

**Houston Area HIV Services Ryan White Planning Council**

**Comprehensive HIV Planning Committee**

1:00 p.m., Thursday, June 28, 2018

Meeting Location: 2223 W. Loop South, Room 416  
Houston, Texas 77027

**AGENDA**

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**I. Call to Order**

- A. Welcome
- B. Moment of Reflection
- C. Adoption of the Agenda
- D. Approval of the Minutes (May 10, 2018)

Ted Artiaga and  
Steven Vargas, Co-Chairs

**II. Public Comment and Announcements**

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

**III. FY19 EIIHA Plan**

- A. Review Development Timeline
- B. FY19 EIIHA Approval Motion

Amber Harbolt, Health Planner  
Office of Support

**IV. 2018 Epidemiological Profile**

- A. Verbal Update on Collaboration with Houston Health Department
- B. Discuss Steering Committee Feedback on Chapter 1:
  - 1. Add either the raw number or denominator to charts
  - 2. Page 10: visually differentiate household income from individual measures of poverty
  - 3. Consider opportunities to make epidemiologic data more accessible to the general public

**V. Announcements**

Ted Artiaga and  
Steven Vargas, Co-Chairs

**VI. Adjourn**

\*The Early Identification of Individuals with HIV/AIDS, or EIIHA, is a national HRSA initiative to increase the number of individuals who are aware of their HIV positive status and link them to medical care. Each year, the Ryan White Planning Council hosts a collaborative process of HIV prevention and care strategies and stakeholders to develop an EIIHA plan for the Houston Area.

## Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Thursday, May 10, 2018

Meeting Location: 2223 West Loop South, Room 532; Houston, Texas 77027

### Minutes

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MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Steven Vargas, Co-Chair	Herman Finley	Camden Hallmark, HHD
Ted Artiaga, Co-Chair	Denis Kelly, excused	Chanda Green, HHD
Dawn Jenkins	Robert Noble	Raven Bradley, HHD
Osaro Mgbere	Oluseyi Orija	Amber Harbolt, Office of Support
Rodney Mills	Shital Patel, excused	Diane Beck, Office of Support
Ryan Clark	Isis Torrente	
Cynthia Deverson	Larry Woods	
Cristina Martinez		
Nancy Miertschin		
Esther Ogunjimi		
Faye Robinson		
Crystal Starr		
Amana Turner		

**Call to Order:** Steven Vargas, Co-Chair, called the meeting to order at 2:21 p.m. and asked for a moment of reflection. He then asked everyone to introduce themselves.

**Motion #1:** *it was moved and seconded (Starr, Clark) to table approval of chapters 4 and 5 of the 2018 Epidemiological Profile.* **Motion carried.**

**Adoption of Agenda:** **Motion #2:** *it was moved and seconded (Starr, Clark) to adopt the agenda with the change above.* **Motion carried.**

**Approval of the Minutes:** **Motion #3:** *it was moved and seconded (Artiaga, Clark) to approve the March 8, 2018 minutes.* **Motion carried.** Abstentions: Martinez, Mgbere, Ogunjimi.

**Public Comment:** None.

**Update from the EIIHA Workgroup:** Harbolt explained EIIHA and reviewed the data requests from the workgroup. See attached.

### 2018 Epidemiological Profile

**Summary Data for How to Best Meet the Need:** Harbolt presented the updated summary data for How to Best Meet the Need, see attached.

**Approve Chapters 1 and 2 of the 2018 Epidemiological Profile:** Harbolt reviewed chapter one, see attached. **Motion #4:** *it was moved and seconded (Martinez, Turner) to approve*

*Chapter 1 of the 2018 Epidemiological Profile. Motion carried. Motion #5: it was moved and seconded (Martinez, Ogunjimi) to wait on the remaining data before approving Chapter 2 of the 2018 Epidemiological Profile. Motion carried.*

**Special Study: Review Social Determinants of Health Data:** Harbolt presented the attached data received from Dr. Mgbere.

**Topics for Public Hearings:** The committee suggested the Epi Profile for May and the Out of Care Special Study for July. *Motion #3: it was moved and seconded (Clark, Starr) to select the Epi Profile and Out of Care Special Study as topics for the public hearings and is open to using the Project LEAP class project as a topic if appropriate . Motion Carried.*

**Evaluation Workgroup:** Harbolt said that the workgroup will meet April to review year one implementation of the comprehensive plan. If you are interested please let Beck know so you can receive meeting notices.

**Announcements:** Deverson invited all to participate in FIMRSH (Fetal and Infant Mortality Review of Perinatal HIV and Congenital Syphilis Cases). The next meeting will be at 1:00 p.m. on June 7, 2018 at the United Way. She will forward an email invitation to the Office of Support for distribution to the committee.

**Adjournment:** The meeting was adjourned at 4:06 p.m.

Submitted by:

Approved by:

\_\_\_\_\_  
Amber Harbolt, Office of Support      Date

\_\_\_\_\_  
Chair of Committee      Date

JA = Just arrived at meeting  
 LR = Left room temporarily  
 LM = Left the meeting  
 C = Chaired the meeting

### 2018 Voting Record for Meeting Date May 10, 2018

MEMBERS	Motion #1: Table Epi Report Chapters 4 & 5				Motion #2: Agenda w/change				Motion #3: Minutes				Motion #4: Epi Report Chapter 1				Motion #5: Epi Report Chapter 2			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Co-Chair				C				C				C				C				C
Ted Artiaga, Co-Chair		X				X				X				X				X		
Herman Finley	X																			
Dawn Jenkins		X				X				X				X				X		
Denis Kelly	X																			
Osaro Mgbere		X						X		X				X				X		
Rodney Mills		X				X				X				X				X		
Robert Noble	X																			
Shital Patel	X																			
Faye Robinson		X				X				X				X				X		
Isis Torrente	X																			
Ryan Clark		X				X				X				X				X		
Cynthia Deverson		X				X				X				X				X		
Cristina Martinez		X						X		X				X				X		
Nancy Miertschin		X				X				X				X				X		
Esther Ogunjimi		X						X		X				X				X		
Oluseyi Orija	X																			
Crystal Starr		X				X				X				X				X		
Amana Turner		X				X				X				X				X		
Larry Woods	X																			

## **Early Identification of Individuals with HIV/AIDS (EIIHA) Planning Process and Requirements**

### Purpose of the EIIHA Strategy:

*The purpose of this section is to describe the data and information associated with ensuring that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services, and linked to medical care if HIV positive. The goals of the EIIHA initiative are to present a strategy for:*

- 1) identifying individuals with HIV who do not know their HIV status;*
- 2) making such individuals aware of such status and enabling such individuals to use the health and support services; and*
- 3) reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities. (HRSA-19-033)*

### Role of EIIHA Workgroup:

To review existing epidemiologic and other data and suggest three (3) distinct populations for inclusion in the EIIHA section of the HRSA grant application.

### Considerations:

- **Additional populations may be selected, but three (3) distinct populations must be selected for inclusion in the EIIHA section of the HRSA grant application.**
- Selection of target populations must be data-driven and pertinent to the goals of the strategy. Sufficient data must exist for each selected population to allow staff to discuss why each target population was chosen and how data support that decision.
- Traditionally, the Council has allowed the Comprehensive HIV Planning Committee to have final approval of the three (3) populations to be included in the EIIHA section of the HRSA grant application, pending distribution to Planning Council members for review and input.

Timeline for the EIIHA Planning Process:

July 2018

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23 EIIHA Workgroup identifies selection criteria and selects FY 2019 EIIHA target populations  Office of Support distributes FY 2019 EIIHA target populations to Planning Council members for input	24	25	26	27	28
29	30 9 a.m. – All Council input due to Office of Support  Comprehensive HIV Planning Committee reviews Planning Council input and approves FY 2019 EIIHA target populations.	31				

## FY 2019 EIIHA Plan

For the past few years, the Council approved the following motion regarding the EIIHA Strategy. Staff suggests that the Comprehensive HIV Planning Committee recommend an updated version of this same motion in 2018 for the FY 2019 EIIHA Plan.

Item: FY 2019 EIIHA\* Plan

*Recommended Action:* Motion: In order to meet HRSA grant application deadlines, request the Planning Council to allow the Comprehensive HIV Planning Committee to have final approval of the FY 2019 EIIHA Plan target populations, provided that:

- The FY 2019 EIIHA Plan is developed through a collaborative process that includes stakeholders from prevention and care, community members, and consumers; and
- The recommended FY 2019 EIIHA Plan target populations are distributed to Planning Council members for input prior to final approval from the Comprehensive HIV Planning Committee.

*\*The Early Identification of Individuals with HIV/AIDS, or EIIHA, is a national HRSA initiative to increase the number of individuals who are aware of their HIV positive status and link them to medical care. Each year, the Ryan White Planning Council hosts a collaborative process of HIV prevention and care strategies and stakeholders to develop an EIIHA plan for the Houston Area.*



# Chapter 1: The Houston Area Population

What are the sociodemographic characteristics of the general population in the Houston Area?

*"The Houston metro area is now the single most ethnically diverse urban region in the country [.]"*

~ Kinder Institute for Urban Research, *The Kinder Houston Area Survey: Thirty-Six Years of Measuring Responses to a Changing America*  
May 2017

## Distribution of Total Population By County

(Table 1.1) The Houston Eligible Metropolitan Area (EMA) consists of six counties in Southeast Texas: Chambers, Fort Bend, Harris (including the City of Houston), Liberty, Montgomery, and Waller. The Houston Health Service Delivery Area (HSDA) includes these and four additional counties: Wharton, Colorado, Austin, and Walker. In 2016, the total population of the EMA was 5,800,581, or 22% of the Texas population. Harris County remains the population center of the EMA with 76.4% of the population, though the EMA other counties' shares have increased, particularly in Fort Bend and Montgomery Counties. As a whole, the Houston EMA represents a larger proportion of the total Texas population today than in 2010.

TABLE 1-Distribution of Total Population in the Houston EMA by County, 2010 and 2016				
County	Total Population-2010 <sup>a</sup>	Total Population-2016 <sup>b</sup>	County Percent of EMA-2010 <sup>a</sup>	County Percent of EMA-2016 <sup>b</sup>
Chambers	32,371	38,072	0.6%	0.7%
Fort Bend	541,983	683,756	10.7%	11.8%
Harris (incl. Houston)	3,950,999	4,434,257	77.9%	76.4%
Liberty	74,922	78,598	1.5%	1.4%
Montgomery	427,717	518,849	8.4%	8.9%
Waller	40,831	47,049	0.8%	0.8%
EMA Total	5,068,823	5,800,581	100.0%	100.0%
			EMA Percent of State-2010 <sup>a</sup>	EMA Percent of State-2016 <sup>b</sup>
Texas Total	24,311,891	26,956,435	20.8%	21.5%

<sup>a</sup>Source: U.S. Census Bureau, 2006-2010 American Community Survey. Retrieved on 02/16/2018

<sup>b</sup>Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018



## Population Change

(Table 2) Since 2010, the population of the Houston EMA has grown by a higher percentage than the state of Texas as a whole. Over 730,000 more people live in the EMA today than in 2010. The largest percent change in population occurred in Fort Bend and Montgomery Counties, with 26.2% and 21.3% more people, respectively, in 2016 than in 2010. Liberty County experienced the least growth with a 4.9% increase over six years. The population size within the rural Houston EMA counties grew by 22.2%, acquiring almost a quarter of a million people between 2010 and 2016.

<b>TABLE 2-Total Population Change in the Houston EMA by County, 2010 and 2016</b>				
County	Total-2010 <sup>a</sup>	Total-2016 <sup>b</sup>	Change in Population	
			#	%
Chambers	32,371	38,072	5,701	+17.6%
Fort Bend	541,983	683,756	141,773	+26.2%
Harris (incl. Houston)	3,950,999	4,434,257	483,258	+12.2%
Liberty	74,922	78,598	3,676	+4.9%
Montgomery	427,717	518,849	91,132	+21.3%
Waller	40,831	47,049	6,218	+15.2%
EMA	5,068,823	5,800,581	731,758	+14.4%
Rural EMA	1,117,824	1,366,324	248,500	+22.2%
Texas	24,311,891	26,956,435	2,644,544	+10.9%

<sup>a</sup>Source: U.S. Census Bureau, 2006-2010 American Community Survey. Retrieved on 02/16/2018

<sup>b</sup>Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018

## Demographics By Total Population and County

(**Table 3**) In 2016, the population of the Houston EMA was 37.5% Hispanic, 35.8% White (non-Hispanic), 17.7% African American, and 9.0% all other race/ethnicities. This makes the Houston EMA a “minority majority” area, in which people of color (**POC**) comprise the majority of the population. Together, Hispanic, African American, and other race/ethnicity individuals comprise 64.2% of the total Houston EMA population.

	Number	Percent of Total Population
<b>Total EMA Population<sup>a</sup></b>	5,800,581	100.0%
<b>Sex (at birth)<sup>a</sup></b>		
Male	2,879,519	49.6%
Female	2,921,062	50.4%
<b>Transgender-Identified Estimate<sup>b</sup></b>	38,284	0.66%
<b>Race/Ethnicity<sup>a</sup></b>		
White	2,076,659	35.8%
African American	1,027,467	17.7%
Hispanic/Latino	2,174,084	37.5%
Other	522,371	9.0%
<b>Age<sup>c</sup></b>		
Under 2	187,060	3.1%
2 - 12	1,005,199	16.6%
13 - 24	1,010,682	16.7%
25 - 34	927,940	15.3%
35 - 44	860,924	14.2%
45 - 54	779,393	12.9%
55+	1,287,888	21.3%

<sup>a</sup>Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018

<sup>b</sup>Estimated proportion of transgender-identified people in Texas in using data from CDC's Behavioral Risk Factor Surveillance System (BRFSS), applied to local total population. See Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). "How Many Adults Identify as Transgender in the United States?" Los Angeles, CA: The Williams Institute for more details on methodology

<sup>c</sup>Source: Texas Department of State Health Services, 2016 Houston EMA Population Denominators. Received on 09/14/2017

**(Table 4)** Several counties within the Houston EMA are also “minority majority” areas. People of color comprise the majority of the population in Fort Bend, Harris, and Waller Counties. In fact, Hispanic individuals comprise the largest single population group in Harris County today at 37.5% population. The Houston EMA is also more ethnically diverse than Texas as a whole, with smaller proportion White (non-Hispanic) individuals and a larger proportion of African American and Asian/Pacific Islander individuals than Texas. Within in the EMA, the largest proportion of African American individuals reside in Waller, and the largest proportion of Asian/Pacific Islander individuals reside in Fort Bend.

<b>TABLE 4-Distribution of Total Population in the Houston EMA by County and Race/Ethnicity, 2016</b>						
County	Total Population	Percent of Total Population by Race/Ethnicity				
		White	African American	Hispanic/Latino	Asian/Pacific Islander	Other Race
Chambers	38,072	68.1%	8.0%	21.1%	1.4%	1.3%
Fort Bend	683,756	34.9%	20.8%	24.0%	18.8%	1.6%
Harris	4,434,257	31.2%	18.9%	41.8%	6.7%	1.4%
Liberty	78,598	66.9%	10.3%	20.7%	0.7%	1.4%
Montgomery	518,849	68.7%	4.4%	22.4%	2.6%	1.8%
Waller	47,049	43.2%	25.4%	29.0%	0.9%	1.6%
EMA Total	5,800,581	35.8%	17.7%	37.5%	7.6%	1.4%
Texas Total	26,956,435	43.4%	11.9%	38.6%	4.4%	1.6%

Source: U.S. Census Bureau, 2006-2010 American Community Survey. Retrieved on 02/16/2018

**(Table 5)** Differences regarding age also occur between the Houston EMA and the state. Overall, the Houston EMA is younger than Texas, with a larger proportion of residents below age 55. Waller County has the largest proportion of people under 25 in the EMA, and Montgomery County has the largest proportion of people age 55 and over.

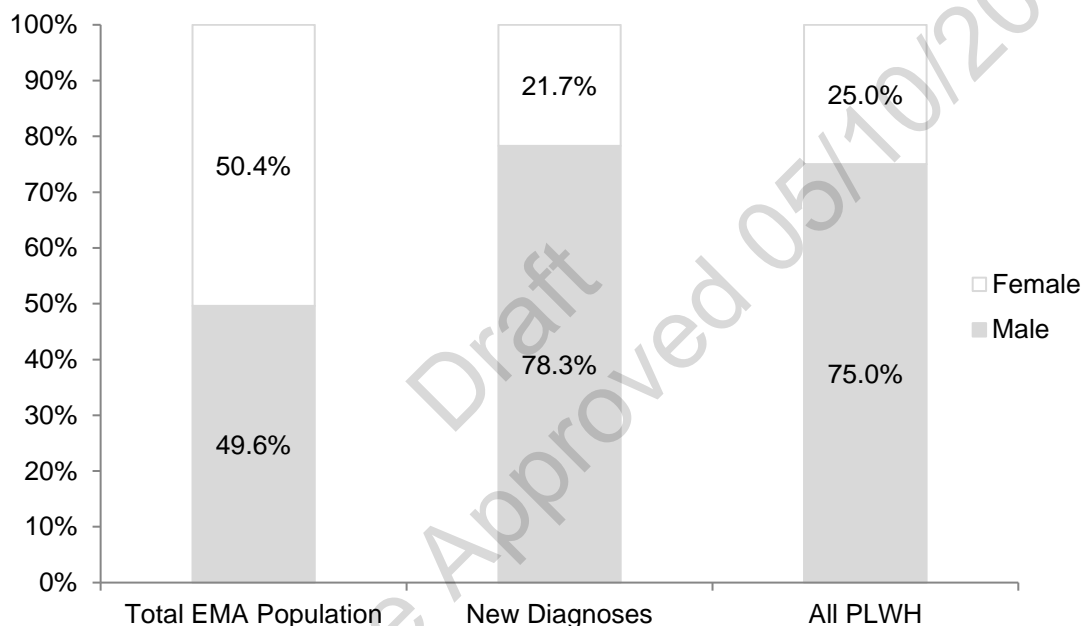
<b>TABLE 5-Distribution of Total Population in the Houston EMA by County and Age, 2016</b>				
County	Total Population	Percent of Total Population by Age		
		Under 25	25 - 54	55+
Chambers	38,072	36.4%	41.0%	22.4%
Fort Bend	683,756	36.3%	42.0%	21.4%
Harris	4,434,257	37.0%	43.2%	19.9%
Liberty	78,598	34.6%	40.2%	23.1%
Montgomery	518,849	35.1%	40.4%	24.4%
Waller	47,049	46.1%	31.6%	22.3%
EMA Total	5,800,581	36.8%	42.7%	20.6%
Texas Total	25,145,561	36.6%	40.9%	22.4%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018

## Comparison of Total Population to the Population Living with HIV

**(Graph 1)** The Houston EMA population is evenly divided by sex assigned at birth between males at birth and females at birth at 49.6% and 50.4%, respectively. However, a larger proportion of males at birth than females at birth were newly diagnosed with HIV in 2016 (78.3% vs. 21.7%), and more males at birth than females at birth comprised all diagnosed people living with HIV (**PLWH**) (75.0% vs. 25.0%). The distribution of newly diagnosed PLWH and all PLWH by sex assigned at birth shifted toward males at birth between 2011 and 2016, with decreases in new diagnoses (10.0% decrease from 24.1% in 2011) and HIV prevalence (4.94% decrease from 26.3% in 2011) among females at birth.

**GRAPH 1-Comparison of Total Population<sup>a</sup> in the Houston EMA to PLWH<sup>b</sup> by Sex (at birth), 2016**



<sup>a</sup>Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018

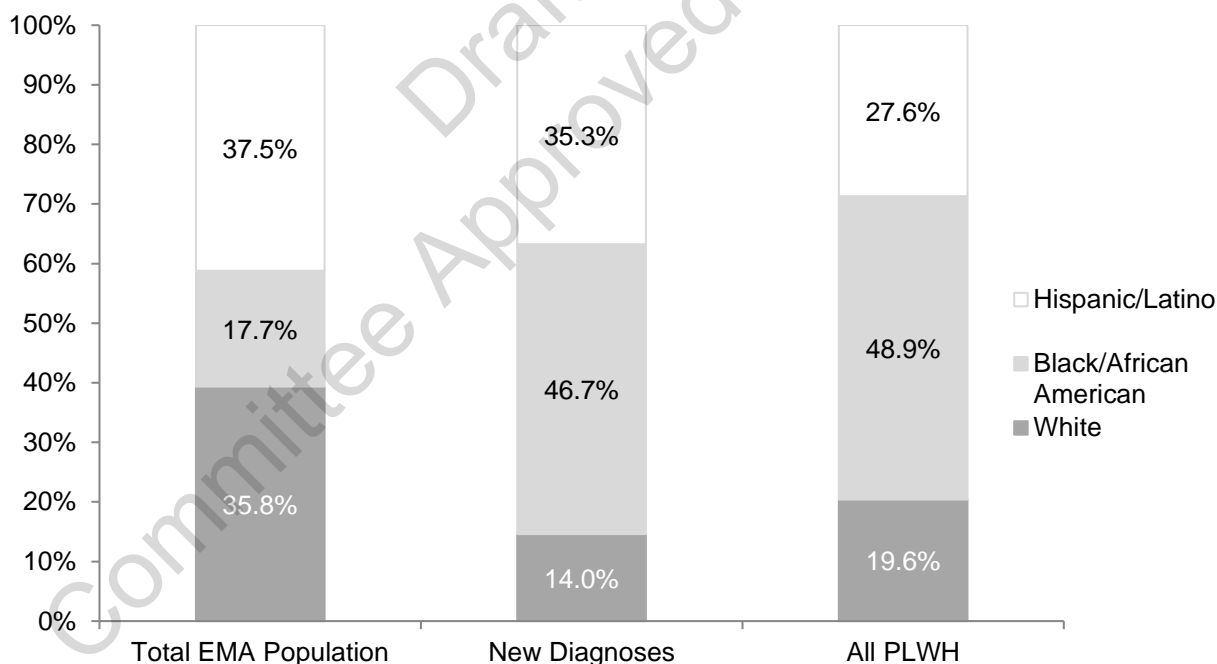
<sup>b</sup>Source: Texas eHARS. New HIV Diagnoses and diagnosed PLWH as of 12/31/16

**(Graph 2)** Newly diagnosed and PLWH populations in the Houston EMA are more racially diverse than the general population, with POC experiencing higher proportions of new diagnoses and HIV prevalence. While African American and Hispanic individuals account for 55.2% of the total Houston EMA population, these groups constitute 82.0% of all new HIV diagnoses and 76.5% of all PLWH. Notably, African American individuals account for only 17.7% of the total Houston EMA population, but comprise a disproportionate amount of all new HIV diagnoses (46.7%) and nearly half of all PLWH (48.9%) in the region.

Trends in HIV among African American communities is somewhat smaller in the epidemic statewide. According to the Texas Department of State Health Services, HIV is more evenly distributed in Texas with African American individuals comprising 37% of all PLWH and 38% of new diagnoses.<sup>1</sup> Regardless, POC in both the Houston EMA and Texas as a whole share a disproportionate burden of new diagnoses and HIV prevalence relative to each race/ethnicity's size within the general population.

Between 2011 and 2016, new diagnoses among Hispanic individuals in the Houston EMA increased by 15.0% (from 30.7%), as did overall HIV prevalence by 17.9% (from 23.4%).

**GRAPH 2- Comparison of Total Population<sup>a</sup> in the Houston EMA to the PLWH<sup>b</sup> by Race/Ethnicity, 2016**



<sup>a</sup>Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018

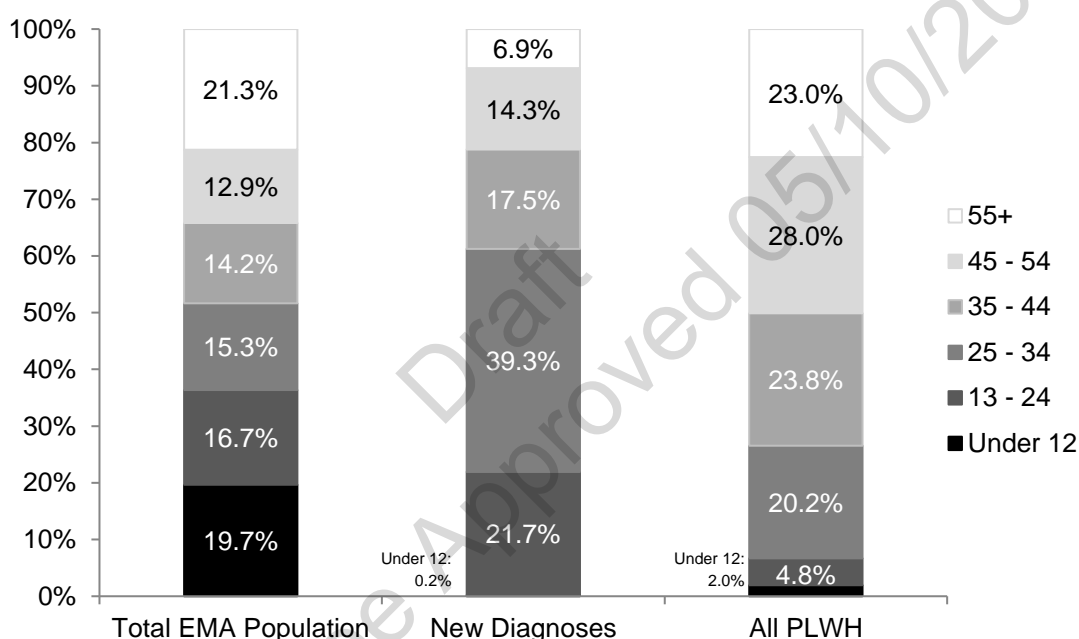
<sup>b</sup>Source: Texas eHARS. New HIV Diagnoses and diagnosed PLWH as of 12/31/16

<sup>1</sup>Texas Department of State Health Services. 2017-2021 Texas HIV Plan. Reporting Period: January 1 to December 31, 2014. The Texas HIV Plan is available at <https://txhivsyndicate.org/texas-hiv-plan/>

**(Graph 3)** When analyzed by age, people age 25 to 34 account for a larger proportion of new HIV diagnoses (39.3%) than their proportion within the general Houston EMA population in the Houston EMA (15.3%). Similarly, people age 45 to 54 account for a larger proportion of those living with HIV (28.0%) than their proportion within the general Houston EMA population in the Houston EMA (12.9%).

Trends reflect a shift toward more PLWH age 55 and over represented in overall HIV prevalence within the Houston EMA. Between 2011 and 2016, new diagnoses decreased by 11.5% (from 7.8%) among PLWH age 55 and over, while HIV prevalence increased by 36.9% (from 16.8%).

**GRAPH 3- Comparison of Total Population<sup>a</sup> in the Houston EMA to the PLWH<sup>b</sup> by Age (Descending), 2016**



<sup>a</sup>Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018

<sup>b</sup>Source: Texas eHARS. New HIV Diagnoses and diagnosed PLWH as of 12/31/16

## Socioeconomic Characteristics

Socioeconomic conditions such as access to resources, educational attainment, and healthcare coverage can affect health, functioning, and quality of life outcomes,<sup>2</sup> including risk for HIV transmission and access to HIV prevention and care services.

### Employment

(**Table 6**) In 2016, the percent of the eligible population unemployed in Texas was 9.0%, compared to an average of 7.1% for counties in the Houston EMA. Overall, unemployment has decreased in the EMA since 2011 by 11.5%. Within the EMA's counties, Liberty has the highest percentage of people unemployed at 9.2%, followed by Waller at 9.0%, while Fort Bend has the lowest unemployment rate at 5.4%. Between 2011 and 2016, the unemployment rate decreased for every county in the Houston EMA except Waller, which experienced an increase in the unemployment rate by 25.0%.

TABLE 6-Employment Status in the Houston EMA by County, 2016 <sup>a</sup>			
County	Percent of Eligible <sup>b</sup> Population Employed-2016	Percent of Eligible <sup>b</sup> Population Unemployed-2016	Change in Percent Unemployed 2011
Chambers	55.4%	6.4%	-11.1%
Fort Bend	63.2%	5.4%	-1.8%
Harris	63.5%	7.0%	-20.5%
Liberty	46.6%	9.2%	-32.8%
Montgomery	60.2%	5.4%	-28.0%
Waller	55.1%	9.0%	25.0%
EMA Average	57.3%	7.1%	-11.5%
Texas	60.1%	9.0%	5.9%

<sup>a</sup>Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S2301: EMPLOYMENT STATUS. Retrieved on 3/27/2018

<sup>b</sup>Population over the age of 16 and in the labor force

<sup>2</sup>U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020: Determinants of Health*. Located at: <http://www.healthypeople.gov/2020/about/DOHAbout.aspx>

## Household Income

(**Table 7**) The average median household income in the Houston EMA continues to be higher than in Texas as a whole, though Texas experienced slightly higher household income growth between 2011 and 2016. On average, households in the EMA earn about \$10,500 more per year compared to households statewide. Fort Bend County has the highest median household income at \$91,152, while Liberty County has the lowest at \$49,655 followed by Waller County at \$53,508. Regardless, median household income growth occurred in all Houston EMA counties except Chambers. Fort Bend County experienced the highest median household income growth at 13.0% between 2011 and 2016, while Chambers County experienced a decrease of 1.2%.

Comparison in supplemental income between the Houston EMA and Texas is variable. As a whole, fewer households in the Houston EMA receive cash public assistance and food stamp/Supplemental Nutrition Assistance Program (**SNAP**) benefits than statewide, while a greater proportion of Houston EMA households receive Social Security and Supplemental Security Income (**SSI**). Liberty County, which has the lowest median household income in the EMA, also has a larger percentage of households receiving Social Security (31.3% vs. 25.2%), SSI (7.5% vs. 5.0%), cash public assistance (1.9% vs. 1.2%), and food stamp/SNAP benefits (16.8% vs. 11.2%). Additionally, Waller County has highest proportion of households receiving food stamp/SNAP benefits at 17.5% of households.

Between 2011 and 2016, the Houston EMA experienced an increase in the proportion of households receiving supplemental income across Social Security (11.5% increase from 22.6%), SSI (38.9% increase from 3.6%), and food stamp/SNAP benefits (9.8% increase from 10.2%).

County	Median Household Income-2016 <sup>a</sup>	Percent Change from 2011	Percent of Households Receiving Each Type of Supplemental Income			
			Social Security	Supplemental Security Income ( <b>SSI</b> )	Cash Public Assistance	Food Stamp/SNAP Assistance
Chambers	\$70,396	-1.2%	25.8%	3.7%	0.9%	5.6%
Fort Bend	\$91,152	13.0%	19.8%	3.0%	1.1%	7.4%
Harris	\$55,584	7.7%	19.6%	4.3%	1.5%	13.2%
Liberty	\$49,655	6.4%	31.3%	7.5%	1.9%	16.8%
Montgomery	\$70,805	8.6%	25.8%	3.9%	1.1%	6.7%
Waller	\$53,508	6.7%	28.7%	7.3%	0.9%	17.5%
EMA Average	\$65,183	7.0%	25.2%	5.0%	1.2%	11.2%
Texas	\$54,727	8.9%	25.0%	4.9%	1.6%	13.1%

<sup>a</sup>Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. DP03: SELECTED ECONOMIC CHARACTERISTICS. Retrieved on 3/27/2018



**(Table 8)** The percentage of households earning less than \$15,000 per year can indicate low socioeconomic status within a particular area. In 2016 in the Houston EMA, 10.2% of households met this threshold compared to 11.9% of households statewide, an 11.3% decrease from 11.5% in 2011. Counties that exceed the Houston EMA and statewide percentages of households earning less than \$15,000 annually are Liberty at 13.2% and Waller at 12.3%. However, between 2011 and 2016 both Liberty and Waller counties experienced decreases in this measure by 11.4% from 14.9%, and 16.3% from 14.7%, respectively.

<b>TABLE 8-Percent of Total Households in the Houston EMA Earning Less than \$15,000 Per Year by County, 2011 and 2016</b>		
County	Percent of Households	
	2011 <sup>a</sup>	2016 <sup>b</sup>
Chambers	9.1%	10.7%
Fort Bend	6.0%	5.3%
Harris	12.5%	11.1%
Liberty	14.9%	13.2%
Montgomery	9.0%	7.4%
Waller	14.7%	12.3%
EMA	11.5%	10.2%
Texas	13.4%	11.9%

<sup>a</sup>Source: U.S. Census. 2009-2011 American Community Survey 3-Year Estimates. S2301: EMPLOYMENT STATUS. Retrieved on 1/31/13

<sup>b</sup>Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S2301: EMPLOYMENT STATUS. Retrieved on 3/27/2018

## Poverty

(**Table 9**) In 2016, the Houston EMA had a lower percentage of its population living below the federal poverty level (15.5%) compared to the state as a whole (16.7%). All counties in the Houston EMA except Chambers and Waller saw decreases between 2011 and 2016 in the percentage of the population living in poverty. Waller County had the highest level of poverty in the EMA at 19.0%, followed closely by Harris at 17.4% and Liberty at 17.3%, while Fort Bend had the lowest level of poverty at 8.2%. In 2016, 14.0% of males at birth and 17.0% of females at birth in the EMA live below the federal poverty level. One-fifth of females at birth in Waller (21.1%) and Liberty (20.2%) counties lived below the federal poverty level in 2016.

County	Percent Below Federal Poverty Level	Percent Change from 2011	Percent Below Poverty Level by Sex at Birth <sup>b</sup>	
			Male at Birth	Female at Birth
Chambers	11.7%	9.3%	11.0%	12.3%
Fort Bend	8.2%	-1.2%	7.5%	8.8%
Harris	17.4%	-5.9%	15.7%	19.1%
Liberty	17.3%	-6.0%	14.6%	20.2%
Montgomery	11.0%	-13.4%	10.1%	12.0%
Waller	19.0%	1.1%	17.1%	21.1%
EMA	15.5%	-8.3%	14.0%	17.0%
Texas	16.7%	-6.2%	15.2%	18.2%

<sup>a</sup>Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1701: POVERTY STATUS IN THE PAST 12 MONTHS. Retrieved on 3/27/2018

<sup>b</sup>Represents the percent of males/females at birth in the geographic area that is living in poverty; and not the male/female at birth distribution of people living in poverty in the geographic region.

(**Table 10**) Analysis of poverty by race/ethnicity reveals that, in general, more POC are living below the federal poverty level in the Houston EMA than are Whites. In 2016, 22.6% of African American and 23.0% of Hispanics individuals in the Houston EMA were living in poverty, compared to 14.1% of Whites. Across every county in the Houston EMA except Waller, Hispanic individuals experienced greater proportions of poverty than did White or African American individuals. A third of African American individuals (33.3%) in Waller County lived under the federal poverty level, as did nearly a third (31.6%) of Hispanic individuals.

<b>TABLE 10-Percent of Population<sup>a</sup> Living Below Federal Poverty Level in the Houston EMA by Race/Ethnicity, 2016</b>			
County	White	African American	Hispanic <sup>b</sup>
Chambers	10.5%	12.5%	19.8%
Fort Bend	7.4%	9.2%	15.3%
Harris	15.5%	22.6%	23.6%
Liberty	16.8%	18.8%	31.6%
Montgomery	10.3%	16.1%	23.5%
Waller	14.8%	33.3%	27.6%
EMA	14.1%	20.6%	23.0%
Texas	15.5%	22.6%	24.2%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1701: POVERTY STATUS IN THE PAST 12 MONTHS. Retrieved on 3/27/2018

<sup>a</sup>Represents the percent of each race/ethnicity in the geographic area that is living in poverty; and not the racial distribution of people living in poverty in the geographic region.

<sup>b</sup>Hispanic is not mutually exclusive from the races presented in this table. Other races are not included because the sample case size by County is too small.

**(Table 11)** Analysis of poverty by age reveals that, in general, more minors (individuals under 18 years old) are living below the federal poverty level in the Houston EMA than are adults (individuals over age 18). In 2016, 23.0% of people under age 18 were living in poverty, compared to 13.4% of people age 18 to 64, and 10.4% of people age 65 and over. Larger proportions of minors in Harris (26.0%) and Waller (25.1%) counties were living in poverty compared to all minors, all adults 18 to 64, all seniors in the EMA and the state. However, the proportions of minors living below the federal poverty level in Harris and Waller counties decreased between 2011 and 2016 by 5.8% (from 27.6%) and 7.0% (from 27.0%), respectively.

<b>TABLE 11-Percent of Population<sup>a</sup> Living Below Federal Poverty Level in the Houston EMA by Age, 2016</b>			
County	Under 18 years	18 to 64 years	65 years and older
Chambers	13.7%	10.7%	12.1%
Fort Bend	11.2%	7.0%	6.9%
Harris	26.0%	14.6%	11.3%
Liberty	23.3%	16.2%	10.6%
Montgomery	14.8%	10.0%	7.7%
Waller	25.1%	19.4%	10.1%
EMA	23.0%	13.4%	10.4%
Texas	23.9%	14.7%	10.8%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1701: POVERTY STATUS IN THE PAST 12 MONTHS. Retrieved on 3/27/2018

<sup>a</sup>Represents the percent of each age group in the geographic area that is living in poverty; and not the age distribution of people living in poverty in the geographic region.

## Educational Attainment

(**Table 12**) Educational attainment in the Houston EMA skews slightly toward higher education levels in most counties. In 2016, 23.0% of Houston EMA residents attained a high school diploma or equivalency, 27.2% attended some college or attained an Associate's degree, and 31.6% attained a bachelor's degree or higher. The county with the highest educational attainment is Fort Bend, where 44.6% of residents had a bachelor's degree or higher, a 9.3% increase from 40.8% in 2011. The county with the lowest educational attainment was Liberty, where 23.8% of residents had less than a high school diploma or equivalency, though this was a 5.3% increase from 22.6% in 2011. Waller County followed with 21.6% of residents having less than a high school diploma or equivalency, a 24% increase from 17.4% in 2011. Overall, the Houston EMA displays a greater disparity in educational attainment through larger proportion of residents at both ends of the educational spectrum than Texas as a whole. In 2016, 18.2% of EMA residents had less than a high school diploma or equivalency (compared to 17.7% for the state), and 31.6% have a bachelor's degree or higher (compared to 28.1% of the state).

<b>TABLE 12-Educational Attainment in the Houston EMA by County, 2016</b>				
County	Percent of Total Population <sup>a</sup>			
	Less than high school diploma	High school diploma or GED	Some college or Associate's degree	Bachelor's degree or higher
Chambers	16.2%	29.2%	33.5%	21.1%
Fort Bend	10.8%	17.5%	27.0%	44.6%
Harris	19.8%	23.3%	26.8%	30.1%
Liberty	23.8%	39.1%	27.1%	10.0%
Montgomery	13.2%	24.1%	29.7%	33.0%
Waller	21.6%	30.5%	29.1%	18.7%
EMA	18.2%	23.0%	27.2%	31.6%
Texas	17.7%	25.1%	29.2%	28.1%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1501: Educational Attainment. Retrieved on 3/27/2018

<sup>a</sup>Population aged 25 and over in the geographic region

## Health Insurance Coverage

(**Table 13**) The Houston EMA has a slightly higher proportion of residents who are uninsured compared to the state as a whole (20.4% vs. 19.3%). The EMA experienced a 19.2% drop in the proportion of uninsured residents from 25.3% in 2011. As of 2016, nearly 1.2 million people in the Houston EMA lack any kind of health insurance coverage. Harris County has the largest proportion of uninsured at 22.2% (higher than both the EMA and state), while Montgomery County has the lowest proportion of uninsured at 15.3%. All counties, the EMA, and Texas saw decreases in the percent of the population uninsured between 2011 and 2016. Within the EMA, Fort Bend experienced the greatest decrease in percent uninsured from 17.8% to 13.1%. Of the total Houston EMA population, more have private insurance than public. The county with the largest proportion of privately insured is Fort Bend (75.1%), while the county with the largest proportion of publicly insured is Liberty (33.2%), followed by Waller (29.6%).

<b>TABLE 13-Health Insurance Coverage in the Total Population in the Houston EMA by County, 2016<sup>a</sup></b>						
County	Percent with Health Insurance	Type of Health Insurance <sup>b</sup>		Number of People Without Insurance	Percent Without Health Insurance	Change in Percent Uninsured from 2011
		Private	Public			
Chambers	83.5%	66.3%	24.9%	6,247	16.5%	-0.6%
Fort Bend	86.9%	75.1%	17.9%	89,121	13.1%	-26.2%
Harris	77.8%	55.9%	27.9%	978,821	22.2%	-18.2%
Liberty	79.0%	53.8%	33.2%	15,121	21.0%	-15.6%
Montgomery	84.7%	69.9%	23.2%	78,770	15.3%	-21.3%
Waller	79.0%	57.2%	29.6%	9,824	21.0%	-25.6%
EMA	79.6%	59.5%	26.3%	1,177,904	20.4%	-19.2%
Texas	80.7%	60.5%	28.6%	5,114,811	19.3%	-17.5%

<sup>a</sup>Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. DP03: SELECTED ECONOMIC CHARACTERISTICS. Retrieved on 3/27/2018

<sup>b</sup>Denominator for type of health insurance is civilian noninstitutionalized population regardless of coverage status; type of health insurance reflects the proportion among this population, not the proportion among those with coverage

## Foreign Born and Linguistic Isolation

(**Table 14**) As anticipated given the ethnic diversity in the Houston EMA, in 2016 a larger proportion of the Houston EMA population was foreign-born than for Texas as a whole (24.3% vs. 16.7%). In Fort Bend and Harris counties, over a quarter of the population was born in another country. Chambers County experienced a substantial demographic shift between 2011 and 2016 as the percent of foreign-born residents increased by 66.0% to 10.5% from 6.30%. Liberty County closely followed with a 10.5% increase in foreign-born residents (from 6.9% to 7.6%).

In 2016, the majority of foreign-born individuals in the EMA were born in Latin America. This was true for all counties in the EMA, with the exception of Fort Bend County (50.3% foreign-born in Asia). The EMA as a whole had a population of individuals born in Asia that was a larger proportion in the EMA than in Texas (24.8% vs. 20.4%). The majority of foreign-born residents in the EMA are not naturalized citizens, though this percent is slightly lower than for the state as a whole.

**TABLE 14-Percent of Population that is Foreign-Born in the Houston EMA by County, Citizenship, and Place of Birth, 2016<sup>a</sup>**

County	Percent Foreign-Born	Percent Change from 2011	Citizenship <sup>b</sup>		Birth Place Among Foreign-Born <sup>b</sup>			
			Percent Naturalized Citizen	Not U.S. Citizen	Europe	Asia	Africa	Latin America
Chambers	10.5%	66.0%	19.5%	80.5%	6.0%	14.1%	5.5%	73.0%
Fort Bend	27.1%	7.0%	54.3%	45.7%	4.6%	50.3%	8.5%	34.4%
Harris	25.7%	2.2%	34.1%	65.9%	4.1%	21.4%	4.9%	68.5%
Liberty	7.6%	10.5%	22.9%	77.1%	3.4%	7.8%	--	87.3%
Montgomery	12.9%	2.5%	32.7%	67.3%	9.3%	15.4%	--	69.6%
Waller	14.4%	8.1%	23.7%	76.3%	3.8%	4.0%	--	89.3%
EMA	24.3%	2.8%	36.6%	63.4%	4.4%	24.8%	5.2%	64.3%
Texas	16.7%	2.3%	35.4%	64.6%	4.2%	20.4%	4.3%	69.8%

<sup>a</sup>Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES. Retrieved on 3/27/18. Dashes indicate data for this geographic area cannot be reported because the sample size is too small.

<sup>b</sup>Denominator is foreign-born population in Houston EMA

**(Table 15)** According to available data, a larger proportion of the population in the Houston EMA is both non-English speaking and linguistically isolated (LI) than statewide.

<b>TABLE 15-Percent of Non-English Speaking Population that is Linguistically Isolated in the Houston EMA by County, 2016</b>		
County	Percent non-English Speaking at Home	Percent Linguistically Isolated (LI) <sup>a</sup>
Chambers	19.1%	10.4%
Fort Bend	38.4%	12.9%
Harris	43.4%	20.3%
Liberty	18.5%	6.9%
Montgomery	20.0%	7.7%
Waller	24.6%	11.6%
EMA	40.0%	18.0%
Texas	35.2%	14.1%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES. Retrieved on 3/27/2018.

<sup>a</sup>Linguistically isolated is defined as someone who reports speaking English less than "very well."

**(Table 16)** According to available data, 30.4% of the population in the Houston EMA speaks Spanish, 3.4% speak another non-English/Indo-European language, and 4.8% speak an Asian/Pacific Islander language. Of these, 14.5%, 0.9%, and 2.2% are also LI. Proportions of LI are higher in the EMA than statewide across all languages.

<b>TABLE 16-Percent of Non-English Speaking Population that is Linguistically Isolated<sup>a</sup> in the Houston EMA by Language and County, 2016</b>						
County	Spanish		Other Indo-European		Asian or Pacific Islander	
	Percent Speaking Language	Percent Linguistically Isolated	Percent Speaking Language	Percent Linguistically Isolated	Percent Speaking Language	Percent Linguistically Isolated
Chambers	15.8%	9.2%	1.8%	0.6%	0.9%	0.5%
Fort Bend	18.2%	6.3%	7.8%	2.0%	10.1%	4.2%
Harris	34.4%	16.9%	3.1%	0.9%	4.5%	2.2%
Liberty	17.0%	6.4%	0.8%	--	0.6%	--
Montgomery	16.8%	7.0%	1.5%	--	1.4%	0.5%
Waller	23.2%	11.5%	0.6%	--	0.6%	--
EMA	30.4%	14.5%	3.4%	0.9%	4.8%	2.2%
Texas	29.5%	12.1%	2.1%	0.5%	2.8%	1.2%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES. Retrieved on 3/27/2018. Dashes indicate data for this geographic area cannot be reported because the sample size is too small.

<sup>a</sup>Linguistically isolated is defined as someone who reports speaking English less than "very well."



## Community Health Indicators

Data related to preventable disease, disability, and death help measure population health in a specific geographic area. Rankings of specific communities within each of these types of measures can provide valuable information about the population's overall health status, which may negatively or positively influence specific health conditions such as HIV. Taken together, these types of measures can help illustrate each community's overall health.<sup>3</sup>

### *Fertility and Mortality Rates*

(**Table 17**) Tracking fertility and mortality in a specific geographic area provides information about potential population growth. Comparing these rates between areas, they can also reveal information about quality of life and life expectancy. In 2013 all but one county (Harris) had fertility lower than the statewide fertility rate. The rate in Harris County was 71.5 per 1,000 women of childbearing age (a 7.98% decrease from 77.7 births in 2009), compared to 69.8 statewide (a 7.0% decrease from 75.1 births in 2009). Fertility rates in all counties within the Houston EMA and statewide have declined since 2009. Chambers and Liberty counties have mortality rates that are higher than state mortality rates. Taken together, these rates suggest that the EMA has fewer births and more deaths compared to Texas as a whole.

<b>TABLE 17-Fertility and Mortality Rates in the Houston EMA by County, 2009 and 2013</b>				
County	Fertility Rate <sup>a</sup>		Mortality Rate <sup>b</sup>	
	2009	2013	2009	2013
Chambers	71.4	61.3	866.2	874.1
Fort Bend	68.2	62.4	676.2	599.6
Harris	77.7	71.5	788.5	737.8
Liberty	65.9	66.4	1007.6	1027.1
Montgomery	71.2	67.1	822.8	693.3
Waller	67.4	60.0	944.5	748.5
Texas	75.1	69.8	781.2	749.2

Source: Texas Department of State Health Services. Center for Health Statistics. Health Facts Profiles, 2009 and 2013

<sup>a</sup>Fertility rates are per 1,000 women ages 15 - 50.

<sup>b</sup>Reflects deaths from all causes. Rates are age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths.

<sup>3</sup>Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps. Located at :<http://www.countyhealthrankings.org/>.

## Selected Causes of Death

(**Table 18**) Tracking the leading causes of death in a defined geographic area provides information about the specific health conditions facing the population and can indicate needed preventive or acute health care interventions. In 2013, the highest rates of death in the Houston EMA occurred from cardiovascular disease (heart disease), cerebrovascular disease (stroke), and cancer. With the exception of Fort Bend County, all counties in the Houston EMA had rates of cancer mortality that exceeded the state.

<b>TABLE 18-Rates<sup>a</sup> of Selected Causes of Death in the Houston EMA by County, 2013</b>								
County	Heart Disease	Stroke	Cancer	Lung Disease	Accidents	Diabetes	Suicide	Liver Disease
Chambers	175.3	--	218.9	--	--	--	--	--
Fort Bend	134.3	34.0	133.1	28.4	26.3	13.4	8.3	8.3
Harris	166.3	40.6	159.9	32.0	36.8	20.0	9.8	11.0
Liberty	302.5	45.5	197.7	80.8	61.3	--	--	--
Montgomery	154.1	29.6	160.6	50.3	30.3	11.8	15.5	8.9
Waller	201.7	--	170.4	--	58.9	--	--	--
Texas	170.7	40.1	156.1	42.3	36.8	21.6	11.6	12.8

Source: Texas Department of State Health Services. Center for Health Statistics. Health Facts Profiles 2013. Dashes indicate frequency too low to calculate rate.

<sup>a</sup>Rates are age adjusted per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths.

## Disability

(**Table 19**) Tracking the level of disability in a specific geographic area provides information about the population's vulnerability to hearing, vision, cognitive, ambulatory, self-care, and independent living difficulty or impairment, all of which can affect access to resources and increase need for service assistance. In 2016, a smaller proportion of people living with a disability were in the Houston EMA (9.4%) than in the population of Texas as whole (11.6%). The proportion of people living with a disability in the Houston EMA has increased by 20.5% from 7.8% in 2011. Fort Bend County has the lowest percentage of people living with a disability at 7.8%, while Liberty County has the highest percentage at 17.8%.

<b>TABLE 19-Percent Population Living with a Disability in the Houston EMA by County, 2016</b>	
County	Percent Living with a Disability
Chambers	13.0%
Fort Bend	7.8%
Harris	9.3%
Liberty	17.8%
Montgomery	10.5%
Waller	14.2%
EMA	9.4%
Texas	11.6%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1810: DISABILITY CHARACTERISTICS. Retrieved on 3/27/2018.

### Additional Selected Community Health Indicators

**(Table 20)** The remaining indicators presented here are a selection of some of the most commonly used measures of vulnerability to poor health outcomes. These measures provide information about the behaviors of the population that may lead to health challenges over time, and reveal opportunities where preventive or acute health care interventions may reverse risk and improve long-term health outcomes. In 2016, most counties in the Houston EMA, with the exception of Waller County, experienced levels of risk comparable to the state of Texas as a whole. Compared to the rest of the state, the population in Waller County experienced higher proportions of poor to fair health, smoking, obesity, physical inactivity, and limited access to healthy foods. Chambers and Montgomery counties exceeded the state in excessive alcohol use. Slightly higher proportions of low birth weight, an indicator of risk for infant mortality and other health associations, occurred in Fort Bend, Harris, and Liberty counties compared to the rest of the state.

County	In Poor or Fair Health	Low Birth Weight	Smoking	Obesity	Physical Inactivity	Limited Access to Healthy Foods	Excessive Alcohol Use
Chambers	15.0%	8.0%	15.0%	27.0%	31.0%	5.0%	21.0%
Fort Bend	14.0%	9.0%	12.0%	25.0%	22.0%	7.0%	18.0%
Harris	18.0%	9.0%	13.0%	27.0%	24.0%	6.0%	18.0%
Liberty	18.0%	9.0%	17.0%	28.0%	29.0%	8.0%	19.0%
Montgomery	14.0%	7.0%	14.0%	26.0%	26.0%	6.0%	21.0%
Waller	19.0%	8.0%	18.0%	36.0%	30.0%	11.0%	20.0%
Texas	18.0%	8.0%	14.0%	28.0%	24.0%	9.0%	19.0%

Source: County Health Rankings & Roadmaps. A project of the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute. 2016. Retrieved on 3/27/18

<sup>a</sup>Percentage of the total population in each geographic region reporting the selected condition.