



Houston and Harris County: Five years of Community Health Transformation



The Clinton Foundation would like to thank and recognize GE for their support and dedication in working to improving health outcomes for Houston and Harris County residents.

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INTRODUCTION

The Clinton Health Matters Initiative (CHMI) works in communities across the United States to unite community members around a strategic plan for improving the health and wellness of residents, and then turns that plan into action. This means bringing together a wide range of interested groups and stakeholders, charting out common goals and objectives for improving key health outcomes, and supporting coordination and mobilization of resources to achieve those goals. This collective action approach provides a neutral, collaborative, and effective framework to improve the health of the region.

CHMI maintains a focus on regions that are disproportionately impacted by chronic disease and that have disparate health outcomes. The Greater Houston Area is the fourth region to adopt the Community Health Transformation model – others include Coachella Valley, California; Central Arkansas (Little Rock); Northeast Florida (Jacksonville); Adams County, Mississippi; Knox County, Illinois; and San Diego, California. In the Greater Houston area, a regional director was hired from the community to leverage knowledge and community connections to generate collaborative partnerships described in this report.

CHMI takes a careful, deliberate and region-centric approach to building out a plan to improve public health outcomes. In each community, they:

1. **Assess the Community:** Examine the community and population health indicators based on the [County Health Rankings Model](#) to help identify the areas of greatest need.
2. **Bring the Community Together:** Convene stakeholders from across sectors to learn more about what organizations and leaders have been doing and what their priorities are.
3. **Map Out a Blueprint for Action:** Work collaboratively with stakeholders to chart a local Blueprint for Action, which reflects key priorities and specific recommendations.
4. **Help Implement Solutions:** Chart courses of action for the goals that have been identified in the Blueprint for Action Report in partnership with local stakeholders.
5. **Provide Resources:** Work with national, regional, and local experts and organizations to leverage additional resources that will help advance priority actions in the local Blueprint for Action.

CHMI HOUSTON AND HARRIS COUNTY, TEXAS

The City of Houston and Harris County remain a populous and growing economy with more than 4.6 million people, an increase of 600,000 since 2010, and are home to 24 Fortune 500 companies. The region boasts a culture of inclusion and expansion, developing greenspace, bike lanes, and technological innovations. The most common languages spoken are English, Spanish, Vietnamese, and Urdu, reflecting the cultural diversity of the region along with the array of cultural dining options and community events. However, it is the intersection between social factors and equitable outcomes that point to opportunities for improved health within the region. According to the 2015 County Health Rankings Data:

- Approximately 700,000 adults under the age of 65 remain uninsured within the County;
- 130,000 children under 19 years of age are without medical coverage;
- 14 percent of youth between 16-24 years of age are not in school or working;

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- 65 percent of all children enrolled in public schools are eligible for free and reduced meals while attending school; and
- An estimated 11 percent of adults report having 14 or more consecutive days of poor mental health per month.

These social indicators conspire to show persistent disparities in the region. It is for these reasons, the Clinton Foundation and GE Healthymagination partnered in 2013 to launch the Community Health Transformation program in Harris County. By strengthening existing public-private partnerships within the community, elevating best practices, and providing national resources to address local disparities, CHMI and GE strived to positively impact health outcomes in the county.

Specific areas of traction and needs will be further highlighted in this report, which will share the results of CHMI and GE Healthymaginations' five-year effort to improve health and wellness in the community.

GE HEALTHYMAGINATION'S "TRANSFORMING CITIES" INITIATIVE

Transforming Cities is an initiative of GE Healthymagination. The initiative is born out of the recognition that to fully realize the opportunity to improve health, productivity and health care value, communities need a health care system we can rely on to deliver better value – to provide consistently high quality, better outcomes, greater access – and at an affordable price.

Since health care is local, the implication is that it is important to engage key health care stakeholders in the communities where people live and work. As health care purchasers, businesses need to focus on value and work collaboratively with health care providers, local leaders, health plans, and other stakeholders to identify and prioritize value improvement opportunities and put systems in place that measure and reward value creation.

STEP ONE: EVALUATE THE COMMUNITY'S NEEDS

At the onset of the five-year engagement in each community, the regional director conducts a landscape assessment to better understand the baseline health conditions and provides valuable data that highlights current opportunities and threats within the community. The first phase of this process in Greater Houston began in July 2013, relying on key community leaders and stakeholders to provide local context to supplement national data related to specific health outcomes. CHMI used the County Health Rankings Model as a framework to guide conversations, engagement strategies, and provide information on the state of health in Greater Houston. Much of the local information was obtained through and supplemented by Houston-Galveston Area Council Regional Equity Reports, Greater Houston Partnership, Mental Health Authority of Harris County, Houston Department of Health and Human Services, Harris County Public Health Department, Harris County Health Alliance, Texas Council on Family Violence, American Lung Association Houston Branch, and The University of Texas School of Public Health.

Parallel to CHMI's data collection efforts, listening sessions and information gathering sessions were completed with stakeholders at the onset of the work. This was the first opportunity CHMI had to introduce the Community Health Transformation model to Greater Houston and explain the purpose and process. These sessions were vital in building relationships with key decision-makers to engage them in the initiative. The information shared by key stakeholders and regional decision makers provided necessary contextual background that informed the overall model of implementation and was incorporated into the landscape assessment.

Community leaders were generous with their time, information, and honesty. Through one-on-one listening

sessions, CHMI learned what they each believed were the key health priorities to be addressed, where they saw themselves and their agencies contributing to improving health outcomes, and what challenges existed when bringing people together across sectors to develop common goals.

STEP TWO: BRINGING TOGETHER STAKEHOLDERS IN HOUSTON AND HARRIS COUNTY

In the second phase of the Community Health Transformation process, the regional director brings together community decision-makers and content area experts for a one-day meeting where they identify, discuss, and prioritize key goals (Bold Action Steps) that they believe could lead to improved health outcomes. The Bold Action Steps are designed purposefully to be audacious and ambitious – envisioned so that every community could strive to achieve greater than expected health outcomes.

On December 3, 2013, a full day meeting was facilitated by CHMI staff with participation by 150 leaders and content experts representing local health and educational practitioners, policymakers, hospital and clinic administrators, public health workers, philanthropists, nonprofit organizations, and local community leaders, among others. The day began with an overview of health in Greater Houston, provided by Dr. Stephen H. Linder, then Associate Director at The University of Texas Institute for Health Policy. Attendees were designated to one of nine working groups – based on the County Health Ranking Model structure – and spent the day participating in a series of facilitated conversations designed to identify up to five Bold Action Steps per group. To inform decision making as well as set the tone for sector need, each working group was provided with a one-page overview of local health indicators that pertained to its topic. These one-page documents reflected the information gained through data collection and stakeholder interviews. At the end of the meeting, each group reported its vision and Bold Action Steps to the larger audience, which reflected a total of 42 goals for the region.

The 42 Bold Action Steps were combined with the background data and assessments to create a community consensus document intended to guide the work and parameters in the region over the next five years. On July 11, 2014, the resulting “[Houston and Harris County Blueprint for Action](#)” was released to the community.

STEP THREE: HELPING IMPLEMENT SOLUTIONS IN HOUSTON AND HARRIS COUNTY

Execution of these goals is facilitated and managed by one full-time regional director and implemented by members of the community. Given the audacious nature of the goals in Greater Houston, it was critical to form a council of engaged and active stakeholders that would maintain the integrity of the information collected and goals identified as well as provide a realistic scope of work to engage partners and mobilize action. For these reasons, during Spring 2015, CHMI and GE Healthymagination invited members of the community to participate in a Leadership Council. The Houston/Harris County Leadership Council is comprised of influencers from the region and the member composition reflects the nine areas of need according to the County Health Rankings Model.

As a first course of action, members of the Leadership Council discussed strategies to help streamline the scope of work so that optimal stakeholder engagement and support of the work could take place. Immediately following the release of the Blueprint for Action Report, CHMI was contacted by numerous stakeholders in diverse sectors to help enhance a specific portfolio of work. The array of projects was incredible but siloed and too dispersed for a single regional director and leadership council to support. Several leadership council members expressed an interest to narrow the sectors in an effort to present a more mindful and intentional portfolio of work to other members of the community. To help identify the sectors, all members of the leadership council participated in an online anonymous survey administered by a third-party consultant, Healthier Inc., who was

contracted by GE. Results from the survey identified three focus areas: Built Environment, Health Care Access and Quality, and Healthy Eating and Food Insecurity. Leadership Council Members, CHMI, and GE Healthymagination recognize and fully understand that each sector plays a vital role in improving health outcomes but given the audacious nature of the initial goals a collective decision was made to tackle those social determinant areas that were both feasible and could make the most impact.

The three social determinant areas, or focus areas, identified officially kicked off work in Spring 2016 with the initiation of working groups. Each workgroup consisted of self-appointed, appointed, or nominated stakeholders who supported the advancement of Blueprint goals in various ways ranging from serving as an intellectual resource to direct involvement and resource support.

THE BLUEPRINT'S IMPACT

BUILT ENVIRONMENT

This particular social determinant area aimed to implement "[Our Great Region 2040](#)," a high-level plan that provided tools and strategies that could be used to make the region an even better place to live, work, and prosper by the year 2040. The plan was completed in 2014 through the leadership of Houston-Galveston Area Council and was well underway during the CHMI convening in December 2013, hence it heavily influenced and mirrored the goals provided in the Blueprint for Action. Our Great Region 2040 focused on transportation, environment, economic development, resiliency, housing, and healthy communities – and from the working group's collective interpretation of this plan as well as the Bold Action Steps listed, any advancement

made to improve those existing areas was a step in the right direction. Given the expansive geography, layers of governmental jurisdiction and limited partner resources within both Houston and Harris County, workgroup members decided that a custom approach such as targeting a specific policy, organization, or issue area was the best path forward versus a regional approach. Seven key initiatives are highlighted below, each uniquely addressed to help to advance the goals set forth in both the Blueprint and regional plan:

- **[Tobacco-Free Spaces](#)**: The scientific evidence provided by The University of Texas MD Anderson Cancer Center clearly states that use of tobacco products in both an inhaled or chewable format can cause direct harm to the user and to any person in the general vicinity if exposure is frequent and prolonged. Coupled with the constant innovation in the market with the development of e-cigarettes, vaporizers, and smokeless products, there was a strong desire to educate institutional leaders about the benefits of adopting a tobacco-free policy. As such, the Houston and Harris County Tobacco Task Force was formed. The group focused on opportunity spaces and vulnerable populations but was also intentional in augmenting the existing [City of Houston Smoking Ordinance Number 2006-1054](#). The Task Force succeeded in supporting twelve institutions of higher education, two public health departments, and one community-based organization. The Task Force also produced a [Tobacco-Free Policies for Higher Institutions Toolkit](#).

"I don't think our project could have happened without them [CHMI and the Built Environment Workgroup CHMI convened] because...they knew the places of greatest need and connected us with the right people. We could not have done what we did, as well as we did, the way we did, without them. Networking is essential when working with people and communities on community-based research projects and they played an essential role in that regard."

J. Spengler

Texas A&M University

- **Deep Breadths for Pasadena Residents:** Pasadena, Texas is Houston's Southeast neighbor and home to the annual Strawberry Festival and other prominent community events. Its geographic location makes it a major transportation artery for the region and a hub for many industrial companies. Every day, vehicles and shipment trucks commute to and from this main corridor to transport materials and in doing so idle while waiting for their respective cargo. Emissions from the idling vehicles caused concerns to neighboring residents. To better understand residents' potential health effects from the developed industries, Air Alliance Houston and supporting partners embarked on gathering information through community surveys, mapping workshops, and air monitoring activities. Key issue areas from the survey results were shared with community partners, including CHMI, who in turn disseminated the information to a broader coalition of stakeholders for support. The information from the 2016 assessment project is currently used for continued resident engagement and to advocate for an anti-idling ordinance within select municipalities. Click [here](#) for more information.
- **Pasadena Play Desert:** To help curtail the prevalence of childhood obesity, Healthy Living Matters, The University of Texas MD Anderson Cancer Center, and Shell formed smaller task forces to begin engaging residents on built environment improvements they would like to see made within the neighborhood. The responses ranged from outdoor recreational spaces to sidewalk improvements. To support the work, CHMI engaged Dr. John O. Spengler from Texas A&M University to provide a comprehensive map of resources and facilities available to residents within three select zip codes: 77502, 77503, 77506. These zip codes were identified by Healthy Living Matters as specific neighborhoods within Pasadena that demonstrated the poorest health outcomes for both adult and children. The information gathered by his team also contained hours of operation and general policies in place such as joint-use or shared-use agreements. The results from the map were shared with community members and task forces. The outcomes from the work resulted in the installation of two KaBOOM! Grant funded parks at Gardens Elementary School and Richey Elementary and the installation of a walking trail at Gardens Elementary School, which was funded by MD Anderson Cancer Center and Shell.
- **Burnett Street Park:** A related effort to Pasadena's Play Desert also was completed in Houston. Susan Rogers, director of the Community Design Resource Center from the University of Houston, provided a park analysis of 22 neighborhoods within Houston that could benefit from closer proximity to public play spaces. Additional health data, such as adult and childhood obesity rates and chronic disease prevalence that the project members took into consideration when the site was selected. In addition, CHMI aggregated a comprehensive list of park projects in development or slated for development in 2016 and 2017 so that efforts were not being duplicated and resources were maximized. The analysis results and project lists were shared with workgroup members, city and department leaders, and Too Small to Fail, a partner initiative of the Clinton Foundation that is focused on improving early childhood development. After a series of year-long continued data mining and resident engagement, Burnett Street Park was improved through the addition of a new play structure and bilingual language prompts. This park became the first site in the nation to incorporate bi-lingual literacy prompts that encourage reading, being active, and sharing emotions. Click [here](#) for more information.
- **Sharing the Road:** LINK Houston, Bike Houston, Houston-Galveston Area Council, City of Houston, and Management Districts have advocated for additional bicycle lanes, increased bicycle safety and bicycle infrastructure enhancements such as bike racks. Parallel to the collective action underway by these groups, the Built Environment Workgroup saw an opportunity to help enhance bicycle rider safety by reviewing State level policies on vehicle licensing tests. Prior to the Workgroup's engagement, the State of Texas did provide literature on traffic laws and practices on how both vehicles of all sizes and bicycles

should approach sharing the road. However, it ended there. Through a series of information sharing sessions, Workgroup members successfully advocated for The Texas Department of Public Safety to require that all vehicle license exams contain bicycle-safety related questions. Furthermore, the curriculum will also be modified for defensive driver's education courses. The testing changes are scheduled go into effect early 2019 with course curriculum to follow later in the year.

- **Safe Crossings for Pedestrians:** The leaders of the Houston-Galveston Area Council's Pedestrian and Bike Unit (HGAC) are dedicated to educating and supporting organizations who are interested in improving bike-ability and walkability in the region. HGAC also provides access to data and toolkits that showcase a range of models that partners can implement varying in cost and intensity for such a project. Click [here](#) to access more information about the national resources shared by HGAC. As a result of the shared data and information, a joint decision between HGAC and the Built Environment Workgroup members was made to closely examine intersections located within Complete Communities that have a high rate of vehicle and pedestrian accidents. The five Complete Communities' data was initially vetted as a workgroup and then CHMI subsequently presented to City representatives who directly oversaw the specific neighborhoods within the Complete Communities Initiative. The result of the engagement and multi-sectoral partnership is a plan to improve four intersections in Near Northside by adopting a low-cost improvement model. The project will be implemented Spring 2019.
- **Improving Public Transportation Rider Experience:** In the Spring of 2019, METRO and Verizon will launch smart technology along select bus routes in Houston in an effort to enhance the ridership experience. The smart technology will feature interactive digital panels for community public service announcements and real-time bus arrival information, along with 360° camera and solar lighting for improved safety. Over the course of three years, METRO, METRO Police Department, Verizon, and CHMI reviewed neighborhood, safety, and rider demographic data to determine routes for the pilot. The routes selected were: 82 Westheimer between Wilcrest Drive and Voss Road; 79 West Little York on Quitman and Fulton; and 54 Scott between the Southeast Transit Center and Downtown Transit Center. The outcome from this effort is intended to improve safety, enhance rider confidence, increase utilization of mass transit options and serve as a platform for cross-regional communication in the event of a service announcement or emergency.

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HEALTH CARE ACCESS & QUALITY

The goals identified within the Blueprint for Action for Health Care Access and Quality gleamed strong interest from partners to focus on how best to approach, organize and empower patients to make better health choices, when able. The scope of work considered ranged from health campaigns to infrastructure investments.

One of the initial goals for this area stated in the Blueprint for Action was to implement a coordinated health care infrastructure that would have a public health overlay and leverage technology. When CHMI launched in 2013, Greater Houston HealthConnect, the region's health information exchange system for medical partners was already formed, hence fulfilling that initial need. So, it only made sense to redirect resources and efforts where it seemed most appropriate at the time – to support the launch of a telehealth navigation platform and to support the expansion of the regional information exchange network.



CREDIT: Houston Fire Department's First Response Fleet trained on ETHAN.

- ETHAN:** In the Fall of 2014, Emergency Tele-Health and Navigation (ETHAN) launched as an effort that focused on finding residents a medical provider within their respective neighborhoods in an attempt to divert non-emergency calls placed to 9-1-1. More than 1,000 9-1-1 calls were placed daily by residents for non-emergency situations during 2013 and 2014. Responding to those calls are more than 9,000 fire department staff. ETHAN integrated a virtual video conference feature that allowed for the field staff to activate an application so that the resident and physician could discuss the medical need in real-time. Based on the conversation with the physician, first responders could transport the resident to a nearby facility or help them schedule a follow-up appointment at a community clinic. CHMI enhanced this effort by mobilizing a national partner, Verizon, to provide in-kind IT and resource support, as well as provided hands-on support for stakeholder engagement, strategic planning and generated visibility through national summits, online media, and blogs. To date, more than 10,000 Houstonians have been touched by ETHAN. A summary of ETHAN can be found [here](#).
- Expanding Access to Patient Information:** Greater Houston HealthConnect (GHHC) is the Southeast Texas regional health information exchange network that enables patient information to be shared between medical partners. The real-time access to information enables care providers to make informed decisions and recommendations with the patient on how best to manage his or her health. Essential to the needs of the Health care Workgroup was the expansion of GHHC into additional medical partner sites. GHHC's partnership with CHMI and GE enhanced the organization's ability to engage and integrate Memorial Hermann Health System, HCA, and several community-based federally qualified health care centers. Collectively, the number of Houstonians that can now be reached as a result of the expansion is more than 1.5 million. A comprehensive list of partners who have joined the GHHC can be found on the [website](#).

In addition, another overarching goal that was stated in the Blueprint for Action was finding opportunities that helped to increase value in health care by increasing quality of care, increasing patient satisfaction, and/or reducing health care costs. Examples of the work to address this goal are described below:

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- **Going Beyond the Clinical Setting:** From the beginning of CHMI's involvement in the region, it was apparent that clinical partners were willing to explore new and innovative strategies to help improve quality of life for residents that reached beyond the walls of the medical office. Over the course of three years, and with direct support from both CHMI and GE, leaders from hospitals, clinics, and public entities combed through national programs and studies – which resulted in the decision to add socially related questions into the patient's care management process. This meant that in addition to standard blood pressure and weight records, a person's food insecurity, housing, mental health, and safety needs were going to be assessed. The deployment of the model and the degree of cross-organizational collaboration was the first for the entire region, so it was critical to ensure that a cohesive and standardized process was implemented. In the initial phase of the program's implementation, the partners decided to first address food insecurity, which is the lack of enough food for a person to live a healthy and active lifestyle. Because of this work, approximately 350,000 residents have completed intake surveys that included questions related to food insecurity. Patients that experienced food insecurity were mapped according to zip code to help providers understand the patients' geographical context as well as identify viable resources for the patient. An in-depth look into the work and mapping feature can be found [here](#). In the future, the model will continue to layer in the additional social determinants.
- **Continuing Education:** In 2019, Memorial Hermann Hospital System plans to develop and disseminate a free continuing medical education course for health professionals to help providers better understand why addressing food insecurity in a clinical setting is important, how it impacts patient health and what can be done to address this issue. The need for this education was identified jointly by CHMI and Memorial Hermann Hospital System from the CHMI and GE led work addressing patient needs beyond the clinical setting. The course content is envisioned to compliment the learnings and analysis results from the social determinant model currently focused on food insecurity.
- **Medicaid Suspension:** Parallel to the health care industry, the number of incarcerated residents continued to increase in recent years, but the unique component of this upward trend is the rate of people who returned to jail or prison because of the gap in health care coverage they faced. Residents in the State of Texas covered under Medicaid had all benefits terminated when admitted into a jail or prison. This meant that when the person was released, he or she would be required to go through the entire Medicaid application and approval process as a new applicant. The process, which could last months, left a vulnerable gap for many, especially those experiencing a mental health episode due to lack of access to care or medication. Repeat acute mental health episodes often led to cycling back into interaction with law enforcement and the judicial system. In 2017, the State of Texas transitioned from termination of benefits to suspension. A series of catalytic partnerships across the state supported this effort. CHMI in Houston played an instrumental role in engaging the business sector on this issue and connecting influencers across city boundaries to support this change.

FOOD ACCESS, HEALTHY EATING, AND FOOD INSECURITY

Highlighted below are four examples of the collective work from members of the Food Access, Healthy Eating, and Food Insecurity workgroup and additional partners. The work advances the goals initially established in the 2013 Blueprint for Action: increasing access to healthy options and fostering healthy eating environments.

- **Food Scholarship:** In 2016, the Houston Food Bank, Rice University, CHMI, and community colleges partnered to pilot a program that would provide students pursuing a certificate, technical, or advanced

degree with a sustainable amount of groceries on a bi-weekly basis for the school year. The Food for Change Food Scholarship Program was formed as a response to the growing need to help encourage area residents to pursue and complete the necessary education credits and degrees to fill jobs in the medical, construction, and oil industries. This innovative model provided the equivalent of \$150 worth of groceries directly from the food bank's resources on a bi-weekly basis. The effort was intended to decrease a portion of the financial burden many students experienced. The effort was launched with this audience in mind because of the direct correlation between a person's inability to complete educational credits and courses due to personal financial struggles or inadequate financial resources. The pilot was successful and continues to operate and grow. Parallel to the college campus program, this model is being applied in day care, childcare and other community settings. Additional information about the number of lives touched and program impact can be found [here](#).



CREDIT: Houston Food Bank's Client Choice Pantry model adopted at College Campuses.

- **Access to Healthy and Affordable Food Options:** CAN DO Houston, a nonprofit organization that seeks to promote equality across Houston by addressing systemic barriers to good health in communities with limited resources, works with 10 healthy corner stores in the region. Each of the store owners have partnered with CAN DO Houston to help catalyze change in how food is distributed and accessed in under resourced communities. Through the course of the years, the stores have increased their healthy offerings to range from fresh produce to refrigerated items. To support this growth, CHMI partnered with CAN DO Houston to develop a marketing strategy and adoption process for retailers to accept EBT funds, federal dollars provided to help families with limited income purchase food. In addition, CAN DO Houston has institutionalized this approach for all existing sites and has planned to ensure the same is done for future corner store locations. The adoption of EBT helped corner stores increase revenue and allure additional customers. More information can be found [here](#).
- **Texas Medical Center (TMC) Food Labeling:** TMC food and beverage vending machine and cafeteria menu labeling initiative was a part of a larger flagship program 'TMC O2 Challenge' initiated by TMC Inc., in partnership with the University of Texas School of Public Health in Houston, who were responsible for the evaluation of the initiative. The inception of this effort stemmed from a collaborative meeting between GE, TMC Inc., CHMI and UTSPH. The labeling program was initiated in the fall of 2015, with an aim to provide point of purchase nutrition information that promoted healthy food choices among employees and visitors at the participating institutions. As part of this initiative, participating institutions selected nutrition labeling criteria ('Red-Yellow-Green'/only Green) and labeled food and beverage items offered in their cafeterias or through vending machines. Each of the colors represent the caloric density, with the highest calorie items coded in red and lowest in green. The project was focused on empowering customers to make healthier dietary decisions and create a lens for any policy level changes that could modify the nutrition environment at institutions.
- **Houston Area Food Access Analysis Tool:** A GIS-based map was developed in partnership with The University of Texas School of Public Health to assist the workgroup members in understanding where

partners were working in relation to the community need. The map contains more than 150,000 data points that overlay geographic, programmatic, retailer, and community-level resources that relate to food. The additional filters added to the map provide the user with information on geo-political boundaries, city initiatives, public transportation routes, and medical providers. Lastly, the analysis tool is also being used by the medical providers in the clinical social determinant model referenced earlier in the report to visualize areas that show the highest need based on their patient data. Open access to the tool was provided through the support of UTSPH and can be found [here](#). In the future, additional layers will be added to reflect the other social needs of patients.

CONCLUSION

CHMI is humbled at the impact achieved as a result of the deep engagement and collaboration with community partners. Together, CHMI and its partners have made progress on many of the priorities of the region's Blueprint for Action, which includes the successes shared above and many other efforts that collectively have improved the landscape of health in Houston and Harris County. CHMI and GE are particularly proud of the network of partners that have assembled in the past five years – a network that crosses sectors, industries, and issue areas that will serve as the basis for continued collaboration and collective action in the years to come. The next section provides an outline of what to expect next, additional detail on lessons learned by CHMI, and specific feedback from CHMI's evaluation team on why this effort has been successful as well as opportunities for advancement.

WHAT'S NEXT

CHMI's model focuses on unlocking and expanding community capacity to create systems change as well as providing additional resources such as technical assistance, direct project management support, and the mobilization of national partners. By focusing on policies, practices, and procedures of organizations, agencies, and institutions, the initiative was able to drive various levels of impact that helped to close health disparities gaps. As highlighted in this report, many Houston and Harris County agencies are engaged in ongoing projects and they, in addition to others, have committed to continuing those efforts.

- Harris County Public Health is providing in-kind support to sustain the Health Care Access and Quality Workgroup, which is focused on the development and adoption of a regional model to address social determinants. Patient medical records will now communicate with the regional health information exchange continuity of care document that will help inform care patient plans.
- Partners focused on Healthy Eating and Food Insecurity will continue the work that will be anchored by the American Heart Association and The University of Texas School of Public Health. This provides a sustainable path for the population-level asset map developed by UTSPH that plots food related assets, resources and reflects real-time de-identified patient data from health care partners that are working to address social determinants.
- Other portfolios of work that will continue through CHMI include:

Opioid Use and Misuse Program – CHMI will continue to work with The Institute for Spirituality and Health, and Council for Recovery to engage diverse faith leaders to systemically reduce the stigma, use, and misuse of opioids. To date, participants from ten different faith traditions have been educated on

the overdose crisis and built a strong network of peers dedicated to this work. These faith leaders have developed a comprehensive guide on Houston's prevention, treatment, and recovery resources, received training on how to recognize and respond to an opioid overdose, and learned from their peers how to support people impacted by substance use disorders through counsel, prayer, and other innovative approaches. In addition, they participated in the DEA Prescription Drug Take Back event via promotion and hosting collection sites. Approximately 300 pounds of prescription medications and opioids were collected at two locations which were anchored by faith leaders. This important event raised awareness about prescription drug misuse and allowed residents to safely remove unused or unneeded medications from the home and reduce risk of misuse and unintentional poisoning.

- Lastly, a national partnership with Nike, Aspen Institute, and CHMI, called **“Access to Sports,”** was established in 2015 aimed at driving equal opportunity for youth interested in participating in organized sports and recreational activities. The partnership engaged more than 50 stakeholders that represented various youth sports organizations such as First Tee, Department of Recreation, YMCA, Special Olympics, County Commissioner Precinct One Sports Division, Positive Coaching Alliance, Astros Foundation, Boys and Girls Club of Greater Houston, Girl Scouts of San Jacinto Council, Houston Independent School District, U.S. Rugby of Houston, Youth Football Federation – to name a few – that collectively met over the course of two years to develop a strategy, tools, and implement programs that would increase access for girls, children of low-income communities, children with disabilities, and LGBTQ and African-American youth to be able to participate in organized sports. One example of the collective work from the members was the roll-out of a series of physical activity workshops following Hurricane Harvey. The workshops offered speaker series for parents, caregivers, and youth to dialogue with mental health specialists, participate in various sports activities and meet other youth from the community. For more information on the program, click [here](#).

LESSONS LEARNED

A few of the key reflections about CHMI's work in Houston and Harris County are provided below:

Very early in CHMI's engagement, it was apparent to Houston and Harris County partners that the audacious goals while rightfully mentioned to create community impact, required mobilizing key partners for simultaneous goals which was unlikely both in terms of time and resources and could be counter-productive to a focused collective action model envisioned by local partners. The leadership council's identification of the three priority sectors in 2015 paved way for CHMI to strategically engage partners, build capacity, and facilitate sustainable change in three distinct sectors. In the future, Houston partners recommend that this model of identification and prioritization be implemented from the onset of the program, post Blueprint convening. Lastly, it is critical to mention that the first round of work among the partners and CHMI within the three priority areas was meant to provide a feasible scope in which to collaborate and does not mean that the remaining areas were of less importance in improving health outcomes for residents. The goals are to continue the work and integrate the additional sectors that remain through the workgroups that will be sustained by anchoring organizations.

Lack of movement in the other sectors does not minimize the need to address these issues; rather, demonstrates a lack of resources needed (leadership support, staffing capacity, and funding capacity) to bring about desired change. Furthermore, external leadership and policy changes at the national, state, and local level played a direct role in work being aborted or delayed. A new leader to an organization may

continue to support the priorities of the Blueprint but needs time to adjust to their new role. Alternatively, the new leader may not have the same priorities as their predecessor. We have experienced both situations and acknowledge that is an element of implementation that cannot be easily predicted or prevented.

Lastly, being equipped with the correct communication tools so that partner successes, intended future projects and opportunities could be shared and disseminated in a streamlined fashion is important for continued momentum. For partners directly engaged at the Leadership Council level or working groups, a virtual platform was secured to support communications, but it was not accessible to the broader external community. Formulation of smaller events, dissemination of a newsletter or similar output could prove to be an effective path to accomplish this goal.

HOUSTON AND HARRIS COUNTY: FIVE YEARS OF COMMUNITY HEALTH TRANSFORMATION

OBSERVATIONS FROM THE WAKE FOREST EVALUATION TEAM

The Clinton Foundation engaged an independent team of researchers from Wake Forest School of Medicine in September 2016 to evaluate the Clinton Health Matters Initiative (CHMI). The Wake Forest Team is examining how the Community Health Transformation model is being implemented within six communities, as well as how the process is contributing to the development of work that has the potential to improve community health. The Foundation is using the evaluation to better understand the effectiveness of the model, to continuously improve the model, and to identify the conditions that need to be in place for the model to be most effective.

Across the CHMI sites, the Wake Forest team has observed that the initiative is stimulating new health improvement work and adding momentum to projects, some of which pre-dated CHMI. In Greater Houston, CHMI has contributed to the development of a number of notable health-improvement projects. The Wake Forest team identified five specific projects that took shape, became more strategic, expanded their reach, and/or enhanced their sustainability under CHMI: the integration of food insecurity questions into electronic health record systems, the mapping of food deserts, the creation of new physical activity resources, the development of an emergency telehealth system, and the revitalization of a dangerous intersection using community art.

These projects were developed and implemented by a variety of people and organizations throughout Greater Houston who came together in a Leadership Council and three issue-focused workgroups: the Health Care Workgroup, the Food Insecurity and Healthy Eating Workgroup, and the Built Environment Workgroup. In partnership with GE, the Clinton Foundation helped these projects advance by encouraging new action, bringing together people and organizations with shared interests, facilitating planning meetings, and keeping projects moving forward. The CHMI regional director played three primary roles: supporter, enhancer, activator (see sidebar).

When local leaders came together in the CHMI Blueprint session in 2013, they identified a broad set of aspirational goals for improving the health of Houston and Harris County.

Meaningful progress has been made over the past five years. At the same time, it is clear that much more remains to be done in order to achieve the highly ambitious goals that local leaders staked out for themselves. The CHMI process has played an important role in setting the stage for the next phase of work – by cultivating

SUPPORTER – CHMI contributed indirectly to the development of the project

ENHANCER – CHMI played a key role in expanding the scale or reach of the project

ACTIVATOR – CHMI sparked action that moved forward a new or dormant line of work

change, developing new networks of relationships, and collaborative problem-solving and initiative-taking. The longer-term impact of CHMI will depend largely on how local leaders build on these accomplishments and take advantage of the community's increased capacity to address the complex health challenges facing the region.

ACKNOWLEDGEMENTS

Thank you to all the Houston and Harris County partners for working alongside of us for the past five years. Your curiosity and bold support in experimenting with how best to address social determinants have led to substantial, sustainable, and impactful change – showcasing to the nation the Houston and Harris County spirit of collaboration and being change agents. Your dedication to improving the lives of residents in our community is genuinely appreciated.

- To the members of the Health Care Workgroup, thank you for exercising innovation to help bring forth a solution that engrains the everyday reality of patients into your clinical conversations. Your collective voice and actions have set a national precedence on cross-sector partnerships to address social determinants.
- To the partners entrenched in helping to break the cycle of hunger and food insecurity in the Healthy Eating and Food Insecurity workgroup, thank you for being resilient and patient. Your passion, vision, and unwavering dedication have led to an incredible opportunity to bridge multiple sectors to advocate for sustainable change.
- To members of the Built Environment Workgroup and to the many supporting partners that drove specific projects – what an incredible array of accomplishments that have touched the lives of so many not only within Houston and Harris County, but also across the state. Your transparency in sharing information, data, and best practices paved the way for impactful change. CHMI is grateful for your partnership.
- To the leadership at Institute for Spirituality and Health and The Council on Recovery, thank you for venturing bravely into a new effort that helps to diminish the stigma of substance misuse and abuse. Large scale epidemics such as this are not solely owned by one sector and your broader vision and dedication to the residents in our community is clearly visible through this work.
- Finally, to the members of the Leadership Council, your forward thinking and nimble approach to this collaborative effort has gone above and beyond any expectation over the past three years. Both directly and indirectly, partners have informed the direction and scope of work, but also, mobilized resources in-kind to help build capacity to achieve common goals. Thank you for finding that sweet spot between curiosity and traditional execution.

LEADERSHIP COUNCIL MEMBERS:

Aetna

American Diabetes Association

American Heart Association

Avenue CDC

Baylor College of Medicine Teen Clinic

Children at Risk

Federal Reserve Bank of Houston Branch

GE Healthymagination

Greater Houston Builders Association

Greater Houston Partnership

Greater Houston HealthConnect

Harris County Medical Society

Harris County Public Health

Harris County Sheriff's Office

Harris Health System

HOPE Clinic

Houston Galveston Area Council

Houston Health Department

Houston Police Department

Legacy Community Clinic

LISC

Memorial Hermann Hospital System and Community Benefits Corporation

Mental Health America of Greater Houston

Methodist Hospital

Shell

Texas Children's Hospital

Texas Medical Center

The Council on Recovery

The University of Texas MD Anderson Cancer Center

The University of Texas School of Public Health

Urban Land Institute

YMCA