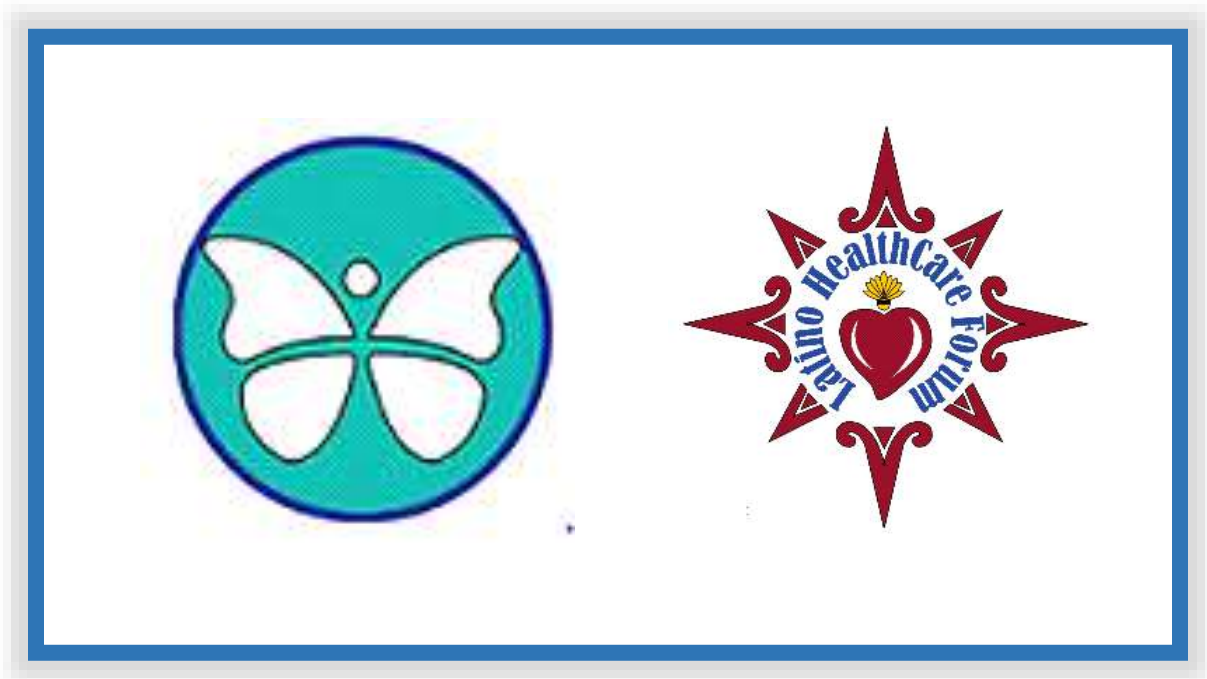# LHCF Rundberg Health & Wellness Initiative

## Rundberg Community Health Assessment and Improvement Plan Summary Report

**At the Latino HealthCare Forum**

**We are Inclusive.** *A voice for the vulnerable:* We engage hard-to-reach populations that may not be able to afford the time to engage civically. If interested, we know how to empower them with the knowledge necessary to influence.

**We are Competent.** *Cultural competency and efficacy:* Diversity strengthens our mission. We employ people reflective of the audience we seek to reach.

**We are Influential**. *Grassroots to Treetops*. We employ leaders with a wide variety of contacts from on-the-ground connectors to movers-and-shakers in the halls of power.

# Table of Contents

## 1. Introduction

This Rundberg Community Health Assessment and Improvement Project was funded through a grant from the City of Austin Health and Human Services Department and St. David's Foundation. The project was undertaken in coordination with numerous public and private entities whose combined efforts and dedication are focused on furthering the redevelopment of the Rundberg Community. Most importantly this project was enabled through the coordination and cooperation of the Restore Rundberg effort. The associated tasks were undertaken in the time period from January 2015 to May 2015.

### 1.1 Key Findings – Qualitative

#### 1.1.1 External Factors and Social Determinants of Health
- Transportation Issues
- Housing Affordability
- Access to Healthy Foods
- Limitations to Physical Activity
- Language /Communication needs
- Immigration Status
- Discrimination
- Crime & Safety

#### 1.1.2 Health Behaviors and Cultural Beliefs
- Obesity
- Healthy Eating and Physical Activity
- Substance Abuse

#### 1.1.3 Mental Health
- Stress
- Fatigue
- Trauma
- Cultural Differences
- Stigma
- Access to Mental Health Services

#### 1.1.4 Health Care Access
- Transportation
- Wait Time
- Availability of Specialists
- Language Barriers

## 1.2 Key Findings – Quantitative

- Spanish is spoken at a rate of 3 Spanish-speaking visits to every 4 English-speaking visits. Arabic is the next most frequently spoken language in 78753 & 78758 clinic visits. Arabic is spoken at a rate twice that of the next language on the list, Vietnamese.
- Medicaid top visits include child checkups, pregnancy checkups, and mental health.
- Mental health accounts for almost half of the Top 20 visits for Medicare, followed by almost 1/3 of visits for chronic conditions.
- Almost a full one-third of Top 20 visits paid by County Indigent Care in this zip code are dental exams, and slightly less than one third is primary care and treatment for chronic conditions.
- Federally-qualified health centers (FQHC) visits are dominated by codes pertaining to reproductive health (at least 1/3 are pregnancy visits) and children's checkups. Chronic conditions are the next most frequent reasons for a FQHC visit, consisting of one-fifth of the Top 20 visit codes.
- Though schizoaffective ranks highest on a few tables in this report, both Austin Travis County Integral Care (ATCIC) and community mental health facility clients from 78753 & 78758 are seeking services to treat the family of bipolar disorders.
- Over half of Emergency Management Systems (EMS) visits are pertaining to pain and injuries. Almost one-fifth of EMS responses are coded for a mental health diagnosis.
- An overwhelming amount of visits with those clients who are designated as homeless are related to mental health or substance abuse, mostly paranoid schizophrenia and the family of bi-polar disorders.
- As other research supports, the Latino/Hispanic populations in 78753 & 78758 are disproportionately afflicted by diabetes.

## 2. About this Report

This report provides a summary of the scope of work, findings and recommendations for the community. Most importantly it provides from a community perspective the Next Steps necessary to be undertaken to further the Restore Rundberg goals. These materials are the basis for a blueprint for action towards facilitating and improving accessible quality of healthcare in the Rundberg community. This is an effort to achieve the Restore Rundberg team's priority of *Facilitating and Improving Accessible Quality of Healthcare- Physical, Mental, and Substance Abuse.*

## 2.1 Goals and Methods of the Assessment

The City of Austin Health and Human Service Department sought to implement a culturally-competent, linguistically-inclusive method of promoting health and wellness in a way that has proven to be more effective than methods in the past. The goal of this effort was to provide for an evidence-based health services planning and implementation methodology in the development of a CHA/CHIP in the Rundberg community. This paired with a robust community engagement process increased the likelihood of the community's adoption and also provided the stake needed for community ownership of its own role to play in promoting their community's health.

The project's basic community mapping approach was a collaborative process of research, debate, and discussion that drew from multiple perspectives across the entire stakeholder spectrum. The project undertook a holistic approach to the assessment of the social determinants of health as laid out in 10 domains (e.g., availability of quality medical care, community safety and security, socioeconomic status). The focus is on identifying health needs and resources through a needs assessment and identifying gaps in service. The scope of work included tasks with identifiable deliverables.

The Latino HealthCare Forum utilized its trained and State Health Services certified Community Health Workers/Promotoras for much of the in-community data collection efforts. CHWs are community-based front line health workers recruited from the areas that are culturally and linguistically competent and diverse. LHCF collected information reflective of the social determinants of health (education, unemployment, immigration, poverty, family support, etc.) to see what disparities exist in the Rundberg area that may need to be addressed systemically through infrastructure or policies to ensure that we are laying the foundation for long-term success in the area.



Rundberg Area Community leaders were interviewed to assess their perceptions of needs. The Initiative made concerted efforts to be inclusive of all members and groups in the community and encouraged participation from all. Updates from the Initiative were continuously provided through social media and a project website. Data from clinics and hospitals serving patients in the 78753 and 78758 zip codes was important information to conduct a portion of this analysis. Numerous focus groups were completed for selected consumers of the local health system.

## 2.2 Community-Based Participatory Health Assessment and Planning

The guiding principles utilized by the LHCF Rundberg area CHA/CHIP project team reflected the following:

- Acknowledgement of the community as a unit of identity
- Build on the strengths and resources within the community
- Facilitate a collaborative, equitable partnership in all phases of the project involving an empowering and power-sharing process that attends to social inequalities
- Foster co-learning and capacity building among all partners
- Integrate and achieve a balance between knowledge generation and intervention for the mutual benefit of all partners

- Focus on the local relevance of public health problems and on ecological perspectives that attend to the multiple determinants of health
- Involve systems development using a cyclical and iterative process
- Disseminate results to all partners and involve them in the wider dissemination of results
- Involve a long-term process and commitment to sustainability

## 2.3 Rundberg Community Health Improvement Planning

### Community Health

- An Incubator for Community Health & Well-Being: A center for community health workers to be housed in the area & fully accessible the public
    - Staff to train on Community Engagement/Empowerment
    - Staff to engage consumers and grocers on food access education
    - Staff to provide health literacy education
    - Staff to be trained to provide health insurance & public benefit application assistance
- Access to physical fitness
    - Subsidize YMCA memberships
    - Increase parking and access at Gus Garcia
- Food Access
    - Rundberg Demonstration Pilot – A Culturally and Linguistically Appropriate Approach
    - In conjunction with health literacy
    - Affordable and accessible healthy food through community partnerships

### Transportation/Planning

- Circulator East to West, A Regular cap metro route
    - ROUTE #325 doubled
    - Or another dedicated route
- Metro Access Cloverleaf
    - Through the Rundberg neighborhoods
    - Back and forth to Braker Lane CuC clinic
- Regular access to MetroRapid to the rest of Austin
    - Downtown
    - Medical school
    - ACC
- Improve condition of sidewalks to ensure safety of those who walk the Rundberg area

**More Services**

There is simply a need for more services in the heart of Rundberg.

- Medical
    - Specialist Care
    - Mental Health Services
    - In-Person Language Translation Services
- Peer Support Services
    - Community Health Workers
    - Insurance Education & Enrollment
    - Food Access & Health Promotion
- Workforce Development
    - ESL
    - CHW Training
    - Engagement of City Economic Development Department & Workforce Solutions
- Housing
    - More Supply As The Area Grows

**Technology: Two Platforms**

- Individual: **TAP**
    - **T**echnology Training **& T**elemedicine
        - Ex: primary care, telepsychiatry
    - **A**ppointments
    - **P**ersonal Health Information & Self-Management
        - Including speech-to-text and language translation
- Community Portal - A kiosk to provide info about community services:
    - Transportation
        - Ex: Cap Metro real-time
    - Services & Amenities
        - Ex: multi-language directory
    - Virtual Community
        - Ex: Twitter, Reddit
        - Community Vendors: Discounts & Specials

**3. About the Project**

The Restore Rundberg partnership approved the Latino HealthCare Forum (LHCF) to conduct a community health needs assessment as one of the priorities for the Restore Rundberg Team. LHCF was approached because of its successful record in using data based research and community engagement strategies through a culturally competent lens to plan and implement neighborhood health plans. The scope of the project included a community health assessment component and implementation of key focus areas of the community health improvement plan (CHA/CHIP).

The underlying questions the Rundberg Community CHA/CHIP process was designed to answer were:

- What are the health problems in the Rundberg area community?
- Why do health issues exist in the Rundberg area community?
- What factors create or determine the health problems in the Rundberg community area?
- What resources are available to address the health problems in the Rundberg community area?
- How can the Rundberg area community be mobilized to work on their health?
- How can the Rundberg area community select issues to work on and implement an action plan?

**Restore Rundberg:  A Neighborhood Revitalization Project**

As reflected in the City of Austin project website, the Restore Rundberg initiative is about neighborhoods helping neighborhoods. Residents in the Rundberg community have continued to lead this revitalization effort themselves. The overall Restore Rundberg mission is to improve the quality of life, health, safety, education, and well-being of individuals living and working in the Rundberg neighborhood.



This community-driven initiative is a partnership between neighborhoods, the community residents, government, higher education, public safety, researchers, and stakeholder groups.  Sustainable and innovative community engagement is at the core of this effort.

## 3.1 Vision and Mission of the Rundberg CHA Project

Undertaking a Community Health needs assessment (CHA) requires a systematic approach to ensuring that the health service uses its resources to improve the health of the population in the most efficient way.  It involves epidemiological, qualitative, and comparative methods to describe health problems of a population; identify inequalities in health and access to services; and determine priorities for the most effective use of resources.  Conducting a CHA naturally leads to the development of a Community Health Improvement Plan (CHIP), its adoption by the community and the ultimate ownership of its implementation.

## 3.2 Goals of the Rundberg CHA Project

A community health assessment should be part of a broader community health improvement planning process. A community health improvement planning process uses community health assessment data to develop and implement strategies for action and establishes accountability to ensure measurable health improvement. A community health improvement planning process looks beyond the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement. Community health improvement planning processes provide a framework for addressing issues identified by community health assessments to ultimately improve the health of communities.
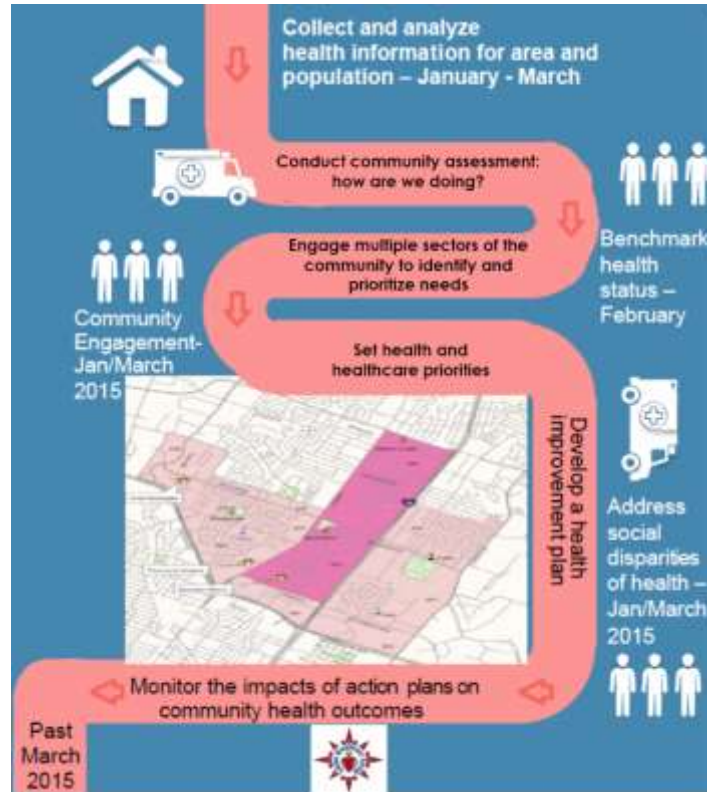
## 3.3 Framework for the Rundberg CHA Project

### 3.3.1  Social Determinants of Health
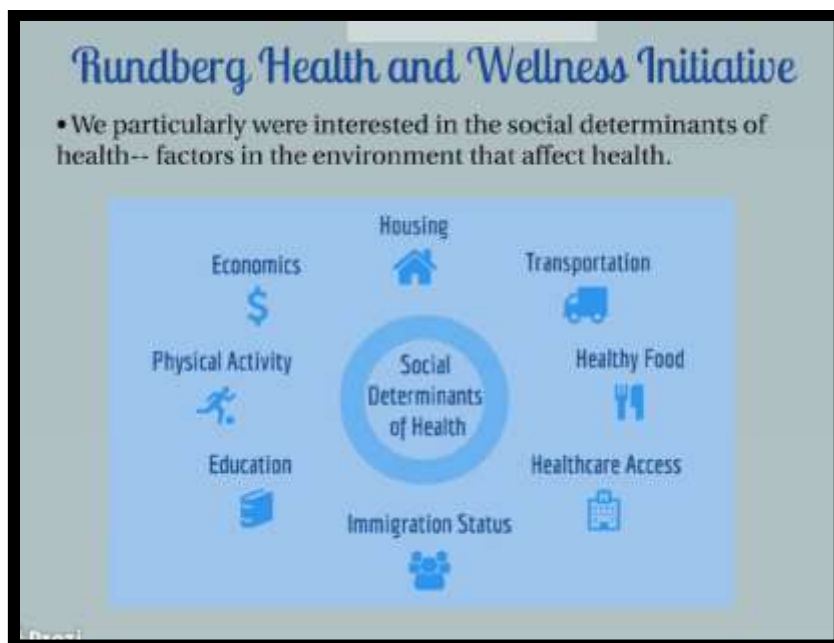
## 3.4 Timeline

The following graphic provides a project roadmap of tasks and efforts undertaken reflective of the project's scope of work to secure the answers to these questions.



## 4. Assessment Methodology & Project Components - Qualitative Research

The goal of this approach is to assemble a broad representation of individuals and organizations so that this team could clearly assess the needs of the community, as well as the opportunities and the challenges.

### 4.1 Rundberg Area Leadership Interviews

The goal of this approach is to assemble a broad representation of individuals and organizations so that this team could clearly assess the needs of the community, as well as the opportunities and the challenges.

The LHCF interviewed 27 community members and leaders from Restore Rundberg, Asian Resource Center, Community Health Workers, YMCA, private charter schools, providers, consumers, non-profits all with high influence level and high interest in the improvement of the Rundberg community. Among the interviewees were Anglo, Hispanic, Black, Arabic, and Asian community leaders. The interviewees were associated with a variety of entities and organizations, such as AISD, City of Austin, University of Texas, etc.

## 4.2 Rundberg Focus Groups

LHCF conducted a total of five (5) community engagement discussion groups lasting 2 hours each. The community engagement groups were conducted in Spanish, English, Arabic, and Burmese.



Groups were selected based on service area representation and various demographic factors, such as age, ethnicity, and language. LHCF conducted the interviews using a modified focus group approach to ensure cultural, linguistic, and economic competency. The LHCF team used taping and video recording to ensure accuracy.

The LHCF community group discussion coordinator worked closely with members of the Rundberg community attending AISD schools to coordinate group dates, times, and locations. The participants were asked twenty (20) key questions. The questions were designed to produce information of participant needs, desires, and wants for the Rundberg area in terms of health and healthcare.

## 4.3 Rundberg Community Forum and Breakout Activities

The Latino HealthCare Forum held a community forum on April 11, 2015 to report to the broader community some of the preliminary data and general observations obtained from pervious community leader interviews and focus groups conducted during the months of January through March 2015.

Approximately 50 people attended the community forum. Members of Restore Rundberg health committee were present, as well as elected and appointed officials such as the Austin Independent School District Superintendent Dr. Paul Cruz, Mr. Greg Casar the City Councilman for District 4, Travis County Healthcare District Board member Chair Katrina Daniel, Central Health staff, City of Austin staff and many Rundberg residents.

During the discussion, participants were assigned to four (4) different groups and asked to prioritize area of need. Each group had a facilitator and note taker. After they identified priorities each group's facilitator reported back to the whole forum their areas of concern. The following were prioritized in order of concern and need to be addressed by policy makers:

1) The economy (employment, small business support, etc.)
2) Healthcare (specialists, primary care, dentists)
3) Housing (affordability, safety)
4) Transportation
5) Healthy Food

## 4.4 Public Assessment – Survey
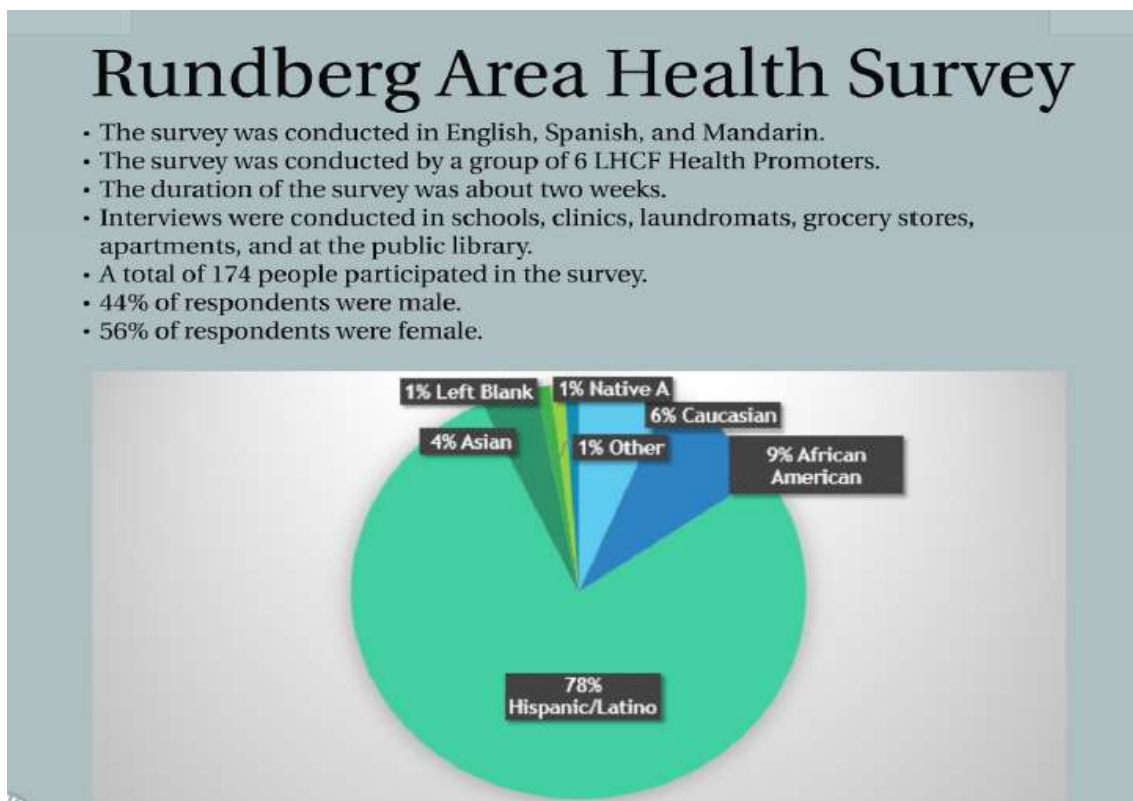


## 4.5 Demographics and Disparities

Demographics provide a foundation to study a geographic population. This section provides an overview of population, age, race, income, as well as tables relating to socio-economic status (SES). Information on health disparities, analyzing the differences of age, race and gender is also included in our analysis of clinical outcomes.

**4.6 Analysis of Clinical Outcomes**

The Integrated Care Collaboration (ICC) is a non-profit alliance of service providers. Their data system contains clinical diagnosis codes from patients seen at almost any hospital and public health clinic in the area. The research team was able to pull all of the data from any clients that reside in the zip codes of 78753 & 78758.

The team used this data to analyze the primary diagnosis of client visits by payer (e.g. Medicaid), by facility (e.g. ATCIC), by race (e.g. African American), and by condition (e.g. diabetes). Conditions are then broken down by age, gender, and race.

**5. Assessment Key Findings**

**5.1 Qualitative Findings**

**5.1.1   External Factors and Social Determinants of Health**



**5.1.1.1   Transportation**
Lack of bus services to access grocery stores, healthcare providers, and workplaces. Respondents also expressed a need for more traffic lights and modification of speed.

**5.1.1.2   Housing Affordability**
Respondents pointed out that many landlords do not follow code compliance. There is a need for more code compliance officers. Better lighting to improve housing quality and safety.

**5.1.1.3   Access to Healthy Foods**
Limited availability and access to healthy foods, as well as excess of fast food restaurants in the area. Farmer's market are considered expensive and products sold are said to "lack flavor". Farmer's markets aren't culturally and linguistically competent, accommodating only to a fraction of the Rundberg community.

**5.1.1.4 Physical Activity**
Better sidewalks, traffic control, and dog control to encourage physical activity. Lack of green spaces and infrastructure. Increase size of Gus Garcia Rec Center.

**5.1.1.5 Language/Communication Needs**
Respondents indicated the inability to communicate appropriately with healthcare providers due to language barriers and faulty translation practices across all settings.

**5.1.1.6 Immigration Status**
Community members long for a more nurturing environment for immigrants. Great difficulty accessing healthcare services due to languages and cultural barriers. People with illegal immigration status feel discriminated against.

**5.1.1.7 Discrimination**
Many of the respondents consider themselves to be discriminated against due to race, gender, and/or economic disadvantage.

**5.1.1.8 Crime**
Parents don't feel safe letting their children play outside due to high crime rates. Crimes such as drug dealing and prostitution are abundant in the Rundberg area. Day crime rates have decreased, but night crime rates remain the same.

**5.1.2 Health Behaviors and Cultural Beliefs**

**5.1.2.1 Obesity**
Respondents recognized that obesity is a health issue in their community. They acknowledged that improving their eating habits to avoid health issues caused by obesity is important.

**5.1.2.2 Healthy Eating and Physical Activity**
Respondents expressed the need for indoor space to increase their level of physical activity. Respondents identified and explained cultural perceptions tied to the shade of their skin, leading them to want to minimize sun exposure.

**5.1.2.3 Substance Abuse**
Some respondents did not consider smoking to be a problem, as it is seen as socially acceptable by their community. Abundance of drug dealing and drug use in the Rundberg area make residents feel unsafe.

### 5.1.3 Mental Health

Leaders identified mental health as an important factor in the improvement of Rundberg area. The following areas were of particular concern to the community.

**5.1.3.1 Stress**
Levels of stress in the community are excessive. This stress is largely caused by economics. Many people in the community are extremely underpaid.

**5.1.3.2 Fatigue**
Burmese women all reported severe fatigue, yet doctors didn't find anything related in their bloodwork.

**5.1.3.3 Trauma**
Arabic community reported symptoms associated with PTSD, such as hypervigilance, paranoia, and insomnia.

**5.1.3.4 Cultural Differences**
Respondents reported that girls were bullied at school for wearing a headdress (Hijab).

**5.1.3.5 Stigma**
Existing stigma about mental health issues deters people from seeking counsel and treatment.

**5.1.3.6 Access to Mental Health Services**
The process of becoming eligible for public healthcare programs was described as a process with barriers seeming to discourage eligibility. People have to pay for basic translation services. Lack of specialists who were culturally and linguistically competent.

### 5.1.4 Health Care Access

**5.1.4.1 Transportation**
Getting to and from health care facilities poses a challenge for many members of the community.

**5.1.4.2 Wait Time**
Scheduling is complicated and doctor availability is limited.

**5.1.4.3 Availability of Specialists**
The lack of specialty services were particularly noted by respondents. Some indicated the wait being up to a year.

**5.1.4.4 Language Barriers**
Phone line translations and lack of translators are some of the predominant communication issues. Health literacy concerns, lack of knowledge of health care systems, and faulty translations magnify these communication issues.

### 5.1.5 Disparities

When the LHCF team asked leader interview respondents whether they felt like they get good health care based on gender, race, and language, all indicated that they were impacted by discriminatory treatment based on these elements.

### 5.1.6 Strengths and Resources

The Rundberg community has amenities and services to offer, but needs increased access. Rundberg residents are resilient, extremely intelligent, care about their community, and want to be involved

## 6  Quantitative Findings

The findings in this section are a result of LHCF's public surveys in the Rundberg area and clinical data outcomes for residents in 78753 & 78758.

### 6.1  Public Assessment

The survey was implemented in English, Spanish, and Mandarin. A total of 174 surveys were completed. 56% of responders were female and 44% male, 32% were between the ages of 35-45, 23% were between 27-35 years, 17% were 18-26 years old 14%, were 18 years and 9% were older than 65 years respectively.

The survey was conducted in the span of 2 weeks in the Rundberg area. A total of 7 Health Promoters "Promotoras" were in charge of conducting the survey, the survey was implemented mainly outside HEB, at the parking lots in nearby shopping centers, Little Walnut Public Library, Carrousel Pediatrics Clinic, Guerrero Thompson and Walnut Creek elementary schools as well as door to door at apartment complexes.

### 6.1.1 Survey Limitations

This survey has proportionally more Latino/Hispanic population respondents and female respondents represented in this survey than what is represented in the general population.

Additionally, 77% of responses are from the Latino/Hispanic community, 9% from the African American community, and 4% from the Asian community. The Latino/Hispanic community responses are more represented here in this survey than the general population of the area (Latino/Hispanic normally comprise about 40-45%); the other two groups are roughly close to their general share of the population.

### 6.1.2 Survey Findings

- 46.80% of survey respondents utilize public clinics for their healthcare services.
- 16.40% of survey respondents indicate that travel to health provider is not convenient.
- 12.60% of the survey respondents describe their health as poor, but 45% of survey respondents have missed 1-3 days or more of work due to illness or health concern.
- 34% believe that there are not enough places for their children to exercise.
- 1 in 4 survey respondents access health information "online via website or social media" and almost 10% use their smartphone or mobile app.

## 6.2 Rundberg Area Demographics and Disparities

### 6.2.1 POPULATION

Population, 2010

|        | 78753  | 78758  | Austin  | Travis    | Texas      | U.S.        |
|--------|--------|--------|---------|-----------|------------|-------------|
| Amount | 49,301 | 44,072 | 790,390 | 1,024,266 | 25,145,561 | 308,745,538 |

Source: United States Census, 2010

Population Growth, 2000-2010

|             | 78753   | 78758  | Austin  | Travis  | Texas   | U.S.   |
|-------------|---------|--------|---------|---------|---------|--------|
| Growth Rate | +11.52% | +2.92% | +20.38% | +26.10% | +20.59% | +9.71% |

Source: United States Census, 2000-2010

### 6.2.2 AGE

The Rundberg area is a few years younger than the city average, and over 7 years older than the national median age. LHCF recommends further research on strategies targeted to a statistically younger population. Additionally, the healthcare needs of one age group to another can vary considerably and should be taken into consideration.

Age of Population

|        | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|--------|-------|-------|--------|--------|-------|------|
| Median | 29.8  | 29.6  | 31     | 31.9   | 33.6  | 37.2 |

Source: United States Census, 2010

Population by Age Group

|  | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| Under 5 years | 10.10% | 9.06% | 7.34% | 7.40% | 7.67% | 6.54% |
| 5 to 19 years | 21.32% | 18.10% | 18.30% | 19.69% | 22.64% | 20.43% |
| 20 to 34 years | 29.55% | 34.79% | 31.77% | 28.34% | 21.60% | 20.29% |
| 35 to 54 years | 26.35% | 24.76% | 26.83% | 28.02% | 27.41% | 27.88% |
| 55 to 64 years | 7.19% | 7.46% | 8.73% | 9.26% | 10.33% | 11.82% |
| 65 to 74 years | 3.21% | 3.25% | 3.92% | 4.18% | 5.85% | 7.03% |
| 75 to 84 | 1.67% | 1.82% | 2.17% | 2.20% | 3.28% | 4.23% |
| 85 years and over | 0.62% | 0.74% | 0.96% | 0.92% | 1.21% | 1.78% |

Source: United States Census, 2010

## 6.2.3 INCOME

The city median household income is 30% higher and the county income is about 40% higher than the Rundberg area's median income. As seen below, the citywide income is comparable with state and national figures.

Household Income, 2008-2012

|  | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| Median | $39,593 | $41,792 | $52,431 | $56,403 | $51,563 | $53,046 |

Source: American Community Survey, 2008-2012

Though 78753 is poorer than 78758 in the measures contained in this report, however in this figure, 78758 has negative income growth from 2000-2010 where 78753 is growing positively. The Rundberg area, in general, is not keeping pace with the growth of city, county, state and national growth rates.

Household Income Growth, 2000-2010

|  | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| Average Growth | +3.63% | -1.43% | +22.82% | +20.62% | +29.14% | +26.32% |

Source: Source: United States Census, 2000-2010

Per Capita Income, 2008-2012

|  | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| Per Capita | $18,137 | $22,340 | $31,387 | $32,777 | $25,809 | $28,051 |

Source: American Community Survey, 2008-2012

## 6.2.4 RACE

78753 is majority Hispanic/Latino where 78758 is predominantly White; however, the trend between the last two census reports suggests that the Rundberg area will continue to trend towards a Hispanic/Latino majority. And although the African American population is higher in the Rundberg area, citywide trends show African Americans leaving the city at a high rate.[i]

Population by Race

|  | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| White: | 52.80% | 56.89% | 68.29% | 69.30% | 70.40% | 72.41% |
| Black: | 12.46% | 10.91% | 8.15% | 8.52% | 11.85% | 12.61% |
| Hispanic: | 57.82% | 48.80% | 35.14% | 33.46% | 37.62% | 16.35% |
| Asian: | 6.84% | 6.61% | 6.31% | 5.79% | 3.84% | 4.75% |
| Native (AI/AN): | 1.33% | 1.13% | 0.94% | 0.91% | 0.77% | 1.12% |
| One Race, Other: | 22.65% | 20.87% | 12.93% | 12.18% | 10.45% | 6.19% |
| Two or More Races: | 3.92% | 3.60% | 3.38% | 3.30% | 2.70% | 2.92% |

Source: United States Census, 2010

Hispanic/Latino (H/L) Population vs. Non-Hispanic/Latino

|  | 78753 | 78758 | Austin | Travis | Texas |
|---|---|---|---|---|---|
| Hispanic/Latino | 57.8% | 48.8% | 35.1% | 33.5% | 37.6% |
| Not H/L: | 42.2% | 51.2% | 64.9% | 66.5% | 62.4% |

Source: United States Census, 2010

Predominantly Mexican, Travis has more of a proportion of South Americans than the Rundberg area, but that Central Americans (from countries other than Mexico) are represented at a higher rate than city, state, and national figures.

Hispanic/Latino Population

| Hispanic/Latino | 78753 | 78758 | Austin | Travis | Texas |
|---|---|---|---|---|---|
| Mexican: | 83.57% | 81.27% | 82.77% | 82.97% | 84.04% |
| Puerto Rican: | 0.78% | 1.18% | 1.46% | 1.57% | 1.38% |
| Cuban: | 1.64% | 2.38% | 1.14% | 1.13% | 0.49% |
| Central American: | 8.04% | 7.82% | 4.83% | 4.58% | 4.45% |
| South American: | 0.61% | 1.07% | 1.80% | 1.79% | 1.41% |

Source: United States Census, 2010

There is a higher proportion of Indian (78758 only) and Vietnamese descent is very high in 78753; as seen in data below, 1 in 2 people of the Asian population are Vietnamese in 78753.

Asian Population

| | 78753 | 78758 | Austin | Travis | Texas |
|---|---|---|---|---|---|
| Indian: | 13.85% | **32.70%** | 29.85% | 27.27% | 25.50% |
| Chinese: | 6.05% | 10.96% | 22.96% | 21.56% | 16.17% |
| Filipino: | 4.06% | 3.64% | 5.41% | 6.08% | 10.69% |
| Japanese: | 0.89% | 1.75% | 2.43% | 2.45% | 1.90% |
| Korean: | 3.77% | 8.49% | 11.01% | 10.21% | 7.02% |
| Vietnamese: | **54.14%** | **25.70%** | 15.19% | 18.93% | 21.87% |
| Asian, Other: | 15.42% | 14.29% | 11.00% | 11.36% | 14.90% |

Source: United States Census, 2010

## 6.2.5 SOCIO-ECONOMIC STATUS (SES)

Socio-economic status is a technical term to describe a person's status as it relates to their race and income, the environment surrounding the person, as well as their economic and social position in relation to others. In other words, these measures highlight social and economic disparities that can also impact health outcomes.

Percent in Poverty

|  | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| Population in Poverty | 25.1% | 22.5% | 13.5% | 12.2% | 22.8% | 11.3% |

Source: American Community Survey, 2009-2013

As seen above, 1 in 5 Texans live in poverty, compared to a higher rate of 1 in 4 in 78753, with 78758 at a rate comparable to the state rate. However, the rate of poverty in 78753 is twice as much as the county poverty rate.

City-wide, children are twice as likely as the average Austinite to experience poverty. In the table below, an average of 4 in 10 children live in poverty in the Rundberg area.

Children in Poverty

|  | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| Population in Poverty | 40.9% | 39.8% | 26.7% | 23.7% | 25.3% | 21.6% |

Source: American Community Survey, 2009-2013

Families on Food Stamps

Though 22% of the families in 78753 are on nutrition assistance, over 50% of children in this same area lives in a household that has received food stamp assistance. This means that 1 in 2 children in the Rundberg area is on food stamps. Due to eligibility rules, children are allowed food stamp assistance while undocumented immigrant parents may not. The difference of families on food stamps and children on food stamps suggests that there are many undocumented immigrants in this area.

Children on Food Stamps

|  | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| Percent on Food Stamps | 50.3% | 48.0% | 21.1% | 27.7% | 29.9% | 27% |

Source: American Community Survey, 2009-2013

A recognized health indicator is whether someone has health insurance, a secured ability to access the healthcare system affordably. As seen in table below, between 2009 and 2013 1 in 3 people in the Rundberg area were uninsured. The last 2 years will provide changes in the uninsured rate due to the Affordable Care Act.

Percent Uninsured

|  | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| Uninsured Rate | 36.6% | 33.2% | 20.8% | 19.9% | 13.7% | 14.9% |

Source: American Community Survey, 2009-2013

Additionally, undocumented immigrants are unable to access the benefits of the federal health insurance exchange, including the subsidies that allow others in a similar income class to seek out affordable coverage. They are less likely to have consistent access to care, and are more likely to end up in our emergency rooms.

Undocumented immigrants live in 78753 at an area 4 times the national average, 3 times the states average, and 2 times the citywide rate, as seen in table below.

Place of Birth and Citizenship, 2008-2012

|  | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| NATIVE | 62.64% | 67.54% | 80.92% | 82.03% | 83.74% | 87.13% |
| Born in the State of Residence | 48.42% | 46.37% | 52.96% | 53.01% | 60.49% | 58.71% |
| Born in Different State | 13.34% | 20.16% | 26.44% | 27.52% | 22.03% | 27.04% |
| Born in Puerto Rico, U.S. Island Areas, or Born Abroad to American Parent(s) | 0.88% | 1.02% | 1.52% | 1.50% | 1.22% | 1.38% |
| FOREIGN BORN | 37.36% | 32.46% | 19.08% | 17.97% | 16.26% | 12.87% |
| Foreign Born with U.S. Citizenship | 5.18% | 4.68% | 4.51% | 4.73% | 5.33% | 5.71% |
| Foreign Born without U.S. Citizenship | 32.17% | 27.78% | 14.58% | 13.25% | 10.93% | 7.16% |

Source: American Community Survey, 2008-2012

In the U.S. today, 1 in 10 people speak Spanish at home, this compared to 4 in 10 in 78753, 3 in 10 in 78758, which is slightly more than the state average. Some of this population may experience linguistic isolation, which can impact health outcomes due to difficulties communicating with the local healthcare system.

Language Spoken at Home

| | 78753 | 78758 | Austin | Travis | Texas | U.S. |
|---|---|---|---|---|---|---|
| English | 47.50% | 57.68% | 68.11% | 69.00% | 65.67% | 79.64% |
| Spanish | 43.60% | 31.96% | 23.40% | 22.68% | 28.18% | 11.57% |
| Other Indo-European Languages | 2.15% | 2.93% | 3.69% | 3.68% | 2.68% | 4.61% |
| Asian & Pacific Islander Languages | 5.68% | 5.75% | 4.16% | 3.99% | 2.73% | 3.24% |
| Other | 1.08% | 1.68% | 0.64% | 0.65% | 0.73% | 0.94% |

Source: American Community Survey, 2008-2012

## 6.3 Analysis of Clinical Outcomes

### 6.3.1 Data Limitations
This data is organized by client visits and not client counts. This can lead to duplication within the data with regards to clients, but for the purposes of service demand, this data can help guide decision-making with regards to service planning. In other words, it can be useful to know how many client visits are spoken in foreign languages, how many are mental health related, etc. Other areas of research this team identified could be wait times for specialist care, more study by payer to see what institution is paying for what services and how much, and specifically, drilling down into the clinical outcomes for the African American population to determine why there are seemingly disproportionately low numbers of the African American population seeking care and why their trends are different than the general trends of the area.

### 6.3.2 Findings of Clinical Outcomes
The Integrated Care Collaboration (ICC) is a non-profit alliance of service providers. Their data system contains clinical diagnosis codes from patients seen at almost any hospital and public health clinic in the area. Our team was able to pull all of the data from any clients that reside in the zip codes of 78753 & 78758.

Our team used this data to analyze the primary diagnosis of client visits by payer (e.g. Medicaid), by facility (e.g. ATCIC), by race (e.g. African American), and by condition (e.g. diabetes). Conditions are then broken down by age, gender, and race.

If there are significant differences between the two zip codes, they are broken out separately. If the trends are the same, the information is summarized in one table.

### 6.3.2.1    78753 & 78758 Languages Spoken in Clinical Visits

Spanish is spoken at a rate of 3 Spanish-speaking visits to every 4 English-speaking visits. Arabic is the next most frequently spoken language in 78753 & 78758 clinic visits. Arabic is spoken at a rate twice that of the next language on the list, Vietnamese.

| Language | 78753 Ranking (1-24) | 78753 # of Visits | 78758 Ranking (Compared to 78753) | 78758 # of Visits |
|---|---|---|---|---|
| Unknown | 1 | 205299 | 1 | 144674 |
| English | 2 | 110397 | 2 | 94519 |
| Spanish | 3 | 86240 | 3 | 60895 |
| Arabic | 4 | 2431 | 4 | 579 |
| Vietnamese | 5 | 1148 | 6 | 192 |
| Nepali | 6 | 816 | 21 | 6 |
| Burmese | 7 | 551 | 5 | 279 |
| Urdu | 8 | 213 | 11 | 43 |
| Somali | 9 | 181 | 15 | 18 |
| Chinese | 10 | 164 | 7 | 96 |
| French | 11 | 158 | 9 | 53 |
| Hindi | 12 | 147 | 14 | 27 |
| Swahili | 13 | 145 | 17 | 12 |
| Amharic | 14 | 122 | 10 | 48 |
| Bengali | 15 | 50 | 23 | 2 |
| Sign Language | 16 | 23 | 12 | 33 |
| Tigrinya | 17 | 16 | 25 | 2 |
| Korean | 18 | 13 | 18 | 10 |
| Polish | 19 | 13 | N/A | N/A |
| Thai | 20 | 13 | N/A | N/A |
| Persian | 21 | 8 | 8 | 70 |
| Russian | 22 | 8 | 13 | 31 |
| Portuguese | 23 | 4 | 22 | 5 |
| Kinyarwanda | 24 | 2 | N/A | N/A |

| | | | | |
|---|---|---|---|---|
| Farsi | N/A | N/A | 16 | 12 |
| Turkish | N/A | N/A | 19 | 8 |
| Italian | N/A | N/A | 20 | 7 |
| Hebrew | N/A | N/A | 24 | 2 |
| Bulgarian | N/A | N/A | 26 | 1 |
| Haitian; Haitian Creole | N/A | N/A | 27 | 1 |



Visits in 78753 & 78758
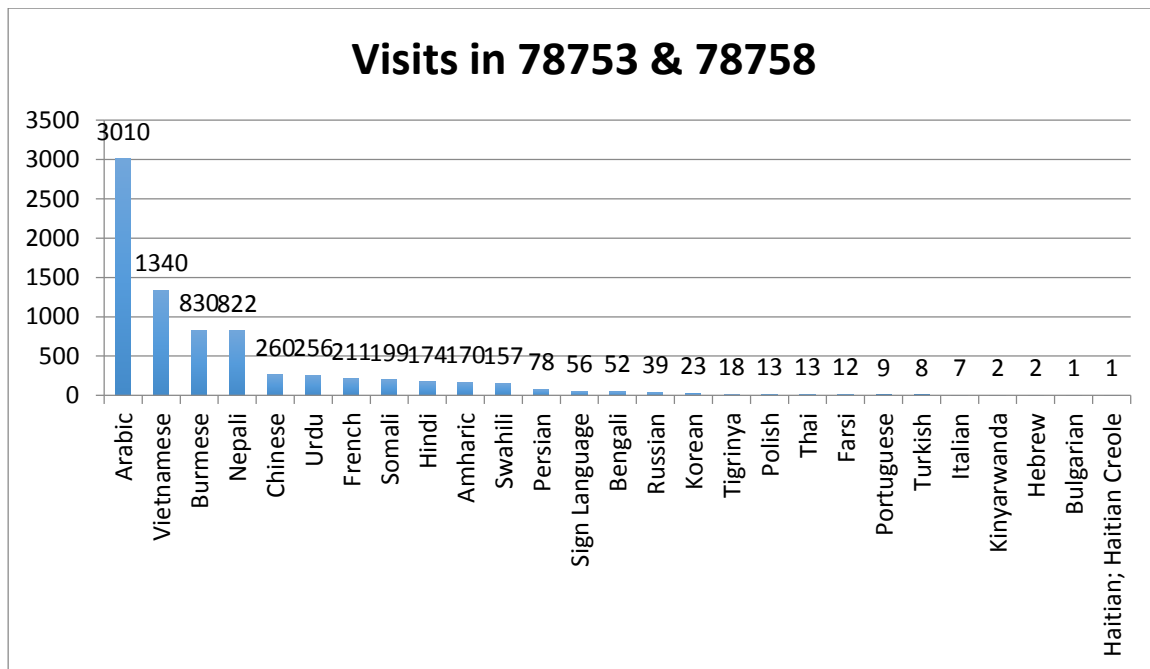
### 6.3.2.2 Top Diagnoses by Payer: Medicaid

This is the Top 20 clinical visits by Medicaid payment. Top visits include child checkups, pregnancy checkups, and mental illnesses. Medicaid as a payer in this area is paying for visits most frequently pertaining to primary care, including general checkups.

78753 Summary Table of Top 20 Visit Diagnoses by Payer: Medicaid

| General Area of Clinical Care | # of Visits | % of Top 20 |
|---|---|---|
| Related to Children | 10939 | 43% |
| Related to Primary Care/Other | 10548 | 41% |
| Related to Reproductive Health | 2698 | 10% |
| Related to Mental Health | 1520 | 6% |
| Totals | 25705 | 100% |

78758 Summary Table of Top 20 Visit Diagnoses by Payer: Medicaid

| General Area of Clinical Care | # of Visits | % of Top 20 |
|---|---|---|
| Related to Primary Care/Other | 8061 | 42% |
| Related to Children | 7921 | 41% |
| Related to Reproductive Health | 1615 | 8% |
| Related to Mental Health | 1179 | 6% |
| Related to Chronic Conditions | 607 | 3% |
| Totals | 19383 | 100% |

### 6.3.2.3    Top Diagnoses by Payer: Medicare

Mental health accounts for almost half of the Top 20 visits, followed by almost 1/3 of visits for chronic conditions. Medicare population appears to have more mental health visits than for other chronic conditions.

78753 & 78758 Summary Table of Top 20 Visit Diagnoses by Payer: Medicare

| General Area of Clinical Care | # of Visits | % of Visits |
|---|---|---|
| Related to Mental Health | 2700 | 46% |
| Related to Chronic Conditions | 1703 | 29% |
| Related to General Symptoms/Other | 1437 | 25% |
| *Totals* | *5840* | *100%* |

### 6.3.2.4    Top Diagnoses by Payer: County Indigent Care

In Travis County, the County Indigent Health Care Program is administered by the local hospital district, Central Health. Eligibility for this care are Travis County residents who household income does not exceed 21% FPL.

Summary table to also include 78753 & 78758 due to similarities. Basic and urgent needs, including dental care and diabetes treatment, are included in this table. Almost a full one-third of Top 20 visits paid by County Indigent Care in this zip code are dental exams, and slightly less than one third is primary care and treatment for chronic conditions. This population may have different needs, but this reflects the services they are able to receive. In other words, we do not know what the full needs of the indigent population; this shows that which they are able to procure services.

78753 & 78758 Summary Table for Top 20 Visit Diagnoses for Payer:
County Indigent Program

| General Area of Clinical Care | # of Visits | % of Top 20 |
|---|---|---|
| Related to Dental Care | 6580 | 32% |
| Related to Primary Care/General Symptoms | 6001 | 29% |
| Related to Chronic Conditions | 5914 | 29% |
| Office Visit (e.g. Billing) | 1430 | 7% |
| Related to Mental Health | 620 | 3% |
| *Totals* | *20545* | *100%* |

### 6.3.2.5   Top Diagnoses by Facility: FQHC

Federally-qualified health centers are clinics that are qualified to receive funding from the federal government, a form of funding from the Center of Medicare & Medicaid Services. FQHC visits are dominated by codes pertaining to reproductive health (at least 1/3 are pregnancy visits) and children's checkups. Chronic conditions are the next most frequent reasons for a FQHC visit, consisting of one-fifth of the Top 20 visit codes. Mental health conditions are the last category; a possibility for this is that these clients may visit specialist care at ATCIC or a community mental health facility. These tables are also included in this report.



**TOP FQHC VISITS IN 78753 & 78758**

| | Related to Reproductive Health | Related to Children | Related to Chronic Conditions | Other/Related to Primary Care | Related to Mental Health |
|---|---|---|---|---|---|
| # of Visits | 15241 | 14016 | 9908 | 6354 | 3271 |
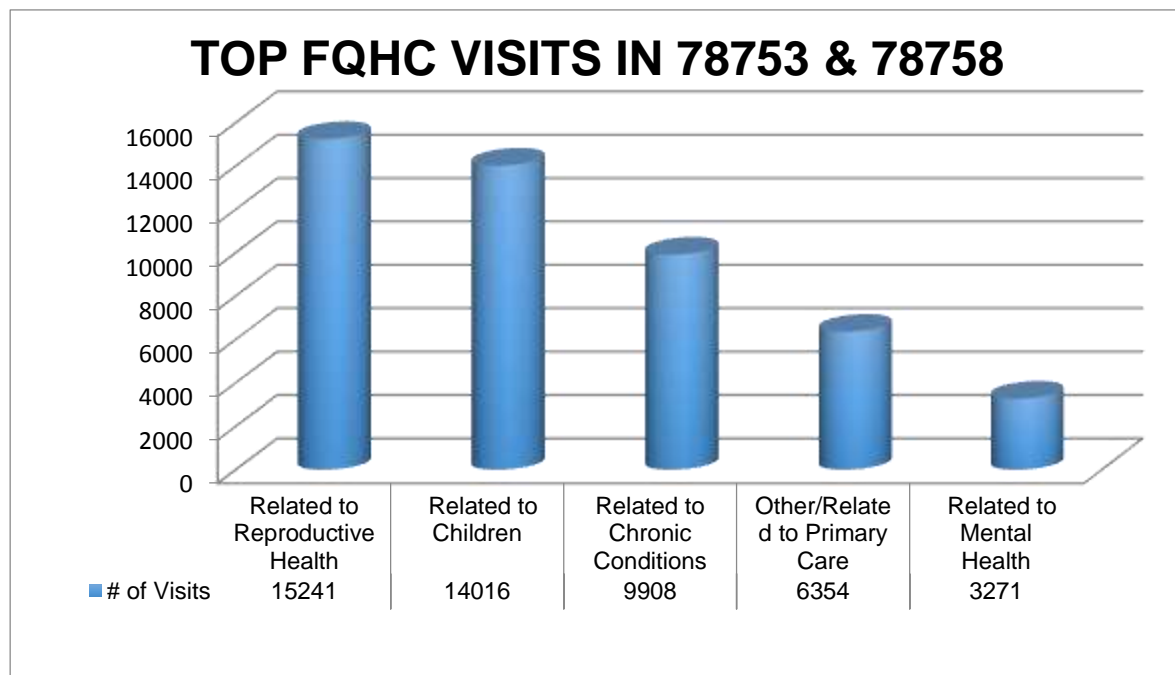
78753 & 78758 Summary Table of Top 20 Visit Diagnoses by Facility: FQHC

| General Area of Clinical Care | # of Visits | % of Visits |
|---|---|---|
| Related to Reproductive Health | 15241 | 31% |
| Related to Children | 14016 | 29% |
| Related to Chronic Conditions | 9908 | 20% |
| Other/Related to Primary Care | 6354 | 13% |
| Related to Mental Health | 3271 | 7% |
| *Totals* | *48790* | *100%* |

## 6.3.2.6    Top Diagnoses by Facility:  ATCIC

Though schizoaffective ranks highest on a few tables in this report, ATCIC clients from 78753 & 78758 are seeking services to treat the family of bipolar disorders.

78753 & 78758 Summary Table for Top 20 Visit Diagnoses at ATCIC

| General Area of Clinical Care | # of Visits | % of Top 20 |
|---|---|---|
| Bipolar Disorder | 4486 | 43.9% |
| Schizoaffective Disorder | 2822 | 27.6% |
| Schizophrenia (Including Paranoid) | 2079 | 20.3% |
| Depression | 830 | 8.1% |
| Totals | 10217 | 100.0% |

## 6.3.2.7    Top Diagnoses by Facility: Community Mental Health Facilities

Similar to ATCIC clients, community mental health clinics have similar distribution of Top 20 diagnoses: the bipolar family of disorders and the schizophrenic disorders both consist of roughly 45% of the Top 20 diagnoses. Similar to ATCIC, a depression diagnosis is about one-tenth of the Top 20 diagnoses.

78753 & 78758 Summary Table for Top 20 Visit Diagnoses at Community Mental Health Facilities

| General Area of Clinical Care | # of Visits | % of Top 20 |
|---|---|---|
| Bipolar Disorders | 2708 | 45% |
| Schizoaffective Disorder | 1485 | 25% |
| Schizophrenia (Including Paranoid) | 1164 | 19% |
| Depression | 574 | 10% |
| General Mood Disorder | 66 | 1% |
| Totals | 5997 | 100% |

## 6.3.2.8    Top Diagnoses by Facility: Emergency Room/Emergency Department

Most visits are pertaining to general symptoms such as cough, vomiting, and fever. A close 2nd are patients visiting due to being in pain. The top 2 account for nearly 80% of the Top 20 diagnosis codes.

78753 & 78758 Summary Table of Top 20 Diagnosis Codes for ER/ED Visits

| General Area of Clinical Care | # of Visits | % of Visits |
|---|---|---|
| General Symptoms | 8505 | 41.2% |
| Pain Symptoms | 7865 | 38.1% |
| Infection | 1693 | 8.2% |
| Head Injury | 1168 | 5.7% |
| Pregnancy Complication | 724 | 3.5% |
| Teeth Disorder | 465 | 2.3% |
| Bronchitis | 225 | 1.1% |
| Totals | 20645 | 100.0% |

### 6.3.2.9   Top Diagnoses by Facility: EMS Response

Over half of EMS visits are pertaining to pain and injuries. Almost one-fifth of EMS responses are coded for a mental health diagnosis. The last 8% are connected to diagnosis codes for chronic conditions.

78753 & 78758 Summary Table of Top 20 Diagnosis Codes for EMS Response

| General Area of Clinical Care | # of Visits | % of Visits |
|---|---|---|
| Related to Injuries | 3027 | 30.3% |
| Related to Pain | 2693 | 26.9% |
| Related to Mental Health | 1948 | 19.5% |
| Related to General Symptoms | 1388 | 13.9% |
| Related to Epilepsy, Convulsions | 526 | 5.3% |
| Related to Circulatory System | 195 | 2.0% |
| Related to Adult Maltreatment | 158 | 1.6% |
| Related to Diabetes Condition | 65 | 0.7% |
| Totals | 10000 | 100.0% |

### 6.3.2.10   Top Diagnoses by Designation: Homeless

An overwhelming amount of visits with those clients who are designated as homeless are related to mental health or substance abuse, mostly paranoid schizophrenia and the family of bi-polar disorders.

78753 & 78758 Summary Table of Top 20 Diagnoses with Homeless Designation

| General Area of Clinical Care | # of Visits | % of Visits |
|---|---|---|
| Related to Mental Health/Substance Abuse | 907 | 71% |
| Related to Primary Care/General Symptoms | 188 | 15% |
| Related to Dental Exams | 78 | 6% |
| Office Visit (e.g. Billing) | 54 | 4% |
| Related to Chronic Conditions | 48 | 4% |
| Totals | 1275 | 100% |

### 6.3.2.11   Top Diagnoses by Condition: Obesity

Latino/Hispanics in the Rundberg area appear to be disproportionately obese, comprising 82.4% of the client visits.

78753 & 78758 Obesity Diagnosis by Race

| Ethnicity/Race | # of Visits | % of Visits |
|---|---|---|
| Hispanic or Latino | 738 | 82.4% |
| White | 74 | 8.3% |
| Other | 44 | 4.9% |
| Black or African American | 19 | 2.1% |
| Unknown | 14 | 1.6% |
| Asian | 6 | 0.7% |
| Native Hawaiian or Other Pacific Islander | 1 | 0.1% |
| American Indian or Alaska Native | 1 | 0.1% |
| Totals | 897 | 100.0% |

Females are disproportionately more obese; there is a higher gender disparity with regards to obesity than in the previous section on high blood pressure.

78753 & 78758 Obesity Diagnosis by Gender

| Gender | # of Visits | % of Visits |
|---|---|---|
| Female | 629 | 69.7% |
| Male | 268 | 29.7% |
| Totals | 897 | 100.0% |

Childhood obesity in the Rundberg area is a serious issue. In the table below, childhood obesity comprises 45.5% of client visits with this diagnosis code.

78753 & 78758 Obesity Diagnosis by Age Group

| Age | # of Visits | % |
|---|---|---|
| Age 5 to 17 | 362 | 40.4% |
| Age 36 to 64 | 253 | 28.2% |
| Age 18 to 35 | 227 | 25.3% |
| Age 0 to 4 | 46 | 5.1% |
| Age 65 and older | 9 | 1.0% |
| Totals | 897 | 100.0% |

### 6.3.2.12 Top Diagnoses by Condition: Diabetes

As other research supports, the Latino/Hispanic populations in 78753 & 78758 are disproportionately afflicted by diabetes.

78753 & 78758 Diabetes Diagnosis by Race

| Ethnicity/Race | # of Visits | % of Visits |
|---|---|---|
| Hispanic or Latino | 6879 | 69.8% |
| White | 1029 | 10.4% |
| Black or African American | 873 | 8.9% |
| Asian | 452 | 4.6% |
| Other | 379 | 3.8% |
| Unknown | 205 | 2.1% |
| American Indian or Alaska Native | 22 | 0.2% |
| Native Hawaiian or Other Pacific Islander | 18 | 0.2% |
| *Totals* | *9857* | *100.0%* |

78753 & 78758 Diabetes Diagnosis by Age Group

| Age | # of Visits | % |
|---|---|---|
| Age 36 to 64 | 7517 | 76.3% |
| Age 65 and older | 1293 | 13.1% |
| Age 18 to 35 | 974 | 9.9% |
| Age 5 to 17 | 73 | 0.7% |
| *Totals* | *9857* | *100.0%* |

### 6.3.2.13  Top Diagnoses by Condition: Hypertension

Hypertension, otherwise known as high blood pressure, appears to inflict African American but especially the Latino/Hispanic population. To note: some clients may not disclose their race, some may disclose more than one race, and this is representative of client visits. However, these figures are consistent with prevailing trends seen elsewhere amongst these race/ethnic groups.

78753 & 78758 Hypertension Diagnosis by Race

| Ethnicity/Race | # of Visits | % of Visits |
|---|---|---|
| Hispanic or Latino | 3217 | 55.1% |
| Black or African American | 1021 | 17.5% |
| White | 903 | 15.5% |
| Asian | 267 | 4.6% |
| Other | 273 | 4.7% |
| Unknown | 131 | 2.2% |
| Native Hawaiian or Other Pacific Islander | 18 | 0.3% |
| American Indian or Alaska Native | 9 | 0.2% |
| *Totals* | *5839* | *100.0%* |

Hypertension appears to affect the female population more than male.

78753 & 78758 Hypertension Diagnosis by Gender

| Gender | # of Visits | % of Visits |
|--------|-------------|-------------|
| Female | 3391 | 58.1% |
| Male | 2447 | 41.9% |
| Totals | 5838 | 100.0% |

Hypertension by age group may be misleading as there are proportionately fewer older residents in the Rundberg area. However, it is worth noting that over 8% of young adults are diagnosed with high blood pressure, and may be worth further study.

78753 & 78758 Hypertension Diagnosis by Age Group

| Age Group | # of Visits | % of Visits |
|-----------|-------------|-------------|
| Age 36 to 64 | 4408 | 75.5% |
| Age 65 and older | 918 | 15.7% |
| Age 18 to 35 | 491 | 8.4% |
| Age 5 to 17 | 19 | 0.3% |
| Age 0 to 4 | 3 | 0.1% |
| Totals | 5839 | 100.0% |

## APPENDIX A: LEADER INTERVIEW QUESTIONS

**Social Determinants of Health**

*Health starts in our homes, schools and communities; where we eat, work, sleep, pray and play have a big impact on our own individual health, and that of the community.*

*Given these influences:*

1) How do you think the economy (wages, employment opportunities) may have a health impact on the people in your community?

2) How do you think the transportation (walking, traffic, and bus routes) may have a health impact on the people in your community?

3) How do you think food access (fresh produce access, number of fast food establishments) may have a health impact on the people in your community?

4) How do you think opportunities for physical activity (walkability, green/park space, gym and recreation center access) may have a health impact on the people in your community?

5) Do you think education has an (positive or negative) impact on the health of your community (ex: having a school nurse, summer immunizations, free breakfast, etc.)?

6) How do you think living conditions may have a health impact on the people in your community?

7) How do you think immigration status (legal, illegal, and refugee) may have a health impact on the people in your community?

**Health Disparities**

*In addition to our environment surrounding us, who we are and how we are born can also have an impact on an individual's health.*

8) For those who are economically disadvantaged, do you believe that there are particular health issues that impact that group specifically?

9) Do you believe that there are particular health issues that impact different racial groups in your community? Please provide specifics. (for example: low birth weight)

10) Do you believe that there are particular health issues that impact gender or sexual orientation groups in your community (LGBT, transgender, women)? Please provide specifics.

**Health Development/Healthcare Delivery**

*We have spoken broadly about health in your community. Now let's turn to specific aspects of healthcare issues.*

11) Health Status - How would you describe your community's general health compared to other areas? Does anything stick out as health problems specific to your area?

12) Healthcare Delivery - Do you think your community has been provided healthcare successfully over time? If so, why? Did anything in particular occur (examples: clinic opening, an educational program or Affordable Care Act) that led to its success?

13) What are the major barriers to accessing healthcare that have appeared (and been overcome) at critical junctures in the evolution of your community or this area? In your community, are there agreements on healthcare issues facing your area today?

14) What organizations have helped with providing healthcare in your area?

15) Are there any organizations that have been particularly important in attracting healthcare to your community? How have they done this? How are they doing it today?

16) What have been the major sources of new ideas and information for health promotion or healthcare in your community? Where/who did they come from?

**Priorities for Action**

*Now that we have discussed general health and healthcare issues, let's discuss the initial data we have received on health in your community.*

17) According to you which are health issues/healthcare priorities for your community. Do you agree? Why or Why not? Please provide examples.

## APPENDIX B: LEADER INFLUENCE CHART

| ID | Who & What Kind of Asset | What Kind of Power Base | Organization Type | Influence - High, Medium, Low | Willingness to Engage - High, Medium, Low | Necessity of Involvement - High, Medium, Low | Potential Impact & Concerns | Zip Code | Date |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Community Leader | Eagle Talk Show Host AISD Parent Support Specialist | AISD | High | High | High | Lack of housing, transportation, jobs, education regarding health and healthcare | 78753 | 1/31/2015 |
| 2 | Community Leader | AISD Board Member | AISD | High | High | High | Low wages, lackof transportation, affordable housing, healthy food, education | 78753 & 78758 | 1/31/2015 |
| 3 | Community Leader | Co-Chair, Restore Rundbert | Civic | High | High | High | Lack of medical clinics, access to specialists, transportation, healthy foods and physical activities. immigration and | 78753, 78758 | 1/31/2015 |
| 4 | Community Leader | Co-Chair, Restore Rundbert | UT | High | High | High | Lack of education, affordable housing and | 78753, 78758 | 1/31/2005 |
| 5 | Community Leader | Asian -American Community | Asian Comm | High | High | High | Lack of resources for Asian residents, lanuage issues, low wages, housing, transportation | 78753, 78758 | 1/31/2015 |
| 6 | Community Leader | Chair, health subcommittee, Restore Rundbert | Civic | High | High | High | Low wages, lack of transportation, fresh food, physical activity spaces, housing and immigration issues | 78753, 78758 | 1/31/2015 |
| 7 | Community Leader | Editor, North Austin Community Newsletter | Civic | High | High | High | Area has high and low wages, no physical spaces for walking, exercise, transportation, language barriers, housing, providers do not live in Austin, lots of health disparitiesbased on income, gender and race. | 78758 | 1/31/2015 |
| 8 | Community Leader | Community Healthcare Worker | Healthcare | High | High | High | Mental health, traffic, high cost of living, immigration status, affordable housing | 78753 | 1/31/2015 |
| 9 | Community Leader | Community Healthcare Worker | Healthcare | High | High | High | Transportation, lack of good jobs, not enough resources for Spanis- speakers | 78753 | 1/31/2015 |
| 10 | Community Leader | Community Healthcare Worker | Healthcare | High | High | High | Transportation, low wages, diry and lots of trash in the streetss, not secure enough to exercise outside, too much traffic. | 78753 | 1/31/2015 |
| 11 | Community Leader | Arab Translator/ Social Worker/Advpcate | Arab Community | High | High | High | Community Care needs more specialty services. People wait months for services | 78753 | 3/17/2015 |
| 12 | Community Leader | Dobie MS Parent Support Specialist | Consumer | High | High | High | Low wages, excessive traffic, lack of access to healthy food, transportation, disparities based on income | 78753 | 2/15/2015 |
| 13 | Apartment Compex Manager | Mira Vista Apts | ousing Advoca | High | High | High | Some apartment areas will be gentrified if growth not handled right | 78753 | 2/15/2005 |
| 14 | Community Leader | Hart Elem | AISD | High | High | High | Lack of well-paying jobs, City owned apartments not kept, mental health, medical services, lack of translating services for other than Spanish, education | 78753 | |
| 15 | Parent | Wooldridge Elem | Parent | High | High | High | More clinics | 78753 | 2/28/2015 |
| 16 | Pastor | Barrington Elem | Pastor | High | High | High | more services | 78753 | 2/28/2015 |
| 17 | Exercise Instructor | Gus Garcia Rec Center | City of Austin | High | High | High | more awareness of services | 78753 | 3/15/2015 |
| 18 | Community Leader | J. Guerrero-Thompson PSS | AISD | High | High | High | more resources that take into account language | 78753 | 3/1/2015 |
| 19 | Community Leader | AISD PSS | AISD | High | High | High | More translation services | 78753 | 3/1/2015 |
| 20 | Community Leader | Gus Garcia Rec Center | City of Austin | High | High | High | Garcia Rec has become too small for all the needs of community | 78,753 | 3/11/2015 |
| 21 | Parent | Mc Bee Elem | Possible Ally | High | High | High | More healthy food | 78753 | 2/15/2015 |
| 22 | Parent | Mc Bee Elem | Possible Ally | High | High | High | High unemployment, safety, transportation (traffic) no side walks, expensive healthy food | 78753 | 2/15/2015 |
| 23 | Parent | Harmony | Possible Ally | High | High | High | Low paying jobs with no benefits, dangerous traffic, expensive to buy healthy food or join gyms, not feeling secure. Spanish-speakers treated different and made to feel inferior | 78753 | 2/15/2015 |
| 24 | Parent | KIPP | Possible Ally | High | High | High | ls or physical activity, discrimina | 78753 | 3/1/2015 |
| 26 | Parent | Hart/Reagan | Possible Ally | High | High | High | Wants more clinics | 78753 | 2/15/2015 |
| 27 | Resident | Rundberg health subco | CHW | High | High | High | lberg has many needs and challe | 78753 | 3/1/2015 |
| 28 | ommunity Lead | Hart Elem | Possible Ally | High | High | High | Families who speak Arabic are not able to seek services due to language: Need mental health | 78753 | 2/18/2015 |

**APPENDIX C**: **FOCUS GROUP QUESTIONS**

1. How long have you lived in this community? ¿Cuánto tiempo ha vivido en esta comunidad?

2. How do you get information about what is happening in your community, especially about health and healthcare? ¿Cómo recibe información sobre lo que pasa en su comunidad? Especialmente sobre salud y el cuidado de salud.

3. What are the most important issues in your community? ¿Cuáles son las cosas más importantes en su comunidad?

4. Which issues are priorities? De esas, ¿Cuáles son prioridades?

5. Which healthcare providers are you familiar with? ¿Cuáles proveedores del cuidado de salud está usted más familiarizado?

6. How do you feel about your healthcare provider? ¿Qué piensa usted de esos proveedores?

7. When you go to the doctor or clinic, which is most important to you? A timely appointment, cost, distance/location, quality, location, or the doctor? ¿Cuándo va usted a un doctor o clínica, cual es más importante?  ¿Cita, costo, distancia, localidad, calidad o doctor?

8. What barriers do you feel exit in accessing the clinic or provider? ¿Cuáles barreras existen cuando trata usted de ir a su clínica o doctor?

9. Solutions to those barriers? ¿Cuáles son las soluciones para quitar esas barreras?

10. What features do you think are important to a clinic or provider's space? ¿En una clínica u oficina de doctor, que cosas son importante?

11. What type of services would you like in your community? ¿Qué clase de servicios le gustaría ver en su comunidad?

12. Is it easy for you to make an appointment with your healthcare provider? ¿Es fácil para usted hacer citas con su proveedor?

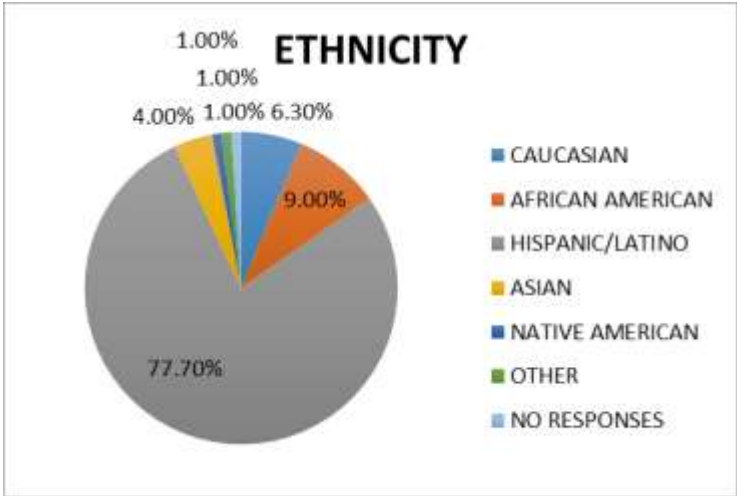**APPENDIX D: PUBLIC SURVEY RESULTS & SURVEY**

Question 1

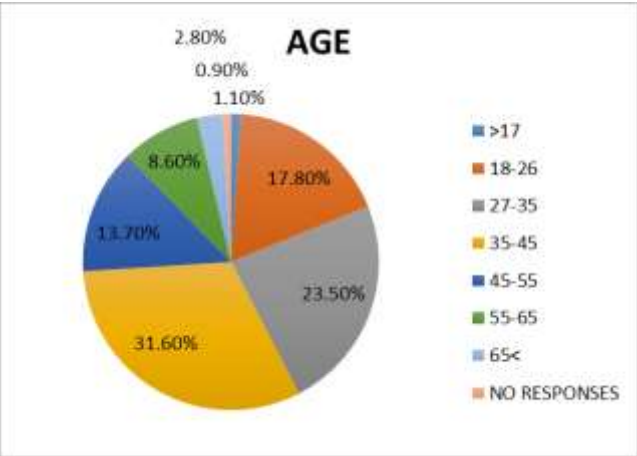1. What is the ZIP Code where you live?
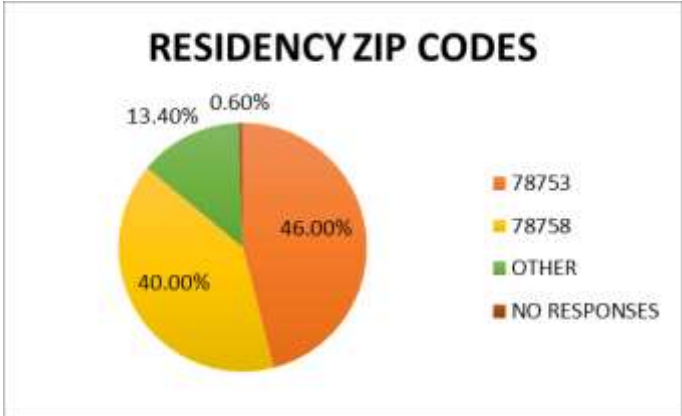


Question 2

2. What is your ethnicity?

Question 3

3. What is your age? (0-99 years)



Question 4
4. What is your gender?



Question 5
5. How many people live in your household?
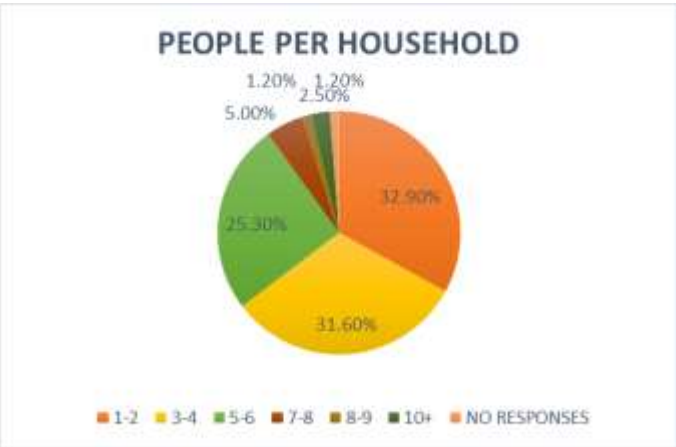
## Question 6
6. How would you describe your overall health?



**DESCRIPTION OF OVERALL HEALTH**

12.60% 0.00%
0.00%
20.20%
30.30%

EXCELLENT    GOOD    AVERAGE
BELOW AVERAGE    POOR    NO RESPONSE
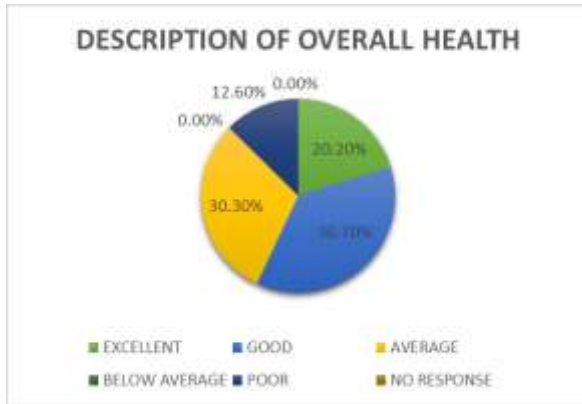
## Question 7
7. How many days in the past month have you missed work, school, or other regular activities due to illness or a health concern?



**DAYS MISSED FROM ILLNESS OR HEALTH CONCERN**

1.20% 5.10% 0.00%
5.10%
23.00%

0 days  1-3 days  4-6 days  7-10 days  10 days or more  Other
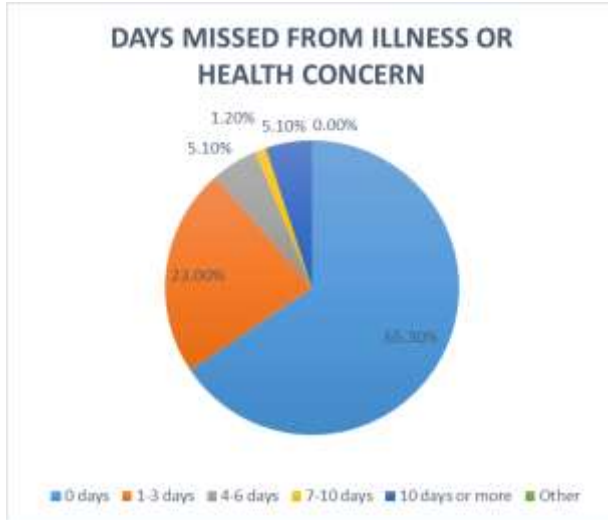
## Question 8
8. How do you most commonly access information about your health? (Check all that apply)



**SOURCES OF HEALTH INFORMATION**

9.20%  5.20%
1.30%
14.40%
9.20%
11.10%
25.00%

Doctor's office/clinic    Online via website or social media
Email    Newspaper of magazine
Television    Text Messages
Smart Phone or mobile app    US Postal Service (snail mail)

Question 9

9. Are you able to travel to your healthcare provider conveniently?



CONVENIENT TRAVEL TO HEALTH PROVIDER AVAILABLE

- Yes 65.80%
- No 16.40%
- No Responses 17.70%
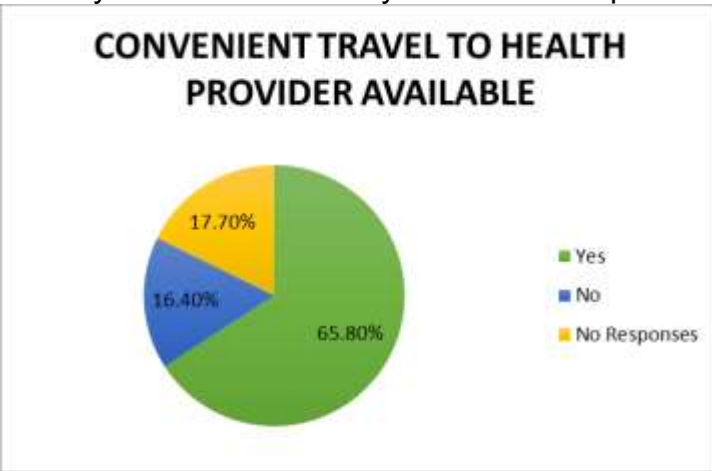
Question 10

10. What type of health care provider do you use?



TYPE OF HEALTHCARE PROVIDERS USED

- Alternative 6.30%
- Private physician 22.70%
- Emergency Room/Urgent Care 10.10%
- Private Clinic 0.00%
- Public Clinic 46.80%
- No Responses 13.90%
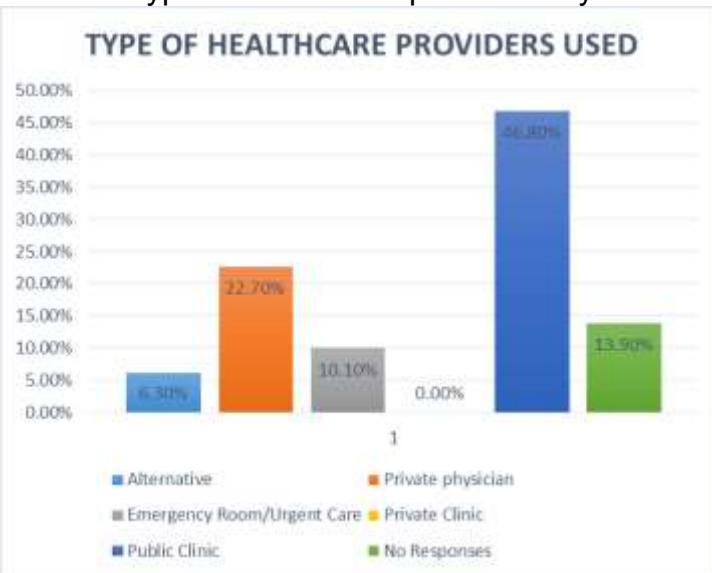
What types of changes do you feel could be made in your community that would benefit your health the most?
Rank 1-10 in order of importance, where 1 is most important and 10 is least important.



Priority Chart
Priority Ratings of Desired Services

Series 1

| Category | Value |
|---|---|
| Community Garden | 47 |
| Farmer's Market | 42.5 |
| Complete Streets/Parks/Trails | 45.3 |
| Affordable Cooking/Demonstrations | 41.3 |
| Affordable Exercise Classes | 48 |
| Smoke Free Parks/Venues | 50 |
| Smoke Free Restoraunts/Bars | 54 |
| Smoke Free Workplace | 57.5 |
| Healthcare/Clinics | 69 |
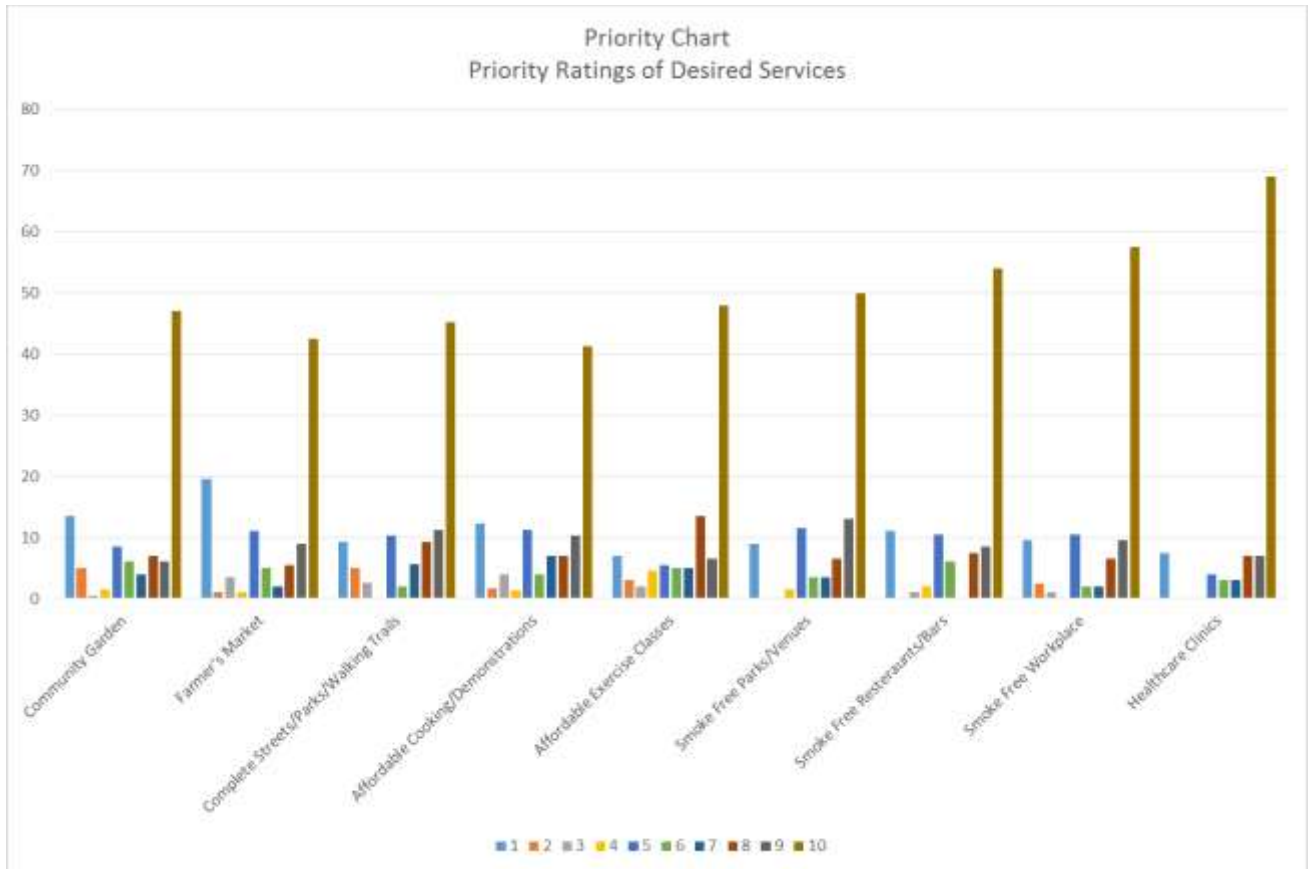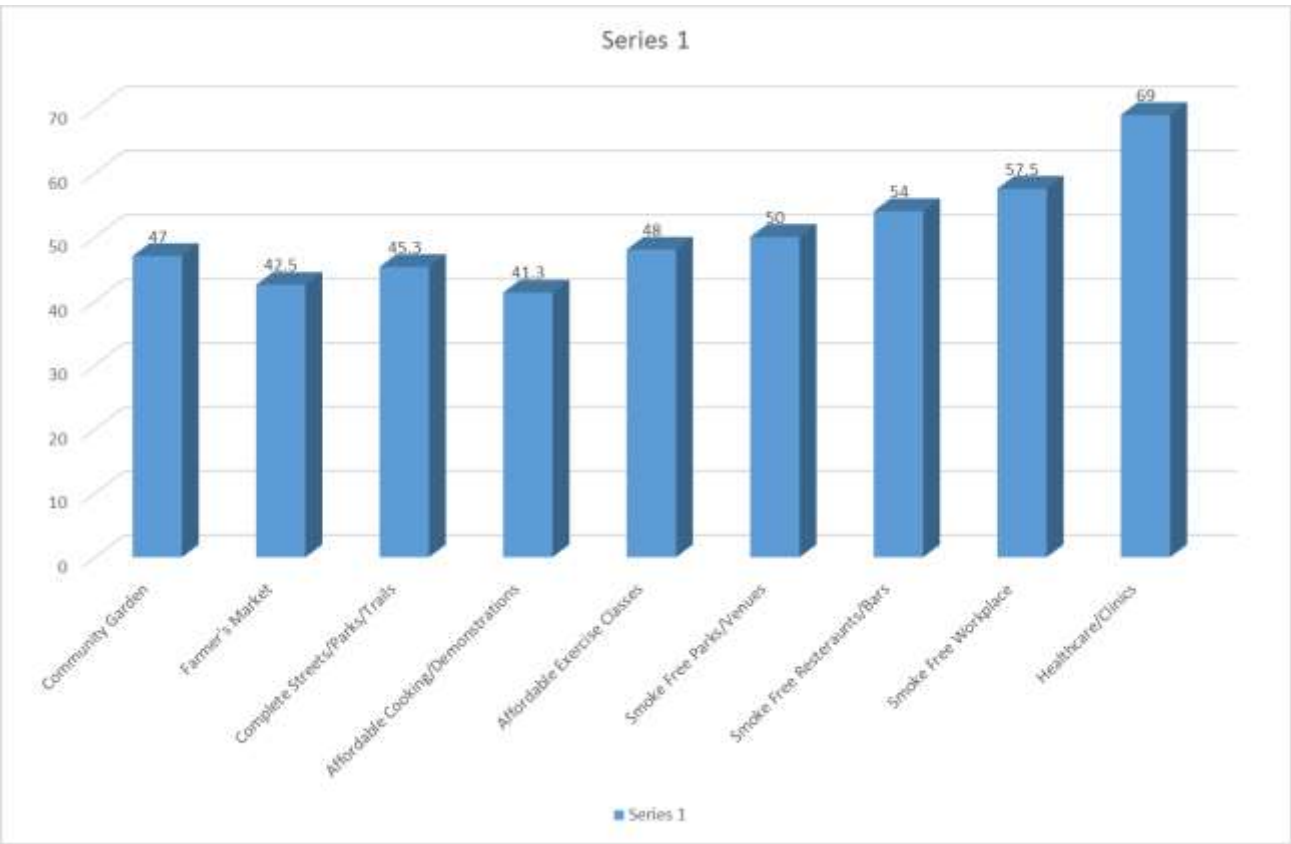
Question 12

12. In a typical week, how many hours do you exercise?



**HOURS OF EXERCISE PER WEEK**

- 0 hours — 12.60%
- 1-2 hrs per week — 31.60%
- 3-4 hrs per week — 17.70%
- 5-7 hrs per week — 27.80%
- 8+ hrs per week — 10.10%
- No Responses — 0.00%
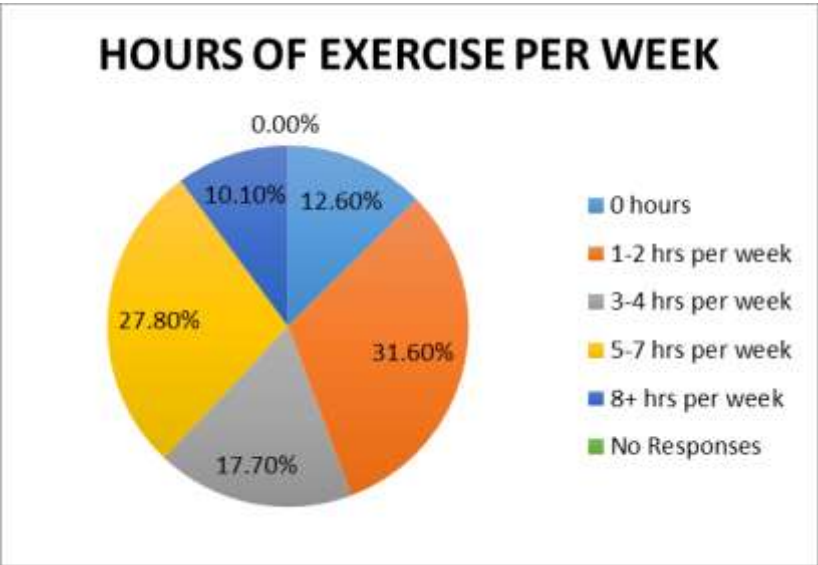
Question 13
13. Do you believe that there's plenty of spaces for your children to exercise in your communities?

**ENOUGH PLACES FOR EXERCISE?**

Yes: 64.50%
No: 34.10%
No Responses: 1.20%

Question 14
14. How would you describe your tobacco use habits?

**SMOKING HABITS**

13.90%

- I do not use any tobacco products
- I use tobacco other than cigarettes every now and then
- I use tobacco other than cigarettes frequently
- I smoke cigarettes every now and then
- I smoke cigarettes frequently
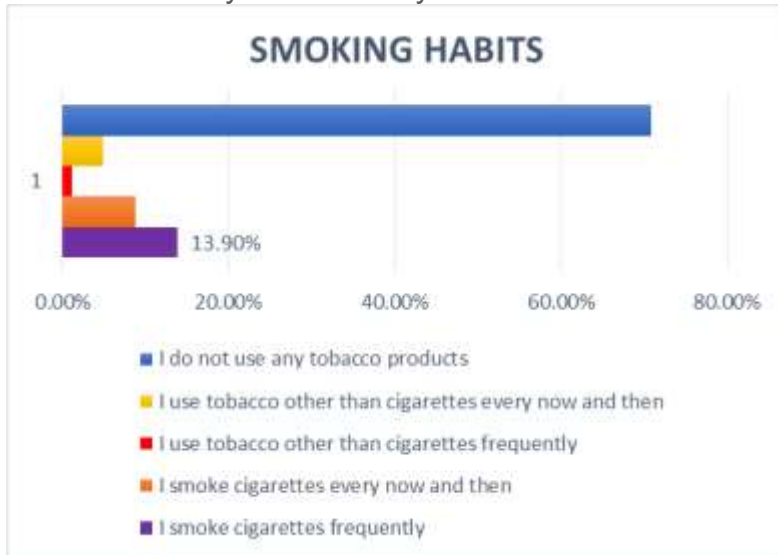
Question 15
15. What strategies does Travis County need, to support people that want to stop smoking?
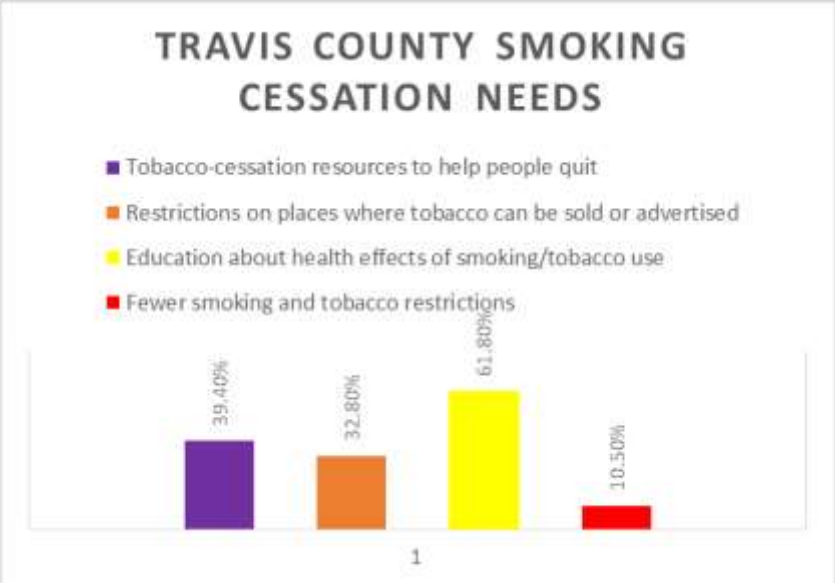
## Rundberg Area Survey Instrument

Thank you for taking a few minutes to complete this short survey about health in Rundberg. We are collecting this survey data for informational and program evaluation purposes only, and none of your responses will be tied in any way to you personally. We'd not retain any personally. We do not retain any personal information on that could be used to identify you.

We greatly appreciate your time and commitment to improve your community! To express our thanks for completing his survey, you can entered a drawing for a tablet upon your completion of this survey.

### Basic Information
Please tell us a little bit about yourself and where you live.

**1. What is the ZIP Code where you live?**
☐ 78753 ☐ 78758   other_____

**2. What is your ethnicity?**
☐White       ☐ African American      ☐ Hispanic or Latino
☐ Asian      ☐ Native American      ☐Other (please specify) _____

**3. What is your age? (0-99 years)**
_____

**4. What is your gender?**
☐ Male          ☐ Female

**5. How many people live in your household?**
☐ 1-2      ☐ 3-4      ☐ 5-6      ☐7-8      ☐8-9      ☐ 10+

### Health
Please tell us about your health in general.

**6. How would you describe your overall health?**
☐ Excellent        ☐ Good        ☐ Okay        ☐ Poor

**7. How many days in the past month have you missed work, school, or other regular activities due to illness or a health concern?**
☐ 0 days      ☐ 1 – 3 days      ☐ 4 – 6 days      ☐ 7 – 10 days      ☐ More than 10 days

**8. How do you most commonly access information about your health? (Check all that apply)**
☐ Doctor's office or clinic      ☐ Online via website      ☐Email      ☐ Newspaper or magazine      ☐Television      ☐ Texas messages      ☐ Cell phone      o U.S. Postal Service ("snail mail")

**9. Are you able to travel to your healthcare provider conveniently?**
☐ Yes          ☐ No   ☐N/A

10. What type of health care provider do you use?
☐ Private physician      ☐ Private Clinic      ☐ Alternative
☐ Emergency Room/ Urgent Care      ☐ Public Clinic      ☐ N/A

11. What changes do you feel could be made in your community that would benefit your health the most?
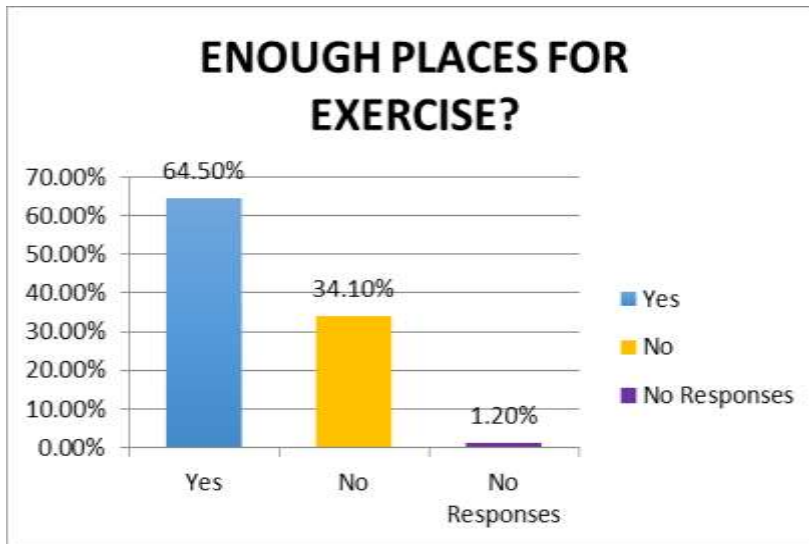Rank 1-10 in order of importance, where 1 is most important and 10 is least important.
☐ _____Community garden      ☐ _____Farmer's market
☐ _____Complete Streets: sidewalks, marked crosswalks, and bike lanes
☐ _____Parks & walking trails      ☐ _____Affordable exercise classes
☐ _____Affordable, family-friendly cooking classes      ☐ _____Healthy recipe cooking demonstrations in your grocery store      ☐ _____Smoke-free restaurants, nightclubs and bars      ☐ _____Smoke-free workplaces
☐ _____Smoke-free parks and outdoor venues      ☐_____ Health Care Clinic.
☐_____ Doctors and Specialist.      ☐_____ Other: _____

## Physical Activity

Please tell us about your normal exercise habits.
12. In a typical week, how many hours do you exercise? (Walk, jog, bike, swim, golf, tennis, dance, yoga, etc. May include exercise that is naturally part of your day, such as mowing the lawn, or walking to school, work, or the store)
☐ None
☐ 1-2 Hours a week
☐ 3-4 Hours a week
☐ 5-7 Hours a week

13. Do you believe there's plenty of spaces for you and your children to exercise in your communities?
☐ Yes      ☐ No    ☐N/A

## Tobacco

14. How would you describe your tobacco use habits? (Check all that apply)
O I smoke cigarettes frequently
O I smoke cigarettes every now and then
O I use tobacco other than cigarettes frequently
O I use tobacco other than cigarettes every now and then
O I do not use any tobacco products
15. Does Travis County need: (Check all that apply)
O Tobacco-cessation resources to help people quit
O Restrictions on places where tobacco can be sold or advertised
O Education about health effects of smoking/tobacco use
O Fewer smoking and tobacco restrictions

Thank You!
Thank you for completing the survey!
If you choose, your name can now be entered into a drawing for a tablet.

## APPENDIX E: TOP 20 TABLES

78753 Top 20 Visit Diagnoses by Payer: Medicaid

| Basic Description | ICD-9 Code | # of Visits |
|---|---|---|
| Routine infant or child health check | V20.2 | 10939 |
| Fever, unspecified | 780.6 | 2524 |
| Supervision of other normal pregnancy | V22.1 | 1802 |
| Cough | 786.2 | 1630 |
| Acute upper respiratory infections of unspecified site | 465.9 | 1257 |
| Vomiting alone | 787.03 | 784 |
| Schizoaffective disorder, unspecified | 295.7 | 761 |
| Unspecified otitis media | 382.9 | 716 |
| Acute pharyngitis | 462 | 635 |
| Rash and other nonspecific skin eruption | 782.1 | 600 |
| Need for prophylactic vaccination and inoculation against influenza | V04.81 | 592 |
| Encounters for unspecified administrative purpose | V68.9 | 575 |
| Supervision of normal first pregnancy | V22.0 | 460 |
| Paranoid type schizophrenia, unspecified | 295.3 | 446 |
| Other current conditions classifiable elsewhere of mother, antepartum condition or complication | 648.93 | 436 |
| Abdominal pain, unspecified site | 789 | 431 |
| Depressive disorder, not elsewhere classified | 311 | 418 |
| Allergic rhinitis, cause unspecified | 477.9 | 417 |
| Attention deficit disorder with hyperactivity | 314.01 | 394 |
| Otalgia, unspecified | 388.7 | 387 |

78758 Top 20 Visit Diagnoses by Payer: Medicaid

| Basic Description | ICD-9 Code | # of Visits |
|---|---|---|
| Routine infant or child health check | V20.2 | 7921 |
| Fever, unspecified | 780.6 | 1863 |
| Cough | 786.2 | 1191 |
| Supervision of other normal pregnancy | V22.1 | 1050 |
| Acute upper respiratory infections of unspecified site | 465.9 | 936 |
| Schizoaffective disorder, unspecified | 295.7 | 870 |
| Vomiting alone | 787.03 | 598 |
| Unspecified otitis media | 382.9 | 565 |
| Rash and other nonspecific skin eruption | 782.1 | 442 |
| Acute pharyngitis | 462 | 425 |
| Need for prophylactic vaccination and inoculation against influenza | V04.81 | 410 |
| Encounters for unspecified administrative purpose | V68.9 | 386 |
| Abdominal pain, unspecified site | 789 | 367 |
| Asthma, unspecified type, unspecified | 493.9 | 327 |
| Allergic rhinitis, cause unspecified | 477.9 | 321 |
| Bipolar disorder, unspecified | 296.8 | 309 |
| Otalgia, unspecified | 388.7 | 296 |
| Supervision of normal first pregnancy | V22.0 | 291 |
| Pain in limb | 729.5 | 280 |
| Other current conditions classifiable elsewhere of mother, antepartum condition or complication | 648.93 | 274 |

78753 Top 20 Visit Diagnoses by Payer: Medicare

| Basic Description | # of Visits |
| --- | --- |
| Schizoaffective Disorder | 624 |
| Generalized pain | 327 |
| High Blood Pressure | 297 |
| Diabetes | 296 |
| Paranoid Schizophrenia | 274 |
| Diabetes | 182 |
| Respiratory Condition | 166 |
| Benign High Blood Pressure | 142 |
| Heart Condition | 132 |
| Chest Pain | 115 |
| Altered Mental State | 107 |
| Bipolar Disorder | 106 |
| Schizophrenia | 96 |
| Bipolar Disorder | 96 |
| Depression | 88 |
| Bipolar Disorder | 85 |
| Depression | 79 |
| Injured Blood Vessels | 78 |
| Bipolar Disorder | 67 |
| Flu Shot | 59 |

78758 Top 20 Visit Diagnoses by Payer: Medicare

| Basic Description | # of Visits |
| --- | --- |
| Schizoaffective Disorder | 312 |
| Generalized pain | 231 |
| Diabetes | 215 |
| High Blood Pressure | 204 |
| Bipolar Disorder | 195 |
| Respiratory Condition | 191 |
| Diabetes | 119 |
| Benign High Blood Pressure | 116 |
| Altered Mental State | 100 |
| Paranoid Schizophrenia | 80 |
| Bipolar Disorder | 80 |
| Head Injury | 78 |
| Injured Blood Vessels | 72 |
| Bipolar Disorder | 69 |
| Chest Pain | 68 |
| Depression | 68 |
| Depression | 60 |
| Unspecified Mental Disorder | 58 |
| Bipolar Disorder | 56 |
| Traumatic Injury | 52 |

78753 Top 20 Visits - County Indigent Diagnoses

| Basic Description | ICD-9 Code | # of Visits |
|---|---|---|
| Dental Exam | V72.2 | 3778 |
| Diabetes | 250 | 1237 |
| Office Visit (e.g. Billing) | V68.9 | 883 |
| High Blood Pressure | 401.9 | 779 |
| Diabetes | 250.02 | 694 |
| OB-Gyn Exam | V72.31 | 408 |
| Stomach Pain | 789 | 380 |
| Mammogram | V76.12 | 370 |
| Flu Shot | V04.81 | 356 |
| Back Pain | 724.2 | 356 |
| Rheumatism | 729.5 | 324 |
| Joint Pain | 719.46 | 316 |
| General Checkup | V70.0 | 291 |
| Cough | 786.2 | 276 |
| Headache | 784 | 273 |
| Chest Pain | 786.5 | 258 |
| Depression | 311 | 251 |
| Back Pain | 724.5 | 248 |
| High Cholesterol | 272.4 | 214 |
| Joint Pain | 719.41 | 210 |

78758 Top 20 Visits - County Indigent Diagnoses

| Basic Description | ICD-9 Code | # of Visits |
| --- | --- | --- |
| Dental Exam | V72.2 | 2802 |
| Diabetes | 250 | 652 |
| High Blood Pressure | 401.9 | 596 |
| Office Visit (e.g. Billing) | V68.9 | 547 |
| Diabetes | 250.02 | 437 |
| OB-Gyn Exam | V72.31 | 324 |
| Joint Pain | 719.46 | 242 |
| General Checkup | V70.0 | 232 |
| Stomach Pain | 789 | 231 |
| Mammogram | V76.12 | 227 |
| Flu Shot | V04.81 | 221 |
| Depression | 311 | 208 |
| Rheumatism | 729.5 | 207 |
| High Cholesterol | 272.4 | 166 |
| Back Pain | 724.2 | 162 |
| Bipolar Disorder | 296.8 | 161 |
| Stomach Pain | 789.09 | 156 |
| Back Pain | 724.5 | 156 |
| Headache | 784 | 155 |
| Chest Pain | 786.5 | 153 |

78753 Top 20 Visit Diagnoses by Facility: FQHC

| Primary Diagnosis or Visit Reason | # of Visits |
|---|---|
| Child Checkup | 8609 |
| Normal Pregnancy Checkup | 3446 |
| High Blood Pressure | 1739 |
| Diabetes | 1697 |
| Birth Control Appointment | 1436 |
| STD Exam or Treatment | 1435 |
| Diabetes | 1388 |
| Abdominal Pain | 1273 |
| Depression | 982 |
| General Checkup | 918 |
| Respiratory Infection | 907 |
| Allergic Symptoms | 629 |
| Postpartum Checkup | 613 |
| Ear Inflammation | 572 |
| Birth Control Appointment | 569 |
| High Cholesterol | 555 |
| High Blood Pressure, Benign | 534 |
| Anxiety | 525 |
| Abdominal Pain | 490 |
| Pregnancy Exam | 487 |

78758 Top 20 Visit Diagnoses by Facility: FQHC

| Primary Diagnosis or Visit Reason | # of Visits |
|---|---|
| Child Checkup | 5407 |
| Normal Pregnancy Checkup | 2144 |
| High Blood Pressure | 1253 |
| Diabetes | 1080 |
| STD Exam or Treatment | 994 |
| Birth Control Appointment | 980 |
| Routine OB-Gyn Appointment | 955 |
| Diabetes, Uncontrolled | 920 |
| General Checkup | 668 |
| Respiratory Infection | 533 |
| Depression Diagnosis | 496 |
| Birth Control Appointment | 484 |
| Bipolar Diagnosis | 472 |
| ADD/ADHD Diagnosis | 430 |
| Postpartum Checkup | 426 |
| High Cholesterol | 380 |
| Unspecified Mood Disorder | 366 |
| Pregnancy Exam | 365 |
| Allergic Symptoms | 364 |
| High Blood Pressure, Benign | 362 |

78753 Top 20 Visit Diagnoses at ATCIC

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Schizoaffective disorder, unspecified | 295.7 | 1484 |
| Paranoid type schizophrenia, unspecified | 295.3 | 943 |
| Bipolar disorder, unspecified | 296.8 | 339 |
| Bipolar I disorder, most recent episode (or current) mixed, moderate | 296.62 | 331 |
| Unspecified schizophrenia, unspecified | 295.9 | 230 |
| Bipolar I disorder, most recent episode (or current) depressed, moderate | 296.52 | 215 |
| Other bipolar disorders | 296.89 | 206 |
| Bipolar I disorder, most recent episode (or current) depressed, severe, specified as with psychotic behavior | 296.54 | 187 |
| Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior | 296.33 | 153 |
| Bipolar I disorder, most recent episode (or current) mixed, unspecified | 296.6 | 150 |
| Disorganized type schizophrenia, unspecified | 295.1 | 147 |
| Bipolar I disorder, most recent episode (or current) depressed, severe, without mention of psychotic behavior | 296.53 | 147 |
| Bipolar I disorder, most recent episode (or current) mixed, severe, specified as with psychotic behavior | 296.64 | 147 |
| Major depressive affective disorder, recurrent episode, moderate | 296.32 | 135 |
| Major depressive affective disorder, recurrent episode, severe, specified as with psychotic behavior | 296.34 | 109 |
| Bipolar I disorder, most recent episode (or current) mixed, severe, without mention of psychotic behavior | 296.63 | 75 |
| Bipolar I disorder, most recent episode (or current) manic, severe, specified as with psychotic behavior | 296.44 | 54 |
| Bipolar I disorder, most recent episode (or current) depressed, unspecified | 296.5 | 52 |

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Bipolar I disorder, most recent episode (or current) manic, unspecified | 296.4 | 38 |
| Bipolar I disorder, most recent episode (or current) mixed, mild | 296.61 | 34 |

78758 Top 20 Visit Diagnoses at ATCIC

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Schizoaffective disorder, unspecified | 295.7 | 1338 |
| Bipolar I disorder, most recent episode (or current) mixed, moderate | 296.62 | 552 |
| Paranoid type schizophrenia, unspecified | 295.3 | 511 |
| Bipolar disorder, unspecified | 296.8 | 474 |
| Bipolar I disorder, most recent episode (or current) mixed, severe, specified as with psychotic behavior | 296.64 | 325 |
| Unspecified schizophrenia, unspecified | 295.9 | 248 |
| Other bipolar disorders | 296.89 | 238 |
| Bipolar I disorder, most recent episode (or current) manic, severe, specified as with psychotic behavior | 296.44 | 219 |
| Bipolar I disorder, most recent episode (or current) depressed, severe, without mention of psychotic behavior | 296.53 | 184 |
| Bipolar I disorder, most recent episode (or current) depressed, severe, specified as with psychotic behavior | 296.54 | 180 |
| Bipolar I disorder, most recent episode (or current) manic, severe, without mention of psychotic behavior | 296.43 | 125 |
| Major depressive affective disorder, recurrent episode, moderate | 296.32 | 114 |
| Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior | 296.33 | 111 |
| Bipolar I disorder, most recent episode (or current) depressed, unspecified | 296.5 | 99 |
| Major depressive affective disorder, recurrent episode, severe, specified as with psychotic behavior | 296.34 | 79 |

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Depressive disorder, not elsewhere classified | 311 | 67 |
| Major depressive affective disorder, recurrent episode, unspecified | 296.3 | 62 |
| Bipolar I disorder, most recent episode (or current) depressed, moderate | 296.52 | 51 |
| Bipolar I disorder, most recent episode (or current) mixed, unspecified | 296.6 | 40 |
| Bipolar I disorder, most recent episode (or current) manic, moderate | 296.42 | 24 |

78753 Top 20 Visit Diagnoses at Community Mental Health Facilities

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Bipolar I disorder, most recent episode (or current) mixed, moderate | 296.62 | 265 |
| Other bipolar disorders | 296.89 | 165 |
| Bipolar I disorder, most recent episode (or current) depressed, severe, specified as with psychotic behavior | 296.54 | 155 |
| Bipolar disorder, unspecified | 296.8 | 151 |
| Bipolar I disorder, most recent episode (or current) depressed, moderate | 296.52 | 125 |
| Bipolar I disorder, most recent episode (or current) depressed, severe, without mention of psychotic behavior | 296.53 | 122 |
| Bipolar I disorder, most recent episode (or current) mixed, unspecified | 296.6 | 105 |
| Bipolar I disorder, most recent episode (or current) mixed, severe, specified as with psychotic behavior | 296.64 | 83 |
| Bipolar I disorder, most recent episode (or current) mixed, severe, without mention of psychotic behavior | 296.63 | 70 |
| Bipolar I disorder, most recent episode (or current) depressed, unspecified | 296.5 | 48 |
| Bipolar I disorder, most recent episode (or current) manic, severe, specified as with psychotic behavior | 296.44 | 41 |

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Bipolar I disorder, most recent episode (or current) manic, unspecified | 296.4 | 28 |
| Major depressive affective disorder, recurrent episode, moderate | 296.32 | 90 |
| Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior | 296.33 | 90 |
| Major depressive affective disorder, recurrent episode, severe, specified as with psychotic behavior | 296.34 | 71 |
| Unspecified episodic mood disorder | 296.9 | 30 |
| Paranoid type schizophrenia, unspecified | 295.3 | 576 |
| Schizoaffective disorder, unspecified | 295.7 | 777 |
| Unspecified schizophrenia, unspecified | 295.9 | 156 |
| Disorganized type schizophrenia, unspecified | 295.1 | 117 |

78758 - Top 20 Visit Diagnoses at Community MH Facilities

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Schizoaffective disorder, unspecified | 295.7 | 708 |
| Bipolar I disorder, most recent episode (or current) mixed, moderate | 296.62 | 342 |
| Paranoid type schizophrenia, unspecified | 295.3 | 264 |
| Bipolar disorder, unspecified | 296.8 | 252 |
| Bipolar I disorder, most recent episode (or current) depressed, severe, specified as with psychotic behavior | 296.54 | 126 |
| Major depressive affective disorder, recurrent episode, moderate | 296.32 | 125 |
| Bipolar I disorder, most recent episode (or current) manic, severe, specified as with psychotic behavior | 296.44 | 108 |
| Other bipolar disorders | 296.89 | 98 |
| Bipolar I disorder, most recent episode (or current) manic, severe, without mention of psychotic behavior | 296.43 | 91 |

| | | |
|---|---|---|
| Bipolar I disorder, most recent episode (or current) mixed, severe, specified as with psychotic behavior | 296.64 | 83 |
| Bipolar I disorder, most recent episode (or current) depressed, severe, without mention of psychotic behavior | 296.53 | 82 |
| Bipolar I disorder, most recent episode (or current) depressed, unspecified | 296.5 | 72 |
| Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior | 296.33 | 64 |
| Major depressive affective disorder, recurrent episode, severe, specified as with psychotic behavior | 296.34 | 64 |
| Bipolar I disorder, most recent episode (or current) depressed, moderate | 296.52 | 56 |
| Unspecified schizophrenia, unspecified | 295.9 | 51 |
| Bipolar I disorder, most recent episode (or current) mixed, unspecified | 296.6 | 40 |
| Major depressive affective disorder, recurrent episode, unspecified | 296.3 | 39 |
| Unspecified episodic mood disorder | 296.9 | 36 |
| Major depressive affective disorder, single episode, severe, without mention of psychotic behavior | 296.23 | 31 |

78753 Top 20 Diagnosis Codes for ER/ED Visits

| ICD-9 Code | Code Description | # of Visits |
|---|---|---|
| 780.6 | Fever, unspecified | 2282 |
| 786.2 | Cough | 1720 |
| 787.03 | Vomiting alone | 847 |
| 789.09 | Abdominal pain, other specified site | 837 |
| 784 | Headache | 723 |
| 782.1 | Rash and other nonspecific skin eruption | 660 |

| ICD-9 Code | Code Description | # of Visits |
|---|---|---|
| 729.5 | Pain in limb | 603 |
| 789 | Abdominal pain, unspecified site | 494 |
| 388.7 | Otalgia, unspecified | 460 |
| 648.93 | Other current conditions classifiable elsewhere of mother, antepartum condition or complication | 403 |
| 959.01 | Head injury, unspecified | 395 |
| 786.5 | Chest pain, unspecified | 384 |
| 724.2 | Lumbago | 351 |
| 786.59 | Other chest pain | 344 |
| 465.9 | Acute upper respiratory infections of unspecified site | 330 |
| 462 | Acute pharyngitis | 304 |
| 599 | Urinary tract infection, site not specified | 302 |
| 789.06 | Abdominal pain, epigastric | 299 |
| 784.1 | Throat pain | 270 |
| 525.9 | Unspecified disorder of the teeth and supporting structures | 255 |

78753 Top 20 Diagnosis Codes for ER/ED Visits

| ICD-9 Code | Code Description | # of Visits |
|---|---|---|
| 780.6 | Fever, unspecified | 1715 |
| 786.2 | Cough | 1098 |
| 787.03 | Vomiting alone | 634 |
| 789.09 | Abdominal pain, other specified site | 618 |
| 784 | Headache | 503 |

| | | |
|---|---|---|
| 729.5 | Pain in limb | 487 |
| 782.1 | Rash and other nonspecific skin eruption | 474 |
| 789 | Abdominal pain, unspecified site | 427 |
| 388.7 | Otalgia, unspecified | 335 |
| 648.93 | Other current conditions classifiable elsewhere of mother, antepartum condition or complication | 321 |
| 959.01 | Head injury, unspecified | 305 |
| 462 | Acute pharyngitis | 273 |
| 786.5 | Chest pain, unspecified | 269 |
| 786.59 | Other chest pain | 243 |
| 465.9 | Acute upper respiratory infections of unspecified site | 243 |
| 599 | Urinary tract infection, site not specified | 241 |
| 490 | Bronchitis, not specified as acute or chronic | 225 |
| 724.2 | Lumbago | 218 |
| 525.9 | Unspecified disorder of the teeth and supporting structures | 213 |
| 382.9 | Unspecified otitis media | 209 |

78753 Top 20 Diagnosis Codes for EMS Response

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Generalized pain | 780.96 | 1187 |
| Respiratory abnormality, unspecified | 786 | 494 |
| Unspecified nonpsychotic mental disorder | 300.9 | 393 |
| Head injury, unspecified | 959.01 | 375 |
| Altered mental status | 780.97 | 370 |

| Other specified sites, including multiple injury | 959.8 | 348 |
|---|---|---|
| Injury to unspecified blood vessel of lower extremity | 904.8 | 311 |
| Chest pain, unspecified | 786.5 | 304 |
| Injury to unspecified blood vessel of upper extremity | 903.9 | 264 |
| Other injury of other sites of trunk | 959.19 | 239 |
| Transient alteration of awareness | 780.02 | 175 |
| Epilepsy, unspecified, without mention of intractable epilepsy | 345.9 | 168 |
| Fever, unspecified | 780.6 | 139 |
| Headache | 784 | 127 |
| Other convulsions | 780.39 | 97 |
| Adult maltreatment, unspecified | 995.8 | 83 |
| Abdominal pain, other specified site | 789.09 | 82 |
| Other injury of chest wall | 959.11 | 79 |
| Cardiac arrest | 427.5 | 74 |
| Hypotension, unspecified | 458.9 | 67 |

78758 Top 20 Diagnosis Codes for EMS Response

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Generalized pain | 780.96 | 860 |
| Respiratory abnormality, unspecified | 786 | 444 |
| Unspecified nonpsychotic mental disorder | 300.9 | 407 |
| Altered mental status | 780.97 | 395 |
| Head injury, unspecified | 959.01 | 373 |
| Injury to unspecified blood vessel of lower extremity | 904.8 | 280 |
| Other specified sites, including multiple injury | 959.8 | 263 |
| Injury to unspecified blood vessel of upper extremity | 903.9 | 259 |
| Transient alteration of awareness | 780.02 | 208 |

| | | |
|---|---|---|
| Chest pain, unspecified | 786.5 | 206 |
| Other injury of other sites of trunk | 959.19 | 164 |
| Epilepsy, unspecified, without mention of intractable epilepsy | 345.9 | 163 |
| Fever, unspecified | 780.6 | 108 |
| Other convulsions | 780.39 | 98 |
| Headache | 784 | 76 |
| Adult maltreatment, unspecified | 995.8 | 75 |
| Other injury of chest wall | 959.11 | 72 |
| Diabetes with other specified manifestations, type II or unspecified type, uncontrolled | 250.82 | 65 |
| Abdominal pain, other specified site | 789.09 | 54 |
| Cardiac arrest | 427.5 | 54 |

78753 Top 20 Diagnoses with Homeless Designation

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Paranoid type schizophrenia, unspecified | 295.3 | 118 |
| Dental examination | V72.2 | 38 |
| Bipolar I disorder, most recent episode (or current) depressed, moderate | 296.52 | 35 |
| Schizoaffective disorder, unspecified | 295.7 | 34 |
| Bipolar disorder, unspecified | 296.8 | 31 |
| Major depressive affective disorder, recurrent episode, mild | 296.31 | 27 |
| Major depressive affective disorder, recurrent episode, moderate | 296.32 | 26 |
| Encounters for unspecified administrative purpose | V68.9 | 25 |
| Bipolar I disorder, most recent episode (or current) mixed, severe, specified as with psychotic behavior | 296.64 | 25 |

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Bipolar I disorder, most recent episode (or current) mixed, moderate | 296.62 | 22 |
| Cough | 786.2 | 21 |
| Chest pain, unspecified | 786.5 | 21 |
| Unspecified nonpsychotic mental disorder | 300.9 | 18 |
| Bipolar I disorder, most recent episode (or current) manic, unspecified | 296.4 | 15 |
| Altered mental status | 780.97 | 15 |
| Unspecified essential hypertension | 401.9 | 15 |
| Epilepsy, unspecified, without mention of intractable epilepsy | 345.9 | 13 |
| Generalized pain | 780.96 | 13 |
| Lumbago | 724.2 | 13 |
| Screening examination for pulmonary tuberculosis | V74.1 | 12 |

78758 Top 20 Diagnoses with Homeless Designation

| Code Description | ICD-9 Code | # of Visits |
|---|---|---|
| Bipolar I disorder, most recent episode (or current) mixed, moderate | 296.62 | 95 |
| Bipolar I disorder, most recent episode (or current) mixed, severe, specified as with psychotic behavior | 296.64 | 69 |
| Bipolar I disorder, most recent episode (or current) manic, severe, without mention of psychotic behavior | 296.43 | 66 |
| Unspecified nonpsychotic mental disorder | 300.9 | 56 |
| Bipolar disorder, unspecified | 296.8 | 54 |
| Major depressive affective disorder, recurrent episode, unspecified | 296.3 | 47 |
| Generalized pain | 780.96 | 43 |
| Depressive disorder, not elsewhere classified | 311 | 43 |
| Dental examination | V72.2 | 40 |

| | | |
|---|---|---|
| Major depressive affective disorder, recurrent episode, moderate | 296.32 | 38 |
| Altered mental status | 780.97 | 36 |
| Encounters for unspecified administrative purpose | V68.9 | 29 |
| Alcohol abuse, unspecified | 305 | 23 |
| Pain in limb | 729.5 | 21 |
| Unspecified essential hypertension | 401.9 | 20 |
| Chest pain, unspecified | 786.5 | 15 |
| Abdominal pain, other specified site | 789.09 | 15 |
| Head injury, unspecified | 959.01 | 14 |
| Transient alteration of awareness | 780.02 | 14 |

[i] "Top Ten Demographics Trends in Austin, Texas" Ryan Robinson City of Austin Demographer. http://www.austintexas.gov/page/top-ten-demographic-trends-austin-texas