

Introduction

Health equity, which is when all people have a fair opportunity to obtain their best level of health and wellbeing, is a fundamental goal within the area of public health. In order for this state of being to be achieved social and economic factors that impact health need to be addressed. Even though there has been significant development in healthcare and medicine, there are still disparities among different groups of people that persist across various demographic, socioeconomic, and geographic dimensions. **Recognizing health disparities and differences based on** race/ethnicity, gender, age, and location informs the hospital of its priorities and strategies. It also deepens the understanding of the underlying factors affecting community health, guiding the hospital toward achieving health equity. The following research endeavor covers how Memorial Hermann works towards reaching an efficient standard of health equity in regards to patients receiving appropriate care and equal opportunities to receive the highest level of healthcare that they need.

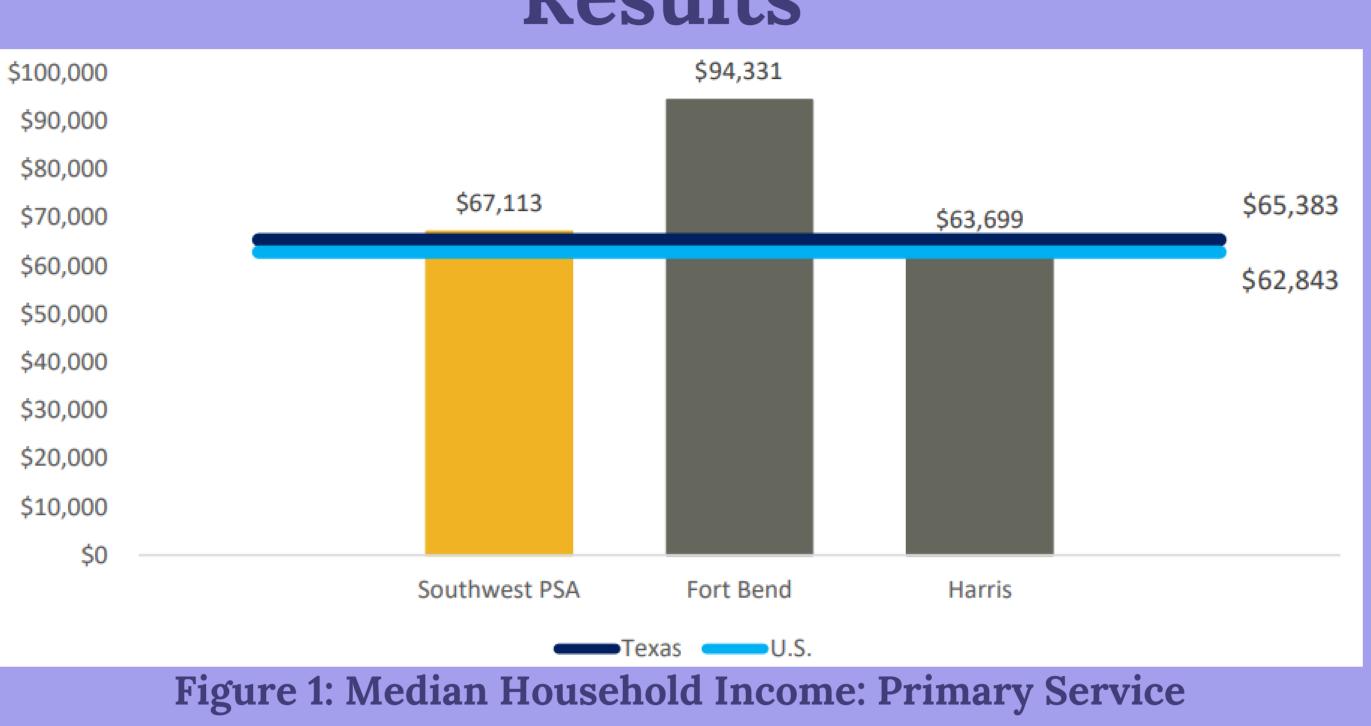
Methodology

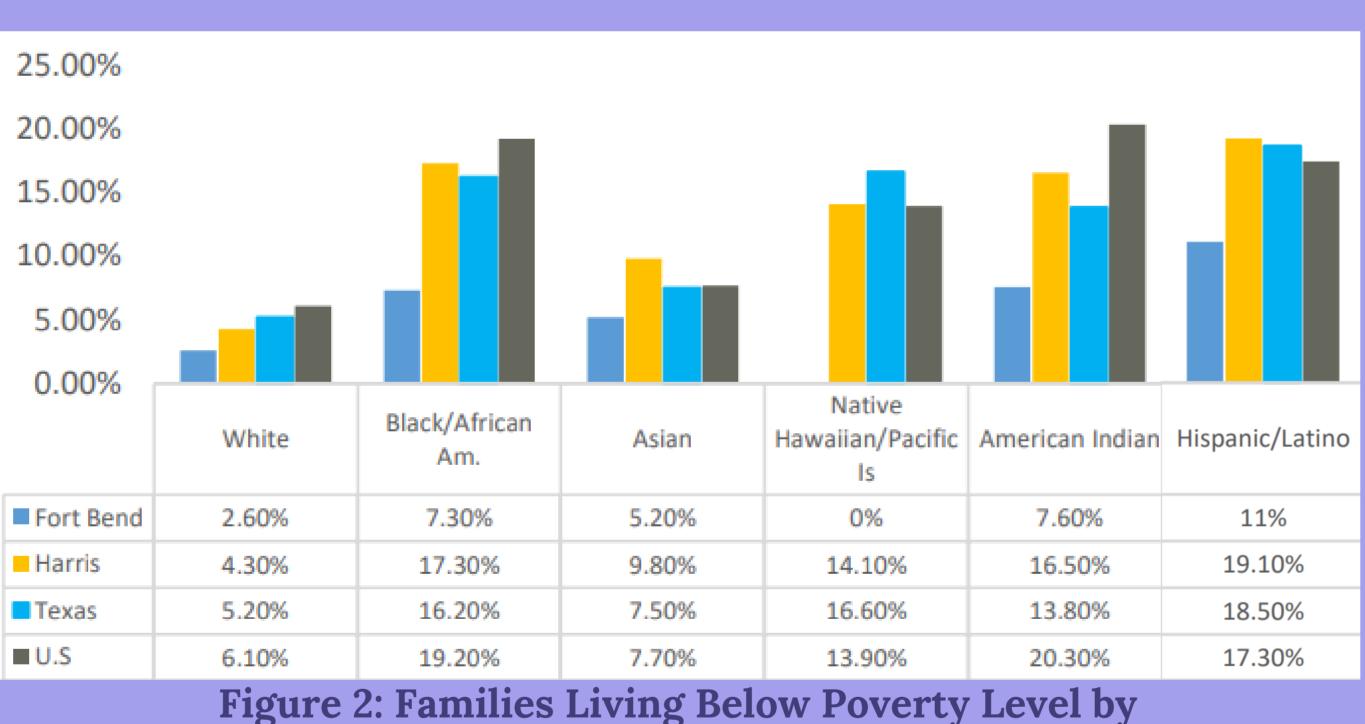
Memorial Hermann Health System partnered with Conduent Healthy Communities Institute to conduct a comprehensive **Community Health Needs Assessment (CHNA) to better** understand the population it serves as well as the health issues that are of greatest concern within its community. All demographic results are sourced from Claritas PopFacts®. Primary data was collected from interviews and surveys. Interviewees were invited to participate and were recognized as having expertise in public health. The input from community residents was collected through an online survey. The survey consisted of 12 questions related to top health needs in the community, individuals' perception of their overall health, access to health care services, as well as demographic, social, and economic determinants of health.

ACHIEVING HEALTH EQUITY

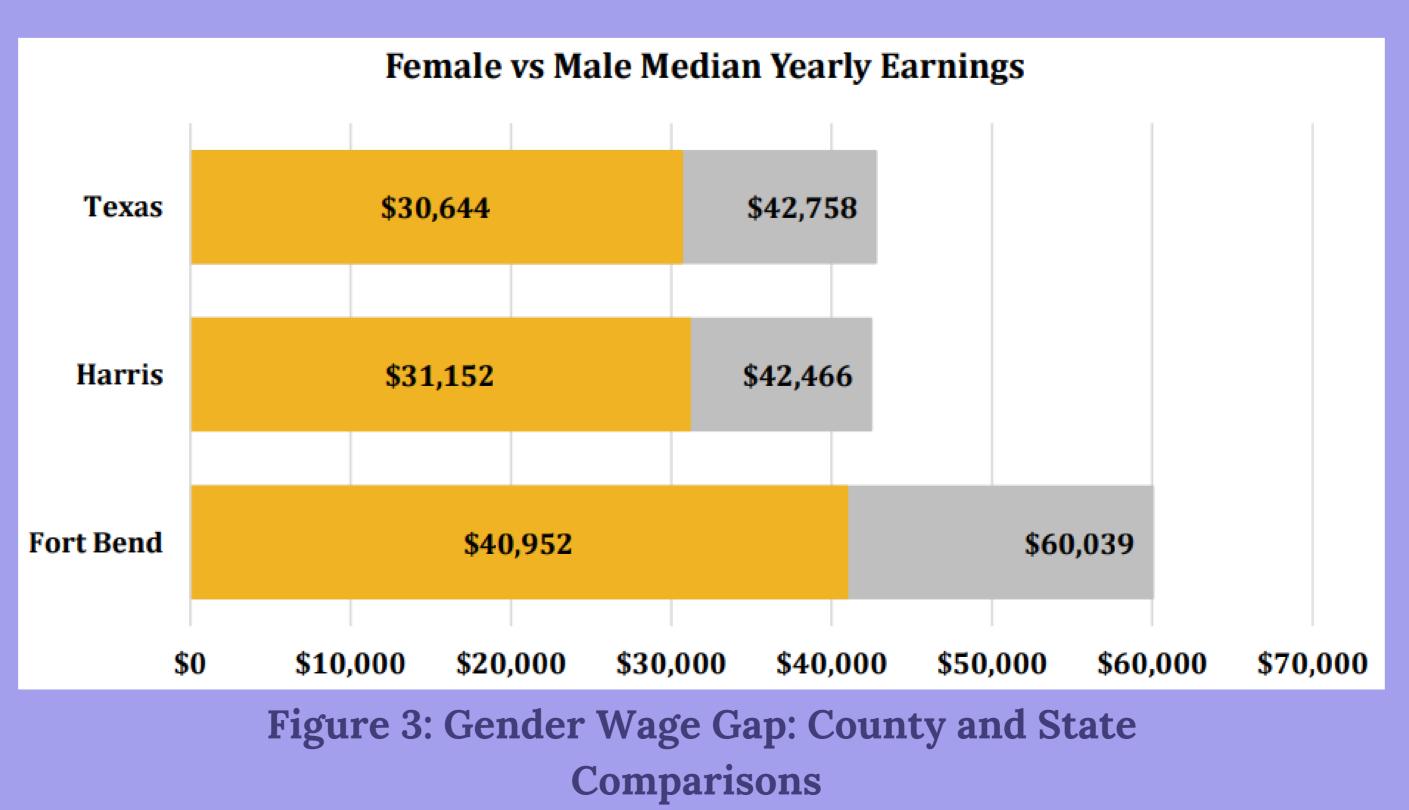
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Results





Race/Ethnicity, County, Texas, and the U.S.





Area, County, State, and U.S. Comparisons

Figure 1 displays households by income in the Memorial Hermann Southwest Primary Service Area, Fort Bend and Harris Counties, Texas, and the United States. The Southwest PSA median household income is \$67,113 which is similar to Harris County, Texas, and the U.S. Fort Bend is significantly higher at \$94,331. Figure 2 shows the proportion of residents living below the poverty level by race/ethnicity. In Harris County, 19.10% of Hispanic or Latino residents and 17.30% of Black/African American residents live below the poverty level, compared to other residents. Figure 3 shows working women generally make less than their male counterparts. In Harris County, women make an average of \$31,152 compared to their male counterparts at \$42,466. In Fort Bend County and the state of Texas, there are similar trends of women making less money than men.

The study was successful overall, as understanding income distribution and poverty rates is vital for pursuing health equity. Figure 1 reveals income disparities, with the PSA aligning with Harris County and U.S. averages, while Fort Bend County shows higher levels. This insight guides Memorial Hermann in tailoring interventions. Figure 2 underscores disproportionate poverty rates among racial and ethnic groups in Harris County, informing targeted outreach to mitigate disparities. Moreover, Figure 3 highlights the gender wage gap, urging initiatives to promote equity. By integrating these insights into strategic planning and community engagement, Memorial Hermann can effectively address intersecting factors contributing to health disparities and advance its mission of equitable health outcomes for all.

Findings

Discussion