



Welcome. We are happy to have the opportunity to share the key themes and findings from the 2012 Austin/Travis County Community Health Assessment. This assessment is part of larger community health planning effort being undertaken by the Austin/Travis County Department of Health and Human Services in collaboration with:

Travis County Health and Human Services & Veteran's Services,
Central Health,
St. David's Foundation,
Seton Healthcare Family, and

the University of Texas Health Science Center at Houston School of Public Health Austin Regional Campus.

Community Health Improvement Planning

- Engage community members on health and social issues
- Collaborate with partners, meet new partners
- Helps to understand health disparities in communities
- Enables leaders to establish health priorities based on community needs
- Satisfies requirements (grants; non-profit hospitals; HHSD accreditation)
- Strengthens viability to successfully compete for funding opportunities



Community Health Improvement Planning includes the development of a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP). The CHIP is based on CHA findings. In addition to the points on this slide, conducting a health assessment and improvement plan differentiates needs in various communities, promotes action planning to achieve healthy communities & healthy behaviors, facilitates the entire local public health system to focus on programs/services that address community's health needs, and use data/information to establish priorities and improve systems. The local public health system includes a wide array of leaders in the community. Examples include social service agencies, hospitals, health departments, schools, faith based institutions, mental/behavioral health agencies, community organizations, businesses, chambers of commerce, public safety, parks, transportation, elected officials, civic groups, employers, and many more.

Today's Presentation

- Goals and methods of the assessment
- Key findings
- Key themes and next steps



During this presentation I will briefly review the goals and methods of the assessment and highlight some of the key findings and themes and next steps for the health improvement planning process.

Vision and Mission

Vision: Healthy People are the Foundation of our Thriving Community

Mission: Our community – individuals and organizations (public, private, non-profit) – works together to create a healthy and sustainable Austin/Travis County



Before I present the assessment findings I'd like to share the vision and mission that were developed to guide this collaborative community health planning effort.

Goals of the Assessment

- Examine the current health status across Austin/Travis County
- Explore current health concerns among residents
- Identify community strengths, resources, forces of change, and gaps in services



The 2012 assessment was conducted to fulfill several overarching goals, specifically:

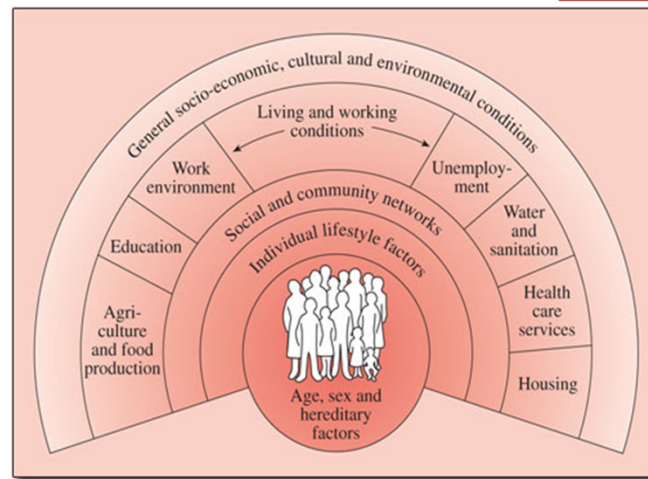
To examine the current health status across Austin/Travis County and compare local indicators to state and national indicators

To explore the current health concerns among residents with an understanding of the social context of their communities

To identify not only the needs of the community but also its strengths, resources, as well as external factors that impact health, and gaps in services

With the ultimate goal of informing funding and programming priorities to improve the health of Austin/Travis County

Framework: Considering the Social Determinants of Health



Source: World Health Organization, 2005



The assessment uses a broad definition of health, recognizing that how and where we live, work, play, and learn affect health.

This diagram provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream or distal factors such as employment status and educational opportunities.

The assessment provides information on many of these factors, as well as reviews key health outcomes among the residents of Austin/Travis County.

Methods

Reviewed existing data sources (national, state and local) to examine indicators:

- Demographics
- Social and Physical Environment
- Health Behaviors and Outcomes
- Health Care Access and Resources



To develop a social, economic, and health portrait of Austin/Travis County, existing data were drawn from state, county, and local sources, such as the U.S. Census and Texas Department of State Health Services, to measure a range of indicators.

Types of data included self-report of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), public health disease surveillance data, as well as vital statistics based on birth and death records.

Methods

Over 300 participants engaged through forums, focus groups, and interviews:

- 4 community forums
- 14 focus groups
- 28 key informant interviews
- Findings from 25 key informant interviews conducted for the Central Health Connection Leader Dialogue Series



In addition to quantitative data or “the numbers”, which provided the breadth of issues, we collected qualitative data, to provide depth to the issues through stories and lived experiences, since numbers don’t always tell the whole story. Qualitative data help the numbers come to life and represent the voice of the community, which is crucial to this process.

Over 300 participants were engaged in conversations around health through community forums, focus groups, and key informant interviews.

These discussions explored their perceptions of the community (both the strengths and the challenges), their health concerns, and ways to improve the health of the community.

Priority Sectors

- Economic Development/Business
- Philanthropic
- Public Safety
- Faith Community
- Behavioral and Mental Health
- Hospital/Health Care
- Culture/Arts
- Government/Political
- Health Promotion
- Education
- Housing
- Asian Americans
- Blacks/African Americans
- Latinos/Hispanics
- Aging/Elderly/ Disabled
- Parents
- Immigrants/Refugees



Discussions were conducted with staff from a wide range of organizations, community stakeholders, and residents representing a variety of sectors. For example, focus groups were conducted with senior citizens, public housing residents, refugees, and many more. Interviewees included governmental officials, educational leaders, social service providers, and health care providers, among others.

Key Findings



Through a review of existing socioeconomic and health data as well as discussions with community residents and leaders, this assessment provides an overview of the social and economic environment of Austin/Travis County, the health conditions and behaviors that most affect the population, and the perceptions on strengths and gaps in the current public health and health care environment.

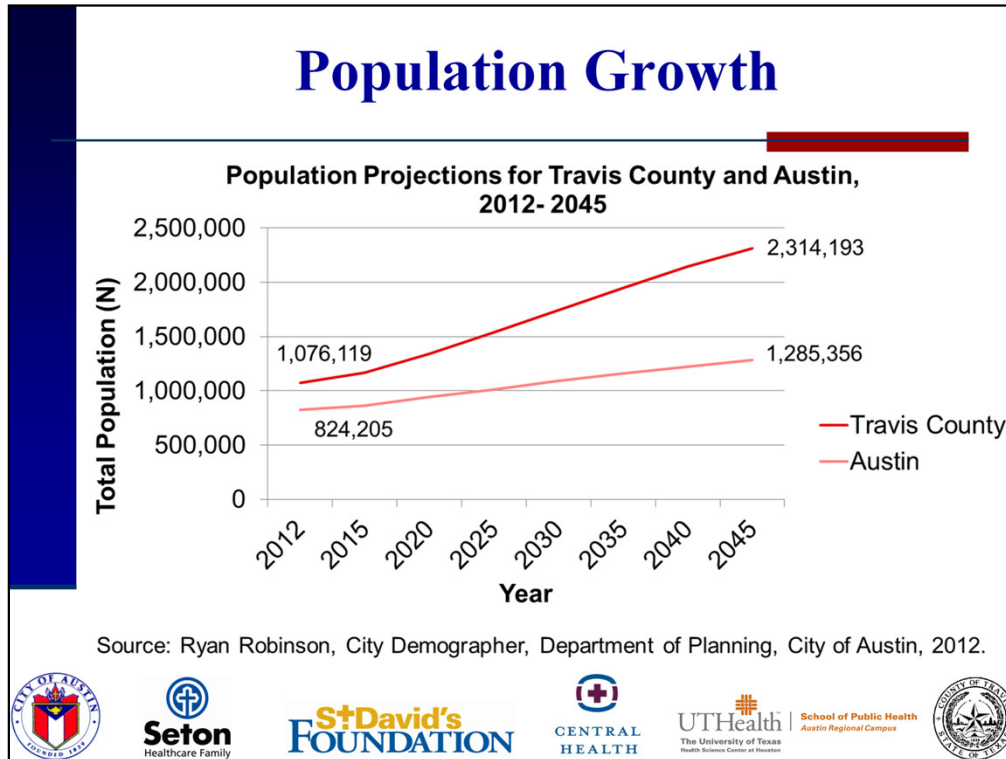
In the following slides I'll be highlighting the key findings from each of these topic areas.

Demographics

- Population of Austin/Travis County:
 - Experiencing rapid growth, including demographic shifts:
 - Increasing Aging population
 - Increasing Latino/Hispanic population
 - Increasing Asian American population
 - Decreasing African-American/Black population
 - Ethnically and linguistically diverse
 - Wide variations in socioeconomic characteristics



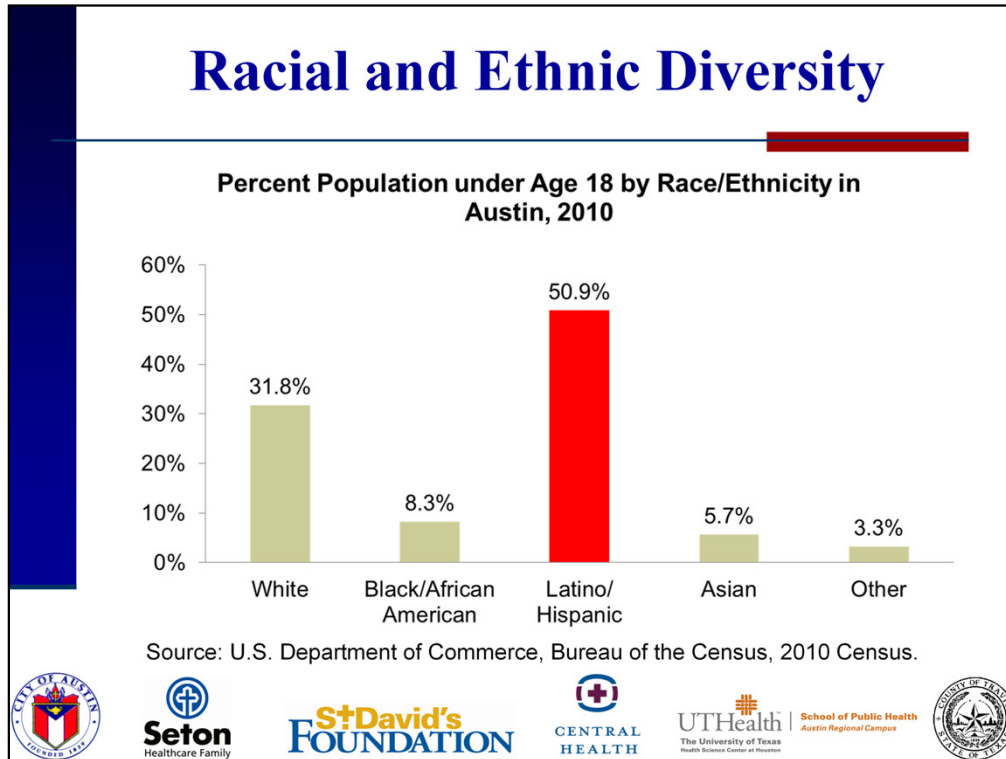
The population of Austin/Travis County is ethnically and linguistically diverse, with wide variations in socioeconomic characteristics and is experiencing rapid growth, including demographic shifts among the aging, Latino/Hispanic, Asian American, and African American populations.



The population of Travis County has grown by over 25% in the past decade and as this chart shows it is expected to more than double in the next three decades, from a population of 1,024,266 in 2010 to 2.3 million residents.

When focus group and interview participants were asked to describe their communities and changes that they have seen, many noted the rapid growth of the population in the region and specifically the changing composition of the population in terms of age, cultural backgrounds, and socioeconomic status.

For example, while Austin was often described as youthful, concerns regarding an increasing aging population were frequently expressed. According to the U.S. Census, in the past decade the senior population (aged 65 years and over) in Travis County grew by over 25%



Many participants also described the region as ethnically and linguistically diverse.

As this figure shows, in the City of Austin, Latino youth represent the largest proportion of the population under the age of 18, over half.

For the most part, the distribution of race/ethnicity among young people closely mirrors that among adults, except

In 2010, approximately half of the adult population was non-Hispanic White and the Latino population comprised over one-third of the population; it has also grown substantially over the past 10 years.

Additionally, nearly 31% of Travis County residents reported speaking a language other than English at home, which is greater than the national average (21%). The majority of these residents spoke Spanish, followed by Asian or Pacific Island languages.

Socioeconomic Characteristics

- High educational attainment; perceived as unequal
 - Over 40% of Travis County adults had a bachelor's degree or higher compared to 26% of Texas adults
- Median income was higher in the County (\$51,743) than the State overall (\$48,615)
- Poverty disproportionately affects certain segments of the population
 - Latinos/Hispanics (27% living in poverty)
 - Blacks/African Americans (21% living in poverty)

Source: U.S. Department of Commerce, Bureau of the Census, 1-year estimate American Community Survey, 2010



Overall, the region was described by participants as highly educated; however, this was contrasted by perceived low levels of educational attainment among the economically disadvantaged. Over 40% of Travis County adults had a bachelor's degree or higher.

While the median income was higher in the County than the State, poverty disproportionately affects Latinos and Blacks

Social and Physical Environment

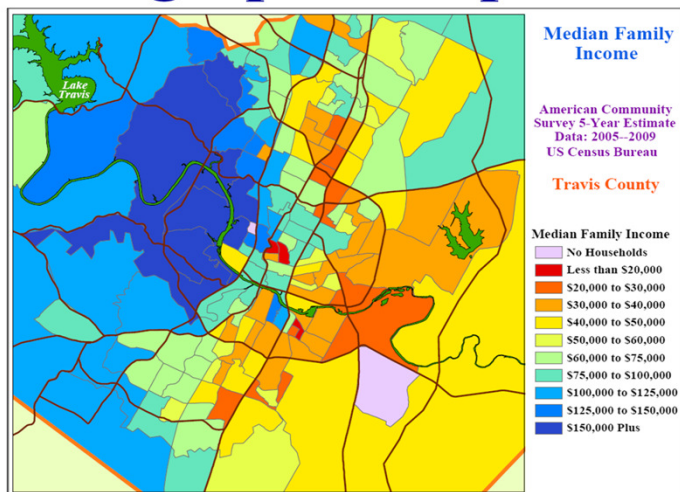
- Demographic characteristics of Austin/Travis County are unequally distributed across the region
- Resulting in geographic disparities where residents lack access to services and resources
 - Transportation
 - Housing
 - Healthy food
 - Physical activity



Looking at the social and physical environment reveals that these demographic characteristics are unequally distributed across the region resulting in geographic disparities where residents lack access to services and resources such as transportation and healthy food.

This phenomenon is most clearly demonstrated by the following slide.

Geographic Disparities



Source: U.S. Department of Commerce, Bureau of the Census, 2005-2009 ACS as cited by Ryan Robinson, City Demographer, Department of Planning, City of Austin, 2012



This map, which shows the geographic distribution of median family income, illustrates that households with lower median income in red, orange and yellow are concentrated in the eastern core, while households with higher median income in blue are largely in the western core.

This east-west divide (physically defined by Interstate-35), as well as differences between urban and rural communities as well as the outlying and unincorporated areas of the city, were prominent themes across interviews and focus groups.

Built Environment

- Transportation options
 - *"My aunt is diabetic and she has stomach problems and it's hard for her to catch the bus with three children. When she's on the bus she has to take all the groceries and carry the baby also. Why does she have to go do all that? Why doesn't someone help her out with that issue?" – Focus group participant*
- Affordability of housing (reported in Imagine Austin Comprehensive Plan)
 - Housing and renting costs in Austin increased by 31% and 22% respectively, between 2000 and 2009
- Access to healthy food and physical activity (reported in 2012 County Health Rankings)
 - 9% of Travis County's low-income population did not live within 1 mile of grocery stores
 - Higher rate of recreational facilities in Travis County (11 facilities per 100,000 population) than in Texas as a whole (7 facilities per 100,000 population)



- The built environment was a prominent theme across community discussions, especially limited transportation options, affordable housing, and lack of access to healthy food and physical activity.
- Participants described Travis County as a largely car-dependent region that does not support other modes of transportation, such as walking or biking. The lack of a robust public transportation system was noted as a challenge to conducting everyday activities, such as going to the grocery store or the doctor's office.
- Residents described struggling to pay high rent prices and how an increasing demand for affordable housing resulted in long waiting lists to access Section 8 housing.
- The existence of food deserts was also a prominent theme through key informant interviews. When healthy food was physically accessible, cost was often described as prohibitive.
- Despite a higher rate of recreational facilities in Travis County compared to Texas, unequal geographic and financial access to green space and recreational facilities was a concern among participants.

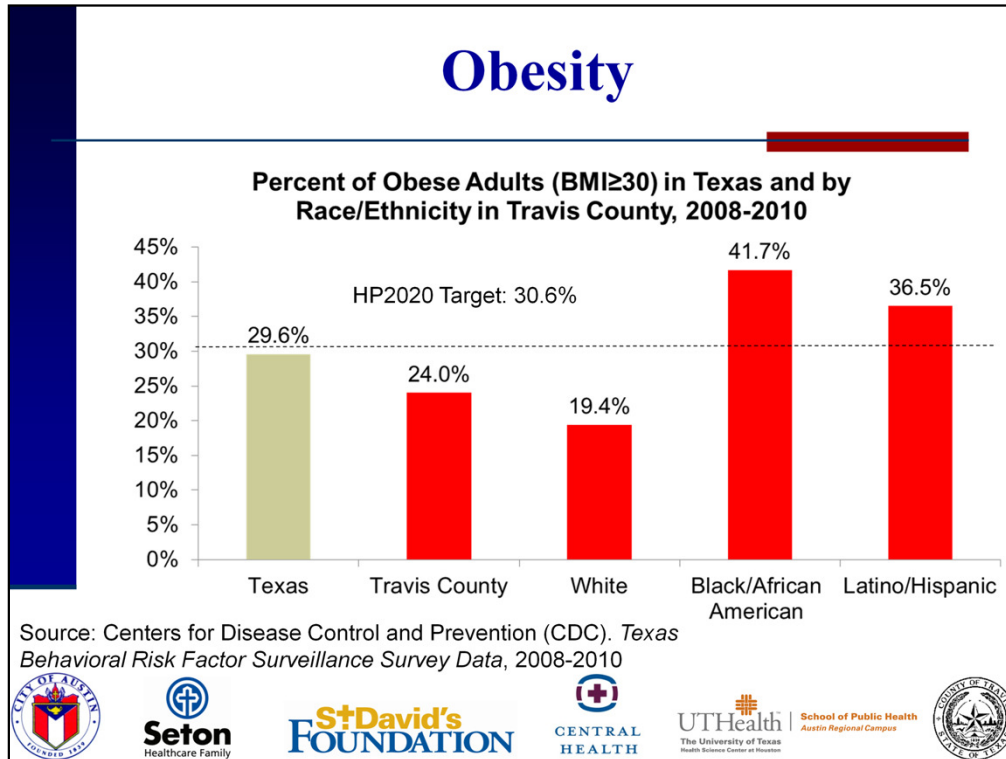
Health Behaviors

- Obesity considered a pressing health issue
 - *“The most pressing health concerns in my community are obesity, which will lead into high blood pressure, and a lack of physical activity which leads to diabetes...” –Focus group participant*



A majority of key informants considered obesity to be a pressing health issue, particularly among children and in relation to chronic diseases such as diabetes and heart disease.

While obesity was only mentioned as a community concern in a few focus groups, the importance of and challenges around nutrition and exercise were frequently discussed.



Between 2008-2010, the percent of obese adults in Travis County was less than that of the state, both of which are better than the HP2020 target; however, Blacks and Latinos experienced much higher rates of obesity, compared to Whites.

This pattern is consistent for the youth population. The percent of obese youth at the county-level was below that of Texas (15.6%) and the national HP2020 target (14.6%), yet higher among Blacks (12.0%) and Latinos (13.0%).

Healthy Eating and Physical Activity

- Less than 30% of County residents reported eating five or more fruit and vegetable servings per day
 - Cost of healthy food poses a barrier to healthy eating

Source: Centers for Disease Control and Prevention (CDC). *Texas Behavioral Risk Factor Surveillance Survey Data*, 2009 and 2010

- About one in five adults indicated that they get no physical activity
 - Lack of access to recreational spaces prohibits physical activity (e.g., *Lady Bird Lake*)

Source: Centers for Disease Control and Prevention (CDC). *Texas Behavioral Risk Factor Surveillance Survey Data*, 2008-2010



Less than 30% of County residents reported eating the recommended daily servings of fruits and vegetables. This was lower among Black and Latino adults (both at 24%) and even lower among students/youths (18% as reported in 2010 Youth Risk Behavior Survey). Focus group participants described struggling to afford fresh produce when their paycheck is depleted by housing costs such as rent and utilities.

Similar to healthy eating, the proportion of Blacks (35%) and Latinos (32%) that reported no participation in physical activity was more than double that of Whites (15%). Not surprisingly adults with lower incomes were more likely to be physically inactive than those with higher incomes.

While Austin was often described as an “active” city with many resources and active residents, participants noted that the outlying and unincorporated areas of the city were quite different. They considered these areas to be disproportionately affected by lack of access to recreational spaces. Key informants stressed the importance of creating a built environment across the entire County that is conducive to biking and walking. The park system in the County, for example, was described as disconnected and difficult to access.

Health Outcomes

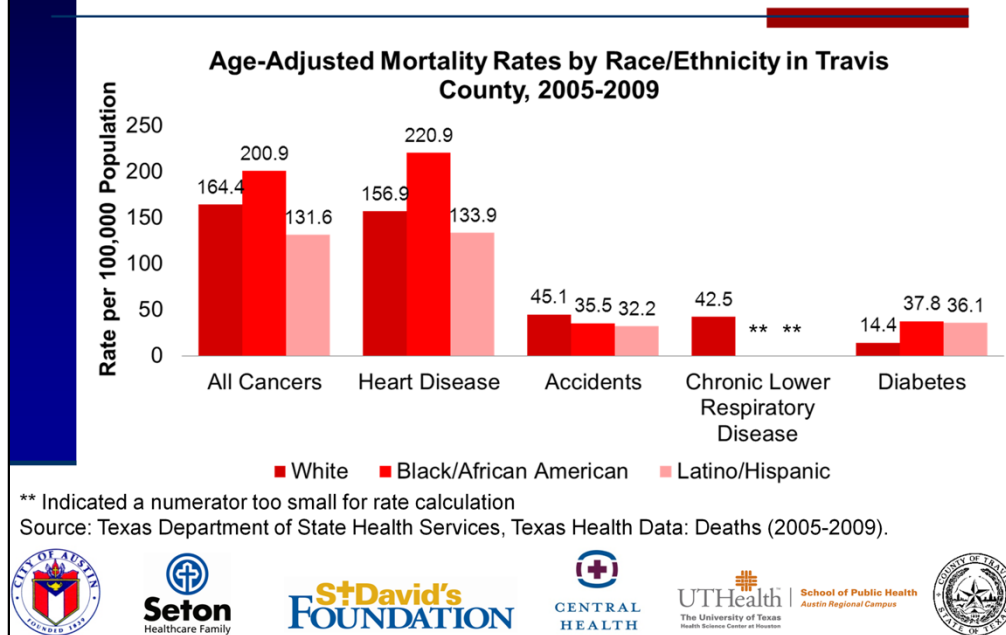
- Chronic diseases emerged as a key concern
 - Diabetes, heart disease, and cancer
- Mental health and need for services was the foremost community health issue
- Blacks/African Americans and Latinos/Hispanics experience higher rates of several health outcomes



While chronic diseases emerged as a key concern among participants and represent the leading causes of death in the region, the need for mental health services was the foremost community health issue raised by residents. Additionally, it is evident that Blacks and Latinos experience disproportionately higher rates of several health outcomes.

Many participants cited chronic diseases, specifically diabetes, heart (cardiovascular) disease, and cancer, as the major health outcomes of concern. Diabetes was the chronic condition most frequently cited as a pressing concern.

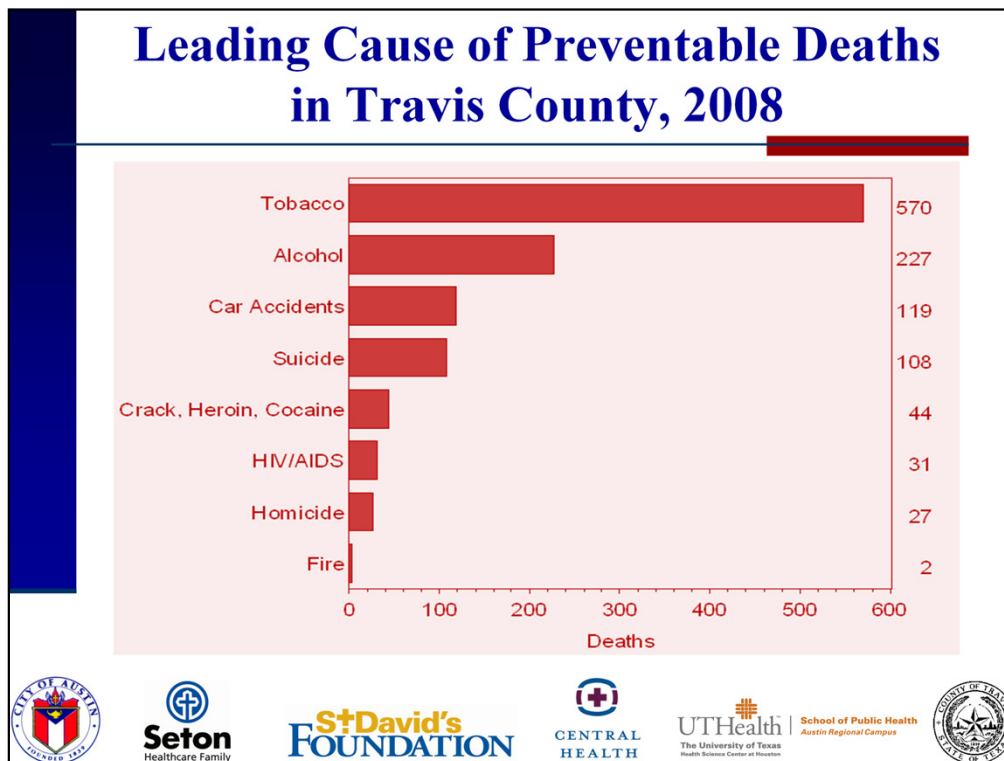
Leading Causes of Death: Chronic Disease



As this chart shows, cancer and heart disease were the leading causes of death in Travis County between 2005 and 2009, with Blacks experiencing disparate rates of mortality due to these diseases.

This chart also illustrates that while diabetes mortality occurs at a lower rate, Blacks and Latinos suffer from death due to diabetes at more than twice the rate of Whites.

The proportion of Whites and Blacks/African Americans (6.6% and 6.5%, respectively) reporting cardiovascular disease diagnosis was more than double that of Latinos/Hispanics (2.7%). A similar pattern emerges for diabetes.



As noted in A/TCHHSD's 2012 Critical Health Indicators Report: Tobacco remains the leading cause of preventable death in Austin and Travis County. In Travis County, smoking causes more deaths than AIDS, crack, heroin, cocaine, alcohol, car accidents, fire, murder, and suicide combined. According to the CDC, the use of tobacco, including smoking cigarettes and using smokeless tobacco, increases the risk of chronic diseases such as cardiovascular and respiratory diseases, as well as cancer of the lung, throat, stomach, kidney, and pancreas.

Tobacco use in Travis County differs among genders, age groups, race and ethnicity, and income. Males are more likely than females to smoke and use tobacco. According to Travis County Communities Putting Prevention to Work (CPPW) Behavioral Risk Factor Surveillance Survey (BRFSS) conducted Fall 2010: Males are more likely than females to smoke and use tobacco;

Adults ages 18-29 years have tobacco use rates double those of adults over age 65;

Blacks have higher rates of any tobacco use than Whites or Hispanics; and

Adults with higher income levels have lower levels of smoking and tobacco use.

Mental Health

- *“We are under a lot of stress and need more mental health services, but we never talk about this topic.”* – Focus group participant
- *“There is no continuum of care... An acute, psych hospital is not the answer. We need group homes and transitional living environments.”* —Interview participant



Mental health was one of the foremost health concerns raised by Travis County residents. Focus group participants and interviewees reported rising rates of mental health conditions among residents in the region, its relationship with substance abuse, and the challenges of inadequate mental health services.

Mental Health

- Approximately 20% of Travis County adults experienced five or more days of poor mental health in the past month

Source: Centers for Disease Control and Prevention (CDC). *Texas Behavioral Risk Factor Surveillance Survey Data*. 2008-2010

- 759 psychiatric discharges per 100,000 population across County hospitals

Source: Texas Department of State Health Services, Texas Health Care Information Collection and Texas Hospital Association Patient Data System, 2010

- 17 psychiatrists per 100,000 population, more than double that of Texas (7 psychiatrists per 100,000 population)*

Source: Texas Department of State Health Services, Center for Health Statistics, Health Professions Resource Center, 2011



Consistent with state levels, approximately 20% of Travis County adults experienced five or more days of poor mental health in the past month. A greater proportion of Blacks (24.3%) and Latinos (26.6%) reported poor mental health than did Whites in the County (17.9%)

*However, it is important to note that when interpreting provider to population ratios providers in Travis County may serve patients who travel from outlying counties, which would lower the effective rate of providers to population.

Health Care Access

- Access to health care was a predominant theme:
 - Availability and accessibility of health care facilities and resources
 - Emergency room overuse
 - Challenges of navigating a complex health care system
 - Health insurance and cost related barriers



Access to health care was a predominant theme among residents, specifically the availability and accessibility of health care facilities and resources, emergency room overuse, challenges of navigating a complex health care system, and health insurance and cost related barriers.

Additional contributing factors discussed include transportation, physician supply, scheduling appointments, health literacy, cultural and linguistic barriers.

Health Care Access

- Travis County adults were more likely to have health insurance or a health care provider compared to statewide rates.
 - 81% reported having private or public health care coverage (BRFSS, 2008-2010)
 - 75% indicated they had a personal doctor or health care provider (BRFSS, 2008-2010)
 - 96 primary care physicians per 100,000 population (Texas Department of State Health Service Supply and Distribution Tables for State-Licensed Health Professions, 2011)



While Travis County adults were more likely to have health insurance or their own health care provider compared to rates statewide, the Latino population had lower rates for both of these indicators. Additionally, as income level of County residents decreased, so did the percent of adults reporting they had health care coverage or a provider

Behavioral Risk Factor Surveillance System (BRFSS) reference: Centers for Disease Control and Prevention (CDC). *Texas Behavioral Risk Factor Surveillance Survey Data*. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2008-2010

Health Care Access, continued

As noted in A/TCHHSD's 2012 Critical Health Indicator's Report :

“The percent of the civilian non-institutionalized population with health insurance coverage is slightly higher in the city and county (approximately 78% to 79%) than the state (76%). More children under the age of 18 years are covered by insurance at the city and the county levels than at the state level.”

Source: U.S. Census Bureau, 2010 American Community Survey
1-Year Estimates.



Strengths and Resources

- Social and human capital
 - Neighborhood cohesion, community engagement
- Access to services
 - Public safety, education system, hospitals, and churches
- Organizational leadership and partnerships
 - *“Breadth and depth of collaborative activities going on in the county; there are lots of people thinking about public health and working together to leverage dollars to serve folks.” – Interview participant*



Focus group and interview participants identified several community strengths and assets, including those related to social and human capital, access to services, and organizational leadership and partnerships.

Many participants described Austin as an entrepreneurial and liberal city, that is politically active and culturally rich. Neighborhood cohesion and community engagement among residents were also highlighted as assets.

Despite the challenges to accessing services noted previously, residents did note the multitude of resources available if one knows how to access them.

Similarly, community-based and non-for-profit organizations were described as assets, especially their willingness to collaborate, and committed and innovative leadership.

External Factors

- Population growth and demographic shifts
 - Latino/Hispanic, Asian, Aging, and African-American/Black populations
- Fiscal and political environments
 - *"We're still operating in a less than perfect economic environment. It's still hard to make big things happen."* – Interview participant
 - *"Our policies around planning have not evolved because of bureaucracies that have always done it the same way."* – Interview participant
- Fragmented organizational efforts
 - *"We need to better coordinate planning groups...A lot of groups are doing similar things."* – Interview participant



The primary external factors recognized by participants as challenges towards achieving their identified health priorities were population growth and demographic shifts, the fiscal and political environments, and fragmented organizational efforts.

Despite numerous non-profits and service organizations in the area, the perception was that efforts could be more integrated and coordinated to reduce fragmentation and duplication of services.

Vision and Opportunities

- Integrated and holistic health care system that focuses on prevention
- Ensuring equitable access to health care
 - *“Basic public health care needs to be available and affordable.”* – Focus group participant
- Improving the built environment
 - *“Providing an urban environment that is conducive to physical activity is probably the most important thing that we can do to prevent many issues.”* – Interview Participant
- Engaging in policy change and strategic city planning



When focus group participants and interviewees were asked about their visions and hopes for the future 3-5 years from now, the overarching themes that emerged from these conversations included focusing on prevention, ensuring affordable and accessible health care, improving the built environment, and engaging in policy change and strategic city planning.

Key Themes

- Disparities and wide variation in demographics and socioeconomic status
- Needs of growing Latino/Hispanic population
- Limited transportation options, including walkability
- Insufficient mental health services to meet increasing demand



Key Themes

- Chronic conditions and related health behaviors (physical activity, healthy eating, obesity)
- Access to primary care, especially among vulnerable populations
- Prevention focus in health care services and programs
- Strategic, coordinated, and collaborative approach to address health issues



Next Steps

- Community Health Improvement Plan (CHIP):
 - Priorities for the CHIP were identified based on the Community Health Assessment (CHA)
 1. Establish workgroup for each priority area
 - Create action plans, including goals, objectives, evidence-based strategies, and key indicators
 2. Engage community partners for feedback and partnership in plan adoption



CHIP Priority Areas

HEALTH IMPROVEMENT PRIORITIES	FOCUS AREAS
CHRONIC DISEASE	1. Obesity
BUILT ENVIRONMENT	2. Transportation 3. Access to healthy foods
ACCESS TO PRIMARY CARE and MENTAL/BEHAVIORAL HEALTH	4. Navigating the healthcare system
Note: Health education/literacy was selected as a key CROSS-CUTTING STRATEGY for all 3 priorities and focus areas.	



Priorities for the CHIP were identified based on the CHA key findings and themes. It is important to note there are many important and pressing issues in our community. This Community Health Improvement Planning process focuses on major issue areas. We will embark on a new assessment and improvement plan in the next 3 to 5 years.

Timeline

Item / Activity	Timeline
Draft CHA Report	July – August 2012
Presentations to Public City Hall Council Chambers <ul style="list-style-type: none"> • 3:30 to 4:30 pm • 6:30 to 7:30 pm 	July 26 th
Issue Area Workgroups Learning Resource Center <ul style="list-style-type: none"> • 2800 Spirit of Texas Drive • 9 am to 12 pm 	August 17 th August 31 st September 14 th September 28 th October 12 th
Draft CHIP	November – December 2012
CHIP Presentations	Beginning January 2013



Public presentation of CHA key findings and themes were held on July 26th. We encourage you to utilize this presentation at your meetings and for planning needs. In addition, we are planning a forum for early November to gather feedback on draft CHIP action plans.

Questions



You may also send questions to
CHACHIP@austintexas.gov or call
(512) 972-5888.

Thank you!

