Excerpt from 2008-09 **Interim Report**

Health of Houston Survey 2010

July 2009

Assessing Health Information Priorities of Stakeholders and Community Groups in Houston

STAKEHOLDER AND COMMUNITY GROUP ENGAGEMENT

One of the central goals of the Survey 2010 is to create a widely used resource for Houston. Multiple authors have suggested that engaging stakeholder and community groups when framing research is a key step to ensuring dissemination and widespread use (Brown et al. 2005; McBride et al. 2008; Nicola and Hatcher 2000). Careful steps were taken to identify, inform, and collect the most comprehensive input on the health information needs of stakeholders and community groups in Houston.

Identifying Potential Users

Key informants (Texas BRFSS, Houston Department of Health and Human Services and St. Luke's Episcopal Health Charities) were asked about groups they worked with and who they believed might be interested in health related data. Membership lists and collaborators were then identified for each key informant organization. To keep track of identified organizations, a database was created with organization name, contact information, as well as some descriptive information about the group's purpose or activities. Groups were classified into the following functional categories:

- **Local Government Agency** includes any government entity involved in health. Examples of these include the Harris County Public Health and Environmental Services (HCPHES) as well as the Houston Department of Health and Human Services (HDHHS).

- **Service Providers (Health Care and Social Services)** offer direct health (physical and mental) care or social services to individuals. Providers of health education were included as important for disease prevention. This category included providers of social services. Some providers, such as the University of Texas M.D. Anderson Cancer Center, also conduct research or financially support programs. If providing services is part of their core mission, they were listed as service providers first and subsequently as philanthropic or research agencies.

Service providers made up almost 50% of all identified stakeholder organizations.

- **Philanthropy/Charity Organizations** provide funding or access to funding (identifying grant opportunities from other foundations and philanthropy groups) for other organizations.

• **Policy/Advocacy Groups** conduct activities related to lobbying for policy, improving access to care for specific populations. Policy/Advocacy groups that work with special needs groups to connect them with health and social services would also be included as "advocacy".

• **Research Organizations** focus on conducting health research. This includes academic institutions and private enterprises whose mission is to research health or social demographics of Houston (e.g., Center for Houston's Future sponsors Houston Area Survey).

• **Community/Civic Groups** represent the interests of a geographic community of residents. An example would be the 3rd Ward Community Cloth. Their services and activities region is a specific geographic community. Specifically these groups could serve as a bridge between their community and government agencies or political bodies, but also might look for alternative solutions within neighboring communities when previous strategies had been exhausted.

• **For-Profit Groups** have a primarily commercial interest in health (e.g., pharmaceutical companies, for-profit insurance companies). Many were identified because they were members of health committees of the Greater Houston Partnership or had partnered with community groups interested in health.

Additionally, the level of services, activities or program implementation -- neighborhood, county, state or national -- for all of the groups identified was also added in the database.

This process not only identified potential health information users, but also provided an opportunity to learn about the community and its constituents (Nicola and Hatcher 2000). Through this process, almost 350 stakeholder and community organizations have been identified.

The IHP has identified more than 340 organizations interested in the health of Houstonians

Table 1. Identified organizations by classification

Organizational Classification	Examples of Identified Organizations	% (n)
Local Government	City of Houston Mayor's Office, HDHHS	6.5% (22)
Service Provider	The Community Clinic, Gulfton Health Center, ProSalud	49.7% (169)
Philanthropic/Charity	St. Luke's Episcopal Health Charities, United Way	3.5% (12)
Policy/Advocacy	Children's Defense Fund	20% (68)
Research	The University of Texas School of Public Health	8.8% (30)
Community/Civic	Third Ward Community Cloth Collaborative	4.1% (14)
For-Profit	United Healthcare Texas, AstraZeneca, AT&T	7.4% (25)

Total number of organizations is 340.

Identifying Membership Groups

Identifying and supporting existing communication networks improves the efficiency of collaboration building (Nicola and Hatcher, 2000). Potential group collaborators were identified through their online profiles and then were contacted to describe their membership activities. Specifically they were asked about:

Extra steps were taken to reach out to community groups who might not have been connected with membership groups focused on health.

1) Their membership
2) Classification of their membership
3) Meeting occurrences/frequencies
4) Means of communication with their membership
5) Other groups they recommended for us to contact

This process helped determine which groups were collaborating with other groups. This conversation about their membership activities also allowed the survey team to introduce the 2010 Survey. Membership groups were asked about the best way to connect with their membership. All indicated that the most effective would be presenting at a membership meeting and soliciting input through their email distribution lists.

Presenting to Membership Groups

Three main membership groups were identified with interests in health issues: The Harris County Healthcare Alliance (HCHA), Gateway to Care, and One Voice Texas. A presentation was made to a joint meeting of HCHA and One Voice Texas, and a second presentation at the Gateway to Care meeting of members and affiliates. At each of these presentations members were asked four key questions:

- What are your health information needs?
- Are there special geographic areas you are interested in?
- Are there certain populations you are interested in?
- What other organizations should we be speaking with?

The answers to these questions were used to create the survey input form (see Gathering Input below).

Evaluating Gaps in Identified Stakeholders and Community Groups

The membership groups' database was evaluated for coverage of classification and level of service area identified. While many organizations did not delineate their service area, among those identified a very small number of organizations focused on a neighborhood and were not service providers (3% or 10 organizations). In fact, as previously mentioned, service providers made up almost 50% of all organizations identified. In order to make sure input represented more than just service providers, further steps were taken to identify community groups focused on the neighborhood level.

Identifying Community Groups

The City of Houston organizes their activities around 88 specified areas called Super Neighborhoods (SN). The boundaries of these areas rely on physical features to group together contiguous communities and often represent historical boundaries that may have preceded incorporation into the City of Houston. The City of Houston Planning Department (PD) has created a process for citizens to organize and identify priorities that address the needs of their community. Once such a plan is created, the organizing body becomes a recognized council charged with implementing their plan for community improvement, called SN Councils. As of 2009, there are 43 SN Councils representing 49 SN. The City of Houston PD provided a list of contact information for the SN Councils as well as the civic associations registered with the PD. The civic associations were included to further represent the city in SN where SN Councils had not been created.

Contacting Community Groups

The survey team presented Survey 2010 material at the Alliance of Super Neighborhood Councils' monthly meeting in May. While this presentation resulted in invitations to appear at individual SN Council meetings, the survey team decided that those presentations would be most effective at a date closer to data collection.

Given that there were more than 700 civic associations registered with the city, the survey team took steps to identify which groups were the most active and to obtain their contact information. First, the survey team contacted the City of Houston Mayor's Office of Citizen's Assistance about organizations that met regularly, since their neighborhood liaisons are responsible for attending meetings of SN Councils and civic associations. More than half of the neighborhood liaisons responded with the regular meetings they attended. Second, an internet search was carried out to identify contact information for all of the civic associations in areas without SN Councils.

Gathering Input for Health Information Needs

To identify the health information needs of Houston residents, the survey team created a three page web-based input form (http://www.sph.uth.tmc.edu/hhs2010.aspx) using Survey Monkey, a web-based system that provides a platform for survey development, data collection and basic frequency analyses. Participants were asked to provide feedback based on organizational priorities and professional experience. The online form (Appendix C) attempted to identify priority topical areas on:

- Health Status and Chronic Conditions
- Health Risk Behaviors
- Mental Health
- Prevention Services
- Children's Health
- Health Care Access and Health Insurance Coverage
- Prenatal/ Preconception Services
- Food Insecurity and Food Environment
- Neighborhood, Environment and Housing
- Public Program Eligibility and Knowledge
- Interpersonal Violence

Participants were also asked to suggest new topics, identify demographic groups/populations that were of particular interest and to name regularly used sources of data for program planning and grant proposals. Participants had the option of providing contact information and organization affiliation so that the survey team could contact them for clarifications.

Collecting input from membership groups and government organizations
The online questionnaire was distributed in waves to membership groups:

- Houston Department of Health and Human Services
- Gateway to Care
- Greater Houston Partnership
- Harris County Healthcare Alliance
- One Voice of Texas

With the help of membership organizations focused on health, more than 230 organizations were invited to provide input.

Distributing the online form through separate links allowed the survey team to link responses to organization. The online form links were open for 3 weeks per distribution wave to allow participants a reasonable amount of time to complete. With exception of HDHHS, these entities sent the input request to its members and affiliates through an email from their leadership to their distribution lists (first an introduction and 2 weeks later a reminder). While there was overlap between groups due to dual memberships, more than 500 individuals representing more than 230 organizations were invited to provide input.

Organizations and individuals visiting the Survey 2010 website were able to also provide input using a separate link to the online form. This link was kept open throughout the invitation process to allow groups and individuals who might find the website or have missed an opportunity to respond.

Collecting input from Super Neighborhood Councils and Civic Associations
The survey team used a combined email and postal mailing strategy to contact the SN Councils and civic associations to maximize coverage. First an email which included an introductory letter, a link to the online survey, and an electronic copy of the brochure (Appendix A and C) was sent to the following groups:

1. All the SN Councils (41 email addresses, missing email addresses for two SN Councils).
2. All the civic associations where email addresses were found (45 civic associations).

This list resulted in a total of 86 emails which covered 67 of the 88 Super Neighborhood Councils (76%). About two weeks after the emails were sent, a mailing was sent with the introductory letter, a paper-based input form, and a self-addressed, postage-paid envelope to return a completed form. The paper-based input form (Appendix C) was adapted from the online input form. The survey team decided on the following reach out strategy to maximize mailing efficiency and coverage:

1. Any organization that did not respond by email (N=86),
2. All civic associations in SN who had yet to be reached (41 organizations representing 15 SN),
3. Active organizations (N=45, regular meetings attended by neighborhood liaisons).

Using this strategy 93% of all 88 SN (82/88) were contacted. The remaining SNs had neither a recognized SN Council nor a registered civic association. Two weeks after the mailing, a reminder was sent to non-respondents (email where possible and otherwise a mailed packet). The reminder included a brief reminder note, as well as a questionnaire and a self-addressed, postage-paid envelope for the mailed packet.

More than 90% of Super Neighborhoods (82/88) were contacted.

Response

A substantial number of individuals representing organizations responded to the membership links. By May 2009, more than 100 individuals had responded for more than 50 organizations from the membership links alone. The push in late May and June focused on community groups through the SN Councils and civic associations.

IHP received more than 150 responses from 89 organizations interested in the health of Houstonians.

Table 2. Stakeholder and Community Group Response by Source

Invitation Source	*Invitations*	*Responses*	*Organizations*
Harris County Healthcare Alliance	107	26	19
Gateway to Care	250	47	28
One Voice Texas	150	19	13
Houston Department of Health and Human Services	*	20	1
Community Groups and Civic Associations	278+	40	32
Total:		**152**	**89^**

*Unknown number of invitations

+ This group represents emails and mailings out to community and civic associations (172), as well as invitations to the Greater Houston Partnership (106). A few independently responded to the web page link and therefore the actual total invitation number is unknown. If a respondent organization was associated with a membership group they were reassigned but if not then they were included under Community and Civic Associations heading.

^ Four organizations responded to more than one invitation therefore only 89 unique organizations