

## BOARD OF TRUSTEES

### Diversity Equity and Inclusion (DEI) Committee

Friday, February 17, 2023  
10:00 A.M.

BOARD ROOM  
4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <http://harrishealthtx.swagit.com/live>

*Notice: Some Board Members may participate by videoconference.*

#### Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

### AGENDA

- |   |                                 |               |
|---|---------------------------------|---------------|
| <b>I. Call to Order and Record of Attendance</b>  | <b>Professor Marcia Johnson</b> | <b>2 min</b>  |
| <b>II. Approval of the Minutes of Previous Meeting</b>  | <b>Professor Marcia Johnson</b> | <b>2 min</b>  |
| • DEI Committee Meeting – January 20, 2023  |                                 |               |
| <b>III. Human Resources Report on Racial/Gender Disparity or Status at Harris Health System – Mr. Omar Reid and Dr. Jobi Martinez</b> |                                 | <b>15 min</b> |
| <b>IV. Update Regarding Harris Health DEI Dashboard – Dr. Jobi Martinez, Mr. Miguel Gonzalez and Mr. Subin Chacko</b>                 |                                 | <b>10 min</b> |
| <b>V. Update Regarding Harris Health Diabetes Health Equity Deep Dive – Dr. Esperanza “Hope” Galvan and Ms. Karen Tseng</b>           |                                 | <b>30 min</b> |
| <b>VI. Adjournment</b>  | <b>Professor Marcia Johnson</b> | <b>1 min</b>  |

DIVERSITY, EQUITY AND INCLUSION (DEI) COMMITTEE

Dr. Jobi Martinez, Executive Sponsor

Committee Members:

Marcia Johnson (Committee Chair)

Dr. Arthur Bracey (Ex-officio)

Alicia Reyes

Jennifer Tijerina

**HARRIS HEALTH SYSTEM**  
**MINUTES OF THE BOARD OF TRUSTEES**  
**DIVERSITY EQUITY AND INCLUSION COMMITTEE MEETING**  
**Friday, January 20, 2023**  
**11:00 AM**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>I. Call to Order and Record of Attendance</b>	Professor Marcia Johnson, Chair, called the meeting to order at 11:01 a.m. It was noted there was a quorum present and the attendance was recorded. Professor Johnson announced that while some board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> .	
<b>II. Approval of the Minutes of the Previous Meeting – DEI Committee Meeting – October 12, 2022</b>		<b>Moved by Ms. Alicia Reyes, seconded by Ms. Marcia Johnson, and unanimously approved the minutes of the previous meeting</b>
<b>III. Research Strategies and Plan for Disparity in Patient Presentation, Care and Outcomes Studies</b>	Ms. Karen Tseng, Special Advisor to CEO, Harris Health System, delivered a presentation regarding Research Strategies and Plan for Disparity in Patient Presentation, Care and Outcomes Studies. She presented a high-level overview of health equity and social determinants of health, including the role of healthcare systems in advancing health equity and Harris Health’s priority actions to measure and address health equity. The Committee discussed measuring health equity across the health care system as well as communities. Dr. Esmaeil Porsa, President & Chief Executive Officer, mentioned that diabetes and maternal health are the two (2) initial focus areas for the Population Health’s Strategic Plan. He shared that Administration will return next month with an extensive report on diabetes.	<b>As Presented.</b>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>Ms. Tseng concluded by presenting the five (5) Health Equity Action Teams: REGAL Data Collection, SDOH Screening and Data Development, Diabetes and Maternal Health Equity Action, DE&amp;I Workforce Action and Health Equity Funding Action. Each team meets bi-weekly to address various issues that impact health equity at Harris Health. A copy of the presentation is available in the permanent record.</p>	
<p><b>IV. Status Regarding Harris Health’s Minority/Woman-Owned Business Enterprises (MWBE) Performance Numbers</b></p>	<p>Mr. Derek Holmes, Administrative Director, Contracting Diversity, delivered a status update regarding Harris Health’s Minority/Woman-Owned Business Enterprises (MWBE) Performance Numbers. He presented the MWBE goal setting process flow diagram which included Harris Health total solicitations, solicitations excluded from goal setting (contracts over \$50k annually) and solicitations eligible for goal setting (no MWBE availability). Mr. Holmes shared a roadmap for awarding and monitoring MWBE projects in addition to Harris Health’s procurement activity timeline. He stated that the procurement process can take approximately three (3) to six (6) months. Mr. Holmes also provided MWBE reporting examples, a monthly MWBE dashboard, and utilization awards report. Additionally, Mr. Holmes provided the following MWBE updates:</p> <ul style="list-style-type: none"> <li>● Staffing positions approved and interviews to begin soon</li> <li>● MWBE Amendments for LBJ Contractors (C/L &amp; HKS)</li> <li>● B2GNow Purchased and being developed</li> <li>● Bonding &amp; Capacity Building Program 10-11/22</li> <li>● Working on Branding and Attended multiple MWBE Outreach Events</li> </ul> <p>The Committee discussion ensued regarding the MWBE program and expected outcomes. Mr. Holmes stated that a more detailed report will be presented in June as well as monthly reporting to the full Board including the MWBE dashboard. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>V. Harris Health Human Resources Report on Racial/Gender Disparity or Status at Harris Health System</b>	Professor Marcia Johnson requested a brief synopsis as it relates to the Harris Health Human Resources Report on Racial/Gender Disparity. . Mr. Omar Reid, Executive Vice President and Chief People Officer, shared that a full report will be presented on a later date but he has been working collaboratively with Dr. Jobi Martinez, Vice President, Chief Diversity, Equity and Inclusion Officer, to establish a new Diversity, Equity and Inclusion (DEI) Dashboard as well as a Compensation Dashboard. Mr. Reid noted that the dashboards are now live and have the ability to create statistical data by demographic. A copy of the presentation is available in the permanent record.	<b>As Presented.</b>
<b>VI. Adjournment</b>	Moved by, Ms. Alicia Reyes seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 12:06 p.m.	

I certify that the foregoing are the Minutes of the Meeting of the Diversity Equity and Inclusion Committee of the Board of Trustees of the Harris Health System held on January 20, 2023.

Respectfully submitted,

Marcia Johnson, Chair

Recorded by Cherry Pierson

**Friday, January 20, 2023**

**Harris Health System Board of Trustees Board Meeting – Diversity, Equity & Inclusion Committee Attendance**

**Note:** For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to: [BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org) before close of business the day of the meeting.

DE&I COMMITTEE BOARD MEMBERS PRESENT	DE&I COMMITTEE BOARD MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Professor Marcia Johnson (Chair)		
Dr. Arthur W. Bracey (Ex-Officio)		
Ms. Alicia Reyes		
Ms. Jennifer Tijerina		

EXECUTIVE LEADERSHIP
Dr. Esmaeil Porsa, President & Chief Executive Officer
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing
Dr. Esperanza (Hope) Galvan, Senior Vice President, Chief Health Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Mr. Jack Adgar, Assistant Purchasing Agent, Harris County Purchasing
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jobi Martinez, Vice President and Chief Diversity Officer
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Mr. Omar Reid, Executive Vice President, Chief People Officer
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications
Mr. R. King Hillier, Vice President, Public Policy & Government Relations
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer

OTHERS PRESENT	
Antoinette "Toni" Cotton	Jerry Summers
Cherry Pierson	John Matcek
Daniel Smith	Karen Tseng
Derek Curtis	Katie Rutherford
Derek Holmes	Nicholas Bell
Elizabeth Winn	Randy Manarang
Haley Love	Tai Nguyen
Jennifer Zarate	

Friday, February 17, 2023

**Harris Health Human Resources Report on Racial/Gender Disparity or Status at  
Harris Health System**

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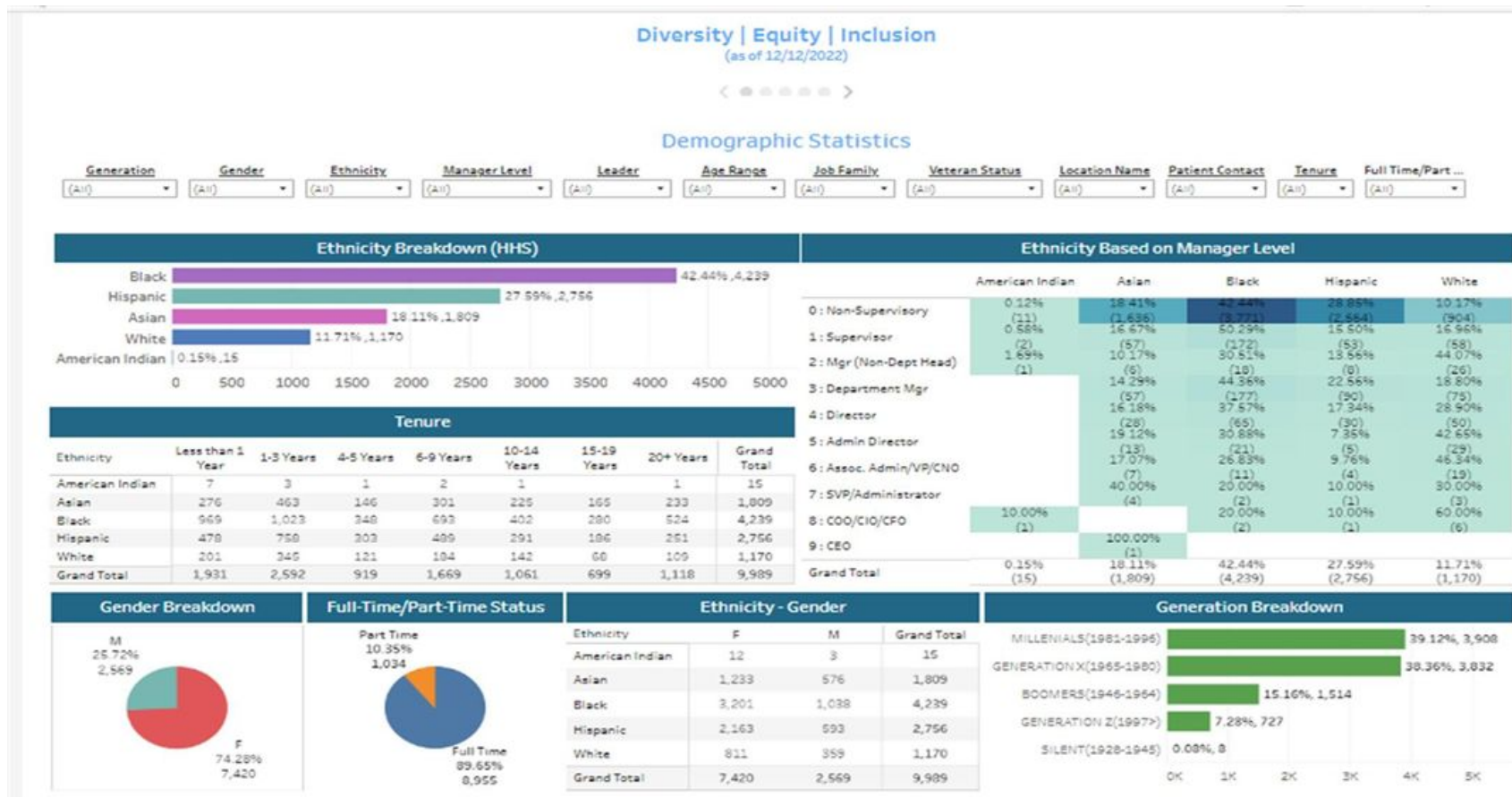
**HARRISHEALTH SYSTEM**

# Harris Health Human Resources Report on Racial/Gender Disparity or Status at Harris Health System

Omar Reid, Executive Vice President, Human Resources



# DEI Dashboard

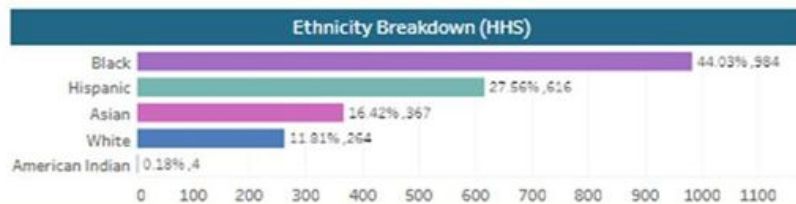


Diversity | Equity | Inclusion  
(as of 12/12/2022)



Demographic Statistics

Generation: (All) | Gender: (All) | Ethnicity: (All) | Manager Level: (All) | Leader: (All) | Age Range: (All) | Job Family: (All) | Veteran Status: (All) | Location Name: Lyndon B. J... | Patient Contact: (All) | Tenure: (All) | Full Time/Part ...: (All)

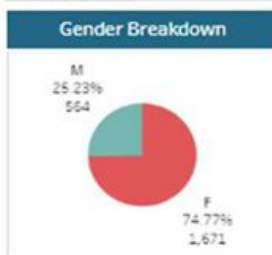


### Ethnicity Based on Manager Level

	American Indian	Asian	Black	Hispanic	White
0: Non-Supervisory	0.15% (3)	16.87% (346)	43.25% (887)	28.62% (587)	11.12% (228)
1: Supervisor	1.37% (1)	10.96% (8)	56.16% (41)	13.70% (10)	17.81% (13)
2: Mgr (Non-Dept Head)		14.29% (1)	28.57% (2)	28.57% (2)	28.57% (2)
3: Department Mgr		7.69% (5)	49.23% (32)	21.54% (14)	21.54% (14)
4: Director		14.29% (4)	60.71% (17)	10.71% (3)	14.29% (4)
5: Admin Director		28.57% (2)	57.14% (4)		14.29% (1)
6: Assoc. Admin/VP/CNO		33.33% (1)	33.33% (1)		33.33% (1)
8: COO/CIO/CFO					100.00% (1)
Grand Total	0.18% (4)	16.42% (367)	44.03% (984)	27.56% (616)	11.81% (264)

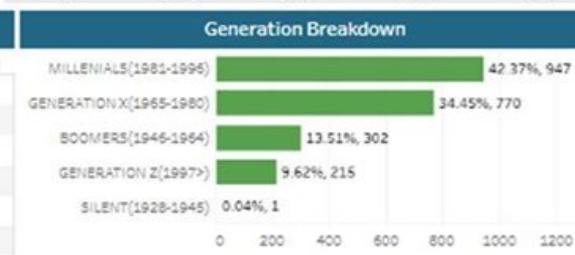
### Tenure

Ethnicity	Less than 1 Year	1-3 Years	4-5 Years	6-9 Years	10-14 Years	15-19 Years	20+ Years	Grand Total
American Indian	2			2				4
Asian	59	97	33	74	32	36	37	367
Black	217	253	89	177	81	68	99	984
Hispanic	119	186	83	108	51	34	35	616
White	45	100	31	29	20	13	25	264
Grand Total	442	636	236	390	184	151	196	2,235



### Ethnicity - Gender

Ethnicity	F	M	Grand Total
American Indian	2	2	4
Asian	254	113	367
Black	769	215	984
Hispanic	466	150	616
White	180	84	264
Grand Total	1,671	564	2,235

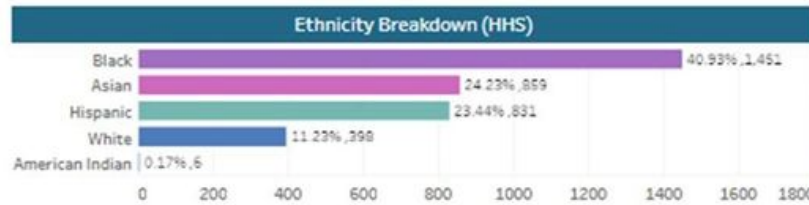


Diversity | Equity | Inclusion  
(as of 12/12/2022)



Demographic Statistics

Generation: (All) | Gender: (All) | Ethnicity: (All) | Manager Level: (All) | Leader: (All) | Age Range: (All) | Job Family: (All) | Veteran Status: (All) | Location Name: Ben Taub H... | Patient Contact: (All) | Tenure: (All) | Full Time/Part ...: (All)

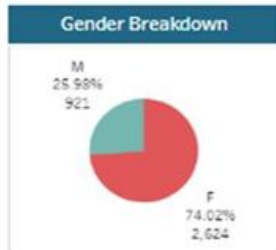


### Ethnicity Based on Manager Level

Manager Level	American Indian	Asian	Black	Hispanic	White
0: Non-Supervisory	0.15% (5)	24.74% (816)	40.87% (1,348)	24.14% (796)	10.10% (333)
1: Supervisor	1.12% (1)	19.10% (17)	53.93% (48)	8.99% (8)	16.85% (15)
2: Mgr (Non-Dept Head)		20.00% (3)	6.67% (1)	13.33% (2)	60.00% (9)
3: Department Mgr		16.48% (15)	46.15% (42)	17.58% (16)	19.78% (18)
4: Director		16.67% (6)	25.00% (9)	19.44% (7)	38.89% (14)
5: Admin Director		16.67% (2)	25.00% (3)	8.33% (1)	50.00% (6)
6: Assoc. Admin/VP/CNO					100.00% (3)
8: COO/CIO/CFO				100.00% (1)	
<b>Grand Total</b>	<b>0.17% (6)</b>	<b>24.23% (859)</b>	<b>40.93% (1,451)</b>	<b>23.44% (831)</b>	<b>11.23% (398)</b>

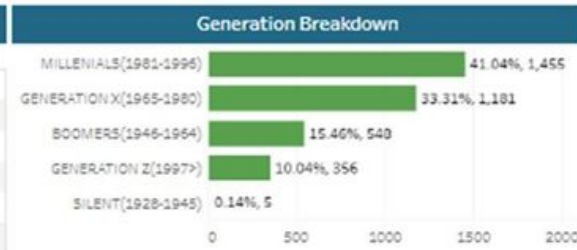
### Tenure

Ethnicity	Less than 1 Year	1-3 Years	4-5 Years	6-9 Years	10-14 Years	15-19 Years	20+ Years	Grand Total
American Indian	3	2	1					6
Asian	139	229	90	113	112	81	135	859
Black	328	401	122	204	132	94	170	1,451
Hispanic	168	265	85	141	80	29	63	831
White	80	110	36	69	43	21	39	398
<b>Grand Total</b>	<b>718</b>	<b>1,007</b>	<b>294</b>	<b>527</b>	<b>367</b>	<b>225</b>	<b>407</b>	<b>3,545</b>



### Ethnicity - Gender

Ethnicity	F	M	Grand Total
American Indian	5	1	6
Asian	614	245	859
Black	1,075	376	1,451
Hispanic	626	205	831
White	303	95	398
<b>Grand Total</b>	<b>2,624</b>	<b>921</b>	<b>3,545</b>

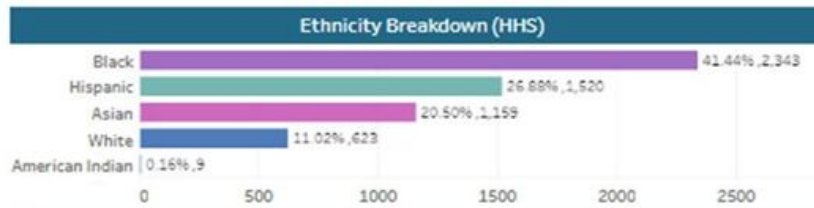


Diversity | Equity | Inclusion  
(as of 12/12/2022)



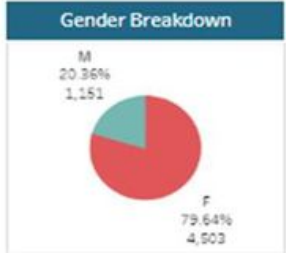
Demographic Statistics

Generation: (All) | Gender: (All) | Ethnicity: (All) | Manager Level: (All) | Leader: (All) | Age Range: (All) | Job Family: (All) | Veteran Status: (All) | Location Name: (All) | Patient Contact: Direct Pat... | Tenure: (All) | Full Time/Part ...: (All)



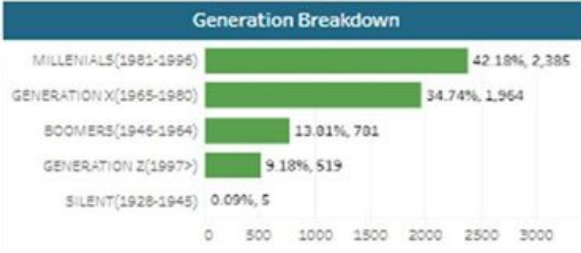
### Tenure

Ethnicity	Less than 1 Year	1-3 Years	4-5 Years	6-9 Years	10-14 Years	15-19 Years	20+ Years	Grand Total
American Indian	4	1	1	2	1			9
Asian	210	297	87	184	126	101	154	1,159
Black	683	588	173	363	215	134	187	2,343
Hispanic	304	434	166	267	157	84	108	1,520
White	144	196	51	90	60	31	51	623
Grand Total	1,345	1,516	478	906	559	350	500	5,654



### Ethnicity - Gender

Ethnicity	F	M	Grand Total
American Indian	8	1	9
Asian	857	302	1,159
Black	1,873	470	2,343
Hispanic	1,282	238	1,520
White	483	140	623
Grand Total	4,503	1,151	5,654





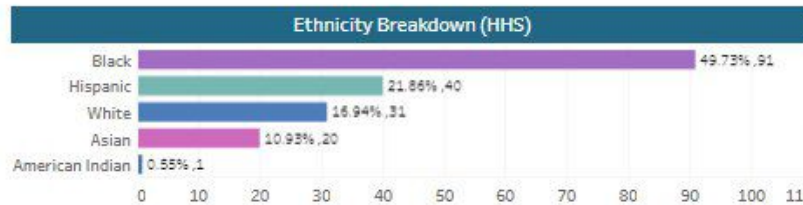
Diversity | Equity | Inclusion

(as of 12/12/2022)



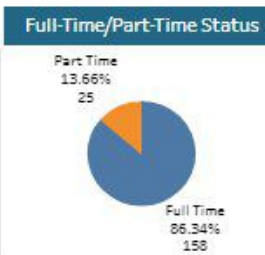
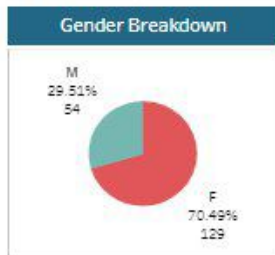
Demographic Statistics

Generation: (All) | Gender: (All) | Ethnicity: (All) | Manager Level: (All) | Leader: Omar Reid | %: | Age Range: (All) | Job Family: (All) | Veteran Status: (All) | Location Name: (All) | Patient Contact: (All) | Tenure: (All) | Full Time/Part ...: (All)



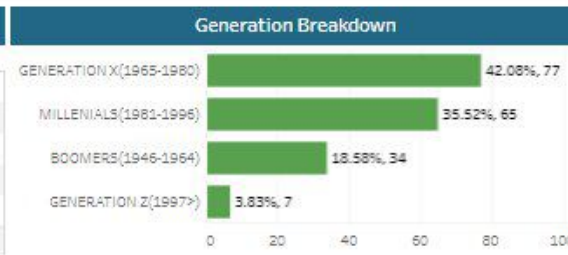
### Tenure

Ethnicity	Less than 1 Year	1-3 Years	4-5 Years	6-9 Years	10-14 Years	15-19 Years	20+ Years	Grand Total
American Indian	1							1
Asian	5	7	2	4	1		1	20
Black	33	19	3	15	6	4	11	91
Hispanic	10	3	1	7	4	10	5	40
White	5	13	3	4	2	2	2	31
Grand Total	54	42	9	30	13	16	19	183



### Ethnicity - Gender

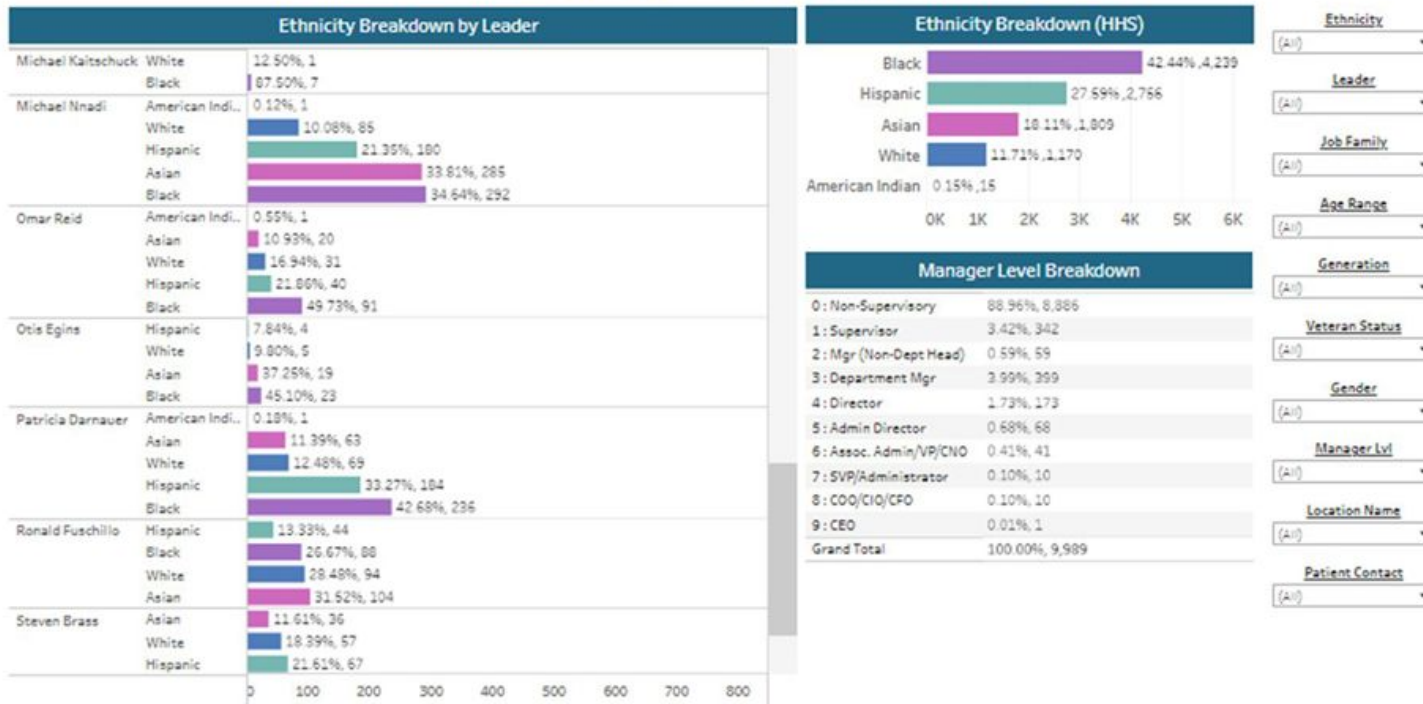
Ethnicity	F	M	Grand Total
American Indian	1		1
Asian	12	8	20
Black	63	28	91
Hispanic	30	10	40
White	23	8	31
Grand Total	129	54	183



Diversity | Equity | Inclusion  
(as of 12/12/2022)



Ethnicity Based on Executive Leader



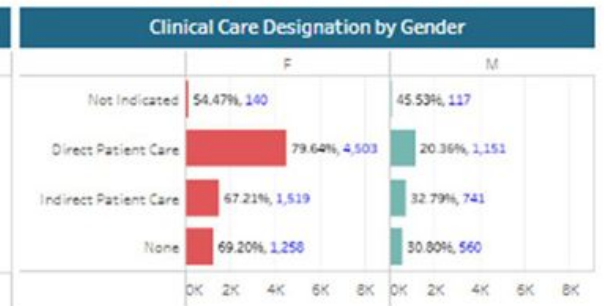


Diversity | Equity | Inclusion  
(as of 12/12/2022)



Clinical Care Designation

Leader: (All) | Job Family: (All) | Location Name: (All) | Generation: (All) | Age Range: (All) | Dept Name: (All) | Manager Lvl: (All) | Veteran Status: (All)



# DEI Dashboard Findings

Representing the communities, we serve

Disparity in direct patient care representation

Disparity in non-patient care positions

Higher percentage of Black employees throughout system except in EVS, Nursing/RN, Facilities & Engineering, Coding, & Allied Health Support

Disparity in gender representation

# DEI Dashboard Findings



Director and up position data indicates new recruitment strategies are needed



Hiring executive recruiter and implementing executive search policy training(s)



Mapping recruitment and onboarding strategies



# Implications

- Provide strategic recommendations to leaders to promote diversity and inclusion
- Increase strategic diverse hire pipeline initiatives
- Review recruitment policies and practices
- Examine employee engagement (inclusion) data
- Acknowledge and celebrate our diversity



Friday, February 17, 2023

Update Regarding Harris Health Diabetes Health Equity Deep Dive

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**HARRISHEALTH**  
SYSTEM

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## Diabetes Health Equity Deep Dive

Board of Trustees DE&I Committee | February 17, 2023

# Health Equity Strategic Playbook

*Below standards are aligned with and validated by leading national accreditation authorities on the role of healthcare systems in advancing health equity:*

1. Ensure equity is a strategic priority for the healthcare system by (a) developing a **health equity strategic plan** and (b) **embedding standing structures** to resource and support health equity work
2. Document valid and reliable **patient demographic data** (REGAL – race, ethnicity, gender, age, language) using EHR technology
3. Stratify key process and outcome metrics within **specific focus areas** by REGAL variables to identify equity gaps
4. Develop a **written action plan** for addressing at least one of the healthcare disparities identified within a **specific population of focus**, with a process to **monitor and report progress**
5. Implement a plan for **addressing the role of SDOH** in driving health disparities, including (a) documenting patient SDOH needs and (b) implementing responsive interventions with community partners
6. Ensure the organization's **internal culture** supports health equity by providing staff training and reviewing recruitment and hiring practices



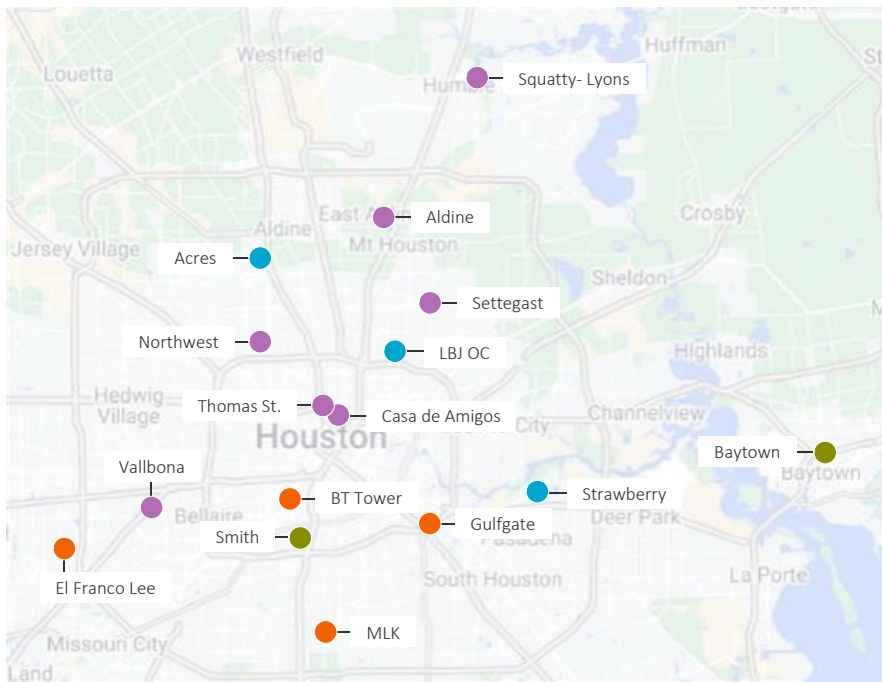
# Multipronged Approach to Diabetes Care

*Depending on need, diabetes patients qualify for a range of interventions at Harris Health today:*

PRE-DIABETES STANDARD OF PRACTICE	CLINICAL PHARMACY & TRIPLE THERAPY	DIABETES SELF-MANAGEMENT EDUCATION	CHRONIC DISEASE MANAGEMENT	COMMUNITY HEALTH WORKER HOME VISITS	FOOD FARMACY & CULINARY MEDICINE
<ul style="list-style-type: none"> <li>Systematic identification of risk-stratified patients to connect with lifestyle modification resources, prescriptions, and the 12-month county diabetes prevention program (DPP)</li> </ul>	<ul style="list-style-type: none"> <li>Clinical pharmacy care team</li> <li>Optimization of medication therapy by non-insulin agents for long-term control</li> </ul>	<ul style="list-style-type: none"> <li>Certified Diabetes Educators empower patients to learn self-management skills for long-term adaptation and coping</li> <li>Serve inpatient units, emergency centers, ambulatory clinics, and select specialty locations</li> </ul>	<ul style="list-style-type: none"> <li>Strategic care coordination focused on highest risk diabetes patients</li> <li>Demonstrated improved A1c control and eye exam completion</li> <li>Pre-visit planning provided by nursing</li> </ul>	<ul style="list-style-type: none"> <li>Community Health Workers support patients with uncontrolled diabetes who are disengaged from care through home and telehealth visits to develop a customized care plan</li> </ul>	<ul style="list-style-type: none"> <li>Provides 30 lbs of fresh food biweekly, skills-based nutrition training, and benefits enrollment assistance to food insecure patients with uncontrolled diabetes</li> </ul>
<ul style="list-style-type: none"> <li>45,425 patients identified as high-risk</li> </ul>	<ul style="list-style-type: none"> <li>~2,500 patients seen monthly by Pharmacy; ~7,000 by PCP</li> </ul>	<ul style="list-style-type: none"> <li>5,927 patients enrolled in 2022</li> </ul>	<ul style="list-style-type: none"> <li>487 patients enrolled in 2022</li> </ul>	<ul style="list-style-type: none"> <li>849 patients enrolled in 2022</li> </ul>	<ul style="list-style-type: none"> <li>1,090 patients served with 416 currently enrolled</li> </ul>

# FoodRx Expansion Plan

*This plan achieves multiple essential goals in expanding access to food prescriptions: (1) leverages trusted community resources so new builds can be prioritized in true food deserts; (2) diversifies access modalities to include home delivery and mobile farmacies to address transportation barriers; (3) expands into new populations including patients with chronic kidney disease and those in high-risk pregnancies.*



Existing FoodRx Locations	Modality
Strawberry	Onsite Food Farmacy
Acres Home	Onsite Food Farmacy
LBJ Outpatient Center	Onsite Food Farmacy

FoodRx Expansion: Phase 1	Modality	Timeline
Smith Clinic (Chronic Kidney Disease)	Home Delivery	Q2 2023
Baytown	Community Redemption + Teaching Kitchen	Q3 2023

FoodRx Expansion: Phase 2	Modality	Timeline
Ben Taub Tower (High-Risk Obstetrics)	Home Delivery	Q3 2023
MLK	Onsite Food Farmacy	6-9 months from ARPA award
Gulfgate	Onsite Food Farmacy + Community Redemption	6-9 months from ARPA award
El Franco Lee	Onsite Food Farmacy	6-9 months from ARPA award

FoodRx Expansion: Future Phases	Modality	Timeline
Vallbona	Harris Health Mobile Food Farmacy	2024 – 2025
Aldine	Harris Health Mobile Food Farmacy	2024 – 2025
Squatty-Lyons	Harris Health Mobile Food Farmacy	2024 – 2025
Settegat	Redemption at LBJ Food Farmacy	2024 – 2025
Northwest	Redemption at Acres Food Farmacy	2024 – 2025
Casa de Amigos	Pre-Bagged Food Distribution	2024 – 2025
Thomas Street	Community Redemption	2024 – 2025

# Diabetes Metrics Integrated in Balanced Scorecard

BOT Executive Summary

ACS Provider Scorecard

Refreshed: 1/25/2023

ACS HEDIS Measures								
MEASURE NAMES	HHS GOAL	Stretch	Prev CY	CYTD	Oct 2022	Nov 2022	Dec 2022	Trend: Jan 2022 - Dec 2022
Hemoglobin A1c Testing (CDC) ≥	94.08%	96.00%	96.06%	96.09%	95.12%	95.52%	96.47%	
Hemoglobin A1c Control (>9%) (CDC) ≤	25.84%	14.00%	27.17%	26.23%	26.33%	25.51%	24.90%	
High Blood Pressure Control (<140/90) (CDC) ≥	71.82%	77.00%	68.45%	73.12%	74.55%	74.72%	75.16%	
Diabetes Eye Exam (CDC) ≥	80.36%	82.00%	81.40%	86.18%	86.84%	87.43%	87.93%	
Diabetes Foot Exam (CDC) ≥	78.40%	80.00%	81.80%	82.69%	81.28%	82.12%	83.24%	
Nephropathy Screening Test (CDC) ≥	95.06%	97.00%	98.54%	98.37%	98.34%	98.44%	98.56%	
Adult BMI Assessment (ABA) ≥	97.02%	99.00%	98.55%	99.54%	99.71%	99.72%	99.72%	

## Diabetes Metrics Stratified by REGAL

Conducting bivariate and multivariate analyses to **identify meaningful disparities** in preventive service delivery and outcome metrics across REGAL categories.

### Service Delivery Metrics:

- A1c Testing
- Eye Exam
- Foot Exam

### Outcome Metrics:

- Poor A1c Control
- Poor Blood Pressure Control
- PQI 93 Complications Admits
- Diabetes ED Visits

# REGAL Categories with Disparities

Multivariate analyses for Foot Exam and Poor HbA1c Control identify those REGAL categories for which there are statistically significant disparities, after controlling for all categories.

REGAL Characteristics	Foot Exam Associations between having Foot Exam (DSRIP A1-112) + REGAL Characteristics				Poor HbA1c Control Association between poor HbA1c control (HbA1c >9; DSRIP A1-115) + REGAL Characteristics			
	Population Size	% with Foot Exam	Adjusted Odds Ratio	Adjusted OR 95% CI	Population Size	% with Poor Control	Adjusted Odds Ratio	Adjusted OR 95% CI
<b>Race/Ethnicity</b>								
White (ref)	2,248	84%	1.00	(1.0, 1.0)	2,427	22%	1.00	(1.0, 1.0)
Black or African American	7,611	81%	<b>0.84*</b>	<b>(0.74, 0.96)</b>	8,359	28%	<b>1.30*</b>	<b>(1.16, 1.45)</b>
Hispanic or Latino	20,978	87%	1.09	(0.95, 1.26)	22,244	27%	<b>1.43*</b>	<b>(1.27, 1.61)</b>
Other Race/Ethnicity	1,438	88%	1.24	(0.99, 1.55)	1,520	14%	0.83	(0.69, 1.01)
<b>Gender</b>								
Female (ref)	19,468	85%	1.00	(1.0, 1.0)	20,970	25%	1.00	(1.0, 1.0)
Male	12,894	85%	0.94	(0.90, 1.03)	13,672	29%	<b>1.24*</b>	<b>(1.18, 1.31)</b>
<b>Age</b>								
Age 18-44	4,944	82%	<b>0.70*</b>	<b>(0.63, 0.77)</b>	5,304	37%	<b>2.48*</b>	<b>(2.28, 2.70)</b>
Age 45-64	21,229	86%	<b>0.92*</b>	<b>(0.84, 0.99)</b>	22,515	27%	<b>1.59*</b>	<b>(1.48, 1.70)</b>
Age 65+ (reference)	6,189	87%	1.00	(1.0, 1.0)	6,822	18%	1.00	(1.0, 1.0)
<b>Preferred Language</b>								
English	14,297	82%	0.82	(0.64, 1.03)	15,478	28%	<b>1.53*</b>	<b>(1.24, 1.90)</b>
Spanish	16,698	87%	1.02	(0.79, 1.30)	17,714	26%	1.23	(0.99, 1.55)
Vietnamese	573	89%	1.06	(0.74, 1.53)	609	10%	0.70	(0.49, 1.0)
Other Language (ref)	785	87%	1.00	(1.0, 1.0)	832	14%	1.00	(1.0, 1.0)

# Findings & Next Steps

## Findings

- **Smaller disparities in service delivery** indicate more consistent preventive services delivery
  - Differences in DSRIP and HEDIS rates for certain REGAL categories indicate the need to better understand those disparities
  - **Multivariate analyses** highlight populations we should prioritize in improving delivery equity
- **Larger disparities in outcomes** suggest more complex multi-factorial drivers
  - Developing a **multivariate model that encompasses multiple relevant domains** (e.g., medication history, neighborhood characteristics) will help identify “actionable” drivers

## Next Steps: Health Equity Data Development

- REGAL Action Team: Improving **validity and reliability of REGAL data**
- SDOH Data Development Team: Leveraging **geocoding** of patient data to integrate data on SDOH/neighborhood characteristics; researching availability of Vizient Vulnerability Index

## Next Steps: Disparity Identification & Mitigation

- Complete REGAL stratification for available **maternal measures**
- Develop **multivariate models** for diabetes measures to identify actionable drivers of disparities and guide investments in Harris Health’s multi-pronged approach to diabetes care

# Improving SDOH Data Availability

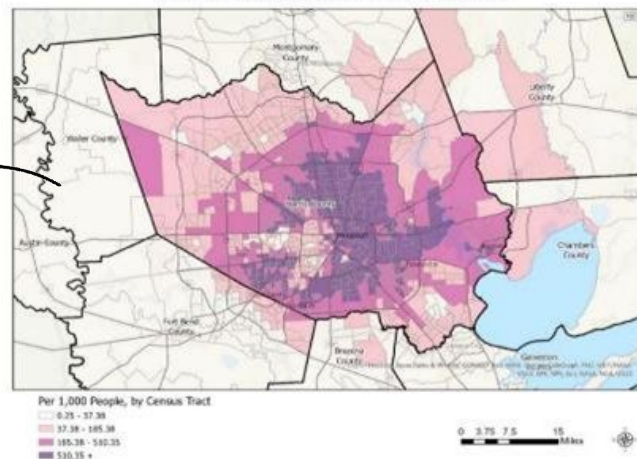
Through our UTSPH partnership, we have **geocoded our patient data**, enabling:

- New geospatial analytic capabilities
- Deeper excavation of SDOH factors and their relationship to health disparities

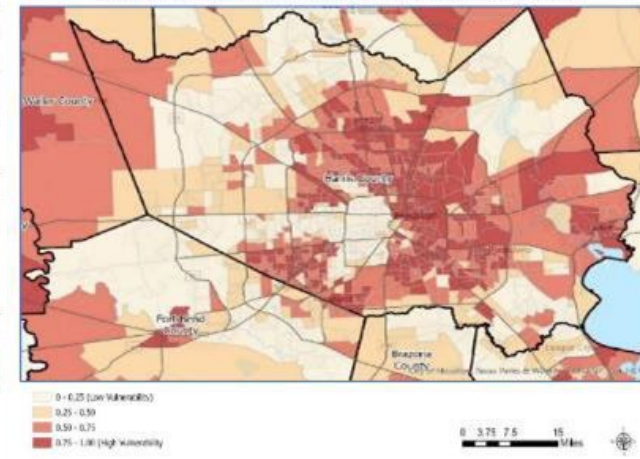
Across all four CDC domains, the neighborhoods served by Harris Health are significantly more socially vulnerable than those served primarily by other healthcare systems



**Census Tract-Level Choropleth Map of Unique Patients Seen at Harris Health System from 2017-2022**



**CDC Social Vulnerability Index Scores by Census Tract**



# Diabetes Health Equity Action Plan

## Develop **Diabetes Health Equity Action Plan**

- Build analytic dataset at the patient-month level for the most recent five years of data available
- Through descriptive statistics, adjusted logistic regression, and tailored interventions, identify, analyze, and address factors associated with poor diabetes outcomes

Collaborate with academic, community, and business partners to refine and advance action plan

<b>Patient Demographics</b>	<ul style="list-style-type: none"> <li>• Race/ethnicity, gender, age, &amp; language (REGAL)</li> <li>• Household income</li> <li>• Education</li> <li>• Insurance</li> </ul>
<b>Diabetes Condition Status</b>	<ul style="list-style-type: none"> <li>• HbA1c measurement &amp; control history</li> <li>• Diabetes progression (from pre-diabetes)</li> <li>• Diabetes-related utilization history</li> </ul>
<b>Diabetes Treatment Status</b>	<ul style="list-style-type: none"> <li>• Primary care history</li> <li>• Diabetes-related primary &amp; specialty care history</li> <li>• Diabetes-related preventive care history</li> <li>• Diabetes-related medication history</li> </ul>
<b>Diabetes-Related Comorbidities</b>	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Hypertension</li> <li>• Depression</li> <li>• Substance abuse</li> <li>• Cardiovascular disease</li> <li>• Nephropathy</li> <li>• Retinopathy</li> <li>• Amputation</li> </ul>
<b>Social Determinants of Health</b>	<ul style="list-style-type: none"> <li>• Housing insecurity</li> <li>• Transportation insecurity</li> <li>• Utility insecurity</li> <li>• Food insecurity &amp; healthy food access</li> </ul>



## Selection of Harris Health System Community Partners

<b>American Heart Association</b>	Partnering on “Measure accurately, Act rapidly and Partner” (MAP) program to improve hypertension control
<b>Capital IDEA</b>	Recruiting from under-resourced communities into Harris Health’s workforce to promote equitable, living-wage careers
<b>Coalition for the Homeless</b>	Case coordination and referrals via leveraged data systems for housing assistance for patients with housing insecurity
<b>Factor Health</b>	Population health incubator adapting and scaling food prescriptions to Harris Health patients with chronic kidney disease
<b>The Harris Center</b>	Partner for patients with behavioral health needs
<b>Harris County Community Services Dept (HCCSD)</b>	Co-locating HCCSD navigators at Harris Health clinics to address social needs (e.g. emergency utilities and housing assistance)
<b>Harris County Public Health</b>	Partnership to align and coordinate services across county agencies, supported by unified client portal
<b>Health Equity Collective</b>	Coalition deepening community capital for improving health outcomes, reducing disparities, and fostering resilience
<b>Hearts &amp; Hands of Baytown</b>	Community pantry that supports food prescription programming and resource connections
<b>H-E-B Grocery Company</b>	Community-oriented Texas grocery chain sustaining Food Rx patients’ positive nutritional changes at accessible locations
<b>Houston Community College</b>	Partnership to train and recruit patient care assistants from under-resourced communities
<b>Houston Food Bank</b>	Partnership to build and supply Harris Health Food Farmacies with produce and education for food-insecure patients
<b>Houston Recovery Center</b>	Case coordination for substance use education, treatment & recovery, and transportation to facilitate ED and jail diversion
<b>Interfaith Ministries</b>	Meals on Wheels program for homebound seniors/disabled adults, with diagnosis-specific meal delivery & wellness checks
<b>Lyft</b>	Supports patients assessed by social workers as having health-related transportation needs
<b>Northeast Houston Redevelopment Council</b>	Non-profit grassroots community organization supporting the northeast corridor and coordinating the Northeast Community Farmers Market
<b>Rice University Patient Discharge Initiative</b>	Undergraduate student volunteer corps that supports Harris Health ED patients with SDOH screening and referrals
<b>South Texas College of Law</b>	Partnership to establish medical-legal partnership for Harris Health patients
<b>Texas Quit Line</b>	Partnership to support patients with smoking cessation, including staffing of hotline number