Health of Houston Survey 2010

Health Topics Proposed for the Health of Houston Survey 2010 Questionnaire

Fact Sheet | September 2009

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he Institute for Health Policy (IHP) at The University of Texas School of Public Health was funded in 2008 by the Houston Endowment to develop and field a comprehensive health survey of the greater Houston area, called the Health of Houston Survey 2010 (Survey 2010), to accurately portray the population's health status and health care gaps. The survey team aims to determine the survey content based on the health information needs of stakeholders and community groups of the Houston area.

Health-focused organizations, through their membership groups, and the Houston Department of Health and Human Services were invited to provide input for the survey. Neighborhood and civic associations were also identified through the City of Houston Mayor's Citizen Assistance Office and invited to respond via e-mail or mail. Key informants for those organizations suggested topics to be included in the Houston 2010 Survey questionnaire through either an online or paper-based form.

The following summary is based on data provided from all respondents from the spring and summer of 2009. Responses were divided into five groups based on either the membership group through which they were identified or invited.

Percentages throughout the fact sheet were calculated within each of the five response groups using the total number of respondents per group as the denominator. Table 1 describes numbers of invitations, responses and organizations represented in each response group.

| Table 1. Stakeholder and Community Group Response by Invitation Source | | | | |
|--|-------------|-----------|---------------|--|
| Invitation Source | Invitations | Responses | Organizations | |
| Harris County Healthcare Alliance | 107 | 26 | 19 | |
| Gateway to Care | 250 | 47 | 28 | |
| One Voice Texas | 150 | 19 | 13 | |
| Houston Department of Health and Human Services | * | 20 | 1 | |
| Community Groups and Civic Associations ⁺ | 278 | 39 | 32 | |
| Total | | 151 | 89^ | |

^{*}Unknown number of invitations due to dissemination method.

⁺This group represents those that responded to the Greater Houston Partnership invitation as well as those who responded to the e-mails and mailings to community and civic associations. There were at least 278 invitations. A few independently responded to the Web page link. If they were associated with a membership group they were reassigned, but if not then they were included here under this heading, "Community and Civic Associations".

[^]There were only 89 unique organizations that responded, as four organizations responded to more than one invitation.



Health Topics Selection

Q. "From among the eleven categories listed below, please select/suggest HEALTH TOPICS for inclusion in the Health of Houston 2010 Survey."

Key informants were first asked to choose from a list of 67 health topics for inclusion. Respondent selections were calculated by group. Selection percentages were then averaged across groups to account for response size differences between groups.

The five topics with the highest average selection percentages were:

- Family violence (82%)
- Diet/obesity (81%)
- Public program participation (77%)
- Access to mental and behavioral health services (77%)
- Usual source of care (75%)

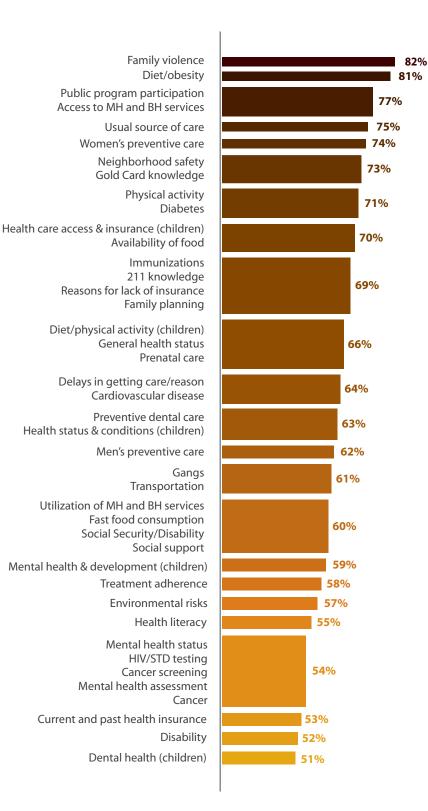
Other topics may have had high selection percentages within specific groups but not across all groups. Topic selection percentages by group are available in the appendices.

A few respondents suggested additional topics which could not be grouped into given topics. All suggestions will be considered for survey inclusion if survey space is available and the health topic is prevalent enough to warrant a population-based inquiry.

Figure 1 Health Topics by Average Total Respondents

Only topics with average percentages of greater than 50% are depicted.

MH= mental health BH= behavioral health



Health Topic Priorities

 ${f Q}$. "From the topics you selected, which are your top THREE priorities?"

After selecting possible topics to be included, respondents were asked to cite their top three priorities. We created an overall ranking of topics by taking into account the number of times a topic was listed and weighting first priority more than the second and the second more than the third priority. Rankings were created within each group. Topics ranked one through five within each group are displayed below.

Health care access/health insurance was a first priority for four out of five groups and in the top five of the fifth group (HDHHS). Children's health, mental health, prevention services and health status and chronic conditions were also very important for the respondents, as four out of five groups ranked them in the top five priorities. Additionally, diet/obesity was ranked in the top five priorities for a majority of the groups (three out of five). A complete list of priorities and their ranks is available in the appendices.

Table 2. Health Topics Priorities Ranked Highly by Each Group

| Rank | НСНА | Gateway to Care | One Voice | HDHHS | Community and Civic Associations |
|-----------------|--|---|---|--|--|
| 1 st | Health care access/ health insurance | Health care access/ health insurance | Health care access/ health insurance | Prevention services | Health care access/ health insurance |
| 2 nd | Children's health Health status and chronic conditions | Health status and chronic conditions | Children's health | Mental health | Diet/obesity Prevention services |
| 3 rd | Mental health | Children's health Diabetes Diet/obesity | Environmental risks | Children's health | Health status and chronic conditions Mental health |
| 4 th | Access to MH and BH services Diet/obesity HIV/AIDS status, testing, risk behaviors Reasons for lack of insurance | Prenatal care/services | Mental health | Health status and chronic conditions Neighborhood, environment and housing | Environmental risks General health status Interpersonal violence Neighborhood, environment and housing Substance abuse |
| 5 th | General health status | Prevention services Reasons for lack of insurance | Access to MH and BH services Prevention services Public program eligibility and knowledge | Health care access/ health insurance | Current and past health insurance |

HCHA=Harris County Healthcare Alliance; HDHHS=Houston Department of Health and Human Services; MH=mental health; BH=behavioral health

Table 3. Demographics Suggested by Number of Response Groups and Total Respondents

| Demographics | Respondent Groups | Respondents | |
|--|-------------------|-------------|--|
| Household composition | 5 | 11 | |
| Zip code/neighborhood/urban/rural | 4 | 5 | |
| Marital status | 4 | 5 | |
| Language (primary, spoken at home, preference) | 3 | 11 | |
| Religion | 2 | 3 | |
| Housing status/homelessness | 2 | 2 | |
| Citizenship status | 1 | 1 | |
| Country of origin/nationality | 1 | 1 | |
| Length of time in the United States | 1 | 1 | |
| Length of time in Harris County | 1 | 1 | |
| Literacy | 1 | 1 | |

Survey Demographics

Q. "The Health of Houston Survey 2010 will include the following social and demographic characteristics: income, education, employment status, age, gender, race and ethnicity. Please add any others that you believe are important."

Key informants were asked what social and demographic characteristics were important to them other than the ones listed in the question above.

Among the five respondent groups surveyed, household composition was the most often cited social characteristic to be included in Survey 2010 (See Table 3).

Table 4. Populations of Interest by Number of Respondent Groups

| Population of Interest | Respondent Groups | Population of Interest | Respondent Groups |
|--|----------------------|--|----------------------|
| Low-income groups | 5 | Refugees/immigrants/undocumente | ed 2 |
| Hispanics | 5 | Abused women | 1 |
| Minorities | 4 | Adults | 1 |
| Women | 5 | Alzheimer's patients | 1 |
| Adolescents/teens | 4 | At-risk youth | 1 |
| African Americans | 4 | Children living with adults other tha parents | n ₁ |
| Children | 5 | Family caregivers of elderly | 1 |
| Elderly | 4 | Fathers | 1 |
| Uninsured/underinsured | 3 | People living in flood prone areas | 1 |
| Children and adults with developme and/or intellectual disabilities | ental 3 | Gay, lesbian, bisexual, transgender (GLBT) | 1 |
| Homeless | 3 | HIV positive | 1 |
| Medically underserved | 3 | Infants/toddlers | 1 |
| Unemployed/underemployed | 2 | Groups with limited or no access to care | 1 |
| Asians, Asian-Americans, South Asia Americans | n 2 | Mid-income groups | 1 |
| Employees | 2 | Non-English speakers | 1 |
| Families/young families | 2 | Childbearing women | 1 |
| Parents/teen parents | 1 | Those at risk (chronic illness, etc.) | 1 |

Populations of Interest

Q. "What populations/groups that reside in Harris County are of special interest to you?"

Several populations were mentioned by key informants from all five respondent groups surveyed:

- * Low-income
- * Hispanic
- * Minority populations
- * Women

Though some of the populations suggested are not well defined (i.e., "at-risk youth"), the table provides an overall insight on populations of special interest that will guide the sample design and the analytical plan for the Survey 2010.

Data Sources

Q. "What data sources do you use for program planning, grant proposals or other evidence-based planning?"

Many health information sources are available to Houston and Harris County organizations. Knowing which one of these sources is the most important to respondent groups helps the Survey 2010 identify which sources should be emulated as best practices. Additionally, the Survey 2010 team plans to incorporate other available information sources into the Survey 2010 Web-based interactive data systems. Knowing which health information sources get the most use helps direct those efforts, as well.

Census and vital statistics were the most popular information sources across all respondent groups. The Community Health Information System provided by St. Luke's Episcopal Health Charities was the next most widely used. Many respondents reported that they used data from other health information sources such as the Pew Foundation for Research, the Kaiser Family Foundation, the Center for Public Policy Priorities and the Commonwealth Foundation.

| Table 5. Data Sources Used by Percent Respondents | | | | | | |
|---|------|--------------------|-----------|-------|-----------------------------------|--------------------|
| Data Source | HCHA | Gateway to Care | One Voice | HDHHS | Community & Civic Associations | Mean Percentage |
| U.S. Census | 77 | 70 | 47 | 40 | 44 | 58 |
| Vital statistics | 73 | 57 | 37 | 40 | 18 | 45 |
| BRFSS | 46 | 38 | 26 | 30 | 3 | 28 |
| SLEHC | 73 | 49 | 26 | 25 | 15 | 38 |

HCHA=Harris County Healthcare Alliance; HDHHS=Houston Department of Health and Human Services; BRFSS=Behavioral Risk Factor Surveillance System; SLEHC=St. Luke's Episcopal Health Charities

Health Information Needs

 ${f Q}.$ "In the past year, have you needed health information that you were unable to find?"

Much of the respondent data needs described will eventually be met by the Survey 2010. The suggested topics included insurance coverage, prevalence of diabetes and other chronic diseases and demographics of residents at the local level. Several respondents were interested in having access to more current data, suggesting that much of the Web-based data is often outdated. On the other hand, many of the responses were related to service-based inquiries (e.g., location of services for disabled persons or seniors, substance abuse/use resources), which cannot be addressed by a population-based health survey.

General Comments

Q."If you have any other concerns or comments that were not addressed above, please list them in the space below."

Concerns about topics not addressed in the input form varied amongst respondents. A couple of respondents were interested in collection of data on specific populations difficult to reach, including African and South Asian immigrants and non-English speaking immigrants and refugees. Additionally, development of an annual needs assessment to better understand the needs of the HIV/AIDS population in Houston was suggested. The survey team intends to address several of these concerns, including obesity, food programs, immunization, and primary care services.

Participating Organizations

We extend a big thank you to all the respondents and organizations who provided input to the Survey 2010 questionnaire development. Your contribution is much appreciated. Table 6 alphabetically lists all organizations that responded to our input form. Organizations whose members did not disclose their organizational affiliation are not included.

Table 6. Alphabetical List of Organizations that Contributed Input

Advocacy, Inc. American Cancer Society Andover/Southview/Fairlawn Civic Association, Inc. Asian American Health Coalition AT&T Bee Busy Learning Academy, Inc Bering Omega Community Services Blue Cross and Blue Shield of Texas Blueridae Civic Club Breath of Life Clinic Care for Elders Catholic Charities of Galveston - Houston Center for Faith and Health Initiatives Children's Defense Fund Texas **CHRISTUS Health** City of Houston - Mayor's Office Clark Pines Civic Association Collaborative for Children **Community Health Choice** de Madres a Madres, Inc. Department of Family and Protective Services El Centro de Corazon **Epiphany Community Health Outreach Services** Families Under Urban & Social Attack, Inc. Family Services of Greater Houston Garden City Civic Club Gateway to Care Good Neighbor Healthcare Center Greater Houston Community Foundation Harris County Breastfeeding Coalition Harris County Healthcare Alliance Harris County Hospital District Harris County Protective Services for Children & Adults Healthcare for the Homeless - Houston HOPE Clinic Houston Department of Health and Human Services Houston Shifa Services Foundation Houston-Galveston Area Council Ibn Sina Foundation Immunization Partnership Independence Heights Redevelopment Council LaSalette Place Civic Club LBJ General Hospital Legacy Community Health Services Lincoln City Civic Club M. D. Anderson Cancer Center March of Dimes

Mental Health America Montgomery Terrace Civic Club Montrose Counseling Center MotherLand, Inc. dba Independence Heights Community Health Center NAM Children's Clinic/UTHSC Pediatrics National Alliance on Mental Illness/West Houston National Institute of Community Enterprise (NICE) Neighborhood Centers, Inc. North Houston Association One Voice Texas **Outpost Estates Civic Club** Pasadena Health Center Planned Parenthood Precinct 2 Proctor Plaza Neighborhood Association Quality Assurance and Auditing San Jose Clinic Senior Guidance Directory, Inc. Shalom Health Ministry Southwest Security Association St. Luke's Episcopal Health Charities Sunset Heights Civic Club Super Neighborhood Council - Braeburn (#30) Super Neighborhood Council - Spring Branch Central (#85) Super Neighborhood Council - Spring Branch North (#84) Super Neighborhood Council - Spring Branch West (#10) Super Neighborhood Council - Bush Airport (#42) Super Neighborhood Council - Fondren Gardens (#39) Super Neighborhood Council - Golfcrest/Bellfort/Reveille (#73) Super Neighborhood Council - Inwood (#5) Super Neighborhood Council - OST/South Union (# 68) Super Neighborhood Council - Westbury (#37) Super Neighborhood Council - Midwest (#20) Super Neighborhood Council - Alief (#25) Super Neighborhood Council - Kingwood (#43) Super Neighborhood Council - MacGregor (#83) Texas AgriLife Extension - Harris County Texas Children's Health Plan Texas Children's Pediatric Associates **Texas Youth Commission** The Community Clinic The Hope Foundation The Lighthouse of Houston UTHSC and CAN DO Houston Westbury Civic Club YMCA of Greater Houston