

Community Health Needs Assessment

Central Region: Travis County

**Ascension Seton Medical Center Austin
Ascension Seton Northwest
Ascension Seton Shoal Creek
Ascension Seton Southwest
Dell Children's Medical Center
Dell Seton Medical Center
Central Texas Rehabilitation Hospital**

May 2019



**Ascension
Seton**

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Background

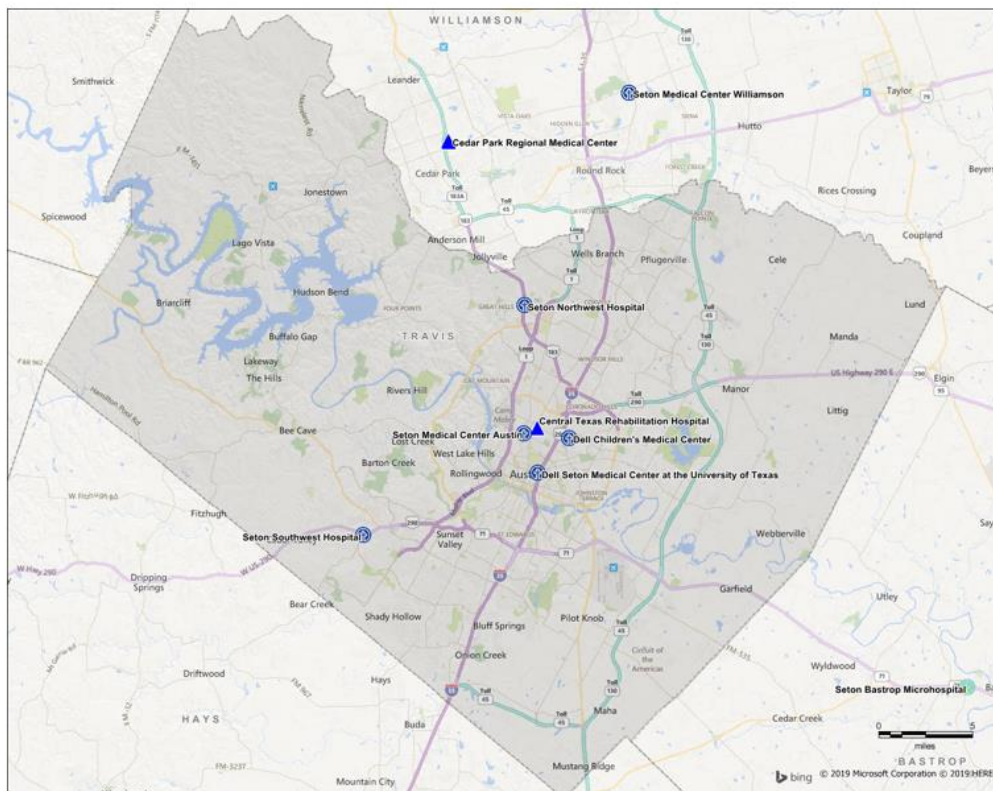
In December 2017, Austin/Travis County published the Community Health Assessment report (CHA) “Together we Thrive.” Ascension Seton was an official partner for the development of the CHA, along with the Austin Transportation Department, the Capital Metropolitan Transit Authority, Central Health, Integral Care, St. David’s Foundation, Travis County Health and Human Services, The University of Texas at Austin Dell Medical School and The University of Texas Health Science Center at Houston School of Public Health in Austin.

Ascension Seton associates participated in multiple meetings and discussions related to the creation of the CHA. Specifically, three former Ascension Seton associates were active participants: Mr. Ashton Cumberbatch was a member of the Steering Committee, while Ms. Liz Johnson and Ms. Danielle Owens were members of the Core Coordinating Committee.

Because Ascension Seton associates actively participated in the creation of the Austin/Travis County CHA, the Internal Revenue Service (IRS) allows health care entities to work collaboratively, and the CHA meets the federal legal requirements set forth for the Community Health Needs Assessments, Ascension Seton opted to adopt the Travis County CHA report, as incorporated herein, as the official Ascension Seton Community Health Needs Assessment for its Central Region (Travis County).

Given the gap in time between the 2017 Austin/Travis County CHA and the requirements for the 2019 Community Health Needs Assessment, Ascension Seton determined that it would be valuable to solicit supplemental feedback from Travis County stakeholders and community members in 2018. The process used to gather the supplemental information, along with a brief discussion of key findings from the focus groups and interviews are summarized briefly below.

CHNA – Central Region



Methodology

To gather supplemental qualitative data, Ascension Seton, in collaboration with Baylor Scott & White Health and St. David's Foundation engaged IBM Watson Health (formerly Truven Health Analytics) and Shared Strategy Group to conduct focus groups and interviews in Travis County.

IBM Watson Health conducted one focus group in East Austin and four key informant interviews, while Shared Strategy Group conducted five focus groups in different locations throughout Travis County.

Per IRS requirements, the consultants invited individuals to participate in the focus group based on their involvement with public health, chronic diseases and their work with medically underserved, low-income or minority populations. The consultants also sought participation from community leaders, other healthcare organizations and healthcare providers.

Focus Groups

IBM Watson Health (formerly Truven Health Analytics) conducted a focus group in East Austin, Travis County in July 2018. The focus group included sixteen participants representing a wide range of organizations. These organizations are listed in Appendix One. Most of the participants participating in the focus group worked with at-risk and low-income populations, minorities, the medically under-served and populations with chronic diseases.

The top three areas of need identified by participants at the East Austin focus group members were: (1) funding for health care and transportation; (2) enhanced culturally sensitive services and (3) behavioral health services. These needs align with the key findings and themes identified in the Austin/Travis County CHA report.

The focus group also identified key opportunities for improving health in Travis County, including (1) improving health education and literacy; (2) supporting a “living wage” and (3) using technology to “integrate the health care system” and “improve communication among providers.”

Key Informant Interviews

In addition to conducting a focus group in East Austin, Ascension Seton and Baylor, Scott & White contracted with IBM Watson Healthcare to conduct four key informant interviews in Travis County in August 2018. The interviews included representatives from: (1) Texas Department of State Health Services; (2) Lake Travis Independent School District; (3) Central Texas Food Bank and (4) Central Texas Catholic Charities.

Most of the interview participants offered a Central Texas regional perspective. However, several themes emerged from the stakeholder interviews that were also expressed in the Travis County focus groups. Those themes included language and cultural barriers to accessing care, limited access to public transportation and challenges involved in providing care for the uninsured population, including mental health care.

Other issues raised during the interviews included fear among the undocumented immigrants to access health care services and the public health impact, such as the spread of tuberculosis. Leaders also cited lack of Medicaid expansion or funding to provide services to the uninsured as a challenge.

On the topic of mental health, the interviewees noted that available services do not meet existing needs. Interviewees stated mental health problems exist across the population, but that they are more acutely experienced in the low-income and uninsured populations due to the lack of sustainable program funding.

Conclusion

The supplemental focus groups and “Community Conversations” conducted in 2018 provided Ascension Seton with additional insight into the perceived health care needs of Travis County residents, especially at the micro-neighborhood level. The feedback gathered from community members and stakeholders in 2018 mirror many of the same findings and themes identified in the Austin/Travis County CHA report, specifically the need to focus resources on improving access to care and mental health resources.

Findings from the focus group and community conversations carried out in 2018 are consistent with the top three prioritized health concerns identified in the CHA, including:

- Diabetes
- Mental Health
- Access to Healthcare

Approval

Prepared by Ascension Seton. Formally adopted by the Ascension Seton Board on May 21, 2019.

Appendix One: Organizations Represented in Focus Groups and Interviews

| Organization | Community Input Sector |
|---|--|
| GO! Austin / VAMOS! Austin (GAVA) | Representatives or members of public, health, low-income and minority populations, populations with chronic disease needs |
| Manos de Cristo | Representatives or members of public health and low-income populations |
| Community Care Collaborative | Representatives or members of public health, medically underserved, low-income and minority populations, populations with chronic disease needs |
| Cardinal 360, LLC | Representatives or members of medically underserved, populations |
| The College of Health Care Professions | Representatives or members of low-income and minority populations |
| CareBOX Program | Representatives or members of medically underserved, low-income and minority populations, populations with chronic disease needs |
| Regarding Cancer | Representatives or members of medically underserved, low-income and minority populations, populations with chronic disease needs |
| Greater Austin Hispanic Chamber of Commerce | Minority populations |
| Austin Clubhouse, Inc. | Representatives or members of public health, medically underserved, low-income and minority populations, populations with chronic disease needs. |
| Women's Health and Family Planning Association of Texas | Representatives or members of public health, medically underserved, low-income and minority populations |
| The Arc of the Capital Area | Representatives or members of public health, medically underserved, low-income and minority populations, populations with chronic disease needs. |
| Austin Child Guidance Center | Representatives or members of public health, low-income and minority populations |

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| Central Texas Food Bank | Representatives or members of medically underserved, low-income populations, populations with chronic disease needs |
| Baylor Scott and White Health | Public health |
| People's Community Clinic | Representatives or members of public health, medically underserved, low-income and minority populations, populations with chronic disease needs. |

Appendix Two: Summary of Community Health Resources

The chart below provides a high-level overview of the health care resources available in or servicing Travis County, including acute care facilities (hospitals), primary and specialty care clinics, mental health providers and other nonprofit services that address the social determinants of health such as transportation, affordable housing, poverty and nutrition. Many of the facilities and organizations listed below are potential resources to address the health needs identified in this CHNA. In addition to the resources listed below, the following government resources are available in each Texas county: Women, Infant and Children (WIC) nutrition program, Texas Health and Human Services Commission programs, Texas Workforce Commission, Texas Mental Health and Mental Retardation (MHMR) offices.

As part of the CHNA process, Ascension Seton along with community partners identified resources that currently support health. This list is not meant to be exhaustive.

| Acute Care | Primary & Specialty Care | Mental Health | Other Resources |
|--|---|--|---|
| Dell Seton Medical Center at the University of Texas | Ascension Seton McCarthy Community Health Center | Austin Travis County Integral Care (MHMR) | Medical Assistance Program (MAP) |
| Ascension Seton Medical Center Austin | University Physicians Group | Ascension Seton Shoal Creek | Central Health |
| Dell Children's Medical Center | Seton Family of Doctors at Balcones Woods | Ascension Seton Psychiatric Emergency Department | The University of Texas at Austin Dell Medical School |
| Ascension Seton Northwest | Seton Family of Doctors at Jollyville | Ascension Seton Mind Institute | Community Care Collaborative |
| Ascension Seton Southwest | Seton Family of Doctors plus Express Care at Davis Lane | Grace Greco Maxwell Mental Health Unit at Dell Children's Medical Center | Catholic Charities of Central Texas |
| St. David's South Austin Medical Center | Seton Family of Doctors at Stone Hill | Texas Children's Study Center/University of Texas at Austin | Foundation Communities |

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| St. David's Medical Center | People's Community Clinic (Federally Qualified Health Center) | Austin State Hospital | Capital Metropolitan Transportation Authority (Cap Metro) |
| St. David's North Austin Medical Center | Lone Star Circle of Care (Federally Qualified Health Center) | Ascension Seton Health Services at Austin ISD | Capital Area Rural Transportation System (CARTS) |
| Baylor Scott & White Medical Center – Round Rock | CommuniCare (Federally Qualified Health Center) | Bipolar Disorder Clinic at UT Health Austin (Dell Medical School) | United Way for Greater Austin |
| St. David's Heart Hospital of Austin | El Buen Samaritano Episcopal Mission | | Greater Austin Hispanic Chamber of Commerce Health and Wellness Committee |
| Lakeway Regional Medical Center | RediClinics | | Austin Public Health Neighborhood Centers |
| Cornerstone Hospital of Austin | UT Health Austin (clinical practice of Dell Medical School) | | |
| | St. David's Foundation Dental Program | | |
| | Hope Medical & Dental Clinics | | |

Appendix Three: Evaluation of Impact of Actions Since 2016 CHNA

Ascension Seton conducted its last CHNA for the Travis County in 2016. The CHNA identified the following prioritized needs for FY 2016-FY 2018.

1. Mental and behavioral health
2. Chronic diseases
3. Primary and specialty care
4. System of care
5. Social determinants of health

Ascension Seton and Ascension Seton facilities in Travis County have worked to address these needs. The summary below includes a summary of the impact Ascension Seton has made on these community needs over the past three years.

Ascension Seton operates the primary teaching hospital where Dell Medical School at The University of Texas (DMSUT) undergraduate and graduate medical students train. Ascension Seton and DMSUT have collaborated on medical resident training as medical students and residents have completed rotations in different specialties at many of the Ascension Seton facilities, including Dell Seton Medical Center at The University of Texas, Ascension Seton Medical Center Austin, Dell Children's Medical Center, and Ascension Seton Shoal Creek.

Ascension's national access and care coordination center, called AscensionConnect, supports the 11 counties that Ascension Seton serves. This innovative center provides comprehensive access to health and innovative solutions all under one roof. By utilizing one number patients are able to schedule primary and specialty care appointments, access 24/7 nurse advice, utilize the digital urgent care for minor illnesses, access behavioral health through an iPad, and enroll in comprehensive remote care management programs. The center is staffed by teams of multidisciplinary professionals with both clinical and administrative backgrounds that utilize digital technology to extend access to services that traditionally have been very difficult to find.

AscensionConnect's remote care program serves an average of 800 patients per month. Clinicians work with individuals suffering from chronic illness or individuals who are preparing for surgery. Our navigators tailor each care pathway based on the individual's personal needs. This program has been live for three years and has demonstrated a reduction in readmissions to as low as 2.59% for participants of the intervention.

Ascension Seton made the previous Travis County CHNA report available online. The public was invited to submit comments via email. No comments were received on the 2016 CHNA.

Ascension Seton Medical Center Austin

| Prioritized Need | Strategy | Actual Impact |
|-------------------------------------|---|---|
| Mental and Behavioral Health | Navigate individuals at risk of a substance use disorder to intervention and treatment | Identification of maternal opioid use disorder in private and AMG clinics in initial stages of implementation. Behavioral health training for frontline staff in OB |
| | Expand access to psychiatric services through telemedicine | We provide 24/7 tele psych in the ED and Woman's Services and other units as needed. |
| Chronic Diseases | Provide treatment and care coordination for adults with chronic conditions or serious injuries using a multi-disciplinary team of providers | Navigate patients in limited situations to use Good Health Solutions (e.g. COPD, Diabetes, hypertension) |
| | Improve outcomes for adult inpatients or observation patients diagnosed with diabetes through implementation of standardized, evidence-based protocols. | No dedicated endocrinologists at SMCA currently. Currently no diabetic educator nursing support. |
| | Provide treatment and care coordination for adults with one or more chronic conditions (including diabetes, heart disease, asthma, HIV-AIDS) | Navigate patients in limited situations to use Good Health Solutions (e.g. COPD, Diabetes, hypertension) |
| Primary and Specialty Care | Expand timely access to breast and cervical cancer screening via a mobile unit | Ascension Seton is developing a more integrated delivery system for the poor and vulnerable in our community through the Community Care Collaborative to transition & expand our outreach mammography program by developing new access points to screening, which include more advanced |

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| | | technological 3-D units (as opposed to 2-D unit of mobile unit). |
| Systems of Care | Provide navigational services from cancer diagnosis to treatment and survivorship services for women | Applying for National Accreditation Program for Breast Center Currently, the network provides breast navigators for all sites |
| | Provide pre-natal and post-natal navigation for pregnant Hispanic women | Community partners provide this service at this time. |
| | Increase language translation and quality of communications between the health care provider and patient to achieve greater patient involvement in shared decision-making | All service areas have access to iPads for interpretation and special situations in person interpreters are available. This service is well utilized by our teams. |

Ascension Seton Northwest

| Prioritized Need | Strategy | Actual Impact |
|-------------------------------------|--|---|
| Mental and Behavioral Health | Expand access to psychiatric services through telemedicine | SNW has telemedicine resources available |
| | Increase access to mental and behavioral health services by expanding post-graduate training (residencies and fellowships) for psychiatric specialties/psychiatric residency programs in Travis County | Added a consultative psychiatry fellowship with 2 positions per year and created a proactive psychiatry consultation service which piloted at Ascension Seton Northwest. Proactive psych consult service was effective. Patient and nurse satisfaction were improved when available. Currently, there are no remaining resources for the program. |
| Chronic Diseases | Provide treatment and care coordination for adults with chronic conditions or serious injuries using a multi- | Multi-disciplinary care teams meet daily to discuss inpatient care and treatment plans to help patients get better and follow up with the right care in order to avoid readmissions. Ascension Connect also participating to include remote patient monitoring. |

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| | disciplinary team of providers | |
| | Improve outcomes for adult inpatients or observation patients diagnosed with diabetes through implementation of standardized, evidence-based protocols. | Diabetes education resources have been reduced. Standard educational materials are provided and sent home with patients. |
| Primary and Specialty Care | Expand timely access to breast and cervical cancer screening via a mobile unit | Ascension Seton is developing a more integrated delivery system for the poor and vulnerable in our community through the Community Care Collaborative to transition & expand our outreach mammography program by developing new access points to screening, which include more advanced technological 3-D units (as opposed to 2-D unit of mobile unit). |
| Systems of Care | Increase language translation and quality of communications between the health care provider and patient to achieve greater patient involvement in shared decision-making | Special Language Line translation phones are available in every patient room; Translation iPads are also available throughout SNW |

Ascension Seton Shoal Creek

| Prioritized Need | Strategy | Actual Impact |
|-------------------------------------|---|---|
| Mental and Behavioral Health | Navigate individuals at risk of a substance use disorder to intervention and treatment | Imbedded hospital based social workers provided consult and support services to network facilities treating individuals with substance abuse disorders; provided treatment referrals and follow-up support These social workers are now integrated into Good Health Solutions |
| | Provide free behavioral health assessments and navigate individuals to community health providers | Resource Navigators have an established call line and provide free assessments; Current volumes include over 1000 calls/month with over 200 assessments provided/monthly |

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| | | 80% of assessments result in admission to Seton BH programs (in patient, intensive outpatient, outpatient through Seton Mind Institute) |
| | Expand access to psychiatric services through telemedicine technology | Still a work in progress; Psychiatry consult liaison team provides telepsychiatry consults to reduce length of stay; Future state to include expanded telepsychiatry to support EDs and IP with 24 hour coverage |
| | Create a new psychiatric emergency department | Psychiatric Emergency department initially created as a separate unit within Brackenridge Hospital; primary site for all psychiatric crisis treatment for community; staffed with behavioral health social workers, nurses and psychiatrists; reduced inpatient hospital admissions (less than 40% of patients admitted); Current state is an integrated portion of the Dell Seton medical Center Emergency Department – staffing includes behavioral health social workers, nurses and psychiatrists with support from Emergency Department providers |
| | Increase access to mental and behavioral health services by expanding post-graduate training (residencies and fellowships) for psychiatric specialties/psychiatric residency programs in Travis County | Increased from 28 to 32 general psychiatry residents and expanded services at the VA. Added a consultative psychiatry fellowship with 2 positions per year and created a proactive psychiatry consultation service which piloted at Ascension Seton Northwest and have now expanded to Dell Seton Medical Center. The service provides proactively assess all patients and offer psychiatric services to those patients deemed at risk. Overall the service increases access to mental health services, reduces length of time to care, and reduces length of stay in the hospital. Have 8 child and adolescent psychiatry fellows who train at the new pediatric mental health unit at Dell Children's. Have expanded inpatient access to mental health services at Dell Children's. |
| Social Determinants of Health | | Enhanced partnership with Integral Care to provide care for indigent patients has improved long-term stabilization of community members; lower readmission rates (below 3% readmissions within 15 days of discharge) for most chronic individuals; contract agreement for funding for inpatient care |

Ascension Seton Southwest

| Prioritized Need | Strategy | Actual Impact |
|-------------------------------------|---|--|
| Mental and Behavioral Health | Provide free behavioral health assessments and navigate individuals to community health providers | Social Workers provide free mental health & substance abuse assessments & referrals. |
| | Expand access to psychiatric services through telemedicine | Telemedicine is in place in our ED to consult for our psychiatric patients. |
| Chronic Diseases | Improve outcomes for adult inpatients or observation patients diagnosed with diabetes through implementation of standardized, evidence-based protocols. | Implemented diabetes education by nursing |
| Primary and Specialty Care | Expand timely access to breast and cervical cancer screening via a mobile unit | Ascension Seton is developing a more integrated delivery system for the poor and vulnerable in our community through the Community Care Collaborative to transition & expand our outreach mammography program by developing new access points to screening, which include more advanced technological 3-D units (as opposed to 2-D unit of mobile unit). |
| Systems of Care | Increase language translation and quality of communications between the health care provider and patient to achieve greater patient involvement in shared decision-making | Ascension Seton Southwest utilizes the Language Line Solutions telephones and iPads for translation services to include American Sign Language. If patient requests an onsite interpreter, one will be provided. |

Dell Children's Medical Center

| Prioritized Need | Strategy | Actual Impact |
|-------------------------------------|--|--|
| Mental and Behavioral Health | Increase access to behavioral health services on school campuses for children and adolescents | Screening program no longer in effect (DSRIP project that ended in October 2016). During 2015-2016 school year, 737 students served, with 8491 individual encounters during 2016-2017 school year, 684 students served, with 9123 individual encounters |
| | Increase access to mental and behavioral health services by expanding post-graduate training (residencies and fellowships) for psychiatric specialties/psychiatric residency programs in Travis County | Have 8 child and adolescent psychiatry fellows who train at the new pediatric mental health unit at Dell Children's. Have expanded inpatient access to mental health services at Dell Children's. |
| Systems of Care | Provide specialty treatment and care coordination for children with high disease complexity | According to 3-year study ending in October 2016, the Children's Comprehensive Care clinic when compared to a control group: <ul style="list-style-type: none"> Decreased utilization of ED by 40% in the treatment (medical home) group versus the control (community PCP) group. Improved all domains of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey -32% greater satisfaction in the treatment (medical home) group versus the control group (community PCP). Improved Pediatric Quality of Life Inventory (PEDsQL) in the domain of communication-Treatment (medical home) group increased by 13.5 points versus the control (community PCP) group increase by 0.76 points. Currently receiving baseline claims data on approximately 40% of patients served in the medical home to determine cost of care. |
| Chronic Disease | Deliver a tiered, multi-delivery approach to | November 2018: The Ascension Texas Community Investments Committee agreed to extend the prior |

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| | prevent and treat childhood obesity | <p>2016 contract with an additional three-year agreement to provide over 4,300 teachers and 78,000 students in Austin ISD, Round Rock ISD, and Hays ISD access to GoNoodle PLUS which has access to over 300 online movement videos. This level of access includes exclusive GoNoodle PLUS videos that bring movement and core-subjects together to develop fluency in grade-specific math and English topics.</p> <p>GoNoodle's online movement videos get kids moving - running, jumping, dancing, stretching, and practicing mindfulness for 3 to 5 minutes at a time and help teachers create an engaged classroom environment.</p> <p>GoNoodle channels classroom energy with short, interactive physical movement bursts proven to improve student health, boost cognitive processing, focus and academic performance. Both energizing and calming videos are available to help channel kids' energy.</p> |
| Social Determinants of Health | | Physicians with Children's Health Express (Marylin Doyle and Kimberly Avila Edwards) attended a Central Texas Learning Collaborative held by the Texas Pediatric Society (TPS) on addressing SDOH. Screening for SDOH is being integrated into well child checks of CHE. Partnerships and collaborations have been fostered between DCMC, TPS, DMS and People's Clinic to share resources for patients for those who screen positive. The process for identification and referral to these resources is in process. |
| | Provide evidence-based treatment for children and adolescents with emotional, behavioral and developmental disabilities | <p>Screening program no longer in effect (DSRIP project that ended in October 2016).</p> <ul style="list-style-type: none"> • During 2015-2016 school year, 737 students served, with 8491 individual encounters • During 2016-2017 school year, 684 students served, with 9123 individual encounters |
| | Provide primary care services for uninsured children and their teen parents through a mobile health unit (Children's Health Express) | <p>2017 Children's Health Express (Mobile Healthcare Van)</p> <ul style="list-style-type: none"> • 954 patient clinical encounters • 229 Health Education encounters • 8 sites of service to include: East Side Memorial HS, Houston Elem, Lanier HS, McBee Elem, Reagan HS, Travis HS, Webb MS, Wooten Elem |

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| | <p>Provide campus-based services (AISD Health Services)</p> | <p>Referrals to primary care and preventative care</p> <p>2015-2016 School Year</p> <ul style="list-style-type: none"> • Total direct care student encounters: 239,712 • Referrals to medical providers (not ED): 4513 encounters • Preventative screenings: 5916 encounters • Direct student encounters for diabetes, asthma: 24,290 • Case management encounters for diabetes, asthma: 6682 • Behavioral health direct encounters: 1630 • Behavioral health referrals: 1460 with 450 directly to CBCRC-Campus Based Counseling Referral Center (through Integral Care, Vida Clinic) <p>2016-2017 School Year</p> <ul style="list-style-type: none"> • Total direct care student encounters: 230,035 • Referrals to medical providers (not ED): 3603 encounters • Preventative screenings: 6022 encounters • Direct student encounters for diabetes, asthma: 23,358 • Case management encounters for diabetes, asthma: 8212 • Behavioral health direct encounters: 1764 • Behavioral health referrals: 1289 with 310 directly to CBCRC-Campus Based Counseling Referral Center (through Integral Care, Vida Clinic) <p>2017-2018 School Year</p> <ul style="list-style-type: none"> • Total direct care student encounters: 256,671 • Referrals to medical providers (not ED): 3199 encounters • Preventative screenings: 6547 encounters • Direct student encounters for diabetes, asthma: 25640 • Case management encounters for diabetes, asthma: 7497 • Behavioral health direct encounters: 1841 • Behavioral health referrals: 1289 with 149 directly to CBCRC-Campus Based Counseling Referral Center (through Integral Care, Vida Clinic) <p>The student population has continued to decrease between 2015-2016 and 2017-2018 school years,</p> |
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| | | <p>while at the same time RN/Clinical Assistant hours of coverage provided by AISD Student Health Services increasing to bell-to-bell coverage in majority of AISD campuses. The increase in hours of service provided by Ascension Seton staff is reflected in the statistics provided.</p> |
| | <p>Prevent childhood injuries and accidental deaths by raising awareness and providing free resources like child care seats and bicycle helmets</p> | <p>2018 – DCMC Injury Prevention Program Highlights</p> <ul style="list-style-type: none"> • Estimated number of Child Safety Seats (CSS) distributed: 1,674 • Estimated number of CSS inspections completed: 1,947 • Estimated number of media awareness messages broadcast: 55 <ul style="list-style-type: none"> ○ 20,000 viewers/each time • Estimated number of community events conducted: 179 • Estimated number of tip cards disseminated into the community: 61,500 • Estimated number of persons assisted by our community safety store: 1,302 • Child passenger safety technicians trained: 91 • Motor Vehicle Crash Data (DCMC 2016-17) Unrestrained – Declining • Bike/Ped Related Injuries Data (DCMC 2016-17) – Declining: |
| | <p>Utilize geo mapping data to identify hot spots of where uninsured children live and understand changes in the community's health landscape, including the delivery and utilization of health care services</p> | <p>DCMC utilizes a degree of geospatial analysis with community programming related to child passenger safety. Resources are mapped to identify if they actually impact the low socio-economic populations DCMC targets. For example, when Back to School bash data (booster seat only program) is overlaid with current poverty maps of the region we are able to confirm current operations do address their intended audiences. DCMC also works with Children's Optimal Health, a community collaborative that utilizes data from variety of organizations and overlays geo-mapping to inform decisions about policy and services related to children.</p> |

Dell Seton Medical Center

| Prioritized Need | Strategy | Actual Impact |
|------------------------------|--|---|
| Mental and Behavioral Health | Navigate individuals at risk of a substance use disorder to intervention and treatment | Operational efficiencies implemented to transition patients out of Behavioral health pod timely and to Seton Shoal Creek facility |
| | Provide free behavioral health assessments and navigate individuals to community health providers | |
| | Expand access to psychiatric services through telemedicine | The network provides, and we facilitate, on-demand psych and behavioral health consults using telemedicine provided by Seton Mind Institute and outside physicians. |
| | Create new psychiatric emergency department | Psychiatric Emergency department initially created as a separate unit within Brackenridge Hospital; primary site for all psychiatric crisis treatment for community; staffed with behavioral health social workers, nurses and psychiatrists; reduced inpatient hospital admissions (less than 40% of patients admitted); Current state is an integrated portion of the Dell Seton medical Center Emergency Department – staffing includes behavioral health social workers, nurses and psychiatrists with support from Emergency Department providers |
| | Increase access to mental and behavioral health services by expanding post-graduate training (residencies and fellowships) for psychiatric specialties/psychiatric residency programs in Travis County | Increased from 28 to 32 general psychiatry residents and expanded services at the VA. Added a consultative psychiatry fellowship with 2 positions per year and created a proactive psychiatry consultation service which piloted at Ascension Seton Northwest and have now expanded to Dell Seton Medical Center. The service provides proactively assess all patients and offer psychiatric services to those patients deemed at risk. Overall the service increases access to mental health services, reduces length of time to care, and reduces length of stay in the hospital. |
| Chronic Diseases | Provide treatment and care coordination for | Site initiatives directly impacting nursing and provider communication |

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| | adults with chronic conditions or serious injuries using a multi-disciplinary team of providers | <p>Patient advocate resource as well as volunteer ambassadors who serve as additional support to the patient</p> <ul style="list-style-type: none"> • Multidisciplinary care conferences for patient and patient family when necessary • Multidisciplinary rounding • RN and Provider councils • Pursuing Excellence initiatives |
| | Improve outcomes for adult inpatients or observation patients diagnosed with diabetes through implementation of standardized, evidence-based protocols. | <ul style="list-style-type: none"> • Integrated Diabetes Educator in the care team • Robust education for new diabetics • Specialized ED training so that ED/CDU care team can provide diabetes support to OP • Partner with CommUnity Care and Seton PC providers to ensure frequent flyers in the ED have additional support • Good Health Post Visit Diabetes Program-include multiple touchpoints spanning 60+ days |
| | Provide treatment and care coordination for adults with one or more chronic conditions (including diabetes, heart disease, asthma, HIV-AIDS) | Partner with CommUnity Care and Seton PC providers to ensure frequent flyers in the ED have additional support |
| Primary and Specialty Care | Expand timely access to breast and cervical cancer screening via a mobile unit | Ascension Seton is developing a more integrated delivery system for the poor and vulnerable in our community through the Community Care Collaborative to transition & expand our outreach mammography program by developing new access points to screening, which include more advanced technological 3-D units (as opposed to 2-D unit of mobile unit). |
| Systems of Care | Provide navigational services from cancer diagnosis to treatment and survivorship services for women | <p>Active treatment navigators and survivorship navigators</p> <p>Survivorship navigators help the patients transition from the oncologist to a primary care home and provide the patient with a survivorship care plan which outlines the patient long term screening and follow up needs</p> |
| | Increase language translation and quality of communications | International translation platform to support communicating in the language of choice, as well as on-site resources for Spanish languages |

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| | between the health care provider and patient to achieve greater patient involvement in shared decision-making | Over 50 iPad distributed across the facility Translation phones were strategically placed in all inpatient rooms with the new facility Spanish translation of discharge plan done with Seton translators within 60 minutes of request- ensuring patients leave with what they need |
| Social Determinants of Health | Provide a diverse population of patients with access to health care delivered by culturally competent professionals | <ul style="list-style-type: none"> • Care board utilization in the patient room • Site initiatives directly impacting nursing and provider communication • Patient advocate resource as well as volunteer ambassadors who serve as additional support to the patient • Multidisciplinary care conferences for patient and patient family when necessary • Modules for patient care givers have been distributed to address cultural awareness (I.E. transgender) |

Central Texas Rehabilitation Hospital

| Prioritized Need | Action | Actual Impact |
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| Mental and Behavioral Health | Provide psychological consults for patients with primary and/or secondary psychiatric co-morbidities | Better overall health outcomes and increased access to community resources upon discharge Increased access to needed mental health assessments and treatments through psychology and neuropsychology consultations |
| Chronic Diseases | Provide stroke support and education | Each primary CVA admit is provided individualized education on personal risk factors as well as education for prevention of secondary stroke Families and caregivers are included in the education |
| Primary and Specialty Care | Expand medical staff to include specialty physicians in key areas | CTRH patients have access to psychiatry, neuropsychiatry, urology, nephrology and Internal Medicine as routine consultations. Many additional specialty physicians are credentialed to provide in-house consultations on an as needed basis. |

Community Health Assessment

Austin/Travis County, Texas
December 2017



Together We Thrive
Austin/Travis County Community Health Plan



Photos on the front and back cover of this report were submitted by community members on Facebook, Twitter, and Instagram with the hashtag #ShowUsYourAustin in response to the question, “What does health mean to you?”

This social media campaign was used as a creative method to gather public input for the Austin/Travis County Community Health Assessment (CHA) in partnership with the City of Austin Mayor’s Office and Office of Innovation.

To Our Partners

Austin Transportation Department

Capital Metropolitan Transportation Authority (CapMetro)

Central Health

Integral Care

Seton Healthcare Family

St. David's Foundation

Travis County Health and Human Services

The University of Texas at Austin Dell Medical School

The University of Texas Health Science Center at Houston School of Public Health
in Austin

Thank you!

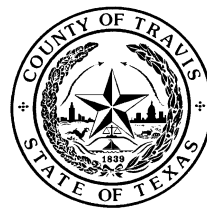


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Focus Group, Key Informant, Community Forum, and CASPER Participating Agencies

| | |
|---|--|
| African American Resource Advisory Commission | Front Steps |
| Arab American Anti-Discrimination Council | Go! Austin, Vamos! Austin |
| Asian American Quality of Life | Intellectual and Developmental Disability ACT |
| Asian American Resource Center | Jonestown Community Library |
| Austin Gay and Lesbian Chamber of Commerce | Manor ISD |
| Austin Harm Reduction Coalition | Meals on Wheels and More |
| Austin Independent School District | One Voice Central Texas |
| Austin Transportation Department | Out Youth |
| AVANCE | Seton Healthcare Family |
| Caritas of Austin | Sustainable Food Center |
| Center for Health Empowerment | Texas A&M University |
| Commission on Immigrant Affairs | Texas Black Women's Initiative |
| Community Coalition for Health | Texas Department of State Health Services |
| Connecther | The Boys and Girls Club |
| Council of American Islamic Relations | Travis County Community Center Jonestown Rural |
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CHAPTER 1

EXECUTIVE SUMMARY

1. EXECUTIVE SUMMARY

PURPOSE

Health is affected by many conditions in the environment in which people live, learn, work, and play.¹ A community health assessment (CHA) is a systematic examination of the health status of a population as well as key assets and challenges related to health in a community.² The assessment process engages community members and local public health system partners to collect and analyze health-related data from many sources.³ This CHA identifies health-related needs and strengths of Austin and Travis County and informs the development of community health improvement plan priorities. The CHA describes health broadly to include clinical health, health behaviors, social and economic factors, and environmental factors that impact the health status of community residents.

The CHA process is a collaborative effort of the Austin and Travis County community, led by a group of dedicated organizations including Austin Public Health (APH), Travis County Health and Human Services, St. David's Foundation, Central Health, Seton Healthcare Family, Integral Care, the University of Texas Health Science Center at Houston School of Public Health Austin Regional Campus, the University of Texas Dell Medical School, the Austin Transportation Department, and Capital Metro.

The 2017 Austin/ Travis County CHA is designed to assess conditions for Travis County and Austin overall, as such it does not go into detail for any particular neighborhood or subset of the County. There are, however separate efforts underway to conduct assessments with a much narrower focus. For example, neighborhood level CHA processes have occurred or are underway for Rundberg, Montopolis and Del Valle. These and other similar efforts will be taken into consideration for when developing a CHIP.

METHODOLOGY

Data for this report were gathered from secondary sources such as the United States Census Bureau and American Community Survey, the Texas Behavioral Risk Factor Surveillance Survey, and other local, state, and federal government reports from existing local, state, and national databases. Additionally, over 448 stakeholders including organizational representatives from health and human services industries and community residents have been engaged in this process through interviews, focus groups, community forums, and a door-to-door survey to understand their thoughts, experiences, and perspective on the health of Travis County. Furthermore, a social media campaign was used to engage the entire Austin/Travis County community, specifically youth and communities of color who are often underrepresented in community input efforts.

Following the National Association for County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework, the 2017 CHA includes four assessments: a Community Themes and Strengths Assessment (CTSA), Community Health Status Assessment (CHSA), Forces of Change Assessment (FOC), and a Local Public Health System Assessment (modified to the Austin Public Health System Assessment (APHS) for this report). The findings from each assessment are included as individual chapters in the report.

¹ "Social Determinants of Health". *Healthypeople.gov*. Office of Disease Prevention and Health Promotion. Web. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed July 14, 2017.

² "Community Health Assessments & Health Improvement Plans, What is a Community Health Assessment?". Cdc.gov. Centers for Disease Control and Prevention, November 2015. Web. <https://www.cdc.gov/stltpublichealth/cha/plan.html>. Accessed August 22, 2017.

³ "Community Health Planning." *Austintexas.gov*. Austin Public Health, n.d. Web. <http://www.austintexas.gov/healthforum>. Accessed August 22, 2017.

KEY THEMES

The key themes that emerged from the four MAPP assessments conducted for this CHA are briefly described below and further explored in Chapter 4. These themes have not been prioritized and are not presented in any particular order.

INEQUITY IN SOCIOECONOMIC LEVELS AND HEALTH IMPACT. Data in this report show that income in Travis County is unequally distributed between households and by race/ethnicity. Health data in this report illustrate that having a low income is associated with increased risk factors and worse health outcomes.

EDUCATION AND WORKFORCE DEVELOPMENT EFFORTS. Although data show that Travis County is an educated community with low annual unemployment, many professionals and residents engaged in this CHA noted that education and workforce development efforts could be improved to create more opportunity for residents with low incomes to move to higher incomes and to ensure a competent health care workforce that can meet the needs of a diverse and growing community.

HEALTH CARE ACCESS AND AFFORDABILITY. Approximately one quarter of the population aged 18 to 64 in Travis County does not have health insurance, and cost is a barrier to health care for many. Barriers include financial access and physical access to health care as well as knowledge of existing services.

TRANSPORTATION. For community members who do not have access to a personal or family vehicle, public transportation is a critical need. With continuing population growth in areas outside the city center in Austin, barriers associated with using public transportation such as time and cost are significant.

MENTAL HEALTH AND WELLBEING. Mental health and stress are both priorities for residents engaged in this CHA. This report explores issues related to stressors, service area gaps, and populations affected.

ACCESS TO SAFE RECREATION SPACES. Participants recognize outdoor recreation spaces for physical activity as important for health. Access to safe recreation space is available in some areas of Travis County; other areas are underserved.

ACCESS TO HEALTHY FOOD. Participants noted concerns about the availability and affordability of healthy food. Although some participants said they have access to affordable, healthy food near their home, others said that unhealthy food is often closer and less expensive.

ENVIRONMENTAL HEALTH. The cleanliness and upkeep of the built environment, including public and private spaces, was identified in this CHA as a health concern. Fixed-income seniors and renters noted issues with home maintenance. Water quality and availability was also discussed for specific populations, such as rural residents and the homeless community.

MAPP ASSESSMENT SUMMARY

Chapters 5 through 8 in the report contain detailed analyses for each of the MAPP assessments used to gather data and community input. The four MAPP assessments include the CTSA, which identified residents' thoughts, experience, opinions, and concerns; the CHSA, which includes data related to health and quality of life indicators; the FOC, which identifies external threats and opportunities that may affect the delivery of health care and public health services; and the APHSA which measures how well the local public health system delivers the 10 essential

services of public health, defined by the Centers for Disease Control and Prevention.⁴ Additional appendices contain supporting materials for each of the assessments and for the CHA process. Below is a brief summary of each of the four MAPP assessments.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The CTSA identifies residents' thoughts, experience, opinions, and concerns through public participation. Public participation activities for this CTSA included focus groups, interviews, a community forum, a door-to-door household survey, and a social media campaign, all of which asked participants about community strengths, community challenges, and potential solutions. The materials used during these activities can be found in Appendix A, Appendix B, and Appendix C, respectively.

All public participation data are analyzed in the CTSA, found in Chapter 6. The themes that emerged as issues important to the community are shown below and have not been prioritized:

- Access to health care and a healthy lifestyle
- Built environment
- Environmental health
- Stress and mental health
- Health literacy and knowledge
- Cultural competency
- Individuals experiencing homelessness
- Health outcomes
- Societal norms and stigma

COMMUNITY HEALTH STATUS ASSESSMENT

The CHSA utilizes quantitative data from existing national and local databases to identify the health status, quality of life, and risk factors related to health in Austin and Travis County. Chapter 6 begins by describing the demographics and environmental factors within Travis County that can affect health outcomes. Data include population size, age distribution, racial and ethnic makeup, projected population growth, income, poverty, educational attainment, employment, housing, transportation, access to healthy food, air quality, and crime and safety.

The chapter then explores items related to access and affordability of health care, including health insurance coverage, quantity of residents who have a personal doctor, and health care affordability. Health outcome data for Travis County are also presented, including the leading causes of death and the populations most affected by various diseases. Finally, the chapter explores self-reported health behaviors in Travis County such as utilization of preventive health screenings, consumption of vegetables, physical activity engagement, and substance use.

CHA member organizations contributed data, and additional data were provided by City of Austin departments, including APH and the police department for crime and traffic statistics. Data from state and national databases were also included, including data from the Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System, Feeding America, the United States Department of Agriculture, the Environmental Protection Agency, the United States Census Bureau, the American Community Survey, the Bureau of Labor Statistics, and FitnessGram.

⁴ "The Public Health System and the 10 Essential Public Health Services." *Cdc.gov*. Centers for Disease Control and Prevention, September 2017. Web. <https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html>. Accessed September 25, 2017.

FORCES OF CHANGE ASSESSMENT

The FOC assessment identifies external threats and opportunities that may affect the delivery of health care and public health services in the community.

The CHA steering committee participated in a group facilitation process to complete the FOC assessment. The steering committee generated and prioritized recent trends, factors, and events in the community that affect public health service delivery. For each factor, the group listed threats to community health and opportunities created. The results of this group facilitation process can be found in Chapter 5 of the CHA report. The seven forces of change, as identified and prioritized by the steering committee are:

1. Health conditions
2. Education and workforce development
3. City development
4. Affordability
5. Demographic changes
6. Technology and innovation
7. Political climate

AUSTIN PUBLIC HEALTH SYSTEM ASSESSMENT

The APHSA measures how well the local public health system, including public and private health care and public health entities, delivers the 10 essential public health services.

An online survey tool was used for the APHSA. The complete analysis of the survey can be found in Chapter 7 of the CHA report.

The survey found that public health partners believe that the community is engaged in sufficient efforts to inform, educate, and empower people about health issues. The community is also sufficiently mobilizing community partnerships and action to identify and solve health problems. Conversely, the survey found that public health partners believe that three public health services are provided minimally in the community: diagnosing and investigating health problems and health hazards in the community, assuring a competent public and personal health care workforce, and evaluating effectiveness, accessibility, and quality of personal and population-based health services.

CHAPTER 2

INTRODUCTION

2. INTRODUCTION

BACKGROUND

This community health assessment (CHA) is an update of the 2012 Austin/Travis County Community Health Assessment. The CHA is part of a community planning process outlined in the 2012 report with two major phases:

1. A CHA to identify the health-related needs and strengths of Austin and Travis County.
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific strategies to be implemented in a coordinated way across Austin and Travis County.⁵

The two phases together, known as the CHA/CHIP, is a collaborative effort of a group of organizations including Austin Public Health (APH), Travis County Health and Human Services, St. David's Foundation, Central Health, Seton Healthcare Family, Integral Care, the University of Texas Health Science Center at Houston School of Public Health Austin Regional Campus, the University of Texas Dell Medical School, the Austin Transportation Department, and Capital Metro.

The CHA/CHIP process is an important part of community health planning in Austin and Travis County. This CHA continues to fulfill the goals of the previous report which include:

- Examining the current health status across Austin and Travis County as compared to the state and national indicators.
- Exploring the current health concerns among Austin and Travis County residents within the social context of their communities.
- Identifying community strengths, resources, forces of change, and gaps in services to inform funding and programming priorities in Austin and Travis County.⁶

PURPOSE

A CHA engages community members and local public health system partners to collect and analyze qualitative and quantitative data to provide a snapshot of the community's health. Data presented in the CHA inform community decision making and prioritization of health problems and guide the development and implementation of a CHIP.⁷ Through the CHA/CHIP process, the CHA partners are addressing the need for ongoing community health planning in Travis County.

The CHA is intended for use by a wide variety of community partners. Data in this report can be used to help inform other community planning projects, grant applications, and community decision making.

The evaluation of the 2012 Austin/Travis County CHA/CHIP process noted increasing motivation for communities to engage in collaborative assessment and planning processes due to recent accreditation requirements for both health departments (Public Health Accreditation Board) and federally-funded nonprofit hospitals (an Internal Revenue

⁵ *Community Health Assessment Austin/Travis County Texas, December 2012*, p. viii. [Austintexas.gov](http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha_report_Dec2012.pdf). PDF File. Web. http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha_report_Dec2012.pdf. Accessed July 10, 2017.

⁶ *Community Health Assessment Austin/Travis County Texas, December 2012*, p. viii. [Austintexas.gov](http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha_report_Dec2012.pdf). PDF File. Web. http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha_report_Dec2012.pdf. Accessed July 10, 2017.

⁷ "Definitions of Community Health Assessments (CHA) and Community Health Improvement Plans (CHIPs). The National Association of County & City Health Officials. Naccho.org. PDF. <http://archived.naccho.org/topics/infrastructure/community-health-assessment-and-improvement-planning/upload/Definitions.pdf>. Accessed August 17, 2017.

Service requirement) to conduct a CHA and a CHIP, as well as increasing support for the CHA/CHIP process through National Association of County and City Health Officials' (NACCHO) growing body of online resources.⁸

According to PHAB, “[t]he goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.”⁹ An evaluation of the national accreditation program published by the Centers for Disease Control and Prevention in 2016 found that accreditation “has the potential to strengthen health departments’ cross-cutting capacities and infrastructure by fostering their engagement in quality improvement, strengthening management processes, and improving accountability.”¹⁰

COMMUNITY PROFILE

This updated CHA focuses on Travis County, which is home to numerous communities including the City of Austin, which is the capital of Texas. Travis County benefits from a mild climate with 300 days of sunshine per year. The area is known for having popular natural attractions with many opportunities for outdoor recreation. The City of Austin is known as a vibrant and innovative community, with a strong technology industry, a celebrated creative culture, and a wide array of services and programs for all residents of the city. The recent addition of the Dell Medical School to the city brings opportunities for medical innovation and extensive collaboration with community partners to improve the health of residents.

DEMOGRAPHICS

- Travis County is ethnically and linguistically diverse with a growing and changing population.¹¹ The population of Austin increased by 13.6 percent between 2011 and 2015, followed by Travis County (10.7 percent increase), and Texas (7.0 percent increase).¹² The population of Travis County is projected to continue to grow to 2,011,009 by 2050.¹³
- In 2015, 49.3 percent of Travis County residents were non-Hispanic White, 33.9 percent were Latino/Hispanic, 8.0 percent were Black/African American, and 6.4 percent were Asian.¹⁴ The youth of Travis County show a changing racial/ethnic makeup. Data from 2015 show that 47.1 percent of the Travis County population who are under 18 were Latino/Hispanic, 35.3 percent were non-Hispanic White, 9.0 percent of youth were Black/African American, and 5.8 percent were Asian.¹⁵
- In Travis County, 31.7 percent of residents speak a language other than English at home.¹⁶

⁸ Springer, S., Evans, A., Lovelace, K., Nielsen, A., Galvin, K., Hoyer, D. *Evaluation of the Austin/Travis County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) – Cycle 1 (2011-2016)*. p. 6. October 25, 2016. Michael and Susan Dell Center for Healthy Living – University of Texas Health Science Center at Houston (UTHealth) School of Public Health – Austin. Retrieved from: http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/Evaluation_of_2012-2016_CHA-CHIP_Cycle_1.pdf. Accessed August 17, 2017.

⁹ “What is Public Health Department Accreditation?”. Phaboard.org. Public Health Accreditation Board. Web. <http://www.phaboard.org/accreditation-overview/what-is-accreditation/>. Accessed July 10, 2017.

¹⁰ Kronstadt, J., Meit, M., Siegfried, A., Nicolaus, T., Bender, K., Corso, L. “Evaluating the Impact of National Public Health Department Accreditation – United States, 2016.” Centers for Disease Control and Prevention. Web. https://www.cdc.gov/mmwr/volumes/65/wr/mm6531a3.htm?s_cid=mm6531a3_e. Accessed July 10, 2017.

¹¹ This report uses U.S. Census Bureau race categories including White, Black or African American, and Asian, and the ethnicity category of Latino or Hispanic. The term “or” is replaced by a “/” in this report. American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander are not used as categories because the sample size in Travis County is too small to provide significant data. The category of Asian is only used in instances when there is a large enough sample size to provide significant data. In some circumstances, the “Other” category was created by aggregating race categories that have small population sizes in Travis County, such as American Indian and Alaskan Native, Native Hawaiian or other Pacific Islander and Two or More Races. Please see the Methodology Chapter for more information.

¹² U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B03002

¹³ U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B03002

¹⁴ U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B03002.

¹⁵ U.S. Census Bureau American Community Survey 1-Year Estimates, 2015. B01001, C01001B, C01001D, C01001G, C01001H, C01001I

¹⁶ U.S. Census Bureau American Community Survey 1-Year Estimates, 2015. C16005

SOCIAL AND ECONOMIC FACTORS

In addition to a growing and changing population, Travis County has a strong economy and data show that incomes have increased in recent years. However, community members and professionals engaged in this process voiced concerns about income inequality and affordability in the county. Supporting data related to income inequality and affordability in the county include the following:

- In 2016, annual unemployment in Travis County (3.1 percent) was lower than both Texas (4.7 percent) and the United States (4.9 percent).¹⁷
- In 2015, median household income in Travis County (\$62,269) and Austin (\$62,250) were higher than Texas (\$55,653) and the United States (\$55,775).¹⁸ Between 2011 and 2015, median income in Travis County increased by 16.8 percent compared to the United States (3.74 percent) and Texas (1.6 percent).¹⁹
- Household income is unequally distributed in Travis County, with the highest earning 20 percent of households earning more than half (53 percent) of the total income earned in the county while the lowest earning 20 percent of households earned 3 percent of the total income of the county.²⁰
- Median home values increased by 12.2 percent in Travis County between 2011 and 2015.²¹
- Sixteen percent of Travis County is living in poverty; poverty disproportionately affects certain segments of the population including Latinos/Hispanics (26.4 percent living in poverty), and Blacks/African Americans (22.6 percent living in poverty).²²
- Projected population growth through 2019 shows displacement of Black/African American and Latino/Hispanic populations into communities outside the city of Austin, to the north, east, and in the case of Latino/Hispanics, south.²³
- Community members and professionals engaged in this process noted the challenge of affordability in Travis County and the suburbanization of poverty, which impacts physical access to health services that are in the city center.

Additional data about the demographic, social, and economic issues in Travis County can be found in Chapter 8 of this report.

SOCIAL DETERMINANTS OF HEALTH

Health is affected by many conditions in the environment in which people live, learn, work, and play.²⁴ Understanding and considering the many factors that affect health is critical to community health planning efforts. This CHA is structured around the social determinants of health, aiming to address health in a broad sense.

Healthy People is a 10-year set of national objectives for health published by the Office of Disease Prevention and Health Promotion of the United States Department of Health and Human Services. Each decade, a new version of Healthy People is published with goals and objectives for the decade. Healthy People 2020, published in 2010, added a new topic: social determinants of health. This new topic highlights the impact of environmental and social factors on health outcomes. Examples of environmental and social factors that affect health include the availability of resources such as safe housing and local food retailers, access to education and job opportunities, public safety,

¹⁷ U.S. Bureau of Labor Statistics.

¹⁸ U.S. Census Bureau American Community Survey 1-Year Estimates, 2015.

¹⁹ American Community Survey 2011 and 2015 1-Year Estimates, B19013 and the Consumer Price Index

²⁰ 2015 American Community Survey 1-Year Estimates, B19080 & B19082

²¹ U.S. Census Bureau 2011 and 2015 American Community Survey 1-Year Estimates, B25077

²² U.S. Census Bureau 2011-2015 American Community Survey 5-year Estimates B17001, B17001B, B17001I

²³ Central Health Planning Regions Overview, 2014 – 2019 Report. 2015

²⁴ "Social Determinants of Health." *Healthypeople.gov*. Office of Disease Prevention and Health Promotion. Web. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed July 10, 2017.

transportation, and green space.²⁵ Healthy People 2020 identified five key domains of social determinants: economic stability, neighborhood and built environment, health and health care, education, and social and community context (Figure 2-1).²⁶

Social determinants of health can affect large groups of people disproportionately and are important to address in order to reduce health disparities.

Figure 2-1 Healthy People 2020, Five Key Domains of Social Determinants of Health



Source: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

Chapter 5 explores resident experiences with factors related to the social determinants of health such as the neighborhood and built environment, economic access, health systems, and community context. Data in Chapter 6 of this report reflects the social determinants of health important to Travis County and includes detailed information on environmental factors in Travis County including income, poverty, education, employment, housing, transportation, access to healthy foods, air quality, and crime and safety. Chapters 7 and 8 provide insight into health and social service professionals' perception of the many disparate factors that affect health care delivery and outcomes in Travis County.

²⁵ "Social Determinants of Health." *Healthypeople.gov*. Office of Disease Prevention and Health Promotion. Web. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed July 10, 2017.

²⁶ "Social Determinants of Health." *Healthypeople.gov*. Office of Disease Prevention and Health Promotion. Web. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed July 10, 2017.

CHAPTER 3

METHODOLOGY

3. METHODOLOGY

This chapter describes the organizational framework and process for the community health assessment (CHA), including how data were collected and analyzed.

FRAMEWORK

The National Association for County and City Health Officials (NACCHO) provides online resources to health departments for community health assessment and improvement planning. For the 2012 Austin/Travis County CHA, Austin Public Health (APH) and CHA partners followed the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-driven strategic planning process provided by NACCHO. The 2017 CHA builds on the organizational infrastructure established in the previous CHA/community health improvement plan (CHIP) cycle, continuing to utilize the MAPP framework to guide the development of the 2017 CHA.

STRUCTURE

The CHA/ CHIP process is a collaborative effort, led by a group of community organizations dedicated to the health and well-being of the residents of Austin and Travis County. The organizational infrastructure used to carry out the MAPP strategic planning process includes the following committees and subcommittees:

- Steering Committee
- Core Coordinating Committee
- Data and Research Subcommittee
- Community Engagement Subcommittee

The steering committee is an executive-level committee representative of the local public health system including hospitals, health districts, governmental health and human service agencies, foundations, universities, and transportation representatives. Steering Committee membership is dynamic. While core membership of the Steering Committee includes organizations that provide traditional public health services, additional members were identified based on the priority areas from the CHIP. For example, when the CHIP process identified transportation as a priority area in the last CHIP, CapMetro and the City of Austin Department of Transportation were invited to join the Steering Committee.

The core coordinating committee includes representatives from the same organizations as the steering committee. They are instrumental in working with APH and the executive-level steering committee members to ensure that deliverables are met throughout the CHA process.

The data and research subcommittee and the community engagement subcommittee are made up of members of the core coordinating committee, steering committee, or are subject matter experts from representative organizations. The data and research subcommittee helped to identify sources for all quantitative data analyzed in this report. The community engagement subcommittee members helped to identify opportunities for engaging stakeholders including residents and professionals through focus groups and interviews, and they facilitated several focus groups.

PROCESS

The MAPP framework includes four assessments that together provide a comprehensive picture of health in the community:

- Forces of Change Assessment (FOC)
- Community Themes and Strengths Assessment (CTSA)
- Local Public Health System Assessment (LPHSA)
- Community Health Status Assessment (CHSA)

The FOC assessment identifies external threats and opportunities that may affect the delivery of health care and public health services in the community. The CTSA identifies residents' thoughts, experience, opinions, and concerns through public participation. The LPHSA measures how well the local public health system including public and private health care and public health entities deliver the 10 essential public health services. The 2017 CHA is the first time the LPHSA was conducted for the Austin and Travis County community. For this report, the LPHSA process was modified and renamed the Austin Public Health System Assessment (APHS). The CHSA utilizes quantitative data from existing national and local databases to identify the health status, quality of life, and risk factors related to health in the community.

QUANTITATIVE DATA

Quantitative data for this report were analyzed in two of the MAPP assessments: the CHSA and the APHS.

COMMUNITY HEALTH STATUS ASSESSMENT. The CHSA examines health outcomes in Travis County and explores the individual behaviors and social, physical, and economic factors that impact health. The assessment is a collection of data from secondary sources such as the United States Census Bureau and American Community Survey, the Texas Behavioral Risk Factor Surveillance Survey, and other local, state, and federal government reports, intends to build an understanding of health and conditions affecting health in order to identify disparities between populations, gaps in services, and opportunities to improve health.

Data in the CHSA updates the health status data included in the 2012 CHA with additions and modifications based on guidance from the data and research subcommittee formed to guide the development of the quantitative component of the 2017 CHA. The data and research subcommittee met monthly from December 2016 to April 2017 to plan the quantitative data sources for the CHSA chapter. In some cases, data from the 2012 community health assessment is the most recent data available and remains in this report.

AUSTIN PUBLIC HEALTH SYSTEM ASSESSMENT. The APHS reports quantitative data collected through an electronic survey of professionals in the public health system of Travis County. The APHS was adapted from the Local Public Health System Assessment, a best practice survey provided by NACCHO. The purpose of the assessment is to measure how well different local public health system partners work together to deliver the 10 essential public health services.²⁷ City of Austin staff were given the opportunity to review the modified APHS and refine the survey instrument based on the needs of the CHA. A link to the online APHS survey was emailed to representatives of local public health agencies and organizations, who were asked to provide responses about their organization's role in the delivery of public health services and their perceptions of how well the community is delivering public health services. The survey was distributed to 39 people within the 10 organizations represented on the CHA Steering Committee. Instructions asked that one person from each organization, or one person from each appropriate

²⁷ National Association of County and City Health Officials. National Public Health Standards: Local Assessment Instrument [Report]. Washington, DC.

department within an organization respond. Thirteen responses were collected for the survey from nine organizations.

QUALITATIVE DATA

Qualitative data collected for the FOC and CTSA include facilitated brainstorming, focus groups, interviews, community events, a door-to-door household survey, and a social media campaign. The community engagement process encompasses an array of activities intended to invite residents and stakeholders to provide feedback.

FORCES OF CHANGE. The FOC assessment was conducted with the steering committee. The assessment was conducted at three meetings on February 24, March 24, and April 28, 2017. In a facilitated brainstorming session, the steering committee identified trends, factors, and events that affect the Austin and Travis County community.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT. Data for the CTSA was collected from more than 200 community residents and stakeholders through 19 focus groups, 18 key informant interviews, and a community forum. An additional 168 households were engaged through door-to-door surveys, which is explained in more detail later in this section.

The community engagement framework was developed based on priorities identified by the steering committee. The community engagement subcommittee met monthly from December 2016 to April 2017 to further prioritize and plan for community engagement in the CHA process. Additionally, the community engagement subcommittee helped to identify contacts for scheduling focus groups and facilitated several focus groups.

CTSA data are informed by community participants representing the wide variety of age, race, ethnicity, social and economic demographics, experiences, and circumstances of residents in Austin and Travis County.

Focus groups, interviews, and one community forum asked participants to explore the greatest strengths of the Austin and Travis County community, the most significant issues related to health care and social services in Austin and Travis County, and possible solutions to improve health and social services. The focus group guide, interview guide, and community forum format can be found in Appendix A, Appendix B, and Appendix C, respectively. Qualitative data was coded into themes and analyzed using Microsoft Excel.

Focus groups. Focus groups were held with residents of Austin and Travis County in various locations throughout the county. The evaluation of the 2012 CHA recommended engaging with residents who live outside of the city of Austin in Travis County. In this CHA, four focus groups were held in communities outside of Austin to both the east and the west of the city. Participants were recruited by community health and social service organizations in Austin and Travis County. Participants in the focus groups each received a \$10 H-E-B gift card as a thank you for participating. Two focus groups were facilitated in Spanish, one was facilitated in English with Spanish translation, and one was facilitated in English with translation for Karen languages (a group of Tibeto-Burman languages spoken in lower Myanmar and Thailand) and Burmese.²⁸ For a list of populations engaged see Appendix D. Focus group participants were asked to complete a form to prioritize their top three health concerns. The form is shown in Appendix E.

Interviews. Interviews were conducted with representatives of a variety of organizations in the community based on steering committee and community engagement subcommittee priorities. A list of organizations participating in interviews can be found in Appendix F.

² "Karen Languages". Encyclopedia Britannica. Britannica.com. Web. <https://www.britannica.com/topic/Karen-languages>. Accessed August 17, 2017.

Community forums. Community forums were open to the public and widely advertised to engage residents in the CHA process. Three community forums were held to engage the community in the CHA process, one of which was used to gather data for the CTSA. Community forum materials were available in Spanish, and Spanish translators were available at the events. To invite community members to forums, electronic event invitations were created and distributed to an extensive CHA distribution list of organizations, service providers, elected officials, and other community stakeholders. Invitations were also emailed to neighborhood associations in the area of the event, and flyers were posted in the neighborhood to invite community members to the events.

The first 2017 CHA kick-off forum was held January 12, 2017. The event included activities to gather suggestions from community members and stakeholders on who should be engaged in the CHA process and how to improve the process from the previous CHA.

The second forum was held at Rosewood Zaragosa Neighborhood Center on March 8, 2017, to gather additional community input for the CTSA on community strengths, community health issues, and possible community health solutions.

The third forum was held on August 30, 2017 and provided one of many opportunities for the public to provide comments on the findings of this draft CHA before the report is finalized. The report was distributed for public comment from September 27, 2017 to October 27, 2017. Various methods for collecting public input were used, including comments posted to the APH website and the August 30 forum. The public comments received by APH are compiled in Appendix G, and the public comments from the community forum are compiled in Appendix H.

Additional community engagement. Two additional creative means of engaging the public in the CHA are new to this updated CHA and include:

1. A door-to-door household-based survey adapted from the Community Assessment for Public Health Emergency Response (CASPER), an epidemiological technique commonly used in disaster response situations.
2. A social media campaign in partnership with the City Manager's Office and Office of Innovation called Show Us Your Austin.

The CASPER follows specific sampling guidelines within a geographic area (in this case, Travis County) to ensure a representative sample of households.²⁹ APH and CHA partners adapted the survey questions to reflect data goals for the CHA. The APH epidemiology division led the CASPER, including completing the sampling framework, leading a just-in-time training for staff and volunteers, coordinating logistics for 15 interview teams over two days of surveying, and writing a CASPER report. The complete report, including an analysis of survey results and limitations of the findings, can be found in Appendix I.

The social media campaign with the City Manager's Office and Office of Innovation asked individuals in the community to share photos through Facebook, Instagram, and Twitter that answer the question, "What does health mean to you?"³⁰

²⁹ "Sampling Methodology." *Cdc.gov*. Centers for Disease Control and Prevention, February 2016. Web.

<https://www.cdc.gov/nceh/hsb/disaster/casper/sampling.htm>. Accessed September 25, 2017.

³⁰ "Community Health Planning." *Austintexas.gov*. The City of Austin, n.d.. Web. <http://www.austintexas.gov/healthforum>. Accessed September 25, 2017.

Photos were uploaded with the hashtag #ShowUsYourAustin. APH sponsored a photo contest to promote this campaign from April 26 through May 12, 2017. A photo gallery of all photos shared with the hashtag can be accessed through the APH Community Health Planning website at <http://www.austintexas.gov/healthforum>. Photos from the social media campaign are used in Chapter 5 of this report to complement public participation data from the CTSA.

DATA LIMITATIONS

As with the 2012 CHA, this CHA covers a broad range of topics; however, it is important to note the limitations to the research methods and data presented. The CHSA data, while comprehensive, does not include all data important to the health of Travis County residents and are limited by the availability of stratified data by age, race, ethnicity, and gender. Secondary data were selected based on availability and is not necessarily prioritized. Additionally, self-report survey data is subject to scientific bias because it relies on individuals to recall information accurately and not to misrepresent information or misinterpret questions. Self-report questions are commonly used to measure health behaviors in national health surveillance systems such as the Behavioral Risk Factor Surveillance System (BRFSS) and can generally be compared over time based on their consistent use and large sample sizes.

The views provided by community members during focus groups and community meetings may not be representative of all residents of Travis County. While not statistically significant due to non-random sampling methods and small sample size, extensive efforts were made to include a wide variety of community participants with a range of experiences and perspectives.

Data in this report are often reported in categories of race and ethnicity to identify racial disparities. Data sources identify and report race and ethnicity categories in many different ways. The United States Census Bureau defines race as, “a person’s self-identification with one or more social groups” and ethnicity as “whether a person is of Hispanic origin or not”.³¹ Many large national surveys such as the American Community Survey (ACS) and the Behavioral Risk Factor Surveillance System (BRFSS) used as data sources in the CHSA chapter similarly ask a person to self-identify as Latino or Hispanic and also to self-identify with a race category. For this reason, individuals reporting any race such as White or Black/African American may also be Latino/Hispanic.

This report uses United States Census Bureau race categories including White, Black or African American, and Asian, and the ethnicity category of Latino or Hispanic. The term “or” is replaced by a “/” in this report. For quantitative data reported in the CHSA, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander are not used as categories because the sample size in Travis County is too small to provide significant data. The category of Asian is only used in instances when a large enough sample size is available to provide significant data. In some circumstances, the “Other” category was created by aggregating race categories that have small population sizes in Travis County, such as American Indian and Alaskan Native, Native Hawaiian or other Pacific Islander, and Two or More Races.

For some ACS data in this report, the Black/African American and Asian categories include people of Hispanic origin. In contrast, the analysis performed for the Texas BRFSS data displays the Hispanic ethnicity as a separate category alongside other races. As a result, the White, Black/African American, Asian, and Other categories do not include persons of Hispanic origin, which is consistent with the convention used by the Texas Department of State Health Services. In this case, if a Travis County resident identified as both Black/African American and Hispanic, BRFSS analysis would include this resident in the Latino/Hispanic category, not the Black/African American category.

³¹ “Race & Ethnicity”. United States Census Bureau. January 2017. Census.gov. PDF. <https://www.census.gov/mso/www/training/pdf/race-ethnicity-onepager.pdf>. Accessed August 18, 2017.

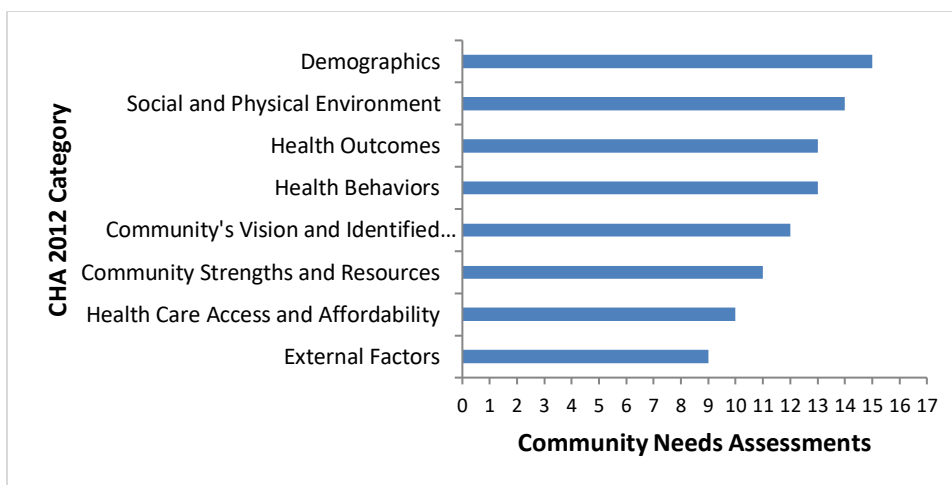
In all charts and figures, race and ethnicity labels are consistent with the source data and sampling methods.

ADDITIONAL COMMUNITY DATA

Several community needs assessments are conducted in Austin and Travis County that report data similar to the data in this report. The matrix in Appendix J inventories 17 needs assessments conducted in Travis County between 2011 and 2016. The matrix notes the purpose of each assessment and what categories of data, using the categories from the 2012 CHA, are included in each assessment. These needs assessments were collected and reviewed to identify themes and issues important to the community that may not have been raised elsewhere in the CHA.

The chart below shows that each category in the 2012 CHA was reported in at least nine of the included needs assessments, and most categories were addressed in 10 or more of the needs assessments, illustrating that many needs assessments consistently report on data similar to the data included in the CHA.

Figure 3-1 Number of Community Needs Assessments Reporting on Each Category from the 2012 CHA



CHAPTER 4

KEY THEMES

4. KEY THEMES

A summary of themes that emerged from the four Mobilizing for Action through Planning and Partnerships (MAPP) assessments completed for this community health assessment (CHA) is provided here; each of the following chapters of this report include detailed data and findings to support these themes.

INEQUITY IN SOCIOECONOMIC LEVELS AND HEALTH IMPACT. Data in the Community Health Status Assessment (CHSA), in chapter 6 of this report, show that although median income in Travis County has increased overall, the poverty rate is 16.0 percent, and over half of the overall income in Travis County is earned by twenty percent of households.^{32/33/34} An increasing cost of living, indicated by an even larger increase in median home value compared to median income, is an additional challenge for all Travis County residents.³⁵ Data in the CHSA also show that wealth is distributed unequally in the county by race/ethnicity, with Latino/Hispanic and Black/African American residents experiencing poverty at higher rates than White residents.³⁶

Data in the CHSA illustrate that having a low income is associated with health risk factors, such as smoking, physical inactivity, and low participation in health screenings and health insurance.³⁷ Residents also noted poverty as a contributing factor to stress and mental health in the Community Themes and Strengths Assessment (CTSA), in chapter 5. The leading causes of death in Travis County are cancer and heart disease; both chronic diseases, which is consistent with the United States and Texas.³⁸ The incidence of obesity, diabetes, cancer, and heart disease declined overall, yet continues to disproportionately affect communities of color, a trend consistent nationwide.³⁹

EDUCATION AND WORKFORCE DEVELOPMENT EFFORTS. Data in the CHSA indicate that Travis County has a more educated population than Texas and that the county had a low annual unemployment rate in 2016 at 3.3 percent.^{40/41} However, data in the CTSA, Forces of Change Assessment (FOC), and Austin Public Health System Assessment (APHS), in chapters 5, 7, and 8, show a need for additional education and workforce development activities.

In the FOC discussion, the steering committee spoke of education and workforce development in a broad sense, related to all career paths. Members noted that in education and workforce development, the disparity between the haves and have-nots is increasing. Professionals in the public health system of Travis County discussed the need for increased workforce development and education opportunities in order to provide lower-income residents of Travis County with opportunities to increase their income.

Professionals also discussed workforce development as it relates specifically to the health care workforce. They noted the need to ensure a competent public health workforce as the county grows. Please see the FOC and APHS chapters for more on this discussion. Additionally, community members indicated gaps in the health care workforce such as diversity and cultural competence of providers that could be addressed through workforce development planning efforts. For more detailed discussion, see the CTSA chapter.

³² American Community Survey 2010 and 2014 1-Year Estimates, B19013 and the Consumer Price Index.

³³ U.S. Census Bureau 2011-2015 American Community Survey 5-year Estimates.

³⁴ 2015 American Community Survey 1-Year Estimates, B19080 & B19082.

³⁵ U.S. Census Bureau American Community Survey 1-Year Estimates, 2011 and 2015.

³⁶ U.S. Census Bureau 2011-2015 American Community Survey 5-year Estimates.

³⁷ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data.

³⁸ Texas Department of State Health Services, Texas Health Data: Deaths (2010-2014). Retrieved from <http://soupfin.tdh.state.tx.us/death10.htm>.

³⁹ Texas Department of State Health Services, Texas Health Data: Deaths 2010-2014.

⁴⁰ U.S. Census Bureau American Community Survey 1-Year Estimates, 2015.

⁴¹ U.S. Bureau of Labor Statistics.

HEALTH CARE ACCESS AND AFFORDABILITY. Locally coordinated efforts to improve access to healthcare through enrollment outreach has led to an increase in insured residents and improved access to healthcare, however there is still work to do. Data in the CHSA indicate that roughly one quarter of the adult population in Travis County does not have health insurance.⁴² Additionally, one out of six people report forgoing seeing a doctor due to cost.⁴³ The cost of health care and insurance was a common theme in the CTSA and identified by professionals in the FOC as a threat to the health of Travis County.

According to community members, affordability and physical access to health care remain some of the most significant barriers to care. While the Medical Assistance Program (MAP), a local, publicly supported health care assistance program for low-income persons and families is available, residents outside of Austin live far from MAP providers. Additionally, middle-class residents may not be eligible for MAP or other assistance, yet they still struggle with the cost of insurance and health care in addition to other rising costs.

The APHSA chapter shows that professionals who are part of the public health system in Travis County think that, as a whole, the public health system does a good job of informing, educating, and empowering people about health issues. However, in the CTSA, residents discussed challenges with understanding health information such as management of diseases and prescriptions, knowledge of services, and developing healthy eating habits. Both residents and professionals noted in the CTSA that communication of services that exist in the community could be improved.

TRANSPORTATION. For community members who do not have access to a personal or family vehicle, public transportation is a critical need. Data in the CHSA show that the population of Travis County increased by over 10 percent since 2011, and is projected to continue increase through 2050.^{44/45} This increase in population has occurred both within Austin and in surrounding Travis County communities.

Maps in the CHSA of projected geographic changes in population show a migration of Black/African American and Latino/Hispanic residents from central east Austin north and further east of the city.⁴⁶ In the CTSA, residents and professionals discussed this migration, noting that historically underserved and low-income Black/African American and Latino/Hispanic residents' displacement into more affordable areas outside of central Austin with less access to affordable health care, healthy food retailers, outdoor recreation space, and means of transportation is significant.

Areas expected to continue increasing in population include Pflugerville and far east Travis County.⁴⁷ Residents of rural Travis County regions that are expected grow noted that public transportation does not serve some rural communities or is difficult to use because of inconvenient hours and the amount of time it takes to travel into town on public transportation. Discussion in the CTSA further explores the challenges residents experience with using public transportation and solutions for what would make their experience better.

In the FOC discussion, public health professionals noted that growth in Travis County increases issues with traffic and with traffic congestion related to construction. They noted that although traffic is a barrier to mobility, opportunities exist to improve the transit system in Travis County.

⁴² Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data.

⁴³ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data.

⁴⁴ U.S. Census Bureau 2011 and 2015 American Community Survey 1-Year Estimates, B01001.

⁴⁵ Texas Demographic Center Population Projections, 1.0 Migration Scenario.

⁴⁶ Central Health Planning Regions Overview, 2014-19, An analysis of age, poverty and race/ethnicity trends in Travis County. Central Health, October 2015. Web. <http://www.centralhealth.net/wp-content/uploads/2015/10/Demographics-FINAL-web.pdf>. Accessed August 21, 2017.

⁴⁷ Central Health Planning Regions Overview, 2014-19, An analysis of age, poverty and race/ethnicity trends in Travis County. Central Health, October 2015. Web. <http://www.centralhealth.net/wp-content/uploads/2015/10/Demographics-FINAL-web.pdf>. Accessed August 21, 2017.

MENTAL HEALTH AND WELLBEING. Data in the CHSA show that suicide rates are the ninth leading cause of death in Travis County.⁴⁸ The percentage of adults experiencing five or more poor mental health days in a year in Travis County is approximately 19 percent, consistent with the state; however Black/African American adults are disproportionately impacted.⁴⁹ Data also indicate that a higher percentage of adults in Travis County report binge drinking than in Texas, and that 24.8 percent of White adults binge drink, more than any other race/ethnicity.⁵⁰

Mental health and stress were both identified by community members as priorities during the community participation process. Participants in the CTSA discussed a desire for mental health professionals with whom they could feel safe, particularly among Black/African American, LGBTQ, and immigrant communities. Participants also discussed the stigma attached to mental health and seeking help for mental health. Participants and professionals expressed concern for the homeless population that disproportionately suffers from serious mental illness and co-occurring conditions and the lack of support to mitigate those illnesses.

Participants spoke of stress in addition to serious mental illness, identifying stressors such as poverty and immigration status. However, stress is not captured in any current data in the CHSA or represented in any large-scale data collection system.

The CHSA reports data primarily from national surveys and databases, which are generally lacking questions and data related to mental health and stress. Professionals in Travis County noted a lack of quantitative data regarding mental health in the community, and suggested that a coordinated effort to strengthen mental health data collection in Travis County could improve local solutions.

ACCESS TO SAFE RECREATION SPACES. In focus groups, participants commented on the connection between health and physical activity. When asked what the most important factor that makes Travis County healthy is, outdoor spaces for physical activity was one of the three main themes of CASPER responses.⁵¹ Additionally, many of the photos shared in the social media campaign were of walking trails, hiking, and parks. Through community input in the CTSA, residents indicated that although some neighborhoods in Austin and Travis County are well served with access to parks, trails, and recreation centers, other neighborhoods are underserved and lack access to services, facilities, and infrastructure that support well-being.

Data in the CHSA illustrate that Travis County adults are more likely to engage in physical activity than Texas adults.⁵² However, physical inactivity is more prevalent in minority and low-income communities—often the same communities that ask for additional and safer parks and recreation facilities in focus groups. Participants noted that they are concerned about their safety due to certain characteristics of the built environment including traffic, lack of sidewalks, and other physical components of a neighborhood, and that these factors limit their ability to utilize public spaces for physical activity.

ACCESS TO HEALTHY FOOD. When asked about the most important factor that makes Travis County healthy, access to healthy food was one of the three main themes identified in CASPER responses.⁵³ Residents surveyed during the CASPER said that the primary reason they shop at the place where they purchase most of their groceries is because it is in a convenient location, and most respondents indicated that they had access to affordable, healthy food near

⁴⁸ Texas Department of State Health Services, Texas Health Data: Deaths (2010-2014). Retrieved from <http://soupsfin.tdh.state.tx.us/death10.htm>.

⁴⁹ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data.

⁵⁰ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data.

⁵¹ Laura Fox. Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017. Austin Public Health. p.6. PDF file. Web. http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA_CASPER_2017_Final_Report_FINAL_003_.pdf. Accessed June 21, 2017.

⁵² Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data.

⁵³ Laura Fox. Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017. Austin Public Health. p.6. PDF file. Web. http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA_CASPER_2017_Final_Report_FINAL_003_.pdf. Accessed June 21, 2017.

their homes.^{54,55} However, access to grocery stores was a commonly discussed barrier in focus groups. Residents voiced concerns about the availability and affordability of healthy food in their communities. Data in the CHSA show that 17.1 percent of the population is considered food insecure and that eight percent of the population is low-income and does not live close to a grocery store.^{56,57} In the CTSA, participants noted that unhealthy food is often closer and less expensive than healthy options.

Data in the CHSA show disparities in vegetable consumption. Adults in Travis County who have lower incomes are more likely to eat less than one serving of vegetables per day, and Black/African American adults in Travis County are more likely than their peers of other races/ethnicities to eat less than one serving of vegetables per day.^{58, 59}

Photographs related to healthy food access were commonly shared in a social media campaign, including photographs of vegetables and neighborhood farm stands. Photographs from this interactive project are included in the CTSA chapter.

ENVIRONMENTAL HEALTH. The cleanliness and upkeep of the built environment, including public and private spaces, was identified by residents in the CTSA as contributing to health. Low-income seniors commented on the poor conditions of their homes and their frustrations with long wait times for home maintenance assistance and inadequate repairs. Participants who live in apartments, especially those who are low-income and do not speak English proficiently, noted landlords who are unresponsive to maintenance and pest control requests. Environmental concerns in neighborhoods included discussions on litter, pollution, allergens, and air quality.

Additionally, water quality and availability was an environmental health topic discussed in focus groups. Rural residents using well water expressed water quality concerns and financial concerns related to the higher cost of using private water sources. Participants also noted a lack of access in the homeless community to public water sources for drinking and bathing. See the CTSA in Chapter 6 for more information about this concern.

⁵⁴ Laura Fox. Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017. Austin Public Health. p.7. PDF file. Web. Accessed June 21, 2017.

⁵⁵ Laura Fox. Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017. Austin Public Health. p.13. PDF file. Web. http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA_CASPER_2017_Final_Report_FINAL_003_.pdf. Accessed June 21, 2017.

⁵⁶ Feeding America 2014, Food Insecurity and Food Cost in the United States, 2014. Retrieved from: <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal>.

⁵⁷ United States Department of Agriculture, Food Environment Atlas, 2015; US Census, 2010.

⁵⁸ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data.

⁵⁹ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data.

CHAPTER 5

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

5. COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment (CTSA) is one of the four assessments of the Mobilizing for Action through Planning and Partnerships (MAPP) process. The CTSA explores what is important to the community, how quality of life is perceived in the community, and the assets present in the community that can be used to improve community health.⁶⁰ Over 368 community residents and stakeholders were engaged in the CTSA through 19 focus groups, 18 key informant interviews, a community forum on March 8, 2017, and a door-to-door survey.

Community input from the Community Assessment for Public Health Emergency Response (CASPER) door-to-door survey completed by Austin Public Health (APH) and community health assessment (CHA) partners is incorporated into this chapter.

Photos in this chapter were submitted by community members on Facebook, Twitter, and Instagram with the hashtag #ShowUsYourAustin in response to the question, “What does health mean to you?” This social media campaign was used as a creative method to gather public input for this CHA in partnership with the City of Austin Mayor’s Office and Office of Innovation.

Data was reviewed and analyzed for themes related to community strengths, issues related to health care and social services, and possible solutions. Data received for issues and potential solutions were similar to one another and are reported in the same section of this chapter.

The order in which themes appear in this chapter reflects the total number of focus groups and interviews in which the theme appeared and the number of times the topic was mentioned at the community forum (in order from most often to least often).

COMMUNITY STRENGTHS AND ASSETS

The following strengths and assets were identified by community participants in the CTSA process.

COMMUNITY MEMBERS, ORGANIZATIONS, AND INSTITUTIONS

Residents in focus groups and at the community forum commonly discussed organizations as strengths in Austin and Travis County. Many participants discussed the importance of church assistance in their communities. Several nonprofit organizations were named as strengths in the community as were public school districts and the University of Texas.

In interviews, organizational stakeholders noted client and resident strengths. A common theme in interviews was the resilience of vulnerable or underserved communities to overcome the challenges they face. Interviewees also discussed the wisdom and history of residents and the importance of allowing for community members to play an active role in change and progress.

Professionals interviewed considered the network of providers to be fairly robust with a good Federally Qualified Health Center (FQHC) network through CommUnityCare.⁶¹ They also considered the ongoing collaboration and commitment by APH and partner health care and public health organizations to improve services based on community needs to be a strength in Austin and Travis County. Interviewees think of the new Dell Medical School at

⁶⁰ Phase Three: Four MAPP Assessments. MAPP Handbook. P. 62. PDF.

⁶¹FQHCs receive federal funding to provide safety net primary care services for underserved populations, including the uninsured. “Federally Qualified Health Centers”. *HRSA.gov*. Health Resources & Services Administration. Web. <https://www.hrsa.gov/opa/eligibilityandregistration/healthcenters/fqhc/>. Accessed June 10, 2017.

The University of Texas as an opportunity in the community and an innovation center for community health practices.

ASSISTANCE PROGRAMS

Many focus group participants discussed assistance programs as an asset to the community. The Medical Access Program (MAP) is the health coverage program provided by Central Health for low-income persons or families in Travis County without other healthcare coverage.⁶² Many participants considered MAP an important assistance program in the community. Other assistance programs discussed as strengths were food pantries, food stamps, and free and reduced school lunch and breakfast programs. Refugee groups talked about the refugee resettlement program offered through Caritas of Austin as a strength, however they believed more long-term assistance is needed.

HEALTH AND PREVENTIVE SERVICES

A commonly discussed strength in services was free fitness and nutrition classes that are provided in the community at apartments, schools, and other community facilities. Focus group participants also discussed free screening services offered at APH clinics. Some participants noted that they have seen more one-stop clinics with integrated services such as primary care and mental health care and gyms in their neighborhoods.



SPIRIT AND LOCAL INITIATIVES IN AUSTIN

Participants liked that Austin is an open and affirming community. Focus group participants mentioned specific initiatives and policies in the city that are beneficial to physical, social, and psychological health, including:

- Smoking prohibition laws in Austin.
- Initiatives to end homelessness.
- Adapted services for individuals with Intellectual Development Disabilities (IDD) through the city parks and recreation department.
- The City of Austin's response to repairing sidewalks in some areas.
- The harm reduction services for intravenous drug users provided by Austin Harm Reduction Coalition.
- The Mayor's task force for combatting institutional racism
- The Mayor's initiatives for protecting the environment.
- The Austin Police Department focus on safety over criminalizing drug users.

CULTURAL COMPETENCY AND DIVERSITY

The cultural competency of services in the community will be discussed as a concern later in this chapter, however focus group participants and interviewees stated that recent progress in this area is a strength. Examples of progress are the use of community health workers who are members of the community for which services are being provided, development of the Austin Health Equity Unit within APH, and the Kind Clinic, the first gender affirming primary care clinic in Austin for transgender and gender non-conforming individuals.



⁶² "MAP: Medical Access Program". *Medicalaccessprogram.net*. Central Health. Web. <http://www.medicalaccessprogram.net/>. Accessed June 10, 2017.

In interviews, organizational representatives said that the diversity of their clients is an asset in the community. One interviewee spoke of diversity of families with young children who are bilingual and multicultural. The interviewee believed this diversity of youth and families represented the vibrant, multicultural community in Austin; one that has the potential to drive economic growth by branding Austin as an international city in a global market.



ECONOMY

Individuals in both focus groups and interviews noted that the economy is strong in Austin and Travis County. Unemployment is low and business is thriving.

STRENGTHS IDENTIFIED IN THE CASPER SURVEY

The majority of households surveyed in the CASPER believe Travis County is a healthy place to live.⁶³ CASPER responses indicate that strengths of the community include access to affordable, healthy food near their homes and access to places to be physically active near their homes.⁶⁴ Most households also responded that they have adequate financial resources to meet basic needs.⁶⁵

MAJOR CONCERNS IDENTIFIED AND SOLUTIONS PROPOSED

ACCESS TO HEALTH CARE AND A HEALTHY LIFESTYLE

Focus group participants and community forum attendees were asked how they stay healthy. People mentioned being active outside at parks and trails, eating healthy and controlling unhealthy eating habits, and spending time with family and friends. Participants also described personal challenges to being healthy such as having a busy schedule, working too many hours, and giving into food cravings. Focus group participants noted that some people do not prioritize health for themselves through healthy eating and physical activity and do not seek medical care.

Participants in focus groups and the community forum generally understood that being healthy included seeing a doctor, eating healthy, and exercising. This is mirrored in responses to the CASPER survey; in an open-ended question that asked the most important factor that makes Travis County healthy, the three major themes of responses were access to health care, access to healthy foods, and outdoor spaces for physical activity.⁶⁶ Barriers to being healthy are often related to physical access, such as distance to facilities and means of transportation, and financial access, such as health coverage and affordability of services and goods.

PHYSICAL ACCESS. Geographically isolated residents of rural communities that are in Travis County but outside of the city of Austin noted similar issues. Members of rural communities are disconnected from resources such as health care clinics, grocery stores, gyms, and transportation. Residents in Jonestown, Manor, and communities in Del Valle such as Austin's Colony and Creedmoor explained challenges related to clinic and grocery store access. Two focus groups mentioned the recent closure of a CommUnityCare clinic that served eastern Travis County. Since the closure, some participants reported having to travel up to 40 minutes by car to get to a clinic. Focus group

⁶³ Laura Fox. *Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017*. Austin Public Health. p.8. PDF file. Web. http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA_CASPER_2017_Final_Report_FINAL_003.pdf. Accessed June 21, 2017.

⁶⁴ Laura Fox. *Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017*. Austin Public Health. p.8. PDF file. Web. http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA_CASPER_2017_Final_Report_FINAL_003.pdf. Accessed June 21, 2017.

⁶⁵ Laura Fox. *Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017*. Austin Public Health. p.8. PDF file. Web. http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA_CASPER_2017_Final_Report_FINAL_003.pdf. Accessed June 21, 2017.

⁶⁶ Laura Fox. *Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017*. Austin Public Health. p.6. PDF file. Web. http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA_CASPER_2017_Final_Report_FINAL_003.pdf. Accessed June 21, 2017.

participants discussed that in outlying areas, sometimes the most efficient way of getting medical service is by calling an ambulance.

For individuals who live within the city of Austin, it can still be difficult to access health care clinics for various reasons. Some neighborhoods have fewer available clinics, such as the east side of Austin, and some types of services have fewer clinics, such as mental health, vision, and dental providers. A commonly discussed barrier to access was clinic hours. Participants noted that clinics are usually open during regular business hours when residents are working and cannot access services.

Focus group participants and interviewees discussed the lack of in-home services available for homebound individuals, such as the elderly and disabled, especially those who are low-income.

ACCESS TO HEALTHY FOOD. Access to healthy food was a concern for participants in focus groups and at the community forum. The lack of nearby grocery stores was mentioned in many focus groups throughout Austin and Travis County, especially outside the city center. Specifically, in eastern Travis County, participants mentioned the unique challenge of any one store serving the many scattered communities. Residents surveyed during the CASPER said that the main reason they shop at the place where they purchase most of their groceries is because it is in a convenient location.⁶⁷ Focus groups discussed that healthy food is often further away from where they live, whereas unhealthy food is on every corner at fast food restaurants and in convenience stores.



Mobile clinics and mobile food distribution services were cited as a strength in the community. However, focus group participants mentioned that the schedules are inconsistent and they could not rely on the services.

TRANSPORTATION. Transportation was a concern discussed in almost every focus group, by many community forum participants, and in many interviews. Traffic was an issue for focus group participants, as well as understanding how to use public transportation. As indicated in the health status chapter of this report, most people use a personal vehicle for transportation in Austin and Travis County. However, for certain populations who do not have access to a personal or family vehicle, public transportation is critical to meet daily needs. Participants who do not speak English as their first language have difficulty understanding public transportation signage and maps and expressed a fear of getting lost in the city.

Outlying communities in Travis County experience additional concerns related to public transportation such as infrequent buses or buses that do not run during the evenings and on weekends. A focus group of low-income seniors in Jonestown pointed out that buses in the area do not run on evenings or weekends; they expressed difficulty scheduling appointments in Austin around the bus schedule to ensure they did not miss the last bus home. A focus group in Austin's Colony in far east Travis County noted that they are not served by public transportation. In focus group discussions and interviews alike, people reported that public transportation concerns are compounded by the fact that residents are moving further outside of central Austin to find affordable housing.

HEALTH COVERAGE. Access to health care services can be further complicated by lack of health coverage. Uninsured residents have limited options for accessing health care. Insured individuals discussed challenges with insurance networks and finding providers that are in-network or finding providers that accept Medicaid.

⁶⁷ Laura Fox. *Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017*. Austin Public Health. p.7. PDF file. Web. http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA_CASPER_2017_Final_Report_FINAL_003_.pdf. Accessed June 21, 2017.

Participants familiar with MAP considered the program a strength in the community. Focus group participants discussed certain circumstances in which they experience barriers to using MAP. Individuals in Jonestown struggle to use MAP services because of the distance they have to travel to get to a MAP provider. Their circumstance is unique because the closest medical providers are in Williamson County, which is not served by the MAP program, and it takes multiple buses and several hours to travel to downtown Austin MAP providers.

Participants thought of the free screenings through APH clinics such as the RBJ Health Center as a strength in the community for serving the uninsured population; however, focus group participants and interviewees stated that there are long wait times for some of these services.

AFFORDABILITY. Affordability of health care is closely related to health insurance concerns and can be a major barrier to accessing care. Participants discussed the difficulties for middle class families who struggle to afford insurance and healthcare costs but do not qualify for assistance programs such as Medicaid, federal insurance subsidies, or MAP. Parents in particular expressed the difficulty of working multiple jobs to make ends meet for their families, but still not qualifying for assistance and not being able to cover medical costs. Refugee groups noted that although refugee assistance, provided to all refugees upon arrival including benefits such as Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits, are very helpful to them, the benefits expire after six months, which they felt was too soon. Focus group participants discussed that some treatments are not covered by insurance and can be very expensive; one example discussed was hormone therapy treatment for transgender patients.

“The other day my husband got sick and I told him we should go to the doctor but he said it’s going to cost too much money and on top of that I have to miss a day of work and he chose to just deal with it.”

Focus group participants voiced concerns about affordability of housing, saying housing costs and property taxes are unaffordable. In interviews and focus groups, participants discussed that due to high housing costs, residents and families are moving into the outskirts of the city of Austin or outside of Austin in Travis County. Although housing affordability is a concern across Travis County, it has disproportionately affected east Austin, an area of the city with historically underserved Black/African American and Latino/Hispanic communities. This migration further disconnects residents and families from services that are located in the city center and increases the costs of transportation such as time spent commuting, cost of fuel, or bus fares. Professionals who were interviewed discussed the need for affordable housing for all residents and for increasing the volume of subsidized housing.

“We need to keep in mind that historically we have been in relatively close proximity to those entities or institutions that service us health-wise, however what’s happening now is we’re being forced to move away from those things and where we’re moving to, those things are not established.”

When participants discussed affordability, they often expressed concern about the gap between the rich and the poor. Focus group participants and interviewees alike mentioned the large wealth disparity in Travis County. Some people were concerned about public service employees such as teachers, police officers, and staff at community recreation centers not earning wages sufficient to live in the county. Other concerns related to the gap between the rich and the poor included social mobility and the ability to move from poverty to a higher income levels.

Focus group participants also discussed affordability of healthy food. Participants noted the expense of buying healthy food such as fresh produce and organic foods. Another challenge related to the affordability of food is how inexpensive it is to buy fast food and other unhealthy options such as chips and sodas.

Other affordability challenges discussed were childcare and after school programs. One focus group participant noted that a family sometimes has to choose between having two incomes and having one parent stay at home because they cannot afford childcare.

SOLUTIONS DISCUSSED. In addition to identifying assets and gaps, participants offered solutions to many of the issues discussed. Participants want to build new clinics and grocery stores and host farmers' markets in underserved areas. They recommend providing consistent and reliable mobile services including health care clinics and food distribution services, and setting clinic hours to meet resident needs, such as having weekend and evening hours. Participants also suggested offering transportation to health services.



Some participants mentioned that they did not know of clinics that serve uninsured individuals. Others suggested increasing services at clinics such as the RBJ clinic to meet community demand and reduce wait times. Other solutions were related to support services. Participants suggested having better service coordination support for individuals who are navigating the health system and their insurance companies. In interviews, professionals called for a more robust social service infrastructure to provide support services of all kinds including navigation, housing assistance, and outreach in communities with disproportionate needs.

Many professionals mentioned increasing affordable housing as a change they would like to see in the short term to address health concerns in the community.

During the public comment period, feedback was how community gardens have been shown to have positive impacts on both healthy food access and access to outdoor space for participants. See Appendix G for more details about the feedback and how community gardens can address access to healthy food.

BUILT ENVIRONMENT

The built environment is physical infrastructure such as sidewalks, streets, street lights, buildings, and open spaces that can affect a person's level of physical activity.⁶⁸

RECREATIONAL SPACES. Focus group participants noted the lack of public spaces for community gathering and recreation as a concern in some communities. People discussed public facilities as healthy for both psychosocial wellbeing and physical health for all ages. However, they pointed out that some areas of the city and county are lacking in facilities such as public libraries, parks, trails, and recreation centers. Although financial and physical access to gyms was also mentioned, it was much more common in focus groups that access to physical activity was discussed as it relates to the built environment, referring to access to parks, trails, and public recreation facilities. This distinction was also present in the CASPER responses; residents surveyed in the CASPER stated that access to "outdoor spaces for physical activity" makes Travis County healthy.⁶⁹



⁶⁸ "Impact of the Built Environment on Health: Healthy Community Design Fact Sheet Series." Centers for Disease Control and Prevention. 2011. PDF. <https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf>. Accessed August 16, 2017.

Participants discussed that although some neighborhoods of Austin have access to many trails and parks, other areas have very little or no access to safe and attractive outdoor recreation space.

In small Travis County communities with growing populations, residents discussed homeowners' associations in the area which operate independently of each other and provide facilities such as public pools and recreation areas that are not available for use by the broader community, which are in need of such facilities.

PHYSICAL SAFETY. Although 49.3 percent of CASPER respondents strongly agreed that they feel safe in Travis County, safety was a commonly discussed theme in focus groups.⁷⁰ A major safety concern for many focus group participants was related to traffic and pedestrian safety. Two Travis County focus groups outside the city of Austin discussed the dissection of their community by a highway with increasing traffic as a result of population growth. Participants in both focus groups discussed safety concerns related to increased traffic on highways and roads including the need for stoplights, crosswalks, and lighting to keep pedestrians safe. Similarly, community members in Austin discussed the increase in traffic in neighborhoods, lack of sidewalks or poorly kept sidewalks, and lighting on streets as safety concerns.

Participants noted that the lack of recreational facilities in neighborhoods with poorly lit and poorly maintained streets creates an unsafe environment for youth. One focus group in Del Valle noted that these conditions contribute to gang activity and risk for predatory activity such as sex trafficking.

SOLUTIONS DISCUSSED. Many focus groups discussed solutions including having public spaces such as parks, pools, hiking trails, and sports fields in their community. Solutions that community members discussed related to improving safety included improving streets and sidewalks, having a youth or recreation center nearby that provides youth with a safe place to play, and having security guards at apartments.

ENVIRONMENTAL HEALTH

Environmental health addresses the way that the physical, chemical, and biological environment affects health and quality of life.⁷¹ The field of environmental health focuses on preventing and controlling disease through environmental quality controls. The effects of the environment on health are broad and can include, but are not limited to, respiratory illness caused by poor air quality indoors or outdoors and infectious disease from water or waste mistreatment

HOME ENVIRONMENT. Many focus group participants had concerns related to the home environment. Renters who are low-income and primarily speak a language other than English noted concerns that landlords are not responsive to complaints of rats and roaches. Elderly homeowners who are on fixed incomes and have older homes also had pest control concerns as well as other home maintenance issues such as weatherization and home repair. Low-income seniors reported that home repair assistance is difficult to find, wait lists for assistance services are long, and that assistance is not always high quality. In one example, an elderly woman received assistance to install a shower bar, but it was not sturdy and is dangerous to use.

WATER QUALITY AND ACCESS. Water quality and availability was a concern in rural focus groups for seniors on fixed-incomes and other low-income residents. Rural residents who use private wells for water noted that water quality can be a concern. Financial barriers to water access are a concern for low-income and fixed-income rural

⁷⁰ Laura Fox. *Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017*. Austin Public Health. p.5. PDF file. Web. http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA_CASPER_2017_Final_Report_FINAL_003_.pdf. Accessed August 30, 2017.

⁷¹ "Environmental Health." *Healthypeople.gov*. Office of Disease Prevention and Health Promotion. Web. <https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health>. Accessed June 10, 2017.

residents that do not have access to a city water source and instead use a private water company. Additionally, low-income rural residents noted that the cost of connecting to municipal water and sewer if, or when, it becomes available in their location would be a financial burden.

POLLUTION. Pollution was also mentioned as an environmental issue in multiple focus groups and from community members at the community forum. People discussed trash on the streets that contributes to an unsanitary environment. Air pollution was discussed, specifically where power plants and other industrial facilities are in eastern Travis County. For participants in the CASPER, allergies were cited as a major concern related to air quality in Travis County.⁷²

SOLUTIONS DISCUSSED. Participants suggested that landlords should be encouraged to keep facilities in better condition. Additionally, low-income homeowners would like to see more services with shorter wait times for assistance with home weatherization and repair.

STRESS AND MENTAL HEALTH

A major concern in many of the focus groups was stress. Participants discussed stress as it relates to safety and the ability to live a healthy lifestyle. Participants noted that poverty is a stressor that has a mental health impact on individuals and communities. Additionally, participants discussed that displacement of families due to gentrification has caused stress and anger in displaced communities. Focus group participants and interviewees explained that members of the Black/African American community in east Austin have long felt overlooked and unheard.

In multiple focus groups and in interviews, people discussed stress as it relates to immigrant families. Participants mentioned that fear of deportation impacts their decision to be physically active or go to the grocery store to get healthy food. Health and social service professionals who were interviewed noted a recent drop in use of services by immigrant communities due to fear of deportation. Professionals and residents stated that the fear of strict immigration enforcement is not limited to families who are undocumented, but causes additional stress for all immigrant and refugee families, regardless of legal status.

Safety from violence and threats of violence was also a concern for focus group participants and interviewees. Specifically, this was discussed as it related to racial and gender identity discrimination. An example provided was bullying and threats toward transgender individuals related to use of gendered bathrooms. Professionals interviewed noted a growing bias and racism nationally toward Asian American and Muslim communities that can be frightening, especially for refugees who came from violent regions.

As previously mentioned, focus group participants and professionals interviewed noted a lack of mental health providers. Focus group participants discussed difficulty finding mental health providers, especially with restrictions related to insurance networks. Additionally, participants discussed the importance of trusting and feeling safe with a mental health provider. For sensitive topics related to life stressors and mental health, participants noted the difficulty of finding a provider sensitive to the needs of certain communities because of the lack of diversity of mental healthcare providers. This was specifically discussed



⁷² Laura Fox. *Community Health Assessment Community Assessment for Public Health Emergency Response Travis County, April 7-8, 2017*. Austin Public Health. p.6. PDF file. Web. http://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA_CASPER_2017_Final_Report_FINAL_003_.pdf. Accessed June 21, 2017.

as it related to the lack of Black/African American and LGBTQ mental health providers.

SOLUTIONS DISCUSSED. Social support is seen as a protective factor for poor mental health. Participants recommended various types of support groups as a solution. Participants also hoped that the community would continue to be an open and affirming community, as described in the strengths section of this chapter, and advocate for marginalized communities to alleviate stress and trauma.

HEALTH LITERACY AND KNOWLEDGE

Participants experience challenges interacting with the health care system. Related to clinical health, participants mentioned the difficulty they have navigating their health insurance, including finding doctors who are in network. In addition, a focus group of seniors mentioned that they have trouble understanding prescription information and have experienced serious adverse effects from mixing medications due to not having enough information or instruction on side effects. Another concern related to navigating health information was the legal aspect of medical paperwork; participants noted difficulty understanding forms because of the medical and legal terminology.

Other challenges identified by focus group participants include understanding diagnoses and disease management. Participants in focus groups discussed not understanding what having diabetes or high blood pressure means, and therefore not knowing how to manage their condition.

Knowledge of services was often discussed in focus groups and interviews. Residents and organizational representatives alike discussed that many services and programs are available in the community. However, according to participants, the community lacked knowledge about them.

Participants noted that although many people try to eat healthy food, it can be difficult to know how to do so. Outside of previously mentioned concerns related to physical and financial access to healthy food, participants also discussed cultural and learned food experience, such as using sauces that are high in sodium, or not learning cooking skills needed to make healthy food. Additionally, some participants mentioned that it can be difficult to know what food is healthy because of conflicting messages in food marketing and package labels.

“I think it’s fair to say these resources are available in Austin, I don’t think they’re centralized and I don’t think they’re communicated well to us”

SOLUTIONS DISCUSSED. As previously mentioned, participants discussed the need for health navigation resources and support. They also suggested the need for physicians who will take time to discuss potential medication interactions and medical histories with patients. Focus group participants suggested the need for free or low-cost legal services to help them understand insurance and medical paperwork.

Better communication and marketing of health programs was a common suggested solution. Participants believe a gap exists between services provided and community awareness of the existence of those services. Improved advertising and messaging were suggested to close this gap.

A focus group in Del Valle suggested more advertising of public health campaigns such as substance abuse prevention and seatbelt safety campaigns. Participants noted that social media is a tool for reaching younger populations.

CULTURAL COMPETENCY

The cultural competency of providers, programs, and resources was discussed in focus groups. As previously mentioned, focus group participants noted a lack of diversity among providers in the community. Focus group

participants discussed the need for providers who serve the LGBTQ community and are non-judgmental, the desire in the community for more Black/African American providers, and the need for providers who are sensitive to life circumstances related to immigrant and refugee communities.

Language barriers were a major concern related to cultural competency of providers and resources. This concern was discussed in relation to health services, transportation, and social services. Specifically, in a refugee focus group, participants speaking Karen languages (a group of Tibeto-Burman languages spoken in lower Myanmar and Thailand)⁷³ and Burmese expressed extreme difficulty communicating with landlords, doctors, and using public transportation. In focus groups and interviews, the increasing need for Arabic language translation was also discussed. Currently, most services that provide translation do so through a telephone language-line service, however, the service is not available in some languages and, according to focus group participants and professional representatives, not always helpful.

SOLUTIONS DISCUSSED. Suggestions included diversifying the provider workforce and arranging opportunities for current providers to become more aware and accepting of cultural differences. Other solutions were related to translation, including providing documents in a wider variety of languages and providing more translation services. Community health workers who are members of the communities served were identified as a community asset and a practice that could continue to grow in order to meet the need for cultural competency in health and social services.



The Austin Public Health
LGBTQI Quality of Life Initiative Can
#ShowUsYourAustin

Another strength highlighted by professionals interviewed is the Health Equity Unit in APH. This unit is seen as promoting progress toward ensuring that all services are equitable in the community and surveying the needs of underserved communities.

INDIVIDUALS EXPERIENCING HOMELESSNESS

Many of the issues discussed in focus groups have a disproportionate impact on individuals experiencing homelessness in Travis County such as the availability of mental health care, affordable housing, safety, and water access.

Professionals interviewed discussed the lack of mental health beds for serious mental illness in the community and the challenges related to serious mental illness in the homeless population. In addition, the lack of services for co-occurring mental health and substance use disorders was discussed, which participants mentioned disproportionately affects the homeless population and caring for that population.

Professionals also discussed the need for low-barrier affordable housing for the population experiencing homelessness. Low-barrier housing is otherwise known as Housing First, which is an approach to ending homelessness that “embraces the idea that people participating in a PSH [permanent supportive housing] program should be given housing even if they are struggling with issues of chemical dependency, mental health, or other barriers to housing that might render them ineligible under more traditional models of housing.”⁷⁴

⁷³ “Karen Languages”. Encyclopedia Britannica. Britannica.com. Web. <https://www.britannica.com/topic/Karen-languages>. Accessed August 17, 2017.

⁷⁴ Housing Works Austin. *Housing the Hardest to Serve: Using Permanent Supportive Housing to Address Chronic Homelessness in the City of Austin*. Austin Housing Finance Corporation City of Austin, August 2014. p.4. PDF File. Web.



Safety was mentioned as it relates to the population experiencing homelessness in Austin. Safety from the elements such as sun and storms as well as from violence are a concern in the homeless community. Professionals who work with individuals experiencing homelessness discussed that the population is often times taken advantage of or scammed due to their vulnerability.

In central Austin, public water availability was discussed as it relates to the homeless community. According to focus group participants, basic needs such as drinking water and water sources for bathing and using the restroom are not sufficiently available to the homeless community.

SOLUTIONS DISCUSSED. Providers recommended increasing low-barrier housing options for the homeless community, citing stable housing as a factor in improving adherence to treatment plans and medication management for severe mental illness. Other solutions discussed were a respite center for the homeless and homeless shelters outside of downtown Austin.

Participants discussed the need to ensure every member of the community has access to clean water for drinking and bathing. Focus groups discussed having public water resources such as restrooms and showers available for the homeless community. Participants believed water resources for the homeless community would provide a sense of dignity and respect to those affected, and it would also improve the cleanliness of public spaces.

HEALTH OUTCOMES

In some cases, focus group participants discussed specific diseases or service concerns. Chronic disease and communicable disease, specifically sexually transmitted infections (STIs) and human immunodeficiency virus (HIV), were most commonly mentioned as a concern in focus groups. Two focus groups identified teen pregnancy and repeat pregnancy to teen mothers as a health concern in the community.

Interviewees who are health professionals in the community said that communities they work with suffer from obesity, high blood pressure, and diabetes. Some interviewees also pointed out the link between obesity and hunger in impoverished communities who are often living in food deserts with minimal access to full-service grocery stores and recreation facilities, but with access to inexpensive junk food at convenience stores or fast food restaurants. Additionally, professionals noted that they see widespread childhood obesity and are concerned about the implications for the future health and longevity of children who experience obesity.



SOLUTIONS DISCUSSED. One of the community strengths that focus group participants discussed was the free cooking and exercise classes offered through apartment complexes, recreation centers, and other organizations. Participants suggested continuing to provide culturally appropriate classes in the community to support prevention of disease and health maintenance. Another strength discussed was free screenings; however, having resources available and information on what to do once someone is diagnosed with diabetes, for example, is something focus group participants and professionals in the community think could be improved.

SOCIETAL NORMS AND STIGMA

The challenges discussed throughout most of this chapter are system-level challenges; however, some cultural norms and stigmas within communities are learned over time. Focus group and community forum participants discussed how these factors relate to their health and the health of the community.

Participants discussed how societal norms affect an individual's health. Some norms that came up in discussion that impede health include:

- Large portion sizes for food.
- Long work hours.
- Acceptance and sometimes encouragement of teenage pregnancy.
- Culture of violence toward women.
- Lack of health education in schools.

Participants also discussed stigmas related to some behaviors or groups of people that prevent individuals from seeking health care services and may affect the quality of care they receive. Stigmas discussed in focus groups include:

- Seeking screening services for STIs.
- Seeking mental health services.
- The belief that addicted drug users are engaging in pleasure-seeking behaviors, when in actuality it is pain avoidance or, in some cases, survival.
- Health campaigns sometimes stigmatize groups of people. Participants believe campaigns should be more inclusive with imaging and culture expression to reflect populations at risk.

SOLUTIONS DISCUSSED. Solutions discussed included education and learning how to cook traditional foods in a healthier way. Participants discussed reducing stigma by normalizing certain services such as seeking mental health care or STI screenings.

PRIORITIZATION RESULTS

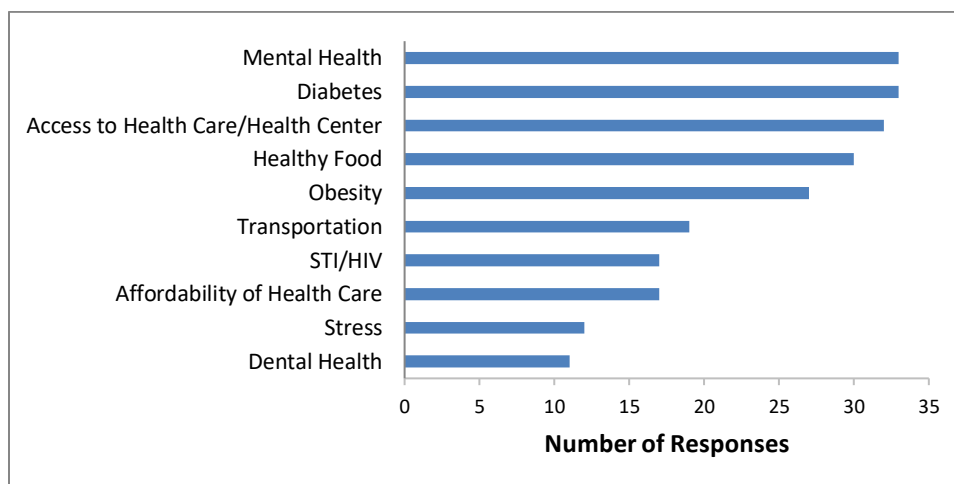
After each focus group discussion, participants were asked to fill out a form to prioritize their top three health concerns. The prioritization form also asked what population was affected and what geographic area of Travis County. A total of 138 participants completed a prioritization form. The form is shown in Appendix H.

Because the questions on the prioritization forms were open-ended rather than multiple choice, some related responses were grouped into categories. Three categories emerged by grouping related responses: mental health, access to health care, and healthy food.

Mental health includes any mention of mental health providers, the words mental health, or a mental health condition such as depression. Access to health care includes any mention of a health clinic or the need for a clinic nearby. Healthy food includes any mention of food or nutrition such as access to healthy food, affordability of food, and cooking skills. In some cases, specific conditions such as diabetes, obesity, and stress, and access barriers, such as affordability and transportation, were reported with enough frequency that they were not grouped into other categories.

The top ten responses on the prioritization form are shown below in Figure 5-1. The most commonly listed priorities on the prioritization forms were diabetes and mental health, followed closely by access to health care and healthy food.

Figure 5-1 Top Ten Responses on Focus Group Prioritization Forms



CHAPTER 6

COMMUNITY HEALTH STATUS ASSESSMENT

6. COMMUNITY HEALTH STATUS ASSESSMENT

This chapter examines health outcomes in Travis County and explores the individual behaviors and social, physical, and economic factors that impact health. It includes a collection of data from secondary sources such as the United States Census Bureau and American Community Survey (ACS), the Texas Behavioral Risk Factor Surveillance System (BRFSS), and other local, state, and federal government reports. By analyzing this data, the chapter intends to build an understanding of health and conditions affecting health in order to identify disparities between populations, gaps in services, and opportunities to improve health.

This chapter updates the health status data included in the 2012 community health assessment (CHA) with additions and modifications based on guidance from the data and research subcommittee formed to guide the development of the 2017 CHA.

DEMOGRAPHICS

The following section explores who lives in Travis County, Texas, by identifiers such as age, gender, race, and ethnicity. Different sectors of the population have distinct experiences, affecting their behaviors and impacting their health, and they require unique services. An understanding of the demographic profile creates a foundation for prioritizing service delivery and improvement.

Throughout this report data is analyzed across demographic factors such as race and ethnicity, gender, and income. Data sources used for this report identify and label race and ethnicity using different methods. For example, child and poverty data from the ACS has the following racial and ethnic categories: Black/African American, Asian, Latino/Hispanic, and Non-Hispanic White. In comparison, the BRFSS has the following categories for race and ethnicities: Black/African American (Non-Hispanic), White (Non-Hispanic), and Latino/Hispanic (All Races). The differences in these categories are due to the different ways each source requested information from the individuals surveyed or because of how the data was accessed. Please see the Methodology chapter for more information on how race and ethnic categories are categorized. Data categories used for race and ethnicity throughout this report are consistent with the source of the data.

Analysis of the Asian population in Travis County is provided for seven data points from the BRFSS. Data limitations prohibited further analysis. When available, the Asian data point is provided in the narrative of this chapter. For more data and reports of the Asian community, see Appendix J, the Community Needs Assessment Matrix.

POPULATION

The City of Austin, Travis County, and Texas continue to experience positive population growth, as reflected in Table 6-1. The City of Austin, with an estimated population of 931,840 in 2015, experienced a 13.6 percent increase in the population since 2011. The population of Travis County also experienced growth, although the increase was less than the City of Austin.

During the same period, the Travis County population increased from 1,063,130 in 2011 to 1,176,558 in 2015, a percent increase of 10.7 percent. The percent increase in the population of Austin (13.6 percent) was almost twice that of Texas (7.0 percent).

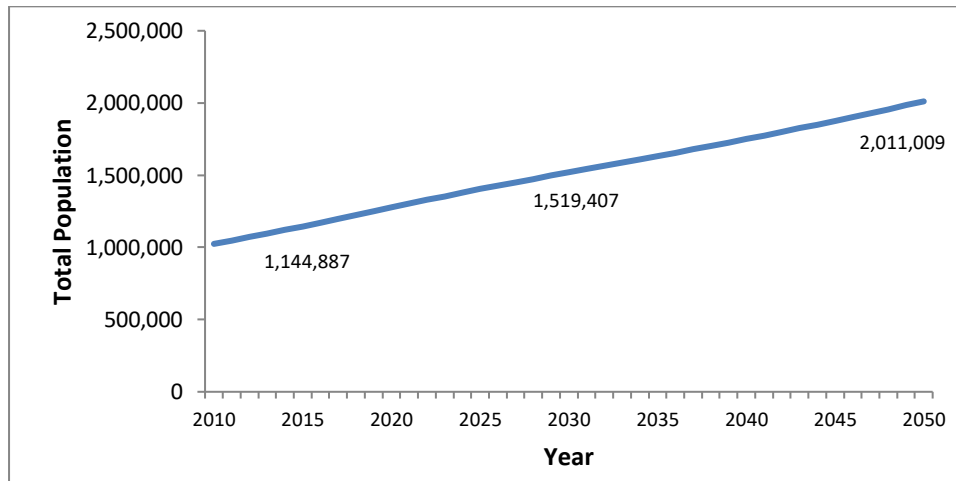
Table 6-1 Population Changes in Texas, Travis County, and Austin

| | 2011 Population | 2015 Population | Percent Change |
|---------------|-----------------|-----------------|----------------|
| Austin | 820,601 | 931,840 | 13.6% |
| Travis County | 1,063,130 | 1,176,558 | 10.7% |
| Texas | 25,674,681 | 27,469,114 | 7.0% |

Source: U.S. Census Bureau 2011 and 2015 American Community Survey 1-Year Estimates, B01001.

As illustrated in Figure 6-1 Population Projections for Travis County, 2010-2050, the population of Travis County is projected to continue to increase over the next four decades. The Texas Demographic Center estimates a population of 1,612,674 by 2050, a 57 percent increase from 2010.

Figure 6-1 Population Projections for Travis County, 2010-2050



Source: Texas Demographic Center Population Projections, 1.0 Migration Scenario.

AGE DISTRIBUTION

Table 6-2 compares the age distribution of Austin, Travis County, and Texas with the United States as a whole. The distribution of the population by age is similar for Austin and Travis County residents across all age groups. In Austin, 20.9 percent of residents are under 18 years of age, similar to percentages for Travis County and the United States; minors comprise a larger percentage of the Texas population (26.2 percent).



Most notably, compared with Texas and the United States, Austin and Travis County have a larger proportion of the population in the 25 to 44 age range and a smaller proportion of people of retirement age (65 and older).

Table 6-2 Age Distribution in United States, Texas, Travis County, and Austin, 2015

| | Under 18 Years | 18-24 Years | 25-44 Years | 45-64 Years | 65 Years and Over |
|---------------|----------------|-------------|-------------|-------------|-------------------|
| United States | 22.9% | 9.8% | 26.4% | 26.1% | 14.9% |
| Texas | 26.2% | 10.2% | 28.0% | 23.8% | 11.7% |
| Travis County | 22.8% | 9.7% | 35.7% | 23.1% | 8.7% |
| Austin | 20.9% | 10.9% | 38.7% | 21.4% | 8.1% |

Source: U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B01001.

RACIAL AND ETHNIC DIVERSITY

Racial and ethnic diversity in Austin and Travis County is similar; both differ from the state of Texas. As illustrated in Table 6-3, non-Hispanic Whites make up just under half of the population in Austin (47.7 percent) and Travis County (49.3 percent) and constitute the largest racial/ethnic group in Austin and Travis County. Non-Hispanic Whites make up less of the population across the state (42.9 percent).

Over one third of the population in Austin (35.2 percent) and Travis County (33.9 percent) is Latino/Hispanic. In Texas, Latinos/Hispanics represent a larger proportion of the population, at 38.9 percent. Black/African American residents comprise a smaller proportion of the population in Austin (7.3 percent) and Travis County (8.0 percent) than for the state of Texas (11.7 percent). The Asian population is larger in Austin (7.5 percent) and Travis County (6.4 percent) than in the state as a whole (4.5 percent). The Austin population included in the “Other” category represents 2.3 percent of the total population. The “Other” category includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and Two or More Races. In Austin and Travis County, minorities are the majority of the population. Minorities comprise a slightly larger majority in the state as a whole.

Table 6-3 Percent Populations by Race/Ethnicity of Texas, Travis County, and Austin, 2015

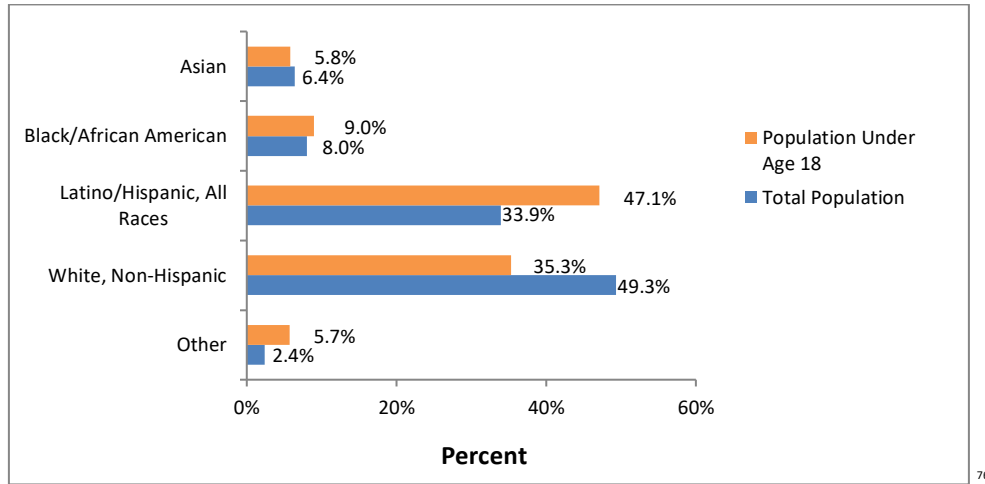
| | Asian, Non-Hispanic | Black/African American, Non-Hispanic | Latino/Hispanic, All Races | White, Non-Hispanic | Other |
|---------------|---------------------|--------------------------------------|----------------------------|---------------------|-------|
| Texas | 4.5% | 11.7% | 38.9% | 42.9% | 2.0% |
| Travis County | 6.4% | 8.0% | 33.9% | 49.3% | 2.4% |
| Austin | 7.5% | 7.3% | 35.2% | 47.7% | 2.3% |

Source: U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B03002

The racial/ethnic composition of the youth population in Austin differs from that of the Austin population as a whole, as shown in Figure 6-2. As of 2015, 47.1 percent of Austin residents 18 and younger are Latino/Hispanic whereas 35.3 percent of children in Austin are non-Hispanic White. Black/African American and Asian children have similar representation to that of the overall population, 9.0 and 5.8 percent respectively.⁷⁵ The Austin residents under 18 included in the “Other” category represent 2.3 percent of the total population.

⁷⁵ Black/African American and Asian statistics on the population under 18 include people who are Latino/Hispanic.

Figure 6-2 Percent Total Population and Population Under Age 18 by Race/Ethnicity in Travis County, 2015

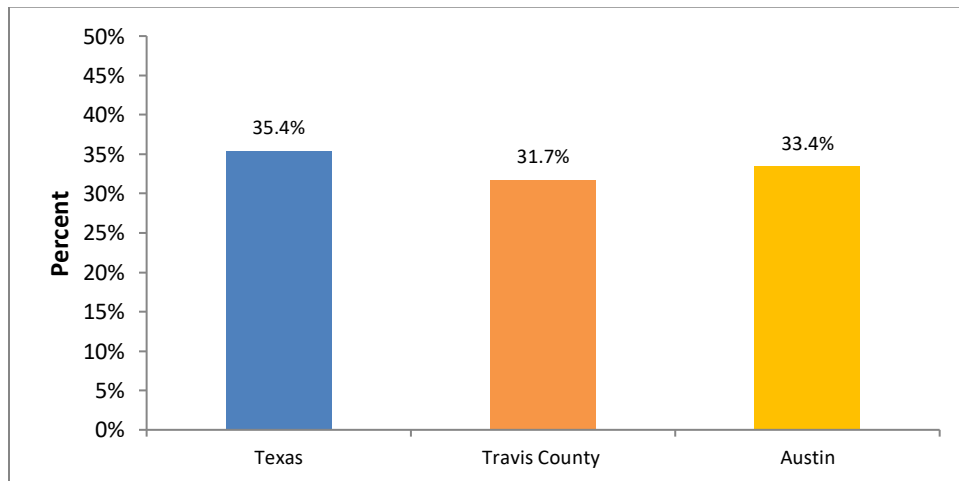


Source for under 18 statistics: U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B03002, B01001, C01001B, C01001D, C01001H, C01001I.

Source for adult statistics: U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B03002.

As shown in Figure 6-3, the percentage of the population that speaks a language other than English is fairly consistent across Texas, Travis County, and Austin, varying from 31.7 percent (Travis County) to 35.4 percent (Texas). Of Travis County residents who speak a language other than English at home, 24.3 percent speak Spanish, 3.0 percent speak another Indo-European language, 3.7 percent speak Asian or Pacific Island languages, and 0.7 percent speak other languages, as shown in Figure 6-4.

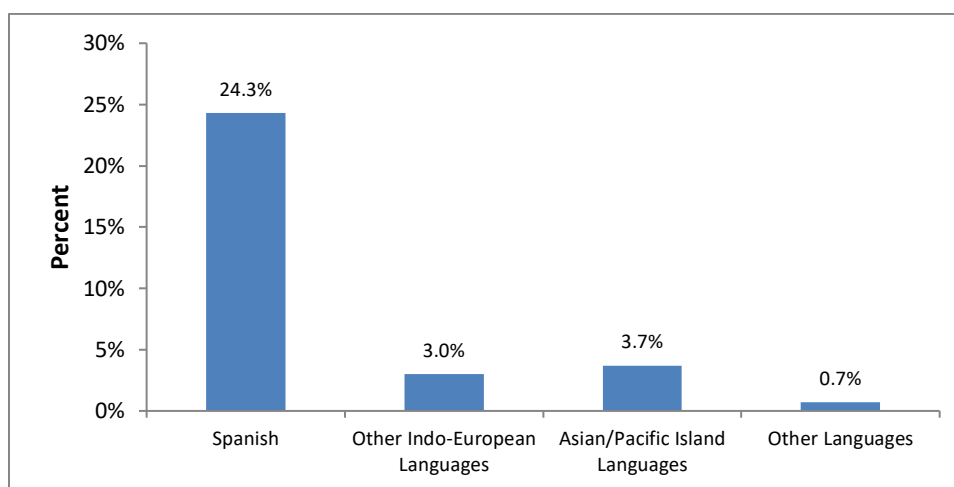
Figure 6-3 Percent Population Who Speak Languages Other Than English at Home in Texas, Travis County, and Austin, 2015



Source: U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, C16005.

⁷⁶ Black/African American and Asian statistics on the population under 18 include people who are Latino/Hispanic.

Figure 6-4 Languages Other Than English Spoken at Home in Travis County, 2015



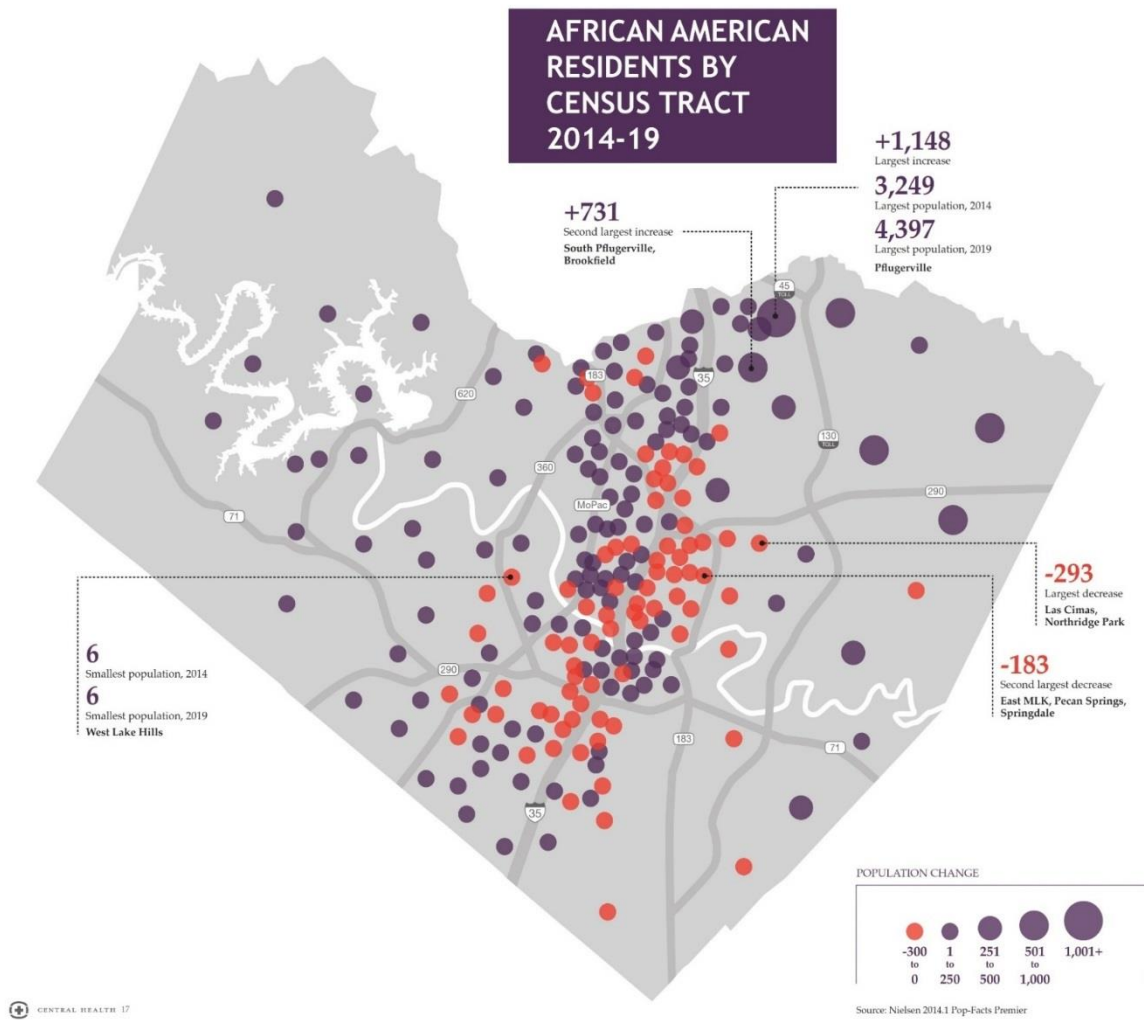
Source: U.S. Census Bureau 2015 American Community Survey 5-Year Estimates, S1601.

POPULATION GROWTH BY LOCATION

The four maps on the following pages (Figure 6-5 through Figure 6-8) are from the Central Health Planning Regions Overview, 2014-2019 Report, published in 2015. The report analyzed trends in age, poverty, and race/ethnicity in Travis County and projected demographic changes through 2019. Overall the report projects that between 2014 and 2019 the Hispanic population in Travis County is expected to increase by 17.6 percent followed by the Asian population (12.9 percent), White (7.7 percent), and Black/African American (8.8 percent) populations.⁷⁷

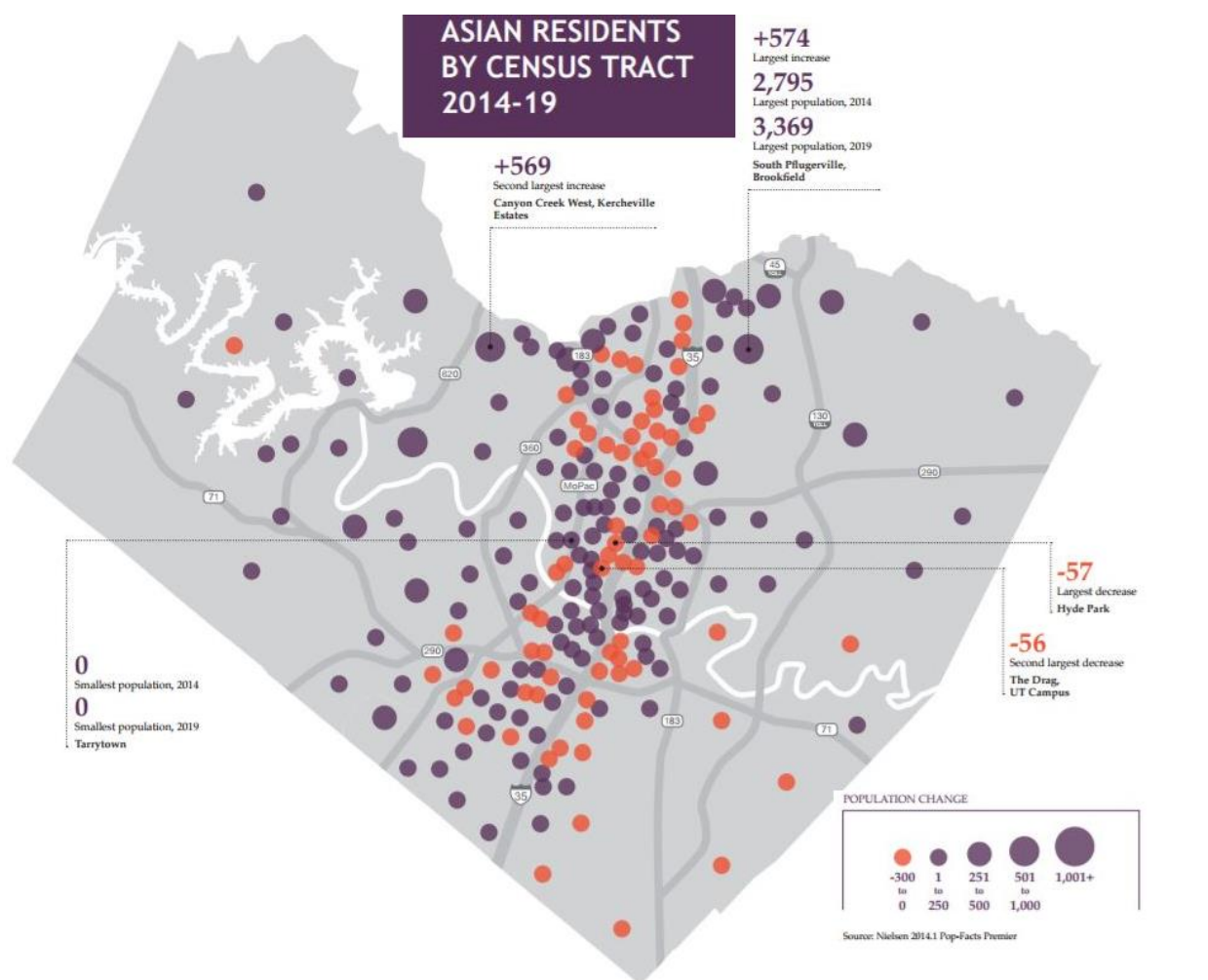
⁷⁷ "Central Health Planning Regions Overview, 2014-19, An analysis of age, poverty, and race/ethnicity trends in Travis County:" Central Health, October 2015. P. 7-10. Centralhealth.net. PDF. <http://www.centralhealth.net/wp-content/uploads/2015/10/Demographics-FINAL-web.pdf>. Accessed 8/24/2017.

Figure 6-5 Projected Changing African American Population Concentrations, 2014-2019⁷⁸



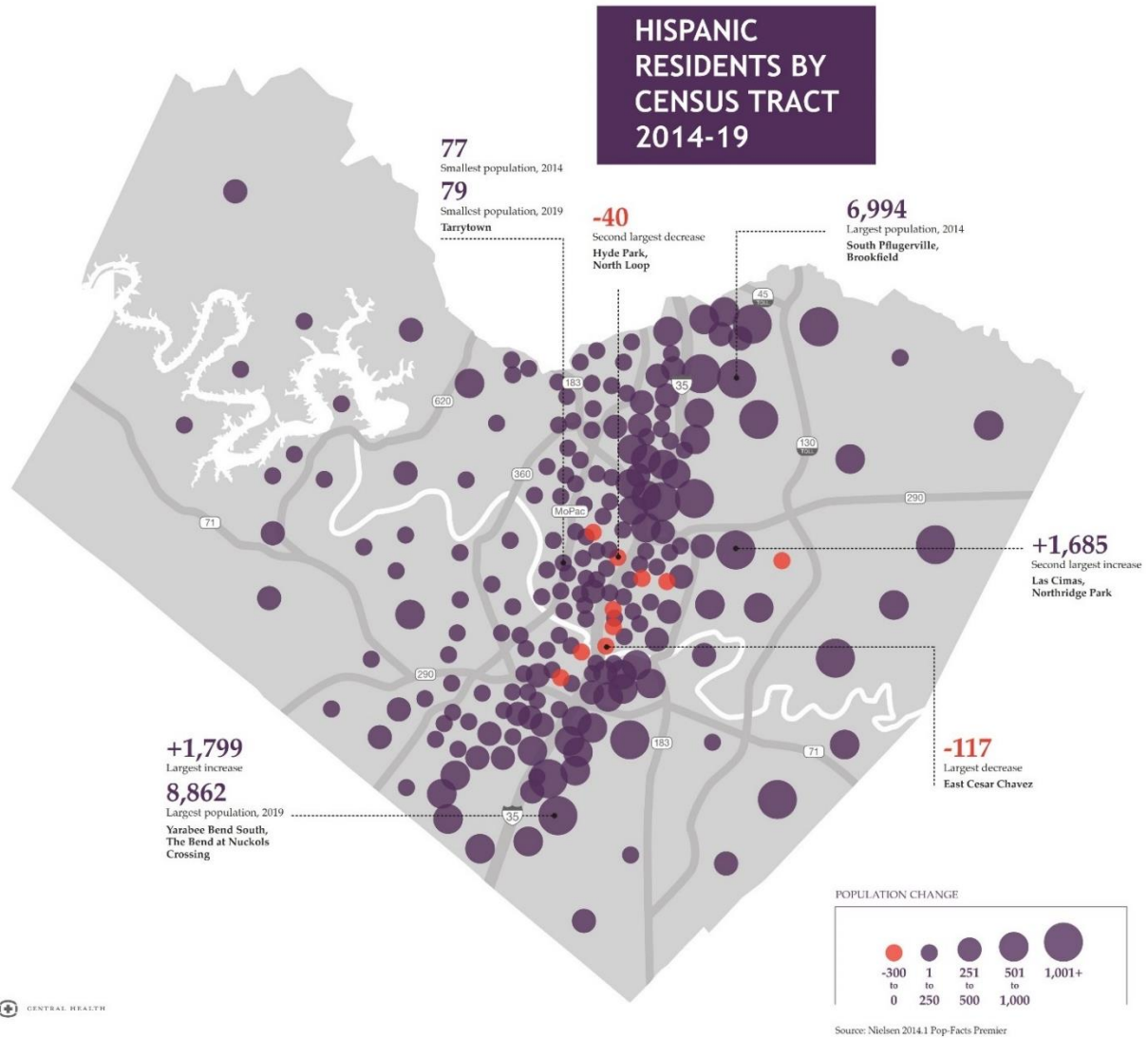
⁷⁸ "Central Health Planning Regions Overview, 2014-19, An analysis of age, poverty, and race/ethnicity trends in Travis County:" Central Health, October 2015. P. 9. Centralhealth.net. PDF. <http://www.centralhealth.net/wp-content/uploads/2015/10/Demographics-FINAL-web.pdf>. Accessed 8/24/2017.

Figure 6-6 Changing Asian Population Concentrations, 2014-2019⁷⁹



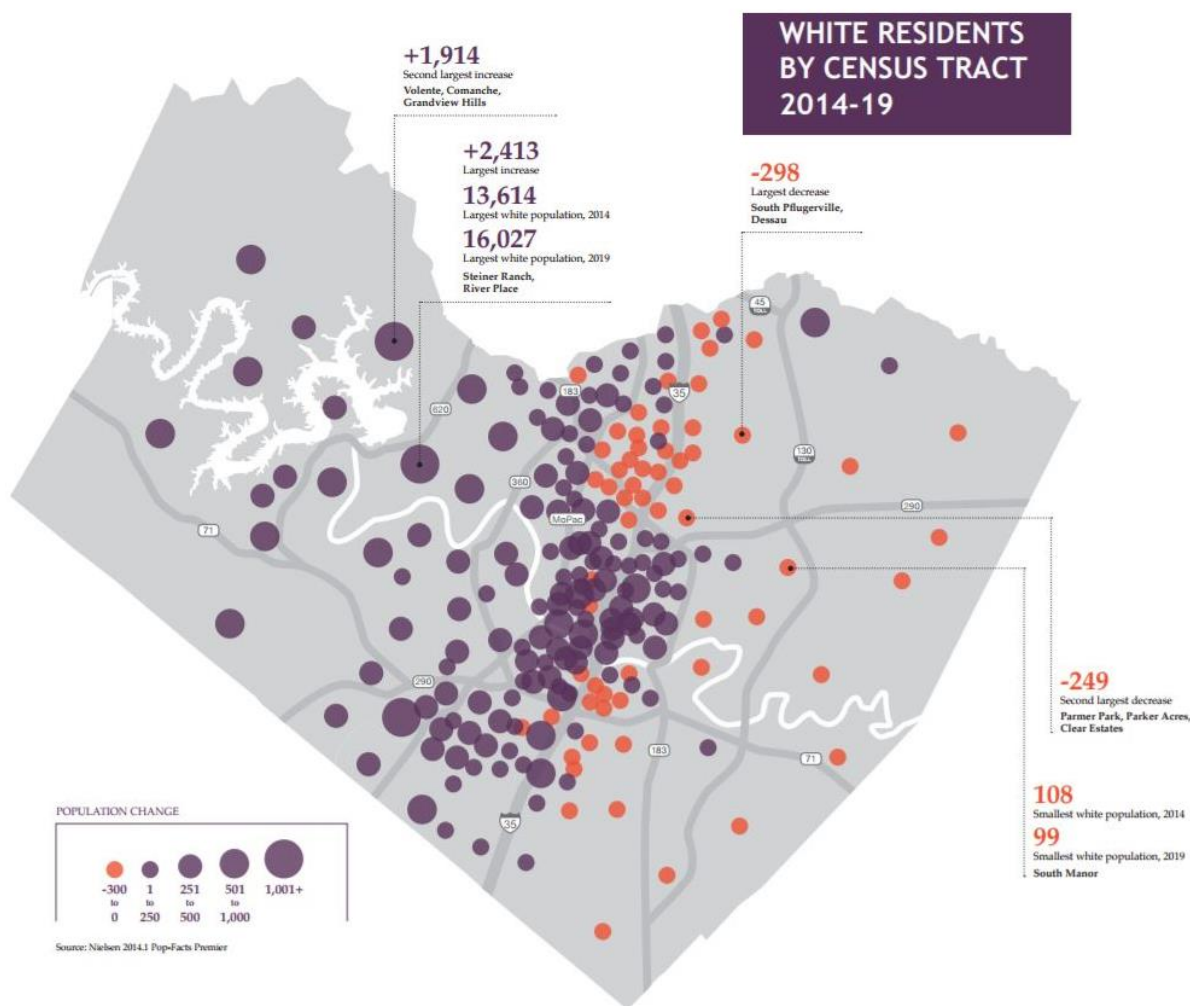
⁷⁹ "Central Health Planning Regions Overview, 2014-19, An analysis of age, poverty, and race/ethnicity trends in Travis County:" Central Health, October 2015. P. 10. Centralhealth.net. PDF. <http://www.centralhealth.net/wp-content/uploads/2015/10/Demographics-FINAL-web.pdf>. Accessed 8/24/2017.

Figure 6-7 Projected Changing Hispanic Population Concentrations, 2014-2019⁸⁰



⁸⁰ "Central Health Planning Regions Overview, 2014-19, An analysis of age, poverty, and race/ethnicity trends in Travis County:" Central Health, October 2015. P. 8. Centralhealth.net. PDF: <http://www.centralhealth.net/wp-content/uploads/2015/10/Demographics-FINAL-web.pdf>. Accessed 8/24/2017.

Figure 6-8 Projected Changing White Population Concentrations, 2014-2019⁸¹



The first map illustrates projected changes in the African American population in Travis County. The map shows that the largest and most concentrated growth will occur in Pflugerville, northeast of Austin, while the east side of Austin will experience the greatest loss of African American residents. North and south Austin will also experience significant decreases in African American residents.

The second map demonstrates the projected changes in the Asian population in Travis County. The map shows that the areas of Travis County that will have the largest increase in Asian residents between 2014 and 2019 are Pflugerville, northeast of Austin, and Canyon Creek West, northwest of Austin. The areas expected to see the largest decrease in Asian residents are in north central Austin.

The third map demonstrates the projected changes in the Hispanic population in Travis County over the next five years. The map highlights areas of greatest growth east of I-35 in south and north Austin and north of Austin into Pflugerville. Central east Austin is the only area expected to see a decrease or no change in Hispanic residents.

⁸¹ "Central Health Planning Regions Overview, 2014-19," An analysis of age, poverty, and race/ethnicity trends in Travis County: Central Health, October 2015. P. 7. Centralhealth.net. PDF. <http://www.centralhealth.net/wp-content/uploads/2015/10/Demographics-FINAL-web.pdf>. Accessed 8/24/2017.

The fourth map shows the projected changes in the White population in Travis County. The areas expected to increase in White residents between 2014 and 2019 are central Austin extending out to Hwy 183 on the east side and west Travis County. The areas where the White population is expected to decrease are northeast and northwest Austin and far east Travis County. The largest projected increases in White residents are in west Travis County in Steiner Ranch and northwest Travis County near Lake Travis in Volente, Comanche, and Grandview Hills. The areas expected to see the largest decrease in White residents are in east and northeast Travis County.

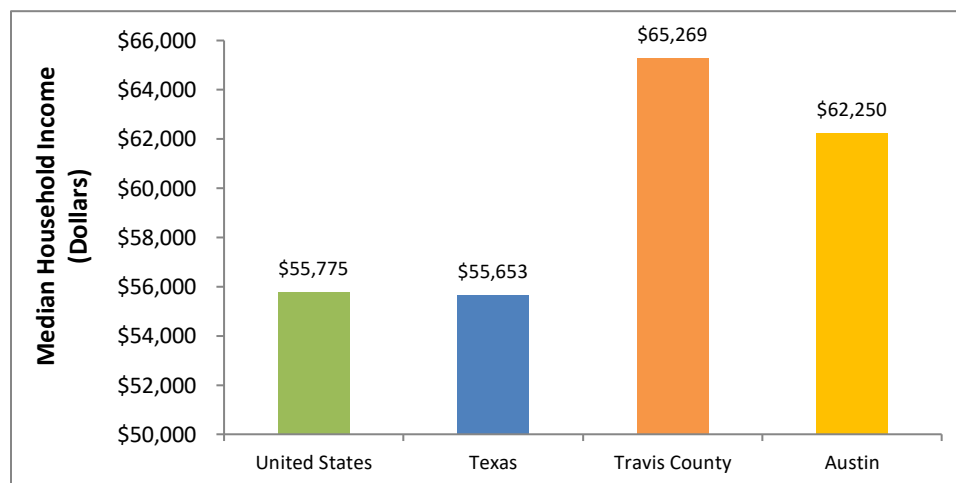
ENVIRONMENTAL FACTORS

Health is determined not only by individual behavior, but by a person's environment and access to basic needs and opportunity. This section explores the conditions in which the Travis County community lives, including social and physical environmental factors such as housing, crime and safety, and air quality. Environmental factors impact large groups of people that share common living spaces, and are often the drivers behind health disparities.⁸²

INCOME

The median household income in Texas is similar to the United States as whole as demonstrated in Figure 6-9. Travis County and Austin have higher median household incomes than Texas or the United States. Median household income in Travis County is \$65,269, which is \$3,019 higher than the median household income of Austin and \$9,616 higher than Texas.

Figure 6-9 Median Household Income in the United States, Texas, Travis County, and Austin, 2015



Source: U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B19013.

Additionally, the median household income in Travis County experienced a substantially higher percent increase from 2011 to 2015 than in Texas or the United States, as demonstrated in Table 6-4. Median household income in Travis County was similar to Texas and the United States in 2011, ranging from \$53,687 to \$55,884. However, median household income in Travis County increased by 16.8 percent from 2011 to 2015 compared with an increase of 3.7 percent in Texas and a 1.6 percent increase in the U.S.

⁸² "Social Determinants of Health". Healthypeople.gov. Office of Disease Prevention and Health Promotion. Web. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed June 20, 2017.

Table 6-4 Change in Median Household Income Between 2011 and 2015

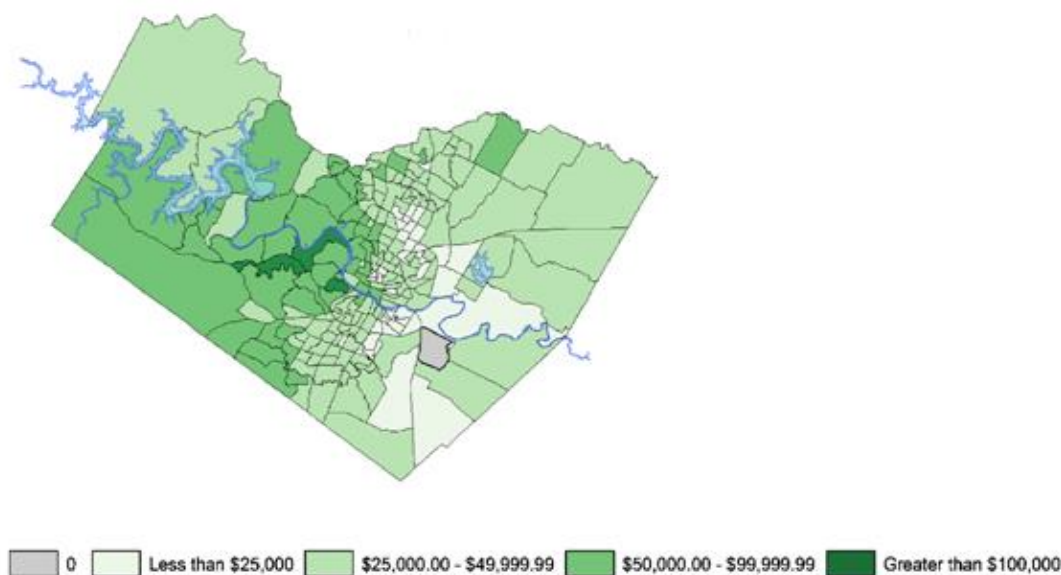
| | Travis County | Texas | U.S. |
|---|---------------|----------|----------|
| Median Household Income 2011 (in 2015 inflation-adjusted dollars) | \$55,884 | \$53,687 | \$54,893 |
| Median Household Income 2015 | \$65,269 | \$55,653 | \$55,775 |
| Percent change between 2011 and 2015 (in 2015 inflation-adjusted dollars) | 16.8% | 3.7% | 1.6% |

Created by: Travis County HHS/VS Research & Planning Division, 2016.

Source data: American Community Survey 2010 and 2014 1-Year Estimates, B19013 and the Consumer Price Index.

Even with an increase in income across Travis County, family income varies depending on geographic location within the county. Figure 6-10 illustrates the median family income by census tract in Travis County, demonstrating the income inequality within Travis County as a whole, with the majority of census tracts with median household income above \$50,000 located in western Travis County.

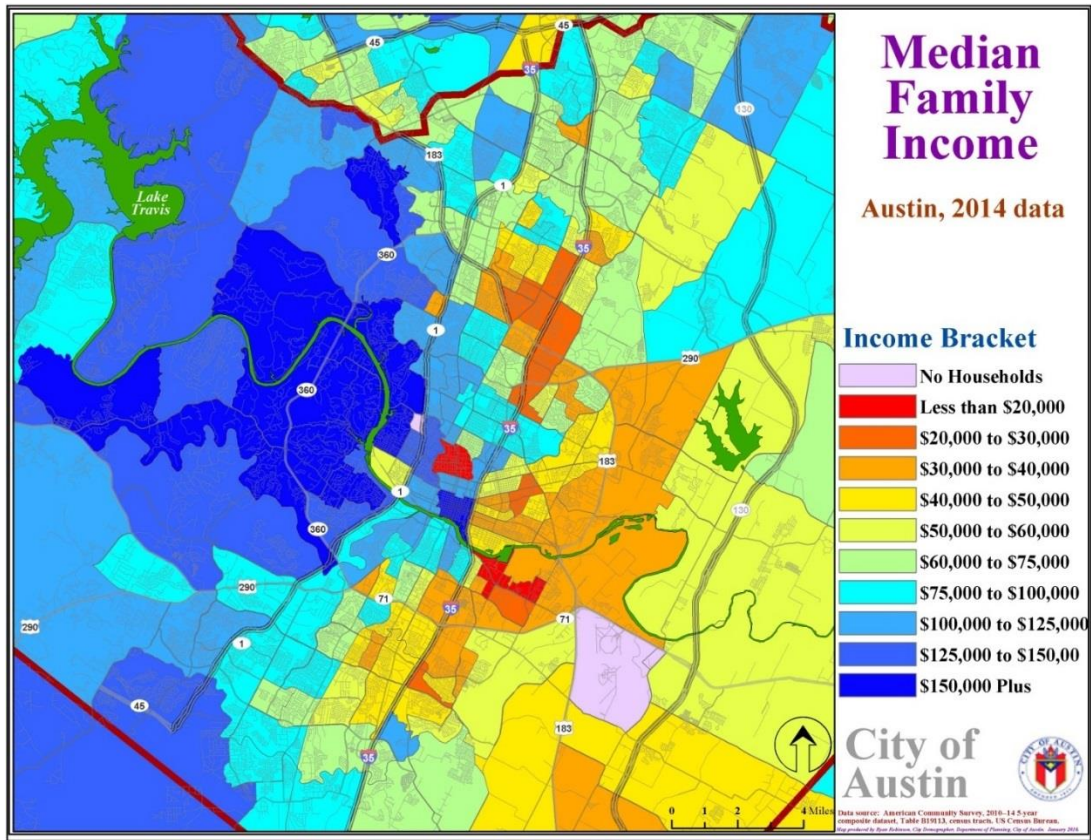
Figure 6-11 integrates additional details, providing smaller income brackets for a large portion of Travis County. As displayed in Figure 6-11, households with lower median incomes are concentrated on the eastern side of the City of Austin, while households with the highest median incomes are located west of downtown Austin.

Figure 6-10 Median Family Income in Travis County by Census Tract, 2010-2014¹

1. Includes the civilian employed population 16 years and older.

Source: U.S. Census Bureau, 2010-14 American Community Survey, 5-Year Estimates, APH.

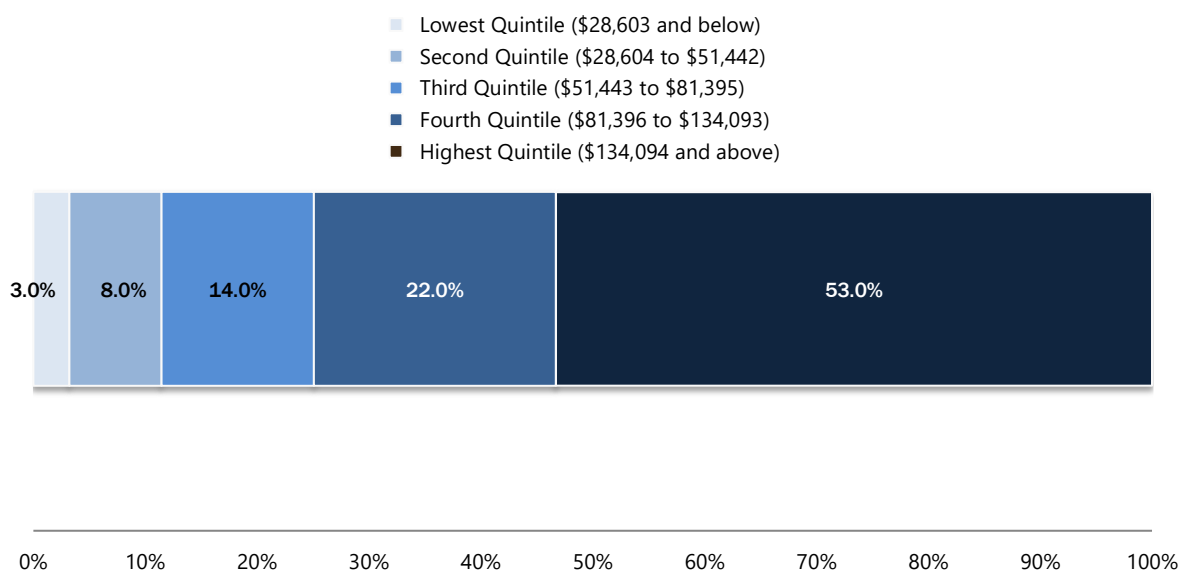
Figure 6-11 Median Family Income in Austin by Census Tract, 2014



Source: U.S. Census Bureau 2014 American Community Survey, retrieved from the website of Ryan Robinson, City of Austin Demographer.

Figure 6-12 illustrates how income is distributed in Travis County by evenly splitting households into five groups, each representing a household income range. This graphically illustrates income inequality with 20.0 percent of households earning 3.0 percent of the total income earned in the county. On the other hand, the highest earning 20.0 percent of households receive more than half (53.0 percent) of total income earned in the county.

Figure 6-12 Travis County Household Income Distribution, 2015



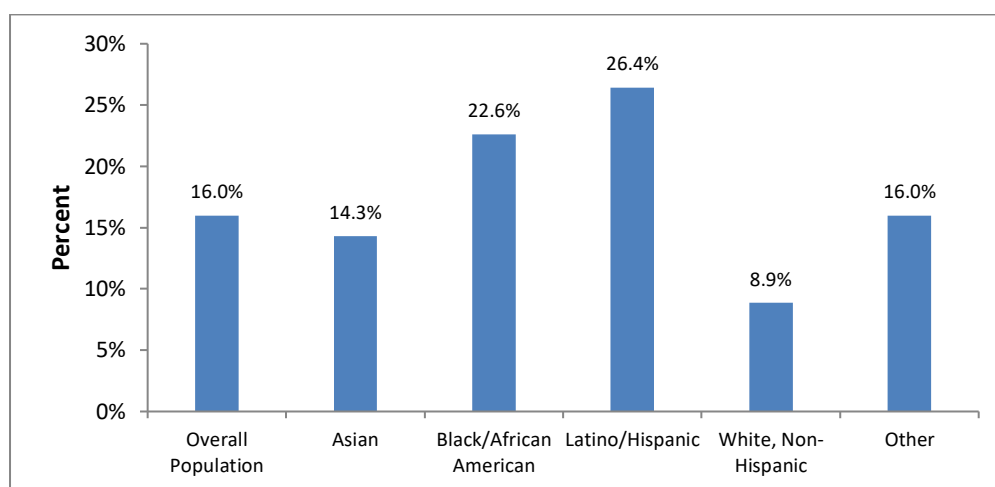
Note: In this chart, households have been separated into quintiles, or five groups each representing 20% of households. The first quintile is comprised of the bottom 20% of incomes, the second quintile is comprised of the next 20% of incomes, and so on.

Created by: Travis County HHS/VS Research & Planning Division, 2016
Source data: 2015 American Community Survey 1-Year Estimates, B19080 and B19082

POVERTY

Poverty is disproportionately concentrated among various racial/ethnic groups as shown in Figure 6-13. According to the 2011-2015 ACS, 16.0 percent of the population of Travis County lives in poverty. However, a higher proportion of Black/African American and Latino/Hispanic communities experience poverty, 22.6 percent and 26.4 percent respectively. Comparatively, 8.9 percent of non-Hispanic Whites experience poverty.

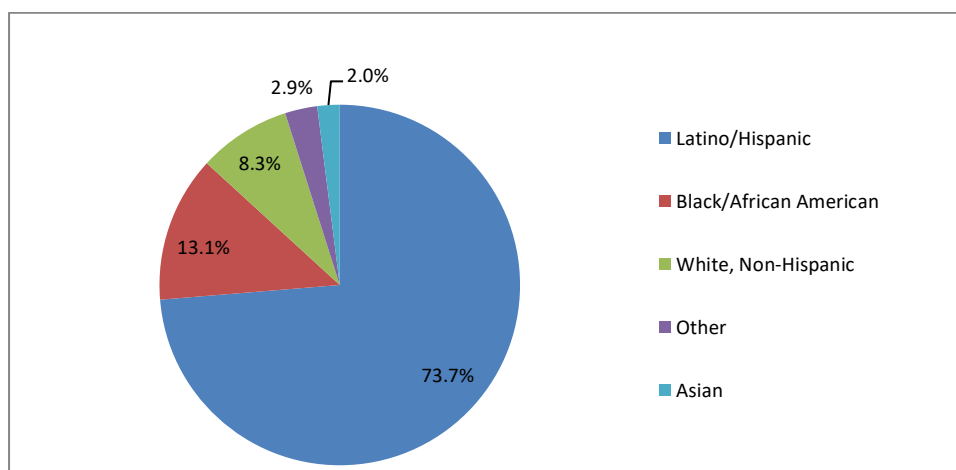
Figure 6-13 Percent of Individuals Below Poverty Threshold by Race/Ethnicity in Travis County, 2011-2015



Source: U.S. Census Bureau 2011-2015 American Community Survey 5-year Estimates, B17001, B17001B, B17001C, B17001D, B17001E, B17001G, B17001H, B17001I.

When examining poverty among children, disparities between race and ethnic groups grow larger. As illustrated in Figure 6-14, approximately three out of four impoverished children under the age of five are Latino/Hispanic (73.7 percent), 13.1 percent of children under five living in poverty are Black/African American, 8.3 percent are non-Hispanic White, 2.9 percent identify as Other, and two percent are Asian. For comparison, of the total population of children under five living in Travis County, 48.1 percent are Latino/Hispanic, 35.2 percent are non-Hispanic White, 8.1 percent are Black /African American, 5.1 percent are Asian, and 6.8 percent identify as Other.

Figure 6-14 Distribution of Poverty Among Children 5 Years Old and Under in Poverty, by Race/Ethnicity in Travis County, 2011-2015



Source: U.S. Census Bureau 2011-2015 American Community Survey 5-year Estimates, B17001.



According to Feeding America, food insecurity “describes a household’s inability to provide enough food for every person to live an active, healthy life.”⁸³ As demonstrated in Table 6-5, 186,860 Travis County residents experienced food insecurity in 2014, 17.1 percent of the total population. The percentage of people considered food insecure in the county is consistent with the state. However, the food insecurity rate in Travis County is greater than the rate of the United States, in which 15.4 percent of people experience food insecurity.

Table 6-5 Percent of Residents Considered Food Insecure in U.S., Texas, and Travis County, 2014

| | Percent | Total Number of People Considered Food Insecure |
|---------------|---------|---|
| U.S. | 15.4% | 48,135,500 |
| Texas | 17.0% | 4,578,670 |
| Travis County | 17.1% | 186,860 |

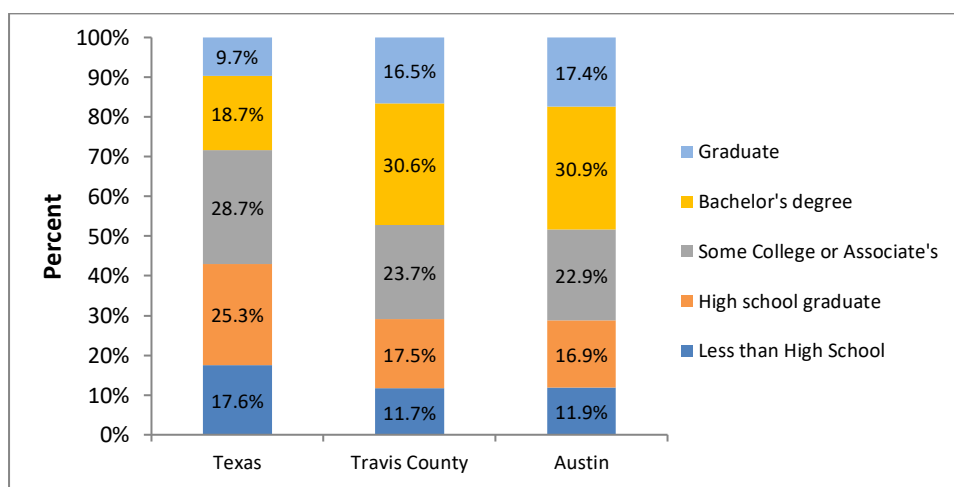
Source: Feeding America 2014, Food Insecurity and Food Cost in the United States, 2014.

Retrieved from: <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal>.

EDUCATIONAL ATTAINMENT

Figure 6-15 shows differences in educational attainment between Austin, Travis County, and Texas. Compared with the Texas population, Austin and Travis County have a larger percentage of residents with higher education and a lower percentage of residents that did not complete high school.

Figure 6-15 Educational Attainment of Adults 25 Years and Older in Texas, Travis County, and Austin, 2015



Source: U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B15002.

According to the 2015 ACS, 47.1 percent of adults 25 years and older in Travis County received a bachelor’s degree or higher. In Travis County, 16.5 percent of adults completed a graduate degree. In contrast, 28.4 percent of adults in Texas completed at least a bachelor’s degree, and 9.7 percent received a graduate degree. In Texas, 17.6 percent of adults did not complete high school, whereas in Austin and Travis County, adults without a high school degree comprise less than 12 percent of the population.

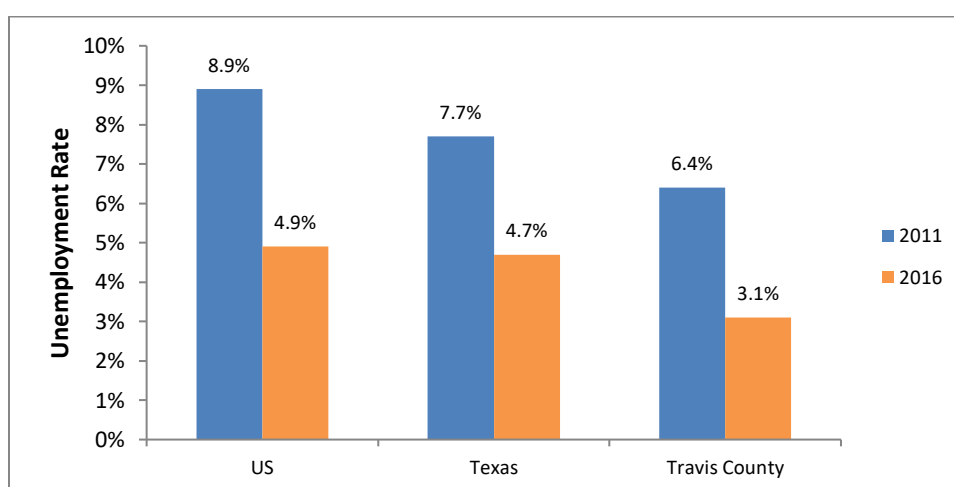
⁸³ “Understanding Hunger and Food Insecurity”. *FeedingAmerica.org*. Feeding America. Web. <http://www.feedingamerica.org/hunger-in-america/what-is-hunger-and-food-insecurity.html>. Accessed June 20, 2017.

EMPLOYMENT

According to the United States Bureau of Labor Statistics, the unemployment rate in Travis County dropped from 6.4 percent in 2011 to 3.1 percent in 2016 as shown in Figure 6-16. The decrease in unemployment rate locally followed state and national unemployment trends. The unemployment rate in Travis County (3.1 percent) continues to be lower than both Texas (4.7 percent) and the United States (4.9 percent).

Workforce Solutions recently published a Master Community Workforce Plan for the Austin-Round Rock Metropolitan area with a goal to “make living in Austin more affordable by improving economically disadvantaged residents’ access to better economic opportunities.”⁸⁴ Considering the economic growth in the area, the main objective of the plan is that “10,000 residents living at or below 200% of poverty will secure middle-skill jobs by 2021.”⁸⁵ Middle-skill jobs are jobs that require more than a high school diploma, but less than a four-year degree. See Appendix J for more information about the Master Community Workforce Plan.

Figure 6-16 Unemployment in the US, Texas, and Travis County, 2011 and 2016



Source: U.S. Bureau of Labor Statistics.

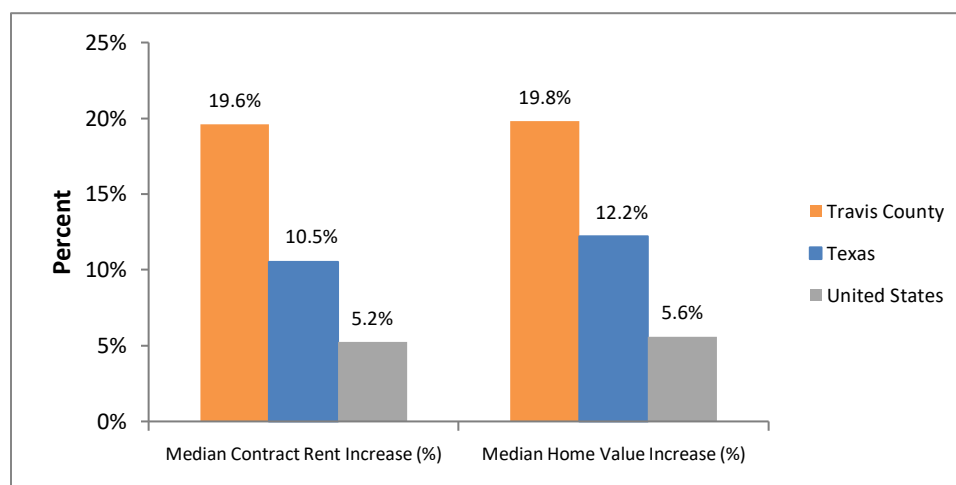
⁸⁴ Workforce Solutions Capital Area. *Austin Metro Area Master Community Workforce Plan*. June 2017. p. 1. PDF File. Web. <http://www.wfscapitalarea.com/Portals/0/all-content/Master%20Plan/AustinMetroAreaMasterCommunityWorkforcePlanExecutiveSummary.pdf>. Accessed June 20, 2017.

⁸⁵ Workforce Solutions Capital Area. *Austin Metro Area Master Community Workforce Plan*. June 2017. p. 1. PDF File. Web. <http://www.wfscapitalarea.com/Portals/0/all-content/Master%20Plan/AustinMetroAreaMasterCommunityWorkforcePlan.pdf>. Accessed June 20, 2017.

HOUSING

Median contract rent and median home value increased at a greater rate in Travis County from 2011 to 2015 than Texas or the United States. As illustrated in Figure 6-17, median contract rent in Travis County increased 19.6 percent while median contract rent increased by 10.5 percent statewide and 5.2 percent nationwide. Median home value in Travis County similarly experienced increases almost four times that of the United States and almost double that of the state.

Figure 6-17 Increase in Median Contract Rent and Median Home Value in Texas and Travis County, 2011-2015



Source: U.S. Census Bureau 2011 and 2015 American Community Survey 1-Year Estimates, B25077 and B25058
Values from 2011 adjusted for inflation using the Bureau of Labor Statistics (BLS) Consumer Price Index (CPI)
inflation Calculator at https://www.bls.gov/data/inflation_calculator.htm from January 2011 to January 2015.

Table 6-6 compares median home values for the United States, Texas, and Travis County from 2011 to 2015. The median home value in Travis County in 2015 was \$277,100, higher than both Texas (\$152,000) and the United States (\$194,500). Median home values in Travis County experienced a 19.8 percent increase in the past five years (2011 to 2015), greater than that of Texas or the U.S.

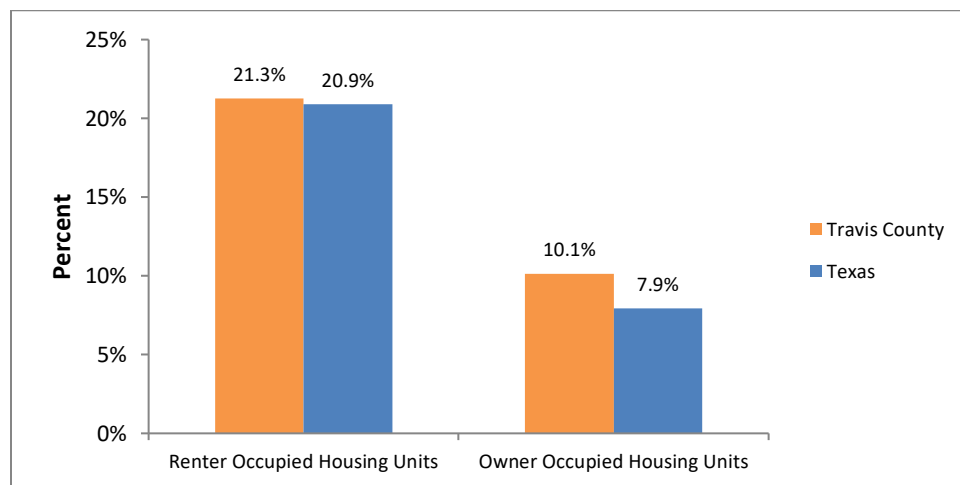
Table 6-6 Median Home Values in U.S., Texas, and Travis County, 2011 and 2015

| | 2011 Median Value | 2011 Adjusted Median Value (in 2015 dollars) | 2015 Median Value | Percent Change 2011 to 2015 (in 2015 dollars) |
|---------------|-------------------|--|-------------------|---|
| U.S. | \$ 173,600 | \$184,229 | 194,500 | 5.6% |
| Texas | \$ 127,700 | \$135,519 | 152,000 | 12.2% |
| Travis County | \$ 217,900 | \$231,242 | 277,100 | 19.8% |

Source: U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B25077. Values from 2011 adjusted for inflation using the Bureau of Labor Statistics (BLS) Consumer Price Index (CPI) from January 2011 to January 2015.

As shown in Figure 6-18, similar percentages of renters in Travis County and in Texas reported that housing costs consumed a significant portion of their income in 2015. In Travis County, 21.3 percent of residents paid rent that exceeded 50 percent of their income compared to 20.9 percent of Texas residents. In comparison, 10.1 percent of Travis County homeowners and 7.9 percent of Texas homeowners reported housing costs that were 50 percent or more their income.

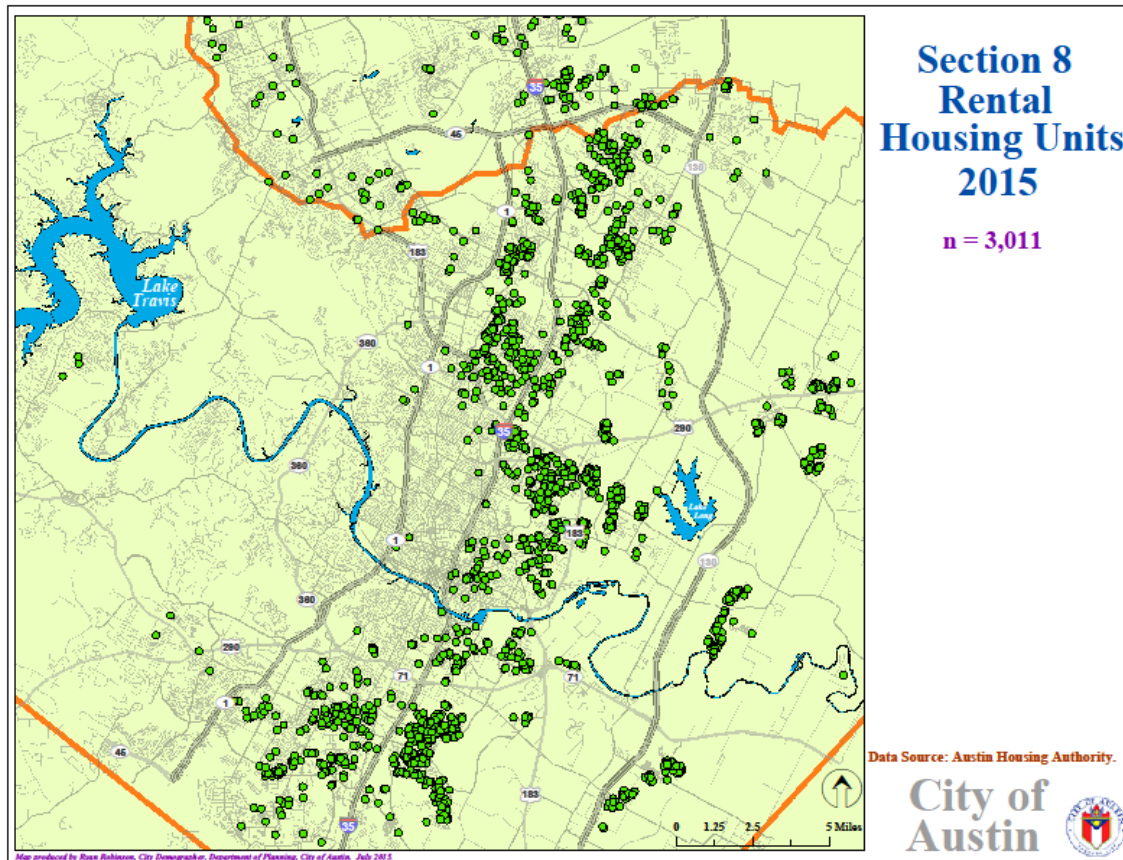
Figure 6-18 Percent of Residents Whose Housing Costs are 50 Percent or more of Household Income in Texas and Travis County, 2015



Source: U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, B25070, B25091.

Section 8 housing, also known as the Housing Choice Voucher (HCV) program, is a federally funded housing program to assist low-income families to more easily afford quality rental housing in the private market.⁸⁶ As displayed in Figure 6-19, Section 8 housing voucher units are concentrated east of central Austin and throughout the southern and northern areas of Austin. Few Section 8 rental units exist in central and west Austin. As of 2015, 3,011 Section 8 rental units were available, 1,962 less than in 2010.⁸⁷

Figure 6-19 Distribution of Section 8 Rental Housing Units in Austin, 2015



Source: Map produced by Ryan Robinson, City Demographer, Department of Planning, City of Austin, July 2015.

TRANSPORTATION

Table 6-7 compares means of travel to work for the United States, Texas, Travis County, and Austin. Transportation in Austin and Travis County is consistent with state and national trends. According to the 2015 ACS, 74.6 percent of workers in Travis County, 73.7 percent of workers in Austin, and 80.8 percent of workers in Texas travel to work alone using a motorized vehicle.

⁸⁶ "Housing Choice Voucher Program (Section 8)" *Hacanet.org*. Housing Authority of the City of Austin. Web. <https://www.hacanet.org/residents/assisted-housing/>. Accessed June 20, 2017.

⁸⁷ Community Health Assessment Austin/Travis County Texas. Austin/Travis County Health and Human Services Department, December 2012. P. 21. PDF. Web. http://www.austintexas.gov/sites/default/files/files/Health/Info_to_Post/CHA-CHIP_Report_9-3-13.pdf. Accessed August 25, 2017.

More workers in Austin than in Texas identify public transportation as a way to get to work, 4.0 percent and 1.5 percent respectively; however, when comparing to other metropolitan areas in the state, Austin residents use public transportation to get to work at the same rate as Houston residents and slightly less than Dallas residents. The percentage of workers working from home is higher in Travis County and Austin than in Dallas, Texas, or the United States, but is comparable to Houston.

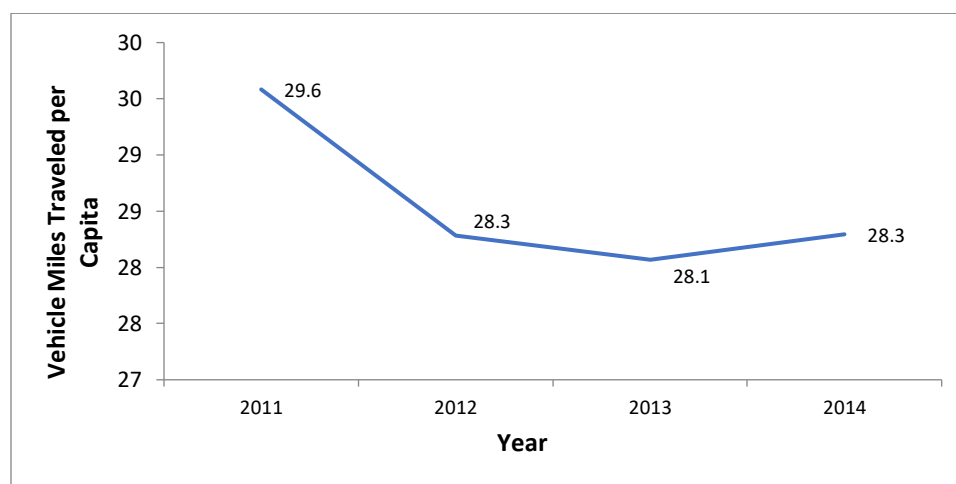
Table 6-7 Means of Transportation to Work, 2015

| Means of Transport | U.S. | Texas | Travis County | Dallas | Houston | Austin |
|--|-------|-------|---------------|--------|---------|--------|
| Car, truck, or van (Drove Alone) | 76.6% | 80.8% | 74.6% | 76.6% | 77.2% | 73.7% |
| Car, truck, or van (Carpooled) | 9.0% | 10.2% | 9.2% | 11.3% | 10.5% | 9.5% |
| Public transportation (Excluding Taxicabs) | 5.2% | 1.5% | 3.3% | 4.2% | 4.0% | 4.0% |
| Other Means | 4.6% | 3.1% | 4.3% | 3.4% | 4.6% | 5.0% |
| Worked at home | 4.6% | 4.4% | 8.6% | 4.5% | 3.7% | 7.8% |

Source: U.S. Census Bureau 2015 American Community Survey 1-Year Estimates, S0801.

Figure 6-20 displays the total vehicle miles traveled (VMT) per day in Travis County divided by the population from 2011 to 2014. VMT per capita was 28.3 miles per day in 2014, a decrease from 2011. According to the United States Department of Transportation, decreasing VMT per capita can improve air quality and overall health of the population.⁸⁸

Figure 6-20 Vehicle Miles Traveled (VMT) per Capita in Travis County, 2011-2014



Source: Population numbers from https://www.austintexas.gov/sites/default/files/files/Planning/Demographics/population_history_pub.pdf. VMT from <https://mobility.tamu.edu/ums/>.

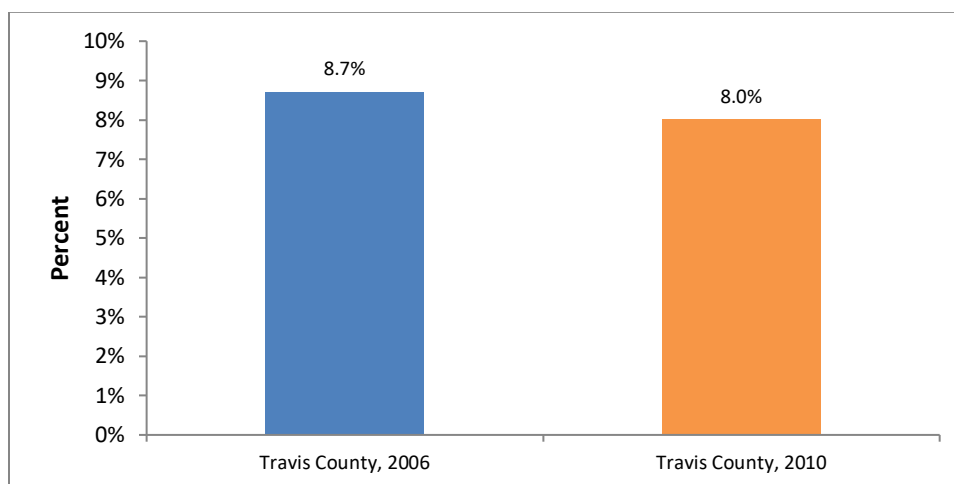
ACCESS TO HEALTHY FOOD

According to the 2012 CHA and displayed in Figure 6-21, the percentage of low-income Travis County residents who do not live close to a grocery store decreased from 2006 to 2010. The United States Department of Agriculture (USDA) identifies low-income census tracts as those with a poverty rate higher than 20 percent. Low-access census

⁸⁸ "VMT Per Capita." *Transportation.gov*. U.S. Department of Transportation. Web. <https://www.transportation.gov/mission/health/vmt-capita>. Accessed June 20, 2017.

tracts include those low-income areas in which a significant proportion of the community lives more than one mile from a supermarket, supercenter or a large grocery store in urban areas, or more than 10 miles in rural areas.⁸⁹ According to the 2017 County Health Rankings published by the Robert Wood Johnson Foundation, as of 2010, 8.0 percent of Travis County residents live in low-income, low-access areas. More recent data is not available.

Figure 6-21 Percent of Population Who Are Low-Income and Do Not Live Close to a Grocery Store in Travis County, 2006 and 2010



Source: United States Department of Agriculture, Food Environment Atlas (2010) as cited in County Health Rankings, 2017.

During the public comment period, feedback was given that a Food for All Report can provide additional insight into food access issues within the area of Austin and Travis County studied in the report. See appendix J for more information about this report.

AIR QUALITY

Table 6-8 displays the number of days per year in which Travis County experienced unhealthy air quality days due to levels above regulatory standards for either ozone or particulate matter concentration (PM 2.5). The PM 2.5 standard is a federal standard developed by the Environmental Protection Agency (EPA) specifying the maximum amount of fine inhalable particulate matter in the air, a mixture of solid and liquid particles such as, but not limited to, dust, dirt, and smoke.⁹⁰ The standard for ozone pollution, or ground-level ozone, is also regulated by the EPA and measures the maximum amount of ozone (O₃) allowed in the air. O₃ or “bad ozone” is created by chemical reactions in the sunlight between oxides of nitrogen and volatile organic compounds, both outputs of industrial facilities, car emissions, and chemical solvents.⁹¹ Both pollutants can cause health problems, particularly related to breathing, and specifically for children, older adults, and people who have lung diseases.

⁸⁹ “Documentation.” *Ers.usda.gov*. United States Department of Agriculture Economic Research Service. Web. <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation/#lowaccess>. Accessed June 20, 2017.

⁹⁰ “Setting and Reviewing Standards to Control Particulate Matter (PM) Pollution.” *Epa.gov*. United States Environmental Protection Agency. Web. <https://www.epa.gov/pm-pollution/setting-and-reviewing-standards-control-particulate-matter-pm-pollution#standards>. Accessed June 20, 2017.

⁹¹ “Ozone Pollution.” *Epa.gov*. United States Environmental Protection Agency. Web. <https://www.epa.gov/ozone-pollution>. Accessed June 20, 2017.

From 2008 to 2014, Travis County experienced zero days with levels above PM 2.5. In 2014, Travis County also achieved zero days above the regulatory standard for ozone levels. Travis County has stayed below the national ambient air quality standard for the years shown.

Table 6-8 Air Pollution- Ozone and Particulate Matter Days in Travis County, 2008-2014

| Year | Number of days above regulatory standard (ozone, maximum 8-hour average ozone concentration) | Number of days above regulatory standard (PM _{2.5} , maximum 8-hour average PM _{2.5} concentration) | Annual PM 2.5 Level (Note: National Ambient Air Quality Standard is 12.0) |
|------|--|---|---|
| 2008 | 2 | 0 | 10 |
| 2009 | 4 | 0 | 10.1 |
| 2010 | 2 | 0 | 10 |
| 2011 | 3 | 0 | 10.6 |
| 2012 | 4 | 0 | 10.1 |
| 2013 | 1 | 0 | 7.2 |
| 2014 | 0 | 0 | 10 |

Source: Environmental Protection Agency. Air Quality System Monitoring Data.

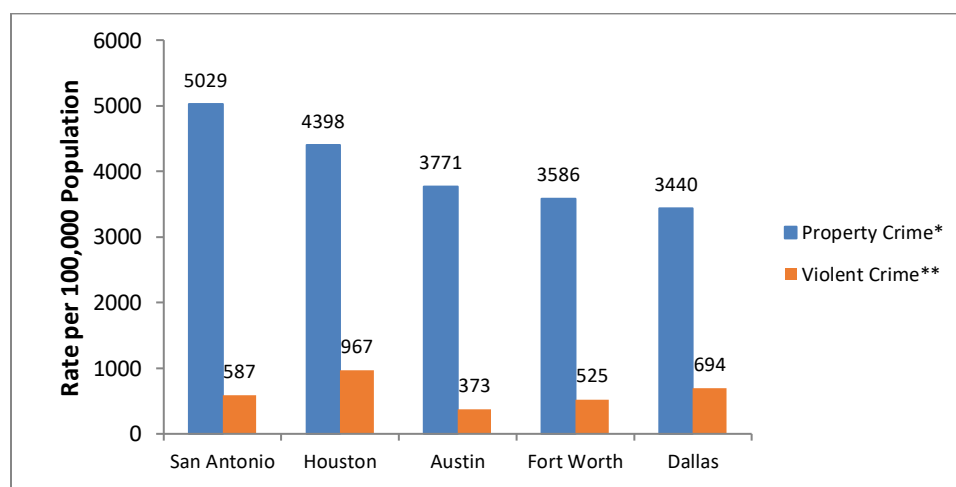
Accessed from Environmental Public Health Tracking Network: www.cdc.gov/ephrtracking. Accessed on February 16, 2017.

CRIME AND SAFETY

As of 2015, Austin has the lowest rate of violent offenses of any major Texas city as shown in Figure 6-22. The violent crime rate in Austin is almost half that of Dallas and two-fifths that of Houston. However, the property crime rate in Austin, including burglary, larceny-theft, motor vehicle theft, and arson, is similar to other cities. San Antonio had the highest property crime rate in 2015, followed by Houston, Austin, Fort Worth, and Dallas.

The property crime rate in Austin has dropped since 2010 (from 5,755 to 3,771 per 100,000).⁹² The violent crime rate in Austin also decreased, from 475 per 100,000 in 2010 to 373 per 100,000 in 2015.⁹³

Figure 6-22 Offenses Known to Law Enforcement per 100,000 Population in Texas Cities, 2015



*Property crime includes: burglary; larceny-theft; motor vehicle theft; and arson.

**Violent crime includes: murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

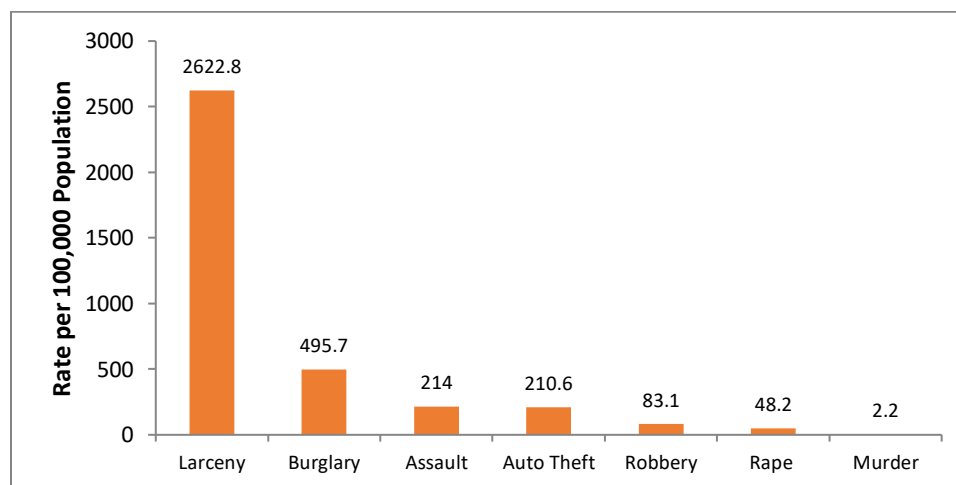
⁹² Community Health Assessment Austin/Travis County Texas. Austin/Travis County Health and Human Services Department, December 2012. P. 26. PDF. Web. http://www.austintexas.gov/sites/default/files/files/Health/Info_to_Post/CHA-CHIP_Report_9-3-13.pdf. Accessed August 25, 2017.

⁹³ Community Health Assessment Austin/Travis County Texas. Austin/Travis County Health and Human Services Department, December 2012. P. 26. PDF. Web. http://www.austintexas.gov/sites/default/files/files/Health/Info_to_Post/CHA-CHIP_Report_9-3-13.pdf. Accessed August 25, 2017.

Source: City of Austin Police Department Crime & Traffic Reports 2012-2016.

Figure 6-23 displays additional detail concerning crime rates in Travis County in 2015. According to the Texas Crime Report, the most common crimes are theft-related crime, including burglary, auto theft, and larceny (theft of personal property).

Figure 6-23 Crime Rates per 100,000 Population in Travis County, 2015



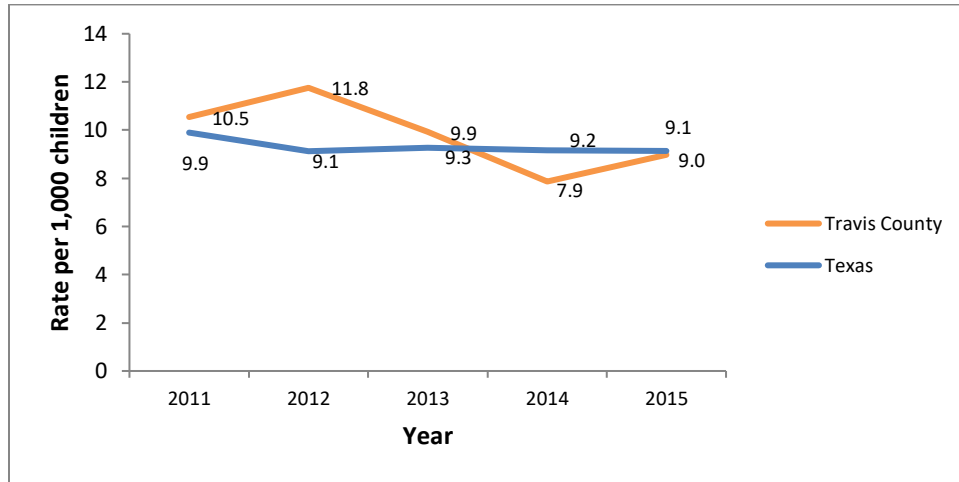
Source: Texas Crime Report, 2015.

The 2012 CHA reported a steady decrease in the rate of child abuse and neglect cases in Travis County from 2006 to 2010, from 11.5 cases per 1,000 children in 2006 to 7.5 cases per 1,000 children in 2010.⁹⁴ Data since that report was completed show that the rate of child abuse and neglect cases jumped to 10.5 cases per 1,000 children in 2011. The rate increased again in 2012 to 11.8 per 1,000 children.

As illustrated in Figure 6-24, the rate of child abuse and neglect in Travis County declined after 2012 to 7.9 cases per 1,000 children in 2014 before increasing from 2014 to 2015. The rate in Texas has remained relatively consistent, while declining slightly, over the past five years.

⁹⁴ Community Health Assessment Austin/Travis County Texas. Austin/Travis County Health and Human Services Department, December 2012. P. 28. PDF. Web. [http://www.austintexas.gov/sites/default/files/files/Health/Info to Post/CHA-CHIP_Report_9-3-13.pdf](http://www.austintexas.gov/sites/default/files/files/Health/Info%20to%20Post/CHA-CHIP_Report_9-3-13.pdf). Accessed August 25, 2017.

Figure 6-24 Rate of Confirmed Cases of Child Abuse and Neglect per 1,000 Children in Texas and Travis County, 2011-2015



Source: Texas Department of Family and Protective Services, Annual Reports 2011-2015.

HEALTH CARE ACCESS AND AFFORDABILITY

This section addresses factors contributing to the ability of Travis County residents to seek and receive care from health care providers. According to the Community Advancement Network (CAN) dashboard, the percentage of Travis County residents under the age of 65 with no health insurance has fallen from 21 percent in 2011 to 16 percent in 2015.⁹⁵ During this same time period the Affordable Care Act (ACA) was implemented and uninsured rates have declined locally, in Texas, and nationwide.⁹⁶ The increase in coverage is a success, however this chapter explores disparities in health care coverage, access to, and use of care. Inequity in health care access leads to less care and poorer health outcomes for certain sections of the population.

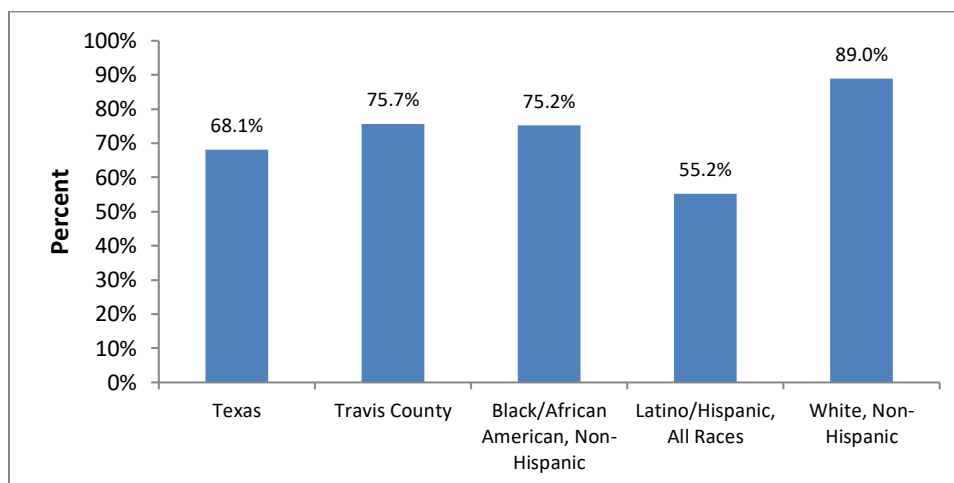
HEALTH CARE COVERAGE

Figure 6-25 indicates that a higher percentage of Travis County residents than Texas residents report having health care coverage as of 2015. However, disparities in coverage exist by race/ethnicity. A majority of Latino/Hispanic residents (55.2 percent) reported having health care coverage in 2015 compared to 75.2 percent of Black/African American and 89.0 percent of White residents.

⁹⁵ American Community Survey. 2015 1-year estimates. Table S2701.

⁹⁶ <http://canatx.org/dashboard/we-are-healthy/health-insurance/>. Accessed September 19, 2017.

Figure 6-25 Percentage of Adults Reporting Having Health Care Coverage (Private or Public) in Texas and by Race/Ethnicity in Travis County, 2011-2015

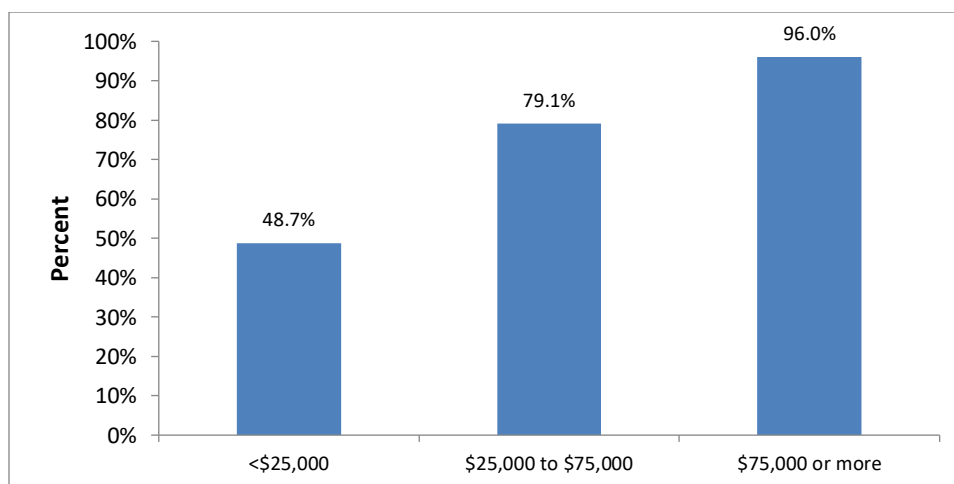


Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

According to the BRFSS, 80.1 percent of Asian adults in Travis County report having health care coverage.⁹⁷

Figure 6-26 shows that as income increases, Travis County residents are more likely to report having health care coverage. Residents with incomes of \$25,000 or less are most likely to not have health care coverage.

Figure 6-26 Percentage of Adults Reporting Having Health Care Coverage (Private or Public) by Income in Travis County, 2011 - 2015



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

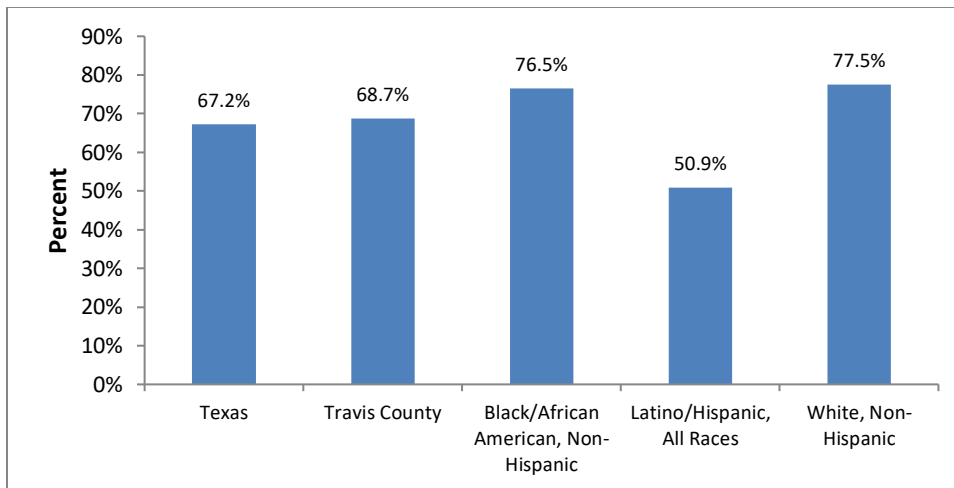
HEALTH CARE ACCESS

The percentage of adults with a personal doctor or health care provider is similar in Texas (67.2 percent) and in Travis County (68.7 percent) as of 2015. Figure 6-27 demonstrates that White and Black/African American residents in

⁹⁷ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

Travis County are more likely to report having a personal doctor or health care provider than Latino/Hispanic residents.

Figure 6-27 Percentage of Adults with a Personal Doctor or Health Care Provider in Texas and by Race/Ethnicity in Travis County, 2011 - 2015

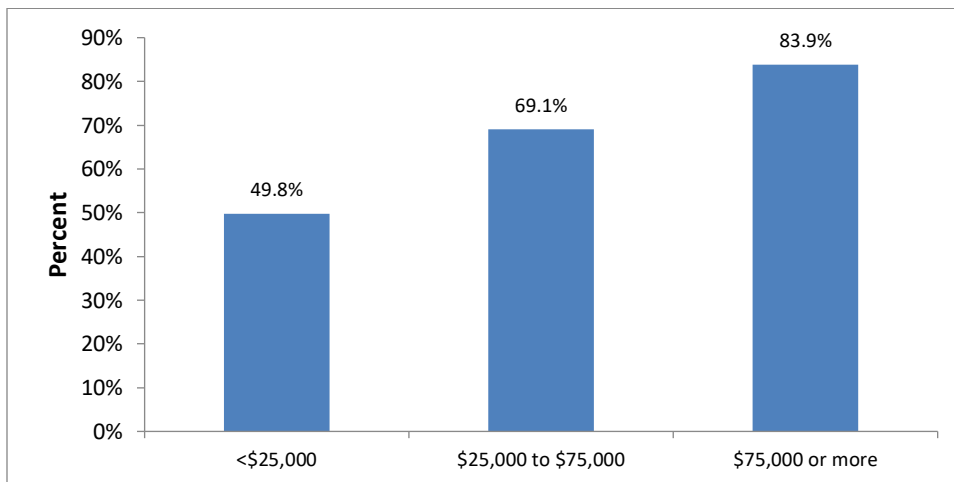


Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

According to the BRFSS, 66.0 percent of Asian adults in Travis County report having a personal doctor or healthcare provider.⁹⁸

As displayed in Figure 6-28, Travis County residents with higher incomes are more likely to have a personal doctor or health care provider. As income level decreases, the percentage of the population with a personal doctor or health care provider decreases.

Figure 6-28 Percentage of Adults with a Personal Doctor or Health Care Provider by Income in Travis County, 2011 -2015

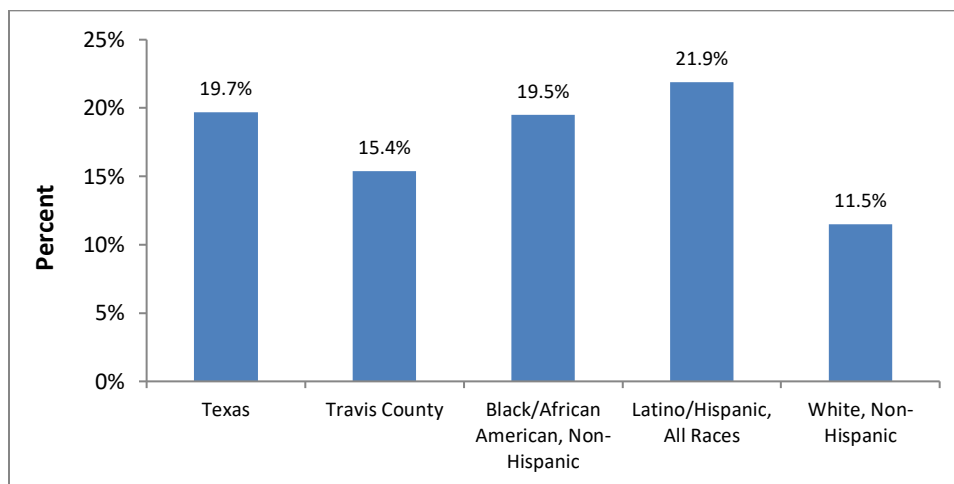


⁹⁸ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

Figure 6-29 shows that Blacks/African Americans and Latinos/Hispanics are disproportionately affected by the cost of a doctor's visit. Approximately one-fifth of Blacks/African Americans (19.5 percent) and Latinos/Hispanics (21.9 percent) in Travis County report that they needed to see a doctor but did not due to cost. A lower percentage of Travis County residents (15.4 percent) than Texas residents (19.7 percent) report cost as a factor in choosing to see a doctor.

Figure 6-29 Percentage of Adults Who Needed to See a Doctor but Did Not Due to Cost in past 12 Months in Texas and by Race/Ethnicity in Travis County, 2011-2015



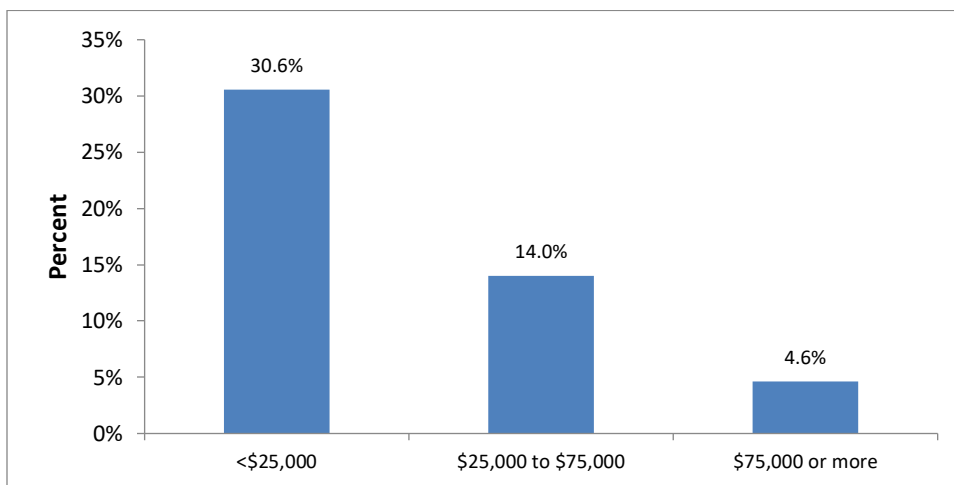
Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

According to the BRFSS, 7.1 percent of Asian adults in Travis County reported needing to see a doctor, but did not due to cost.⁹⁹

⁹⁹ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

Cost as a barrier to seeking care differs by income. Figure 6-30 shows that 30.6 percent of residents with incomes of \$25,000 or less report not seeing a doctor due to cost compared to 4.6 percent of residents with incomes of \$75,000 or more.

Figure 6-30 Percentage of Adults Who Needed to See a Doctor but Did Not Due to Cost in past 12 Months by Income in Travis County, 2011-2015



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

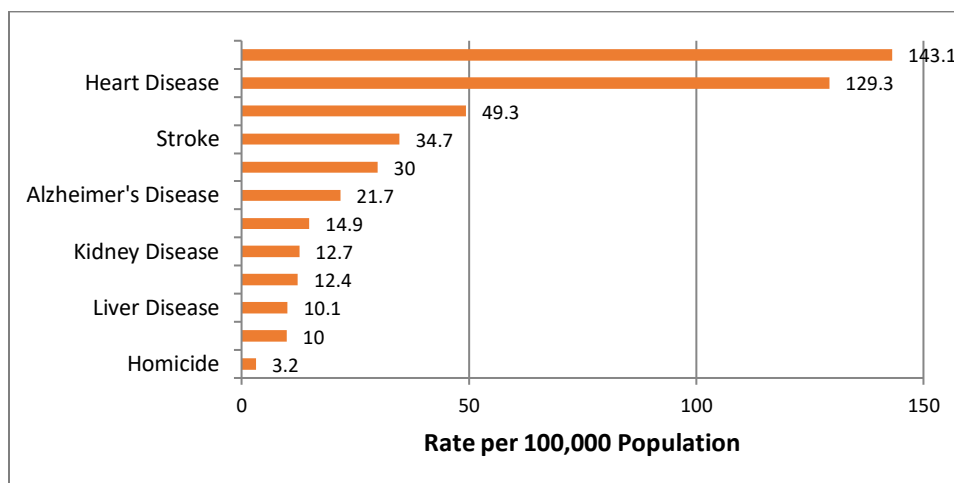
HEALTH OUTCOMES

This section addresses the health of individuals in the Travis County community, both how long they live and how healthy they are during their life. In addition to exploring chronic illnesses and causes of death, this section discusses other life events that contribute to an individual's health including teen pregnancy, preventative screenings, and mental health.

LEADING CAUSES OF DEATH

Figure 6-31 displays the leading causes of death in Travis County over a five-year period. According to the Texas Department of State Health Services, cancer is the leading cause of death, followed by heart disease and accidents (e.g. falls, motor vehicle crashes, poisonings, drownings).

**Figure 6-31 Age-Adjusted Mortality Rate per 100,000 Population
For the Leading Causes of Mortality in Travis County, 2010-2014**



Source: Texas Department of State Health Services, Texas Health Data: Deaths (2010-2014). Retrieved from <http://soupfin.tdh.state.tx.us/death10.htm>.

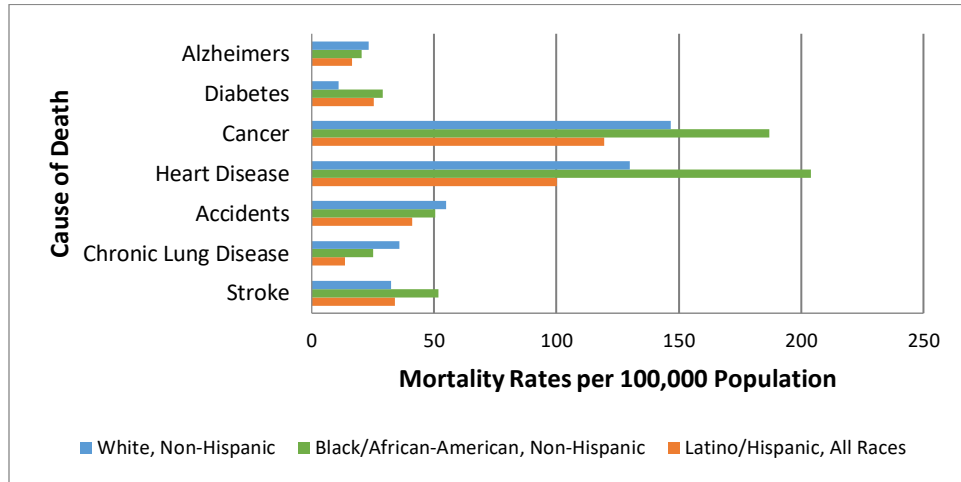
Mortality rates for cancer and heart disease have decreased since 2009. The mortality rate for cancer is lower than reported in the 2012 CHA (159.8 per 100,000 population). The mortality rate for heart disease also decreased from 156.8 deaths per 100,000 people. However, the mortality rate for accidents increased, placing it ahead of strokes as a leading cause of death. Mortality rates for other causes of death also decreased from the data shown in the 2012 CHA, including Alzheimer's disease, chronic lung disease, stroke, and diabetes.¹⁰⁰

Large disparities exist in mortality rates for each cause of death by race/ethnicity as demonstrated in Figure 6-32. While cancer and heart disease are still the two leading causes of death among all racial/ethnic groups, Blacks/African Americans experience higher mortality rates for both diseases than Whites or Latino/Hispanics. The Black/African American population also experiences higher mortality rates for strokes and diabetes than the White or Latino/Hispanic populations.

Notably, one of the largest disparities between Whites and minorities exists for mortality rates due to diabetes. The mortality rate due to diabetes among the Black/African American population and the Latino/Hispanic population are more than twice the mortality rate among the White population.

¹⁰⁰ Community Health Assessment Austin/Travis County Texas. Austin/Travis County Health and Human Services Department, December 2012. P. 39. PDF. Web. http://www.austintexas.gov/sites/default/files/files/Health/Info_to_Post/CHA-CHIP_Report_9-3-13.pdf. Accessed August 25, 2017.

Figure 6-32 Age-Adjusted Mortality Rate per 100,000 Population for the Leading Causes of Mortality by Race/Ethnicity in Travis County, 2010-2014

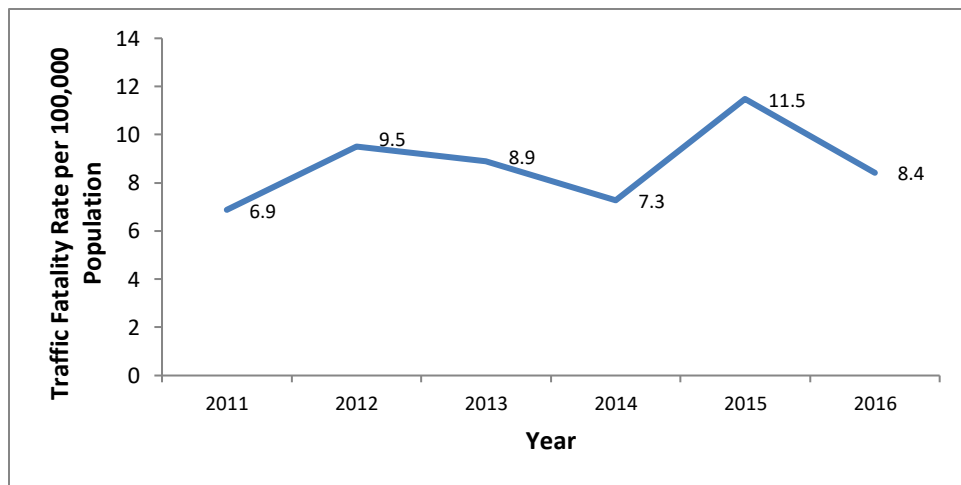


Source: Texas Department of State Health Services, Texas Health Data: Deaths 2010-2014.

TRAFFIC FATALITIES

Traffic fatality rates in Austin varied between 2011 and 2016 as demonstrated in Figure 6-33. The traffic fatality rate was the highest in 2015, with 11.5 deaths per 100,000 population.

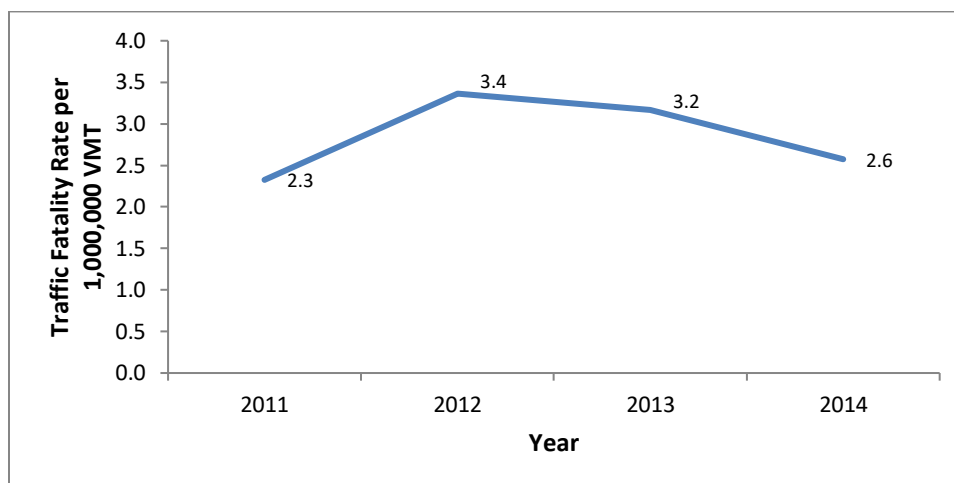
Figure 6-33 Traffic Fatality Rate per 100,000 Population in Austin, 2011- 2016



Source: Austin Police Department.

Figure 6-34 illustrates the traffic fatality rates per million vehicle miles traveled (VMT) per year from 2011 to 2014. The traffic fatality rate per million VMT steadily decreased from 3.4 traffic fatalities per million VMT in 2012 to 2.6 traffic fatalities per million VMT in 2014.

Figure 6-34 Traffic Fatality Rate per Million Vehicle Miles Traveled (VMT) in Austin, 2011-2014



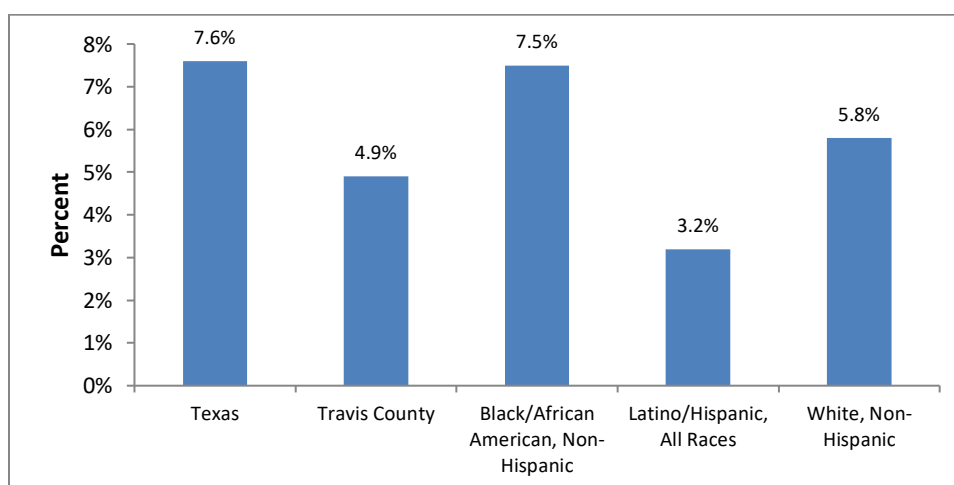
Source: Fatalities: Austin Police Department; VMT: <https://mobility.tamu.edu/ums/>.

CHRONIC DISEASE

In addition to mortality rates, prevalence of chronic disease also varies by race/ethnicity.

CARDIOVASCULAR DISEASE. Figure 6-35 shows that a smaller proportion of adults in Travis County than in Texas reported being diagnosed with cardiovascular disease, 4.9 percent and 7.6 percent respectively. However, the prevalence of cardiovascular disease among Blacks/African Americans in Travis County is similar to the higher rate across Texas. Additionally, the percentage of Blacks/African Americans reporting a cardiovascular diagnosis was over twice the rate of Latinos/Hispanics.

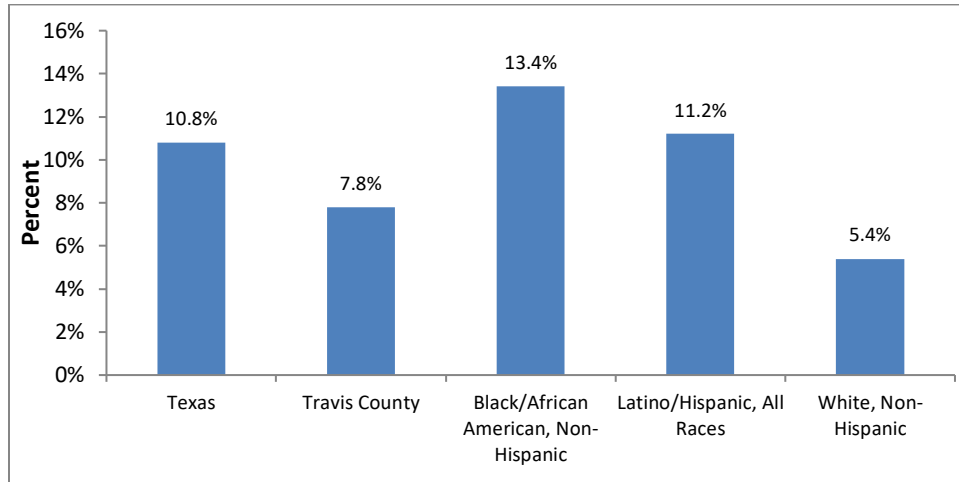
Figure 6-35 Percentage of Adults with Diagnosed Cardiovascular Disease in Texas and by Race/Ethnicity in Travis County, 2015



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

DIABETES. A lower percentage of adults in Travis County (7.8 percent) have a diabetes diagnosis than in Texas (10.8 percent) as displayed in Figure 6-36. Black/African American adults are more likely to be diagnosed with diabetes (13.4 percent) than their Latino/Hispanic (11.2 percent) and White (5.4 percent) peers.

Figure 6-36 Percentage of Adults with Diagnosed Diabetes in Texas and by Race/Ethnicity in Travis County, 2011-2015

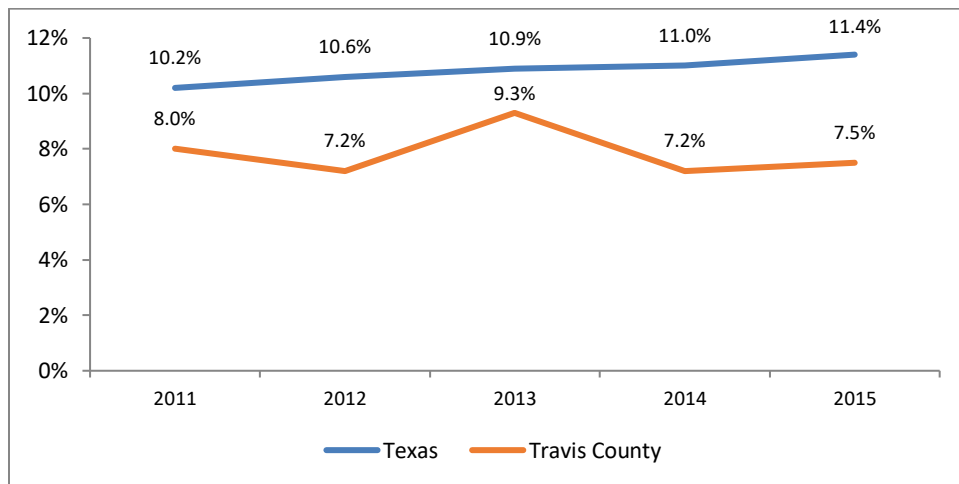


Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

According to the BRFSS, 4.4 percent of Asian adults in Travis County are diagnosed with diabetes.¹⁰¹

According to data from the 2015 Texas BRFSS, diabetes prevalence among adults decreased in Travis County and increased in Texas from 2011 to 2015. Figure 6-37 illustrates the steady increase of diabetes prevalence among adults in Texas from 10.2 percent in 2011 to 11.4 percent in 2015. Diabetes prevalence in Travis County has been lower than it is in Texas for the past five years. However, unlike the steady increase of diabetes prevalence in Texas, the percentage of the Travis County population with diabetes declined from 8.0 percent to 7.5 percent between 2011 and 2015.

Figure 6-37 Diabetes Prevalence Among Adults in Texas and Travis County, 2011-2015

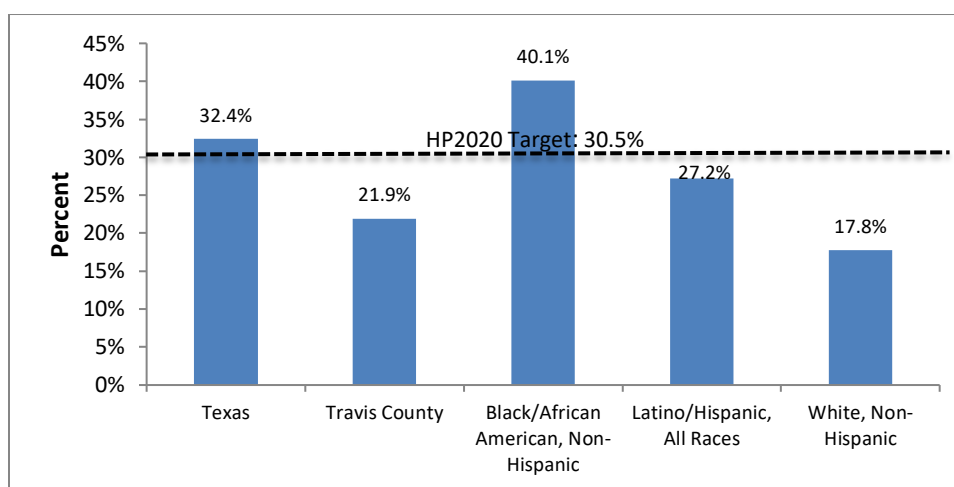


Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

¹⁰¹ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

OBESITY. As reflected in Figure 6-38, the percentage of adults in Travis County who were obese (21.9 percent) was less than Texas (32.4 percent). Prevalence of obesity among adults in Travis County is lower than the Healthy People 2020 target of 30.5 percent. However, obesity rates differ greatly by race/ethnicity. A greater percentage of the Black/African American population is obese (40.1 percent) than the Latino/Hispanic population (27.2 percent) and the White population (17.8 percent).

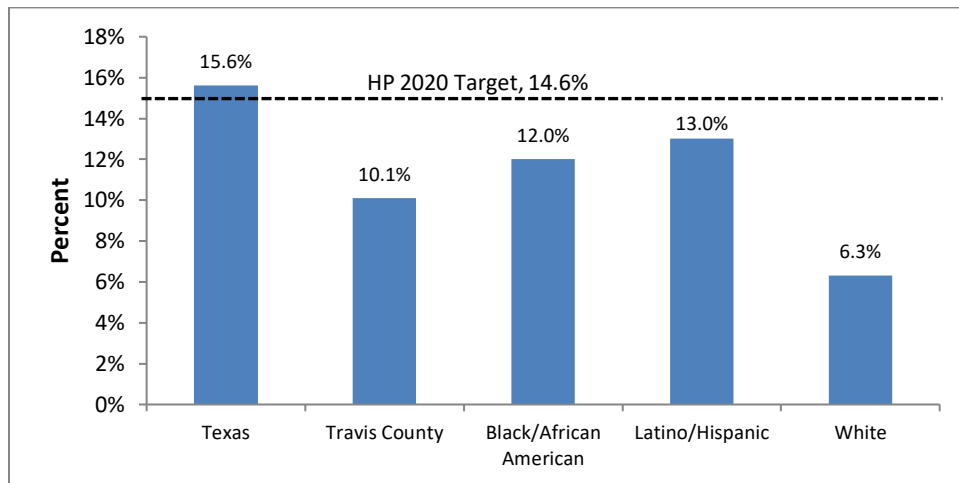
Figure 6-38 Percentage of Obese Adults (BMI \geq 30) in Texas and by Race/Ethnicity in Travis County, 2011-2015



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

As shown in the 2012 CHA, Figure 6-39 displays the percentage of obese high school students in Texas using data from 2011 from the Travis County Youth Risk Behavioral Survey, a part of the federally funded Youth Risk Behavior Surveillance System (YRBSS). Updated data are not available. YRBSS is a national surveillance system tool designed by the Centers for Disease Control and Prevention (CDC) to collect information regarding youth health risk behaviors through a classroom-conducted survey. While data are collected every two years, participation rates in Travis County have been low recently; therefore, data from this survey are only reliable at the state level. The rate of obesity among high school students is lower in Travis County than in Texas. However, Latino/Hispanic students (13.0 percent) and Black/African American students (12.0 percent) are more likely to be obese than White students (6.3 percent) in Travis County.

Figure 6-39 Percentage of Obese Students (9th to 12th grade) in Texas (2011) and by Race/Ethnicity in Travis County, 2010



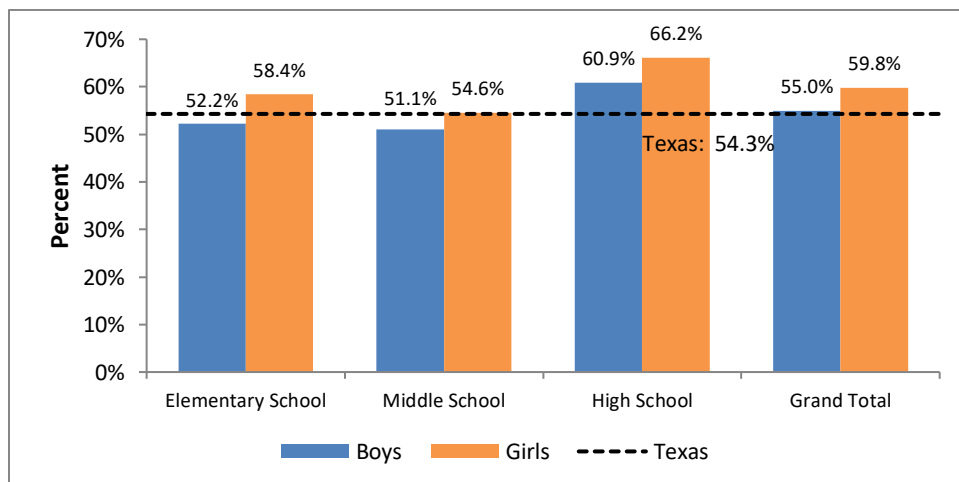
Note: Obesity defined as at or above the 95th percentile body mass index (BMI) by age.

Data Source: Centers for Disease Control and Prevention (CDC). *Travis County Youth Risk Behavioral Survey*. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 and 2011.

As cited in: Community Health Assessment Austin/Travis County Texas, December 2012.

FitnessGram is an annual assessment of the physical fitness of students in grades 3 and above. FitnessGram BMI Fitness Zone Achievement results include data from Austin Independent School District (ISD), Eanes ISD, and Del Valle ISD, and therefore are not applicable to all of Travis County. Figure 6-40 shows the percentage of students who are within the “Healthy Zone” for BMI, a performance standard that varies with age. For each school type and the grand total, a higher percentage of girls than boys are in the “Healthy Zone”. Percentages of girls in the Healthy Zone in these districts are equal or higher to the Texas average. Middle school has the lowest percentages for boys and girls, 51.1 percent and 54.6 percent respectively.

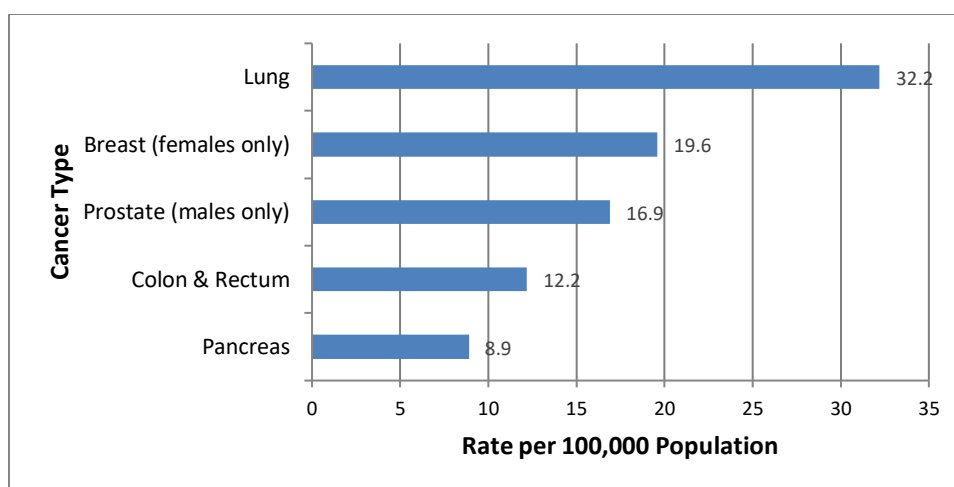
Figure 6-40 FitnessGram BMI Fitness Zone Achievement by Gender and School Type, Travis County, 2010-2014



Source: Texas Education Association FitnessGram, academic years 2010-2011 to 2013-2014.

CANCER. Data in Figure 6-41 indicate that lung cancer is the leading cause of cancer mortality in Travis County. Breast cancer and prostate cancer mortality rates increased over the past several years. Breast cancer mortality rates rose from 11.7 deaths per 100,000 population from 2005-2009 to the current rate of 19.6 deaths per 100,000 population (data from 2009-2013). Prostate cancer mortality rates increased from 8.1 deaths per 100,000 population from 2005-2009 to the current rate of 16.9 deaths per 100,000 population (data from 2009-2013).¹⁰²

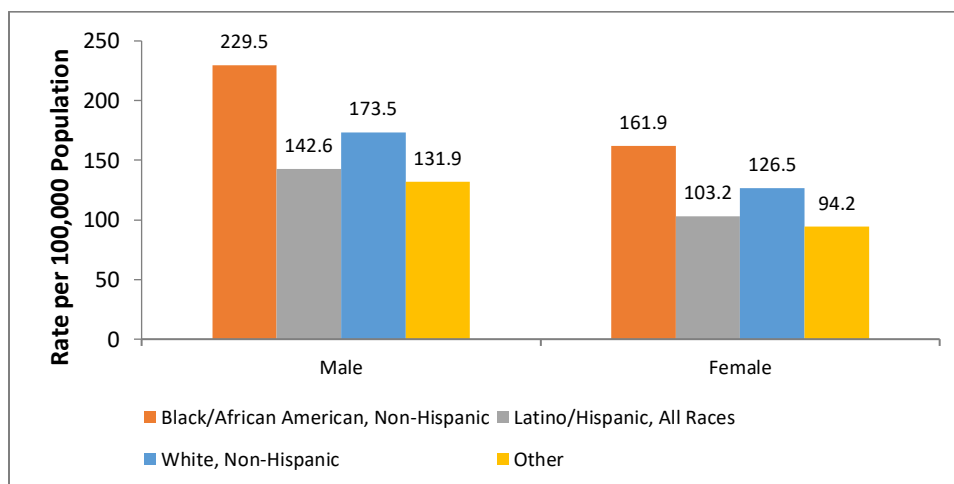
Figure 6-41 Age-Adjusted Mortality Rate per 100,000 Population for the Leading Causes of Cancer Mortality in Travis County, 2009-2013



Source: Texas Department of State Health Services, Texas Cancer Registry 2009-2013.

Figure 6-42 shows that Blacks/African Americans disproportionately suffer from higher cancer mortality rates compared to Whites and Latinos/Hispanics. In every racial/ethnic group, men experience higher cancer mortality rates than women.

Figure 6-42 Age-Adjusted Cancer Mortality Rate per 100,000 by Gender and Race/Ethnicity in Travis County, 2010- 2014



Source: Texas Department of State Health Services, Texas Health Data: Deaths 2010-2014.

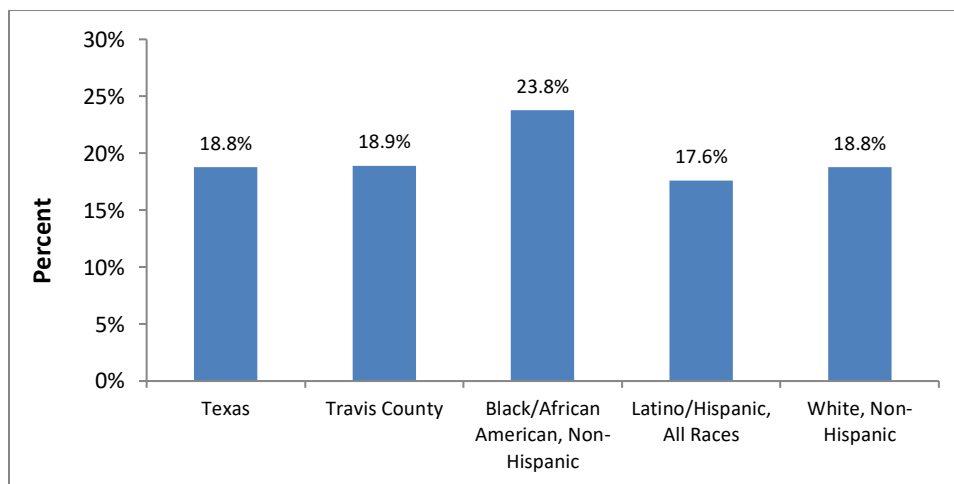
¹⁰² Community Health Assessment Austin/Travis County Texas. Austin/Travis County Health and Human Services Department, December 2012. P. 42. PDF. Web. http://www.austintexas.gov/sites/default/files/files/Health/Info_to_Post/CHA-CHIP_Report_9-3-13.pdf. Accessed August 25, 2017.

MENTAL HEALTH

Current gaps in mental health data make it difficult to understand the full scope of mental health issues facing Austin and Travis County. BRFSS is a reliable source for mental health data, however BRFSS has a limited number of questions related to mental health. Local data on the utilization of mental health services indicates the need for more services, but does not provide insight into what these needs are or how best to provide services to meet the needs. More mental health data would provide greater understanding of mental health issues in the community so they can be appropriately addressed.

Data from BRFSS in Figure 6-43 show the percentage of adults experiencing poor mental health in Travis County is consistent with the state, approximately 19 percent for each. Black/African American adults are disproportionately impacted; 23.8 percent of Black/African American adults reported poor mental health compared with 18.8 percent of White adults and 17.6 percent of Latino/Hispanic adults.

Figure 6-43 Percentage of Adults Reporting 5+ Days in Past Month of Poor Mental Health in Texas and by Race/Ethnicity in Travis County, 2011-2015



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

According to the BRFSS, 16.8 percent of Asian adults in Travis County have reported five or more days in the past month of poor mental health.¹⁰³

Service utilization rates at the local mental health authority, Integral Care, provide additional insight into the mental health needs of the Austin and Travis County community. The average daily census for Integral Care clients at all state mental health facilities is 140 percent of the target usage.¹⁰⁴ In fiscal year 2015 (September 2014 through August 2015), Integral Care arranged for 1,396 episodes of inpatient care, which increased to 1,949 episodes the following fiscal year, an increase of 40 percent.¹⁰⁵ This increase in inpatient care was made possible by a renegotiation of how Integral Care contracts for and funds inpatient psychiatric care with private community hospitals. The high daily census as well as the increase in episodes of inpatient care both indicate a need for more mental health services in the Austin and Travis County community.

¹⁰³ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

¹⁰⁴ Bill Manlove, Hospital Bed Allocation Management Report (HBAR), HHSC, State Hospital Decision Support, June 30, 2017

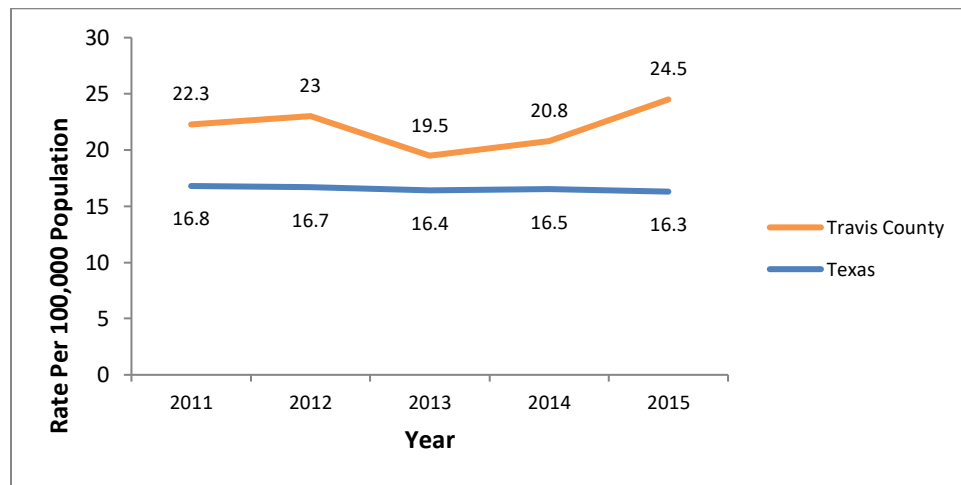
¹⁰⁵ Integral Care Quality Management Department, August 2017

Integral Care released a report about children’s mental health issues titled the Travis County Plan for Children’s Mental Health. See the Community Needs Assessment Matrix in Appendix J for more information about this report.

COMMUNICABLE DISEASES

While the rate of new cases of HIV in Texas decreased from 2011 to 2015, rates increased in Travis County during the same time period, as shown in Figure 6-44. Additionally, rates of new HIV cases are lower in Texas than in Travis County for each year between 2011 and 2015. In 2015, the rate in Travis County was 24.5 newly diagnosed HIV cases per 100,000 population per year whereas the rate in Texas was 16.3 cases per 100,000 population per year.

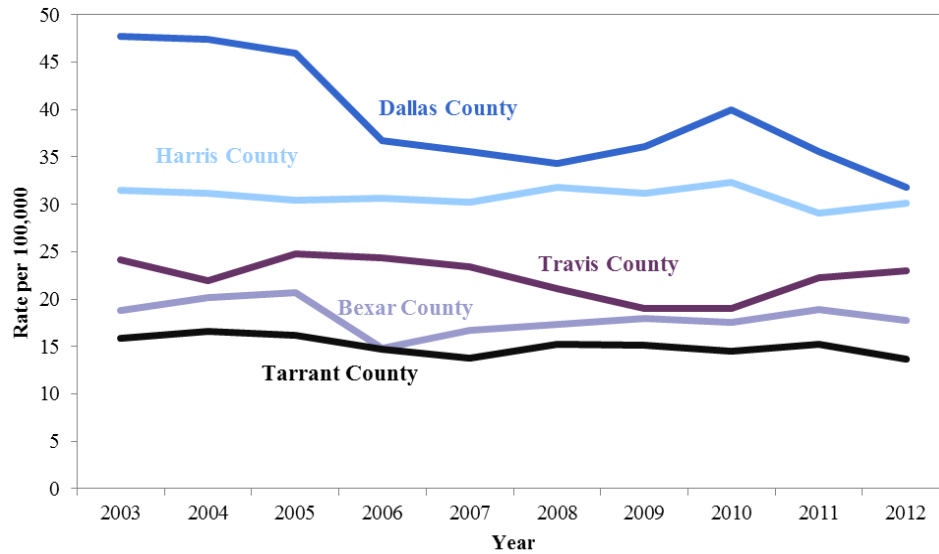
Figure 6-44 Rate of Newly Diagnosed HIV Cases per 100,000 Population in Texas and Travis County, 2011-2015



Source: Texas Department of State Health Services, Texas Health Data HIV/STD Program, 2011-2015.

Figure 6-45 shows rates of new HIV infection diagnoses for several Texas counties from 2003 to 2013. These data suggest that Travis County has a relatively average rate of HIV infection diagnosis compared to other large counties in Texas.

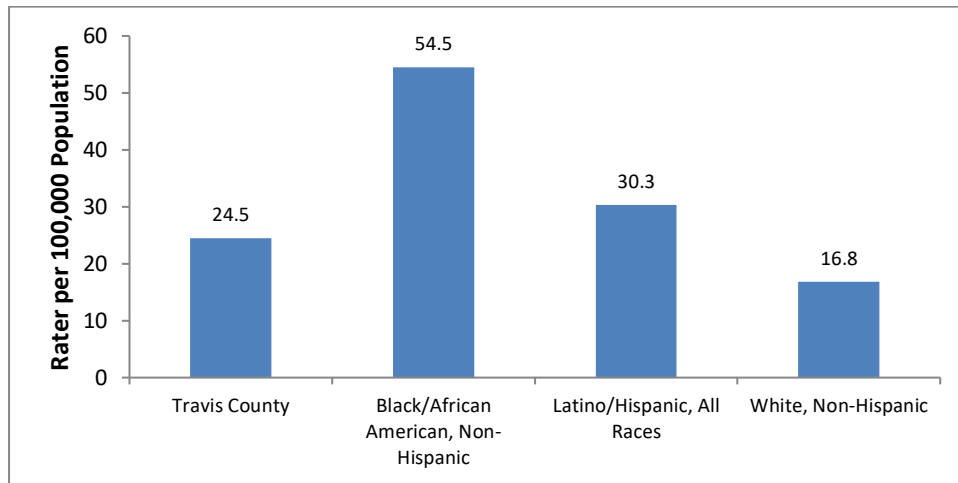
Figure 6-45 Incidence Rates for New HIV Infection Diagnoses by County of Residence, Bexar, Dallas, Harris, Tarrant, and Travis Counties, 2003-2012



Source: TB/HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services.

New HIV diagnoses are more prevalent in some populations than others. As displayed in Figure 6-46, rates of new HIV cases are notably higher among the Black/African American population in Travis County (54.5 cases per 100,000 people per year) than the Latino/Hispanic (30.3 cases per 100,000 people per year) population and the White (16.8 cases per 100,000 people per year) population.

Figure 6-46 Rate of Newly Diagnosed HIV Cases per 100,000 Population by Race/Ethnicity in Travis County, 2015

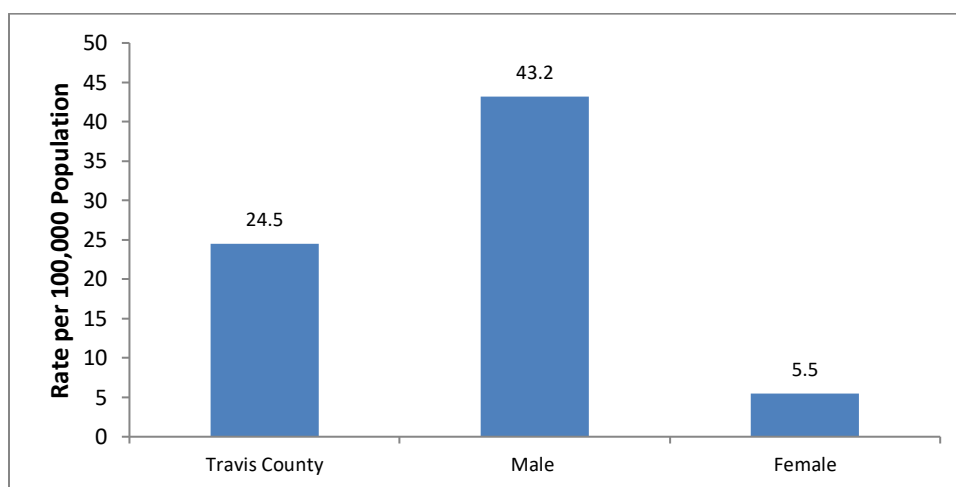


Source: Texas Department of State Health Services, Texas Health Data HIV/STD Program, 2015.

During the public comment period, community feedback indicated that along with rates the total incidence numbers that inform the rates should also be provided as well as prevalence. See Appendix G for a detailed response to this request. Additionally, the Integrated HIV Prevention and Care Plan 2017-2021 for the Austin area can provide extensive epidemiological data including total numbers. See the Community Health Needs Matrix in Appendix J for more details about this report.

Figure 6-47 demonstrates that rates of new HIV cases are considerably higher among males in Travis County (43.2 cases per 100,000 people per year) than females (5.5 cases per 100,000 people per year) in 2015.

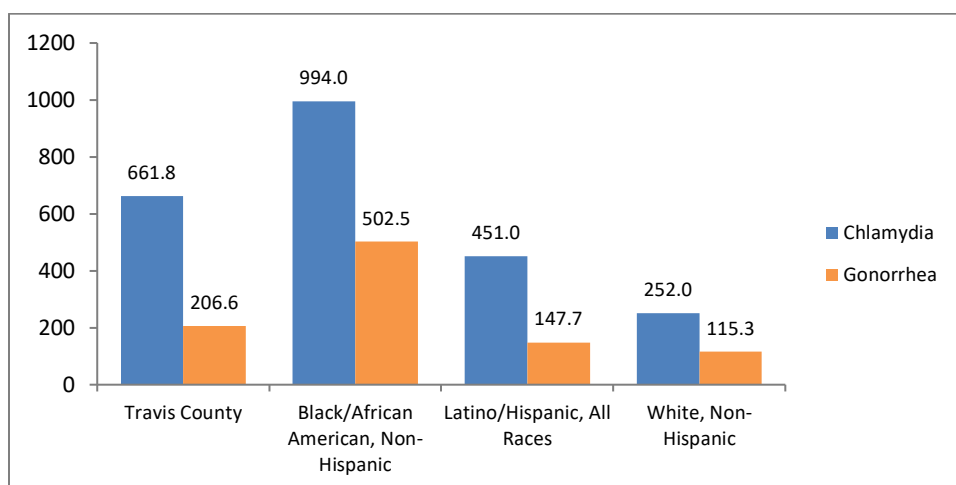
Figure 6-47 Rate of Newly Diagnosed HIV Cases per 100,000 Population in by Gender in Travis County, 2015



Source: Texas Department of State Health Services, Texas Health Data HIV/STD Program, 2015.

Figure 6-48 indicates that higher rates of chlamydia are reported than gonorrhea in the general population and in every racial/ethnic group. Both sexually transmitted infection (STI) prevalence rates differ by race/ethnicity. Black/African American residents are disproportionately affected by chlamydia and gonorrhea with the highest rates of infection reported.

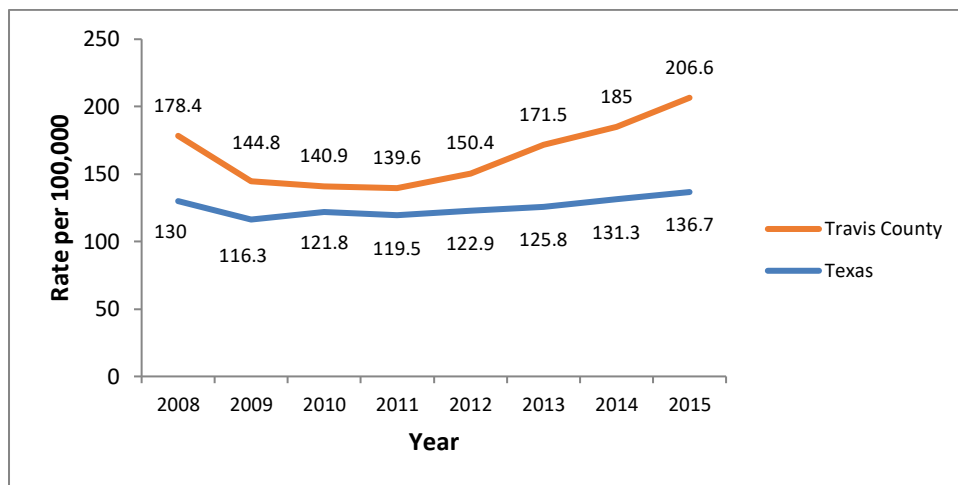
Figure 6-48 Rate of Chlamydia and Gonorrhea Cases Reported by Race/Ethnicity in Travis County, 2015



Source: TB/HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services.

As reflected in Figure 6-49, rates of new gonorrhea cases increased in both Travis County and Texas from 2011 to 2015. However, number of new cases increased at a greater rate during those five years in Travis County than in Texas. Rates in Travis County have been higher than Texas for the past 10 years.

Figure 6-49 Rates of New Gonorrhea Cases in Travis County and Texas, 2008-2015

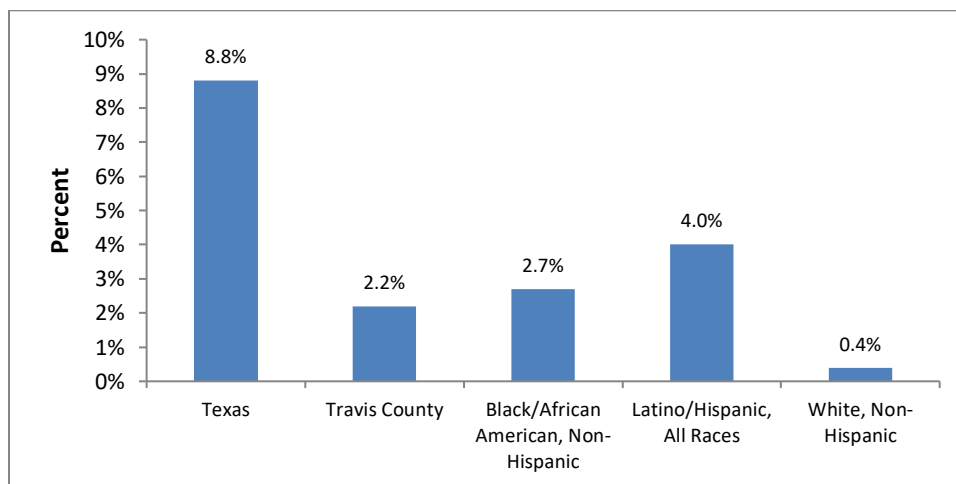


Source: TB/HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services.

MATERNAL AND CHILD HEALTH

The percentage of births to teenage mothers aged 15 to 17 years in Travis County (2.2 percent) is lower than the state percentage (8.8 percent) as reflected in Figure 6-50. In Travis County, White teenage girls between 15 and 17 years old are less likely to give birth (0.4 percent) than their Black/African American (2.7 percent) and Latina/Hispanic (4.0 percent) peers.

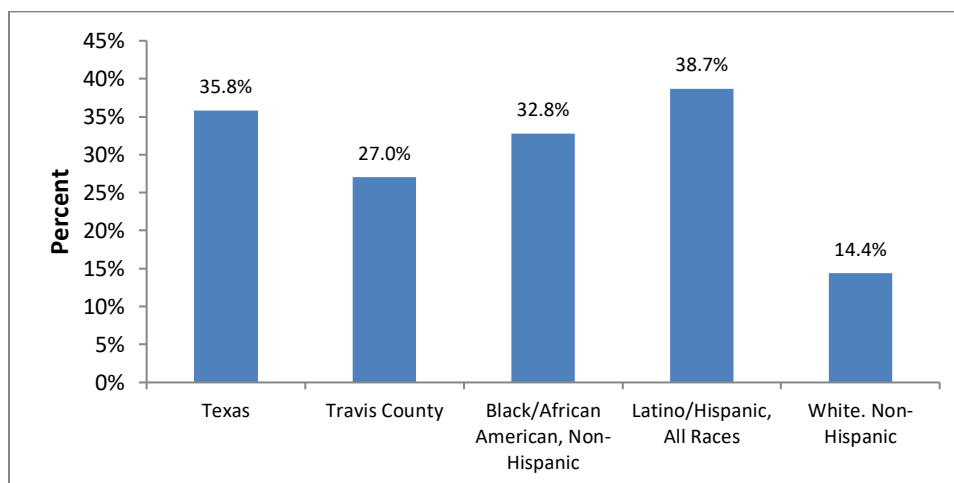
Figure 6-50 Percentage of Births to Mothers Aged 15-17 Years in Texas and by Race/Ethnicity in Travis County, 2012-2014 Average



Source: Texas Department of State Health Services, Texas Health Data: Birth (2012-2014).

Figure 6-51 demonstrates that the percentage of mothers that receive late or no prenatal care in Travis County varies by race. According to 2012-2014 data from the Texas Department of State Health Services, 32.8 percent of Black/African mothers and 38.7 percent of Latina/Hispanic mothers receive late or no prenatal care, whereas 14.4 percent of White mothers receive late or no prenatal care. Travis County mothers overall receive prenatal care earlier than Texas mothers.

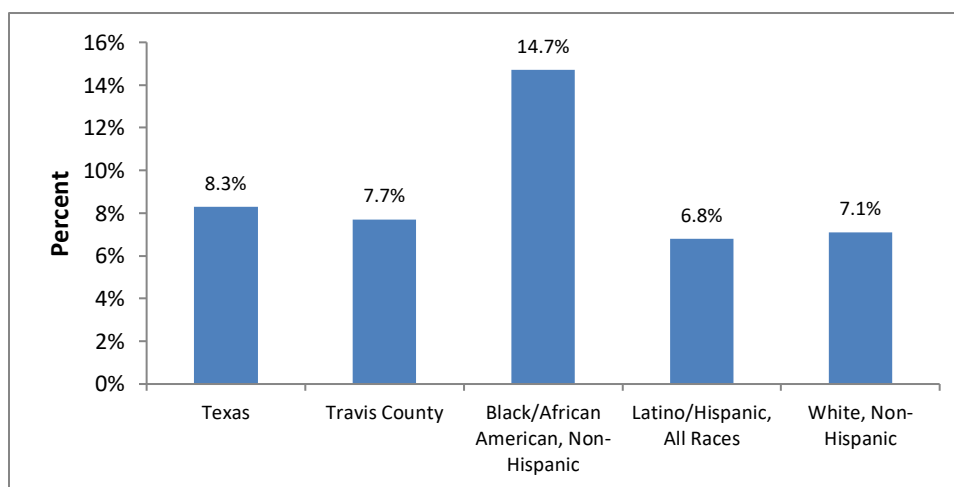
Figure 6-51 Percentage of Births with Late or No Prenatal Care in Texas and by Race/Ethnicity in Travis County, 2012-2014 Average



Source: Texas Department of State Health Services, Texas Health Data: Birth (2012-2014).

Prevalence of low birth weight (less than 2,500 grams or 5 pounds, 8 ounces) is slightly lower in Travis County than in Texas, as shown in Figure 6-52. The percentage of White mothers (7.1 percent) and Latina/Hispanic mothers (6.8 percent) in Travis County that have babies with low birth weight is slightly lower than the overall county percentage (7.7 percent). However, Black/African American mothers in Travis County are more than twice as likely to have babies born with low birth weight (14.7 percent) than Latina/Hispanic and White mothers.

Figure 6-52 Percentage of Babies Born with Low Birth Weight in Texas and by Race/Ethnicity in Travis County, 2012-2014 Average



Source: Texas Department of State Health Services, Texas Health Data: Birth (2012-2014).

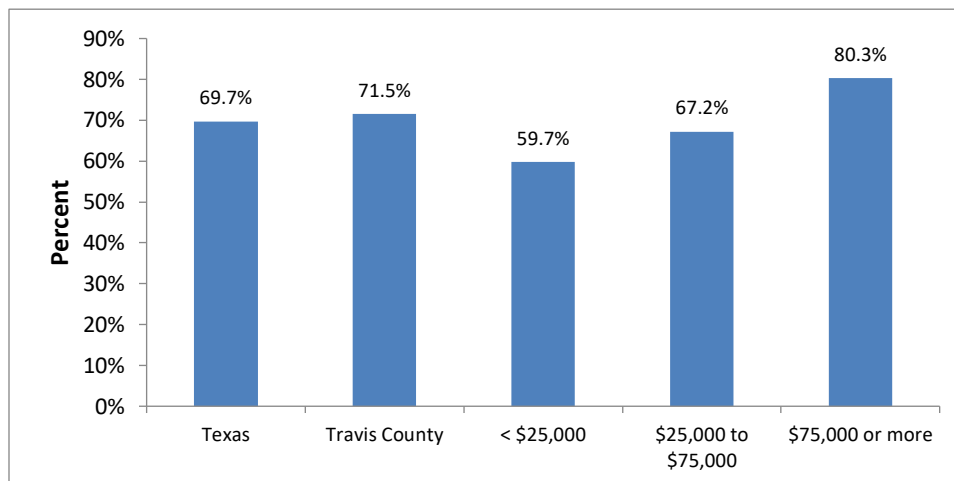
HEALTH BEHAVIORS

This section examines lifestyle behaviors of Travis County residents that positively or negatively affect health outcomes. Behaviors such as health screenings and immunizations, diet, physical activity, tobacco use, and substance use impact health.

PREVENTIVE HEALTH SCREENINGS AND IMMUNIZATIONS

Figure 6-53 shows the percentage of the population that received a mammogram to screen for breast cancer. The percentage of women over 40 who received a screening in the past two years is consistent for Texas and Travis County at 69.7 and 71.5 percent respectively. However, for women in Travis County who earn less than \$25,000, the percentage decreases to 59.7 percent. The percentage of women receiving mammograms in Travis County increases as income increases, up to 80.3 percent for women with incomes \$75,000 or higher.

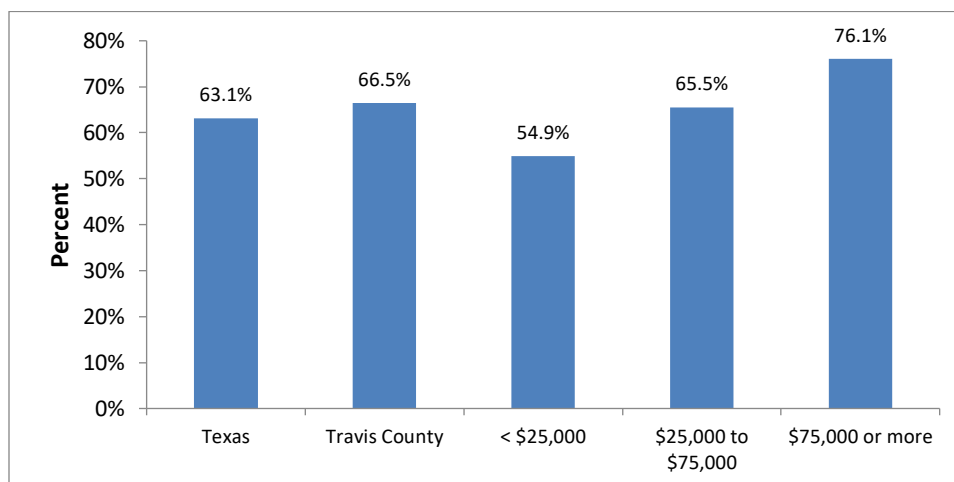
Figure 6-53 Percentage of Women Aged 40+ Who Have Received a Mammogram in Past 2 Years in Texas and by Income in Travis County, 2011-2015



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

Figure 6-54 shows that 66.5 percent of Travis County residents over 50 report having had a sigmoidoscopy or colonoscopy (a screening test for colorectal cancer). That percentage drops to 54.9 percent when only considering those residents who earn less than \$25,000. A slightly higher percentage of Travis County residents than Texas residents report ever having had a sigmoidoscopy/colonoscopy, 66.5 percent and 63.1 percent respectively.

Figure 6-54 Percentage of People Aged 50+ Who Have Ever Had a Sigmoidoscopy/Colonoscopy in Texas and by Income in Travis County, 2011-2015

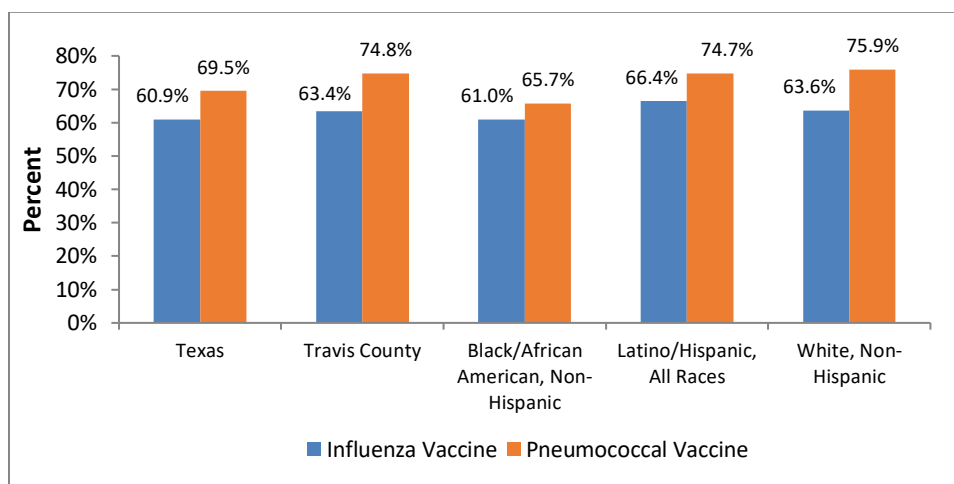


Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.



As shown in Figure 6-55, influenza vaccination rates for adults ages 65 and older are comparable for Texas and Travis County and across all racial/ethnic groups in Travis County, ranging from 61.0 to 66.4 percent. Pneumococcal vaccination rates for adults ages 65 and older are also fairly consistent, however Travis County has a slightly higher vaccination rate than Texas (74.8 percent compared to 69.5 percent).

Figure 6-55 Percentage of Adults Aged 65+ Who Report Receiving Influenza Vaccine in Past 12 Months and Pneumococcal Vaccine in Lifetime in Texas and by Race/Ethnicity in Travis County, 2011-2015

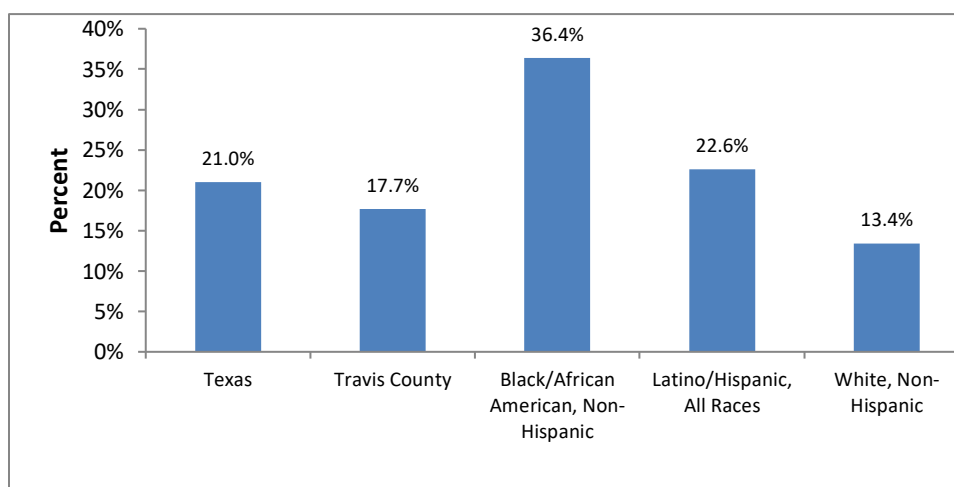


Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

HEALTHY EATING

As Figure 6-56 shows, the proportion of adults who report eating less than one serving of vegetables per day in Travis County is less than the proportion of adults in Texas. Among adults in Travis County, a higher proportion of Black/African Americans residents report eating less than one serving of vegetables per day (36.4 percent) than Latino/Hispanic adults (22.6 percent) and White adults (13.4 percent).

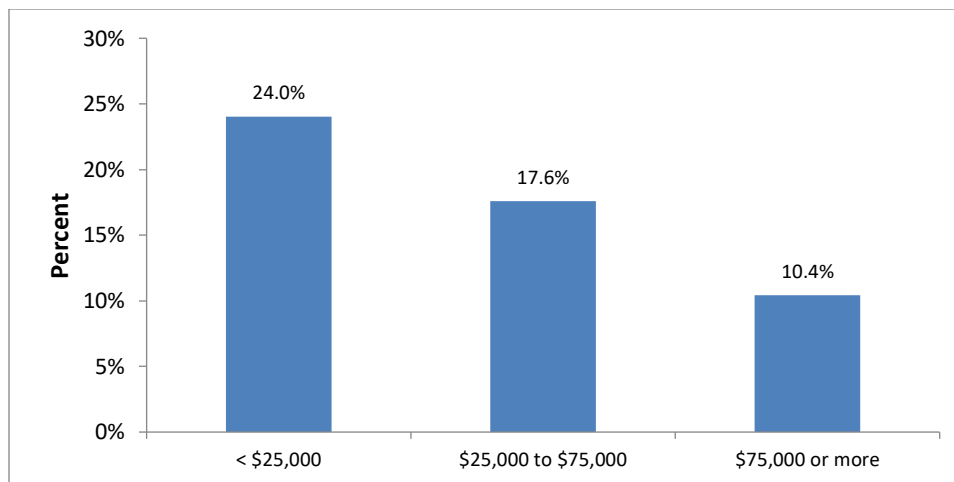
Figure 6-56 Percentage of Adults Reporting Eating Less Than 1 Serving of Vegetables per Day in Texas and by Race/Ethnicity in Travis County, 2011, 2013, and 2015 Average



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011, 2013 & 2015.

Figure 6-57 shows that adults in Travis County who have lower incomes are more likely to eat less than one serving of vegetables per day.

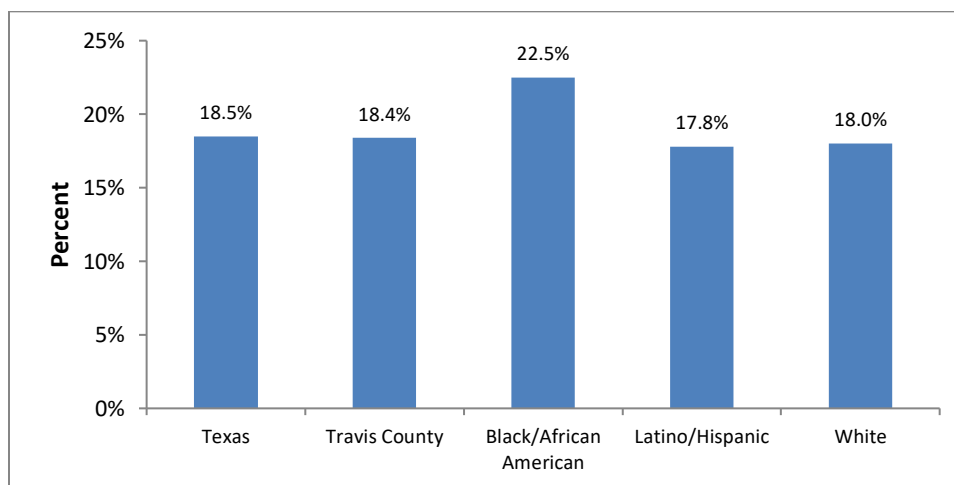
Figure 6-57 Percentage of Adults Reporting Eating Less Than 1 Serving of Vegetables per Day in Texas and by Income in Travis County, 2011, 2013, and 2015 Average



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011, 2013 & 2015.

Figure 6-58 includes data from the YRBSS from 2010 and 2011, which was also included in the 2012 CHA. Travis County high school students who reported eating the daily recommended amount of fruits and vegetables in 2010 is consistent with statewide percentages (approximately 18 percent each). Black/African American students are most likely to consume more than five servings of fruits and vegetables daily (22.5 percent), compared with their White (18.0 percent) and Latino/Hispanic (17.8 percent) peers.

Figure 6-58 Percentage of Students (9th to 12th grade) Eating 5+ Servings of Fruits and Vegetables per Day in Texas (2011) and by Race/Ethnicity in Travis County, 2010



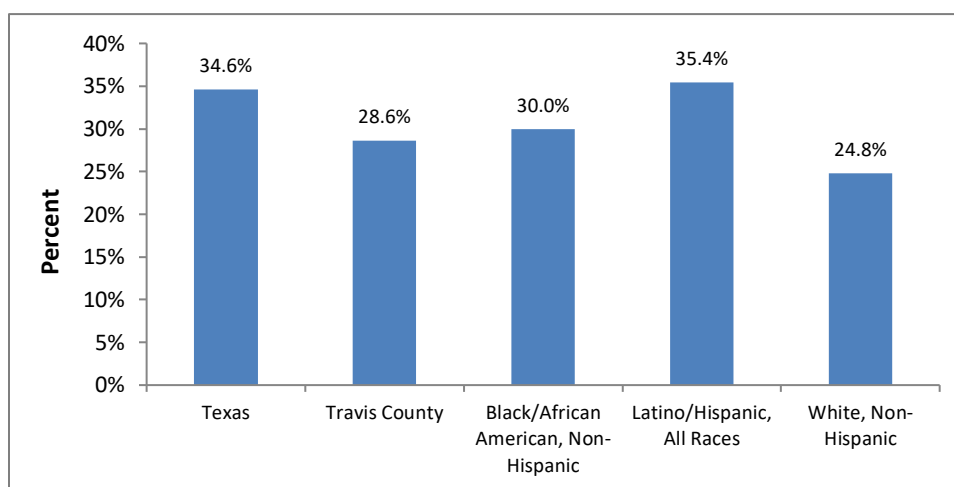
Source: Centers for Disease Control and Prevention (CDC). Travis County Youth Risk Behavioral Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, Fall 2010 for Travis County and 2011 for Texas.

As cited in: Community Health Assessment Austin/Travis County Texas, December 2012.

PHYSICAL ACTIVITY

As shown in Figure 6-59, fewer Travis County residents are physically inactive than across Texas. Engagement in physical activity differs by race/ethnicity. According to the 2015 BRFSS, 28.6 percent of Travis County adults reported they did not participate in physical activity. Latino/Hispanic residents are least likely to engage in physical activity (35.4 percent) compared with 30.0 percent of Blacks/African Americans and 24.8 percent of Whites.

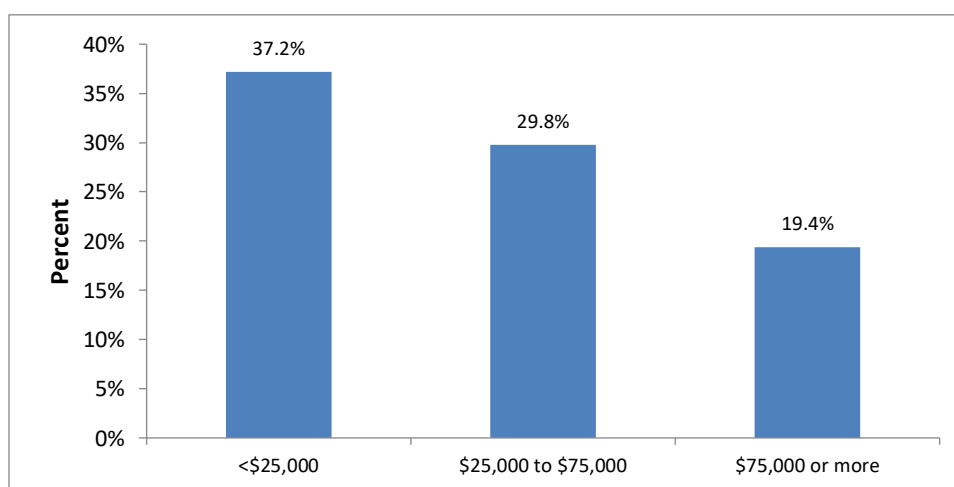
Figure 6-59 Percentage of Adults Reporting No Participation in Any Physical Activities or Exercise in Texas and by Race/Ethnicity in Travis County, 2011-2015



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

Data from BRFSS also demonstrate that residents at higher income levels are more likely to engage in physical activity. Figure 6-60 shows that 37.2 percent of adults who earn less than \$25,000 are not engaging in physical activity compared to 19.4 percent of adults who earn \$75,000 or more.

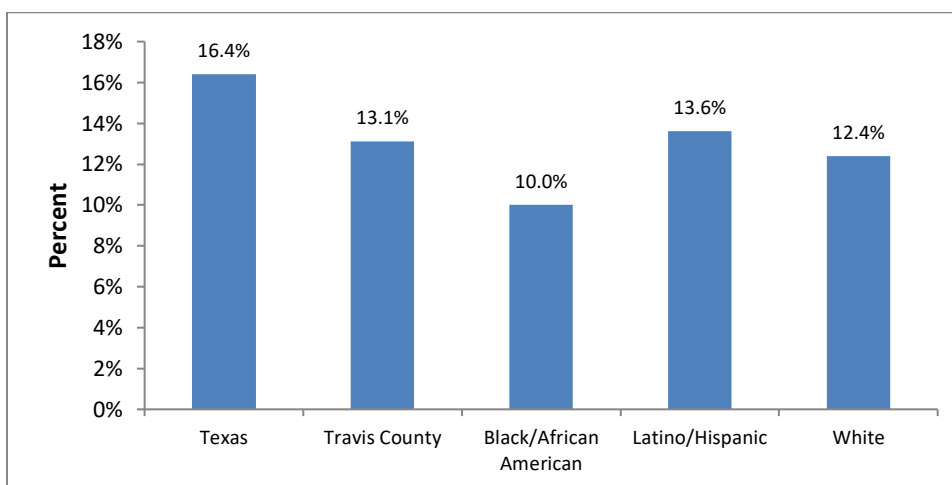
Figure 6-60 Percentage of Adults Reporting No Participation in Any Physical Activities or Exercise by Income in Travis County, 2011-2015



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

Figure 6-61, from the 2012 CHA, shows that 13.1 percent of Travis County high school students reported being physically inactive in 2010, a smaller percentage than the state as a whole (16.4 percent). Participation in physical activity did not vary much by race/ethnicity. Black/African American students were the least likely to be physically inactive (10.0 percent), followed by White students (12.4 percent) and Latino/Hispanic students (13.6 percent). Updated data are not available.

Figure 6-61 Percentage of Physically Inactive Students (9th-12th grade) in Texas and by Race/Ethnicity in Travis County, 2010



Source: Centers for Disease Control and Prevention (CDC). Travis County Youth Risk Behavioral Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, Fall 2010. As cited in: Community Health Assessment Austin/Travis County Texas, December 2012.

SUBSTANCE USE

From 2014 to 2015, Integral Care led a collaborative effort to complete the Travis County Plan for Substance Use Disorders, which included an exploration into substance abuse issues including consultation with local experts, community forums, and a survey of substance use treatment providers and individuals in recovery. The study found higher rates of alcohol dependence, binge alcohol use, and marijuana use in Central Texas than in the state of Texas.¹⁰⁶ For more details about the Travis County Plan for Substance Use Disorders, see Appendix J.

According to the Integral Care report, 35 percent of all arrests by the Austin Police Department (APD) in 2012 were for crimes related to alcohol and/or drug abuse. In 2014, APD reported reductions from the previous year in driving while intoxicated (DWI) offences (5.3 percent decrease) and narcotics offenses (8.6 percent decrease).

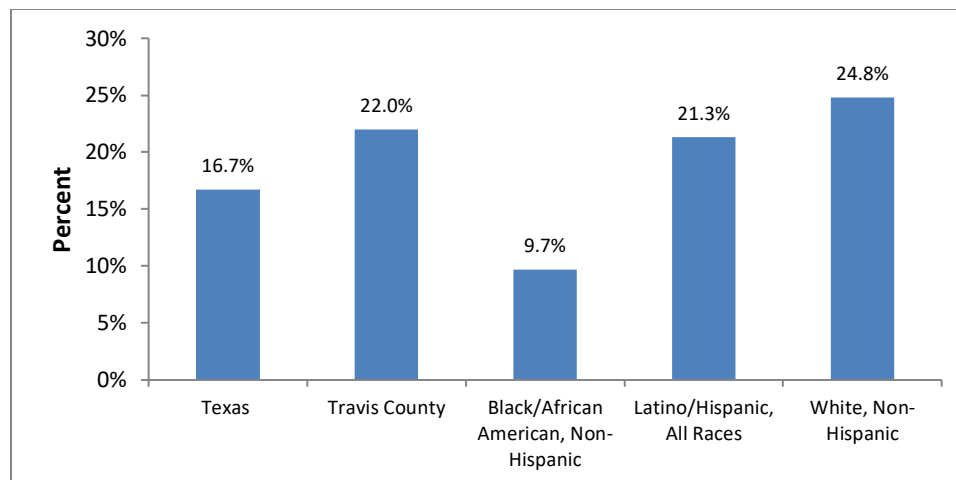
Additionally, according to the report alcohol was detected in 34 percent of traffic fatalities that occurred in Travis County in 2013. Additionally, 8 to 15 percent of suicides in Travis County are reported to be related to alcohol or drug use, although the relationship is not specified. Also in 2012, Austin and Travis County Emergency Management Services (EMS) identified 2,951 patients for whom alcohol or drug abuse was the primary issue.

BRFSS data shows a higher percentage of adults report binge drinking in Travis County than in Texas. Figure 6-62 shows that in Travis County, one in four White adults binge drink (24.8 percent), more than any other race/ethnicity.

¹⁰⁶ *Travis County Plan for Substance Use Disorders*. Austin Travis County Integral Care. September 2015. PDF File. Web. http://www.integralcare.org/wp-content/uploads/2017/09/150901_sud_report_6.pdf. Accessed September 25, 2017. Central Texas is defined as Texas Region 7a and includes Travis, Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, & Williamson counties.

Black/African American adults are least likely to engage in binge drinking and do so at a rate lower than the general Texas adult population (9.7 percent).

Figure 6-62 Percentage of Adults Who Report Binge Drinking in Texas and Travis County by Race/Ethnicity in Travis County, 2011-2015



Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

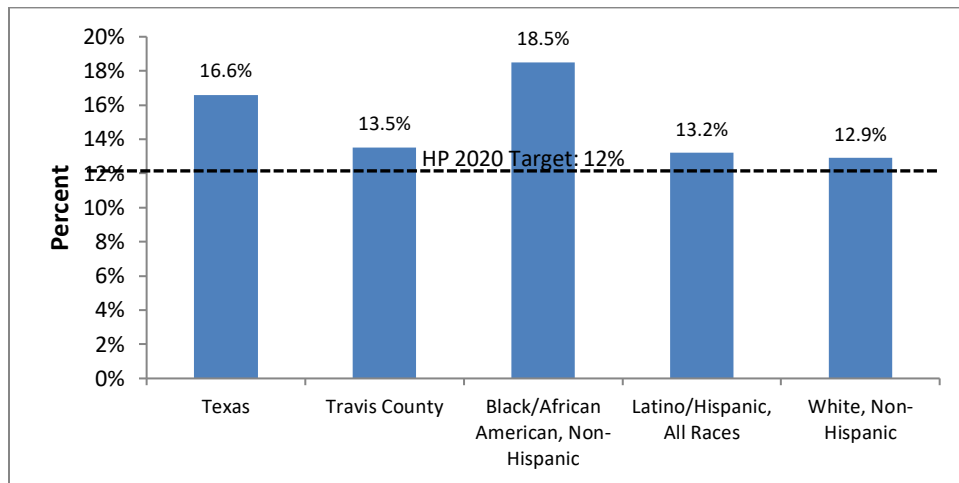
According to the BRFSS, 18.0 percent of Asian adults in Travis County report binge drinking.¹⁰⁷

Figure 6-63 shows the percentage of residents who are self-identified smokers. Adults who smoke in Travis County make up 13.5 percent of the population, a smaller proportion than that of Texas (16.6 percent). However, neither the county nor that state meets the Healthy People 2020 target of 12 percent or less.

While differences among racial/ethnic groups exist for adults who are current smokers, the differences are not as pronounced as for other substance use. Prevalence of smoking is highest among Black/African American adults in Travis County (18.5 percent). According to BRFSS, about 13 percent of both the White and the Latino/Hispanic adult population in Travis County are smokers.

¹⁰⁷ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

Figure 6-63 Percentage of Adults Who are Current Smokers in Texas and by Race/Ethnicity in Travis County, 2011-2015

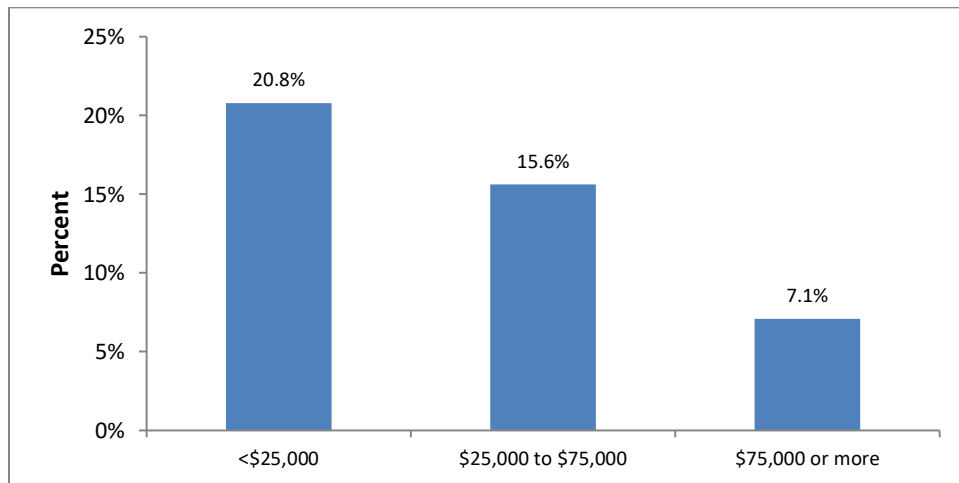


Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

According to BRFSS, 8.9 percent of Asian adults in Travis County are current smokers.¹⁰⁸

Prevalence of smoking increases as incomes decrease in Travis County as illustrated in Figure 6-64. Of adults with incomes less than \$25,000, 20.8 percent report being a current smoker, whereas 7.1 percent of adults with incomes of \$75,000 and more are smokers.

Figure 6-64 Percentage of Adults Who are Current Smokers by Income in Travis County, 2011-2015



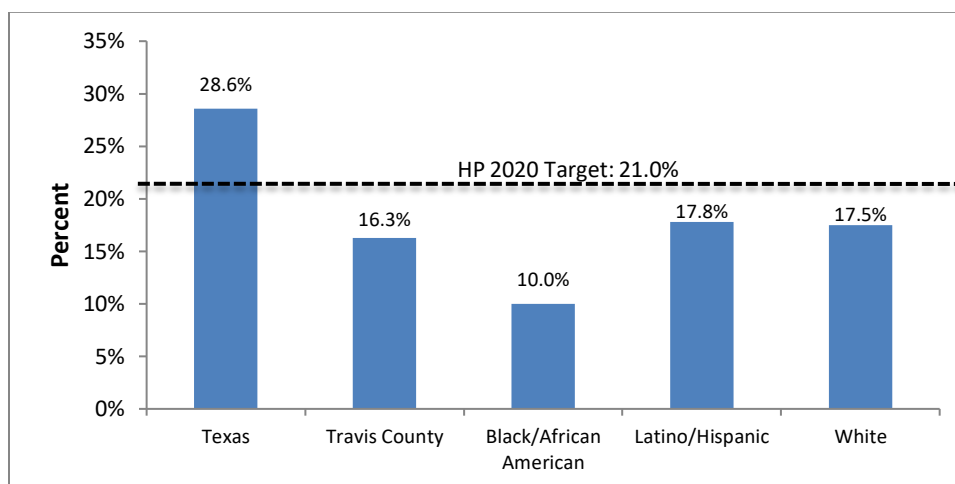
Source: Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

Figure 6-65 includes data from the 2010/2011 YRBSS used in the previous 2012 CHA. Updated data are not available. In 2010, the percentage of Travis County youth reporting use of tobacco products including cigarettes, chewing tobacco, snuff, or cigars (16.3 percent) was lower than the percentage reported statewide (28.6 percent). Use of

¹⁰⁸ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2015.

tobacco products in Travis County among White youth and Latino/Hispanic youth is similar to the county as a whole, between 16 and 18 percent, which is similar to the statewide rate for adults, but higher than the overall rates for adults in Travis County. Use of tobacco products among Black/African American youth is notably lower at 10.0 percent.

Figure 6-65 Percentage of Youth Who Used Tobacco Products in the Past 30 days in Texas, 2011, and by Race/Ethnicity in Travis County, 2010



Source: Centers for Disease Control and Prevention (CDC). Travis County Youth Risk Behavioral Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, Fall 2010 for Travis County and 2011 for Texas.

As cited in: Community Health Assessment Austin/Travis County Texas, December 2012.

According to the results from the 2015 Substance Use and Safety Survey administered by the Austin Independent School District (AISD), seven percent of high school students and one percent of middle school students reported using tobacco in the past month.¹⁰⁹ While findings from the AISD report are more recent, it does not represent all of Travis County and the questions asked in the survey differ from YRBS.

¹⁰⁹ Austin Independent School District. Results of the 2015 Student Substance Use and Safety Survey. Department of Research and Evaluation. October 2015. PDF File. Web. [https://www.austinisd.org/sites/default/files/dre-surveys/14.124 Results of the 2015 Student Substance Use and Safety Survey.pdf](https://www.austinisd.org/sites/default/files/dre-surveys/14.124%20Results%20of%20the%202015%20Student%20Substance%20Use%20and%20Safety%20Survey.pdf). Accessed June 20, 2017.

CHAPTER 7

FORCES OF CHANGE ASSESSMENT

7. FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment (FOC) is one of the four assessments included in the Mobilizing for Action through Planning and Partnerships (MAPP) framework. According to MAPP, forces can be trends, factors, or events. Trends are patterns over time, such as population growth and migration; factors are discrete characteristics of the community such as proximity to natural resource; and events are one-time occurrences such as a natural disaster or new legislation.¹¹⁰ The purpose of the FOC is to identify trends, factors, and events along with associated opportunities and threats for each that can affect the community and the local public health system. The assessment involves brainstorming forces and identifying the threats and opportunities associated with them.

The assessment was completed with the Community Health Assessment (CHA) Steering Committee. The process began by distributing a FOC handout, obtained from the MAPP handbook, provided by the National Association of County and City Health Officials (NACCHO), that explains what forces of change are and how to identify them. This was followed by facilitated brainstorming session to identify the trends, factors, and events that affect the Austin and Travis County community.

The steering committee generated an initial list of 29 ideas, which were then categorized into similar groupings. By the third session, the steering committee had identified seven forces impacting the community and discussed and listed the threats and opportunities for each.

For the last exercise in the FOC discussion, steering committee members prioritized the seven forces based on their impact to the community.

FINDINGS

The table on the following pages shows the seven forces of change identified by the CHA Steering Committee in priority order with the threats and opportunities discussed for each. Below are some common threats and opportunities noted across multiple forces. Threats, opportunities, and forces of change presented in this chapter reflect the perceptions of CHA Steering Committee members.

COMMON THREATS. The steering committee discussed various threats including those related to the ability of the health care system to meet the needs of a growing and changing community. Some of the challenges include having enough clinics and mental health beds to accommodate the increased need for primary care and behavioral care services, responding to shortages in the health care workforce and the ability to train and replace retiring nurses, and having health care workers who can accommodate clients who speak various languages. Other threats were related to affordability in the community, such as the affordability of housing and food. Another theme was concern about the disruption that occurs in communities along with the growth in Austin. One common theme was the presence of disparities, including disparities in income, in access to services, and in access to education and workforce opportunities.

COMMON OPPORTUNITIES. The steering committee noted various planning efforts in the community as opportunities to continue to improve service delivery. Another opportunity is the collaboration in the community related to housing and technology, for example. In general, the steering committee believes that an innovative and collaborative environment exists in Austin and Travis County, offering the opportunity to be creative with problem

¹¹⁰ Phase Three: Four MAPP Assessments. MAPP Handbook. P. 73. National Association of County and City Officials. PDF.

solving. The new Dell Medical School at the University of Texas was commonly noted as providing an opportunity in the community to focus on health care innovation related to health care delivery models and technology.

7-1 Prioritized Forces of Change with Threats and Opportunities in Travis County

| Priority | Force | Threats | Opportunities |
|----------|-------------------------------------|--|--|
| 1 | Health Conditions | <ul style="list-style-type: none"> ▪ Rising chronic disease ▪ Rising needs in mental health and behavioral health ▪ Increasing obesity ▪ Disparity in health burden ▪ Increased use of electronic cigarettes ▪ Targeted marketing of menthol cigarettes to minority communities ▪ Increases in homelessness ▪ Substance use disorder ▪ Increased need for services ▪ Decreased public support ▪ Opioid epidemic ▪ Lack of treatment beds ▪ Repeal of the Affordable Care Act (ACA) ▪ Access, including payment methods accepted, hours of operation, capacity to take more clients, language and culture, transportation, access to healthy food ▪ Climate and weather ▪ Decreased physical activity | <ul style="list-style-type: none"> ▪ Dell Medical School brings innovation in health care delivery ▪ Innovative care models ▪ Health innovation efforts ▪ Increased collaboration ▪ Senator Watson's idea for replacement of Austin State Hospital ▪ Focus on addressing housing and co-occurring health conditions ▪ Alignment with Imagine Austin 30-year plan ▪ Shifting treatment norms in substance use disorder to be more cost effective ▪ Efforts to prohibit exposure and sale of menthol cigarettes |
| 2 | Education and Workforce Development | <ul style="list-style-type: none"> ▪ Increased disparity between the haves and the have-nots ▪ Keeping up with changing technology and the needed training ▪ Decreased kindergarten readiness ▪ Funding challenges ▪ Majority of the projected job growth is in low-skill, low-wage jobs ▪ Projected to lose 30 percent of the nursing workforce in 15 to 20 years. ▪ Lack of capacity to train nurses and other skilled-trade workers ▪ Access to childcare ▪ Access to transportation ▪ Increasing housing costs ▪ Living wage is increasing ▪ The system does not work well for non-traditional students | <ul style="list-style-type: none"> ▪ Austin City Council strategic plan supports "learning opportunities" ▪ Chamber is trying to bring models from other communities, such as Say Yes (a college tuition program) ▪ Austin has less employment sprawl than other cities ▪ A lot of employers are coming to Austin ▪ 261,000 new and replacement job opportunities are projected ▪ Technology training opportunities |

| Priority | Force | Threats | Opportunities |
|----------|---------------------------|---|--|
| 3 | City Development | <ul style="list-style-type: none"> Affordability Communities feel disrupted Threats to preserving neighborhood character Traffic congestion Closing of small businesses | <ul style="list-style-type: none"> Code NEXT Affordability challenges require prioritizing affordability issues Compact and connected community Urban design Diversification of housing types Transit system improvements |
| 4 | Affordability | <ul style="list-style-type: none"> Loss of housing Competition for space is increasing costs High cost of healthy food Increasing income disparity Gentrification is causing people to move outside of the city of Austin Access to transportation is challenging, including the affordability of a personal vehicle and access to public transportation. | <ul style="list-style-type: none"> Local policy focus on affordability Opportunity to fill void Code NEXT New City of Austin Equity Office Access to public transportation |
| 5 | Demographic Changes | <ul style="list-style-type: none"> Increase in language barriers Increase in health disparities Disgruntled population due to displacement Population growth Benchmarking statistics are misleading related to disparities Rising number of people living in poverty Aging population Shrinking African American population (largest loss in the nation among fastest growing cities) Suburbanization of poverty Potential negative impact on the environment | <ul style="list-style-type: none"> Population growth is good for the economy More diversity Potential increased access to wealth Imperative to modernize infrastructure |
| 6 | Technology and Innovation | <ul style="list-style-type: none"> Widening gap in access to technology Less physical activity Increase in security breaches Challenges sharing data Apps that promote anonymous sex Increase in cyber bullying Cost of implementing new technologies is prohibitive for some people and organizations Taking away people's jobs Not able to keep up with changing technology | <ul style="list-style-type: none"> Dell Medical School brings opportunities for health technology innovation Austin Health Innovation Alliance More telehealth More health-related apps Innovative health delivery Improvement in quality of health care Potential for more high-skill, high-wage jobs Potential for population level data collection Potential positive impact on the environment (e.g. solar power) |

| Priority | Force | Threats | Opportunities |
|----------|-------------------|--|--|
| | | <ul style="list-style-type: none"> ▪ Low level of technology literacy for some populations | <ul style="list-style-type: none"> ▪ Opportunity to integrate social service referrals and data ▪ Opens more opportunities for collaboration ▪ Integration of organizational efforts toward public health goals |
| 7 | Political Climate | <ul style="list-style-type: none"> ▪ Potential funding cuts ▪ Attitudes toward immigration ▪ Attitudes toward women's health ▪ Potential repeal/replace of ACA | <ul style="list-style-type: none"> ▪ More local control or flexibility possible ▪ Activation of grassroots involvement in healthcare |

CHAPTER 8

AUSTIN PUBLIC HEALTH SYSTEM ASSESSMENT

8. AUSTIN PUBLIC HEALTH SYSTEM ASSESSMENT

The Local Public Health System Assessment (LPHSA) is one of the four assessments of the Mobilizing for Action through Planning and Partnerships (MAPP) framework used for this community health assessment (CHA) that measures how well different local public health system partners work together to deliver the 10 essential public health services. The Austin Public Health System Assessment (APHSA) was adapted from the LPHSA to meet the needs of this CHA.

The APHSA survey, adapted from the National Association of County and City Health Officials' (NACCHO) guidebook for conducting an LPHSA, provides an opportunity for organizations involved in the public health system in the community to conduct both a self-assessment of their contributions to public health services and how well they believe the community as a whole is providing public health services.¹¹¹

According to the Centers for Disease Control and Prevention, the essential public health services describe the public health activities that all communities should undertake.

The 10 essential public health services are to:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research new insights and innovative solutions to health problems.¹¹²

A link to the APHSA survey was emailed to representatives of local public health agencies and organizations, who were asked to provide responses about their organization's role in the delivery of public health services and their perceptions of how well the community is delivering public health services.

The APHSA survey gathered 13 completed responses from the 10 organizations represented on the CHA Steering Committee; each was asked to respond. The survey was distributed to 39 individuals within these 10 organizations. Instructions asked that one person from each organization, or one person from each appropriate department within an organization, respond to the survey.

¹¹¹ *National Public Health Performance Standards Local Assessment Instrument*. National Association of County & City Health Officials, n.d. PDF.

¹¹² "The Public Health System and the 10 Essential Public Health Services." *Cdc.gov*. Centers for Disease Control and Prevention. Web. <https://www.cdc.gov/nphsp/essentialservices.html>. Accessed June 20, 2017.

Each of the 10 essential public health services had from one to six items for which responses were requested, for a total of 30 services performed in support of public health. The complete APHSA survey can be found in Appendix K. For each of the 30 service items, two questions were asked:

Part A) To what extent does your organization do this?

Part B) How well is this done in the community?

All questions used a five-item scale ranging from “No Activity” to “Optimal Activity”. Because the number of items used to measure each public health service varied, results are calculated as the overall percentage of responses within each scale item.

The representatives who participated in this APHSA represent the primary organizations involved in the public health system in Travis County. It is important to note that although all 10 public health services are meant to be provided in the community, not all organizations are accountable for each service. Additionally, other organizations involved in the public health and social service systems of Travis County are not represented in this survey.

FINDINGS

Responses were received from the following Austin-area government agencies and community organizations:

- Austin Travis County Integral Care
- Capital Metro
- St. David’s Foundation
- City of Austin Public Health
- City of Austin Transportation Department
- Travis County Health and Human Services
- Central Health
- Dell Medical School
- The University of Texas School of Public Health

Five responses were collected from various divisions within Austin Public Health.

The tables below aggregate responses for each of the 10 essential public health services by the two questions asked. The first number in parentheses next to each essential service in the table indicates the number of service items included for each essential service in the survey. The second number in parenthesis is the number of responses received.

Table 8-1 2017 Austin Public Health System Assessment Questionnaire Items

Part A: “To what extent does your organization do this?”

| To what extent does your organization do this? | | Not at All | Minimally | Moderately | Significantly | Optimally |
|--|--|------------|-----------|------------|---------------|-----------|
| 1. | Monitor health status to identify and solve community health problems. (3 items; 38 responses) | 5.3% | 10.5% | 29.0% | 44.7% | 10.5% |
| 2. | Diagnose and investigate health problems and health hazards in the community. (1 item; 13 responses) | 30.8% | 0.0% | 38.5% | 23.1% | 7.7% |
| 3. | Inform, educate, and empower people about health issues. (2 items; 26 responses) | 0.0% | 11.5% | 46.2% | 38.5% | 3.9% |

| To what extent does your organization do this? | Not at All | Minimally | Moderately | Significantly | Optimally |
|--|------------|-----------|------------|---------------|-----------|
| 4. Mobilize community partnerships and action to identify and solve health problems. (2 items; 26 responses) | 0.0% | 7.7% | 34.6% | 53.9% | 3.9% |
| 5. Develop policies and plans that support individual and community health efforts. (3 items; 39 responses) | 0.0% | 18.0% | 41.0% | 41.0% | 0.0% |
| 6. Enforce laws and regulations that protect health and ensure safety. (3 items; 39 responses) | 5.1% | 15.4% | 33.3% | 41.0% | 5.1% |
| 7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable. (3 items; 39 responses) | 10.3% | 10.3% | 43.6% | 33.3% | 2.6% |
| 8. Assure competent public and personal healthcare workforce. (6 items; 78 responses) | 19.2% | 23.1% | 29.5% | 27.0% | 1.3% |
| 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services. (4 items; 52 responses) | 5.8% | 28.9% | 48.1% | 17.3% | 0.0% |
| 10. Research for new insights and innovative solutions to health problems. (4 items; 52 responses) | 3.9% | 27.0% | 38.5% | 30.8% | 0.0% |

Table 8-2 2017 Austin Public Health System Questionnaire Items

Part B: "How well is this done in the community?"

| How well is this done in the community? | No Activity | Minimally | Moderately | Significantly | Optimally |
|--|-------------|-----------|------------|---------------|-----------|
| 1. Monitor health status to identify and solve community health problems. (3 items; 39 responses) | 0.0% | 15.4% | 43.6% | 35.9% | 5.2% |
| 2. Diagnose and investigate health problems and health hazards in the community. (1 item; 13 responses) | 15.4% | 15.4% | 38.5% | 30.8% | 0.0% |
| 3. Inform, educate, and empower people about health issues. (2 items; 26 responses) | 0.0% | 3.9% | 42.3% | 53.9% | 0.0% |
| 4. Mobilize community partnerships and action to identify and solve health problems. (2 items; 26 responses) | 0.0% | 15.4% | 38.5% | 42.3% | 3.9% |
| 5. Develop policies and plans that support individual and community health efforts. (3 items; 38 responses) | 0.0% | 18.4% | 50.0% | 31.6% | 0.0% |
| 6. Enforce laws and regulations that protect health and ensure safety. (3 items; 38 responses) | 2.6% | 23.7% | 31.6% | 36.8% | 5.3% |
| 7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable. (3 items; 34 responses) | 0.0% | 5.9% | 55.9% | 38.2% | 0.0% |
| 8. Assure competent public and personal healthcare workforce. (6 items; 68 responses) | 13.2% | 16.2% | 39.7% | 30.9% | 0.0% |
| 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services. (4 items; 42 responses) | 7.4% | 26.2% | 40.5% | 26.2% | 0.0% |
| 10. Research for new insights and innovative solutions to health problems. (4 items; 42 responses) | 2.4% | 19.1% | 54.8% | 23.8% | 0.0% |

SUMMARY OF RESULTS

SERVICES PROVIDED WELL

Respondents indicated that their organizations and the community are provided two services very well: informing, educating, and empowering people about health issues and mobilizing community partnerships and action to identify and solve health problems.

INFORMING, EDUCATING, AND EMPOWERING.

Table 8-2 shows that almost 54 percent of responses indicate that the community is significantly providing Essential Service 3: to inform, educate, and empower people about health issues. Although no one indicated that this essential service is provided optimally, it has the highest percentage of responses indicating significant or higher provision of services in the community followed by Essential Service 4.

MOBILIZING COMMUNITY PARTNERSHIPS. Table 8-1 shows that over 53 percent of respondents believe their organization works significantly on Essential Service 4: mobilizing community partnerships and action to identify and solve health problems. This essential service included two items: establishing community partnerships to improve community health and assessing how well community partnerships are working to improve community health. Of the two components, respondents rated themselves more favorably on establishing community partnerships. When asked how well this service is provided in the community, responses were more mixed as shown in

Table 8-2. However, the responses were mostly positive with over 46 percent of responses in the significant and optimal categories.

ROOM FOR IMPROVEMENT

In response to how well their organization provided the 10 essential public health services, respondents generally did not rank their organizations as optimally fulfilling these functions. Further, few respondents ranked the community as providing the 10 essential public health services optimally, showing that representatives of the Austin public health system believe that the community has room for improvement toward fulfilling the 10 essential public health services in the community.

MIXED RESPONSES. For Essential Services 1 and 6, five percent of responses indicate these services are being provided optimally in the community, as shown in

Table 8-2. However, the variety of responses for both of these services indicate a lack of consensus among respondents on how well these essential services are being provided in the community. This is especially true of Essential Service 6: to enforce laws and regulations that protect health and ensure safety, where, although some respondents believed it is delivered optimally, over 23 percent of responses indicate that the service is provided minimally in the community.

MINIMAL SERVICES PROVIDED. Essential Services 2: to diagnose and investigate health problems and health hazards in the community, and Essential Service 8: to assure a competent public and personal healthcare workforce are the only two essential public health services for which over 10 percent of responses indicate no activity in the community, as shown in

Table 8-2. In addition, for Essential Service 9: to evaluate effectiveness, accessibility, and quality of personal and population-based health services, 26 percent of responses indicate that the community does this minimally, and 33 percent indicate that it is done minimally or less, which is the largest percentage of responses indicating minimal or no activity.

APPENDICES

APPENDIX A

General Austin/Travis County Community Health Assessment Focus Group Guide

Appendix A: General Austin/Travis County Community Health Assessment Focus Group Guide

INTRODUCTION

Thank you very much for joining us today! I am [your name] from [name of organization]. We are working with Austin Public Health to conduct a Community Health Assessment, which is a process completed every 5 years with a collaborative group of community partners working toward the common goal of a healthy community. The previous assessment was completed in 2012. We want to get your perspective on the health of your community and the health-related needs of your community.

We would like this discussion to be pretty informal, honest, and thoughtful. We also want to hear from everyone in the room. Ideally, we will hardly talk at all. Our role is to ask questions, keep us on topic, and help keep the discussion flowing.

What is said in this room is confidential and will not be reported out except in general themes or anonymous comments. We are recording this conversation so we can listen again for context and clarity. What you tell us will be summarized into a report. However, no names will be attached to any of the experiences, opinions, or suggestions. The questions I will ask do not have right or wrong answers. They are about your experiences and opinions, so do not hesitate to speak.

Before we start asking you some questions, I would like each of you to introduce yourself. Tell me your name, how long you have lived in Travis County, and your zip code.

[Organization – 5 minutes]

Please raise your hand if you are here representing an organization.

[Health Behavior and Environment – 40 minutes]

1. What do you and others do to stay healthy?
2. What do you see as the major health-related problems in your community?
3. Sometimes the neighborhood / area people live in can help them to be healthy, or prevent them from being healthy.
 - a) What are the things around where you live that help you to be healthy?
 - b) What are the things around where you live that make it harder to be healthy?

Probes:

- a. Access to healthy foods
- b. Access to places for physical activity
- c. Safety
- d. Access to doctor's office

- e. Exposure to lots of advertisements for alcohol/tobacco
- f. Housing
- g. Income
- h. Affordability
- i. Education
- j. Transportation

[Strengths in Health Services – 15 minutes]

4. What are the strengths of the health services available in your community?
5. What resources (e.g., agencies, institutions, programs, services) do we have in the community that seem to be working to address the health-related problems you see? In other words, what has worked for you, your family or someone you know?

[Challenges in Health Services – 20 minutes]

6. Are there other health services that you need but do not receive currently?
 - What are those services?
 - Why have you not received them?
 - If you cannot find services, where do you get help?
 - What are the consequences of not being able to get help?
7. What are the greatest challenges to people accessing health services?
8. What other resources would you suggest that are not currently available? In other words, what are some solutions to these problems?

[Changes over time – 10 minutes]

9. Have you noticed any change in the quality of health services and opportunities and the way in which they are provided in the past five years?
 - How has it changed?
 - What impact has the change had on you?

APPENDIX B

Austin/Travis County Community Health Assessment, General Stakeholder Interview Guide

APPENDIX B: AUSTIN/TRAVIS COUNTY COMMUNITY HEALTH ASSESSMENT, GENERAL STAKEHOLDER INTERVIEW GUIDE

INTRODUCTION

Thank you very much for meeting with me today. I am Carter/Jesse/Kelli from Morningside Research and Consulting. We have been contracted by Austin Public Health to prepare a Community Health Assessment, which is a process completed every 5 years with a collaborative group of community partners working toward the common goal of a healthy community. The previous assessment was completed in 2012. We want to get your perspective on the health status and needs of Austin/Travis County.

What is said in this interview is confidential and will not be reported out except as part of general themes or anonymous comments. What you tell us will be summarized into a report. However, no names will be attached to any of the experiences, opinions, or suggestions.

Please tell me your role at this organization.

[Organization]

1. Can you tell me about what your organization does and how that relates to the health of Austin/Travis County residents?
2. What communities or audiences does your organization serve? (geographic, race/ethnicity, age, socio-economic status, gender, specific health condition)
3. How are the programs/services in your organization evaluated? (What does success look like?)
4. What are the most significant accomplishments of your organization in service to the community over the past 3-5 years?
5. What are the most significant external forces the organization is facing in the next few years? How prepared is the organization to meet those challenges?

[Immediate Community]

6. What are the greatest assets of the clients/community you serve?
7. What are the health and social concerns you see most often in the community you serve?
8. What are the unmet needs or barriers in the community you work with that most affect your clients? (social determinants of health). How would you prioritize the needs you have listed?
9. What changes are needed in the short-term to meet those needs? In the long-term? Who is responsible for making those changes?

[Greater Austin/Travis County]

10. What do you think are the most pressing health and quality of life concerns in Travis County?
11. What do you see as the overall strengths of healthcare and prevention services in Travis County?
12. What needs of Travis County residents are not being met or addressed related to healthcare and preventive health services? Which populations are most impacted?
13. What changes are needed in the short-term to meet those needs? In the long-term? Who is responsible for making those changes?

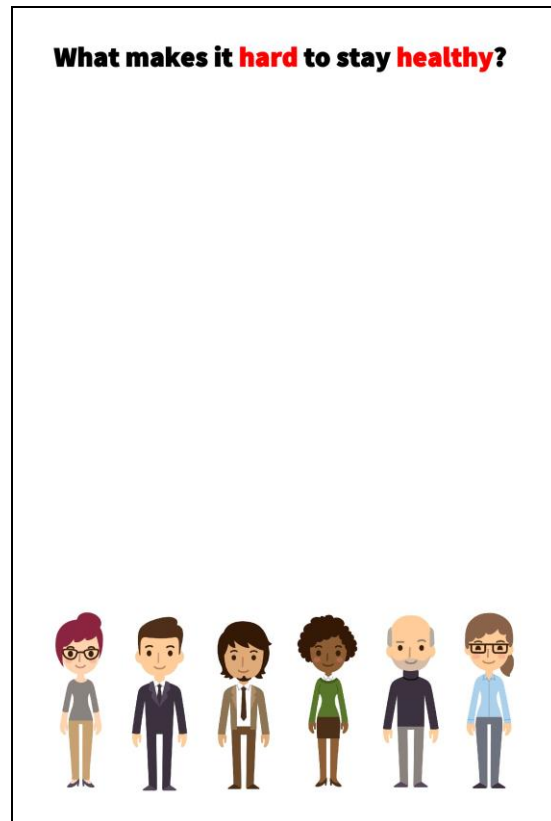
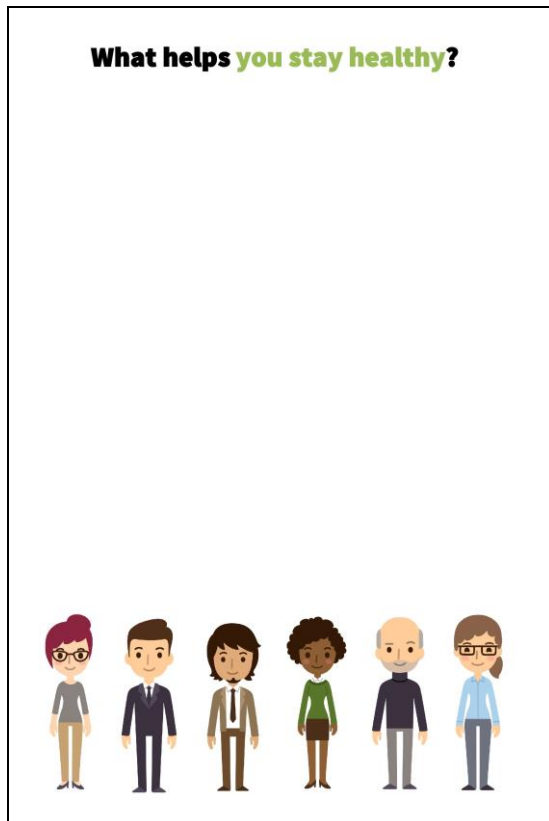
Before we end the interview, is there anything else that you'd like to share regarding health in Travis County? Thank you for your time!

APPENDIX C

Community Forum Materials

Appendix C: Community Forum Materials

The following pages show a scaled down version of posters used to collect feedback at the community forum on March 8, 2017. Participants answered the questions on each poster by writing responses on post-it notes and hanging them on the poster.



**What would make it easier for you
to be healthy?**



**What makes your
neighborhood healthy?**



**What makes your
neighborhood unhealthy?**



**What would make your
neighborhood be healthier?**



What is **good** about the **health services** in your neighborhood?



What is **difficult** about using **health services** in your neighborhood?



What would make health services in your neighborhood better?



APPENDIX D

Full List of Populations and Sectors Engaged in Focus Groups

APPENDIX D: FULL LIST OF POPULATIONS AND SECTORS ENGAGED IN FOCUS GROUPS

FOCUS GROUP POPULATIONS

- Advocates for individuals with intellectual and developmental disabilities
- African Americans
- Asian Americans
- Austin
- Austin's Colony
- Burmese speaking
- CHA steering committee
- City of Manor community leaders
- Creedmoor
- Faith leaders
- Jonestown
- Karen speaking (Tibeto-Burman languages spoken in lower Myanmar and Thailand)
- LGBTQ
- Low-income residents
- Men who have sex with men
- Mothers with young children
- Parents
- Public health front line staff
- Refugees (Asian and Central American)
- Rural residents
- Seniors
- Spanish speaking low-income residents
- Substance use specific to individuals experiencing homelessness
- Substance use specific to intravenous drug users
- Urban residents
- Women of color
- Youth and young adults

*Some focus groups covered multiple populations.

APPENDIX E

Prioritizing Health Issues in Austin/Travis County

Appendix E: Prioritizing Health Issues in Austin/Travis County

Please list the 3 health issues that you feel are the most prevalent in your community and indicate if there is a specific geographical area and population that is affected. Please report only your top 3 issues.

| Top Health Issues | Geographical Area | Population Affected |
|-------------------|-------------------|---------------------|
| 1. | | |
| 2. | | |
| 3. | | |

Location of Focus Group: _____

Date: _____

APPENDIX F

Organizations Represented in Interviews

Appendix F: Organizations Represented in Interviews

- African American Resource Advisory Commission
- Arab American Anti-Discrimination Council
- Asian American Quality of Life
- Austin Transportation Department
- Caritas of Austin
- Commission on Immigrant Affairs
- Connecther
- Council of American Islamic Relations
- Del Valle ISD
- El Buen Samaritano
- Ending Community Homelessness Coalition
- Foundation Communities
- Front Steps
- Gay and Lesbian Chamber of Commerce
- Hispanic Quality of Life Commission
- Meals on Wheels and More
- One Voice Central Texas
- Seton Healthcare Family
- Sustainable Food Center
- United Way, Success by 6
- YMCA

*Some individuals interviewed represented multiple organizations.

APPENDIX G

Public Comments Collected on Austin Public Health Website

Appendix G: Public Comments Collected on Austin Public Health Website

The public comment period for this draft report was from September 27, 2017 through October 27, 2017. Comments were collected through the Austin Public Health website. The order of the comments is based on when they were submitted.

1. **Comment:** When public health and the community itself are weighing appropriate responses and resource allocation to a concern, there are a variety of frameworks and lenses that inform response. Displayed alongside rates I'd like to see the total incidence numbers that inform those rates. Prevalence is also a critical piece of information. With these different figures we can begin to see whether epidemiological dynamics are shifting, whether disease is moving from one population to another, whether current interventions are working, what population may be transmitting vs. what population is being infected (in the case of communicable diseases), and whether resources need to be adjusted.

Response: See the chart below for total numbers, percentage and rate by Race/Ethnicity for new HIV Diagnoses and People Living with HIV from 2016 within Austin Transitional Grant Area (TGA) which includes five counties; Williamson, Travis, Hays, Bastrop and Caldwell. For more epidemiological data please refer to the Integrated HIV Prevention and Care Plan 2017-2021 completed by Austin Area Comprehensive HIV Planning Council. See the Community Needs Assessment Matrix in Appendix J for more information about this report.

New HIV Diagnoses and Persons Living with HIV (PLWH) by Race/Ethnicity, Austin TGA, 2016

| | New HIV Diagnoses | | | PLWH | | |
|------------------|-------------------|-----|------|-------|-----|------|
| | N | % | Rate | N | % | Rate |
| Total | 308 | 100 | 15 | 5,916 | 100 | 288 |
| Race/Ethnicity | | | | | | |
| White | 112 | 36 | 10 | 2,450 | 41 | 221 |
| African American | 62 | 20 | 40 | 1,262 | 21 | 823 |
| Hispanic | 123 | 40 | 19 | 1,932 | 33 | 292 |
| Other | 3 | 1 | 2 | 78 | 1 | 59 |
| Unknown | 8 | 3 | | 194 | 3 | |

Source: *Texas Department of State Health Services* (run September 2017).

Other race/ethnicity includes Asian/Pacific Islander, Native American, Multi-Racial and other race/ethnicity cases.

2. **Comment:** The report highlights that people have greater access to stores now than they did several years ago—that seems like that would depend on where people live in the city—ex. Rundberg area. Please see Food for All report (Commenter specifically references the Healthy Foods section of chapter 6).

Response: The data from this section of the Community Health Assessment is from 2006 and 2010 focuses on Travis County and uses data from the U. S. Department of Agricultural. This data indicates that as a County access has improved from 2006 to 2010. In comparison, the Food for All report is from 2016 focus on a well-defined area within Austin and Travis County and gathers data for focus groups and interviews. The data in the Food for All report is able to provide greater insight into access issues of the area it focuses on. In response to this comment the Food For All report is referenced in this report and in the Community Needs Assessment Matrix in Appendix J.

3. **Comment:** Although there is contradictory information about whether or not food access is an issue—there are a high number of adults who don’t consume fruits and vegetables. What are the impediments to consumption they are experiencing? I don’t think that is discernable from the report. Was there any information in the survey results that could be highlighted here?

Response: The questions in the survey do not cover consumption of fruits and vegetables, but rather focus on perceptions of access to healthy food and factors that influence where groceries are purchased and mode of transportation to grocery stores. To review all questions in the Community Assessment for Public Health Emergency Response (CASPER) survey see Appendix I.

4. **Comment:** The impetus to purchase food is convenience above all else according to this report. We know that it is more than just that—time, money, cultural relevance, etc. (The commenter references the Access to Healthy Food: Grocery Shopping Behaviors and Reasoning section within the CASPER Report).

Response: Of households surveyed, the main reason households shop at their primary source for groceries is a convenient location (40.8%), followed by price/low cost (19.4%), other reason (12.9%), 1 stop shop (11.0%), selection of foods (9.5%), and freshness of foods (5.7%). These categories are broad enough to incorporate issues such as time, money and cultural relevance and may even provide additional insight into how many households choose their primary source for groceries based on these reasons. See appendix I for more details about survey results and questionnaire.

5. **Comment:** Percentage of food insecurity differs from what it says in Food for All and Food Access Presentation. They indicate that Austin’s rate of food insecurity is 25%.

Response: The difference could be due to different sources or different methodologies for analyzing the data or different definitions for food insecurity.

6. **Comment:** Why is there such a discrepancy between survey results and focus groups? Survey results indicate that people have access to healthy food and focus group participants report that they don’t? Would there be a possibility of elaborating on why this may be the case?

Response: The survey result reflective Travis County while the focus group participants were selected to because they represent groups which are usually underrepresented in a Travis County samples or populations at risk for experiencing negative health outcomes. The discrepancies seen between the two sources indicates that while the general population do not perceive barriers to accessing healthy food, some in our community do have barriers. The issues identified by the focus group participants can provide insight into what are the barriers.

7. **Comment:** There is a description here that fits that of food swamps. Would you be able to include that term here and define it? Also, based on survey results, could you identify which areas of town they are located in or describe where the service providers who gave that information currently work? (the commenter identified the Access to Healthy Food Section of Chapter 4, Key Themes)

Response: While the concept of a food swamp is common and generally well accepted, defining the term is something that should be done by a group of experts to ensure the complexities of the concept are appropriately addressed.

While we are not able to share survey responses for an individual sample areas insight into affected areas can be found in chapter 5, Community Health Themes and Strengths, where there is greater elaboration on the focus groups and key informant interviewers' responses.

8. **Comment:** It is mentioned that responses provided through focus groups, the community forum, and the CASPER study all revealed three themes for health priorities: access to health care, access to healthy foods, and outdoor spaces for physical activity. Community gardens have been shown to have positive impacts on both healthy food access and access to outdoor space for participants (Alaimo et al. 2008 F&V intake among urban community gardeners [urban], Gardens for Growing Healthy Communities Study findings <https://dug.org/gghc/>, Barnidge et al. 2013 Association between community garden participation and F&V consumption in rural Missouri). Would it be possible to mention community gardens as one approach to addressing the identified health priorities?

Response: We will include this input in the chapter 5 of this report within the Solution Discussed section under Access to Healthy Food.

9. **Comment:** The Youth Recovery Network Executive Committee would like to call attention to the lack of attention to substance abuse and youth substance abuse in general in the plan. Substance use/misuse/abuse is a key factor in our community's health status and we feel that it deserves more attention in the plan. This includes not including substance use as a footnote under "Mental health and well-being" but rather a major health theme of its own. In addition, coalitions addressing substance use are not listed as a strength of the community. Finally, there is very little data offered to paint the picture of youth substance abuse in our community; the document must discuss the impacts of youth alcohol, illegal drug and prescription drug misuse in addition to tobacco use. We are available to assist in identifying additional data sources and information to support the development of this additional content in the plan. Please contact us to discuss further.

Response: This assessment's purpose is to identify health issues within Austin and Travis County. The Steering Committee that guides this assessment will identify issues areas from the assessment to be included in a Community Health Improvement Plan (CHIP). During the CHIP, evidence based strategies are identified to address issue areas and metrics that measure progress in issue areas are identified as well. If appropriate for the issue area identified, Youth Recovery Network could be a part of developing strategies and identify metrics for the CHIP.

10. **Comment:** Drug use (substance use/misuse) was identified as one of the biggest health problems by participants in the CHA, yet it does not appear as one of the key themes in the draft. Please consider adding it and note the connection between mental health and wellbeing and substance use/misuse. There are several coalitions in Travis County that directly address youth substance use prevention - one of our goals is to strengthen our collaborations with a broad range of community sectors to raise awareness of youth substance use and the

adverse consequences to the youth and to the community of youth substance use. There are still many adults who think of youth substance use as a rite of passage without understanding the dangers of use on the adolescent brain and future life long impacts from use, such as increased chance of addiction. Only youth tobacco use is included in the section on drug use yet student substance use surveys indicate and youth tell us that marijuana is one of the biggest problems on their school campuses. Many adults will readily admit there is widespread marijuana use by youth at public events (as well as alcohol). Please delve more deeply into youth substance use trends in Travis County and the need to work with coalitions and schools to administer consistently-worded questions about youth substance use so we can have a fuller and more accurate picture of current use and the need to raise awareness among Travis County adults of the known dangers of youth substance use on the adolescent brain. Please indicate there is a need to explore this issue and address it!

Response: During the Community Health Improvement Plan (CHIP) there will be an opportunity for community based organizations to contribute to the content of the CHIP as appropriate. See the response above for more information about how community based organization can contribute.

Youth Substance abuse may not have been identified as a key theme within the CHA because it is one of many contributing factors to Mental Health and Wellbeing. This assessment does reference the Travis County Plan for Substance Use Disorders as a source of information related to substance abuse. Please see appendix J for more information about this report.

11. **Comment:** The draft Community Health Assessment could be improved and brought into alignment with national public health priorities if it were to incorporate the public health risks posed by climate change.

The theme of the American Public Health Association's national conference slated for Nov. 4-8 is Creating the Healthiest Nation: Climate Changes Health. The APHA has deemed 2017 to be the Year of Climate Change and Health.

Yet the phrase climate change is nowhere to be found in this draft. The word climate only appears four times. On page 5 it is in the context of political climate under the Forces of Change Assessment. And political climate appears again on page 90. Why was climate change not considered to be force of change?

On page 8 climate is mentioned as part of Community Profile to describe our mild climate with 300 days of sunshine per year. On page 88 Climate and weather is a bullet point under Threats in connection to Health Conditions as a force.

Please see Climate Change Projections for the City of Austin by Katherine Hayhoe, a report produced for the Office of Sustainability.

https://austintexas.gov/sites/default/files/files/Sustainability/atmos_research.pdf

Hayhoe finds that Climate in Texas is changing. Average temperatures are increasing, the risks of extreme temperatures are changing, and precipitation patterns are shifting, with heavy precipitation becoming more frequent in many locations.

This, by Hayhoe, contrasts with the Community Profile reference to mild climate. Why not include Hayhoe report as an Appendix?

In the draft CHA the only reference to extreme heat is a survey question asking respondents if extreme heat prevented people from going about their daily lives.

There is one statement related flooding: Since Travis County is susceptible to many potential disasters, such as flooding, tornadoes and wildfires, it's important for households to plan for emergency situations.

Much exists online concerning the subject of climate change and public health. A good resource that provides an overview of the multiple areas where climate change impacts public health is the following by the Center for Health and Climate Change:

Physician's Guide to Climate Change, Health and Equity

- <http://climatehealthconnect.org/resources/physicians-guide-climate-change-health-equity/>

The CDC also provides a good overview of Climate Effects on Health

<https://www.cdc.gov/climateandhealth/effects/default.htm>

Also, it is not unheard of for a Community Health Assessment to include climate change as one of the forces of change. In an example I found from Macomb County, Michigan, one of the eight priorities in the Forces of Change section is Climate Change.

See

<http://health.macombgov.org/sites/default/files/content/government/health/pdfs/cha/ForcesofChangeAssessment17.pdf>

It touches on the relationship to:

• Introduction of new diseases

• Chronic respiratory illness

• Asthma increases/concerns

• Concerns about homelessness and severe weather alerts

• How to address individuals with handicaps in times of severe weather

Please consider incorporating the public health risks posed by climate change in the CHA.

Response: The findings of this assessment are based on what those in our community identified as barriers to them living a healthy life. During the house hold survey a questions was asked to identify what the impact of climate change may be on residents. 41.7% of respondents strongly disagreed that extreme heat had prevented their household from completing daily tasks. Please see Appendix I for the complete findings from this survey.

APPENDIX H

Public Comments from the August 30, 2017 Community Forum

APPENDIX H: PUBLIC COMMENTS FROM THE AUGUST 30, 2017 COMMUNITY FORUM

At the Community Forum at the Austin Independent School District Performing Arts Center on August 30, 2017, attendees were asked to participate in two exercises, a voting exercise in which participants distributed 12 dot stickers across the 8 themes posted on large paper around the room to indicate which themes they agreed with the most. One additional poster was available for participants to write themes they thought were missing. The second exercise was a worksheet on which participants ranked each theme based on how strongly they agreed that it is a health issue in Travis County using a scale of one to seven.

The themes for each exercise are the themes identified in the draft Community Health Assessment (CHA) report. The results of each exercise are shown below.

VOTING WITH DOTS EXERCISE

| CHA Theme | Dots |
|--------------------------------------|------|
| Health care access and affordability | 150 |
| Equity and health impact | 134 |
| Mental health and wellbeing | 133 |
| Transportation | 111 |
| Access to healthy food | 102 |
| Access to safe recreation space | 74 |
| Education and workforce development | 74 |
| Environmental health | 58 |
| Did we miss anything | 52 |

COMMENTS RECEIVED AT VOTING STATIONS

HEALTH CARE ACCESS AND AFFORDABILITY (150 DOTS)

- All neighborhoods need access to health care in their community
- Lack of knowledge of public health assistance programs: MAP, Medicaid, Medicare and CommUnityCare
- Increasing STD rates
- Increase availability of access in eastern crescent
- Need more access to services in south Austin – waits long
- Access to health care includes a robust public transportation system that serves all communities
- For all regardless of immigration status (a dot to agree with this specifically)

EQUITY AND HEALTH IMPACT (134 DOTS)

- No comments

TRANSPORTATION (111 DOTS)

- Tiny transit

MENTAL HEALTH AND WELLBEING (133 DOTS)

- Telepsychiatry and (can't read)
- So neglected in our community unless you are upper middle class and can pay
- We need community health workers to work on mental health
- Also need parenting education as part of mental health care
- Reduce child abuse
- Parenting education reduces stress for both parents and children
- Asthma attacks are connected with stress
- During a chw's training we found that 7/10 individuals suffering from mental health
- Crime is higher when mental health is not available, mental health intervention could reduce domestic violence and crime and improve childhood outcomes, reduce foster care needs
- Mas promotoras de salud community health worker travayno (sp?) en salud mental (dot here)
- Tener más acceso a salud mental grupos de apoyo de todo como ejomdo (sp?) grupo de padres de ninos abusados
- Necesitamos más educación para nuestra comunidades

ACCESS TO HEALTHY FOOD (102 DOTS)

- Affordable and culturally appropriate
- Prices too high
- Fresh foods
- Cheaper prices needed
- Urban roots
- Community gardens
- Healthy corner stores
- Farm stands
- Mobile markets
- Address food deserts
- Work by GAVA, strategies
- ATX access is not the issue – poverty, maternal (cannot read)
 - Provide bonding and parenting support with education, cooking, etc. to stress to new moms
- Provide quality childcare if needed for older children
- Unless you show people how to prepare unfamiliar or fresh foods it won't "take". Serving them in the schools is front line teaching the kids to cook them
- Long term sustainability = local farming

ACCESS TO SAFE RECREATION SPACE (74 DOTS)

- All communities should have access to a park in their community
- Human mobility nature corridors, safety, diversity, habitat
- All school yards
- Green school parks
- Without casual places to meet neighbors there is less opportunities for social bonds to form. These bonds are essential to developing social cohesion. Social cohesion in turn helps everyone feel safer in their neighborhood and actually be safer, as friends watch out for friends reducing crime and thus improving mental health too
- Must have equitable funding for parks, rec centers, etc.

EDUCATION AND WORKFORCE DEVELOPMENT (74 DOTS)

- Need workforce housing to retain the best educators
- Health workers and health professionals need to work together to educate doctors on cultural competency
- As CHW's we need more CHW work on the fields of prevention
- Necesitamos mejor salario y más oportunidades de trabajo para las promotoras
- Mejores sueldos para las promotoras de salud!

ENVIRONMENTAL HEALTH (58 DOTS)

- Apartment air quality
- Quality of air or water
- Bulk waste disposal/combustion dumping
- Flood mitigation
- Need easy access to hazardous waste disposal depots in all parts of town. Make it easy for folks to do the right thing.
- Flooding
- Tank farms colony park area
- Air emission
- Sound pollution (e.g. highways) increases stress
- Bus/truck air brakes can cause hearing loss
- How about electric hand dryer decibels and night club sound levels
- Can't enjoy nature if it's full of exhaust fumes
- Why fix it up if it kills you?
- Regulation of development, avoiding over development resulting in flooding

DID WE MISS ANYTHING?

- Housing – Access to safe affordable, stable housing and permanent supportive housing (28 dots were placed next to this)
- Housing – holding slum lords accountable; more housing for those at 60% and below MFI; housing for homeless (16 dots)
- Financial capability (4 dots)
- Financial training/information (2 dots)
- Substance abuse (2 dots)
- Population diversity
- Vacation leave/living wage/reasonable work hours for poor residents
- Restructuring of policy and procedures with an anti-racist lens
- How to actually deal with (through planning) the intersections with transportation, workforce development, etc. For example, there is a community wide workforce plan, how does the health plan leverage?
- Discussion on the role that developers can play in creating communities with onsite services
- Equal placement of subsidized housing in all areas of Austin
- What about assets
- Do the themes relate to certain regions? How do we divide up city/county to get (can't read) to neighborhoods and people?
- Mental health, those in crisis how to decrease arrests and incarceration
- Thank you for hosting. Please feel free to call and discuss Tiny Transit demonstration project potential. Susan Engelking, founder 512-413-7750

RANKING THE IMPORTANCE EXERCISE (WORKSHEET)

| CHA Theme | Strongly Disagree | Disagree | Somewhat Disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |
|--|-------------------|----------|-------------------|----------------------------|----------------|-------|----------------|
| Inequities in socioeconomic levels and health impact | 2% | 0% | 0% | 2% | 10% | 8% | 79% |
| Education and workforce development | 3% | 0% | 0% | 2% | 13% | 40% | 43% |
| Access and affordability of healthcare | 2% | 0% | 2% | 3% | 3% | 20% | 70% |
| Transportation | 2% | 0% | 5% | 2% | 8% | 28% | 56% |
| Mental health and wellbeing | 2% | 2% | 2% | 2% | 8% | 16% | 70% |
| Access to safe recreation spaces | 3% | 5% | 2% | 5% | 13% | 33% | 39% |
| Access to healthy food | 3% | 2% | 2% | 2% | 8% | 23% | 61% |
| Environmental health | 2% | 5% | 0% | 3% | 11% | 27% | 53% |

APPENDIX I

Community Health Assessment for Public Health Emergency Response (CASPER)

Appendix I: Community Health Assessment for Public Health Emergency Response (CASPER)

Attached is the Community Health Assessment for Public Health Emergency Response data collection occurred on April 7-8, 2017.



Community Health Assessment
Community Assessment for Public Health Emergency Response
Travis County, April 7-8, 2017

Final Report

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Background

Every five years, Austin Public Health and key community partners collaborate to carry out the Community Health Assessment (CHA). This is used to inform a three year Community Health Improvement Plan (CHIP). The CHA engages community members and local public health partners to collect and analyze health-related data from many sources. Three critical tasks are accomplished through the Community Health Assessment. These include informing community decision-making, prioritizing health problems, and assisting in the development and implementation of community health improvement plans.

The Health Equity and Community Engagement Division alongside the Epidemiology and Public Health Preparedness Division at Austin Public Health (APH) decided to conduct a community survey using the principles of Community Assessment for Public Health Emergency Response (CASPER) to help inform the Community Health Assessment about household perceptions of health needs, themes and strengths.

APH was interested in assessing perceptions of health needs and strengths, deepen understanding of access to healthcare, healthy food, and transportation in the community, and evaluating the special medical needs of Travis County households during a non-emergency setting. The specific objectives of this CASPER were to:

1. Describe community perceptions of health needs and strengths in Travis County
2. Quantify community perceptions of quality of life in Travis County
3. Evaluate access and barriers to healthcare, access to healthy food, and transportation options
4. Describe basic household preparedness planning and type of medical special needs households need in a non-disaster setting (e.g. daily medication, oxygen supply, wheelchair/cane/walker, etc.)

Information gathered in this report will aid APH and key community stakeholders improve public health resources and response in Travis County. This report will also aid in the development of the next Community Health Assessment and Community Health Improvement Plan 2017/2018.

Methods

To accomplish these goals, APH staff alongside volunteers from the City of Austin, Texas Department of State Health Services, University of Texas at Austin, and Texas A&M University convened to conduct a CASPER in Travis County on April 7 and 8, 2017. The CASPER tool is an effective method to assess public health needs in both disaster and non-disaster situations to initiate public health action¹¹³. CASPER is an epidemiologic technique designed to provide quick, cost-effective household-based information in a representative manner.

¹¹³ Community Assessment for Public Health Emergency Response (CASPER) Toolkit <https://www.cdc.gov/nceh/hsb/disaster/casper/resources.htm>

APH staff collaborated with key community stakeholders to develop a two-page data collection tool with 29 questions. The survey tool was developed in English and Spanish versions. The survey tool included household level questions related to: (1) quality of life in Travis County, (2) perceptions of community strengths and needs, (3) access and barriers to healthcare, healthy foods, and transportation use, (4) assess basic preparedness and medical special needs in the community. The survey tool was pilot-tested prior to finalization.

For our sampling frame, we used a multistage stratified cluster sampling technique to select a representative sample of 210 households to interview in Travis County. For the first stage, we stratified our sampling frame into City of Austin (urban) and Travis County (rural) areas based on 2010 US Census data, containing 344,049 and 77,296 housing units respectively. City of Austin clusters were defined as census blocks within the City of Austin boundary. The remaining clusters were assigned to Travis County clusters. Census blocks that crossed the City of Austin boundary were assigned to the area based upon the centroid of each census block. For example, if a census block centroid fell outside of the City of Austin boundary, it was considered a Travis County cluster in our sampling frame. For the second stage, we selected 30 clusters total with 20 clusters in the City of Austin and 10 clusters in Travis County utilizing the Geographic Information Systems CASPER tool (Figure 1). The clusters were selected with a probability proportional to the number of households within the cluster. In other words, the more households a cluster has, the greater chance of it being chosen once. Two clusters within Travis County and two clusters within City of Austin were selected twice.

For the third stage of sampling, interview teams randomly selected seven households from each of the 22 clusters and fourteen households from 4 clusters that were selected twice. The interview teams were instructed to go to a pre-determined random starting point and go to every n^{th} housing unit to select seven or fourteen housing units to interview. The n^{th} house was determined by the total number of housing units in the cluster divided by seven based upon 2010 US census data. The n^{th} house ranged from 2 to 54. Interview teams were instructed to follow the roadway left through their cluster following the roadway and cluster boundary to select each n^{th} house.

Interview teams were comprised of two- or three-people. Teams were provided a three-hour just-in-time training on the overall purpose of the CASPER, household selection, tracking sheet, questionnaire, interview techniques, safety and logistics on April 7th, 2017. There were a total of 15 teams, which consisted of an APH employee and community partner and/or university student. Each team attempted to conduct 7 or 14 interviews, based upon cluster assignment, with the overall goal of completing 210 interviews. Interview teams were deployed to the field April 7 and 8, 2017. Interview teams were instructed to complete confidential referral forms whenever they encountered urgent medical, mental health, or an unmet public health need. All respondents verbalized consent, were at least 18 years old, and resided in the selected household. All respondents approached were provided educational materials from APH and community organizations regarding health-related information and community resources (Appendix 1).

Data from the completed questionnaires were entered into a database and analyzed using EpiInfo Version 7.2.1. A weighted cluster analysis was conducted to estimate the percent of households with a certain response in our sampling frame. The calculation of the weight for City of Austin and Travis County areas took into account the number of households in each area respectively. Data analysis calculated unweighted and weighted frequencies, percentages, and 95% confidence intervals.

Results

Fifteen interview teams attempted interviews at 743 households and completed 168 interviews with a completion rate of 80% (Table 1). Teams completed interviews at 22.6% of households approached during the two-day period. Of households with an eligible and consenting respondent, 49.7% of interviews were completed. One hundred eight interviews were completed in the City of Austin clusters and 60 interviews were completed in Travis County clusters. Of households interviewed, 88.7% were single family homes, 7.1% were multiple unit homes (apartment, duplex, etc.), and 5.0% were mobile homes (Table 2).

Quality of Life Statements

The majority of households rated the health of Travis County to be healthy (51.4%), somewhat healthy (21.4%), and very healthy (12.6%) (Table 3). Households reported that access to healthcare (31.0%) improves the quality of life in Travis County the most, followed closely by physical activity (22.3%), affordable housing (16.6%), access to healthy food (15.1%), and transportation options (9.4%) (Table 7).

Respondents were asked to rate on an agreement scale various quality of life statements related to household and community health. The agreement scale included strongly agree, agree, neutral, disagree, and strongly disagree. Of those surveyed, respondents strongly agreed (66.2%) and agreed (18.9%) when asked if their household could buy affordable, healthy food near their home (Table 4.). Respondents also strongly agreed (68.4%) and agreed (16.4%) when asked if there were places to be physically active near their home. Households were asked if they had enough financial resources to meet basic needs. A majority strongly agree (66.5%) with this statement. In addition, respondents also strongly agreed (42.3%) that their household felt prepared for an emergency. In contrast, respondents strongly disagreed (47.3%) and disagreed (21.8%) when asked if extreme heat prevented their household from completing daily activities (Table 4). Only 7.6% of respondents strongly agreed with this extreme heat related statement.

Household responses indicated tremendous public health success with respect to decreased community exposure to secondhand smoke, as 66.9% strongly disagreed when asked if a member of their household had been bothered by cigarette or electronic cigarette smoke in the last month. However, still 13.1 % of households reported that they strongly agreed or agreed that a member of their household had been bothered by cigarette or electronic cigarette smoke in the last month (Table 5).

When asked if Travis County was a good place to raise children, the most common responses were strong agreement (50.5%) and agreement (32.2%) (Table 5). Households agreed (30.5%) or strongly agreed (31.3%) that Travis County is a good place to grow old and retire. Households also strongly agree that they feel safe in Travis County (49.3%). Conversely, there were mixed responses when asked if there were good transportation options in Travis County: 22.4% strongly agreed, 23.7% agreed, 18.9% neutral, 18.6% disagreed, and 13.1% strongly disagreed. Although 16.1% of households strongly disagreed, most respondents agreed (26.8%) or were neutral (21.8%) when asked if every person in Travis County is treated fairly (Table 6).

Finally, households were asked about their perceptions on health services in Travis County (Table 6). The vast majority of households agreed (40.5%) or strongly agreed (31.8%) that there are a sufficient number of health services in Travis County; and a smaller majority agreed (31.4%) or strongly agreed (19.8%) that there are a sufficient number of social services in Travis County. Respondents also agreed (36.7%) or strongly agreed (26.4%) that there were affordable vaccination services available in Travis County. Both statements related to vaccination services and sufficient social services had higher “don’t know” responses, 22.1% and 21.1% respectively, compared to all other quality of life statements asked.

Perspectives on Health Needs and Strengths

Two opened ended questions were asked to assess perspectives of health needs and strengths. The first asked respondents what their household felt the most important factor that makes Travis County healthy is. Three major themes emerged from this question; they were access to health care, access to healthy foods, and outdoor spaces for physical activity (Table 8). Less mentioned factors were clean water and air, education, sustainability/recycling, and safety.

The second open-ended question asked households what the biggest problem in Travis County is. Two major themes are clear: traffic and allergies/air quality (Table 8). Respondents also expressed concerns about chronic disease issues such as cancer, obesity and diabetes, cost of living or health services, illegal drug use, poor eating habits, and smoking.

Access and Barriers to Healthcare

Respondents were asked where members of their household go when they are sick. A majority of Travis County residents go to their doctor’s office (74.7%), followed by urgent care center (5.8%), hospital (5.3%), emergency room (4.2%), pharmacy/retail minute clinic (4.0%), other place (3.1%), health department (2.1%), and workplace nurse (0.6%) (Table 9). Eighty eight percent (88.1%) of households expressed that members of their household did not have a problem getting health care in the last 12 months. Of households that had a problem getting health care in the last 12 months (11.2%), respondents reported other reason (6.5%), doctor would not take insurance or Medicaid (3.2%), insurance didn’t cover needed care (2.5%), couldn’t get an appointment (2.3%), cost (deductible/co-pay) was too high 1.7%), the wait was too long (1.3%), no health insurance (1.3%), and hospital

would not take insurance (1%). The other reasons included availability of specialists, cost of urgent care, couldn't get medication, misdiagnosis, switched insurance, and too many people at facility.

Transportation Use

Households were asked what modes of transportation they used. The majority responded they walk (52.7%), bike (38.9%), took a taxi (or other vehicles for hire) (37.3%), use the bus (29.0%), and share rides/carpool/vanpool (25.4%) (Tables 10-12). Respondents who utilized these modes of transportation were strongly confident/confident walking (73.2%), biking (61.9%), taking a taxi (69.7%), using the bus (86.5%) and sharing rides/carpool/vanpool (92.7%).

Other less used modes of transportation reported include the train (12.9%), carshare (such as Zipcar or Car2Go) (5.4%), and bikeshare (such as Austin B-cycle) (1.8%). Respondents that utilized these modes of transportation also reported that they felt strongly confident/confident using the train (96.8%), carshare (82.2%), and bikeshare (74.5%).

Access to Healthy Food: Grocery Shopping Behaviors and Reasoning

When asked where households purchase the majority of their groceries, the bulk of respondents reported a retail grocery store (92.8%) (Table 13). Less frequented places reported include superstore (5.5%), different source (1%), corner store/convenience store/gas station (0.7%), and ethnic food store (0.2%). Most households report that their primary mode of transportation to purchase groceries is to drive or ride in their family vehicle (97.4%). Some households report getting a ride (not from family vehicle) (1.1%), walking (0.8%) or biking (0.8%) to purchase their groceries as well.

Of households surveyed, the main reason households shop at their primary source for groceries is a convenient location (40.8%), followed by price/low cost (19.4%), other reason (12.9%), 1 stop shop (11.0%), selection of foods (9.5%), and freshness of foods (5.7%). The other reasons primary identify all of the options as their reasons for shopping at their primary source for groceries. An "above all" selection was not included as a response for this question.

Household Preparedness and Special Medical Needs

Seventy eight percent (78.8%) of households reported that they had a working smoke detector in every bedroom in their household (Table 14). Fifty one percent (51.5%) of households reported that they did not have an emergency supply kit that included supplies such as water, food, flashlights, and extra batteries kept in a designated place in their home.

Respondents were asked if they or members of their household need daily medications, special care or treatments, or medical equipment (e.g. oxygen supply, wheelchair/cane/walker). Sixty percent (60%) need daily medication, 4.3% need home health care, 1.1% need oxygen supply, 6.8% need wheel chair/cane/walker, and 2.8% need other type of special care (Table 15). No households indicated that they need dialysis when surveyed.

Discussion

Data presented in this report represents a snapshot of the community's perceptions of health strengths and needs from CASPER surveys conducted on April 7 and 8, 2017. One hundred sixty eight interviews were completed despite the challenges of many people not home during the two-day data collection period, interview refusals, or unsafe/inaccessible households. Five confidential referral forms were completed and were directed to the appropriate City of Austin department to follow-up within one business day.

Three topics formed the basis of this CASPER: (1) community perceptions of health needs and strengths, (2) access to health care, healthy foods, and transportation options, and (3) basic emergency preparedness and household medical special needs in a non-emergency setting.

We attempted to describe community perceptions of health needs and strengths in Travis County by asking a series of quality of life statements and two open-ended response questions. The majority of respondents rate Travis County as a healthy place to live. This sentiment is also reflected by the quality of life statements that were asked. Most statements had agreeable responses, particularly to households' ability to buy affordable, healthy food near their home, places to be physically active near their home, and households have enough financial resources to meet basic needs.

Great progress has been made with respect to protecting the public from exposure to secondhand smoke, as reflected by the large percentage of households reporting that they had not been bothered by cigarette or electronic cigarette smoke in the last 12 months. Still, some of the responses that were received for the biggest problem in Travis County identified smoking and air quality.

Respondents provided many answers to the two-open ended questions that identified important factors to health and biggest health problems in Travis County. Themes identified for important health factors included access to health care, access to healthy food, and outdoor spaces for physical activity. These themes were expressed when respondents were asked to select the biggest factor to improve quality of life in Travis County, which the top two responses were access to health care and physical activity. Themes identified for health problems were traffic and air quality/allergies. Respondents also perceived chronic health conditions, cost of health care/living, and poor eating habits as major contributors to health problems in Travis County.

The majority of households in Travis County accessed health care from their doctor's office. Only a small portion of households expressed that they had a problem preventing their household from receiving necessary health care. Those barriers were doctor's office did not take insurance, couldn't get an appointment, and insurance didn't cover the needed care.

Respondents agreed that there were a sufficient number of health and social services and affordable vaccination services in Travis County. Although in agreement, a larger portion of households did not know if there were a sufficient number of social services or affordable vaccination services available in Travis County. This survey did not define over-arching

terms such as social services and may explain this higher portion of “don’t know” responses. In addition, since most households visit their doctor’s office, households may not know about various vaccination programs offered outside of their doctor’s office.

Access to healthy foods is perceived as an important factor to quality of life in Travis County. Households in Travis County primarily purchase the majority of their groceries from a retail grocery store. Most households drive or ride in their family vehicle to get to their preferred grocery store. Although most households shop at their primary source for groceries due to convenient location, reasons for shopping at their preferred grocery source generated varied responses since there is a wide variety of sources to purchase groceries in Travis County. Distance to stores from a household was not assessed.

Modes of transport had varied responses to usage. All modes of transport assessed in this survey that were utilized by households expressed high confidence in using them. Some of the lesser used services, such as the train, carshare, or bikeshare programs, may not be easily accessible for households that reside outside the City of Austin. Our survey did not ask if households utilize a personal vehicle; our survey sought to assess transportation use available to the public. We also did not assess which services were readily available to households or their nearby communities.

We assessed basic preparedness and medical special needs in a non-emergency setting. A majority of households report that they have a smoke detector in every bedroom; however, this figure may be elevated due to the question wording “in every bedroom.” Interview teams reported that respondents may have missed or ignored this wording or were confused by this part of the question.

Since Travis County is susceptible to many potential disasters, such as flooding, tornadoes and wildfires, it’s important for households to plan for emergency situations. Household emergency supply kits (including water, food, flashlights, and extra batteries that are kept in a designated place), a basic household preparedness function, was assessed and a majority of households report that they do not have this prepared. We also sought to describe medical special needs in a non-emergency setting. Most households take daily medication and some require home health care, oxygen supply, wheel chair/cane/walker, or other type of special care. The information for the projected number of households with these special medical needs can help staff, officials, and emergency planners to ensure through disaster planning and resource allocation that these special medical needs are met when community shelters or evacuations are necessary.

This assessment had several limitations. We utilized the 2010 US Census data to estimate the number of housing units in the City of Austin and Travis County clusters. Since 7 years have passed since the last census, data presented in this report may not account for new housing developments, neighborhoods, or influx and efflux in population. We also achieved a minimum response rate for generalizability to all households in Travis County. It is important to note that some of the responses for transportation use and barriers to health care are small and should be interpreted with caution. Finally, selection bias could have

been present since households that were inaccessible or refused participation may have been different from those residing in homes that were interviewed.

Even with these limitations, this assessment successfully gathered important information to aid APH and key community stakeholders to improve public health resources and response in Travis County. Conclusions from this report indicate that Travis County is a healthy place to live but there are areas that need improvement. First, themes identified in this report, including access to health care, places for physical activity, and affordable housing, contribute to the quality of life of Travis County households the most and focus should still be to maintain and improve quality of these over-arching issues. Second, many health needs were identified that need improvement in our community and should be considered for the CHA/CHIP process, including transportation options, traffic problems, addressing barriers to health care and household preparedness.

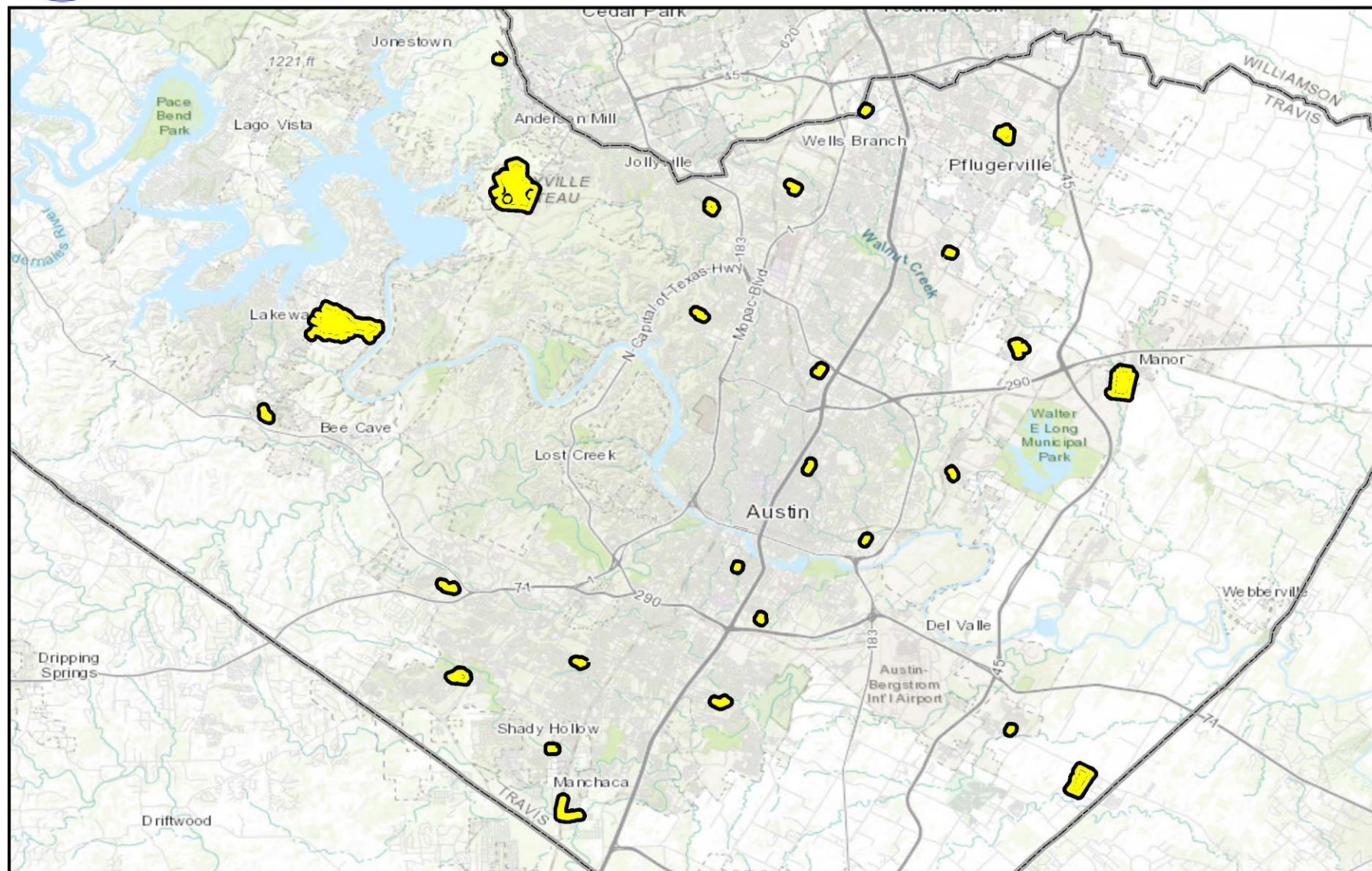
Finally, it is believed that using the CASPER methodology to assess household perceptions of health in our community gave additional perspective and value to the CHA/CHIP process. By using the CASPER tool for the third time (e.g. 2013 Halloween Flood, 2016 Zika, and 2017 CHA), APH has demonstrated its competency and expertise in conducting community assessments in disaster and non-disaster settings.

This report makes the following recommendations:

1. Distribute this report to APH leadership and key community partners as part of the ongoing CHA/CHIP process and post on the APH website.
2. Continue efforts to maintain and improve access to health care, places for physical activity, and affordable housing that are perceived to contribute to quality of life of Travis County residents.
3. Explore opportunities to improve transportation options, address traffic problems and barriers to health care, and improve household preparedness.
4. Encourage households to have an emergency supply kit in their home.
5. Encourage households to have a working smoke detector in every bedroom.



Community Health Assessment - CASPER 2017



 Cluster  County line

Source: Austin Public Health, Epi-Surv Unit, 11/16
Note: This product has been produced by the Austin Public Health for the sole purpose of geographic reference. No warranty is made by the City of Austin regarding specific accuracy or completeness.

Table 1: Questionnaire Response Rates

| Questionnaire response | Percent % (n=168) | Rate |
|------------------------|-------------------|---------|
| Completion* | 80.0 | 168/210 |
| Cooperation† | 49.7 | 168/338 |
| Contact‡ | 22.6 | 168/743 |

*Percent of surveys completed in relation to interview goal of 210.

†Percent of contacted households that completed an interview

‡Percent of randomly selected households that completed an interview

Table 2: Housing Structure Type

| | Frequency (Percentage) |
|---|------------------------|
| Single family home | 149 (88.7) |
| Multiple unit (duplex, apartment, etc.) | 12 (7.1) |
| Mobile home | 5 (3.0) |
| Other | 2 (1.2) |

Table 3: Perceived Health of Travis County

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|------------------|-------------------|-----------------|--------------------------------|---------------------|
| Very healthy | 29 | 17.6 | 51,770 | 12.6 (21.3-21.6) |
| Healthy | 76 | 46.1 | 210,362 | 51.4 (51.2-51.5) |
| Somewhat healthy | 39 | 23.6 | 87,758 | 21.4 (21.3-21.6) |
| Unhealthy | 5 | 3.0 | 10,930 | 2.7 (2.6-2.7) |
| Very unhealthy | 1 | 0.6 | 690 | 0.2 (0.2-0.2) |
| Don't know | 14 | 8.5 | 44,816 | 10.9 (10.9-11.0) |

Table 4: Quality of Life Statements in Travis County, Part 1

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|---|-------------------|-----------------|--------------------------------|---------------------|
| Household can buy affordable, healthy food near their home | | | | |
| Strongly agree | 103 | 61.3 | 278,986 | 66.2 (66.0 – 66.4) |
| Agree | 34 | 20.2 | 79,781 | 18.9 (18.8 – 19.1) |
| Neutral | 14 | 8.3 | 31,086 | 7.3 (7.3 – 7.5) |
| Disagree | 3 | 1.8 | 3,451 | 0.8 (0.8 – 0.9) |
| Strongly disagree | 13 | 7.7 | 24,855 | 5.9 (5.8 – 6.0) |
| There are places to be physically active near their household | | | | |
| Strongly agree | 105 | 63.6 | 282,715 | 68.4 (68.3 – 68.6) |
| Agree | 30 | 18.2 | 67,554 | 16.4 (16.2 – 16.5) |
| Neutral | 14 | 8.5 | 27,575 | 6.7 (6.6 – 6.8) |
| Disagree | 7 | 4.2 | 14,345 | 3.5 (3.4 – 3.5) |
| Strongly disagree | 7 | 4.2 | 17,088 | 4.1 (4.1 – 4.2) |
| Household has enough financial resources to meet basic needs | | | | |
| Strongly agree | 103 | 61.3 | 280,344 | 66.5 (66.4 – 66.7) |
| Agree | 35 | 20.8 | 72,750 | 17.3 (17.1 – 17.4) |
| Neutral | 16 | 9.5 | 38,485 | 9.1 (9.1 – 9.2) |
| Disagree | 8 | 4.8 | 19,156 | 4.6 (4.5 – 4.6) |
| Strongly disagree | 5 | 3.0 | 7,879 | 1.9 (1.8 – 1.9) |
| Household feels prepared for an emergency | | | | |
| Strongly agree | 73 | 43.5 | 178,300 | 42.3 (42.2 – 42.5) |
| Agree | 45 | 26.8 | 121,235 | 28.8 (28.6 – 28.9) |
| Neutral | 28 | 16.7 | 68,096 | 16.2 (16.1 – 16.3) |
| Disagree | 10 | 6.0 | 30,239 | 7.2 (7.1 – 7.3) |
| Strongly disagree | 8 | 4.8 | 17,081 | 4.1 (4.0 – 4.1) |
| Extreme heat has prevented household from completing daily activities | | | | |
| Strongly agree | 16 | 9.5 | 32,112 | 7.6 (7.5 – 7.7) |
| Agree | 25 | 14.9 | 58,285 | 13.8 (13.7 – 13.9) |
| Neutral | 14 | 8.3 | 37,173 | 8.8 (8.7 – 8.9) |
| Disagree | 41 | 24.4 | 91,630 | 21.8 (21.6 – 21.9) |
| Strongly disagree | 70 | 41.7 | 199,067 | 47.3 (47.1 – 47.4) |

Table 5: Quality of Life Statements in Travis County, Part 2

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|---|-------------------|-----------------|--------------------------------|---------------------|
| Household has been bothered by cigarette/electronic cigarette smoke in last month | | | | |
| Strongly agree | 12 | 7.1 | 26,451 | 6.2 (6.2 – 6.4) |
| Agree | 13 | 7.7 | 28,913 | 6.9 (6.8 – 6.9) |
| Neutral | 11 | 6.6 | 21,806 | 5.1 (5.1 – 5.2) |
| Disagree | 27 | 16.1 | 59,803 | 14.2 (14.1 – 14.3) |
| Strongly disagree | 104 | 61.9 | 281,983 | 66.9 (66.8 – 67.1) |
| Household feels safe in Travis County | | | | |
| Strongly agree | 89 | 53.0 | 207,902 | 49.3 (49.1 – 49.5) |
| Agree | 54 | 32.1 | 162,487 | 38.6 (38.4 – 38.7) |
| Neutral | 17 | 10.1 | 35,680 | 8.5 (8.4 – 8.6) |
| Disagree | 8 | 4.8 | 15,276 | 3.6 (3.6 – 3.7) |
| Strongly disagree | 0 | 0.0 | 0 | 0 |
| There are good transportation options in Travis County | | | | |
| Strongly agree | 29 | 17.4 | 93,441 | 22.4 (22.3 – 22.6) |
| Agree | 35 | 21.0 | 98,793 | 23.7 (23.6 – 23.9) |
| Neutral | 36 | 21.6 | 78,839 | 18.9 (18.8 – 19.0) |
| Disagree | 32 | 19.1 | 77,843 | 18.6 (18.6 – 18.8) |
| Strongly disagree | 27 | 16.2 | 54,726 | 13.1 (13.0 – 13.2) |
| Travis County is a good place to raise children | | | | |
| Strongly agree | 85 | 51.0 | 211,664 | 50.5 (50.3 – 50.7) |
| Agree | 50 | 30.0 | 134,724 | 32.2 (32.0 – 32.3) |
| Neutral | 11 | 6.6 | 25,576 | 6.1 (6.0 – 6.2) |
| Disagree | 8 | 3.6 | 10,735 | 2.6 (2.5 – 2.6) |
| Strongly disagree | 6 | 2.4 | 10,930 | 2.6 (2.6 – 2.7) |
| Travis County is a good place to grow old and retire | | | | |
| Strongly agree | 57 | 34.3 | 130,982 | 31.3 (31.2 – 31.5) |
| Agree | 39 | 23.5 | 127,587 | 30.5 (30.4 – 30.7) |
| Neutral | 28 | 16.9 | 59,897 | 14.3 (14.2 – 14.4) |
| Disagree | 16 | 9.6 | 36,001 | 8.6 (8.5 – 8.7) |
| Strongly disagree | 17 | 10.2 | 44,761 | 10.7 (10.6 – 10.8) |

Table 6: Quality of Life Statements in Travis County, Part 3

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|---|-------------------|-----------------|--------------------------------|---------------------|
| There are a sufficient number of health services in Travis County | | | | |
| Strongly agree | 61 | 36.3 | 134,122 | 31.8 (31.7 – 32.0) |
| Agree | 62 | 36.9 | 170,716 | 40.5 (40.4 – 40.7) |
| Neutral | 19 | 11.3 | 56,211 | 13.3 (13.2 – 13.4) |
| Disagree | 11 | 6.5 | 24,380 | 5.8 (5.7 – 5.9) |
| Strongly disagree | 5 | 3.0 | 12,322 | 2.9 (2.9 – 3.0) |
| There is a sufficient number of social services in Travis County | | | | |
| Strongly agree | 38 | 22.8 | 82,792 | 19.8 (19.7 – 19.9) |
| Agree | 39 | 23.4 | 131,428 | 31.4 (31.3 – 31.5) |
| Neutral | 32 | 19.2 | 82,066 | 19.6 (19.5 – 19.7) |
| Disagree | 10 | 6.0 | 19,897 | 4.8 (4.7 – 4.8) |
| Strongly disagree | 5 | 3.0 | 13,460 | 3.2 (3.1 – 3.3) |
| Affordable vaccination services are available in Travis County | | | | |
| Strongly agree | 56 | 33.3 | 154,674 | 36.7 (36.6 – 36.9) |
| Agree | 43 | 25.6 | 111,030 | 26.4 (26.2 – 26.5) |
| Neutral | 21 | 12.5 | 48,502 | 11.5 (11.4 – 11.6) |
| Disagree | 3 | 1.8 | 7,527 | 1.8 (1.7 – 1.8) |
| Strongly disagree | 1 | 0.6 | 2,731 | 0.7 (0.6 – 0.7) |
| Every person in Travis County is treated fairly | | | | |
| Strongly agree | 29 | 17.4 | 61,306 | 14.7 (14.5 – 14.8) |
| Agree | 42 | 25.2 | 112,198 | 26.8 (26.7 – 26.9) |
| Neutral | 32 | 19.2 | 91,217 | 21.8 (21.7 – 21.9) |
| Disagree | 20 | 12.0 | 49,732 | 11.9 (11.8 – 12.0) |
| Strongly disagree | 30 | 18.0 | 67,317 | 16.1 (16.0 – 16.2) |

Table 7: Improve Quality of Life in Travis County

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|-------------------------|-------------------|-----------------|--------------------------------|---------------------|
| Access to health care | 44 | 26.5 | 129,550 | 31.0 (30.9 – 31.1) |
| Access to healthy foods | 27 | 16.3 | 63,350 | 15.1 (15.1 – 15.3) |
| Transportation options | 13 | 7.8 | 39,421 | 9.4 (9.3 – 9.5) |
| Affordable housing | 28 | 16.9 | 69,517 | 16.6 (16.5 – 16.8) |
| Physical activity | 45 | 27.1 | 93,240 | 22.3 (22.1 – 22.4) |

Table 8: Perceptions of Health Strengths and Needs in Travis County

| |
|--|
| <i>Selection of responses that identify what is the most important factor that makes Travis County healthy:</i> |
| Access to health care |
| Access to healthy foods |
| Access to physical activities |
| Clean water |
| Environment |
| Green spaces, nature, clean air |
| Lakes, trails, nature |
| Outdoor spaces, parks and pools |
| Safety |
| Weather, lets you get outside, be active |
| <i>Selection of responses that identify what is the biggest health problem in Travis County:</i> |
| Air quality |
| Allergies, pollen |
| Cancer |
| Cigarette smoking |
| Drug use |
| Expensive insurance plans |
| Health literacy |
| Obesity |
| Traffic problems |
| Transportation |

Table 9: Access and Barriers to Health Care

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|---|-------------------|-----------------|--------------------------------|---------------------|
| Where does household go when sick | | | | |
| Doctor's office | 122 | 73.1 | 313,626 | 74.7 (74.6 – 74.9) |
| Emergency room | 7 | 4.1 | 17,528 | 4.2 (4.1 – 4.2) |
| Health department | 3 | 1.8 | 8,647 | 2.1 (2.0 – 2.1) |
| Hospital | 9 | 5.4 | 22,137 | 5.3 (5.2 – 5.3) |
| Pharmacy/Retail minute clinic | 9 | 5.4 | 16,651 | 4.0 (3.9 – 4.0) |
| Urgent care center | 9 | 5.4 | 24,171 | 5.8 (5.7 – 5.8) |
| Workplace nurse | 1 | 0.6 | 2,389 | 0.6 (0.6 – 0.6) |
| Other | 6 | 3.6 | 12,993 | 3.1 (3.0 – 3.1) |
| Problem getting health care in the last 12 months | | | | |
| Yes | 20 | 11.9 | 371,301 | 88.1 (88.0 – 88.2) |
| No | 147 | 87.5 | 47,313 | 11.2 (11.1 – 11.3) |
| Don't Know | 1 | 0.6 | 2,730 | 0.7 (0.6 – 0.7) |
| Problems preventing household from accessing healthcare (Y) | | | | |
| Dentist would not take insurance/Medicaid | 0 | 0 | 0 | 0 |
| Doctor would not take insurance/Medicaid | 6 | 3.6 | 13,455 | 3.2 (3.1 – 3.3) |
| Hospital would not take insurance | 2 | 1.2 | 4,323 | 1.0 (1.0 – 1.1) |
| Pharmacy would not take insurance/Medicaid | 0 | 0 | 0 | 0 |
| Cost (deductible/co-pay) was too high | 3 | 1.8 | 7,054 | 1.7 (1.6 – 1.7) |
| Couldn't get an appointment | 4 | 2.4 | 9,827 | 2.3 (2.3 – 2.4) |
| Didn't know where to go | 0 | 0 | 0 | 0 |
| Insurance didn't cover needed care | 5 | 3.0 | 10,482 | 2.5 (2.4 – 2.5) |
| The wait was too long | 3 | 1.8 | 5,486 | 1.3 (1.3 – 1.3) |
| Language barrier | 0 | 0 | 0 | 0 |
| No health insurance | 1 | 0.6 | 5,461 | 1.3 (1.3 – 1.3) |
| No way to get there | 0 | 0 | 0 | 0 |
| Other | 11 | 6.6 | 27,477 | 6.5 (6.5 – 6.6) |

Table 10: Transportation Use and Perceived Confidence in Transportation Services in Travis County, Part 1

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|---|-------------------|-----------------|--------------------------------|---------------------|
| Use Bus | | | | |
| Yes | 37 | 22.2 | 120,849 | 29.0 (28.9 – 29.1) |
| No | 130 | 77.8 | 295,718 | 71.0 (70.9 – 71.1) |
| Confidence in using bus services | | | | |
| Strongly confident | 16 | 47.1 | 41,170 | 36.5 (36.3 – 36.8) |
| Confident | 13 | 38.2 | 56,287 | 50.0 (49.7 – 50.3) |
| Neutral | 3 | 8.8 | 9,284 | 8.2 (8.1 – 8.4) |
| Not confident | 2 | 5.9 | 5,916 | 5.3 (5.1 – 5.4) |
| Not at all confident | 0 | 0 | 0 | 0 |
| Use Train | | | | |
| Yes | 14 | 8.4 | 53,674 | 12.9 (12.8 – 13.0) |
| No | 152 | 91.0 | 359,706 | 86.3 (86.3 – 86.5) |
| Confidence in using train services | | | | |
| Strongly confident | 7 | 53.9 | 15,817 | 31.9 (31.5 – 32.3) |
| Confident | 5 | 38.5 | 32,396 | 65.3 (64.9 – 65.7) |
| Neutral | 0 | 0 | 0 | 0 |
| Not confident | 0 | 0 | 0 | 0 |
| Not at all confident | 0 | 0 | 0 | 0 |
| Walking | | | | |
| Yes | 83 | 49.7 | 219,587 | 52.7 (52.6 – 52.9) |
| No | 83 | 49.7 | 193,794 | 46.5 (46.4 – 46.7) |
| Confidence in walking as mode of transport | | | | |
| Strongly confident | 34 | 44.7 | 89,933 | 44.0 (43.7 – 44.2) |
| Confident | 22 | 29.0 | 59,652 | 29.2 (29.0 – 29.4) |
| Neutral | 14 | 18.4 | 42,176 | 20.6 (20.4 – 20.8) |
| Not confident | 4 | 5.3 | 9,898 | 4.8 (4.7 – 4.9) |
| Not at all confident | 1 | 1.3 | 1,593 | 0.8 (0.7 – 0.8) |

Table 11: Transportation Use and Perceived Confidence in Transportation Services in Travis County, Part 2

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|---|-------------------|-----------------|--------------------------------|---------------------|
| Bicycling | | | | |
| Yes | 51 | 30.7 | 160,816 | 38.9 (38.7 – 39.0) |
| No | 113 | 68.1 | 247,104 | 59.7 (59.6 – 59.9) |
| Confidence in biking as mode of transport | | | | |
| Strongly confident | 11 | 23.9 | 39,759 | 26.5 (26.3 – 26.7) |
| Confident | 14 | 30.4 | 53,154 | 35.4 (35.2 – 35.6) |
| Neutral | 9 | 19.6 | 26,585 | 17.7 (17.5 – 17.9) |
| Not confident | 9 | 19.6 | 24,203 | 16.1 (15.9 – 16.3) |
| Not at all confident | 3 | 6.5 | 6,500 | 4.3 (4.2 – 4.4) |
| Sharing rides/carpool/vanpool | | | | |
| Yes | 39 | 23.9 | 103,734 | 25.4 (25.3 – 25.5) |
| No | 121 | 74.2 | 296,749 | 72.7 (72.5 – 72.8) |
| Confidence in sharing rides/carpool/vanpool services | | | | |
| Strongly confident | 22 | 56.4 | 47,408 | 44.8 (44.5 – 45.1) |
| Confident | 13 | 33.3 | 50,606 | 47.9 (47.6 – 48.2) |
| Neutral | 1 | 2.6 | 690 | 0.7 (0.6 – 0.7) |
| Not confident | 0 | 0 | 0 | 0 |
| Not at all confident | 2 | 5.1 | 5,461 | 5.2 (5.0 – 5.3) |
| Use taxi (or other vehicles for hire) | | | | |
| Yes | 53 | 32.1 | 153,775 | 37.3 (37.2 – 37.5) |
| No | 109 | 66.1 | 250,130 | 60.7 (60.6 – 60.9) |
| Confidence in using taxi services | | | | |
| Strongly confident | 20 | 41.7 | 50,718 | 36.1 (35.8 – 36.3) |
| Confident | 16 | 33.3 | 47,284 | 33.6 (33.4 – 33.9) |
| Neutral | 9 | 18.8 | 35,300 | 25.1 (24.9 – 25.3) |
| Not confident | 3 | 6.3 | 7,243 | 5.2 (5.0 – 5.3) |
| Not at all confident | 0 | 0 | 0 | 0 |

Table 12: Transportation Use and Perceived Confidence in Transportation Services in Travis County, Part 3

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|--|-------------------|-----------------|--------------------------------|---------------------|
| Carshare (such as Zipcar or Car2Go) | | | | |
| Yes | 10 | 6.1 | 22,436 | 5.4 (5.4 – 5.5) |
| No | 150 | 90.9 | 378,811 | 91.7 (91.6 – 91.8) |
| Confidence in using carshare services | | | | |
| Strongly confident | 5 | 50.0 | 10,262 | 45.7 (45.1 – 46.4) |
| Confident | 3 | 30.0 | 8,192 | 36.5 (35.9 – 37.1) |
| Neutral | 2 | 20.0 | 3,982 | 17.8 (17.3 – 18.3) |
| Not confident | 0 | 0 | 0 | 0 |
| Not at all confident | 0 | 0 | 0 | 0 |
| Bikeshare (such as Austin B-cycle) | | | | |
| Yes | 4 | 2.5 | 7,296 | 1.8 (1.8 – 1.8) |
| No | 155 | 95.1 | 390,772 | 95.7 (95.6 – 95.7) |
| Confidence in using bikeshare services | | | | |
| Strongly confident | 2 | 33.3 | 2,283 | 21.3 (20.5 – 22.1) |
| Confident | 3 | 50.0 | 5,704 | 53.2 (52.3 – 54.2) |
| Neutral | 1 | 16.7 | 2,731 | 25.5 (24.7 – 26.3) |
| Not confident | 0 | 0 | 0 | 0 |
| Not at all confident | 0 | 0 | 0 | 0 |

Table 13: Access to Healthy Foods: Grocery Shopping Behavior and Reasoning

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|--|-------------------|-----------------|--------------------------------|---------------------|
| Where do households purchase most of their groceries | | | | |
| Retail grocery store | 150 | 89.3 | 390,817 | 92.8 (92.7 – 92.8) |
| Superstore | 13 | 7.7 | 22,997 | 5.5 (5.4 – 5.5) |
| Ethnic food store | 1 | 1 | 690 | 0.2 (0.2 – 0.2) |
| Farmer's market/road side stand | 0 | 0 | 0 | 0 |
| Corner store/convenience store/gas station | 1 | 1 | 2,731 | 0.7 (0.6 – 0.7) |
| Other | 3 | 1.8 | 4,111 | 1.0 (1.0 – 1.0) |
| Mode of transportation to purchase groceries | | | | |
| Drive/ride in family vehicle | 163 | 97.0 | 410,173 | 97.4 (97.3 – 97.4) |
| Get a ride (not from family vehicle) | 3 | 1.8 | 4,801 | 1.1 (1.1 – 1.2) |
| Walk | 1 | 0.7 | 3,186 | 0.8 (0.7 – 0.8) |
| Bike | 1 | 0.7 | 3,186 | 0.8 (0.7 – 0.8) |
| Public transportation/bus | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 |
| Main reason shopping at their primary source for groceries | | | | |
| Price/low cost | 33 | 19.6 | 81,768 | 19.4 (19.3 – 19.5) |
| Convenient location | 68 | 40.5 | 171,695 | 40.8 (40.6 – 40.9) |
| Freshness of foods | 12 | 7.1 | 24,182 | 5.7 (5.7 – 5.8) |
| Selection of foods | 17 | 10.1 | 40,128 | 9.5 (9.4 – 9.6) |
| 1 stop shop | 17 | 10.1 | 46,237 | 11.0 (10.9 – 11.1) |
| Other | 20 | 11.9 | 54,150 | 12.9 (12.8 – 13.0) |

Table 14: Basic Household Preparedness

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|---|-------------------|-----------------|--------------------------------|---------------------|
| Household has working smoke detector in every bedroom | | | | |
| Yes | 129 | 77.2 | 329,925 | 78.8 (78.7 – 78.9) |
| No | 37 | 22.1 | 85,959 | 20.5 (20.4 – 20.7) |
| Household has an emergency supply kit in home | | | | |
| Yes | 77 | 46.1 | 203,202 | 48.5 (48.4 – 48.7) |
| No | 99 | 53.9 | 215,412 | 51.5 (51.3 – 51.6) |

Table 15: Household Special Medical Needs and Equipment

| | Frequency (n=168) | % of households | Projected number of households | Weighted % (95% CI) |
|----------------------------|-------------------|-----------------|--------------------------------|---------------------|
| Daily medication | | | | |
| Yes | 97 | 57.7 | 252,515 | 60.0 (59.8 – 60.1) |
| No | 69 | 41.1 | 162,913 | 38.7 (38.5 – 38.8) |
| Dialysis | | | | |
| Yes | 0 | 0 | 0 | 0 |
| No | 163 | 98.8 | 408,833 | 98.6 (98.5 – 98.6) |
| Home health care | | | | |
| Yes | 9 | 5.4 | 18,238 | 4.3 (4.3 – 4.4) |
| No | 156 | 94.0 | 396,056 | 94.9 (94.8 – 94.9) |
| Oxygen supply | | | | |
| Yes | 2 | 1.2 | 4,601 | 1.1 (1.1 – 1.2) |
| No | 159 | 98.2 | 401,488 | 98.1 (98.1 – 98.1) |
| Wheel chair/cane/walker | | | | |
| Yes | 11 | 6.8 | 27,970 | 6.8 (6.8 – 6.9) |
| No | 150 | 92.6 | 378,119 | 92.4 (92.3 – 92.5) |
| Other type of special care | | | | |
| Yes | 6 | 3.7 | 11,547 | 2.8 (2.8 – 2.9) |
| No | 156 | 95.8 | 396,474 | 96.4 (96.4 – 96.5) |

| to be completed by team BEFORE the interview: | | |
|--|----------------------------------|---------------------------|
| Q1. Date (MM/DD/YY): | Q2. Cluster Number: | Q3. Survey Number: |
| Q4. Team Name: | Q5. Interviewer Initials: | |
| Answer to the following question should be completed by observation: | | |
| Q6. Type of structure: <input type="checkbox"/> Single family <input type="checkbox"/> Multiple unit (duplex, apartment, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other _____ | | |
| First, we are going to ask about community health and quality of life | | |
| Q7. How would your household rate the health of Travis County? <i>Read all options aloud. Pick only one option.</i> <input type="checkbox"/> Very Unhealthy <input type="checkbox"/> Unhealthy <input type="checkbox"/> Somewhat healthy <input type="checkbox"/> Healthy <input type="checkbox"/> Very healthy <input type="checkbox"/> DK <input type="checkbox"/> Refused | | |
| Q8-Q21. Please rate the following statements from 1 to 5, where “1” means strongly disagree and “5” means strongly agree. 1=Strongly disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly agree DK=Don’t know | | |
| These first statements have to do with your household: | | |
| Q8. From 1 to 5, how would your household rate the following statement, “Your household can buy affordable, healthy food near your home.” 1 2 3 4 5 DK Refused | | |
| Q9. From 1 to 5, how would your household rate the following statement, “There are places to be physically active near your home.” 1 2 3 4 5 DK Refused | | |
| Q10. From 1 to 5, how would your household rate the following statement, “Your household has enough financial resources to meet basic needs.” 1 2 3 4 5 DK Refused | | |
| Q11. From 1 to 5, how would your household rate the following statement, “Your household feels prepared for an emergency.” 1 2 3 4 5 DK Refused | | |
| Q12. From 1 to 5, how would your household rate the following statement, “Extreme heat has prevented your household from completing daily activities.” 1 2 3 4 5 DK Refused | | |
| Q13. From 1 to 5, how would your household rate the following statement, “You or a member of your household has been bothered by cigarette or electronic cigarette smoke in the last month.” 1 2 3 4 5 DK Refused | | |
| Now the second section has to do with Travis County | | |
| Q14. From 1 to 5, how would your household rate the following statement, “Your household feels safe in Travis County.” 1 2 3 4 5 DK Refused | | |
| Q15. From 1 to 5, how would your household rate the following statement, “There are good transportation options in Travis County.” 1 2 3 4 5 DK Refused | | |
| Q16. From 1 to 5, how would your household rate the following statement, “Travis County is a good place to raise children.” 1 2 3 4 5 DK Refused | | |
| Q17. From 1 to 5, how would your household rate the following statement, “Travis County is a good place to grow old and retire.” 1 2 3 4 5 DK Refused | | |
| Q18. From 1 to 5, how would your household rate the following statement, “There is a sufficient number of health services in Travis County.” 1 2 3 4 5 DK Refused | | |
| Q19. From 1 to 5, how would your household rate the following statement, “There is a sufficient number of social services in Travis County.” 1 2 3 4 5 DK Refused | | |
| Q20. From 1 to 5, how would your household rate the following statement, “Affordable vaccination services are available in Travis County.” 1 2 3 4 5 DK Refused | | |
| Q21. From 1 to 5, how would your household rate the following statement, “Every person in Travis County is treated fairly.” 1 2 3 4 5 DK Refused | | |
| Q22. For your household, what is the most important factor that makes Travis County healthy? <i>Open ended response.</i> | | |
| Q23. For your household, which of the following options improves the quality of life in Travis County the most? <i>Read all options aloud. Pick only one option.</i> <input type="checkbox"/> Access to health care <input type="checkbox"/> Access to healthy foods <input type="checkbox"/> Transportation options <input type="checkbox"/> Affordable housing <input type="checkbox"/> Physical activity <input type="checkbox"/> DK <input type="checkbox"/> R | | |
| Q24. For your household, what is the biggest health problem in Travis County? <i>Open ended response.</i> | | |

We would now like to ask you about your household's access to healthcare, transportation and food**Q25.** Where do you and members of your household go most often when they are sick? *Read all options aloud. Pick only one option.*

- ☐ Doctor's office ☐ Emergency room ☐ Health department ☐ Hospital ☐ Pharmacy/ Retail minute clinic ☐ Urgent care center
☐ Workplace nurse ☐ Other, specify: _____ ☐ DK ☐ R

Q26. In the past 12 months, did you or a member of your household ever have a problem getting the health care you/they needed?

- ☐ Yes (**→ Q26a**) ☐ No (**→ Q27**) ☐ DK (**→ Q27**) ☐ R (**→ Q27**)

Q26a. What problem(s) prevented you or a member of your household from getting the necessary healthcare? *Don't read responses aloud. Multiple options can be selected if the respondent indicates more than one reason.*

- ☐ Dentist would not take my/our insurance or Medicaid ☐ Couldn't get an appointment ☐ Language barrier
☐ Doctor would not take my/our insurance or Medicaid ☐ Didn't know where to go ☐ No health insurance
☐ Hospital would not take my/our insurance ☐ Insurance didn't cover what I/we needed ☐ No way to get there
☐ Pharmacy would not take my/our insurance or Medicaid ☐ The wait was too long ☐ DK ☐ R
☐ My/our share of cost (deductible/co-pay) was too high ☐ Other: specify _____

Q27(a-h). Do you and members of your household use the following transportation options? If the answer is "yes" to a transportation option, we will ask how confident you and members of your household are using that option. Please reply 1 through 5, where 1 means "not at all confident" and 5 means "strongly confident."

1=Not at all confident 2=Not confident 3=Neutral 4=Confident 5=Strongly confident DK=Don't know R=Refused

- | | | | | | | | | | |
|--|---|--|---|---|---|---|---|----|---|
| Q27a. Bus | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | If Yes, how confident using this option? | 1 | 2 | 3 | 4 | 5 | DK | R |
| Q27b. Train | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | If Yes, how confident using this option? | 1 | 2 | 3 | 4 | 5 | DK | R |
| Q27c. Walking | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | If Yes, how confident using this option? | 1 | 2 | 3 | 4 | 5 | DK | R |
| Q27d. Bicycling | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | If Yes, how confident using this option? | 1 | 2 | 3 | 4 | 5 | DK | R |
| Q27e. Sharing rides/ carpool/ vanpool | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | If Yes, how confident using this option? | 1 | 2 | 3 | 4 | 5 | DK | R |
| Q27f. Taxi (or other vehicles for hire) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | If Yes, how confident using this option? | 1 | 2 | 3 | 4 | 5 | DK | R |
| Q27g. Carshare (such as Zipcar or Car2Go) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | If Yes, how confident using this option? | 1 | 2 | 3 | 4 | 5 | DK | R |
| Q27h. Bikeshare (such as Austin B-cycle) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | If Yes, how confident using this option? | 1 | 2 | 3 | 4 | 5 | DK | R |

Q28. Where does your household buy most of your groceries? *Read all options aloud. Pick only one option.*

- ☐ Retail grocery store (HEB, Fiesta, Randall's, Whole Foods, etc.) ☐ Superstore (Walmart, Target, Sam's, Costco, etc.)
☐ Ethnic food store (La Hacienda, La Michoacana, MT Supermarket, etc.) ☐ Farmer's market/ Road side stand
☐ Corner store/ convenience store/ gas station ☐ Other: specify _____
☐ DK ☐ R

Q29. How does your household get there? *Read all options aloud. Pick only one option.*

- ☐ Drive/ ride in family vehicle ☐ Get a ride (not from family vehicle) ☐ Walk ☐ Bike ☐ Public transportation/ Bus
☐ Other: specify _____ ☐ DK ☐ R

Q30. What is the main reason your household chooses to shop there? *Read all options aloud. Pick only one option.*

- ☐ Price/ low cost ☐ Convenient location ☐ Freshness of foods
☐ Selection of foods (e.g., prepared foods, organic, local product, culturally appropriate foods, etc.)
☐ 1 stop shop (e.g. able to purchase meat, produce, diapers, paper goods, etc. at one place)
☐ Other: specify _____ ☐ DK ☐ R

Now we would like to ask you about your household's emergency preparedness**Q31.** Does your household currently have a working smoke detector in every bedroom? ☐ Yes ☐ No ☐ DK ☐ R**Q32.** Does your household currently have an Emergency Supply Kit with supplies like water, food, flashlights, and extra batteries that is kept in a designated place in your home? ☐ Yes ☐ No ☐ DK ☐ R**Q33.** Do you or a member of your household need:

- | | | | |
|------------------|---|----------------------------|---|
| Daily medication | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | Oxygen supply | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R |
| Dialysis | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | Wheel chair/ cane/ walker | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R |
| Home health care | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R | Other type of special care | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R |

Before we finish, there are is one more question we'd like to ask you**Q34.** If there is anything you or members of your household want to say to Austin Public Health, what would it be?**Thank you for taking the time to complete this survey. Your answers will allow us to better serve you in the future.**

DK: Don't know R: Refused

Appendix 1

Educational materials provided by:

Austin 311
Austin Fire Department
Austin Public Health
Austin Water
CapMetro
Central Health
City of Austin, Office of Mobility Management
City of Austin, Office of Sustainability
City of Austin Vision Zero
City of Austin, Neighborhood Housing and Community Development
Integral Care
Texas Poison Center Network
Texas Department of State Health Services, Health Assessment and Toxicology Program
Texas Department of State Health Services, Public Health Emergency Preparedness and Response Section
Texas Department of State Health Services, Environmental and Injury Epidemiology and Toxicology Unit

Appendix 2



APPENDIX J

Community Needs Assessments Matrix

Appendix J: Community Needs Assessments Matrix

| | Year | Purpose | Demographics | Social and Physical Environment | Community Strengths and Resources | Health Behaviors | Health Outcomes | Health Care Access and Affordability | External Factors | Community's Vision and Identified Opportunities | Notes on Data |
|---|------|---|--------------|---------------------------------|-----------------------------------|------------------|-----------------|--------------------------------------|------------------|---|--------------------------|
| Asian American Health Assessment | 2014 | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Asian American Quality of Life Report | 2016 | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Austin Aquatic Facilities Needs Assessment | | | | ✓ | ✓ | | | | | ✓ | |
| Austin Homelessness Needs & Gaps Report | 2016 | Data is collected as part of HUD required assessments | ✓ | ✓ | ✓ | ✓ | | ✓ | | ✓ | Population specific data |
| Austin Metro Area Master Community Workforce Plan | 2017 | | ✓ | ✓ | | | | | ✓ | ✓ | Population specific data |
| Austin Parks and Rec Needs Assessment | 2011 | Part of Austin PARD Long Range Plan for Land, Facilities and Programs | | ✓ | ✓ | | | | | ✓ | |

| | Year | Purpose | Demographics | Social and Physical Environment | Community Strengths and Resources | Health Behaviors | Health Outcomes | Health Care Access and Affordability | External Factors | Community's Vision and Identified Opportunities | Notes on Data |
|--|-------------|---|--------------|---------------------------------|-----------------------------------|------------------|-----------------|--------------------------------------|------------------|---|---|
| Baylor Scott & White CHNA | 2016 | To meet the requirements set out by the ACA CHNA and by Texas Health and Safety Code Chapter 311 applicable to Texas nonprofit hospitals. | ✓ | ✓ | | ✓ | ✓ | ✓ | | | |
| City of Austin Consolidated Plan | 2014 - 2019 | In compliance with HUD | ✓ | ✓ | ✓ | | ✓ | | ✓ | | |
| Food For All | 2016 | Policy recommendations for food access | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | Focus groups and key informant interviews in North Central Austin and Rundberg area |
| HHSD Community Services Blocks Grant (CSBG) Community Needs Assessment | 2015 | A requirement by the Texas Department of Housing and Community Affairs (TDHCA) | ✓ | ✓ | ✓ | ✓ | limited | limited | ✓ | ✓ | |

| | Year | Purpose | Demographics | Social and Physical Environment | Community Strengths and Resources | Health Behaviors | Health Outcomes | Health Care Access and Affordability | External Factors | Community's Vision and Identified Opportunities | Notes on Data |
|---|-----------|--|--------------|---------------------------------|-----------------------------------|------------------|-----------------|--------------------------------------|------------------|---|---------------|
| HHSD Critical Health Indicators Report | 2015 | | ✓ | | | ✓ | ✓ | | | | |
| Integrated HIV Prevention and Care Plan | 2017-2021 | Five-year plan to accelerate progress towards prevention of new HIV infections in the Austin area. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Rundberg Community Health Assessment | 2015 | As part of the Restore Rundberg project | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Seton Medical Center CHNA | 2016 | To meet the CHNA requirement for ACA as a 5012c3 hospital | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| St. David's CHNA | 2016 | To meet the CHNA requirement for ACA as a 5012c3 hospital | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | |

| | Year | Purpose | Demographics | Social and Physical Environment | Community Strengths and Resources | Health Behaviors | Health Outcomes | Health Care Access and Affordability | External Factors | Community's Vision and Identified Opportunities | Notes on Data |
|--|------|--|--------------|---------------------------------|-----------------------------------|------------------|-----------------|--------------------------------------|------------------|---|---|
| State of the Food System Report | 2015 | Overview of Austin's dynamic food system | ✓ | ✓ | ✓ | | | | ✓ | | Covers food growing, selling, eating and recovery |
| Teen Pregnancy Needs Assessment | 2015 | | ✓ | | ✓ | ✓ | | | ✓ | ✓ | Population specific data |
| Texas Early Childhood Education Needs Assessment | 2012 | | ✓ | | | | | | ✓ | | |

| | Year | Purpose | Demographics | Social and Physical Environment | Community Strengths and Resources | Health Behaviors | Health Outcomes | Health Care Access and Affordability | External Factors | Community's Vision and Identified Opportunities | Notes on Data |
|---|------|---|--------------|---------------------------------|-----------------------------------|------------------|-----------------|--------------------------------------|------------------|---|---|
| Texas Health Status | 2014 | | ✓ | | | ✓ | ✓ | ✓ | | | Data is statewide, except healthcare access |
| Travis County Plan for Children's Mental Health | 2015 | | | ✓ | ✓ | ✓ | ✓ | | | ✓ | Population specific data |
| Travis County Plan for Substance Use Disorders | 2015 | | | Limited | | ✓ | ✓ | | ✓ | ✓ | Population specific data |
| UT Health Care System CHNA Region 7 | | Required by the state in order to participate in the 1115 Medicaid waiver program | ✓ | | | | ✓ | ✓ | | | |

APPENDIX K

Survey of Austin Public Health System

Appendix K: Survey of Austin Public Health System

This survey is part of the 2017 Austin/Travis County Community Health Assessment (CHA) conducted by Austin Public Health. The purpose of the survey is to measure the extent and reach of the local public health system in Travis County. The survey is based on the 10 Essential Public Health Services, as defined by the Centers for Disease Control and Prevention, and the local public health system assessment guidelines developed by the National Association of County and City Health Officials (NACCHO).

Responses from this survey will be combined with other data sources and used to prioritize health needs in Travis County. You received this survey because your organization has been identified as an important part of the local public health system in Travis County.

Please answer each question below about your organization's role in the delivery of public health services and your perceptions of how well the community is doing in delivering public health services.

We prefer that only one person from each organization, or each department within a larger organization, answer the survey.

Your name: _____

Your title: _____

Organization you represent: _____

Your phone number: _____

Your email address: _____

ESSENTIAL SERVICE #1 – MONITOR HEALTH STATUS TO IDENTIFY COMMUNITY HEALTH PROBLEMS

1.2.1 Use the best available technology and methods to display data on the public's health?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.2.2 Analyze health data, including geographic information, to see where health problems exist?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What other community organizations inform, educate, and empower people about health issues? Please list up to 5. _____

ESSENTIAL SERVICE #2 – DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS

2.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What other community organizations inform, educate, and empower people about health issues? Please list up to 5. _____

ESSENTIAL SERVICE #3—INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What other community organizations inform, educate, and empower people about health issues? Please list up to 5. _____

ESSENTIAL SERVICE #4—MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What other community organizations mobilize community partnerships to identify and solve health problems? Please list up to 5. _____

ESSENTIAL SERVICE #5—DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5.2.2 Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5.3.3 Connect organizational strategic plans with the CHIP?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What other community organizations develop policies and plans that support individual and community health efforts? Please list up to 5. _____

ESSENTIAL SERVICE #6—ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY

6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What other community organizations enforce laws and regulations that protect health and ensure safety? Please list up to 5. _____

ESSENTIAL SERVICE #7—LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTHCARE WHEN OTHERWISE UNAVAILABLE

7.1.2 Identify all personal health service needs and unmet needs throughout the community?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7.2.2 Help people access personal health services in a way that takes into account the unique needs of different populations?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7.2.4 Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What other community organizations link people to needed personal health services and assure the provision of healthcare when otherwise unavailable? Please list up to 5.

ESSENTIAL SERVICE #8—ASSURE A COMPETENT PUBLIC HEALTH AND PERSONAL HEALTHCARE WORKFORCE

8.1.1 Complete a workforce assessment, a process to track the numbers and types of jobs within local public health system —public and private sector—and the associated knowledge, skills, and abilities required of the jobs?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8.2.1 Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide services within the local public health system (e.g. relating to any services asked about in this survey)?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services that are asked about in this survey?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What other community organizations assure a competent public health and personal healthcare workforce? Please list up to 5. _____

ESSENTIAL SERVICE #9—EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES

9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9.1.2 Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9.1.4 Use evaluation findings to improve plans, processes, and services?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What other community organizations evaluate effectiveness, accessibility, and quality of personal and population-based health services? Please list up to 5.

ESSENTIAL SERVICE #10—RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that conduct research?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10.2.2 Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10.3.3 Share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.?

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent does your organization do this? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well is this done in the community? | No Activity | Minimal | Moderate | Significant | Optimal |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What other community organizations research new insights and innovative solutions to health problems? Please list up to 5. _____

Please select from the list below which areas your organization has a role in delivering services. Please select all that apply.

- ☐ Social Services
- ☐ Mental Health and substance abuse
- ☐ Chronic Disease and Prevention and Control
- ☐ Communicable Disease Prevention and Control
- ☐ Maternal / Child Health
- ☐ Injury Prevention and Control
- ☐ Surveillance/Epidemiology
- ☐ Emergency Preparedness, response and recovery
- ☐ Other _____

For more information about the essential services of Public Health, please see this link;
<https://www.cdc.gov/nphsp/essentialservices.html> .

