



Policy Brief

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Closing the Gaps: Addressing Non-Medical Drivers of Health for Latinos in Harris County

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Summary

Latino adults face the highest rates of uninsurance of any racial or ethnic group in the United States, a disparity with serious consequences for their health and well-being. In Harris County, this disparity is more pronounced, as 44% of Latino adults lack health insurance compared to 27% of non-Latino White adults.

Not only are Latino adults less likely to have health insurance, but they are also less likely to receive preventive services, which is especially critical in a community where heart disease, diabetes, and chronic liver disease are leading causes of death. Research suggests that 80% of health outcomes can be attributed to the conditions where people live, work, and socialize. Latino families in Harris County face high levels of poverty and structural barriers that prevent them from accessing needed healthcare, educational opportunities, nutritious food, and safe housing conditions.

Community clinics provide essential care to underserved communities, including those without insurance, and play a vital role in connecting individuals to resources. Yet, many community clinics face funding constraints and staffing shortages that may prevent them from effectively connecting patients to services that address the unique social, economic, environmental, and community challenges facing Latino communities.

Local and state policies that support equity-based program models that target non-medical drivers of health (NDOH) are needed to address the underlying factors of poor health. Further, they must be language and culturally responsive in case management, collaboration, and care coordination. By aligning local leadership, data infrastructure, and sustained funding toward non-medical drivers of health, Harris County can become a model for ‘health equity through human capital investment’—where better conditions for Latino families yield healthier communities and a stronger regional economy.

Health Status of Latino Adults in Harris County

Latino individuals comprise 45% of the Harris County population, making it essential that we understand the health needs of this group.¹ With an estimated 2.1 million Latinos, Harris County

is home to the largest and one of the most diverse Latino populations in Texas.¹ The group's primary origins are Mexican (67%), Salvadoran (8%), and Honduran (5%), with a growing number of Venezuelans and Colombians.²

Despite their elevated risk for chronic diseases, Latino individuals are disproportionately more likely to lack health insurance and face significant barriers to accessing healthcare.^{3,4} This disparity in access contributes to poor health outcomes in the U.S., where cardiovascular disease remains one of the leading causes of death among Latino adults.⁵

When looking closely at Latino residents in Harris County,

- The mortality rate for heart disease was 116.9 per 100,000.⁶
- Latino residents have the highest self-reported rate of diabetes compared to other racial and ethnic groups, with 14% of Latino residents reporting diabetes.⁶
- 17% have high blood pressure.⁷
- 78% are considered overweight or obese, higher than any other racial or ethnic group.⁸

This brief examines the crucial non-medical drivers of health that affect the Latino population in Harris County, analyzing existing policies and programs designed to address these factors. Using a framework centered on meaningful community engagement, we identify critical implementation gaps and provide actionable policy recommendations to accelerate progress in improving health outcomes for this population.

Role of Non-Medical Drivers of Health and Importance of Addressing Them

Health is fundamentally shaped by the conditions in which people live, work, and grow, a concept known as the non-medical drivers of health (NDOH). These drivers—including access to healthcare, education, economic stability, and neighborhood environment—account for 80% of health outcomes, making it critical to address social and economic inequities to improve population health.⁹

Recent policy and program efforts in Texas and Harris County

In recent years, the Texas legislature has taken steps to address non-medical drivers of health. In 2021, Medicaid's 1115 waiver approved Directed Payment Programs that include screening for these factors. In 2023, HB 1575 mandated screening pregnant Medicaid enrollees for social determinants of health and offering case management, while also allowing doulas and community health workers to serve as Medicaid providers.¹⁰ That same year, the Texas Health and Human Services Commission released an action plan that prioritized addressing food insecurity, housing, and transportation.¹⁰ In 2025, HB 26 was passed, authorizing Medicaid managed care organizations to offer evidence-based nutrition counseling and education as alternatives to traditional services.¹¹ These initiatives represent progress in addressing the broader factors that influence health outcomes in Texas.

In Harris County, several organizations have made addressing non-medical drivers of health a central part of their missions and strategies. In 2014, Harris County Public Health introduced its Health Equity Framework, which outlines how social conditions and policies contribute to health inequities and identifies actions that the public health sector can take.¹² Employing this framework, the Health Equity Collective was established as a coalition of health systems,

community organizations, and academic institutions dedicated to enhancing care coordination throughout the Houston area.¹²

One example of local action is the implementation of FoodRx programs, which offer free nutritious food and tailored support to patients with chronic illnesses.¹³ Harris Health has reached over 35,000 patients through its FoodRx program over the past six years. However, the effectiveness of these initiatives is increasingly threatened by a challenging political climate and funding cuts, which are widening implementation gaps and disproportionately impacting the Latino community.

Key Non-Medical Drivers of Health Impacting the Health of Latinos

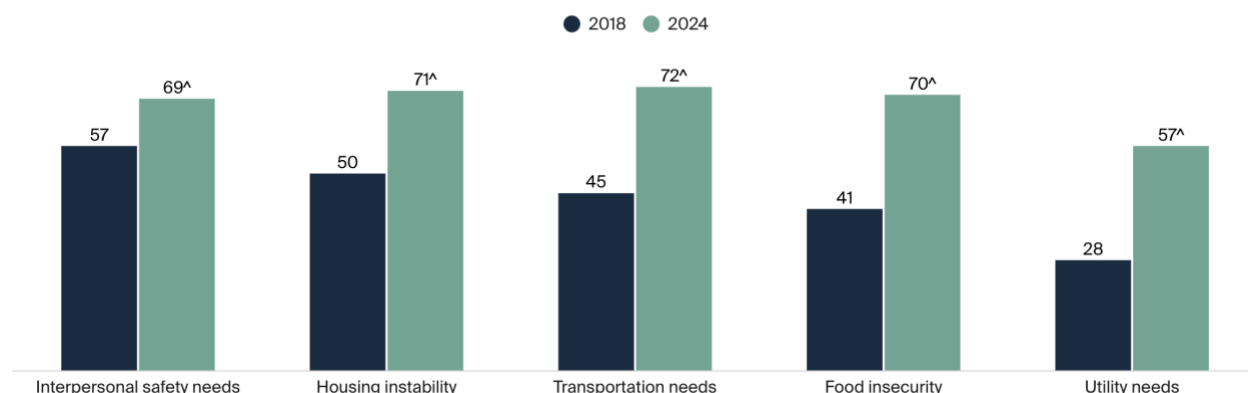
Access to Healthcare

Despite being home to the world’s largest medical center, 22% of Harris County residents are uninsured, with Latino residents disproportionately affected.¹⁴ Over one-third of Latinos in the county—more than 600,000 people—lack health insurance, limiting access to affordable, quality care and essential preventive services.¹⁵ Key barriers include the high cost of insurance and ineligibility due to employment requirements.¹⁶ For many, health coverage is a luxury amid competing needs of housing and food.¹⁷

Federally Qualified Health Centers (FQHCs) play a vital role in serving uninsured and underserved communities, with 113 service sites across Harris County.¹⁸ FQHCs provide high-quality, culturally appropriate services to their patients, as 87% have on-site trained interpreters and 74% have staff translation support.¹⁹ These centers provide care regardless of ability to pay but face ongoing challenges, including provider shortages, staff burnout, and financial constraints.¹⁹

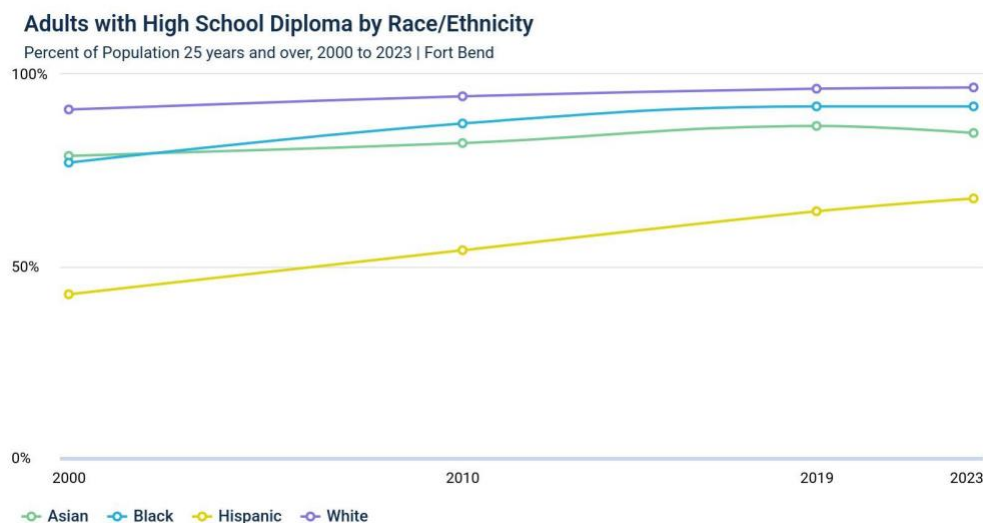
FQHC leaders recognize the urgent need to address non-medical drivers of health. Indeed, 70% of FQHCs screen for unmet social needs (see figure 1), with 57% of urban FQHCs offering social services on-site.¹⁹ Many also partner with community-based organizations to provide additional support. However, only 25% receive follow-up reports from these partners—revealing a gap in coordination that hinders effective care for patients’ social needs.¹⁹

Percent who responded that they “routinely” screen for the following social needs at their largest site:



Access to Education

Educational attainment is significantly lower for Latino adults in Harris County, with only 68% having at least a high school education compared to 92% of Black adults and 97% of White adults.²⁰ Despite this gap, the rate of Latino adults with a high school diploma has increased markedly, rising from 43% in 2000 to 64% today (see Figure 2).²⁰



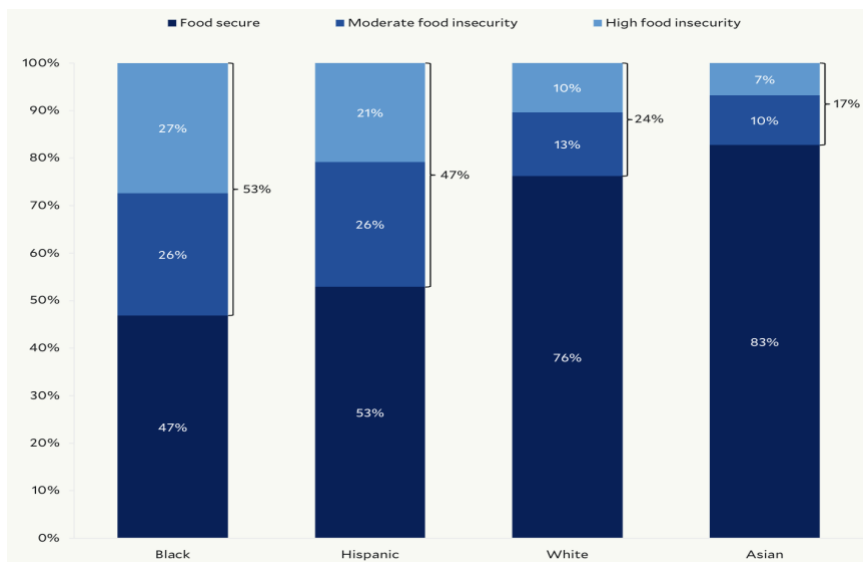
Looking closely at the education landscape in Harris County, Houston ISD, the largest school district in Texas, serves a predominantly Latino (62%) and economically disadvantaged (80%) student body.²¹ In 2023, the district was taken over by a state-appointed board and superintendent, a move that has since been followed by declining student performance, enrollment drops, high staff turnover, and growing community distrust.²²⁻²⁶

Latino students face significant barriers to college success. While over half enroll in higher education within a year of graduation, fewer than 25% earn a degree within six years.²⁸ These educational gaps have long-term impacts on financial stability, quality of life, and health outcomes. Low educational attainment is strongly linked to poor health literacy, particularly among Spanish-speaking residents, which further limits access to preventive care and effective chronic disease management.²⁸

Economic Stability

Poverty is linked to lower life expectancy, diminished mental health, and poorer health outcomes.²⁹ In Harris County, 21% of Latino residents experience poverty, exceeding the national average (17%).³⁰ Furthermore, 50% of Latino households are either below the poverty line or experiencing financial hardship, limiting their ability to afford basic needs like nutritious food, healthcare, and stable housing.³¹

This instability leads to significant barriers: 47% of Latinos in the area face food insecurity (see Figure 3).³² Financial insecurity is pervasive, with 53% of Latino residents in Houston reporting an inability to cover a \$400 emergency, and 80% not having enough savings to cover three months of living expenses.^{33,34}



Many programs designed to alleviate poverty and provide resources to low-income households are under threat with changes in federal funding. Non-profit organizations, like Baker Ripley, are indispensable, offering training and services for job advancement alongside quality childcare to ease the burden on working families.³⁵

Neighborhoods and Communities

Neighborhood factors, including stable housing and environmental safety, play a critical role in community health. In Harris County, persistent poverty areas—where poverty has exceeded 20% for over 30 years—are 63% Latino and face heightened flood risk due to their location in floodplains.^{36,37} Latino residents are also more likely to live in housing with vulnerabilities such as aging infrastructure, incomplete plumbing, and lack of central air, increasing their exposure to severe weather and limiting their ability to afford repairs.³⁷

While Latino homeownership has increased over the past 15 years³⁸, access to affordable housing remains a challenge. As the land value and home prices in predominantly Latino communities increase, Latino families are at risk of being displaced in Harris County.³⁷ A recent report found that no neighborhoods in Harris County are affordable for households earning the median Latino income.³⁸

Implementation Gap

Awareness of non-medical drivers of health has grown significantly, leading to more frequent screening for social factors that affect health outcomes. However, major gaps remain between identifying these needs and effectively addressing them:

- **Limited impact of referrals:** Although screening has increased, only about one-third of individuals who receive referrals for social services get the help they need.³⁹
- **Strained community resources:** Community-based organizations frequently face limited funding, staffing shortages, and shifting political priorities that hinder their ability to meet the rising demand.
- **Fragmented systems:** In Harris County, disconnected services and a lack of shared data infrastructure hinder coordination between healthcare providers and community organizations.

- Navigation challenges: Residents often struggle to access support across multiple systems due to a lack of centralized, user-friendly pathways.

To effectively address these non-medical needs, Harris County requires long-term investment, stronger system coordination, and measurable targets to track progress and accountability.

Policy Recommendations

Local Level

1. Strengthen Local Infrastructure for Non-Medical Drivers of Health (NDOH)

- Create a centralized coordination hub that links healthcare providers, FQHCs, and community-based organizations through shared data platforms and referral tracking systems.
- Support “closed-loop” referral networks such as the Health Equity Collective by mandating outcome reporting and facilitating data-sharing agreements.
- Establish a County Health Equity Innovation Fund to support pilot programs addressing social needs (food, housing, transportation) through cross-sector collaboration.

2. Expand Access to Health Coverage and Preventive Services

- Launch a Harris County Uninsured Access Initiative to increase enrollment in Medicaid, CHIP, and Marketplace plans through bilingual community health navigators.
- Fund FQHC capacity building by addressing workforce shortages and supporting telehealth expansion to reach uninsured Latino communities.
- Integrate NDOH screening into primary care visits and incentivize providers who connect patients to social services with measurable outcomes.

3. Address Education-Health Linkages

- Develop a Health-Literacy-in-Education partnership between public schools, FQHCs, and public health agencies to embed preventive health and literacy programs in high-need schools.
- Restore local accountability in Houston ISD governance through parent-community advisory councils that reflect the district’s Latino majority.
- Fund bilingual workforce training and college persistence programs to raise Latino educational attainment and improve long-term health outcomes.

4. Advance Economic Stability and Financial Resilience

- Support county-level Living Wage Standards for public contracts and promote employer incentives for benefits such as paid leave and childcare assistance.
- Scale financial capability programs (budgeting, emergency savings, credit repair) through trusted organizations like Baker Ripley and community colleges.
- Protect safety-net programs—including SNAP and child nutrition programs—from federal retrenchment, emphasizing their health impact on low-income Latino families.

5. Promote Safe, Affordable, and Resilient Neighborhoods

- Expand equitable housing policies that prevent displacement and encourage Latino homeownership through down-payment assistance, rent stabilization, and community land trusts.

- Prioritize flood mitigation and infrastructure investment in persistent-poverty Latino neighborhoods vulnerable to climate hazards.
- Incorporate health equity metrics into all county land-use, transportation, and resilience planning processes.

6. Strengthen Funding and Political Commitment

- Institutionalize an “Equity Impact Assessment” for county and state health investments to ensure Latino communities benefit proportionally.
- Secure dedicated local revenue streams (e.g., social impact bonds, philanthropic partnerships) to sustain community-based health initiatives beyond short-term grants.
- Advocate for state legislation that restores or expands 1115 waiver flexibility to reimburse for non-medical interventions like food and housing supports.

State-Level Policy Recommendations

1. Establish a Texas Non-Medical Drivers of Health Innovation Fund

Purpose: Create a state-administered fund within the Texas Health and Human Services Commission (HHSC) to support county and regional initiatives that address non-medical drivers of health (NDOH), including food insecurity, housing stability, and transportation access.

Rationale: While Texas has made progress through Medicaid 1115 waiver programs and HB 26 (2025), funding remains fragmented and short-term. A dedicated innovation fund would:

- Enable counties like Harris to scale pilot projects such as FoodRx, transportation vouchers, and health literacy programs.
- Offer matching grants to local governments and nonprofits that integrate NDOH screening with measurable health outcomes.
- Encourage multi-sector collaboration between healthcare systems, housing agencies, and workforce programs.

Relatability: This fund builds on successful precedents such as the Texas Healthy Community Collaborative and extends the state’s investment in cost-saving, preventive health measures.

2. Expand Medicaid Reimbursement for Non-Medical Health Interventions

Purpose: Authorize Medicaid managed care organizations (MCOs) to provide and receive reimbursement for evidence-based non-medical services, such as nutrition support, housing stabilization, and community health navigation.

Rationale: Texas’ 2025 Medicaid reforms (HB 26, HB 1575) opened the door for nutrition counseling and screening for non-medical drivers of health. Expanding reimbursement would:

- Allow MCOs and FQHCs to address upstream drivers of chronic illness (e.g., food insecurity, unsafe housing).

- Reduce hospital readmissions and emergency costs by tackling root causes of poor health.
- Strengthen the role of community health workers and doulas as essential providers in Latino communities.

Relatability: This reform builds upon the *1115 waiver Directed Payment Programs* already in use across Texas, aligning financial incentives with better outcomes for high-need populations such as Harris County’s 2.1 million Latinos.

Conclusion

Latinos constitute nearly half of Harris County’s population, yet they face disproportionate health and economic inequities rooted in systemic barriers, notably uninsurance, low educational attainment, housing insecurity, and fragmented service systems. Despite state and local progress, including Medicaid reforms and community partnerships like the Health Equity Collective, implementation gaps persist between identifying social needs and delivering effective solutions.

Closing these gaps requires a whole-system approach that integrates healthcare delivery, education, economic opportunity, and housing policy through sustained collaboration and accountability. Investing in Latino health is not only a moral imperative but an economic necessity: Harris County’s long-term prosperity depends on ensuring that its largest population group can thrive physically, educationally, and economically.

By aligning local leadership, data infrastructure, and sustained funding with non-medical drivers of health, Harris County can become a model for **“health equity through human capital investment,”** where better conditions for Latino families yield healthier communities and a stronger regional economy.

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