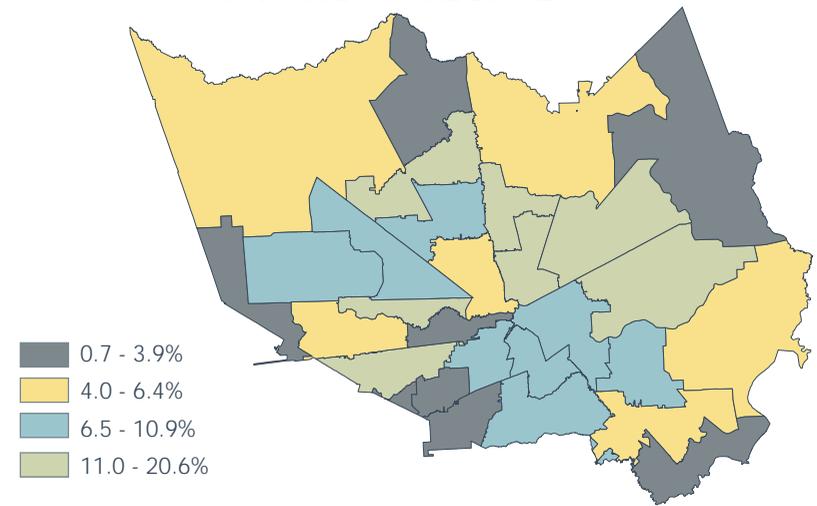
and independent providers for enhanced safety, quality, efficiency and continuity of care in the greater Houston area.

BEHAVIORAL HEALTH

COMMUNITY PARTNER: NETWORK OF BEHAVIORAL HEALTH PROVIDERS

The rates of Serious Psychological Distress (SPD) in Harris County (5% for men and 10% for women) greatly exceed the national averages of 2.9% for men and 3.8% for women. The Mental Health and Mental Retardation Authority of Harris County reports that over 200,000 adults in the county suffer from severe mental illness.

PERCENT OF ADULTS WITH SYMPTOMS OF SERIOUS PSYCHOLOGICAL DISTRESS



© The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012

IMPROVEMENT TARGETS

- 1) Develop an initiative to assist local behavioral health (BH) providers in preparing for the Affordable Care Act and other federal requirements
- 2) Decrease wait time for access to BH service by 2015
- 3) Provide recommendations during the 82nd Texas legislative session to increase access and funding to providers

ACTIONS

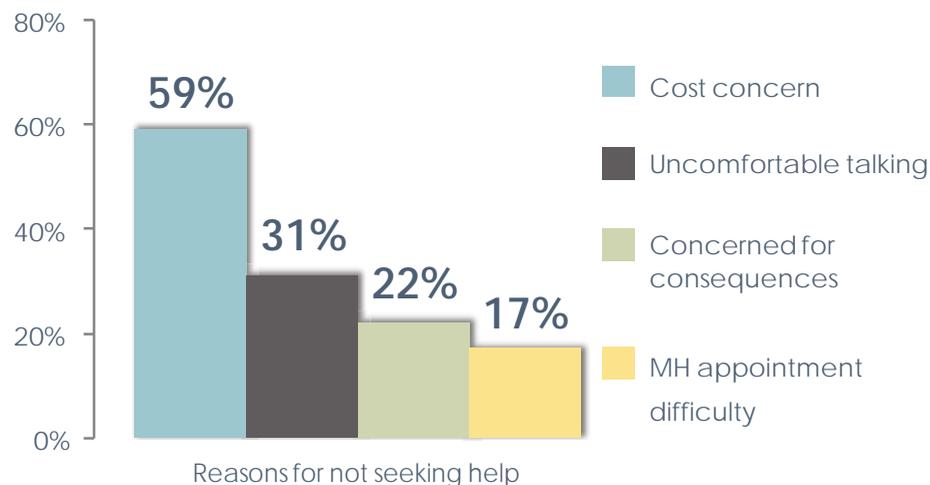
The Network of Behavioral Health Providers (NBHP) was formed in 2004 to provide a venue for the mental health and substance abuse provider leadership in greater Houston

to create collaborative work agendas. The NBHP allows these providers to address serious issues related to inpatient public bed capacity, outpatient service capacity,

According to the Health of Houston Initiative 2009 report (2), 20% of children ages 9-17 and 20% of adults ages 18-54 have some form of mental disorder during a given year. In 2009 the Mental Health Needs Council estimated that 14,000+ children and adolescents, and almost 80,000 adults with serious mental health disorders could not access mental health services. Inpatient public bed capacity is approximately 11 beds per 100,000, far below the recommended minimum of 70 beds.

While outpatient service capacity is more difficult to define, the Texas Medical Board reports that Harris County has 23% fewer psychiatrists than would be expected, based on national norms.

REASONS FOR NOT SEEKING HELP FOR MENTAL HEALTH PROBLEMS WHILE AWARE OF NEED



© The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012

RECOMMENDATIONS

- 1) Promote and support the integration of primary health and behavioral health services
- 2) Develop, advocate for, and fund prevention and early intervention services along with a commitment to treatment services
- 3) Utilize federal funds to support permanent, supportive housing with services

and access to mental health services. The network wants to ensure that the entirety of the behavioral health provider community (both public agency and private providers) receive the support needed

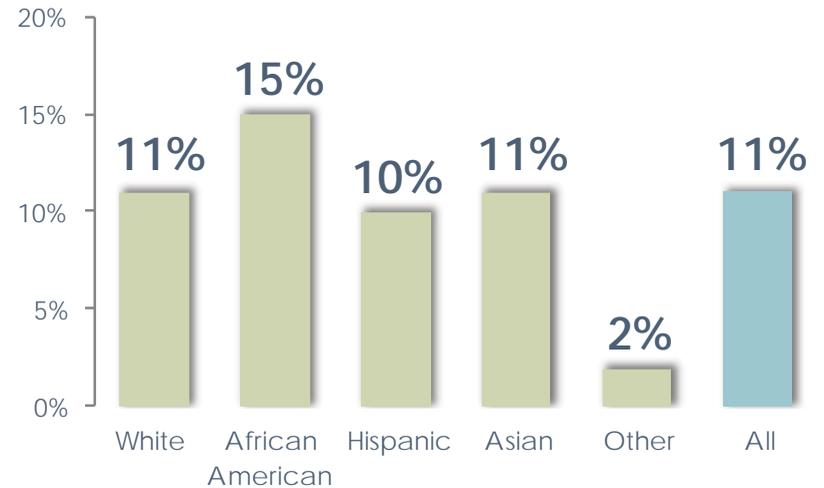
to ensure that the critical “safety net” of mental health and substance abuse services have the tools, resources, and support needed to address these ever increasing needs.

CHILDHOOD OBESITY

COMMUNITY PARTNER: HARRIS COUNTY HEALTHCARE ALLIANCE; HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES (HCPHES)

Overweight/obesity trends among children in Harris County are increasingly alarming. The Health of Houston Survey 2010 indicates that 11% of children aged 14-17 years are obese. Fifteen-percent of African American parents reported their children as obese.

PREVALENCE OF OBESITY IN CHILDREN 14-17 YEARS OLD BY RACE AND ETHNICITY



© The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012

IMPROVEMENT TARGETS

- 1) Complete a policy scan and audits of built and food environments by Summer 2013
- 2) Identify policy-relevant priorities for action by Fall 2013
- 3) Develop an action plan that prioritizes strategies for policy, system and environmental change to curb childhood obesity

ACTIONS

Healthy Living Matters addresses childhood overweight/obesity and therefore aligns with goals of the Affordable Care Act with respect to chronic disease prevention. Key activities:

Assessment: gathering and synthesizing data and other information that describes childhood obesity and related factors in Harris County.

Community Engagement: raising awareness of

With funding from Houston Endowment Inc., the Harris County Healthcare Alliance serves as the fiscal agent while HCPHES provides project oversight. HLM will identify opportunities to reduce childhood obesity via policy, systems and environmental change.

HDHHS plays an active role on the HLM Community Planning Team in addition to their Community Transformation Initiative addressing chronic disease. Stakeholders include school districts, businesses, and health care providers, among others.

The HLM Community Planning Team will be using the Mobilizing Action for Planning & Partnerships (MAPP) and the Protocol for Assessing Community Excellence in Environmental Health (PACEH) to develop a community action plan.



RECOMMENDATIONS

- 1) Implement recommendations for policy, environmental, and system level strategies identified in the Community Action Plan
- 2) Ensure sustainability of Healthy Living Matters efforts

childhood obesity and related factors through education, and mobilizing the community to support environmental change that promotes healthy living. **Policy:** monitoring of federal and state proposed legislation, local ordinances

and rules and regulations relevant to childhood obesity. These activities will inform the development of a community action plan that will serve as a springboard for action to reduce the childhood obesity epidemic.

CHRONIC DISEASE

COMMUNITY PARTNER: HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES

Chronic disease is an extremely serious problem in Houston/Harris County. Five out of six of the top causes of mortality are chronic diseases.

CHRONIC DISEASE MORTALITY IN HOUSTON

Cause of Death	Total Deaths	Age-Adjusted Mortality Rate *
Heart Disease	4,924	196.2
Cancer	4,896	177.3
Chronic Lower Respiratory Disease	870	41.1
Diabetes	693	25.0
Stroke	577	24.6

* Deaths per 100,000 persons, age-adjusted to the 2000 Census population. Age adjustment is a method that eliminates differences in rates that result from age differences in population composition

IMPROVEMENT TARGETS

- 1) Develop a Community Transformation Implementation Plan (CTIP), which includes policy change strategies by 2013
- 2) Measure the potential health equity impact of policy strategies included in the CTIP by 2013

ACTIONS

HDHHS has partnered with Harris County Public Health and Environmental Services to meet the goals of CTI. Additional CTI partners include parks departments, elected officials,

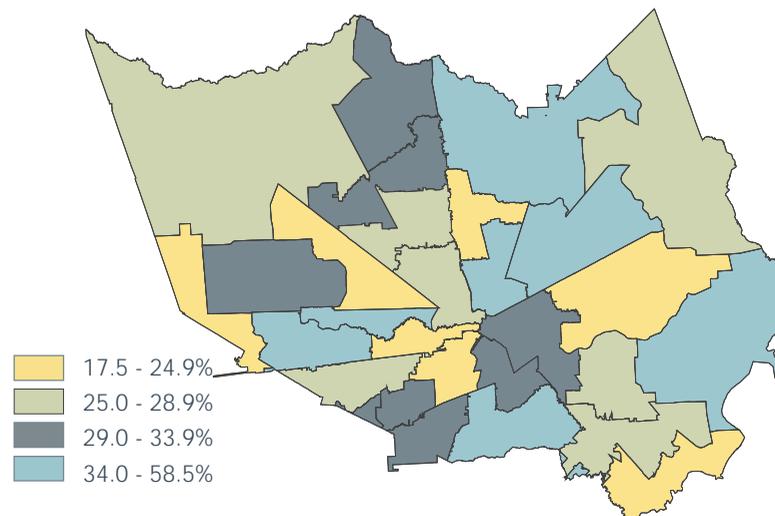
businesses, schools, and non-profits. Along with these partners, CTI developed a capacity building plan which includes the following goals: 1) build a team of community, city, and

In 2011, HDHHS received funding from the Centers for Disease Control and Prevention to support the Community Transformation Initiative (CTI).

CTI is focused on reducing chronic disease, health disparities, and improving the health of Houston/Harris County residents through policy, environmental, and infrastructure changes. These goals are to be accomplished through four strategic directions:

- tobacco-free living,
- active living and healthy eating,
- quality preventive services (e.g. blood pressure and cholesterol control),
- social and emotional wellness

PERCENT OF ADULTS WITH HIGH BLOOD PRESSURE



© The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012

RECOMMENDATIONS

- 1) Engage coalition members, contractors, and those impacted by health disparities
- 2) Identify evidence-based practices in order to address the Community Transformation Initiatives' four strategic directions

county decision makers to support the development and implementation of CTI strategies, 2) build a coalition that will guide activities, 3) complete a health equity report and policy scan to support CTI strategies, 4) create a CTI

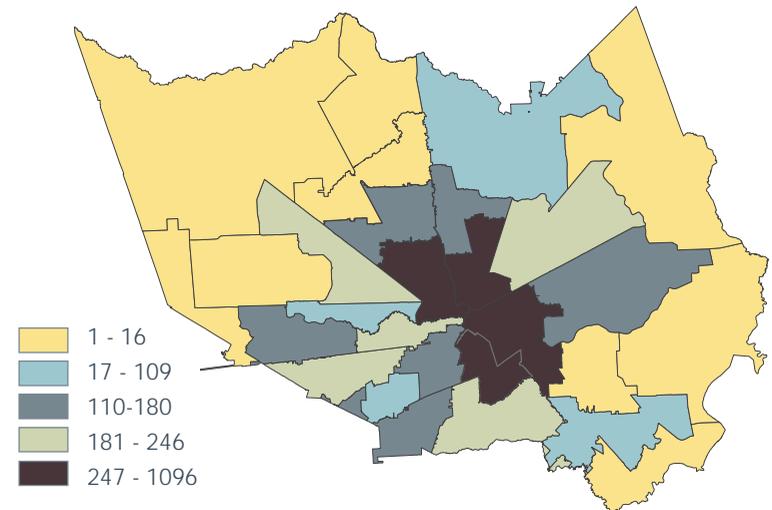
implementation plan outlining specific recommendations for chronic disease prevention, and 5) develop strategic messages for CTI partners that express the importance of livability and health in all policy.

ENVIRONMENTAL HEALTH

COMMUNITY PARTNER: AIR ALLIANCE HOUSTON

The Health of Houston Survey indicated that 17% and 15% of respondents were concerned about pollution from traffic and industry, respectively. The HDHHS maintains an ambient air monitoring network, responds to pollution complaints, conducts investigations, and enforces laws to address compliance.

NUMBER OF AIR QUALITY 311 COMPLAINTS
JULY 2006 - JANUARY 2013



Map courtesy of the HDHHS, Bureau of Pollution Control and Prevention

IMPROVEMENT TARGETS

- 1) Respond within 24 hours to Priority 1 complaints; those which pose significant risk of harm to public health, safety, quality of life, and the environment
- 2) Promote environmental health resources through at least one outreach to staff, providers, and the community at a Multi Service Center in 2013

ACTIONS

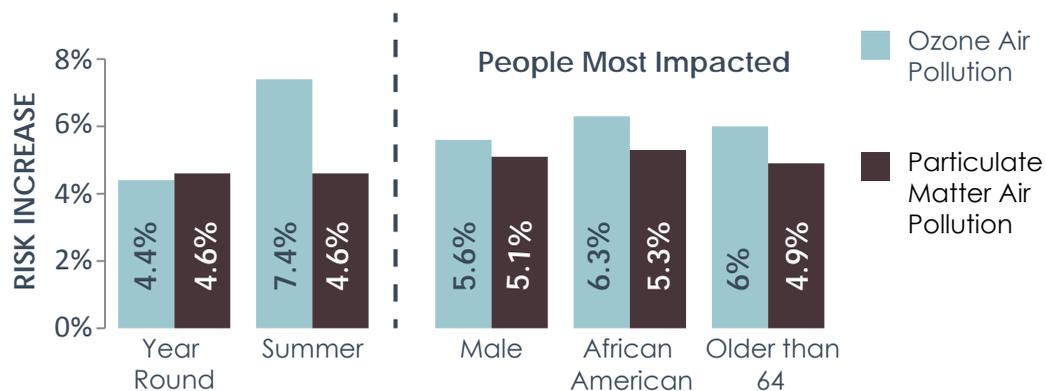
Air Alliance Houston is the recipient of a Healthy People 2020 grant to support Environmental Justice (EJ) Encuentro which brings together residents of at-risk communities to interface

with advocates and academics who specialize in the diversity of environmental and public health risks. HDHHS partners with community leaders to use scientific tools and the Mobile

Air pollution can have severe adverse effects on the overall health of the community. Out-of-hospital cardiac arrest (3) is an important example of a health effect associated with short-term exposure to air pollutants.

Approximately 300,000 people in the U.S. experience an out-of-hospital cardiac arrest each year and over 90% of those cases result in death. Current research indicates ozone and particulate matter air pollution (4) increase the risk of cardiac arrest (5) in Houston.

INCREASE IN RISK OF CARDIAC ARREST BY TIME PERIOD AND POPULATION SUB-GROUP



Note: There is an increase in risk with an increase of 20 ppb ozone 1-3 hrs before event and an increase in risk with an increase of 6 $\mu\text{g}/\text{m}^3$ PM_{2.5} 1-2 days before event.

Graph courtesy of Rice Environmental Statistics & Health Ensor & Raun Research Group

RECOMMENDATIONS

- 1) Partner with neighborhood leaders and business to respond to ongoing air pollution
- 2) Expand community level knowledge about air quality, its threats to public health and minimizing exposure

Ambient Air Monitoring Laboratory (MAAML) to identify and characterize specific emission sources of air toxics, volatile organic compounds, and particulate matter. These partnerships can help develop Environmental Compliance

Agreements, and improve air quality in neighborhoods. MAAML was funded in part by the Environmental Protection Agency (EPA) and Houston Endowment Inc.

HIV/AIDS

COMMUNITY PARTNER: HOUSTON AREA RYAN WHITE PLANNING COUNCIL

According to Centers for Disease Control and Prevention (CDC) estimates, the Houston area (specifically, Houston-Baytown-Sugarland) ranks 12th highest in the nation for rate of AIDS (6). In 2010, an estimated 1,430 new cases of HIV were diagnosed in the Houston Area, and 21,170 people were estimated to be living with HIV/AIDS. It is further estimated that an additional 5,306 people in the Houston area are currently HIV positive, but unaware of their status.



City of Houston Council Member Wanda Adams speaks with attendees waiting to be tested during a Hip Hop for HIV event at Greenspoint mall

IMPROVEMENT TARGETS

- 1) Increase the percentage of people living with HIV who know their sero-status from 79 to 90% by 2015
- 2) Increase the proportion of newly diagnosed patients linked to care within three months of HIV diagnosis from 65 to 85% by 2015

ACTIONS

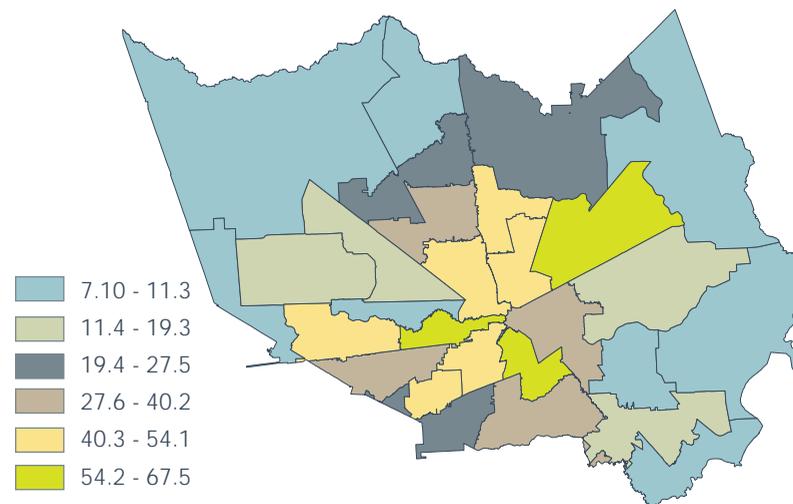
Hip Hop for HIV, a partnership between HDHHS, 97.9 The Box, and local community organizations, was created in 2007 to provide education and free screening for HIV. With over 47,000 people

having been tested since 2007, it has become a national model for testing and prevention efforts. **SAFER Initiative** (Strategic AIDS/HIV Focused Emergency Response Initiative) is a new

The Bureau of HIV/STD and Viral Hepatitis Prevention (Bureau) is charged with the development of a response to the HIV/AIDS epidemic in Houston/Harris County. HDHHS Disease Intervention Specialists (DIS) offer rapid testing to HIV partners in the field. Voluntary HIV screening is offered in Harris County Jail under a contract with the Texas Department of State Health Services (Texas DSHS).

The HDHHS also encourages and supports routine HIV screening through sponsored task forces and advisory groups, and works to ensure that women who are pregnant, or who are of childbearing age and identified as meeting the CDC's definition of high-risk, will receive HIV screening in HDHHS clinics.

NEW HIV DIAGNOSES (2011) RATE PER 100,000 POPULATION



Map courtesy of the HDHHS, Community Health Planning, Evaluation, and Research

RECOMMENDATIONS

- 1) Develop and implement a comprehensive course of action for providers for maximum health outcomes for HIV-positive clients
- 2) Link HIV-infected persons in the Houston area to prevention counseling, medical care, partner services, and HIV prevention services

program designed by HDHHS to provide coordinated HIV prevention, treatment, and support services to residents in highly impacted communities in order to reduce new HIV infections and minimize HIV-related health disparities.

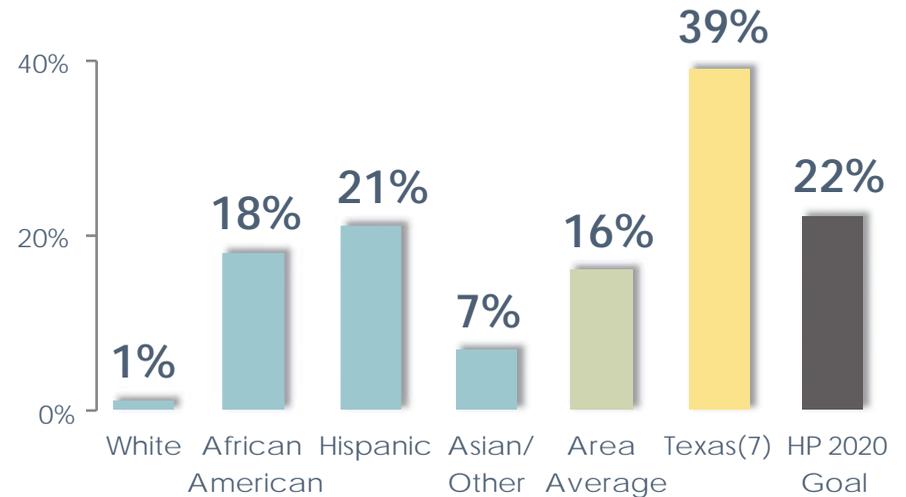
Expanded HIV Testing Initiative is an integrated model of routine testing in clinical settings to reach populations disproportionately affected by HIV/AIDS. This initiative has been implemented in six local emergency departments.

MATERNAL AND CHILD HEALTH

COMMUNITY PARTNER: HARRIS HEALTH SYSTEM

HDHHS and area partners implement programs that facilitate access to services for women and children. The Impacting Maternal and Prenatal Care Together (IMPACT) Collaborative advocates for the life course perspective, which focuses on well woman, pregnancy, pre and inter-conception, and postpartum care.

PREVALENCE OF WOMEN WITH LATE OR NO PRENATAL CARE



© The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012

IMPROVEMENT TARGETS

- 1) Increase referrals and application assistance for CHIP/Medicaid to 3,500 by June 2013
- 2) Increase referrals to medical homes to 10,200 by June 2013
- 3) Provide nutrition education and support to eligible families

ACTIONS

HDHHS **Women, Infants and Children (WIC)** program provides services to over 76,000 clients monthly. WIC collaborates with the following partners to improve access to care: 1) Mental

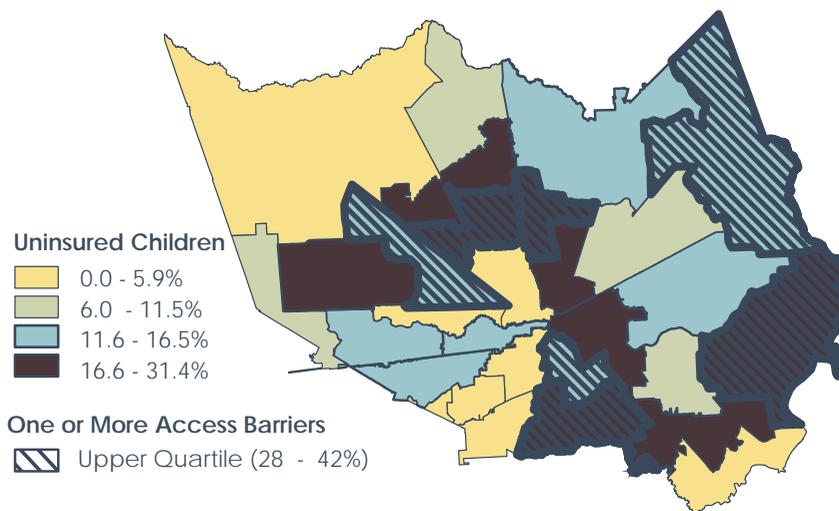
Health America for postpartum depression, 2) HDHHS' Immunization Program for medical home referral, and 3) the Collaborative for Children for child care and early education referral.



Due to rising healthcare costs and limited access to insurance, patients are increasingly utilizing the emergency room as their primary place of care. As a result of these barriers, patients also experience difficulty filling prescriptions, seeing specialists, and receiving dental care.

To meet the needs of women, children and families, it is critical to improve access to care, including early prenatal care. By identifying at-risk communities and adopting widespread behavioral changes, overall health is improved.

PERCENT OF UNINSURED CHILDREN AND ACCESS TO CARE BARRIERS



© The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012

RECOMMENDATIONS

- 1) Increase coordination among community partners
- 2) Streamline Medicaid enrollment process to facilitate access to care
- 3) Increase access to mental health services for women
- 4) Connect clients to medical homes to facilitate continuity of care

Kid's Village navigates families to physical, mental, dental, and social health services. In 2011, HDHHS referred over 9,000 children to medical homes and over 3,000 children to CHIP/Medicaid.

The March of Dimes - **Healthy Babies are Worth the Wait** program promotes delivery after the full 39 weeks gestation for those lacking medical indications for early delivery.

SPECIAL INITIATIVES

HEALTHY HOMES

Many public health issues are related to exposures to hazards in the home environment, such as poisoning from lead-based paint, allergens, second-hand smoke exposure, carbon monoxide poisoning, chemical fumes, and injuries from burns or falls.

Low income households are disproportionately impacted and at greatest risk from poisoning, asthma, cancer and unintentional injuries that arise from biological, physical, and chemical exposure within home environments.



IMPROVEMENT TARGETS

- 1) Partner with local school districts' health programs in low socioeconomic areas to test pre-school age children for lead
- 2) Establish a tracking system to monitor environmental lead investigations

DETAILS

Enforcement actions (Municipal Court citations) are taken regarding city ordinances when violations are not corrected within

the time allowed after warning notices are given. Regulations, reports, guidelines and recommendations from federal agencies such

Lead affects almost every organ and system in the body. It damages the brain, central nervous system, kidneys, and immune system. It is most harmful to young children under six years of age, especially children less than three years of age.

Young children are more likely to take lead into their bodies due to their frequent hand-to-mouth behavior. The hearing and growth of young children is also adversely affected by lead, in addition to learning and behavioral problems.



A Houston home undergoing lead paint inspection (Photo by Robert Issacson, HDHHS Environmental Investigator)

RECOMMENDATIONS

- 1) Recruit more trained multi-lingual staff to assist with outreach projects to accommodate over 90 different languages spoken by Houston residents
- 2) Advocate for stronger housing regulations
- 3) Develop sustainable funding

as the Environmental Protection Agency (EPA), and the Centers for Disease Control and Prevention (CDC) are referenced when making recommendations to property

managers and employers for cleanup procedures, ventilation and control measures, and acceptable air contaminant levels.

SPECIAL INITIATIVES

KIDS VISION

Vision problems are common among school-age children. According to Prevent Blindness America, one in four school-age children have vision problems that, if left untreated, can affect learning ability, personality, and adjustment in school.

The Texas Department of State Health Services (DSHS) Vision Screening Program reports that there were 17,892 children in 20 Houston area school districts with unresolved vision problems during the 2010-2011 school year.



IMPROVEMENT TARGETS

- 1) Provide vision exams and glasses to at least 10,550 students during clinics held during the 2012-2013 school year
- 2) Identify service needs and provide referrals and follow-up to families
- 3) Provide glasses to 100% of children identified as needing glasses

DETAILS

Kids Vision is a signature initiative for children. HDHHS' Kids Vision initiatives include See to Succeed and the OneSight vision clinics provided by the OneSight Foundation. See to Succeed

provides vision screening and free vision exams and glasses to school aged children in local school districts and charter schools. See to Succeed is sponsored through a collaboration

After working with the OneSight Foundation, a national organization which provides free vision exams and eye glasses to people worldwide, HDHHS created the Kids Vision initiative to locally fund and support expanded capacity for vision exams and eye glasses for Houston area children.

The overall goal of Kids Vision is to improve the vision and vision-related health, education, and social factors impacting the lives of children, and to improve their long term well-being. HDHHS and the HDHHS Foundation have formed a collaborative to support Kids Vision and address the vision issue for Houston area children.



A Houston area elementary school student looks at herself with new glasses during a 2012 Kids Vision mission

RECOMMENDATIONS

- 1) Refine and standardize program for maximum efficiency
- 2) Maximize opportunities for reimbursement from Medicaid and other state and national funding sources
- 3) Enhance coordination among participating organizations

that includes the HDHHS Foundation, the Essilor Vision Foundation, the Berkeley Eye Center, the University of Houston Eye Institute, San Jacinto College and the Wal-Mart Corporation. The See to Succeed collaborative is a

member organization of the Kids Village for Life-Houston Area Coalition. Since its inception, the See to Succeed initiative has provided exams to 7231 students and provided glasses for 6494.

SPECIAL INITIATIVES

PROJECT SAVING SMILES

Delayed dental care is often due to cost or a lack of dental insurance. The Texas Oral Health Coalition – Houston Region (TxOHC-Houston Region) seeks to decrease the prevalence of dental caries (tooth decay) among Houston’s at-risk 2nd graders by 10% by 2020. Increasing access to preventive dental care is crucial to meet this positive

change. Additionally, the TxOHC-Houston Region is partnering with and actively recruiting medical providers to help achieve this goal. The TxOHC-Houston Region appreciates and recognizes that interdisciplinary approaches to improving one’s health and eliminating healthcare disparities are essential to achieving this goal.

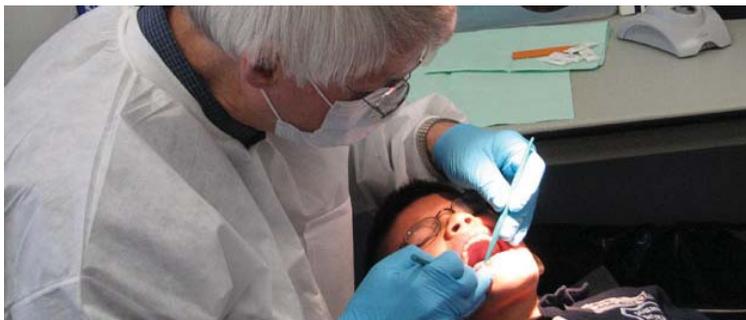
IMPROVEMENT TARGETS

Decrease the prevalence of dental caries among Houston’s at-risk second graders from 39% in 2011, to 29% by 2020

DETAILS

Project Saving Smiles is an evidence-based school-linked dental sealant program that provides dental screening, dental sealants,

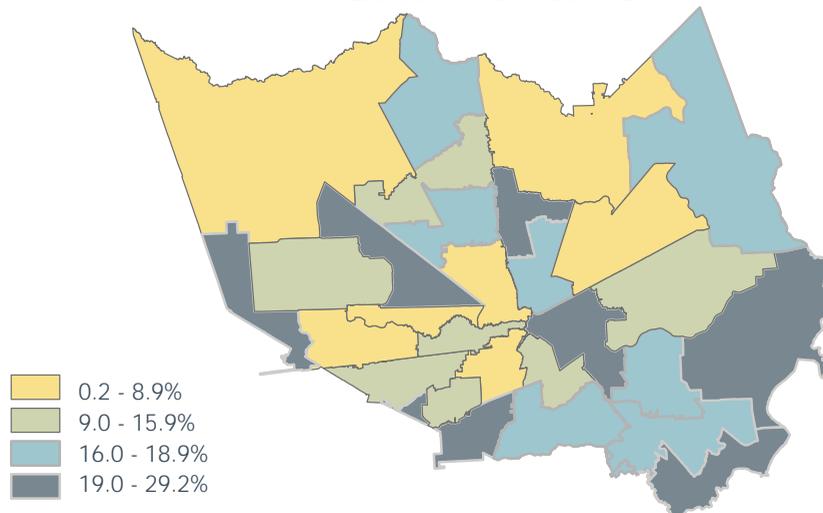
fluoride varnish, and oral health education free of charge targeting 2nd graders enrolled in the Free or Reduced Lunch Program. HDHHS partners



A volunteer dentist screening a Houston area second grader for dental caries during a Project Saving Smiles event, 2012

In the U.S. approximately 80% of dental caries is concentrated in 25% of children (8). A 2001 Dental Needs Assessment revealed that 52% of pre-kindergarten and 46% of second grade children in Harris County had untreated decay (9).

PERCENT OF CHILDREN WITH DELAYED DENTAL CARE DUE TO COST OR LACK OF INSURANCE



© The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012

RECOMMENDATIONS

- 1) Implement an oral health needs assessment to serve as a baseline for future oral health programs
- 2) Build relationships with medical providers
- 3) Improve promotion of oral health of Houston residents

with TxOHC-Houston Region, Department of State Health Services, Women of Rotary, Good Neighbor Healthcare Center, the University of Texas Health Science Center at

Houston – Dental Branch, Houston Community College, and area schools to provide these preventive services. Since 2008, over 12,000 children have benefited from this program.

SPECIAL INITIATIVES

STRYVE HOUSTON

HDHHS has a long history of engaging youth in the promotion of adolescent health. In 2011, HDHHS received a five-year planning and capacity building grant to implement STRYVE (Striving to Reduce Youth Violence Everywhere) – a youth violence prevention program. Using the CDC STRYVE framework and best practices shared by

the Urban Networks to Increase Thriving Youth (UNITY), the purpose of STRYVE is to develop a comprehensive youth violence prevention plan at a neighborhood level, using strategies that are based on the best available evidence. STRYVE is funded by the Centers for Disease Control and Prevention (CDC), Division of Violence Prevention.

IMPROVEMENT TARGETS

Establish a multi-sector youth violence prevention coalition by 2015

DETAILS

Key Stakeholders in **STRYVE** are the United Way of Greater Houston, Mayor's Anti-Gang Office, Houston Police Department (HPD), HPD Youth

Advisory Council, Houston Parks and Recreation, City of Houston Public Works, Engineering, and Neighborhood Services Departments, Harris

STRYVE Houston will focus on creating a collective vision and prevention plan for the Sunnyside, South Park, South Acres/Crestmont Park, Greater Old Spanish Trail/South Union and Minnetex super neighborhoods to change existing norms related to youth violence.

These super neighborhoods comprise Houston Police Department District 14, a large contiguous area historically known for high incidences of juvenile and violent crime, high dropout rates, and pockets of poor health indicators.



RECOMMENDATIONS

- 1) Improve data collection and develop user friendly surveillance indicators
- 2) Collaborate with stakeholders to advocate for and sustain youth violence prevention efforts
- 3) Increase use of a public health approach in youth serving environments
- 4) Integrate youth violence prevention into HDHHS programs

County Precinct 1, Council for a Safer County, Houston Independent School District, Keep Houston Beautiful, Parents for Public Schools of Houston, National Association

of City and County Health Officials, faith-based organizations, local businesses and adolescent leaders.

NEXT STEPS

The next phase of the Community Health Improvement Plan will involve addressing the recommendations in a systematic cohesive manner. This includes the establishment of memoranda of understanding with contributing partners, and quality improvement training and technical assistance for contributing partners to address the recommendations and improvement targets. Progress toward the improvement targets will be monitored annually through topic reports, and the data captured in future community health assessments will be evaluated to determine if efforts are making a difference in Houstonians' quality of life. The plan will be reviewed annually and revised as the context of community health, assets, and resources evolve.

Community Health Assessment Notes:

The Health of Houston Survey is a population survey of randomly chosen households in Houston and Harris County. HDHHS along with other community based organizations provided input on health topics and areas of concern. The Houston/Harris County State of Health 2012 Report was developed by a committee representative of multiple organizations with expertise in local community health indicators. More information on the community health assessments is available at www.hhs2010.net and www.houstonstateofhealth.org.

Healthy Houston Survey 2010 Areas

The Harris County and City of Houston 28 Zip Code area aggregations map allows for conclusions to be drawn about each area based on the Health of Houston Survey 2010 sampling strategy. This map serves as secondary reference to the included maps in the primary health area sections.



© The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012

Special thanks to The University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy, 2012, 2012 for assistance with the development of data displays based on our community assessment, the Health of Houston Survey 2010.

AFTERWORD

The Houston Department of Health and Human Services would like to thank all of the following contributors for their hard work and dedication to the health and well-being of the residents of the City of Houston. The process of developing this Community Health Improvement Plan provided a unique opportunity for forming new collaborations, in addition to expanding upon existing partnerships. Although there is not enough room in this document to highlight every individual who played a part in bringing the plan to fruition, the work you have put in is greatly appreciated, and our community will be positively impacted because of your efforts.

CONTRIBUTORS

- **Air Alliance Houston** | *Matthew Tejada*
- **Gateway to Care** | *Ron Cookston*
- **Harris County Healthcare Alliance** | *Olivia Dear*
- **Harris Health System (formerly Harris County Hospital District)** | *June Hanke, Margo Hilliard*
- **Harris County Public Health and Environmental Services** | *Charles Henley, Rocaille Roberts*
- **Houston Department of Health and Human Services** | **Director, Stephen Williams**
 - Administrative Services Division** | *Celina Garza-Ridge*
 - Children and Family Services Division** | *Johanna DeYoung*
 - **Bureau of Oral Health** | *Teresita Ladrillo*
 - **Community Health Program Services** | *Clemelia Richardson*
 - **Women, Infants, and Children** | *Abigail Diaz*
 - Community Health Services Division** | *Oyeba Amuzu, Risha Jones*
 - **Bureau of HIV/STD and Viral Hepatitis** | *Camden Hallmark, Marlene McNeese-Ward, Cathy Wiley*
 - Director's Office** | *Judy Harris*
 - Environmental Health Division** | *Ron Sandberg*
 - **Bureau of Community and Children's Environmental Health** | *Brenda Reyes*
 - **Bureau of Pollution Control and Prevention** | *Francis Agostini, Arturo Blanco, Loren Raun*
 - Health Planning, Evaluation, and Program Development** | *Greg Barnes, Faith Foreman, Melanie Gilmore, Carra Moroni, AJ Rosario, Shelia Savannah, Monica Slentz*
 - Information Technology Department** | *Troy Williams*
 - Office of Public Affairs** | *Kathy Barton*
 - Office of Surveillance and Public Health Preparedness** | *Raouf Arafat, Jeffrey Meyer, Marcia Wolverton*
 - **Performance Improvement and Accreditation Team** | *Ololade Coker, Larissa Estes, Robert Hines*
- **Network of Behavioral Health Providers** | *Marion Coleman*
- **Texas Oral Health Coalition - Houston Region** | *Angela Barnes*
- **The University of Texas Health Science Center at Houston - School of Public Health** | *Stephen Linder*

REFERENCES

1. Harris County Health Care Alliance. Harris County Community Clinic Performance Indicators report. Retrieved October 1, 2012 from http://www.hchalliance.org/_filelib/FileCabinet/pdfs/2010_Performance_Indicators_Narrative_8.5.11_FINAL.pdf.
2. The Consequences of Untreated Mental Illness in Houston. Houston, TX: The University of Texas Health Science Center at Houston School of Public Health, Mental Health Policy Analysis Collaborative, 2009.
3. McNally B, Robb R, Mehta M, Vellano K, Valderrama AL, Yoon PW, Sasson C, Crouch A, Perez AB, Merritt R, Kellermann A. Out-of-hospital cardiac arrest surveillance --- cardiac arrest registry to enhance survival (CARES), United States, October 1, 2005--December 31, 2010. *National Center for Chronic Disease Prevention and Health Promotion, SURVSUM. CDC.* 2011;60:1-19.
4. EPA. 2005. Air Quality Criteria Particulate Matter. EPA/600/P-99/002bf. Nation Center for Environmental Assessment, office of Research and Development, Research Triangle Park, NC.
5. Katherine B. Ensor, Loren H. Raun, and David Persse. "A Case-Crossover Analysis of Out-of-Hospital Cardiac Arrest and Air Pollution." *Circulation.* 2013;CIRCULATIONAHA.113.000027 published online before print February 13 2013, doi:10.1161/CIRCULATIONAHA.113.000027
6. The Houston Area Ryan White Planning Council and The Houston HIV Planning Group. Houston Area Comprehensive HIV Prevention and Care Services Plan (2012-2014). Executive Summary. May 21, 2012.
7. Texas Department of State Health Services. (2012) 2009 Birth Data retrieved August 13, 2012 from <http://soupfin.tdh.state.tx.us/>.
8. Kaste LM, Selwitz RH, Oldakowski RJ, Brunelle JA, Winn DM, Brown LJ. Coronal caries in the primary and permanent dentition of children and adolescents 1--17 years of age: United States, 1988--1991. *J Dent Res* 1996;75(special issue):631--41.
9. 2001 Dental Needs Assessment. Houston, TX: The University of Texas Health Science Center at Houston Dental Branch and the Dental Health Task Force of the Greater Houston Area, 2001.

This publication was supported by the Cooperative Agreement 5U58CD001272-03 (Strengthening Public Health Infrastructure for Improved Health Outcomes) from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.



Houston Department of Health and Human Services

8000 North Stadium Drive
Houston, Texas 77054
832-393-5169
www.houstonhealth.org