



# From Data to Driving Systems Change for Health Equity in Texas:

*Findings from the Health Opportunity & Equity Initiative*

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Support  
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Robert Wood Johnson  
Foundation



# HOPE Partners

- Funded by Robert Wood Johnson Foundation
- Lead Investigators:
  - Gail Christopher, DN, National Collaborative for Health Equity (PI)
  - Dennis Andrulis, PhD, MPH, Texas Health Institute (Co-PI)
  - Derek Chapman, PhD, VCU Center on Society & Health (Co-PI)
- National Advisory Committee:
  - Led by David Williams, PhD, MPH, Harvard T.H. Chan School of Public Health

# About Texas Health Institute

We are an **independent,  
non-profit, non-partisan**  
public health institute  
in Texas

## **OUR VISION**

Healthy People,  
Healthy Communities

## **OUR MISSION**

To advance the health of all



# Overview

- How do we define Health Equity?
- What is the HOPE Initiative?
- What does HOPE measure?
- What does HOPE tell us about Texas?
- How can HOPE be used to drive systems change for health equity in Texas?



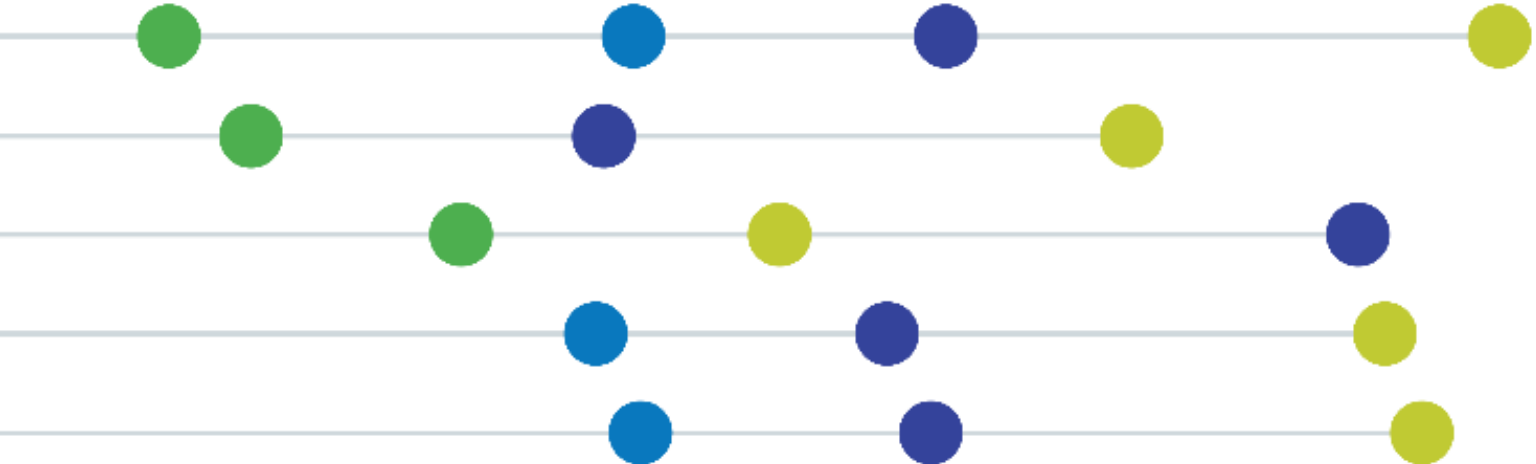
# Defining Health Equity

Everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

*Braveman et al., 2017*

# What is the HOPE Initiative?



# About the HOPE Initiative

THE HEALTH OPPORTUNITY & EQUITY (HOPE) INITIATIVE

HOPE provides **a new opportunity approach and actionable data** to help our nation and states move beyond measuring disparities to spurring action toward health equity.



National Collaborative  
for Health Equity



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# HOPE's New Interactive Data Platform Launched in November 2020

[www.HopeInitiative.org](http://www.HopeInitiative.org)

**HOPE Initiative**

METHODOLOGY CONTACT

About HOPE Data Resources

## Measures to Advance Health and Opportunity

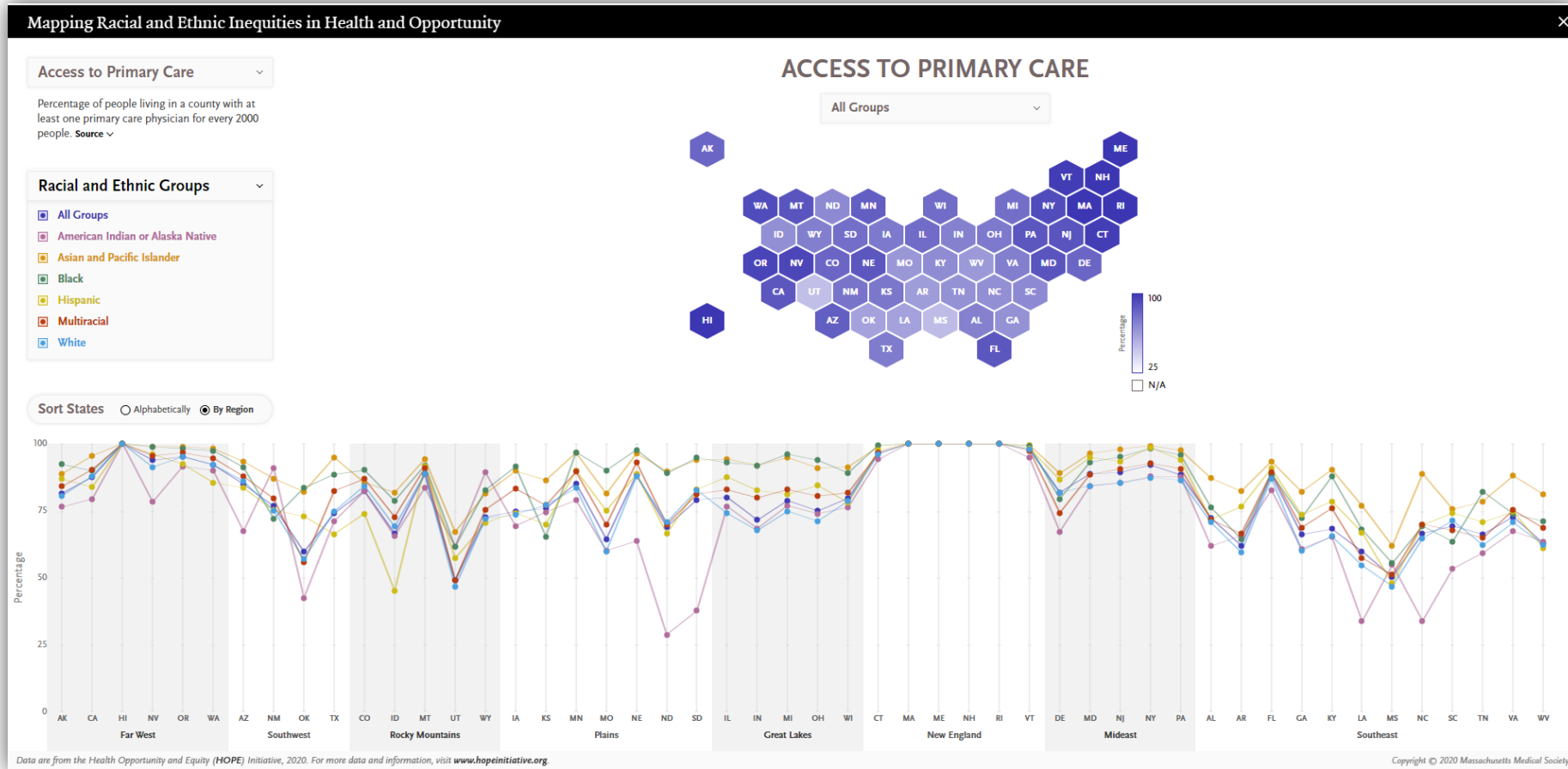
### The HOPE Initiative

The HOPE Initiative provides an interactive data tool designed to help states and the country move beyond measuring disparities to spurring action toward health equity. HOPE tracks social determinants of health and health outcomes by race, ethnicity, and socioeconomic status. Indicators are organized into five domains—one for health outcomes and four domains that influence longevity and well-being. Our unique analyses use an opportunity framework to set

# HOPE's Data Featured in an Interactive Perspective in the

## *New England Journal of Medicine*

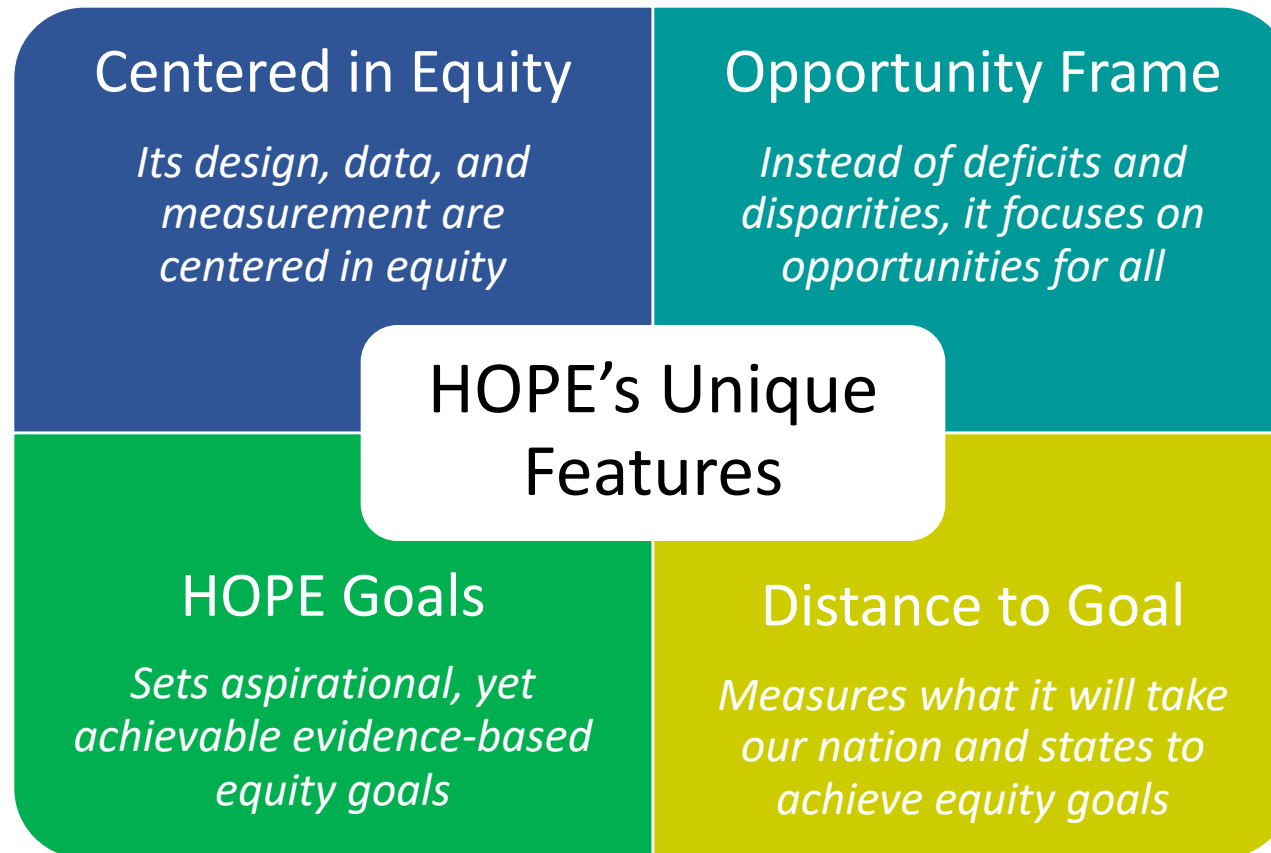
<https://www.nejm.org/doi/full/10.1056/NEJMp2029139>



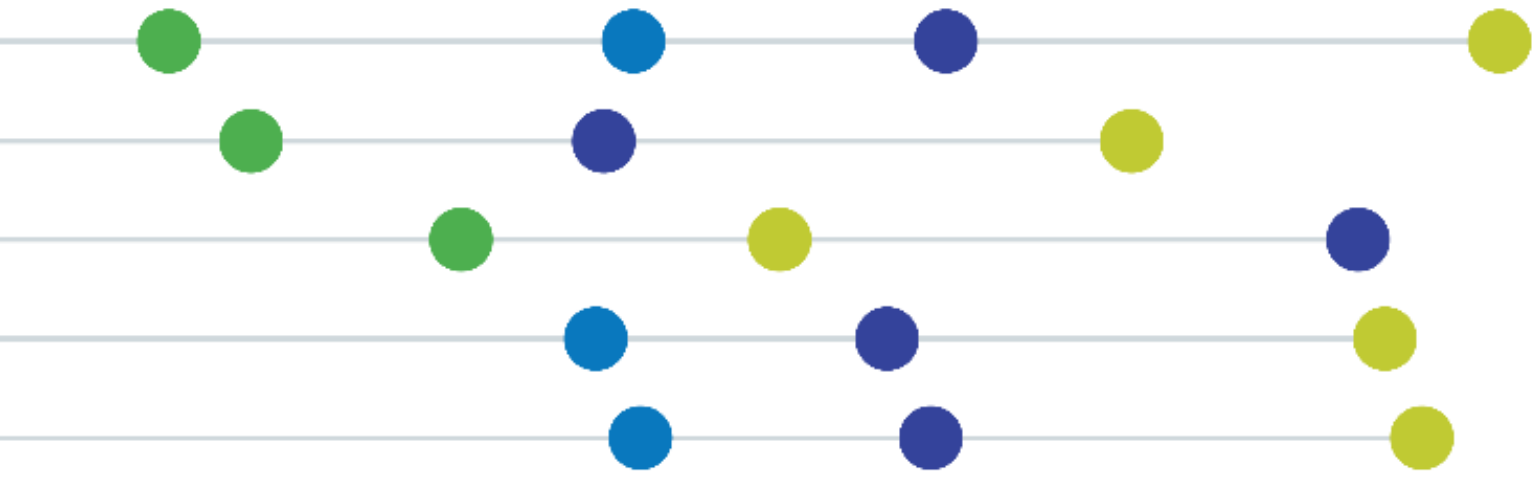
# Why HOPE Matters Today

- The **time for action** and **window of opportunity** are **NOW**
  - COVID-19 exacerbated deeply entrenched racial & health inequities
  - Last 4 years & the siege on Congress exposed how far we are from a post-racial society
  - Biden Administration's renewed focus on equity offer "hope"
- HOPE provides a data-driven starting point on the equity journey
  - Shifts the narrative to opportunity & what's possible
  - Helps create an understanding of the role of social determinants of health
  - Identifies similarities and differences in opportunity and health across racial and ethnic groups with implications for shaping programs and policies

# HOPE's Unique Value & Contribution



# What Does HOPE Measure?





# What Does HOPE Measure?

*27 conditions that are modifiable by policy and action*

Health Outcomes	Socioeconomic Factors	Community & Safety Factors	Physical Environment	Access to Health Care
Adult health status	Livable income	Low poverty concentration	Home ownership	Access to primary care
Mental health status	Affordable housing	Low murder rate	Housing quality	Access to psychiatric care
Child health status	Post-secondary education	Low sexual assault rate	Low liquor store density	Health insurance
Premature mortality	Connected youth	Low physical assault rate	Food security	Affordable health care
Infant mortality	Preschool enrollment	Low robbery rate		Usual source of care
Low birth weight	Employment			Colorectal cancer screening

# What Does HOPE Tell Us?

HOPE provides **a roadmap and actionable data** to help national and state leaders chart a path for achieving equity in opportunity and health

- **27 Indicators**
- **By Population Group**
  - Race and Ethnicity
  - Income
  - Education
- **By Geography**
  - National
  - State



# 1. Identify Equity Gaps

- HOPE helps our nation and states identify:
  - How different racial, ethnic, and socioeconomic populations are faring on opportunity and health
  - How wide equity gaps are for different population groups
  - Which groups are most affected



## 2. Set Equity Goals

- HOPE helps our nation and states set equity goals that are:
  - Aspirational, yet achievable
  - Average of best rates achieved across top 5 states
  - Based on education and income, not on race
  - Can be applied at any geographic level
  - Benchmarks to measure progress toward equity



### 3. Measure Distance to Goals

- HOPE helps our nation and states measure the “Distance to Goal” or the progress that must be made to achieve HOPE’s equity goals
  - Overall
  - By Race and Ethnicity
  - By Socioeconomic Status

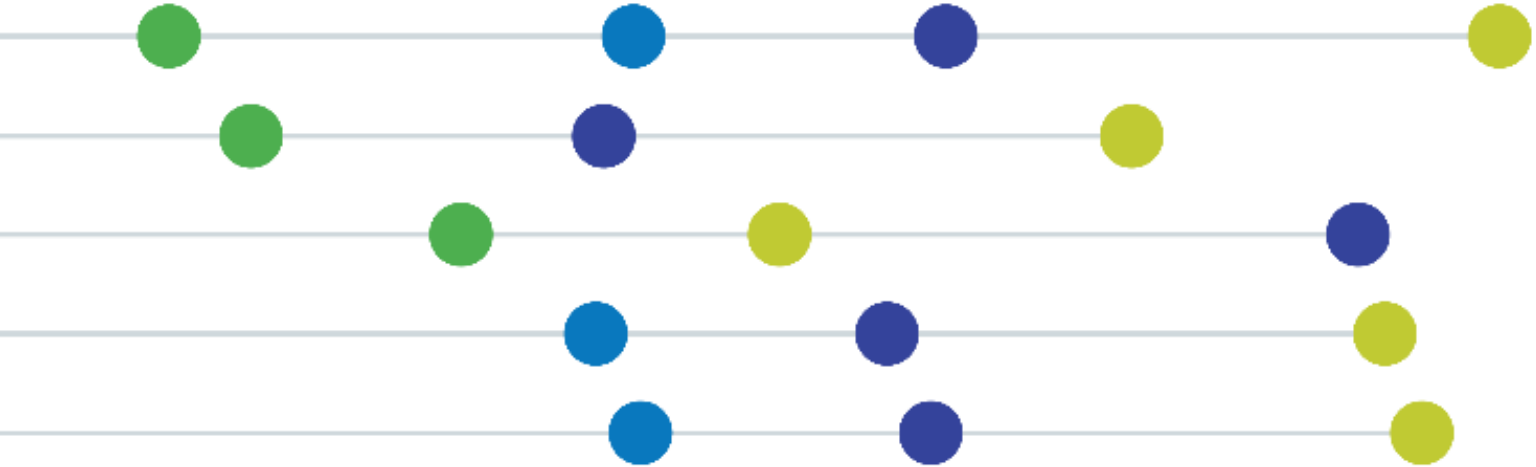


## 4. Drive Equity Action

- HOPE helps drive equity action by:
  - Illuminating where “bright spots” exist across states that are effectively closing equity gaps
  - Encouraging “learning” to identify what policies, programs and conditions have enabled these states to close equity gaps
  - Inspiring “evidenced-informed” actions



# What Does HOPE Tell Us About Texas?



# Takeaway 1: If the state works to achieve HOPE's equity goals, millions of Texans would benefit



Achieving health equity involves more than just access to health care. How and where we live, work, and play determines many opportunities tied to overall well-being.

Source: The Health Opportunity and Equity Initiative, 2020

HOPE data show that if all individuals living in Texas had fair and just opportunities:



8.7 million more people would live in neighborhoods with low poverty



4.9 million more adults would live in households with a livable income



5.2 million more adults would achieve very good or excellent health

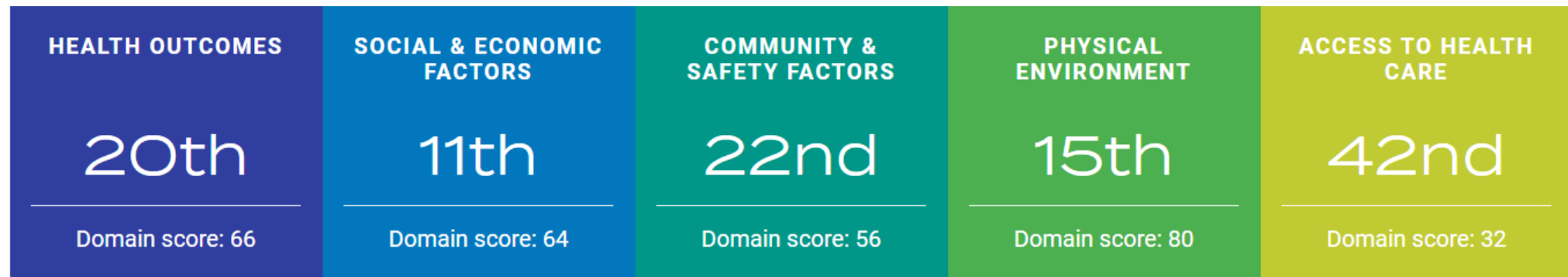


4.3 million more people would have food security





**Takeaway 2:** Overall, according to HOPE Data, Texas ranks 20<sup>th</sup> for Health Outcomes, performs better than most states on social & economic opportunities, yet toward the bottom for access to health care.



A state's domain ranking is based on **combined performance** on:

- **Distance to Goal** :: How far they have to go to achieve HOPE goals
- **Racial Inequity** :: How much variation there is across racial and ethnic groups

# Takeaway 3: Opportunity & health vary profoundly by race & ethnicity in Texas.

Hispanic adults are not only farthest from the HOPE Goal for health status compared to all other groups in Texas, but they are farther than Hispanic adults in most other states.

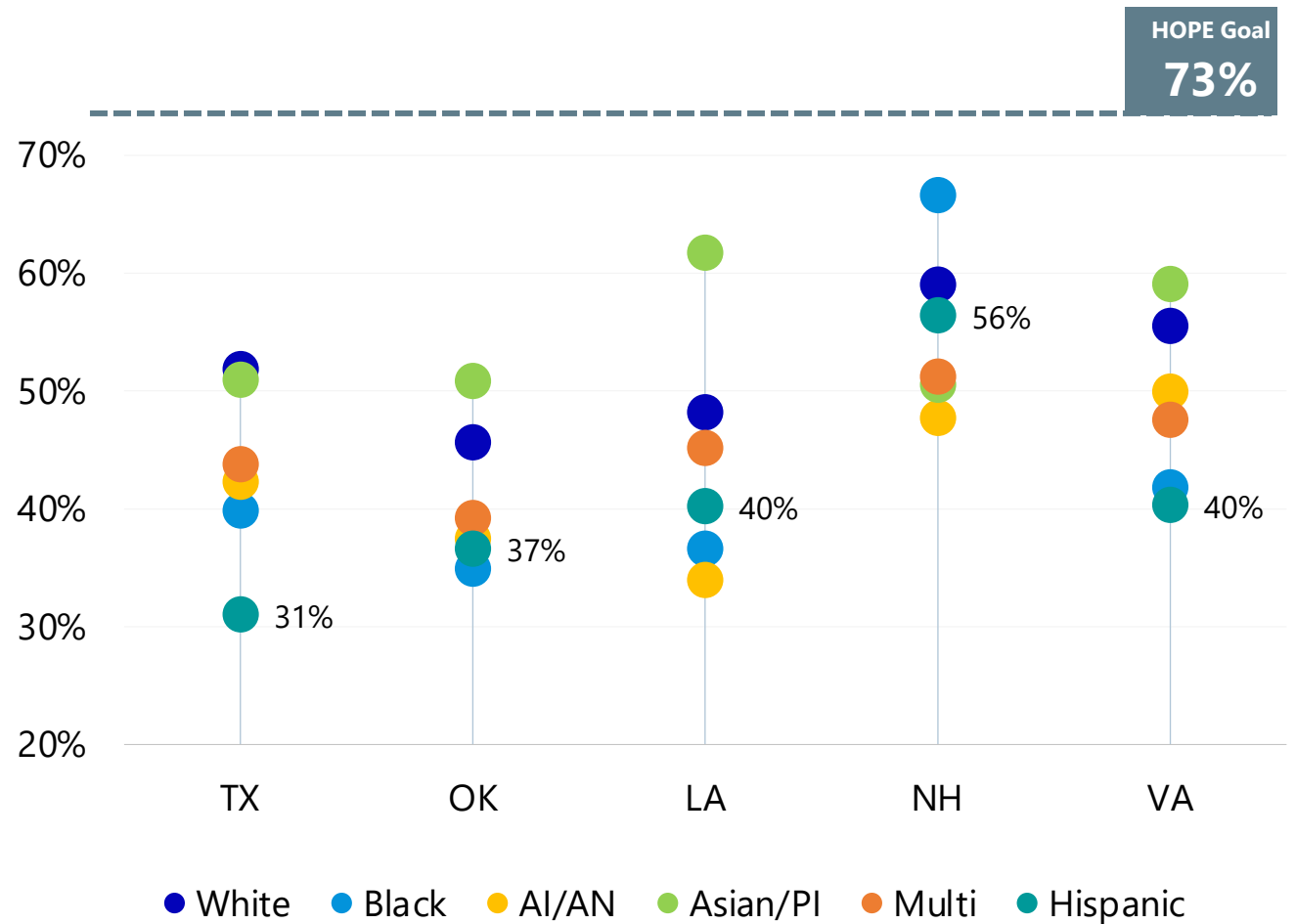
## ADULT HEALTH STATUS

Portion of adults who say they are in excellent or very good health

CURRENT RATE  
**43%**  
of Texas adults with very good or excellent health

HOPE GOAL  
**73%**  
of adults with very good or excellent health

DISTANCE TO GOAL  
**5.2 million**  
more Texas residents would need to be in very good or excellent health to achieve the HOPE Goal



Black infants (10.0) have an infant mortality rate that is almost 4 times the HOPE Goal (2.5), and higher than all other infants in the state.

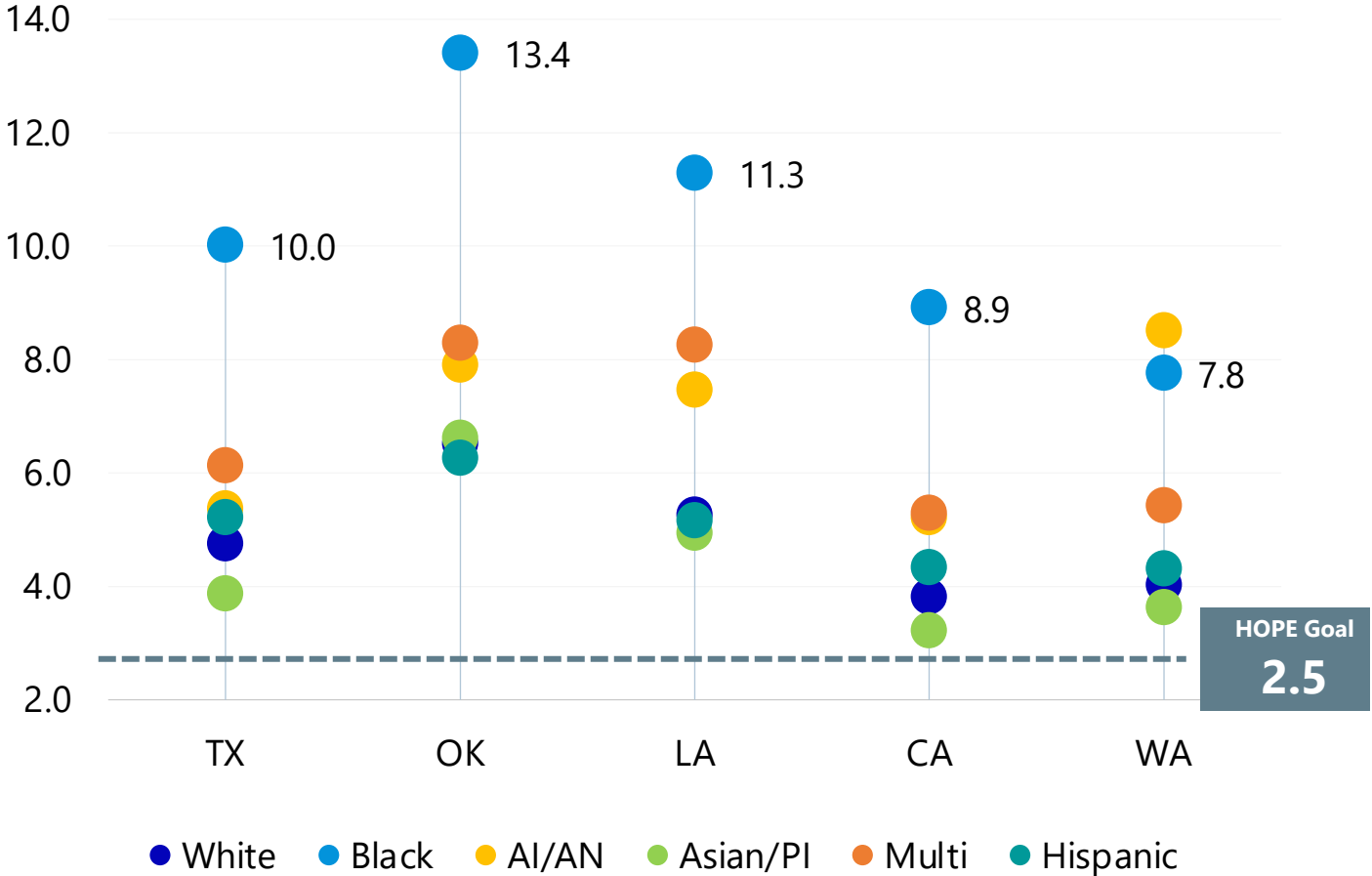
**INFANT MORTALITY**  
*Number of infants who die before their first birthday annually per 1,000 live births*

<b>CURRENT RATE</b>	<b>HOPE GOAL</b>
<b>5.6</b>	<b>2.5</b>
Infant deaths per 1,000 live births	Infant deaths per 1,000 live births

**DISTANCE TO GOAL**

**1,216**

more infants surviving to their first birthday each year in Texas



Hispanic and Black adults in Texas face the greatest barriers to achieving a livable income. Whereas 72% of White adults have a livable income, rates are far lower for Hispanic (43%) and Black (51%) adults.

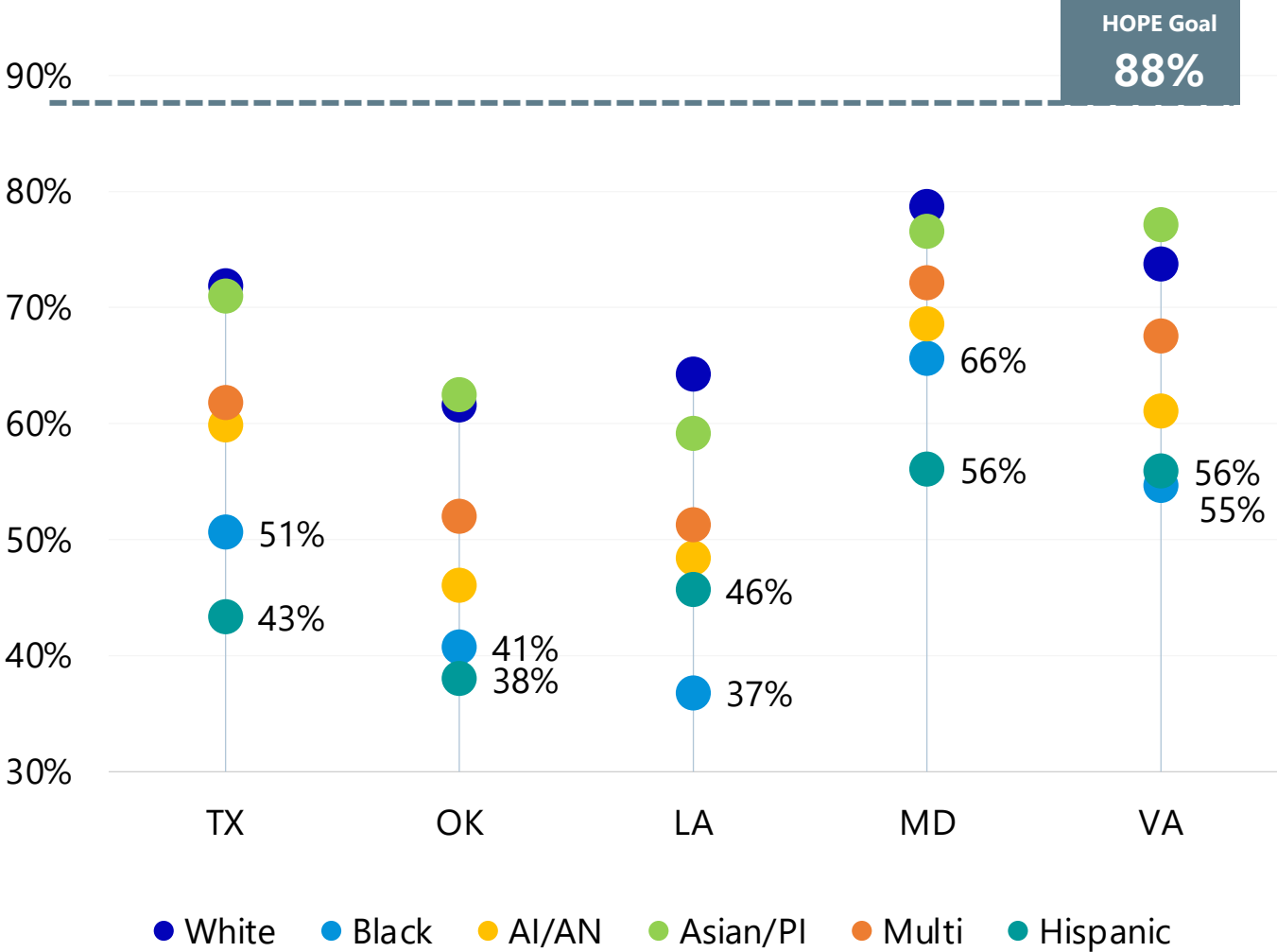
**LIVABLE INCOME**  
*Portion of adults living in households with income greater than 250% FPL*

<p>CURRENT RATE</p> <p style="font-size: 2em; font-weight: bold;">60%</p> <p>of Texas adults live in households with livable income</p>	<p>HOPE GOAL</p> <p style="font-size: 2em; font-weight: bold;">88%</p> <p>of adults living in households with livable income</p>
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DISTANCE TO GOAL

4.9 million

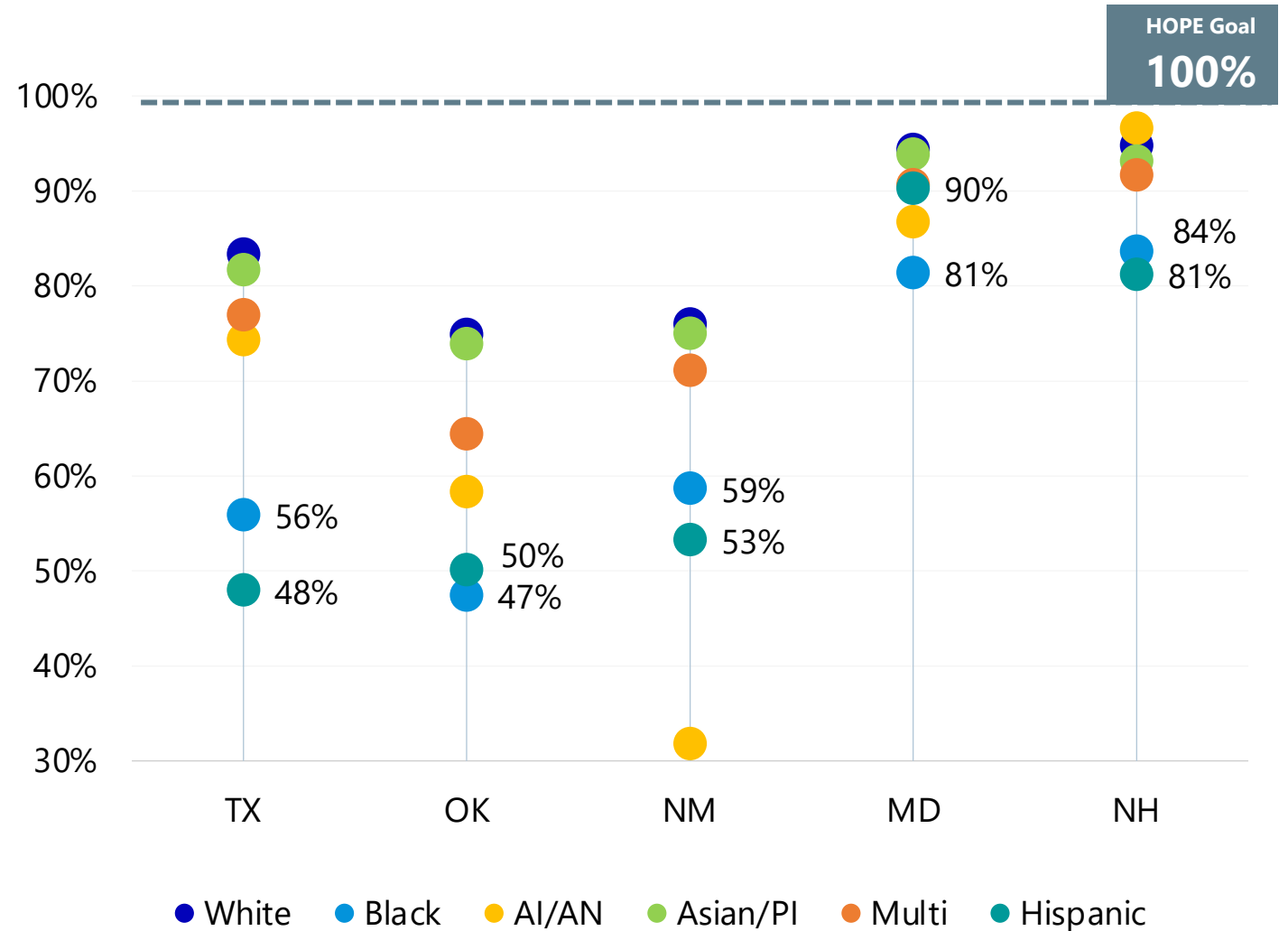
more Texas adults living in households with livable income



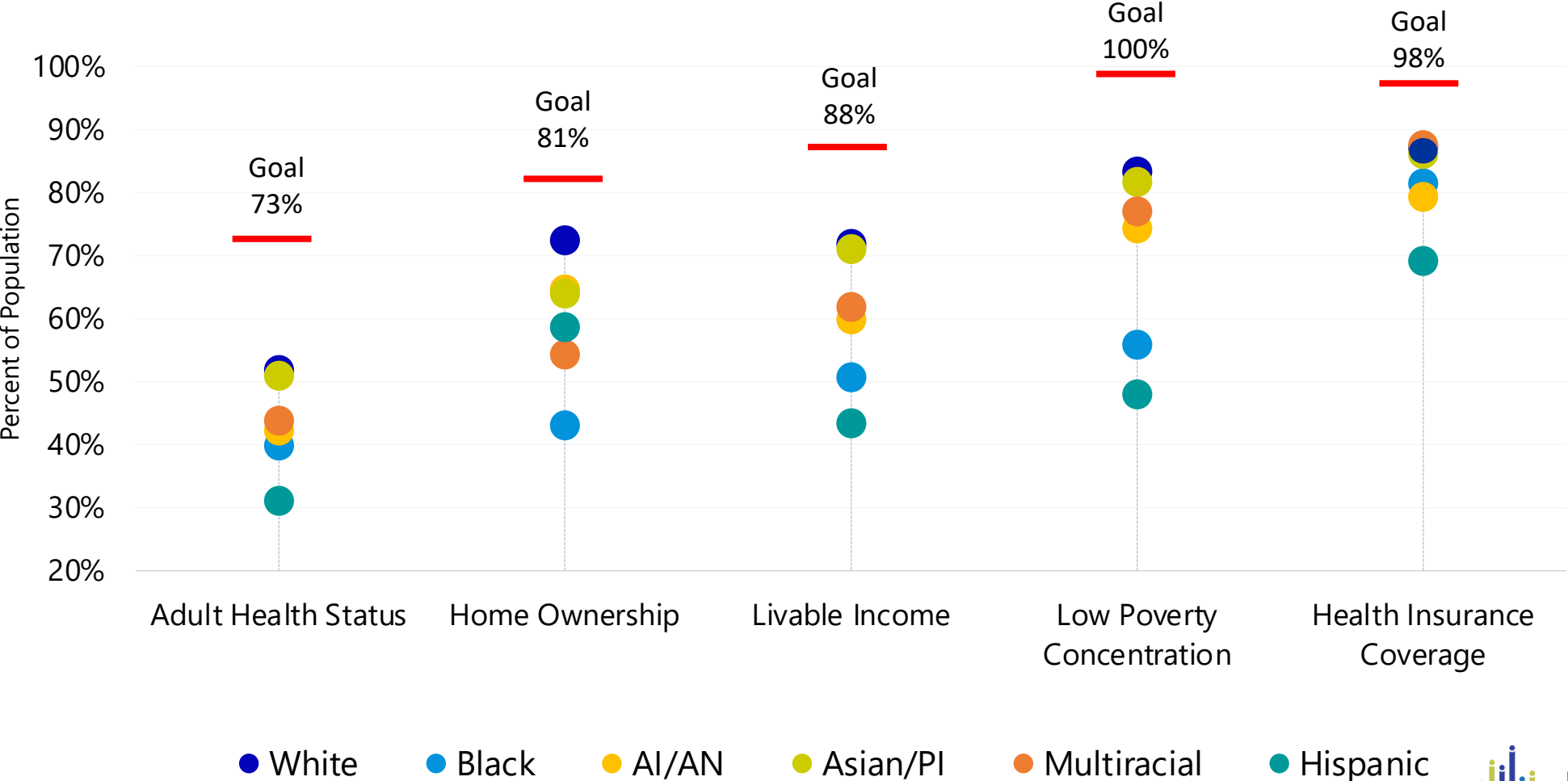
Black and Hispanic Texans are least likely to live in areas of low poverty concentration. In fact, Texas has the second lowest percentage of Hispanics living in low poverty concentration (just after Rhode Island).

**LOW POVERTY CONCENTRATION**  
*Portion of people in neighborhoods with fewer than 20% of residents living in poverty*

<p><b>CURRENT RATE</b></p> <p><b>66%</b></p> <p>of people in Texas live in neighborhoods with low poverty concentration</p>	<p><b>HOPE GOAL</b></p> <p><b>100%</b></p> <p>of people live in neighborhoods with low poverty concentration</p>
<p><b>DISTANCE TO GOAL</b></p> <p><b>8.7 million</b></p> <p>more people in Texas would need to live in neighborhoods with low poverty concentration</p>	



# Racial and ethnic groups facing the greatest systemic barriers to basic life opportunities also face the poorest health outcomes in Texas.



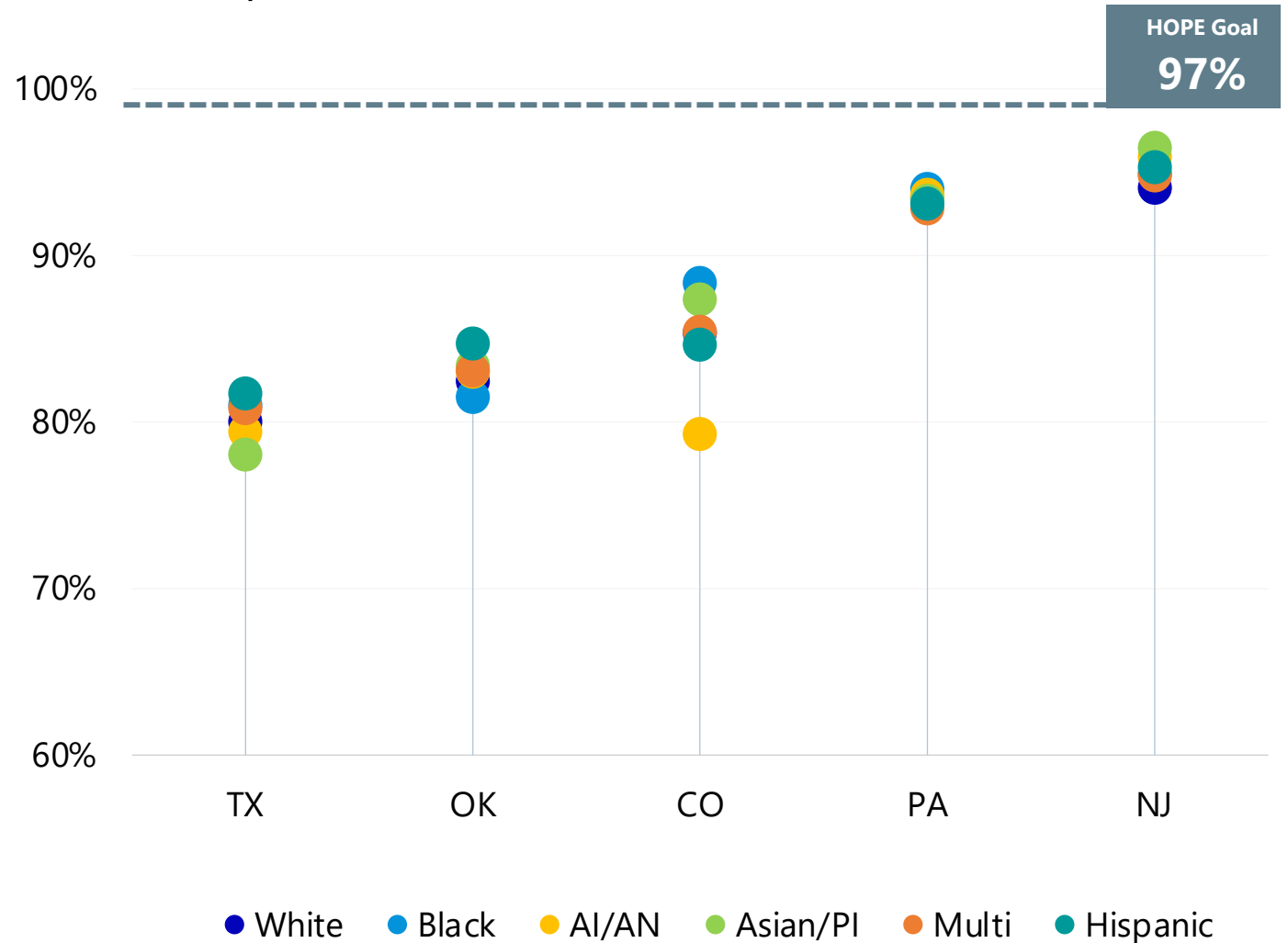
● White   
 ● Black   
 ● AI/AN   
 ● Asian/PI   
 ● Multiracial   
 ● Hispanic



**Takeaway 4:** On some indicators, such as Food Security, all Texans have a greater distance to go to achieve the HOPE Goal compared to their peers in most other states.

**FOOD SECURITY**  
*Portion of people living in census tracts that are not food deserts (i.e., census tracts not designated low income and low food access).*

<b>CURRENT RATE</b> <b>81%</b> of people with food security	<b>HOPE GOAL</b> <b>97%</b> of people with food security
<b>DISTANCE TO GOAL</b> <b>4.3 million</b> more with food security	



**Takeaway 5:** Employment in Texas is a “bright spot” when compared to most other states, with more than 91% of all race and ethnic groups in the labor force employed.

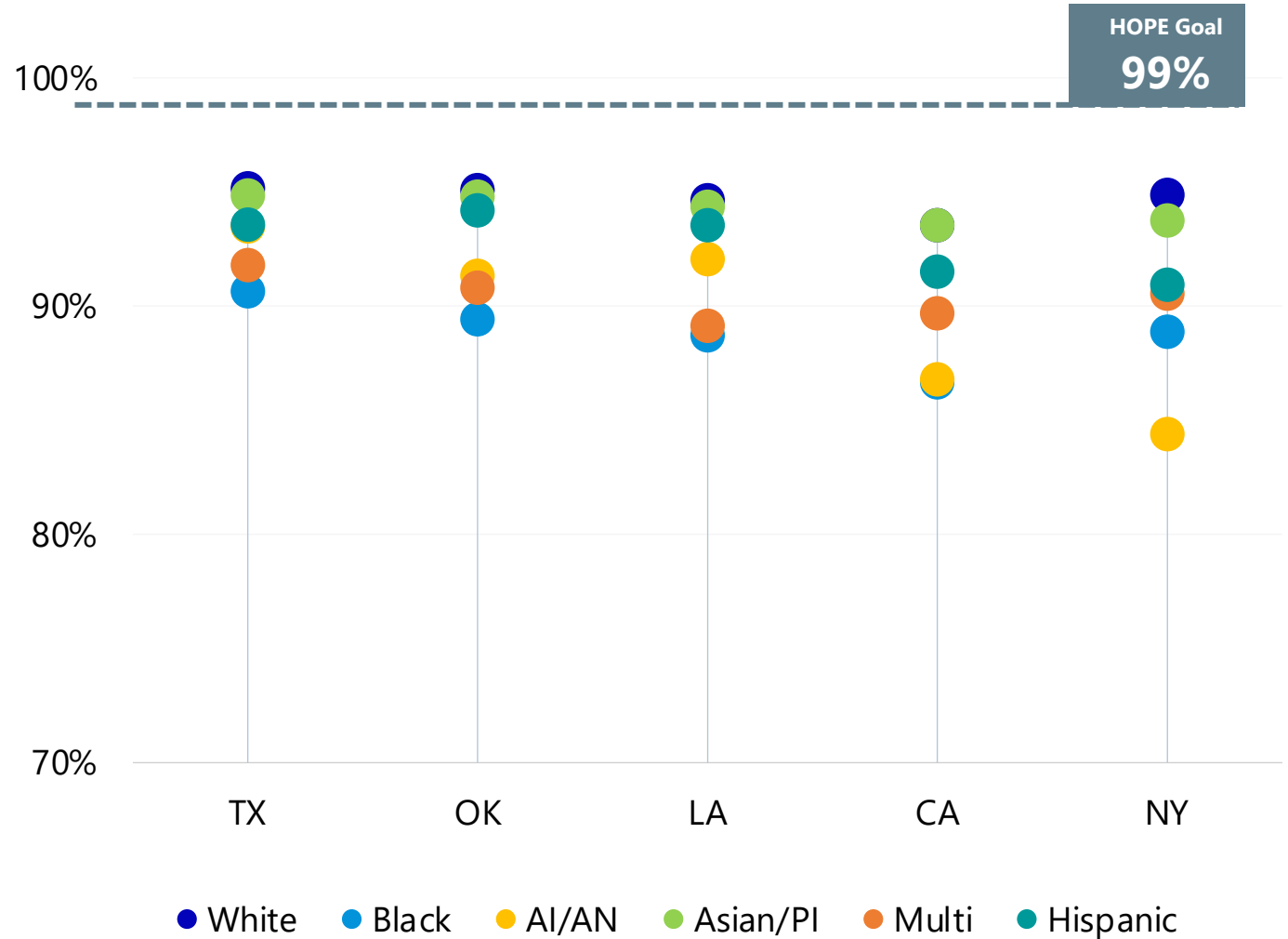
**EMPLOYMENT**  
*Portion of people age 16 years and older in the U.S. labor force who are employed*

<b>CURRENT RATE</b>	<b>HOPE GOAL</b>
<b>94%</b>	<b>99%</b>
of people in the labor force employed	of people in the labor force employed

**DISTANCE TO GOAL**

**594,000**

more people in the Texas labor force would need to be employed to achieve the HOPE Goal





## Takeaway 6: Systemic investments to achieve HOPE's equity goals in opportunity and health can help lift the boat for all Texans, and especially for people of color who have long endured the effects of systemic racism.



### NEIGHBORHOOD POVERTY CONCENTRATION

HOPE Goal: 100%

Achieving the HOPE Goal means

**8.7 Million**

more Texans  
would live in neighborhoods with low poverty, including:

**5.2 Million Hispanic**

**1.9 Million White**

**1.3 Million Black**

**200,000 Asian & Pacific Islander**

**76,000 Multiracial**

**23,000 Native American**



### LIVABLE INCOME

HOPE Goal: 88%

Achieving the HOPE Goal means

**4.9 Million**

more Texans  
would live in households earning a livable income, including:

**2.7 Million Hispanic**

**1.4 Million White**

**752,000 Black**

**145,000 Asian & Pacific Islander**

**41,000 Multiracial**

**17,000 Native American**



### HEALTH INSURANCE COVERAGE

HOPE Goal: 98%

Achieving the HOPE Goal means

**4.6 Million**

more Texans  
would have health insurance coverage, including:

**2.9 Million Hispanic**

**1.0 Million White**

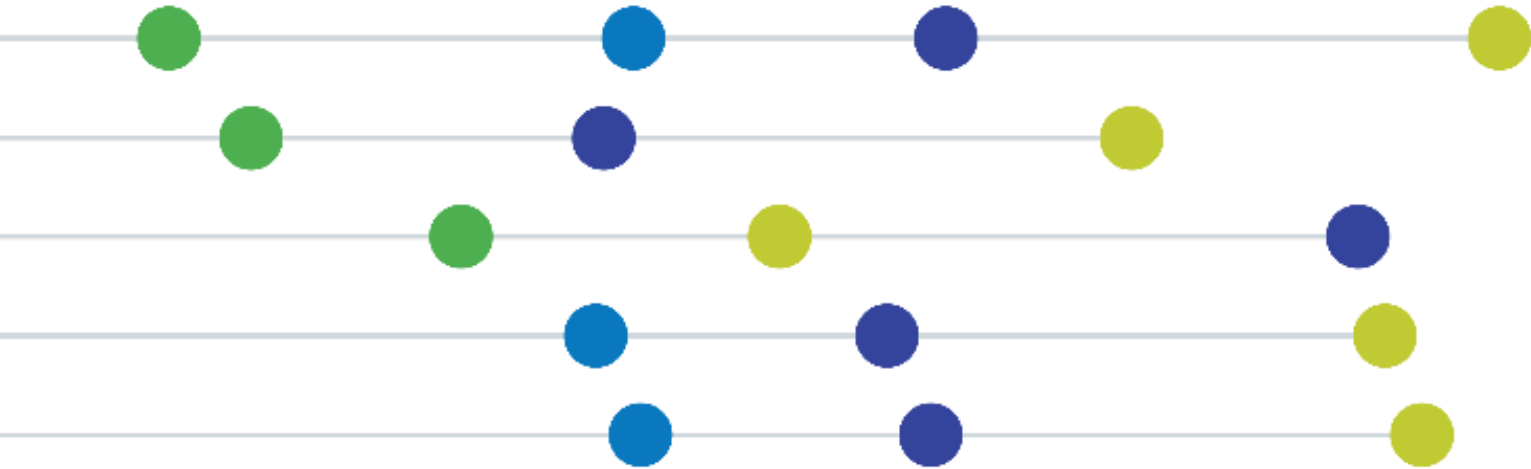
**481,000 Black**

**135,000 Asian & Pacific Islander**

**37,000 Multiracial**

**14,000 Native American**

# How Can HOPE's Data Inform State Action for Health Equity?



# HOPE provides a new way to frame & communicate equity priorities for bipartisan advocacy and policy change

- Shifts the narrative from deficits and disparities
- Focuses on building opportunities for all to thrive
- Shows what's possible for achieving equity in society



# HOPE offers a goal-based framework and data-grounded approach to put Texas on a path to achieving health equity

- Identify racial and health equity gaps
- Set evidence-informed equity goals (i.e., HOPE Goals)
- Measure distance to go for achieving equity
- Chart a path for equity action building on “bright spots”



# HOPE helps identify common and distinct challenges faced by racial and ethnic groups to inform policy solutions

Equity Gaps	Examples from HOPE's Data for Texas	Levels of Action
<p><b>NARROW GAPS:</b> all people faring generally well</p>	<ul style="list-style-type: none"> <li>Compared to other states, all groups generally fare well on the <b>employment</b> measure in Texas</li> </ul>	<p>Continued monitoring of equity impact &amp; improvements</p>
<p><b>NARROW GAPS:</b> all people faring poorly</p>	<ul style="list-style-type: none"> <li>Compared to other states, all groups generally fare poorly on <b>food security, livable income, access to low crime and low poverty neighborhoods, home ownership, and health care access</b> in Texas</li> </ul>	<p>Broad, systemic policies and programs that benefit all people</p>
<p><b>WIDE GAPS:</b> some people faring well, and some faring poorly</p>	<ul style="list-style-type: none"> <li><b>Hispanic Texans</b> face the greatest barriers to achieving a high health status, living in low poverty neighborhoods, achieving a livable income, post-secondary education, and health care access</li> <li><b>Black Texans</b> face the highest rates of premature mortality, infant mortality and low birth weight. They are also less likely to live in areas of low poverty and low crime, and also face barriers to home ownership and quality housing.</li> <li><b>Asian/PI Texans</b> face the lowest rate of food security in Texas and one of the lowest rates compared to Asian/Pis nationally. They also face greater access to health care barriers than their counterparts nationally.</li> </ul>	<p>Broad, systemic policies</p> <p>+</p> <p>Tailored, population-specific programs according to needs</p>

# HOPE helps states identify long-term pandemic recovery and rebuilding priorities from an equity lens



Source: <https://www.healthaffairs.org/doi/10.1377/hblog20200624.928351/full/>

*HOPE data point to an inextricable link between COVID-19 and the broader opportunity to thrive —suggesting that immediate and long-term community response and recovery will require more than a robust medical system. It will require **engaging and investing in disenfranchised communities, enacting policies that reverse historical injustices, and building systems that provide everyone a fair and just opportunity to thrive in the places where they live, learn, work, and play.***

- Siddiqui NJ, Andrulic DP, Chapman DA, Wilson K, Jacob B, Christopher GC, and Croal NW. *Health Affairs Blog*, June 24, 2020

# Call-to-Action

## Leveraging HOPE Data to Advance Systems Change for Health Equity in Texas Amid and Beyond the Pandemic

- **Elevate health equity as a statewide priority**
  - Re-establishing an Office of Health Equity (formerly the Center for Elimination of Disproportionality and Disparities which was dissolved in 2017)
- **Improve access to health care**
  - Medicaid expansion
  - Telehealth
- **Invest in equitable systems of opportunity for communities**
  - Raising the minimum wage
  - Addressing food insecurity
  - Addressing housing affordability
- **Improve accountability through disaggregated data collection, assessment and reporting**
  - Standardize & improve data collection by race, ethnicity, and other sociodemographic groups
  - Racial equity impact assessments of new / existing policies

# Join us for a special National HOPE Event!

Hosted by Texas Health Institute. Register here: <https://bit.ly/3ttueOR>



**Inspiring “HOPE”  
& Action Toward Achieving  
Racial & Health Equity  
In Our Lifetime**

**Wednesday, March 31, 2021  
10:00am – 11:30am CT**

## KEYNOTE SPEAKER



**Gail C. Christopher, DN**  
Executive Director, National  
Collaborative for Health Equity



**Brian D. Smedley, PhD**  
Chief of Psychology in the  
Public Interest and Acting  
Chief Diversity Officer, American  
Psychological Association



**Derek Chapman, PhD, MS**  
Interim Director, VCU Center  
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**Nadia Siddiqui, MPH**  
Chief Health Equity Officer,  
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**Dennis Andrusis, PhD, MPH**  
Senior Research Scientist,  
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# HOPE Team

## **National Collaborative for Health Equity**

- Gail C. Christopher, DN, Principal Investigator
- Naima Wong Croal, PhD, MPH, Consulting Director
- Michael Frisby, Communications Consultant

## **Texas Health Institute**

- Dennis P. Andrulis, PhD, Co-Principal Investigator
- Nadia Siddiqui, MPH, Data Director
- Kim Wilson, DrPH, Lead Data Consultant
- Afrida Faria, MPH, Data Analyst
- Kimberly Cooper, Health Equity Intern

## **VCU Center on Society and Health**

- Derek A. Chapman, PhD, Co-Principal Investigator
- Sarah Blackburn, MS, Communications
- Latoya Hill, MPH, Data Analyst

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- Brian Smedley, PhD, American Psychological Association
- Steven Woolf, MD, MPH, Virginia Commonwealth University
- Tracy Orleans, PhD, Robert Wood Johnson Foundation (retired)
- Dwayne Proctor, PhD, Robert Wood Johnson Foundation
- Elaine Arkin, special adviser to Robert Wood Johnson Foundation
- Maryam Khojasteh, PhD, Robert Wood Johnson Foundation

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**Jeanne Ayers, MPH**  
Wisconsin Department of Health (formerly)

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**Rachel Davis, MSW**  
Prevention Institute

**Tom Eckstein, MBA**  
Arundel Metrics

**Ed Ehlinger, MD, MSPH**  
HHS Secretary's Advisory Committee on Infant Mortality

**Glenn Flores, MD**  
Connecticut Children's Medical Center

**Marjory Givens, PhD**  
University of Wisconsin, Population Health Institute

**Doug Jutte, MD, PhD**  
University of California - Berkeley & Build Healthy Places Network

**Ernest Moy, MD, MPH**  
CDC, National Center for Health Statistics

**Ana Penman-Aguilar, PhD, MPH**  
CDC, Office of Minority Health and Health Equity

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We believe everyone  
should have an equitable  
opportunity to achieve  
optimal health.

