



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

Collaboration - We partner with others to improve the health of our community.

STRATEGIC PLANNING COMMITTEE MEETING

Tuesday, February 15, 2022, 1:00 p.m.

Videoconference meeting¹

A quorum of the Committee and the presiding officer will be present at:

Central Health Administrative Offices
1111 E. Cesar Chavez St.
Austin, Texas 78702
Board Room

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by using the Ring Central meeting link below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1460175134?pwd=UGRHejN6cnFVWWtrNmtJSXJJM3NVdz09>
Password: 786322

Or to participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 146 017 5134

Effective September 1, 2021, Governor Abbott has rescinded emergency waivers allowing Open Meetings to be conducted virtually. To reduce the possibility of infection as a result of attendance at in-person meetings, the Committee will meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19.

Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Masks should be worn inside the Central Health offices and individuals should maintain proper social distancing from others. Resources related to COVID-19 can be found at the following link:

<https://www.centralhealth.net/covid-info/>.

A member of the public who wishes to make comments during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on February 15, 2022**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy.

COMMITTEE AGENDA

1. Receive and respond to questions about the proposed Equity-Focused Service Delivery Strategic Plan and supporting assessments. (*Informational Item*)
2. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ Although emergency orders allowing for fully virtual meetings have expired, the Travis County area continues to have a high COVID-19 infection rate. This meeting may include one or more members of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

The Strategic Planning Committee may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session.

A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que planee asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

February 15, 2022

AGENDA ITEM 1

Receive and respond to questions about the proposed Equity-Focused Service Delivery Strategic Plan and supporting assessments. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date	<u>February 15, 2022</u>
Who will present the agenda item? (Name, Title)	<u>Monica Crowley, Jonathan Morgan, Alan Schalscha, Jeff Knodel, Mike Geeslin, Guidehouse team including Dr. Abhi Sharma MD and Danielle Sreenivasan</u>
General Item Description	<u>Receive and respond to questions about the proposed Equity-Focused Service Delivery Strategic Plan and supporting assessments</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>N/A</u>
Recommended Motion (if needed – action item)	<u></u>

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- Central Health staff and Guidehouse will respond to questions regarding the proposed Equity-focused, Service Delivery Strategic Plan and supporting assessments including the Voice of the Community engagement, the Safety-net Community Health Needs Assessment and the System Capabilities and Gap Analysis

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u></u>
Estimated time needed for presentation & questions?	<u>2 hours for discussion, questions and responses</u>
Is closed session recommended? (Consult with attorneys.)	<u>No</u>
Form Prepared By/Date Submitted:	<u>Monica Crowley, February 9, 2022</u>



Central Health Equity-Focused Service Delivery Strategic Plan

PROPOSED

February 9, 2022

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1.0 Conclusion

As Central Health progresses toward its strategic goals, economic challenges and regulatory complexity will require continued commitment and capital to mature its capabilities. Central Health must work internally and in collaboration with partners to develop and deploy a high-functioning system of care that meets the health needs of Travis County’s safety-net population and improves health equity. These initiatives are long-term and require dedicated investment in resources to deliver results in the upcoming years. These initiatives are critical to the collective success of Travis County’s health care safety-net system. This work will have a significant impact on the access, capacity and quality of care Central Health patients deserve to receive. Central Health and its Board of Managers are committed to providing high-quality and equitable care for its patients. Therefore, Central Health will continue to bolster partnerships with community-based organizations while addressing social determinants of health and building an equity-focused health care delivery system designed to meet the unique needs of Travis County’s safety-net population.

2.0 Overview

2.1 About Central Health

As the hospital district serving Travis County, Central Health was created in 2004 to provide access to and coordinate the high-quality health care low-income residents need to get well and stay healthy. Central Health’s mission states: “By caring for those who need it most, we improve the health of the community.” To fulfill its mission, Central Health partners with local health care organizations to extend access to a broad array of health care services for low-income Travis County residents. Collectively, Central Health’s partners provide health care services spanning the care continuum for patients at approximately 190 locations. Key services provided include primary and preventative care, inpatient and outpatient hospital care, specialty care, recuperative and hospice care, and services for patients discharged from in-patient and acute settings transitioning back into daily life.

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Figure 1. Our Mission, Vision, and Values

Today, Central Health serves approximately 100,000 patients each year through the Medical Access Program (MAP) and Medical Access Program - Basic (MAP-Basic). A comprehensive review of Travis County’s safety-net population found Central Health-enrolled patients represent a little more than one-half of those that may be eligible for services. Significant opportunity exists to expand reach and strengthen the impact on health and wellness for those that are low-income and particularly the most marginalized populations across Travis County.

Central Health patients face high poverty rates, unemployment rates, and metrics of poor health. The assessments conducted to develop this Equity-focused Service Delivery Strategic Plan indicate Central Health’s patient population fares worse than Travis County and Texas averages in a number of measures of health. With significant health care access challenges across Travis County, patients struggle to receive essential preventive, primary, and specialty care services across the care continuum, and often use the Emergency Department in place of these services due to limited access and transportation barriers. Further, educational opportunities and access to healthy, affordable food, and housing are scarce and act as additional barriers to health.

In 2018, Central Health worked closely with community members to identify and refine the healthcare district’s strategic objectives for the years ahead. These objectives are defined as follows:



Figure 2. Central Health Strategic Plan Objectives FY2019-FY2024

Recognizing that economic opportunities, environmental factors, and social networks are key determinants of health, Central Health continues to focus on opportunities that will expand access to critically needed health care services across the continuum of care – while building health equity and improving outcomes for the low-income populations that are currently Central Health patients or are potentially eligible for services.

To support this effort, Central Health completed a comprehensive Equity-focused Service Delivery Strategic Plan to best position itself to meet the immediate and evolving health-related needs of its eligible population and work toward long-term solutions that maximize use of community resources to improve the health of those populations. Central Health conducted an in-depth safety-net community health needs assessment (CHNA), a voice of the community analysis, and a capabilities and gap analyses in collaboration with community members, activists, stakeholders, and partners to systematically identify and prioritize health needs in low-income populations and to understand the safety-net health care delivery system across Travis County. The outputs of these assessments are foundational to the comprehensiveness and effectiveness of an Equity-focused Service Delivery Strategic Plan.

2.2 Our Community

For the purposes of the safety-net CHNA, Central Health divided Travis County into 14 planning and assessment regions to understand health care needs at a more local level. These planning and assessment regions were developed based on census tract analysis and other characteristics, including geographic borders, level of urbanization, transportation resources, and population density.

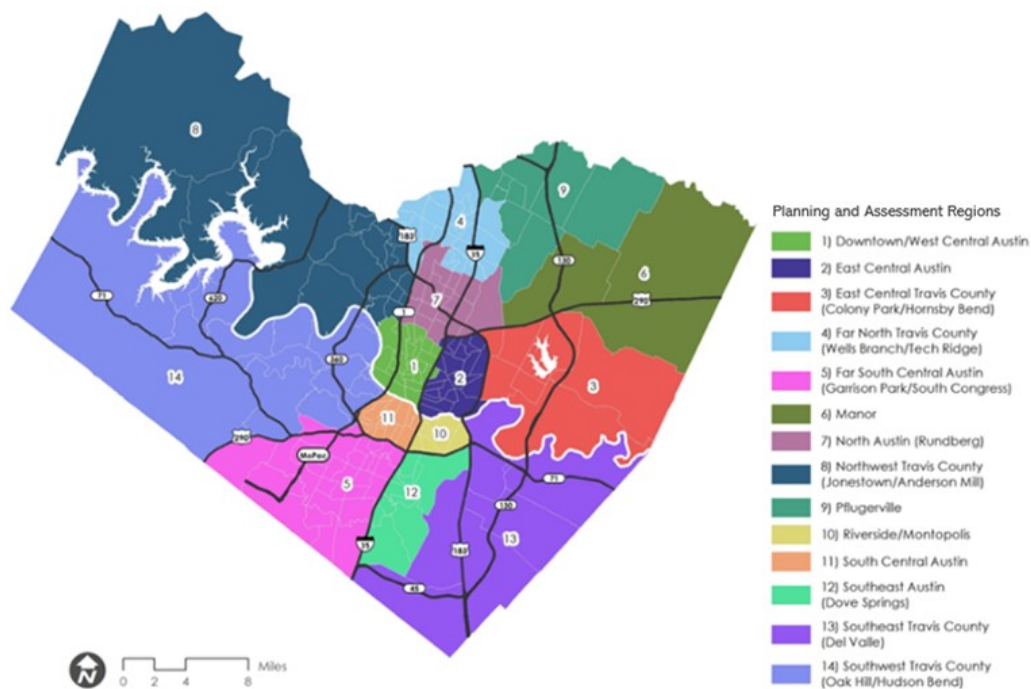


Figure 3. Central Health Planning and Assessment Regions

Source: Planning and assessment regions defined by Central Health

Core to this analysis is understanding the scope, scale and severity of health care needs of low-income Travis County populations at the local level. The map below illustrates the geographic distribution of the healthcare district’s low-income population,

specifically those with incomes less than or equal to 200% of the FPIL, across each of the 14 planning and assessment regions.

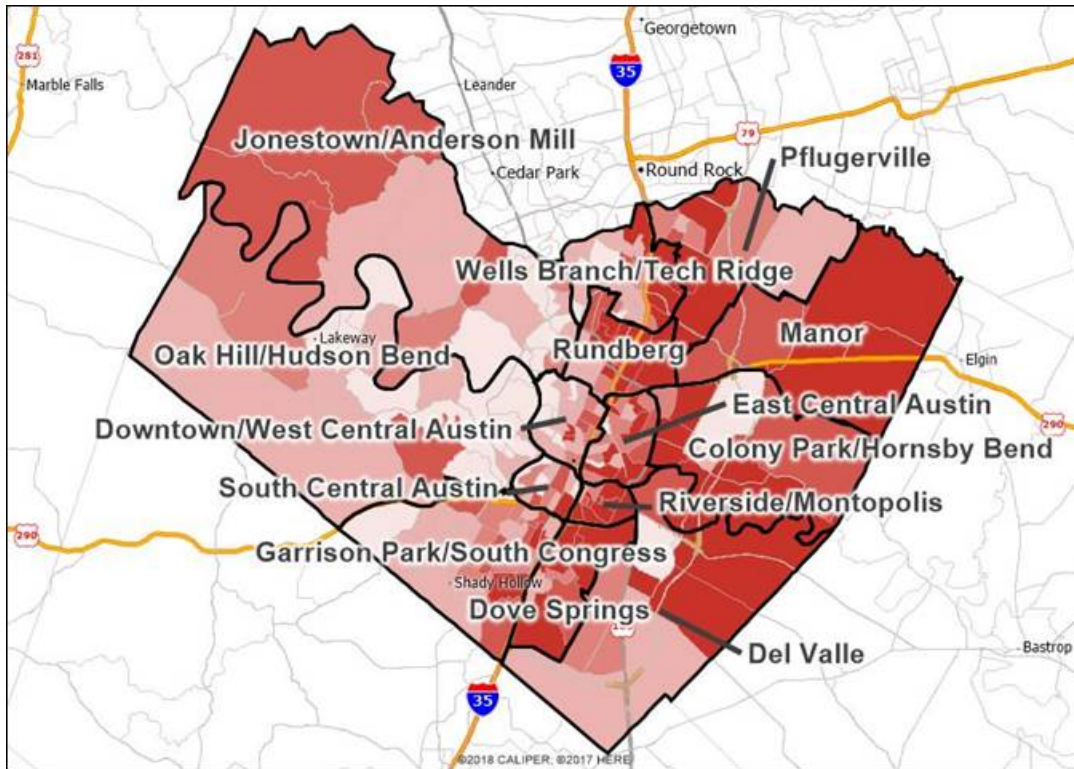


Figure 4. Absolute Population below 200% of FPIL by Census Tract

Source: American Community Survey (ASC) 2015 -2019

74% of Travis County’s 241,774 residents with incomes below 200% FPIL reside in the I-35 corridor. Central Health’s current enrollment is highest (*total and percent eligible enrolled*) in this I-35 corridor focus area. This focus area also represents the area with the greatest opportunity to expand Central Health’s enrollment to low-income residents (69,230 residents), as home to approximately 75% of additional currently unenrolled residents who may be eligible for Central Health or other safety-net services in Travis County.

	Planning and Assessment Region	# of Census Tracts	Square Miles	Total Population - 2021	Enrolled Population - FY20	Families in Poverty - 2025	% of Population Below 200% FPIL - 2019	Enrollment Opportunity
I-35 Corridor	Rundberg	20	25.4	127,323	21,022	4,905	17.2%	16,233
	Garrison Park/South Congress	31	67.0	199,593	8,335	2,406	11.2%	12,683
	East Central Austin	20	17.5	80,803	7,161	2,968	9.3%	8,550
	Dove Springs	11	27.9	72,963	10,701	2,219	8.2%	8,331
	Wells Branch/Tech Ridge	24	30.6	120,717	8,471	1,944	8.1%	8,558
	Downtown/West Central Austin	22	16.3	97,596	1,259	770	8.1%	2,433
	Riverside/Montopolis	10	7.5	53,514	7,487	1,938	8.0%	6,720
	South Central Austin	12	9.7	56,025	2,459	850	3.7%	5,722
East Travis County	Pflugerville	9	63.0	112,254	7,311	1,431	6.2%	5,334
	Colony Park/Hornsby Bend	7	81.8	43,465	9,207	1,632	5.9%	4,792
	Del Valle	8	120.4	32,432	8,353*	1,044	3.2%	2,025
	Manor	3	100.0	28,253	3,532	781	2.3%	1,255
West Travis County	Jonestown/Anderson Mill	22	218.6	155,652	2,681	1,188	5.1%	3,267
	Oak Hill/Hudson Bend	19	206.4	127,318	2,606	1,211	3.3%	5,192
	Grand Total	218	992.2	1,307,908	100,585	25,287	100.0%	91,095

Figure 5. Central Health Enrollment and Opportunities for Enrollment Expansion by Planning and Assessment Region

Sources: Central Health Census Tract Planning and Assessment Region; Land area data obtained from the U.S. Census Bureau. Total population of families in poverty data obtained from Claritas ©. Population <200% FPIL data obtained from American Community Survey (ACS) Table S1701.

Notes: Enrolled population counts are based on patients with addresses that could be geocoded. Consequently, the Downtown/West Central Austin Planning and Assessment Region likely represents an undercount of enrolled patients. * Travis County Correctional Complex/Austin Transitional Center is in Del Valle and a significant number of inmates were enrolled into MAP when they didn't have a permanent address

3.0 Key Findings from the Voice of the Community

The Voice of the Community engagement is critical to health equity efforts for marginalized and underserved patients. This process highlighted factors influencing patient access, connectedness, continuity, and trust from those with lived experience as well as the groups who serve or advocate for them. As a result of intentional and focused engagement efforts, the participants of the Voice of the Community were diverse, reflecting voices of the general population, advocacy groups, institutions and various people served by Central Health. Their input is broadly summarized as follows:

- People appreciated the opportunity to provide input
- MAP is making a positive difference in people’s lives
- There is a need for added education about benefits and resources
- Language barriers exist when accessing and navigating the system
- Wait time for appointments and patient provider communication are both critical issues for patients

3.1 Profile of Patients Engaged through the Voice of the Community

Through the voice of the community, Central Health engaged in conversations with 320 total participants. Among them were people from marginalized communities and their advocates including:

PARTICIPANTS

There were 320 total participants. Among them were people from marginalized communities and their advocates including:

- 186 MAP/ MAP Basic members
- 29 participants experiencing homelessness
- 15 community-serving organizations (CSOs)
- 10 Institutions



Responses by Gender

n=272



Female
69.4%



Male
29.9%



Non-binary
0.4%



Prefer not to answer
0.4%

TYPES OF ACTIVITIES

In-Person and Virtual Focus Groups	105
Phone Surveys	120
Online Surveys	47
Community Conversations*	48

Responses by Race/Ethnicity

n=272

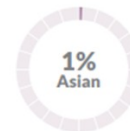
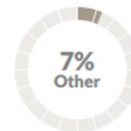
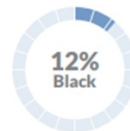
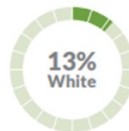


Figure 6. Profile of Patients Engaged through the Voice of the Community

Overall, all groups expressed (1) the need for more education and information about preventive care and resources related to chronic disease and mental health; and (2) a high desire to work with Central Health in the community to help families learn how to access medical care and support each other in becoming healthier.

3.2 Findings from Conversations with Various Focus Groups

Findings from conversations with Asian, Latino, African American, and unhoused participants specifically are summarized below.

Asian Participants

- Language barriers may be reduced by building stronger communication systems that translate documents and diagnosis in the native language of patients
- Patient-serving organizations in this community go the extra mile providing rides, assistance with diagnosis and even helping patients pick up prescriptions
- Patients served are older, do not speak English, and require assistance navigating all steps to accessing medical care
- There is a desire among this patient population to work with Central Health on preventive workshops at faith-based centers and in the community to help improve health

Latino Participants

- Latino patients have a desire for more education on disease prevention programs and available resources
- This patient population calls for compassionate relationships that understand the culture, geographic challenges, and language when considering the health care needs of safety-net populations across the county
- There is a need for community alliances to solve larger social and political issues in accessing health care

African American Participants

- African Americans place an emphasis on patient experience before, during and after doctor visits
- This patient community would like to receive more information on chronic disease, nutrition, and mental health
- The African American community desires opportunities to partner with families, churches and organizations to build education and outreach programs for African American men, and to teach families how to help African American men maintain consistent care and seek more frequent medical attention

People Experiencing Homelessness

- Community partnerships provide structure, access to information and resources that help people living in transition
- Churches have a unique position because of location and in partnership with medical providers can be great spaces where unhoused people can consistently connect with needed resources

- Most respondents were current or former MAP members and are able to access the program through faith-based organizations

3.3 Summary of Significant Health Needs from the Safety-Net Community Health Assessment

The primary objective of the safety-net CHNA is to understand the magnitude and distribution of health care needs of Travis County’s low-income, safety-net population. Using various sources, the CHNA evaluated quantitative data and trends for Central Health’s current patient population and low-income residents who are potentially eligible patients to identify opportunities to better serve these communities. Significant areas impacting health needs were identified based on a comprehensive review of publicly available and proprietary quantitative data collected throughout the CHNA process. Areas for significant opportunity impacting health needs are:

<p>1. Access to primary and preventative, and specialty care across the continuum</p> <p>Health outcomes data indicates Travis County’s safety-net population is vastly underserved and experiences greater challenges trying to access health care services. Large shortages of physicians and access points, result in limited timely and inadequate access to critical preventative, primary, and specialty care services, including hospital-based, for safety-net patients</p> <p><i>Ex: Central Health patients residing in East Travis County and along the I-35 Corridor have proportionally fewer opportunities because of the density of need for primary prevention services, including annual check-ups, dental care, mammograms, pap smears, and colorectal screenings. For Central Health patients in total, screening rates for breast cancer, cervical cancer, and colorectal cancer are lower than Healthy People 2030 Program targets</i></p>	<p>2. Management of Chronic Health Conditions</p> <p>Patients served by Central Health have higher rates of chronic disease and delayed receipt of critical health care services; opportunities exist to improve population health and chronic disease management through advancement of care models</p> <p><i>Ex: Central Health patients who reside along the I-35 Corridor had the highest rates of chronic conditions, thereby demonstrating a greater need for access to health care services in these locations</i></p>
<p>3. Behavioral Health</p> <p>Many factors leading to mental health episodes and substance abuse disproportionately impact patients served by Central Health. Further, stigma related to behavioral health in a highly minority community affects residents’ willingness to seek help from mental health care providers specifically (as opposed to within a primary care model)</p> <p><i>Ex: Central Health patients in West Travis County have higher prevalence rates of behavioral health issues and substance abuse when compared to County averages. This is not aligned with the health status of the total patient population in West Travis County</i></p>	<p>4. Social Determinants of Health (“SDOH”)</p> <p>Racial and ethnic minority populations are more likely to be socially vulnerable due to their increased likelihood to have an income below FPIL, to live in substandard housing, and to have low access to health care providers and services</p> <p><i>Ex: Regions where 50% or more of the population is Hispanic (i.e., Del Valle, Dove Springs, Colony Park/Hornsby Bend, and Riverside/Montopolis) face greater SDOH-related needs than other regions</i></p>

Figure 7. Summary of Significant Health Needs for the Safety-Net Community in Travis County

- 1. Access to preventative, primary, and specialty care across the continuum:** Health outcomes data indicates Travis County’s safety-net population experiences greater challenges trying to access health care services compared to other populations in the county. Major disparities and health care inequities continue to exist across the care continuum for Central Health’s patients, making it nearly impossible to achieve the objectives of the Institute for Healthcare Improvement’s Triple Aim™ Initiative of better health outcomes, improved patient experiences, and lower costs of health care. The health care disparities faced by the safety-net population in Travis County continue to be substantial and include:
 - An overall and increasing need for more comprehensive, multidisciplinary health care, treatment planning and care coordination across providers and settings for the safety-net population. Overall capacity for primary care including walk-in and same day access should be increased to meet more of the enrolled population’s

needs. More robust post-acute services are needed, especially in East and West Travis County.

- Large shortages of physicians exist in some primary and across most medical and surgical specialties, and will most likely increase in the future across all payors and patients seeking medical services. The shortage will be exacerbated for the safety-net system as it attempts to compete for the necessary level of physicians to meet the service levels required for patient care. Shortages will limit timely access to critical preventative, primary, and specialty care services for safety-net patients, which will likely result in undesirable health outcomes. This is demonstrated on a micro-level, with patients residing in East Travis County and along the I-35 Corridor having lower utilization for preventive services, including annual check-ups, dental care, mammograms, pap smears, and colorectal screenings. For Central Health patients in particular, screening rates for breast cancer (64.0%), cervical cancer (73.5%) and colorectal cancer (47.0%) are lower than target rates set by the Healthy People 2030 Program (77.1%, 84.3% and 74.4%, respectively).⁵
- A limited number of health care providers: (1) treat the safety-net population, which results in delays in care; and (2) demographically resemble the diverse nature of Travis County's safety-net population today and can care for residents in their language and through their specific cultural lens.
- 74% of Travis County's residents (241,774) with incomes below 200% FPIL reside in the I-35 Corridor. By a significant margin, the Rundberg area is home to the highest number of residents below 200% FPIL in Travis County (56,132 individuals). As Central Health considers strategies that expand access to care for Travis County's safety-net community, it must ensure that geographic distribution and health care needs of its patient population are aligned with sufficient access to meet demand for services.

2. Management of Chronic Health Conditions:

- Patients served by Central Health need additional resources to address chronic diseases. From a geographic perspective, Central Health patients who reside along the I-35 Corridor had the highest rates of chronic conditions, thereby demonstrating a greater need for access to health care services in these locations.
- Further, there is a need to expand comprehensive, multi-disciplinary care, treatment planning, and care coordination across care settings and providers to facilitate individualized care management planning with seamless coordination across settings. This is further compounded by the fact that there is not a central electronic health record or robustly utilized health information exchange to tie providers together through data sharing and encourage seamless transitions in care. Additionally, opportunities exist to improve population health and chronic disease management by leveraging advanced care models for the safety-net population.

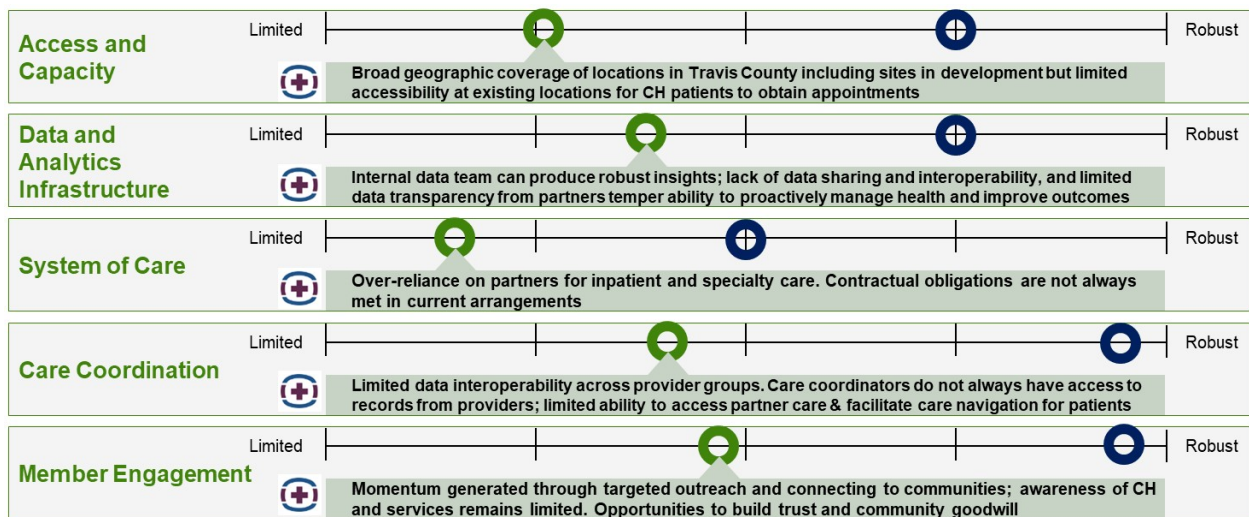
3. **Behavioral Health:** Many factors leading to mental distress and substance abuse impact patients served by Central Health disproportionately. Inequity, low-income, poor physical health, unemployment, and high cost of living are common in the county. The prevalence, incidence and severity of these illnesses has been exacerbated further by the ongoing COVID pandemic. On a micro level:
 - Most of the regions in the I-35 Corridor (five out of eight) and all regions in East Travis County have a lower rate of local mental health providers per 100,000 residents (i.e., credentialed professionals specializing in psychiatry, psychology, counselling, child, adolescent, or adult mental health, or clinical social work) than the county overall. However, these areas represent some of the highest needs for mental health services in the county.
 - The safety-net population needs additional access to behavioral health services. In East and West Travis County, access and capacity to serve the safety-net are limited.
 - Central Health patients residing in the West Travis County communities of Jonestown/Anderson Mill and Oak Hill/Hudson Bend have less access to substance abuse providers when compared to the overall patient average, yet these patients have some of the highest substance abuse rates among the organization's patient population.
4. **Social Determinants of Health:** Safety-net patients are facing many social and economic disparities impacting physical and mental wellness. Regions where 50% or more of the population is Hispanic (i.e., Del Valle, Dove Springs, Colony Park/Hornsby Bend, and Riverside/Montopolis) face greater SDoH-related needs than other regions. Specific to the communities served by Central Health:
 - Lower median income, high unemployment rates, and high rate of households below FPIL in the I-35 Corridor and East Travis County are indicative of populations that may have limited access to adequate preventative care and lack other necessary resources to achieve health and wellness.
 - A larger proportion of adults in East Travis County and in the I-35 Corridor do not have high school diplomas. Research shows that not having a high school diploma is an indicator of limited ability to secure employment resulting in lower wages, and poverty, and can lead to negative health outcomes.
 - High housing costs, substandard housing, and overcrowding are prominent issues in Riverside/Montopolis (I-35 Corridor) and Colony Park/Hornsby Bend (East Travis County). These challenges can exacerbate certain chronic illnesses as they often limit a household's ability to allocate sufficient income to necessities, such as food and health resources, in addition to creating housing instability and potential homelessness.
 - A large portion of patients residing in East Travis County and along the I-35 Corridor speak Spanish as their primary language. It is important that health care providers offer written medical information in different languages, including Spanish, to ensure patients can read and understand health care information that is critical to improving their health (e.g., discharge instructions, treatment

plans, phone numbers for providers so that patients can ask follow-up questions).

- Households in the I-35 Corridor and East Travis County are less likely to have stable access to computers and the internet. These challenges must be considered as Central Health's network of providers begin to deploy innovative technologies to expand access to health services for safety-net communities.

4.0 Capabilities Assessment

The magnitude and distribution of community health needs mandates focused and effective strategies to address gaps in the care delivery system. A comprehensive understanding of Central Health’s capabilities is foundational to the design and efficient execution of these strategies. Central Health’s capabilities were assessed in five key areas: (1) access and capacity; (2) data and analytics infrastructure; (3) system of care; (4) care coordination; and (5) member engagement. Overall, Central Health has foundational capabilities in all five assessment areas. However, significant opportunities exist to bolster capabilities and processes across all five assessment areas as critical components in Central Health’s Equity-focused Service Delivery Strategic Plan. A summary of findings from this assessment are provided below.




 Benchmark State
 Note: Benchmark is related to and determined by GH assessments and experience working with large urban hospital districts in Texas

Figure 8. Summary Characterization of Central Health’s Opportunities

5.0 Clinical Gap Analysis

Access to health care services across Central Health’s system of care was evaluated based upon eight clinical service categories: primary care, wellness and prevention, urgent and convenient care, specialty care, behavioral health, dental, hospital services, and post-acute care. Overall findings indicate that each of these service categories exhibit significant or moderate gaps that represent opportunities to be addressed in the Equity-focused Service Delivery Strategic Plan. Findings specific to each clinical service category are summarized below.

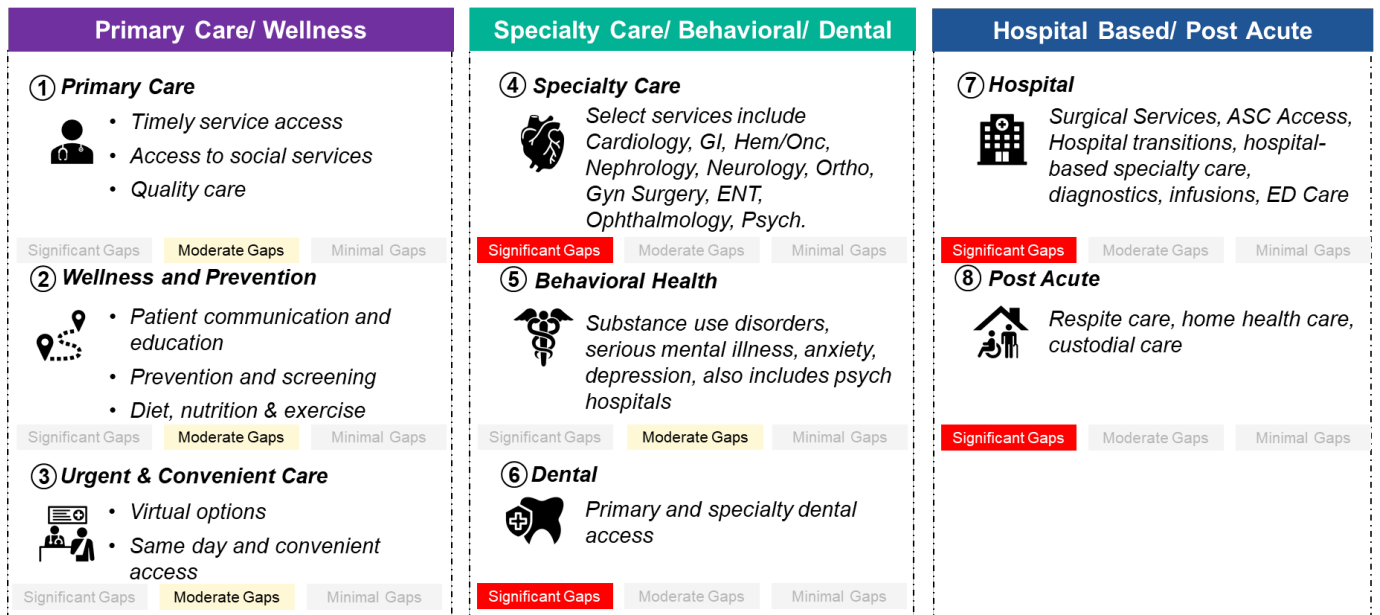


Figure 9. Summary Characterization of Central Health’s Clinical Service Gaps

6.0 Planning for the Future

As the healthcare district serving Travis County, Central Health is both responsible for and uniquely positioned to leverage its assets, partnerships, affiliations and capabilities to improve health care delivery for the county’s safety-net population. The degree of unmet needs in the community is forecasted to grow in the coming years. Further, the COVID-19 pandemic has accelerated the gap between supply and demand of health care services across the United States. Travis County has been uniquely affected by virtue of the size and the unique demographic and epidemiological profile of its safety-net population. Thus, the magnitude of unmet need for the low-income residents of Travis County necessitates realistic, collaborative and forward-looking solutions as Central Health is working to address gaps in the existing safety-net health care delivery system and strategically develop a comprehensive, high functioning, system for the future. The urgency of execution of these solutions demands a targeted strategic approach by leveraging and optimizing the use of the core competencies and strengths of Central Health, its partners and community safety-net providers. The overarching guiding principle of the Equity-focused Service Delivery Strategic Plan is to improve access to timely quality health care services for Travis County’s low-income patients through the formation of a comprehensive, high functioning health care delivery system.

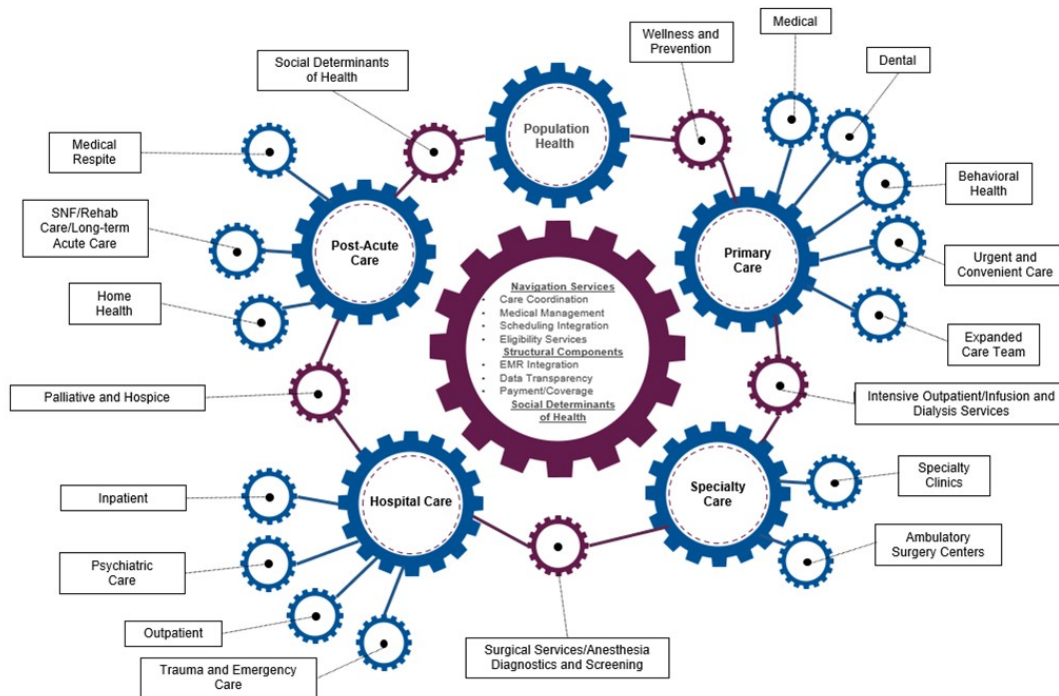


Figure 10. Components of a High Functioning Health Care Delivery System

Addressing access issues to primary care, specialty care and inpatient care through a variety of access channels will have the most immediate impact on the health of Travis County’s low-income communities. Central Health has traditionally outsources service provision and relies on partner provider systems to meet the health care needs of its

eligible populations. Although outsourcing of services is helpful to address immediate needs, Central Health must also identify the types and volumes of services it should directly provide as part of its future strategy. An in-depth assessment of the financial impact and planning for operational implementation that considers both the viability of outsourcing and direct provision of selected services will be critical to Central Health's financial sustainability. The implementation planning process will immediately follow this strategic planning process.

There are four strategic imperatives that will allow Central Health to achieve its service delivery strategic goal to develop an equitable system of care that is comprehensive and accountable, while maximizing the collective use of capabilities and resources to serve Travis County's safety-net population. The four strategic imperatives are: (1) access and capacity, (2) care coordination, (3) member engagement, and (4) system of care. These imperatives will form the structural foundation of the Equity-focused Service Delivery Strategic Plan. Each imperative has enabling and supporting goals and objectives to enforce accountability. Further, these goals and objectives will serve as the means by which the organization measures its success over the next five to seven years in achieving its mission. The design and execution of initiatives that fall under these strategic imperatives will be guided by tactics specific to the overarching imperatives.

6.1 Service Delivery Strategic Plan Strategic Imperatives

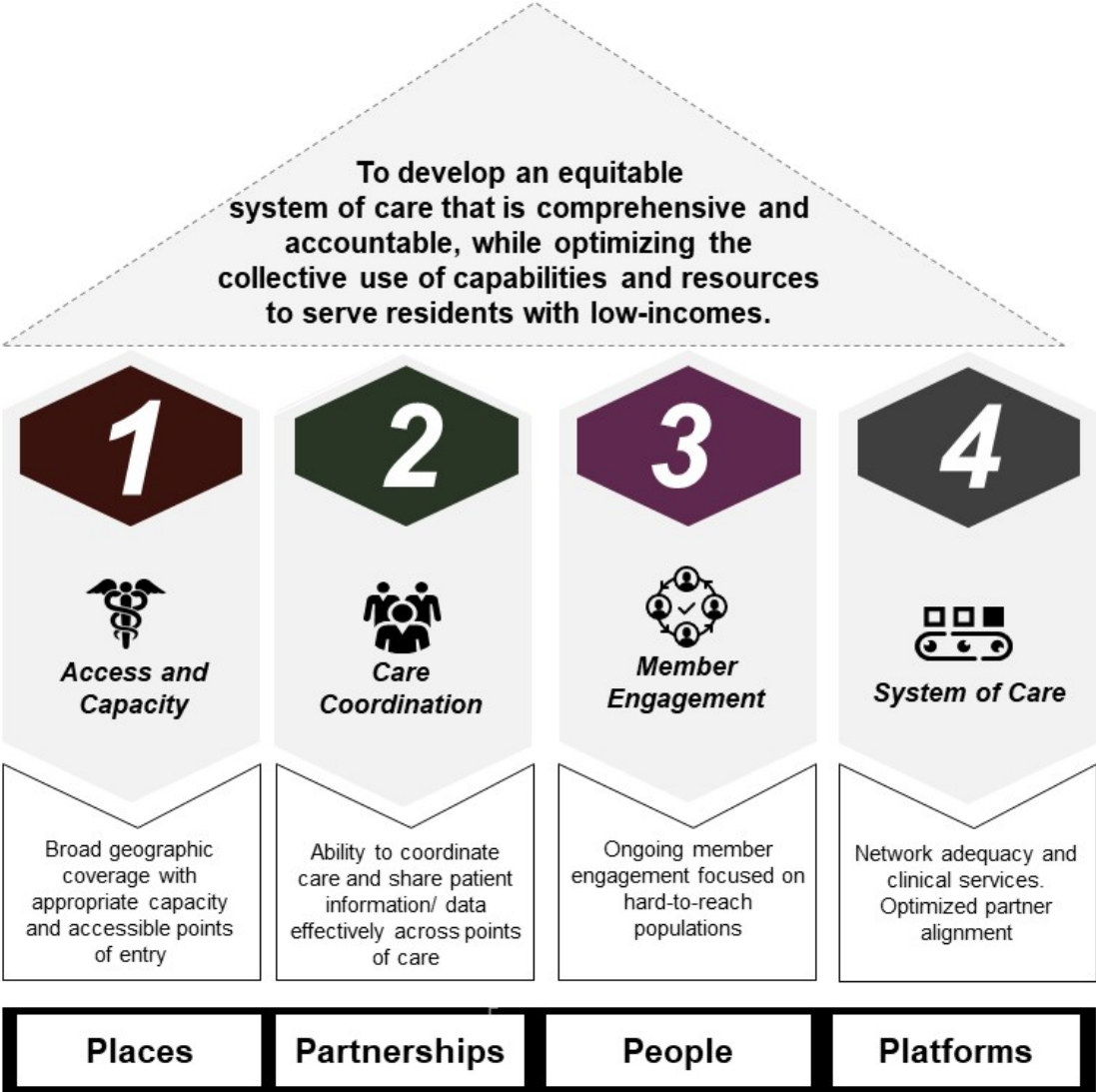
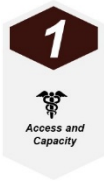


Figure 11. Equity-Focused Service Delivery Strategic Plan Goal and Imperatives

6.2 Imperative 1: Access and Capacity

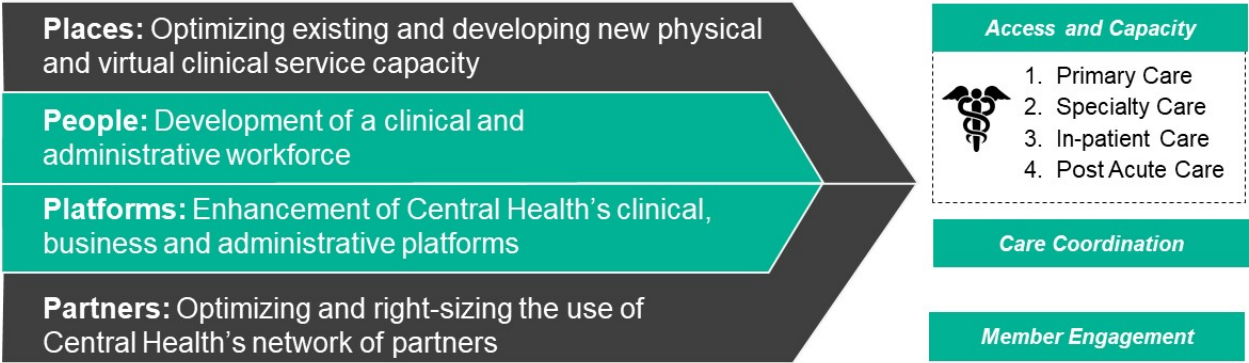


Imperative 1: Access and Capacity

Central Health will more equitably meet the health care needs of Travis County residents with low incomes, by increasing the number of providers and care teams and the availability of comprehensive, high-quality and timely care.

- **What is Access:** The ability of a patient to utilize appropriate services in the most appropriate setting within a clinically appropriate timeframe. Addressing barriers to care improves access.
- **What is Capacity:** The ability of a system of care to provide services within a clinically appropriate timeframe. Building new or optimizing the use of existing resources improves capacity.

The improvement of access and capacity will be driven through the enhancement of one or more of the following capabilities:



Text

Goal 1: Assure appropriately sized and timely access to primary care.

Strategic Priority 1: Expand access for existing patients; high priority efforts concentrated in areas of greatest need.

This will be measured through:

1. Reduction in appointment wait times for primary care services
2. Decrease in third available appointment wait times
3. Increase in clinical (Providers) and physical (Sites) primary care capacity
4. Increase in percentage of patients receiving recommended preventive care screenings

Strategic Priority 2: Offer same day appointments for patients with acute needs.

This will be measured through:

1. Increase in number of same day appointments
2. Increase in percentage of total primary care appointments that are same day
3. Decrease in the utilization of Emergency Care

The achievement of these strategic priorities will be enabled through execution of the following prioritized tactics:

1. Expanding access points in Eastern Travis County in Del Valle, Hornsby Bend, Colony Park, and Pflugerville
2. Increasing availability for same day appointments and extended hours capacity
3. Closing current physician and provider gaps based on needs assessment results
4. Enhancements and improvements to technology

Goal 2: Optimizing use of system capacity to improve access to specialty care.

Strategic Priority 1: Create access to specialties with significant unmet needs.

This will be measured through:

1. Reduction in wait times for specialty appointments
2. Increase in clinical (providers) and physical (sites) specialty care appointment and procedural/surgical capacity



Multiple Surgical Specialties are experiencing significantly low provider counts. (e.g., Neurosurgery, Cardiac Surgery, etc.)

Strategic Priority 2: Optimize the use of existing specialty service capacity through contractual and operational initiatives.

This will be measured through:

1. Reduction in wait times for specialty appointments
2. Increase in clinical (Providers) and physical (Sites) specialty care appointment and procedural/surgical capacity
3. Increase in available capacity for existing providers and through new contracted provider agreements

The achievement of these strategic priorities will be enabled through execution of the following prioritized tactics:

1. Developing strategically located multispecialty facilities that are accessible to the safety-net community
2. Expanding ambulatory diagnostic and therapeutic capabilities

3. Developing capacity and optimizing use of ambulatory surgery centers
4. Designing specialty care programs that are tailored to address the disease burden impacting our patients
5. Closing physician and provider gaps based on safety-net needs assessment results
6. Enhancements and improvements to technology

Central Health provides access to about 100,000 enrolled patients through its system of care. CommUnityCare provides care to additional patients that are not included in this calculation. The Central Health current enrolled need alone is approximately 89 primary care and 79 specialist physicians. In the current state, Central Health’s primary care and specialty care physicians are expected to meet 55-60% of the currently enrolled population’s primary and 35-40% of specialty care needs respectively. Sustaining this level of staffing, in an era of significant physician and nursing shortages, will require an estimated \$20 million to \$25 million per year in physician salaries alone. This expense will increase significantly as we aim to increase capacity and provide access to more patients and meet a greater proportion of the safety-net population’s unmet clinical needs. /to increase the number of available physicians, Central Health will have to provide additional facility, equipment, technological and personnel resources to help them work at the top of their license. These resources by themselves will require funding equivalent to 5 to 10 times the amount of the projected physician salaries that are shown in the table below.

Annualized Cost Estimate of Physician FTEs (Cumulative Primary and Specialty Care)	
Maintaining Current State Capacity in 2022	\$21.09M
Meeting 70% Community Need in 2022	\$61.89M
Meeting 70% Community Need in 2023	\$67.67M
Meeting 70% Community Need in 2024	\$74.00M
Meeting 70% Community Need in 2025	\$80.91M
Meeting 80% Community Need in 2030	\$116.58M

Physician need estimates are based on increases in enrollment in Travis County’s population and inflation of physician salaries.

Goal 3: Assure appropriate access to hospital and post-acute services.

Strategic Priority 1: Assure appropriate and timely access to acute and post-acute services, supported by effective transitions in care.

This will be measured through:

1. Reduction in readmissions for chronic conditions

2. Reduction in Level I and II Emergency Department visits (low acuity visits that can mostly be completed in a physician office or other outpatient site)
3. Diagnosis-specific length of stay that is within median ranges (case-mix adjusted)
4. Increase in proportion of overall health care spend in non-hospital settings

Strategic Priority 2: Shift services from hospital settings to ambulatory surgery centers or other outpatient locations as appropriate.

This will be measured through:

1. Increase in proportion of overall health care spend in non-hospital settings

Strategic Priority 3: Create access to post-acute services with significant unmet needs. Examples include skilled nursing, respite, and rehabilitation.

This will be measured through:

1. Diagnosis-specific length of stay that is within median ranges (case-mix adjusted)
2. Increase in proportion of overall spend in non-hospital settings

The achievement of these strategic priorities will be enabled through execution of the following prioritized tactics:

1. Expanding access points to shift appropriate care from the hospital to more appropriate sites
2. Expanding access to same day (walk-in) and post-discharge follow-up appointments
3. Designing specialty care programs that are tailored to address the disease burden impacting our patients in collaboration with our hospital partners
4. Obtaining accurate, timely, and actionable hospital data

6.3 Imperative 2: Care Coordination

2

Imperative 2: Care Coordination



Care coordination will allow Central Health to manage transitions of care and improve medical information transfer between providers or points of care. This will improve patient health outcomes by optimizing a cross-continuum approach to health that is anchored in high-impact preventive, virtual, and community-based services deployed in coordination with clinical and social services partners and underwritten by actionable population health analytics and technology.



- **2,185** patients engaged by Hospital Transitions of Care every year
- **8,792** outpatient follow-up appointments scheduled every year

Goal: Coordinate care for Travis County's safety-net population by optimizing transitions of care by facilitating communication within patients' care teams across the care continuum and enabling meaningful information sharing.

Strategic Priority 1: Develop a standardized care coordination model for the system of care.

This will be measured through:

1. Number of providers and systems having data sharing agreements that include enforceable near-real time access to patients' medical documentation
2. Number of patients with an annual care plan

Strategic Priority 2: Improve the timeliness and effectiveness of patient transitions of care between providers and/or between points of care.

This will be measured through:

1. Percentage of no-shows for follow up appointments
2. Number of warm handoffs for transitions of care
3. Number of instances where patients' medical documentation was shared between providers per 1,000 transitions of care
4. Number of patients with discharge plans

Strategic Priority 3: Proactive, timely and relevant communication between care teams/providers involved in care of the patient.

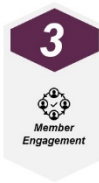
This will be measured through:

1. Instances of dropped care per 1,000 transitions of care
2. Number of scheduled appointments where patient was referred or transferred to a new point of care or provider

The achievement of these strategic priorities will be enabled through execution of the following prioritized tactics:

1. Development of risk stratification processes and solutions that allow for the delivery of personalized care and the optimized use of clinical resources
2. Further development of processes and solutions to enable timely sharing of health care information and medical documentation (EHR)
3. Development of centralized communication platforms to enable and enhance provider communication
4. Development and training of care coordination work force (care coordinators, disease managers, case managers, etc.)
5. Active alignment of system, provider organization, and care team incentives to enhance care coordination processes

6.4 Imperative 3: Member Engagement and Enrollment



Imperative 3: Member Engagement and Enrollment

Central Health will focus on enrollment in identified high-need planning and assessment regions and enhance engagement for the enrolled population, with special emphasis on care transitions, people experiencing homelessness, justice-involved individuals, and communities where English and Spanish are not the primary language.

Strategic Priority 1: Enhance language and culturally appropriate outreach about available programs and services (including the number of languages we print educational materials in).

This will be measured through:

1. Increasing number of patient engagement events and programs
2. Increasing volume of multilingual and culturally appropriate printed material
3. Increasing number of multilingual and culturally competent providers

Strategic Priority 2: Improving enrollment through screening and identification of appropriate programs.

This will be measured through:

1. Increasing percentage of eligible populations enrolled in programs with timely access to care

Strategic Priority 3: Improving education and awareness of types of programs and utilization of services.

1. Increasing percentage of eligible populations enrolled in programs with timely access to care

Strategic Priority 4: Empower patients to seek out care once they are engaged and to remain active in the care delivery process.

This will be measured through:

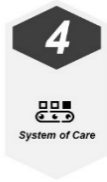
1. Capacity aligned with increase in incoming enrollment and appointment queries
2. Decrease in number of missed appointments

The achievement of these strategic priorities will be enabled through execution of the following prioritized tactics:

1. Increasing the duration of the enrollment period
2. Deploying centralized helpdesks with multilingual staff to answer queries

3. Development of clinical and non-clinical staff to deliver culturally competent care that is tailored to meet the social and linguistic needs of the patient
4. Leveraging multi-channel technologies (e.g., patient portal, emails, calls, texting) to effectively engage the safety-net population
5. Expand health and wellness programs in the community

6.5 Imperative 4: System of Care Infrastructure



Imperative 4: System of Care Infrastructure

Central Health will develop a high functioning system of care to improve health for Travis County's safety-net population via alignment of relationships including joint service-delivery planning and facilitation of timely sharing of health care data.



- Central Health is relying on two provider systems (CUC and Ascension Seton) for specialty and inpatient care
- Additional contracted providers provide limited but necessary access that enables the closure of key gaps in clinical care

Strategic Priority 1: Bolster and encourage the strategic and effective use of capital.

This will be measured through:

1. Increased quality and/or access to demonstrate the value of capital expenditure (e.g., initiatives, agreements, specialties, etc.)

Strategic Priority 2: Recalibrate and redesign the scale and scope of Central Health's dependence on partners.

This will be measured through:

1. Number of specialties and services exclusively available at less than two partner, affiliate, or contracted organizations
2. Number of service expanding or enhancing programs and initiatives that come out of collaborative alignment meetings

Strategic Priority 3: Create an inclusive and accountable governance model across the system of care.

This will be measured through:

1. Number of service expanding or enhancing programs and initiatives that come out of collaborative alignment meetings

Strategic Priority 4: Enhance the coordinated use of Central Health's assets and partners.

This will be measured through:

1. Number of specialties and services exclusively available at less than two partner organizations
2. Number of service expanding or enhancing programs and initiatives that come out of collaborative alignment meetings

The achievement of these strategic priorities will be enabled through execution of the following prioritized tactics:

1. Identifying gaps in the System of Care and determine areas of highest priority
2. Assessing operations to identify and leverage system synergies and complementarities
3. Design systems to track cost of care
4. Collaborative design and alignment around centralized models.
5. Establishing financial and operational benchmarks that will guide system performance



CENTRAL HEALTH



*Central Health Equity-focused
Service Delivery Strategic Planning:
Voice of the Community Summary*



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EXECUTIVE SUMMARY



OVERVIEW

In October 2021, Central Health embarked on an equity-focused system planning initiative to develop a comprehensive, high-functioning health care safety net in Travis County. A critical first step in the initiative was understanding the health needs of residents with low income. As a key component of the initiative, Central Health hired consultant firms Guidehouse and K Strategies to lead an outreach and engagement process called “Voice of the Community.”

The Voice of the Community is an opportunity for patients, residents with low income, advocacy groups and institutions to share their experiences and provide feedback about health care in Travis County. The work uncovered common themes from patients and their experience with local health care providers. The process lasted 12-weeks, with a focus on outreach to people who are hard-to-reach and often excluded from planning efforts meant for their benefit.

Central Health staff connected the team to health influencers in Travis County. These individuals and groups helped spread the word about the systems planning initiative and the importance of receiving feedback on their community’s experience with local health care. Community member and stakeholder interaction delivered key findings and created a healthy communication loop to support the next steps in the systems planning process.

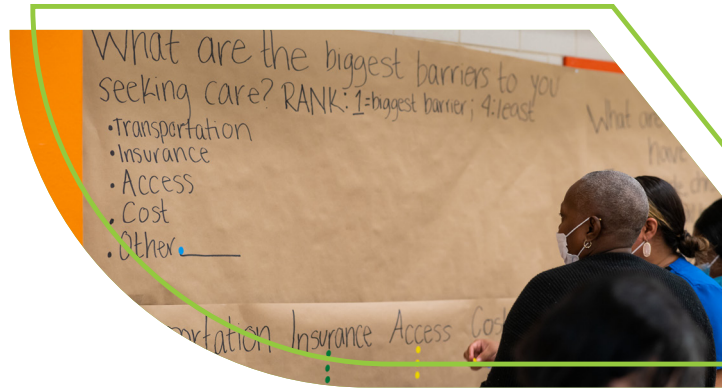
Opinions and feedback are stratified to help translate how various parts of the community responded to the surveys, focus groups and other outreach tactics. Through the Voice of the Community process, the team reached a diverse cross-section of the communities Central Health serves. Their input can be broadly summarized as follows:

- People appreciated the opportunity to provide input.
- MAP is making a difference in people’s lives.
- There is a need for added education about benefits and resources.
- Language barriers exist when accessing and navigating the system.
- Wait time for appointments and patient-provider communication are both critical issues for patients.

PARTICIPANTS

There were 320 total participants. Among them were people from marginalized communities and their advocates including:

- 186 MAP/ MAP Basic members
- 29 participants experiencing homelessness
- 15 community-serving organizations (CSOs)
- 10 Institutions



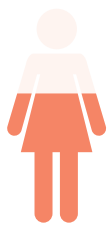
320
PARTICIPANTS

TYPES OF ACTIVITIES

In-Person and Virtual Focus Groups	105
Phone Surveys	120
Online Surveys	47
Community Conversations*	48

Responses by Gender

n=272



Female
69.4%



Male
29.9%



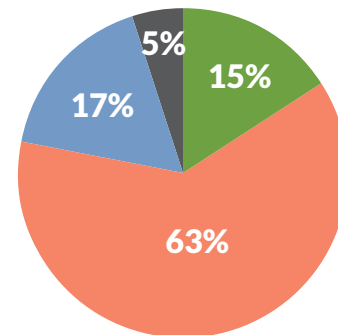
Non-binary
0.4%



Prefer not
to answer
0.4%

Responses by Age

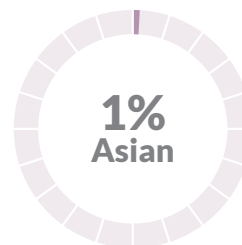
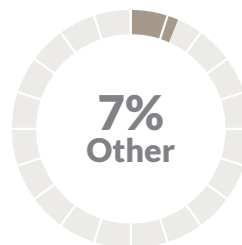
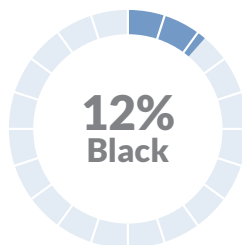
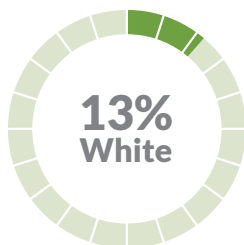
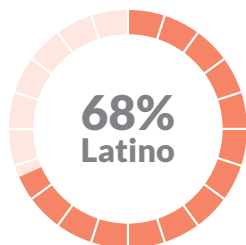
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- Under 30
- 31-59
- Over 60
- No Response

Responses by Race/Ethnicity

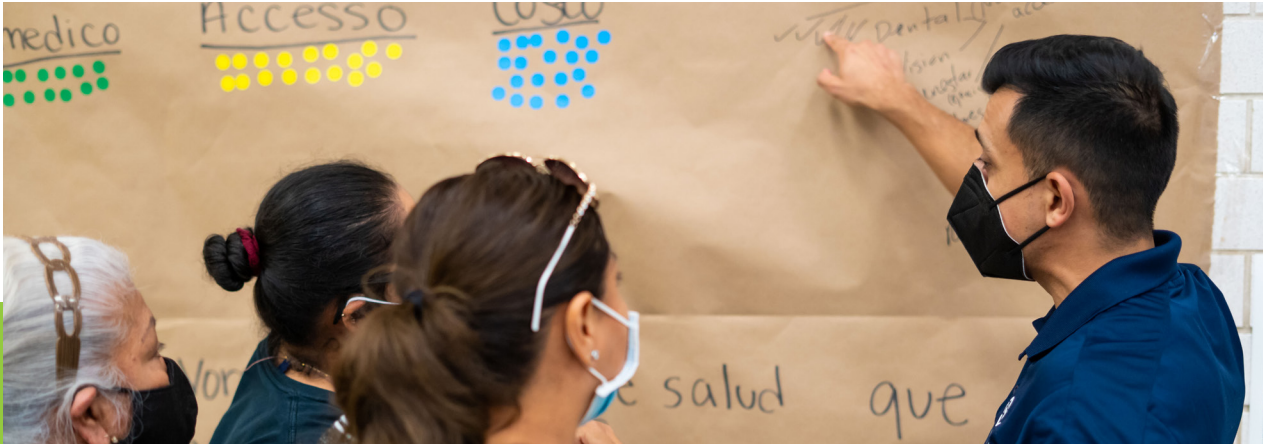
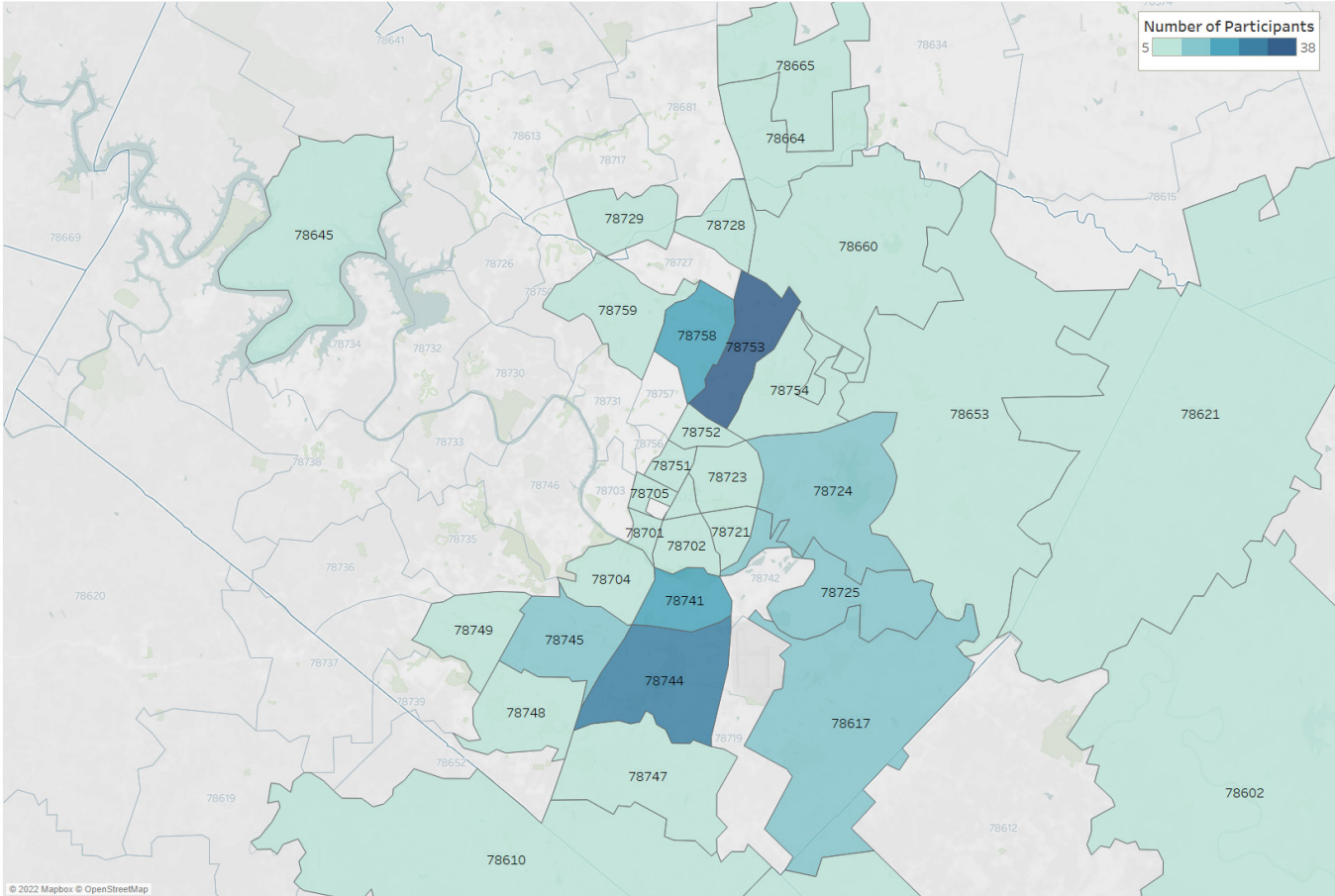
n=272



* Demographic data not available for Community Conversations participants.

As a result of intentional and focused engagement efforts, the participants of the Voice of the Community were diverse, reflecting voices of the general population, advocacy groups, institutions and various people served by Central Health. These 320 participants shared experiences and opinions that we summarized into consistent, prevalent themes. These themes helped us identify areas of concern with a nod to what is working well.

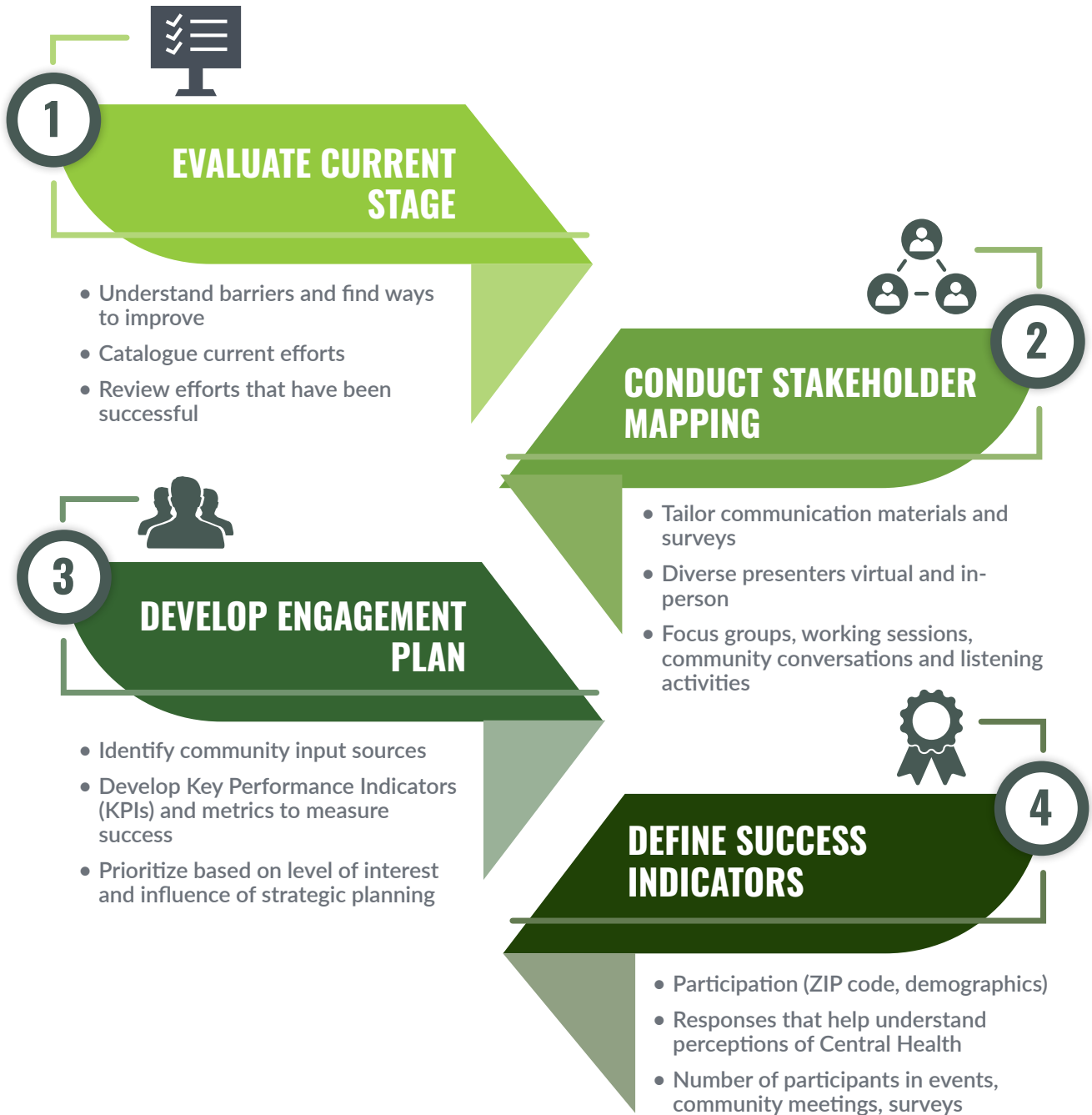
The map below is a geographic representation of the participants' ZIP codes.



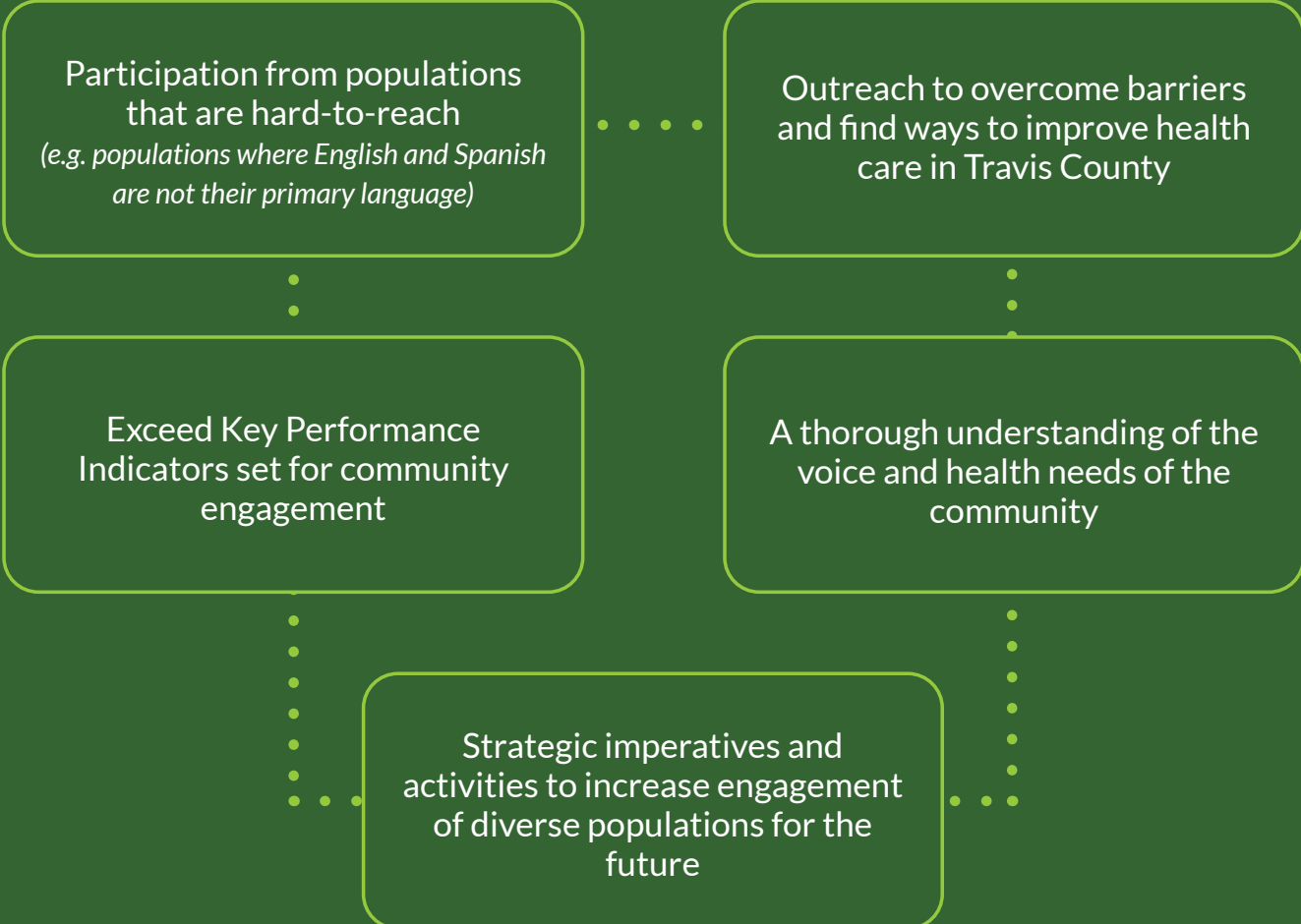
METHODS

VOICE OF THE COMMUNITY

The Voice of the Community engagement is critical to health equity efforts for marginalized and underserved populations. This process highlighted factors influencing patient access, connectedness, continuity, and trust from those with lived experience as well as the people and groups who serve or advocate for them.



MEASURES OF SUCCESS



COMMUNITY ENGAGEMENT APPROACH

Approach

From October through December 2021, the team gathered responses through focus groups, online and phone surveys, and hosted community conversations.

Tactics

Stakeholder Mapping

The focus group goal is to gather a respondent pool that best describes patient experiences and needs. The team looked for qualitative findings repeated across patients and groups. Individuals were carefully selected to build a broad demographic audience from areas throughout Travis County. Three priority groups were defined to guide focus group discussions and interviews:

- **Patients** - patients who are enrolled in or likely eligible for Central Health programs and representatives of community-serving organizations that provide support and connect patients to health care resources.
- **Advocates** - community groups advocating for patients and people with low income.
- **Institutions** - leaders representing health, education, transportation and more.

Engagement Tactics

Engagement tactics established during the process provided effective ways to connect with people with low income. The team used numerous tactics to connect with respondents to understand their health care experience.

- **Listening Sessions** - Virtual conversations with community-serving organizations, advocacy groups and institutions
- **Focus Groups** - In-person discussions with patients in English and Spanish
- **Phone Surveys** - Phone calls to MAP/MAP Basic members
- **Online Surveys** - Surveys available to the general public
- **Community Conversations** - English and Spanish discussion to inform the community about the systems planning process and how to get involved

ENGAGEMENT ACTIVITY

	# of Participants	Community Conversations Attendees	# of CSOs	# of Institutions
October <ul style="list-style-type: none"> • Hosted an in-person dinner and lunch • Held virtual listening sessions with advocacy groups and institutions • Held focus groups with individuals and organizations recommended by advocacy groups • Followed up with groups and scheduled meetings • Stakeholder interviews 	76		9	10
November <ul style="list-style-type: none"> • Identified additional groups to meet with (e.g. African American Men, Asian sub-populations and people experiencing homelessness) • In-person interviews with people experiencing homelessness 	29		4	
December <ul style="list-style-type: none"> • Launched phone and online surveys • Hosted two community conversations (English and Spanish) 	167	48	2	



FOCUS GROUPS

PATIENTS

Travis County residents with low income and community-serving organizations

Group Objective:

Engage patients and listen to the “voices of those less heard” regarding needs and perceived gaps in health care delivery.



ADVOCATES

Groups advocating for people with low incomes

Group Objective:

Host listening sessions to understand their goals and how they advocate for people with low incomes and capture perceived health care system gaps, barriers to care, and opportunities to improve service.

INSTITUTIONS

Leadership from institutions focused on health, education, and transportation

Group Objective:

Host listening sessions with institution leaders to understand their perception of the work Central Health does and how that work can be improved to better serve their constituents.



TOOLS AND TACTICS

Listening Sessions, Community Conversations, and Patient Interviews

To build a diverse pool of participants, Central Health provided an extensive list of community advocates and activists, institutions, nonprofit organizations and partners to contact. In October 2021, the team invited representatives from these organizations to participate in listening sessions to discuss health care in Travis County. During the listening sessions, leaders suggested patients for the focus groups and provided their contact information. A number of tactics were set up to collect information from participating patients, residents with low income, advocacy groups and institutions. Additionally, the team will use the list of participants to create an ongoing communication feedback loop on the systems planning initiative and ensure the community is informed of every step of the process.

Tools

Email/Newsletter Invitation

Using digital and print notices, we invited people to participate in listening sessions, community meals and community conversations. We sent invitations to approximately 70 contacts, including community-serving organizations, advocacy groups and institutions. We encouraged everyone to share the invitations through their networks.

Tactics

Listening Sessions (Virtual)

We hosted listening sessions to discuss Central Health's impact in the community and how the systems planning initiative benefits people with low income. The sessions also served as planning opportunities. To ensure open and honest conversations, Central Health staff were intentionally not present for these meetings.

Health Care Provider Meetings (Virtual)

Leaders of community-serving organizations who participated in initial virtual listening sessions helped arrange additional meetings with other organization leaders and the people they serve. These meetings offered Central Health the opportunity to learn more about community experiences and receive candid feedback from its patient population.

Community Conversations (Virtual)

During two virtual community meetings, residents asked questions and voiced concerns about Central Health's efforts and plans to provide access to care for people with low income. Forty-eight people participated in the community conversations in their language of choice (English or Spanish). Additionally, the Community Conversations are posted on Facebook Live with 639 views to date (English: 401 views; Spanish: 238 views).

OVERVIEW OF CENTRAL HEALTH VOICE OF THE COMMUNITY
Patient Serving Organizations

CENTRAL HEALTH'S GOALS
To build a better, more equitable health care system, Central Health needs your help capturing the voices of the communities we serve. In October, we're launching the Voice of the Community Initiative - part of our health care systems planning - to gather input and better understand the needs of the Travis County community.

HOW CAN YOU HELP US ACHIEVE THIS GOAL?
As Travis County's healthcare district serving people with low income, Central Health's mission is to improve the health of the community by caring for those who need it most. As communities in Travis County change, Central Health needs opportunities to meet our communities' immediate needs and work towards longer-term solutions. Central Health engaged with CudeHouse, Inc., a leading healthcare advisory consultancy to help create a Service Delivery Strategic Plan that will guide our work for years to come. We also partnered with K Strategies, a local community engagement agency, to create the Voice of the Community effort to better understand what our community wants and needs.

METHODOLOGY OVERVIEW
Throughout October, we will be conducting extensive stakeholder interviews, focus groups and online/in-person surveys to obtain the perspective of the community with regards to health needs. We will then synthesize results into the needs assessment report to identify the current state of health and health care for the vulnerable population in Travis County. All insights collected during the interviews, focus groups and survey will be anonymous and summarized into broad themes.

With your input, we can help more residents in Travis County with their healthcare needs.

PHASE 1		PHASE 2	
Health Needs Input	Gap Assessment	Strategic Planning	
OCTOBER	NOVEMBER	DECEMBER	JANUARY
Focus Groups Survey	Community Conversation: Your Input Matters	Community Conversation: Your Input In Action	Board Approval

CENTRAL HEALTH

We bring the meal, you bring ideas on how we can improve your healthcare experience.
Choose the date that best works for you.

COMMUNITY DINNER ON HEALTHCARE

Thursday, October 21 | 5:30 p.m. - 7 p.m.
Dobie Middle School
1200 E Rundberg Ln, Austin, TX 78753
RSVP: evt.to/sesossw

COMMUNITY LUNCH ON HEALTHCARE

Monday, October 25 | 11:30 a.m. - 1 p.m.
Southeast Health & Wellness Center
2901 Montopolis Dr, Austin, TX 78741
RSVP: evt.to/seshmniw

Participants will receive a \$25 H-E-B gift card while supplies last. A meal will be provided and children activities will be available.

In-Person Focus Groups

Central Health hosted two in-person focus groups - a community dinner and lunch. Eighty-one people participated in the focus groups, which included interactive “white-board” exercises and survey questions. We offered children activities. This way, the entire family could participate and offered MAP/MAP Basic members transportation to and from the venue. Every household received a \$25 gift card.

Patient Interviews (people who are experiencing homelessness)

Central Health partnered with Sunrise Community Church to capture the concerns and barriers to accessing health care for those experiencing homelessness. Central Health and K Strategies interviewed patients on a one-to-one basis. Every participant received a \$25 gift card.

SURVEYS

Phone Interviews of Randomly Selected MAP/MAP Basic Members

Recognizing that the patient population may have limited access to communication tools or not be available for the focus groups, the team assessed qualitative themes from the focus groups using phone and online surveys. Central Health’s staff queried the current MAP and MAP Basic member database to identify persons ages 18+ who spoke either English or Spanish and lived in a Travis County ZIP code. The team called those members and asked them to participate in a phone survey, then asked questions that aligned with the topics participants discussed in the in-person focus groups. A total of 120 patients completed the phone survey.

Note: Questions from the surveys are in the appendix.

Online Survey of the General Public

To provide greater public access to the survey, the team developed questions and deployed them using Central Health’s online engagement platform. The team developed the engagement tool questions to differentiate MAP/MAP Basic patients from patients using health insurance and those that are living without coverage. During the process, 47 participants completed online surveys.

Community Outreach and Partners



The team recognized the importance of community relations and set up the following meetings to meet patients and community leaders. Listening sessions and focus groups resulted in additional conversations with patients, community leaders, and groups advocating for patients to better understand the gaps in health care around the community.

In Person

- October 21 Community Dinner:
Dobie Middle School
- October 25 Community Lunch:
Central Health Southeast Health & Wellness Center

Virtual

- October 18 Colony Park Neighborhood Association led by Ms. Barbara Scott
- October 20 The Anti-Poverty Project (TAPP) led by Ms. Ofelia Zapata
- October 20 Listening Session:
Groups Advocating for people with low income
- October 20 Listening Session:
Leaders from institutions focused on health, education and transportation
- October 22 Listening Session 2:
Groups Advocating for people with low income
- October 22 Listening Session 2:
Leaders from institutions focused on health, education and transportation

*CSO - Community Serving Organizations



Held additional meetings with groups and individuals unable to attend initial listening sessions or focus groups.

Virtual

October 23	Alliance for African American Health in Central Texas: Leadership focused on solutions for African Americans to achieve physical, mental and social well-being
October 25	Del Valle Community Coalition (DVCC): Committed to cultivating engaged citizens, city and county leader relationships, to pursue proactive solutions to community challenges
October 26	Alliance for African American Health in Central Texas meeting: Engages people at the grassroots level and beyond, to identify and implement solutions that create opportunities for African Americans to achieve optimal physical, mental, and social well-being
November 3	Central Health Equity Policy (CHEP) Council: A coalition of volunteers charged with identifying and advancing health and wellness equity policies for Travis County residents with low income
November 5	Sunrise Community Church: Serves people experiencing homelessness
November 10	Austin Asian Community Health Initiative (AACHI): Serves Asian populations in Travis County
November 10	Community Coalition for Health: Serves residents in Eastern Travis County including Black men
December 2	Austin Asian Community Health Initiative (AACHI): Serves Asian populations in Travis County

In Person

November 19	Sunrise Community Church: Interviews with people experiencing homelessness
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Phone and Online

December 3 - 15	Online Surveys (English/Spanish)
December 16	Community Conversations via Facebook Live (English/Spanish)
December 7 - 23	Phone Surveys with MAP/MAP Basic members

ANALYSIS AND INTEGRATION

The engagement process approach began with work streams to assess common health care themes that impacted the community. The team then used key tactics to test the level of support for the themes. Tools mentioned earlier in the report communicated the approach and purpose of the work. The tactics created a framework to gather qualitative findings and build quantitative support.

Qualitative analysis

Qualitative analysis is the process of gathering data to assess common themes that reoccur during focus groups and surveys. As the number of respondents increased, the team closely watched the development of the themes, which were used to create phone and online surveys.

Quantitative analysis

Quantitative analysis is the process of testing common themes with as many participants as possible, in this case through phone and online surveys.

We identified a geographically-diverse sample group, then randomly selected MAP and MAP Basic members. The group answered questions through phone interviews.

Concurrently, the team used Central Health's online platform (participate.centralhealth.net) to deploy the online survey. The online survey broadened the participant base by providing unlimited access to the questions.

Integration

The data from these groups were gathered and translated to create a comparative data set to use with the focus group findings. The results were stratified into key categories, which include:

- Patient status
- Race and Ethnicity
- Age
- Gender

The data from the surveys were aggregated and the findings were compared by K Strategies to the focus

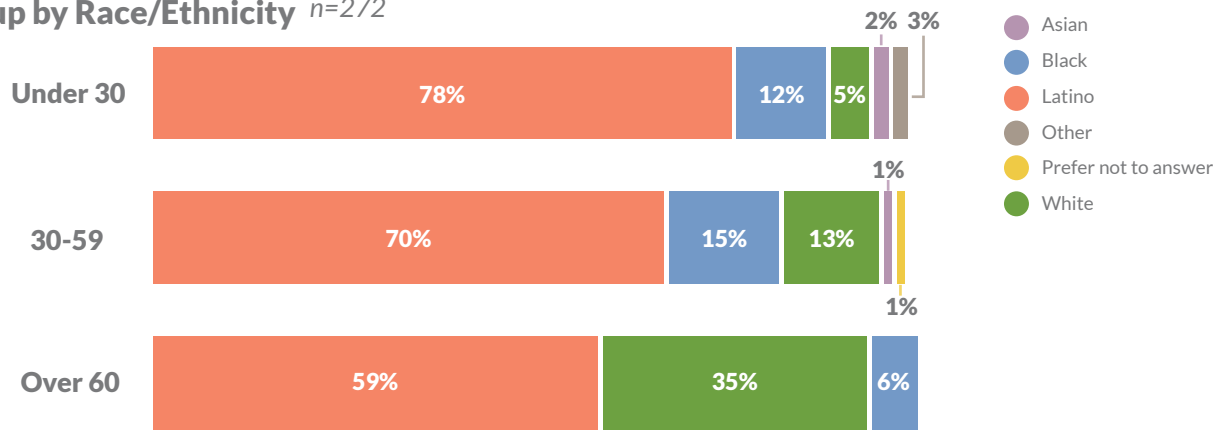
Through intentional and focused engagement efforts in targeted ZIP codes, the Voice of the Community participants are diverse and generally representative of Central Health's patient population. While the findings are qualitative, the themes and specific feedback items are largely consistent among all groups. We acknowledge 320 individuals cannot encapsulate the experience and opinions of all Travis County residents with low income.

Responses were collected using REDCap. Survey data from the online and phone surveys were exported and combined, cleaned, and translated (when necessary) to create the final survey data set. These data were then analyzed to review survey item responses and stratify the results by subgroups (e.g., by patient status, by race/ethnicity, etc). Percentages are reported wherever possible. Numbers less than 5 have been suppressed for HIPAA compliance. Results from these surveys may not be generalizable to the entire MAP and MAP Basic population because of the small sample size.

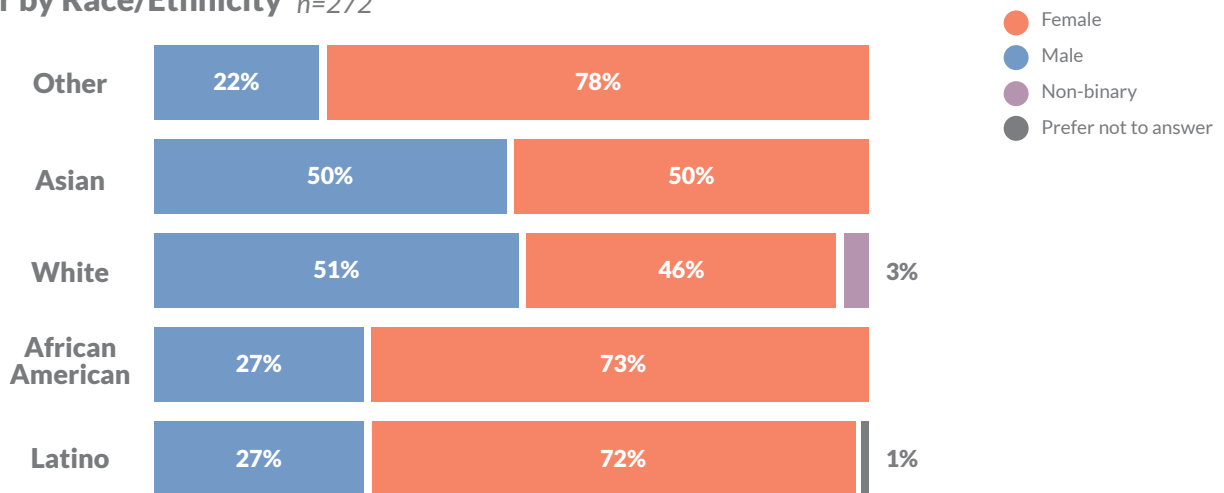
FOCUS GROUP AND SURVEY RESULTS

POPULATION DEMOGRAPHICS

Age group by Race/Ethnicity n=272

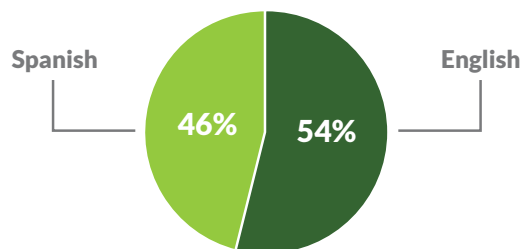


Gender by Race/Ethnicity n=272



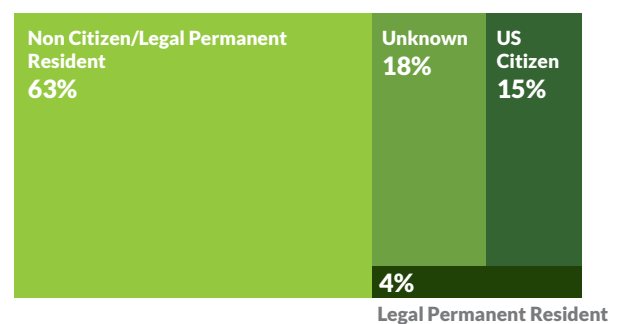
Primary Language

n=272



Citizenship status

Online and Telephone Survey Respondents only; n=167



WHAT WE HEARD

We listened to the Voice of the Community throughout the process. Several themes were repeated during the process and provided clarity of the 320 participants' experiences and needs. Although this number is a sample of the total population, the qualitative input helped identify the topics shared by participants. The next section shares what was heard during the engagement process. The section looks at focus group findings compared to the phone and online surveys.

Barriers to Care

Scheduling

Focus groups



27% of focus group participants identified scheduling as a major barrier to care. Twenty-seven percent represents the largest consensus

of responses by focus group participants. Unfortunately, an analogous question was not asked of the surveyed MAP/ MAP Basic population.

Cost

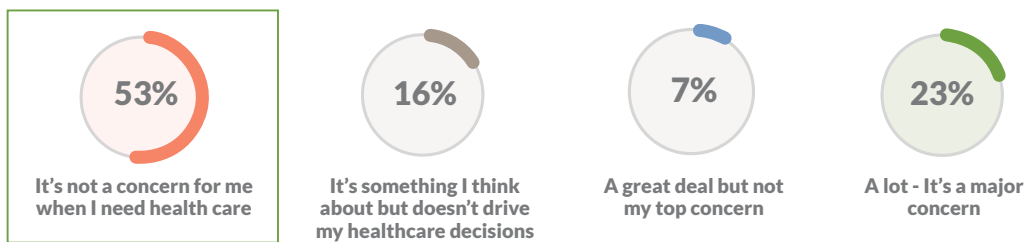
Focus groups



Only 10% of focus group participants said cost was a barrier to care.

Survey

The majority (53%) said that cost is not a concern for them when they need health care but 23% of MAP/ MAP Basic members (mostly MAP Basic) reported that the cost of health care impacts their decision to see a doctor or specialist. Central Health will have to investigate further to determine if these costs are related to office visits or medications.



Transportation

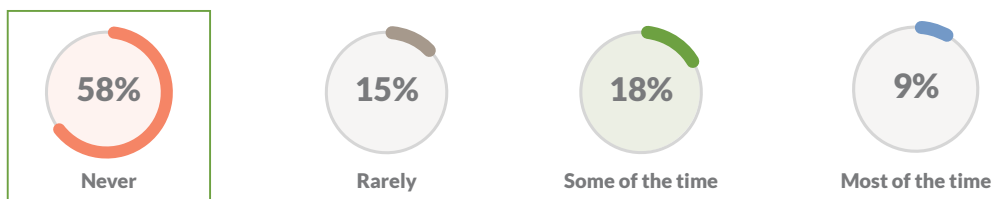
Focus groups



Only 3% of focus group participants said that transportation was a barrier to care.

Survey

Approximately 73% of current MAP/MAP Basic patients reported that transportation Rarely or Never kept them from making it to their medical appointments in the last year.

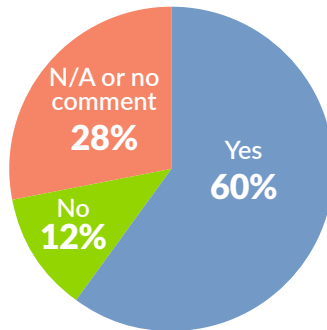


Language

Focus groups

In looking at language as a barrier to seeing a doctor, 60% of focus group interviewees shared that they are able to find a doctor that provides service in their native language.

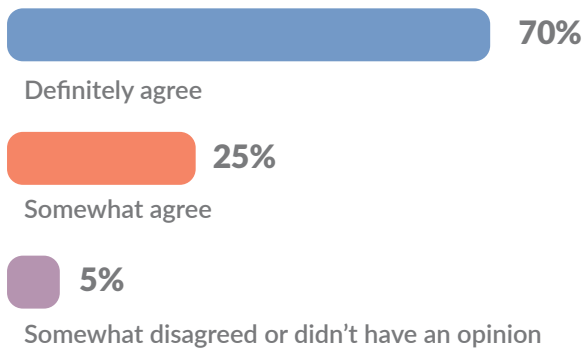
Are you able to find a doctor/medical service that can provide services in your native language?



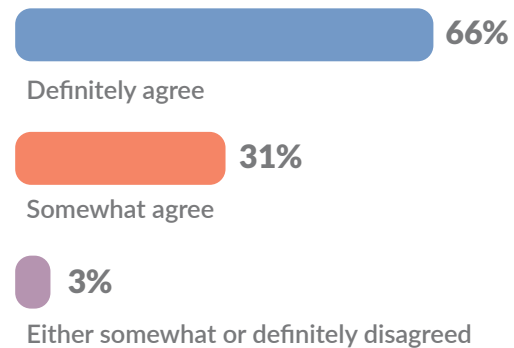
Survey

70% of current MAP/ MAP Basic patients interviewed reported definitely agreeing that they understood the language used during clinical appointments in the last year and 66% said they definitely agreed that clinic staff understood them.

Understood the language being used



Clinic staff and doctor understood what I was saying



During the process, language was discussed as a barrier during our conversations with advocacy groups. During a discussion with leaders from the Asian community, it was discovered that language is a barrier more than it is to the larger community. Advocates from this community shared that three things create barriers:

- Finding a doctor that speaks their native language
- Communicating diagnosis
- Prescriptions and post care information in their native language

Health literacy

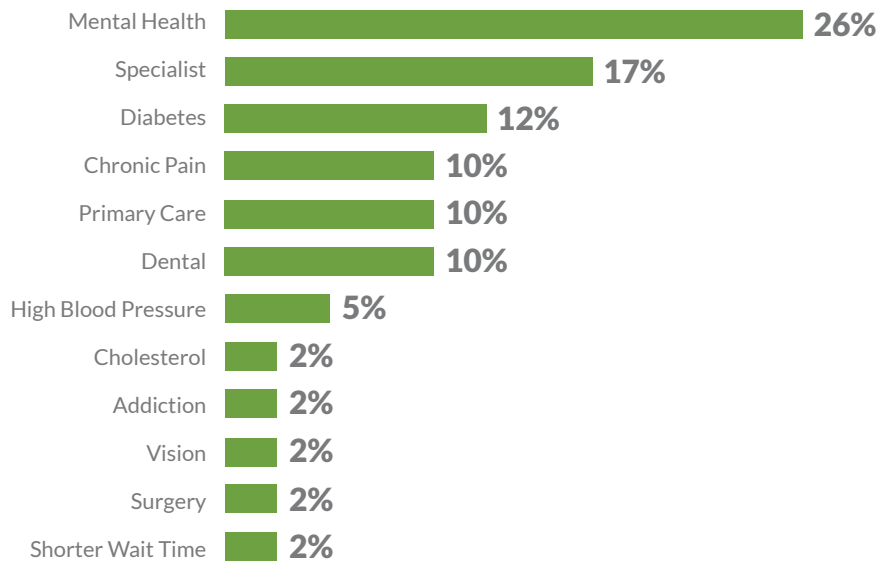
Survey

59% of MAP/ MAP Basic patients interviewed reported definitely agreeing that they understood the medical terms being used, 67% said that they definitely understood the instructions they were given and 67% responded that they definitely understood their treatment options.

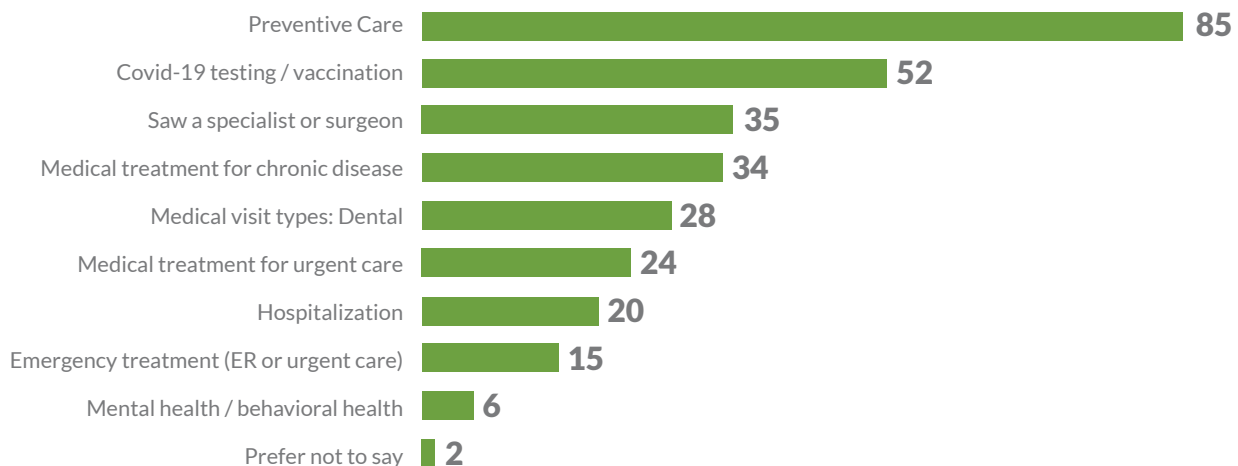
	Definitely agree	Somewhat agree	Neither agree/ disagree	Somewhat disagree	Definitely disagree
Understood the medical terms being used	59%	35%	<5%	<5%	<5%
Understood the instructions I was given	67%	32%		<5%	
Understood my treatment options	67%	33%			

Care Utilization and Unmet Needs

What is your greatest health need that has not been met? (In-Person Focus Groups)



Types of medical visits in the past year (Current MAP/MAP Basic members - Total # of responses)



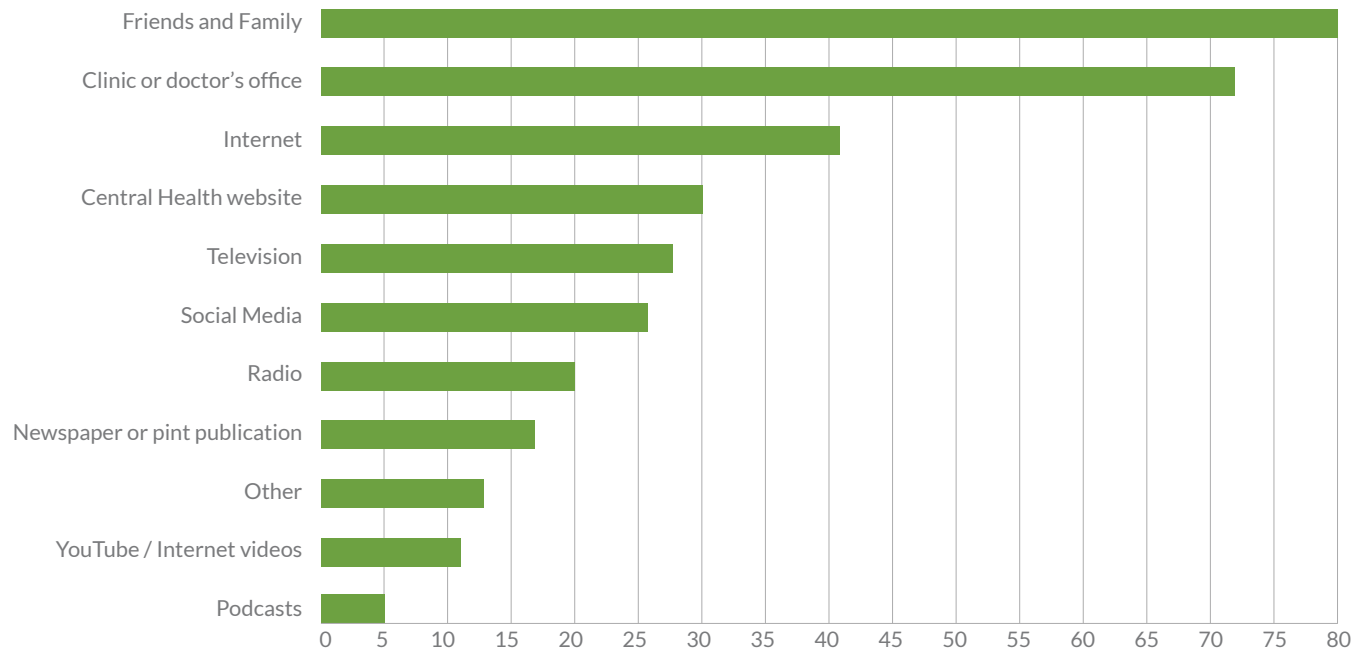
Community Health Care Resources

Preferred/Usual sources of health care information

Most current MAP and MAP Basic members usually received information about health care resources from: friends and family, at the clinic or doctor’s office, the Internet, or from the Central Health website.

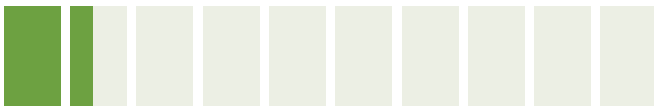
How do you usually get information about health care resources in your community?

Information in the chart was provided by MAP and Non-MAP members during focus groups.



Resource awareness

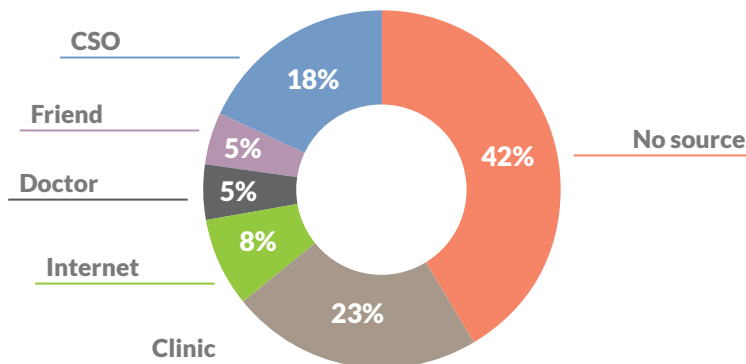
Surveys



Only 14% of MAP/MAP Basic respondents indicated they were Very Knowledgeable about the available health care resources in the community.

Focus groups

Do you have access to information to make decisions about medical care – i.e. dental, vision, pharmacy, preventive services, screenings, etc.? Where do you get information about making decisions related to medical care in your community?



Clinical Care Experience

Perception: MAP/MAP Basic members

Net Promoter score



90% of current MAP and MAP Basic patients surveyed would recommend MAP to friends and family if they needed health care coverage.

Members responded to questions that help understand their experience during doctor visits. A high net promoter score is an indicator of a positive experience. Based on the results, members are more likely to recommend MAP and MAP Basic to friends and family.

Thinking about the care you have received in the last 2 years, how did those experiences make you feel?

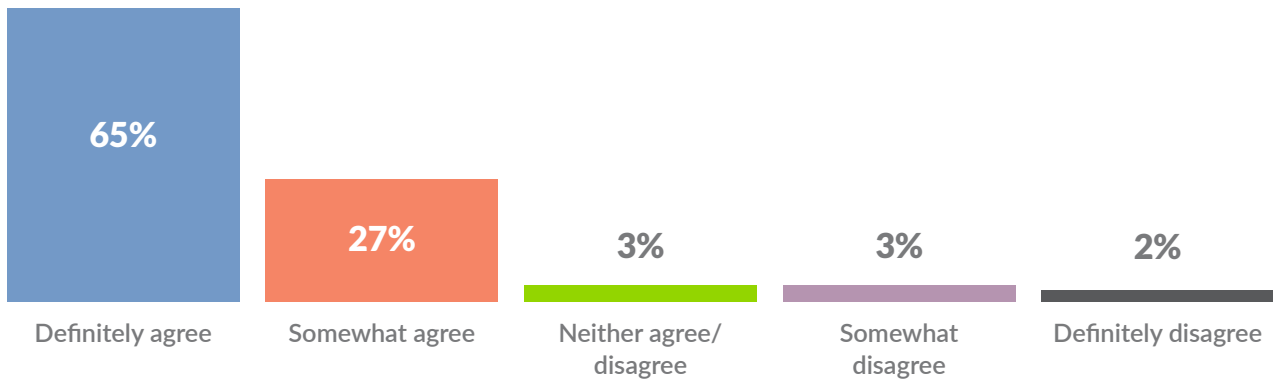
	Definitely agree	Somewhat agree	Neither agree/disagree	Somewhat disagree	Definitely disagree
I felt respected	70%	23%	<5%	<5%	<5%
I felt safe	71%	27%	<5%		<5%
Team cared about my health	66%	26%	5%	<5%	<5%
Experience was positive	64%	29%	<5%	<5%	<5%
Ever stopped seeking care because of how treated	5%				

Cultural competence

Survey

65% of patients interviewed reported that they definitely agreed that the doctor and clinical staff understood their culture.

Understood their culture



Community suggestions for improvement

In this section patients shared ideas and suggestions for improving health care in the community.

Focus groups

What could be improved in the community to promote a better and healthy lifestyle for you?

- Host programs classes in neighborhoods and/or at apartments for people who work late or don't go out.
- Offer more bilingual clinical staff.
- Offer appointments with shorter wait times (e.g. not a month out).
- Two suggestions: Offer more health and wellness programs and host a one stop shop event that offers information on medical, dental and vision.
- Two ideas: Have discussions about mental health and invite African American men to attend and learn. Second, ship medicine instead of having to pick it up.

Survey

If you could improve the health care experience for you, your family, and your community, what you change?

- Increase the number of available appointment times.
- More medical assistants that are patient and understanding.
- More availability at clinics near me (e.g. Del Valle resources are limited).
- Add more clinic locations.

Do you have any ideas or suggestions for ways to improve health care services for people experiencing homelessness?

- Ask the staff to be more compassionate, and talk to patients like they care about them.
- Offer more mobile clinics. Promote and advertise them in places where people experiencing homelessness gather (e.g. food pantry).
- Extend MAP from six months to a year. It's very hard to keep up with renewal dates.
- More meetings like this one where we can talk and someone listens to us.

DISCUSSIONS AMONG ASIAN, LATINO, AFRICAN AMERICAN AND UNHOUSED PARTICIPANTS IN FOCUS GROUPS

- All groups expressed the need for more education and information about preventive care and resources related to chronic disease and mental health.
- All groups expressed the desire to work with Central Health to help families learn how to access medical care and support each other in becoming healthier.

Additional Key Findings: Asian Participants

- Language barriers may be reduced by building stronger communication systems that translate documents and diagnosis in the native language of patients.
- Patient-serving organizations in this community go the extra mile providing rides, assistance with diagnosis and even helping patients pick up prescriptions.
- Patients served are older, do not speak English, and require assistance navigating all steps to accessing medical care.
- There is a desire among this patient population to work with Central Health on preventive workshops at faith-based centers and in the community to help improve health of the community.

Additional Key Findings: Latino Participants

- Latino patients have a desire for more education regarding prevention programs and available resources.
- Need for community alliances to solve larger social and political issues in accessing health care.
- This patient population calls for compassionate relationships that deeply look at and understand the culture, geographic challenges, and languages when considering the health care needs of safety-net populations across the county.

Additional Key Findings: African American Participants

- Emphasis on patient experience before, during and after doctor visits.
- Share more information on chronic disease, nutrition, and mental health.
- Desire opportunities to partner with families, churches and organizations to build education and outreach programs for African American men and to teach families how to help them maintain consistent care and seek more frequent medical attention.

Additional Key Findings: Interviews with People Experiencing Homelessness

- Community partnerships provide structure, access to information and resources that help people living in transition.
- Churches have a unique position because of location and in partnership with medical providers can be great spaces where unhoused people can consistently connect with needed resources.
- Most respondents were current or former MAP members and are able to access the program because of the church.

SUMMARY

Overall, the Voice of the Community systems planning process received favorable responses from patients of Central Health and Travis County residents with low income. The MAP/MAP Basic programs improve patient experiences, increase access to quality health care and is favorably helping the community.

The team heard from diverse groups. To non-English speakers, language presented a possible barrier to accessing medical care. However, language does not stop patients once they have enrolled in MAP/MAP Basic programs. Currently, community leaders, community-serving organizations and advocates help patients enroll in MAP/MAP Basic, access health care and receive the support needed to achieve a higher quality of life.

Patients and community leaders shared throughout the process a high desire to work with Central Health to improve the overall knowledge and health of the community. The systems planning process uncovered diverse topics that impact patients such as cost and transportation. In fact, focus groups and surveys showed that a small percentage of the population are impacted by cost and transportation, 10% and 3% respectively. Again, these are not barriers to MAP members accessing quality health care. The recommendations expressed in this report suggest ways Central Health can impact more patients that use MAP/MAP Basic and influence healthier lifestyles in Travis County. The findings of this report can be summarized in five areas:

- People appreciated the opportunity to provide input.
- MAP is making a difference in members' lives.
- There is a need for added education about benefits and resources.
- Language barriers exist when accessing and navigating the system.
- Wait time for appointments and patient provider communication are both critical issues for patients.

RECOMMENDATIONS AND NEXT STEPS

The Voice of the Community provided insight into the thoughts and experiences of Travis County residents. Below are recommendations based on the work completed:

Understanding patient needs

- Increasing MAP and MAP Basic outreach and access will provide some members of the community a chance to improve their quality of life. Patients and advocates shared that they were delighted to participate in events and extremely interested in learning more about health coverage benefits and accessing health care resources.

Improve the clinical care experience

- Conduct an analysis of appointment scheduling and wait times during appointments, particularly specialty care appointments, and develop strategies to reduce the complexity of scheduling and long appointment wait times.

Enhance community connections

- Increasing the number of relationships with faith-based organizations, community-serving organizations, advocates, and institutions will provide connections to educate communities on resources, programs, and healthy living.

Increase outreach to the underserved

- Improving cultural competence and adding more resources to communicate medical information across multiple cultures are critical parts of serving the communities.
- Wives, sisters and other family members shared concern for the low number of men seeking medical care. Investigate strategies for increasing the number of men seeking care in the system.
- Improve health literacy. Patients and community-serving organizations shared the need for community programs and workshops in easily accessible locations, to help the community better understand chronic disease, nutrition and preventative health care.

The [Appendix](#) includes highlights from discussions that will help gain a deeper understanding of the Voice of the Community.

APPENDIX

These advocacy groups provide information and resources to people with low income. Through these conversations, the engagement team learned how to better connect with people experiencing homelessness, Asian sub-groups, and other ethnic groups that do not traditionally seek medical care regularly.

Below are findings from our focused conversations with advocacy groups.

Groups Advocating for People with Low Income

Transportation

- Transportation is hard for many patients because they live far from the areas that provide care.

Patient Service

- Community advocates feel their work is not appreciated and the communities they serve are constantly overlooked.
- Groups are looking for ways to reach and engage seniors about health care.
- The community appreciates MAP because it provides access to care and SNAP because it provides access to nutrition.

Resources

- Participants felt there are not enough information resources for patients, and there are challenges to accessing what is available. The community wants partners such as Central Health to help make residents aware of resources and education opportunities to live healthier.
- Economically challenged communities have limited resources.
- Many areas in East Travis County are in food deserts. Communities need access to healthy, affordable foods.

- There is a need for more parks/ greenspaces, and recreation centers connect health facilities.

Costs

- Patients need more medical and prescription coverage.

Language/Cultural Barriers

- Paperwork and applications are not in native languages. Diagnosis and care advice must be translated. Communication is confusing for some patients leading to barriers in seeking care and requiring a second person to translate.
- There is mistrust between marginalized communities and health care.
- Black and Latino men need education programs through faith-based organizations, and other trusted locations to build knowledge and trust.

Advocates: Groups Advocating for People with Low Income

The Central Health engagement team helped set up meetings with groups around Travis County that advocate for patients. Below is a list of organizations that were contacted initially and asked to identify other groups that could be helpful with the process of gathering information.

Organization List

- Alliance for African American Health in Central Texas
- Asian Family Support Services of Austin
- Austin Asian Community Health Initiative
- Austin Latino Coalition
- Austin Voices for Education & Youth
- Austin's Colony Neighborhood Association
- Black Leaders Collective
- Central Health Community Health Champions
- Central Health Equity Policy Council
- Colony Park Neighborhood Association
- Community Coalition for Health
- Community Resilience Trust
- Del Valle Community Coalition
- El Buen Samaritano
- Go Austin, Vamos Austin! (GAVA)
- HEALTH | Equitable cities
- Latino Healthcare Forum
- Middle East Outreach Council (MEOC)
- Minorities for Equality in Economy Education Liberty and Justice (MELJ)
- National Hispanic Contractors Association
- People Organized in Defense of Earth and Her Resources (PODER)
- Quality of Life Commissions
- Refugee Services of Texas
- Texas AFL-CIO
- Texas Anti-Poverty Project

Health and wellness professionals support community efforts in accessing health care by providing transportation options, partnering with entities to provide services through education, and working to close the gaps in the community. We interviewed several institutions and learned the following about their work with the community.

Institutions - Focus Group Themes

Institutions have identified ways they can help fill gaps that reduce barriers to care and encourage healthy lifestyles.

Patient Service/Costs

- Patients with addictions are challenged with discrimination when seeking medical care.
- There are plans in place to support students by providing medical and other services at local secondary and higher education facilities.
- Meals are provided to low-income families through school services.
- More needs to be done to deliver services where patients and populations live / work. Patient care and services should be more easily accessible to reduce the challenges in receiving care.
- Race/racism is an issue. Respondents shared that Travis County appears to lack funding to support areas where there are larger populations of minority residents.

Resources/Transportation

- There is a need for more mental health resources.

- Most institutions work in partnership with community organizations to help their populations access health resources.
- CAP Metro provides Senior Ride Guides to inform seniors of easier transportation options and offer reduced fare for 65+.
- CAP Metro provides van pick-up zones in areas that do not have transportation.
- Transportation is expensive for outlying communities of Travis County.

Language/Cultural Barriers

- Gentrification and the high cost of housing has caused many low-income and minority communities to move to outlying areas where it is more difficult to access health care. These communities do not have adequate resources such as hospitals, clinics, grocery stores, etc.

Institution List

- Austin Community College
- Austin Independent School District
- Austin Public Health
- Concordia University
- Del Valle Independent School District
- Dell Medical School at University of Texas
- Harmony Public Schools
- Huston-Tillotson University
- IDEA Public Schools
- KIPP Charter Schools
- Leander Independent School District
- Manor Independent School District
- Pflugerville Independent School District
- St. Edwards University
- Travis County Health & Human Services
- United Way for Greater Austin

PARTICIPATION SURVEY QUESTIONS

1. ***Are you a current MAP/MAP BASIC member, former MAP/MAP BASIC member, or someone else? Please select the role that best describes you (select only one)**

- Currently enrolled MAP/MAP BASIC patient at CommUnityCare, Lone Star Circle of Care, or People's Community Clinic
- Former MAP/MAP BASIC patient
- Community advocate
- Community Health Champion (Central Health community group)
- Partner agency
- Elected official
- Academic/researcher
- Employee of Central Health, Sendero, or CommUnityCare
- General public

2. **How likely are you to recommend MAP/MAP BASIC to your friends and family if they needed health care coverage? [This question was only available to current or former MAP/MAP Basic members]**

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Unlikely

3. ***Do you currently have any healthcare benefits/insurance coverage?**

- Yes
- No, I am uninsured

4. ***Which healthcare benefits or coverage do you have? (Select all that apply)**

- Dental
- Medical
- Vision

5. ***Who provides your coverage?**

- Private insurance plan
- Medicaid
- Medicare (65+)
- Affordable Care Act (ACA) plan, as known as Obamacare
- COBRA
- Other (please specify)

6. ***Please select any reasons why you don't currently have medical coverage (Select all that apply)**

- Lost my job
- No transportation
- High cost
- I don't trust the healthcare system
- I feel healthy and don't need to see a doctor
- Most doctors don't communicate in my native language
- I prefer non-Western medicine(s) and treatment
- Other (please specify)

7. **Let's talk about the clinical care experience.**

The following questions will help us understand some of the issues people face when seeking care, even if they're not our patients.

If you're a MAP/MAP BASIC member or former member, please answer based on your experience at our clinics (CommUnityCare, Lone Star Circle of Care, People's Community Clinic).

If you don't have experience with MAP/MAP BASIC, please answer based on the care you seek. This will help us understand the other issues with the broader healthcare system in Travis County.

*Questions only available on the online survey.

8. How would you rate your knowledge of available healthcare resources in your community?

- Not at all
- Somewhat
- Very knowledgeable

9. How do you usually get information about healthcare resources in your community? (select all that apply)

- Internet (Google, Bing, etc.)
- Social media (Facebook, Instagram, Twitter, Reddit, SnapChat, etc.)
- Friends and Family
- Television
- YouTube
- Radio Podcasts
- Central Health website
- At the clinic or doctor's office
- Newspaper or print publication
- Other (please specify)

10. When was the last time you went to a doctor or received medical care?

- In the last six months
- 6-12 months ago
- 1-2 years ago
- More than 2 years ago

11. What types medical visits have you had in the past year? Select all that apply. (All responses are strictly confidential)

- Preventative care (wellness, check-ups)
- Covid-19 testing and vaccinations
- Medical treatment for urgent care (infections, injuries, etc.)
- Medical treatment for chronic disease (diabetes, asthma, etc.)
- Emergency treatment (emergency room or urgent care)
- Hospitalization (admitted to hospital)

- Saw a specialist or surgeon
- Dental
- Mental health/behavioral health (ex. - depression, anxiety, addiction)
- None - I haven't been to the doctor in the past year
- Prefer not to say

12. Are you currently seeking care for a chronic illness? (things like diabetes, high blood pressure, heart disease, lung disease, etc.)

- No
- Yes

13. If a clinic providing health information and medical care was built near you, how likely would you be to use it?

- Very likely
- Somewhat likely
- Unlikely

14. It's sometimes hard to get to the doctor's office or clinic. In the last year, how often has transportation been an issue that kept you from making it to your medical appointments?

- Most of the time
- Some of the time
- Rarely
- Never

15. Would you like to tell us more about how transportation challenges have affected your ability to get the care you need? (optional)

16. How much does the cost of health care impact your decision to see a doctor or specialist?

- A lot - it's my major concern
- A great deal but not my top concern
- It's something I think about but doesn't drive my health care decisions
- It's not a concern for me when I need health care

*Questions only available on the online survey.

17. Would you like to tell us more about how costs have affected your health care decisions? (optional)

18. Have you ever gone to another country to get medical or dental care?

- No
- Yes (can you please tell us more?)

19. The way patients feel during their care has a big impact on their health care experience. Thinking about the care you have received in the last 2 years, how did those experiences make you feel?

Statements (rows)

- I felt respected.
- I felt safe.
- I felt that the team cared about me and my health.
- I felt the experience was positive.
- I felt like the doctor and clinical staff understood my culture.

Options (Columns)

- Definitely agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Definitely agree

20. Thinking back to care you have received in the past year, did you have issues understanding or being understood by your doctor or clinical staff - in the language you speak at home?

Statements (rows)

- I understood the language being used.
- I understood the medical terms being used.
- I understood the instructions I was given to get and stay healthy.
- The clinic staff and doctor understood what I was saying.
- I understood my treatment options.

Options (columns)

- Definitely agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Definitely agree

21. Have you ever stopped seeking care because of the way you were treated before, during, or after seeing a doctor here in Travis County? If so, please tell us where and a little bit about what happened.

- No
- Yes (you can use the box below to tell us more about what happened)

22. Would you like to tell us about any other issues you or someone you know had while trying to get health care in Travis County? (optional)

- No
- Yes (please explain)

23. If you could improve the health care experience for you, your family, and your community, what would you change? (optional)

24. *What gender do you identify with?

- Cis woman (gender identity matches sex assigned at birth)
- Cis man (gender identity matches sex assigned at birth)
- Transgender woman
- Transgender man
- Non-binary
- A gender not listed here
- Prefer not to answer

*Questions only available on the online survey.

25. ***What race/ethnicity do you identify with? (select all that apply)**

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White or Caucasian
- Native American or Alaskan Native
- Other Indigenous
- Prefer not to answer
- A race/ethnicity not listed here (please specify)

26. ***To help us better understand you, please tell us what year you were born. (Example: 1977)**

27. ***ZIP code**

28. ***If you'd like to stay updated on this project, please provide your email address. We never, ever sell your information to anyone and you would only receive updates and not marketing materials of any sort. (optional)**

29. **Would you like to subscribe to Central Health's newsletter for other healthcare updates?**

- Yes
- No

POPULATION DEMOGRAPHICS

	Focus Groups (n=105)	Phone Surveys (n=120)	Online Surveys (n=47)
Men	27%	30%	17%
Women	72%	70%	77%
Non-binary	<5%	<5%	<5%
A gender not listed here	<5%	<5%	<5%
Prefer not to answer	<5%	<5%	<5%
White or Caucasian	13%	<5%	32%
Hispanic or Latino	68%	91%	53%
Black or African American	12%	<5%	<5%
Asian or Pacific Islander	<5%	<5%	<5%
Other race/biracial/multiracial	7%	<5%	6%
Race/ethnicity unreported	6%	<5%	<5%
English as primary language	86%	81%	81%
Spanish as primary language	14%	19%	19%
Age <30 years	15%	23%	15%
Age 30-59 years	63%	62%	64%
Age 60+ years	17%	15%	21%

Percentages based on in group percentage not across group. Percent within each set: Example Men 27% is of the 105 focus group surveyed were men.



Safety-Net Community Health Needs Assessment Report

February 10, 2022

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1.0 Introduction

1.1 About Central Health

As the hospital district serving Travis County, Central Health was created in 2004 to provide access to and coordinate the high-quality care low-income residents need to get well and stay healthy. Central Health’s mission states: “By caring for those who need it most, we improve the health of the community.” To accomplish its mission, Central Health is focused on addressing the health needs of residents with low-incomes (defined as those with annual household incomes at or below 200% of the Federal Poverty Income Level) including those who are experiencing homelessness and low-income non-citizens.

Our Vision ... Central Texas is a model health community.

Our Mission ... By caring for those who need it most, Central Health improves the health of the community.

Our Values ... **Central Health will achieve excellence through:**

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

Collaboration - We partner with others to improve the health of our community

Figure 1. Our Mission, Vision, and Values

To fulfill its mission, Central Health partners with local health care organizations to extend access to a broad array of health care services for low-income Travis County residents. Collectively, Central Health’s partners provide health care services spanning the care continuum for patients at approximately 190 locations. Key services provided include primary and preventative care, inpatient and outpatient hospital care, specialty care, recuperative and hospice care, and services for patients discharged from inpatient and acute settings transitioning back into daily life.

In 2018, Central Health worked closely with community members to identify and refine the healthcare district’s strategic objectives for the years ahead. These objectives are defined as follows:



Figure 2. Central Health Board Defined Objectives

Travis County is home to approximately 1.3 million residents. As the community continues to grow and change, Central Health seeks opportunities to best position itself to meet the immediate health-related needs of its eligible populations and work toward long-term solutions that maximize use of community resources to improve the health of those populations. To continue progress toward its mission, Central Health developed a Community Health Needs Assessment (CHNA) to systematically identify and prioritize health needs in Travis County’s low-income and uninsured populations. Central Health partnered with Guidehouse, Inc., to complete this safety-net CHNA.

1.2 Community Health Needs Assessment Process and Methodology

The primary objective of the CHNA is to understand health care needs for Travis County’s safety-net population. Using various sources, the CHNA evaluates quantitative data and trends relevant to the safety-net population to identify opportunities that position Central Health to better serve these communities.

The CHNA process identified health care needs by focusing analysis on four distinct areas: (1) Demographics, (2) Health Status Indicators, (3) Social Determinants of Health, and (4) Access to Care. This assessment included a comprehensive review of quantitative data from a variety of publicly available and proprietary resources specific to the safety-net population related to local demographics, health status indicators, social determinants of health, and the ability to deliver health care services. Sources included:

- U.S. Census Bureau,
- American Community Survey,

- Center for Applied Research and Engagement Systems (CARES),
- and the local city and county area development plans.

The CHNA also included an assessment of Central Health’s patient enrollment and claims data to better understand community needs for safety-net populations already served by the organization.

In addition to the CHNA, Central Health conducted a Voice of the Community qualitative analysis to understand community strengths, barriers, and opportunities specific to the safety-net population’s health care needs. This analysis included extensive interviews, surveys, and focus groups with patients, local stakeholders, representatives of organizations that work in public health, health care network providers, community advocacy groups, and people with low incomes. Findings of the Voice of Community are discussed in a separate report.

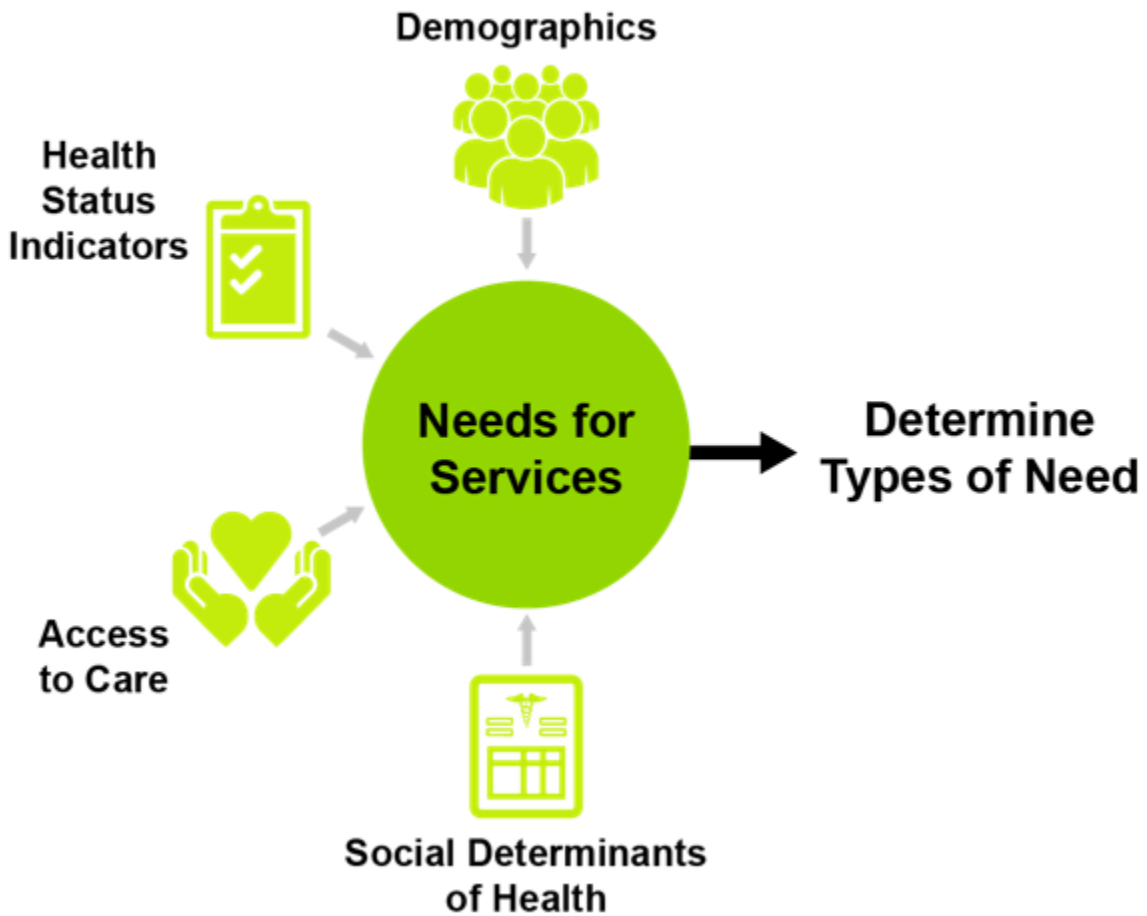


Figure 3. Needs for Services

1.3 Notes and Definitions Used in the Community Health Needs Assessment

There are several key terms and definitions that are important to consider while reviewing the contents of this document.

Diversity Index: The Diversity Index (DI) is the probability that two people chosen at random from a given community will be from different racial and ethnic groups. DI ranges between 0 and 1, with a zero-value indicating everyone in the community has the same racial and ethnic background, and values closer to 1 indicating a greater racial and ethnic variance in the population. In this report, DI is standardized as percentages to make the index easier to interpret.

Federal Poverty Income Level (FPIL): The Federal Poverty Income Level (FPIL) is a measure of income issued annually by the U.S. Department of Health and Human Services (HHS) to determine eligibility for government programs and services including Medicaid, Children’s Health Insurance Program (CHIP), and the Supplemental Nutrition Assistance Program (SNAP). FPIL limits increase as the number of people in a family increases.¹

Food Desert: A food desert is any neighborhood that lacks healthy food sources due to income level, limited access to healthy foods, or vehicle access. Census tracts are categorized as food deserts if they meet the low-income and low-access thresholds defined below. This definition was developed by the U.S. Department of Agriculture (USDA), the HHS, and the U.S. Department of the Treasury.²

- *Low-Income Threshold:* A census tract with a poverty rate of 20% or greater, or a median family income at or below 80% of the statewide or metropolitan area median family income.²
- *Low-Access Threshold:* A census tract where at least 500 persons and/or at least 33% of the population lives more than one mile from a supermarket or large grocery store (10 miles, in the case of rural census tracts).²

Social Determinants of Health: Social determinants of health (SDoH) are defined as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” SDoH factors include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community metrics.³

¹ <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

² <https://www.ers.usda.gov/amber-waves/2011/december/data-feature-mapping-food-deserts-in-the-us/>

³ <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

1.4 Our Community: Planning and Assessment Regions

For purposes of the CHNA, Central Health divided Travis County into 14 planning and assessment regions to understand health care needs at a more local level. These planning and assessment regions were developed based on census tract analysis and other characteristics, including geographic borders, level of urbanization, transportation resources, and population density.

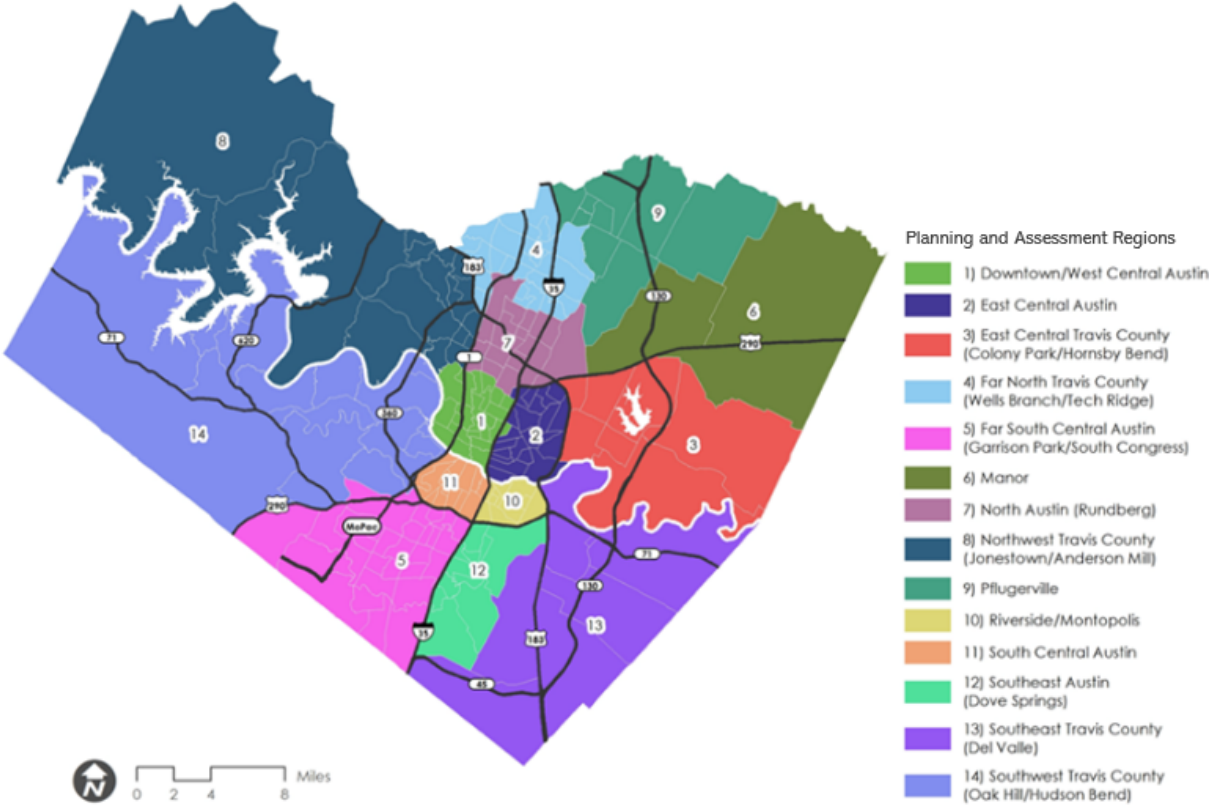


Figure 4. Central Health Planning and Assessment Regions

Source: Planning and assessment regions defined by Central Health

Core to this analysis is understanding the health care needs of low-income Travis County populations at the local level. The map in Figure 5 illustrates the geographic distribution of the healthcare district’s low-income population, specifically those with incomes less than or equal to 200% of the FPIL, across each of the 14 planning and assessment regions.

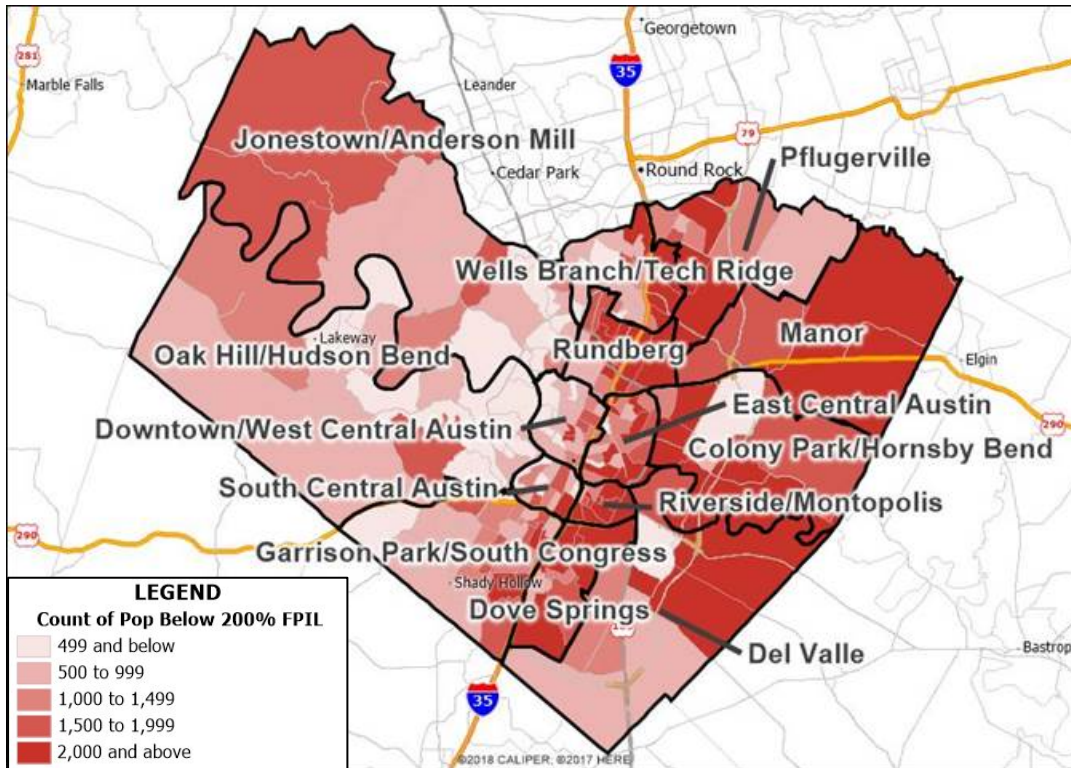


Figure 5. Absolute Population below 200% of FMR by Census Tract

Source: American Community Survey (ACS) 2015 -2019

These 14 planning and assessment regions were then aligned to one of three focus areas: (1) I-35 Corridor, (2) East Travis County, and (3) West Travis County.

Table 1. Central Health Planning and Assessment Regions

I-35 Corridor	East Travis County	West Travis County
<ul style="list-style-type: none"> • Dove Springs • Downtown/West Central Austin • East Central Austin • Garrison Park/South Congress • Riverside/Montopolis • Rundberg • South Central Austin • Wells Branch/Tech Ridge 	<ul style="list-style-type: none"> • Colony Park/Hornsby Bend • Del Valle • Manor • Pflugerville 	<ul style="list-style-type: none"> • Jonestown/Anderson Mill • Oak Hill/Hudson Bend

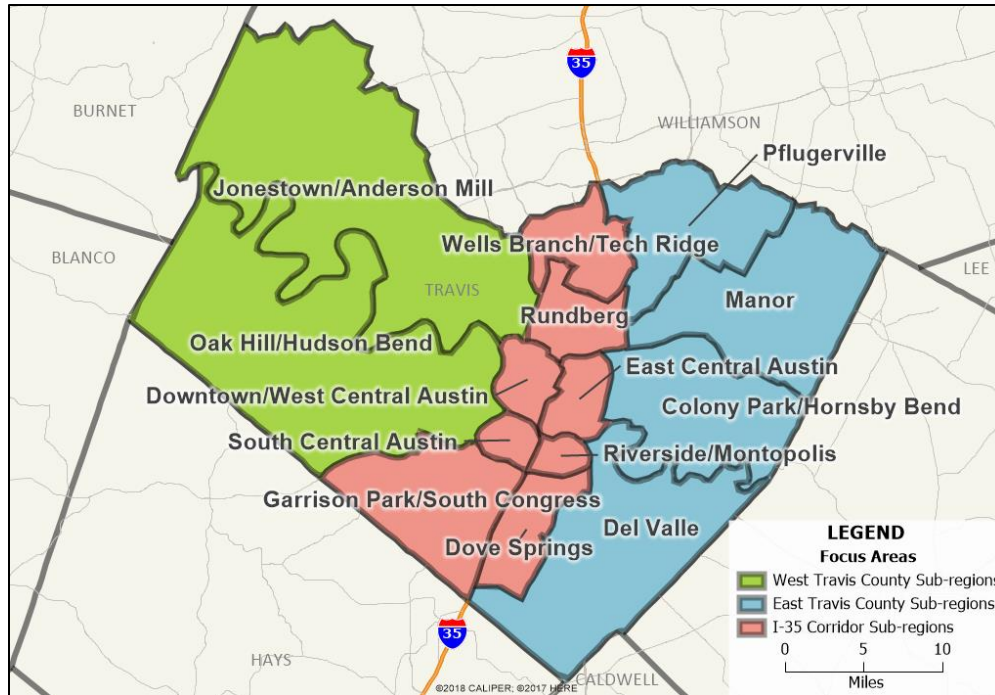


Figure 6. Travis County Focus Areas

Source: US Census Bureau Data

The 14 planning and assessment regions and three focus areas were used to understand health care needs of the safety-net population at regional and local levels throughout the county.

2.0 Executive Summary

2.1 Deficiencies Impacting Health Needs

Deficiencies impacting health needs were identified based on a comprehensive review of publicly available and proprietary quantitative data collected throughout the CHNA process. These deficiencies are:

1. **Access to preventative, primary, and specialty care:** Health outcomes data indicates Travis County's safety-net population experiences greater challenges trying to access health care services compared to other populations in the county. Major disparities and health care inequities continue to exist across the care continuum for Central Health's patients, making it nearly impossible to achieve the objectives of the Institute for Healthcare Improvement's Triple Aim™ Initiative of better health outcomes, improved patient experiences, and lower costs of health care. The health care disparities faced by the Travis County safety-net population continue to be substantial and include:
 - An overall need for more comprehensive, multidisciplinary health care, treatment planning and care coordination across providers and settings for the safety-net population. Overall capacity for primary care including walk-in and same day access should be increased to meet more of the enrolled population needs. More robust post-acute services are needed, especially in East and West Travis County.
 - Large shortages of physicians exist in some primary and across most medical, and surgical specialties, and will most likely increase in the future across all payors and patients seeking medical services. The shortage will be exacerbated for the safety-net system as it attempts to compete for the necessary level of physicians to meet the service levels required for patient care. Shortages will limit timely access to critical preventative, primary, and specialty care services for safety-net patients, which will likely result in undesirable health outcomes. This is demonstrated on a micro-level, with patients residing in East Travis County and along the I-35 Corridor having lower utilization for preventative services, including annual check-ups, dental care, mammograms, pap smears, and colorectal screenings. For Central Health patients in particular, screening rates for breast cancer (64.0%), cervical cancer (73.5%) and colorectal cancer (47.0%) are lower than target rates set by the Healthy People 2030 Program (77.1%, 84.3% and 74.4%, respectively).⁴
 - A limited number of healthcare providers treat the safety-net population, which results in delayed care. Providers in Travis County also do not resemble the demographically diverse safety-net population, which means patients may not receive care in a language they understand, or care may be delivered without consideration of a patient's cultural lens.
 - 74% of Travis County's 241,774 residents with incomes below 200% FPIL reside in the I-35 Corridor. By a significant margin the Rundberg area houses the highest number of residents below 200% FPIL in Travis County (56,132 individuals). As

⁴ [Cancer - Healthy People 2030 | health.gov](#)

Central Health considers strategies that expand access to care for Travis County's safety-net community, it must ensure the geographic distribution and health care needs of its patient population are aligned with sufficient access points to meet demand for services.

2. Management of Chronic Health Conditions:

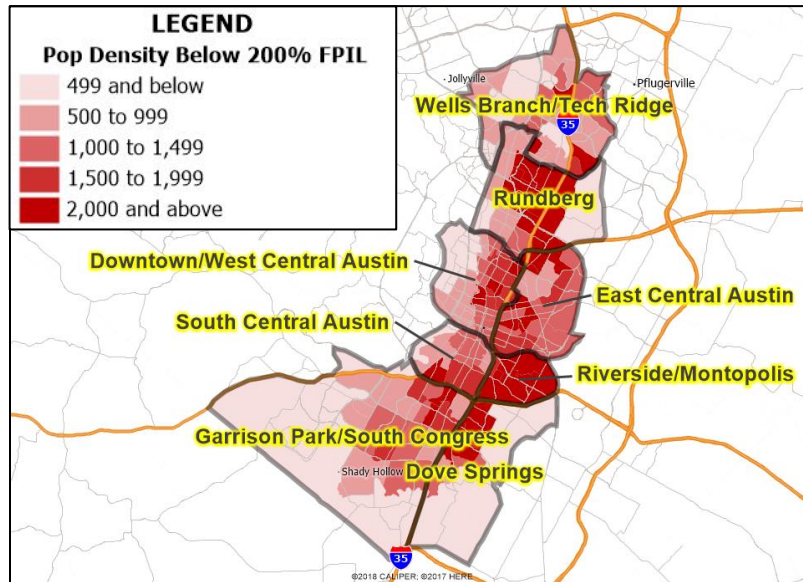
- Patients served by Central Health need additional resources to address chronic diseases. From a geographic perspective, Central Health patients who reside along the I-35 Corridor had the highest rates of chronic conditions, thereby demonstrating a greater need for access to health care services in these locations.
 - Further, there is a need to expand comprehensive, multi-disciplinary care, treatment planning, and care coordination across care settings and providers to facilitate individualized care management planning with seamless coordination across settings. This is further compounded by the fact that there is not a central electronic health record or robustly utilized health information exchange to tie providers together through data sharing to encourage seamless transitions in care. Additionally, opportunities exist to improve population health and chronic disease management by leveraging advanced care models for the safety-net population.
3. **Behavioral Health:** Many factors leading to mental distress and substance abuse disproportionately impact patients served by Central Health (e.g., inequity, low-income, poor physical health, unemployment, high cost of living) are common in the county. On a micro level:
- Most of the regions in the I-35 Corridor (five out of eight) and all regions in East Travis County have a lower rate of local mental health providers per 100,000 residents (i.e., credentialed professionals specializing in psychiatry; psychology; counselling; child, adolescent, or adult mental health; or clinical social work) than the county overall. However, these areas represent some of the highest needs for advanced mental health services in the county.
 - The safety-net population needs additional access to behavioral health services especially in East and West Travis County, where access and capacity to serve the safety-net are limited. Integral Care provides mental health services in the Colony Park area to the homeless population in East Travis County. West Travis County does not have any mental health services available to Central Health patients.
 - Central Health patients residing in the West Travis County communities of Jonestown/Anderson Mill and Oak Hill/Hudson Bend have less access to substance abuse providers when compared to the overall patient average, yet these patients have some of the highest substance abuse rates among the organization's patient population.
4. **Social Determinants of Health:** Safety-net patients are faced with an abundance of social and economic disparities impacting physical and mental wellness. Regions where 50% or more of the population is Hispanic (i.e., Del Valle, Dove Springs, Colony Park/Hornsby Bend, and Riverside/Montopolis) face greater SDoH-related needs than other regions. Specific to the communities served by Central Health:
- The lower median income, high unemployment rates, and high rate of households below FPIL in the I-35 Corridor and East Travis County are indicative of
-

populations that may have limited access to adequate preventative care and lack other necessary resources to achieve health and wellness.

- A larger proportion of adults in East Travis County and in the I-35 Corridor do not have high school diplomas. Research shows not having a high school diploma is an indicator of limited ability to secure employment, resulting in lower wages and poverty, and can lead to negative health outcomes.
- High housing costs, substandard housing, and overcrowding are prominent issues in Riverside/Montopolis (I-35 Corridor) and Colony Park/Hornsby Bend (East Travis County). These challenges can exacerbate certain chronic illnesses as they often limit a household's ability to allocate sufficient income to necessities, such as food and health resources, in addition to creating housing instability and potential homelessness.
- A large portion of patients residing in East Travis County and along the I-35 Corridor speak Spanish as their primary language. It is important that health care providers offer written medical information in different languages, including Spanish, to ensure patients can read and understand health care information that is critical to improving their health (e.g., discharge instructions, treatment plans, phone numbers for providers so that patients can ask follow-up questions).
- Households in the I-35 Corridor and East Travis County are less likely to have stable access to computers and the internet. These challenges must be considered as Central Health's network of providers begin to deploy innovative technologies to expand access to health services for safety-net communities.

2.2 I-35 Corridor Overview

Communities in the I-35 Corridor have a high concentration of poverty (defined as annual household income at or below 200% of the FPIL). Poverty negatively influences health-related factors, including the number and severity of SDoH-related needs and health status.



Population Density Below 200% FPIL in I-35 Corridor Source: American Community Survey (ASC) 2015 -2019

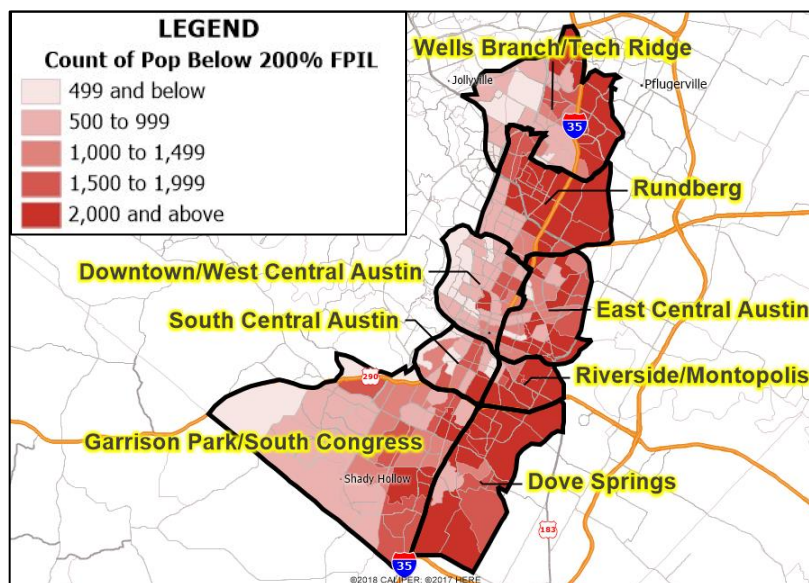


Figure 7. Absolute Population Below 200% FPIL in I-35 Corridor

Source: American Community Survey (ASC) 2015 -2019

Table 2. I-35 Corridor Overview

Demographics

- The median age of communities located in the I-35 Corridor ranges between 25-39 years
- The I-35 Corridor focus area represents the second most diverse community in Travis County; the area consists of a large Hispanic population (37% of residents)
- 74% of Travis County's population with incomes below 200% FPL live in the I-35 Corridor focus area; 17% of the total low-income population resides in Rundberg (56,132 residents)
- Rundberg, Riverside/Montopolis, and Dove Springs have a higher proportion of the population who speak Spanish at home when compared to other regions in the I-35 Corridor and the county overall
- Rundberg has the largest population of non-citizens (33,011 residents, 25% of the region's population), 87% of the non-citizen residents are Hispanic

Health Status Indicators

On average, Central Health patients who reside in the I-35 Corridor have worse health status outcomes compared to Central Health's patients overall. Specifically, Central Health patients who reside in:

- Garrison Park/South Congress and East Central Austin have higher prevalence rates for all examined chronic diseases when compared to Central Health's average rates across Travis County
- South Central Austin has higher prevalence rates in most chronic diseases when compared to Central Health's averages across the county (e.g., behavioral health, COPD, heart failure, malignant neoplasm, renal failure, and substance abuse)
- Downtown/West Central Austin report higher prevalence rates in most chronic diseases when compared to Central Health's average rates

Social Determinants of Health

- The proportion of households with no computers and no or slow internet exceeds the Travis County average in Rundberg, Dove Springs, Riverside/Montopolis, and East Central Austin; this comprises four out of the eight I-35 Corridor planning and assessment regions. Over 25% of the households in Riverside/Montopolis have no or slow Internet, 14% higher than the overall rate in Travis County
- Fewer than 80% of the residents in Rundberg, Dove Springs, and Riverside/Montopolis are insured, lower than Travis County average of 86.9%

Access to Care

- Although many of Central Health's contracted facilities are located along the I-35 Corridor, there is a large low-income population residing in this area and demand for services exceeds capacity in this region
- The majority of Federally Qualified Health Centers (FQHCs [32, ~70%]) in Travis County are in the I-35 Corridor
- Rundberg and Dove Springs have low access rates for preventative services, including annual check-ups, dental visits, mammograms, pap smear, and colorectal cancer screening
- Central Health patients in East Central Austin and Downtown/West Central Austin have lower screening rates for breast, cervical and colorectal cancer when compared to Central Health's average screening rates

2.3 East Travis County Overview

Although less concentrated, East Travis County has areas of high poverty. There are fewer health care access points for the safety-net population and overall population in this geographic region. Central Health is currently building three new access points in this region in Del Valle, Hornsby Bend and Colony Park.

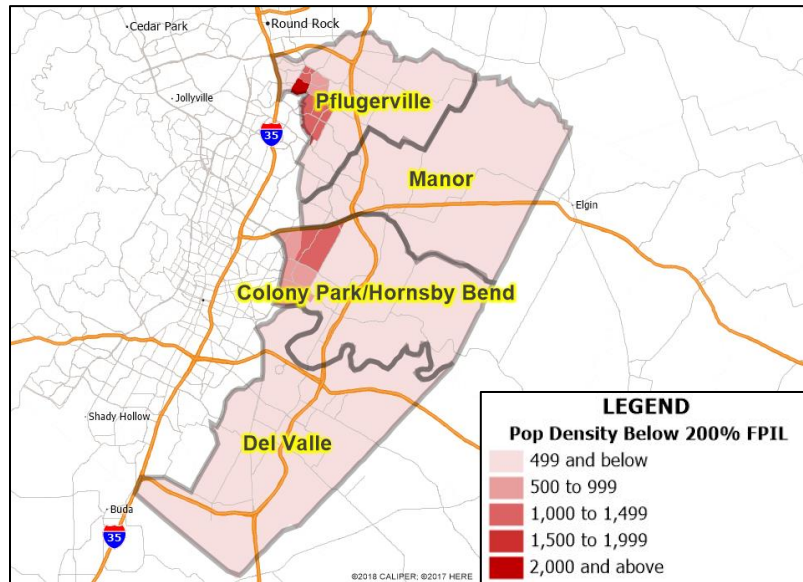


Figure 8. Population Density Below 200% FPL in East Travis County

Source: American Community Survey (ASC) 2015 -2019

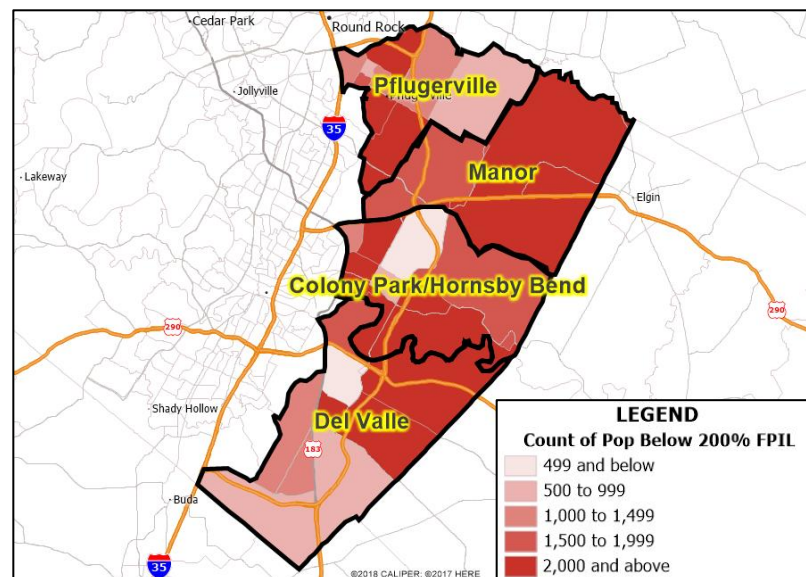


Figure 9. Absolute Population Below 200% FPL in East Travis County

Source: American Community Survey (ASC) 2015 -2019

Table 3. East Travis County Overview

Demographics

- East Travis County communities have lower median household incomes when compared to the county overall
- This region has the most diverse population out of all the focus areas; the community is home to large populations of Hispanic (48%), non-Hispanic white (29%), and non-Hispanic Black (15%) residents
- Pflugerville and Colony Park/Hornsby Bend contain over 12% of Travis County residents below 200% FPIL (39,805 individuals); 25% of children in Colony Park/Hornsby Bend are below 100% FPIL
- 25% of the population has limited to no English proficiency

Health Status Indicators

Health status outcomes for Central Health patients vary across East Travis County. Specifically, Central Health patients who reside in:

- Pflugerville and Manor have higher prevalence rates in diabetes, heart failure, and hypertension when compared to Central Health's average rates
- Colony Park/Hornsby Bend has lower prevalence rates in all chronic diseases except for COPD when compared to Central Health's average rates

Social Determinants of Health

- Colony Park/Hornsby Bend and Del Valle have the highest rate of adults with no high school diploma (32% and 30% respectively), approximately 20% higher than Travis County overall
- Over 80% of the population living in Pflugerville and Colony Park/Hornsby Bend live in food deserts; 25% of the population in Colony Park/Hornsby Bend are low-income and have limited access to food
- Del Valle has the highest rate of households with no computers (11%), twice the rate of Travis County overall
- Colony Park/Hornsby Bend has the highest Social Vulnerability Index score of all the planning and assessment regions in Travis County indicating the highest level of vulnerability to disasters and other unpredictable events

Access to Care

- Today, there are fewer access points for safety-net health care services in East Travis County regions; Central Health is currently constructing or planning the construction of health centers in Colony Park, Hornsby Bend, and Del Valle
- More advanced mental health service capacity is needed to meet current demand in East Travis County
- Colony Park/Hornsby Bend and Del Valle have less access to preventative services when compared to the County overall. This includes access to annual check-ups, dental visits, mammograms, pap smear, and colorectal cancer screening
- Central Health patients in Del Valle have lower screening rates for cervical and colorectal cancer than the Central Health's average rates

2.4 West Travis County Overview

While poverty is less concentrated in West Travis County than the other areas of focus, Central Health patients in this region experience a high prevalence of most chronic diseases.

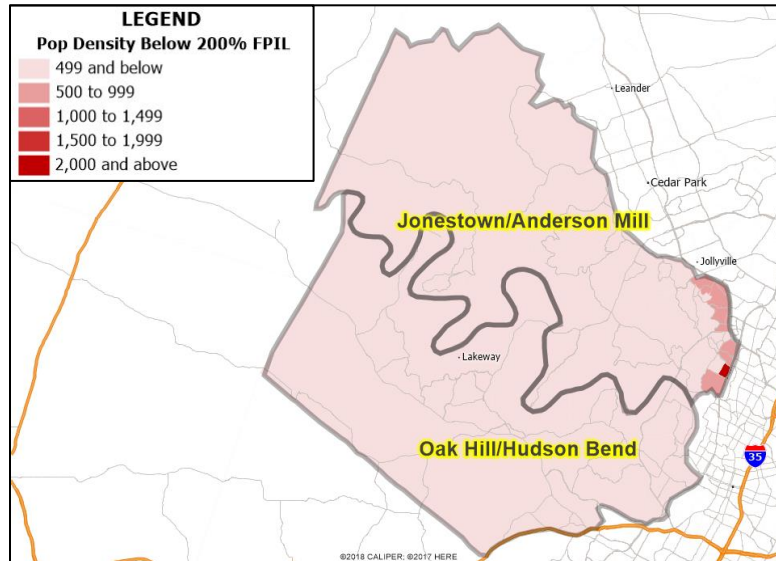


Figure 10. Population Density Below 200% FPL in West Travis County

Source: American Community Survey (ASC) 2015 -2019

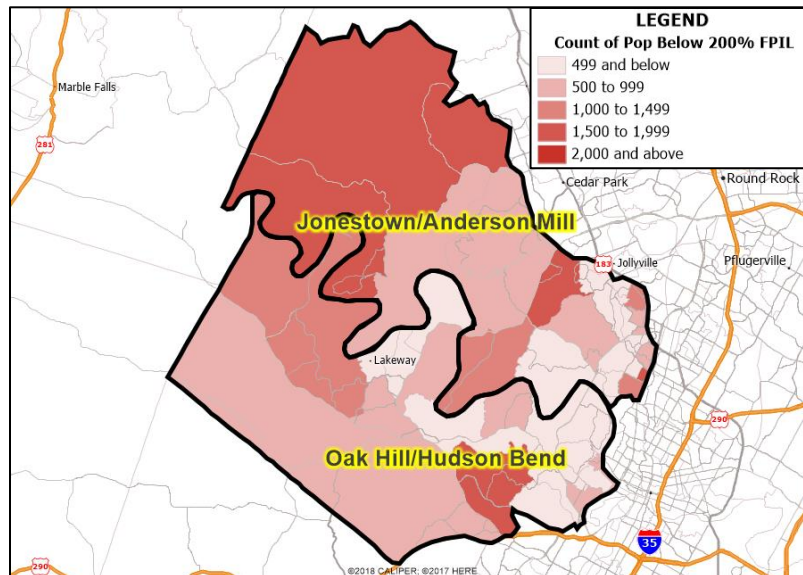


Figure 11. Absolute Population Below 200% FPL in West Travis County

Source: American Community Survey (ASC) 2015 -2019

Table 4. West Travis County Overview

Demographics

- West Travis County has an older population when compared to the I-35 Corridor and East Travis County; the median age of residents ranges from 40-50 years
- West Travis County has the least diverse community of all three focus areas, 72% of the population is non-Hispanic White
- 27,522 individuals in West Travis County are below 200% FPIL, representing 8% of the total population in Travis County below 200% FPIL
- West Travis County has a low proportion of residents that speak Spanish at home (8% versus 23% for the county)
- About 65% of Central Health's enrolled population who reside in this region identify as a person of color, with a majority of that percentage identifying as Hispanic (46%). This likely indicates that most of the residents in that region who are at or below 200% of the Federal Poverty Income Level are people of color, a marginalized subpopulation whose needs should be addressed

Health Status Indicators

- Central Health patients in Jonestown/Anderson Mill and Oak Hill/Hudson Bend perform worse than the Central Health's average for most chronic diseases, specifically: behavioral health, COPD, heart failure, hypertension, malignant neoplasm, renal failure, and substance abuse

Social Determinants of Health

- Over 60% of residents in this region live in food deserts, an estimated 20% higher than the county overall
- Approximately 95% of the residents in the West Travis County regions of Jonestown/Anderson Mill and Oak Hill/Hudson Bend are insured, the highest two rates among all the planning and assessment regions and higher than the county overall (86.9%)

Access to Care

- Advanced mental health service capacity is not sufficient to meet current demand in West Travis County
- Oak Hill/Hudson Bend and Jonestown/Anderson Mill together contain one FQHC to serve over 27,000 residents below 200% FPIL. This indicates potentially limited service availability for the low-income population
- West Travis County's overall population had the highest rates for annual check-ups, dental visits, mammograms, pap smear, and colorectal cancer screening
- However, Central Health specific patients in West Travis County had the lowest screening rates for breast, cervical and colorectal cancer compared to the Central Health's average screening rates. In particular, Oak Hill/Hudson Bend had lower screening rates for all the three cancer types evaluated when compared to the county's average screening rates

3.0 Environmental Scan

3.1 Overview

Local policies and community development projects, both planned and in progress, can lead to major changes in communities and disproportionately impact low-income residents. Identifying and acknowledging the potential impacts of these developments allows local government and community organizations to proactively plan for and navigate the impact. Notable policies and community development projects occurring in Travis County identified through the environmental scan include: the growing presence of Tesla and other tech companies in Austin; Texas’s decision to not expand Medicaid coverage to nonelderly adults below 138% of the FPIL; and the recent passage of Proposition B criminalizing camping in public areas as well as solicitation. These items disproportionately impact low-income and minority communities across Travis County.

3.2 Tesla, Tech Companies, and Other Development Projects

In October 2021, Tesla Inc., a *Fortune* 100 electric vehicle and clean energy tech company, announced it was relocating its headquarters from Palo Alto, California to Austin. The company previously acquired over 2,000 acres of land in East Travis County to develop a Gigafactory.⁵ This move represents just one of many tech companies who have relocated their multi-million and billion-dollar campuses to the Austin region. Other large tech companies with significant developments include: Apple Inc. (broke ground on a new campus in Wells Branch/Tech Ridge in 2019)⁶, Alphabet Inc./Google (moving local operations into a 35-story office building in Downtown Austin that will increase staffing capacity five times)⁷, and Oracle Corp. (opened a campus in Riverside/Montopolis in 2018 with the capacity to hold 10,000 employees).⁸ Further, located just outside of Travis County in Taylor (approximately 30 miles from Austin), Samsung announced plans to build a \$17 billion

Table 5. Tech Companies Building Large Campuses in Travis County

Company	Planning and Assessment Region	Central Health Focus Area
Tesla	Colony Park/Hornsby Bend	East Travis County
Apple	Wells Branch/Tech Ridge	I-35 Corridor
Alphabet Inc./Google	Downtown/West Central Austin	I-35 Corridor
Oracle	Riverside/Montopolis	I-35 Corridor

⁵ https://www.bizjournals.com/austin/news/2021/11/08/musk-associate-buys-hundreds-of-acres-near-tesla.html?utm_source=st&utm_medium=en&utm_campaign=me&utm_content=au&ana=e_au_me&j=25635637&senddate=2021-11-09

⁶ <https://www.kxan.com/news/business/apples-1b-austin-campus-nearly-finished-move-in-set-for-2022/>

⁷ <https://www.builtinaustin.com/2019/06/17/google-new-offices-austin-data-center-midlothian>

⁸ <https://www.businessinsider.com/oracle-campus-in-austin-texas-where-college-grads-live-work-party-2018-3>

semiconductor fabrication plant in November 2021 that will be operational by 2024. This is expected to add 2,000 jobs.⁹

The growing presence of tech companies in the region can dramatically change the local financial structure and increase income inequality across local communities. The influx of tech workers to the area, in addition to existing tech campuses such as Dell, National Instruments and IBM, is inflating the cost of living, with out-of-state buyers purchasing homes at premium pricing. Due to this trend, the median home prices in Austin increased by 40% between 2019 and 2021 alone,¹⁰ while resulting in significant gaps in health and wealth across races and neighborhoods.^{11 12} The rapid increase in housing costs has made it difficult for lower income, long-time residents to afford their residential rent or purchase a home, thereby resulting in low-income residents living in crowded or substandard housing in more central neighborhoods or moving further east and south.¹³

3.3 Medicaid in Texas

The passage of the Affordable Care Act (ACA) in 2010 envisioned the expansion of Medicaid coverage to nearly all adults with incomes below 138% FPL. However, the U.S. Supreme Court left authority to states to decide whether to opt into the expansion. Despite generous additional federal funding and incentives to increase coverage, Texas is one of 12 states that has not expanded coverage. The Texas House voted against expansion as recently as April 2021.¹⁴

Of all the non-expansion states, Texas has the largest population of uninsured residents who would be eligible for coverage through Medicaid expansion (1.4 million uninsured nonelderly adults – 36% of the nation’s non-expansion state coverage gap population, and 34% of the uninsured population in Texas).¹⁵ Nearly 75% of the residents who would gain coverage if Texas expanded Medicaid are people of color (58% Hispanic and 13% non-Hispanic black).¹⁶

Uncertainty about supplemental Medicaid funding programs and current challenges impacting Medicaid expansion in Texas requires Central Health to plan health care services for the safety-net community in a way that:

⁹ <https://www.datacenterdynamics.com/en/news/samsung-plans-17-billion-chip-plant-in-taylor-texas/#:~:text=Samsung%20Electronics%20plans%20to%20build,concerns%20about%20declining%20domestic%20production>

¹⁰ <https://www.reuters.com/business/autos-transportation/austin-cheers-teslas-headquarters-move-local-home-buyers-left-edge-2021-10-11/>

¹¹ <https://kingcounty.gov/depts/health/data/community-health-indicators/~media/depts/health/data/documents/2021-2022-Joint-CHNA-Report.ashx>

¹² https://www.urbandisplacement.org/wp-content/uploads/2021/08/sf_final.pdf

¹³ [Data show Austin will soon be the least affordable non-California city in the nation | Texas Standard](#)

¹⁴ <https://www.texastribune.org/2021/04/22/texas-house-medicare-expansion-uninsured/>

¹⁵ <https://files.kff.org/attachment/fact-sheet-medicare-expansion-US>

¹⁶ <https://files.kff.org/attachment/fact-sheet-medicare-expansion-TX>

- Relies on Central Health tax funding streams
- Allows for leverage of other state and federal funding programs that are or may become available, but creates uncertainty of future funding structures required to participate in these programs
- Leverages partner obligations
- Maximizes efficiency in service delivery to expand access to health care services, increase affordability, and improve health outcomes for low-income populations, as well as reduce racial and ethnic disparities and improve health equity

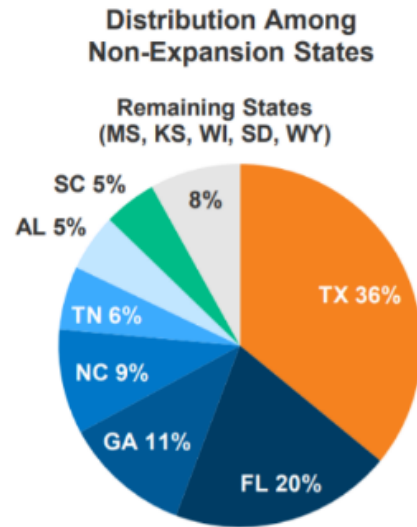


Figure 12. Distribution of Population Eligible for Medicaid Among Non-Expansion States of ACA

Source: Kaiser Family Foundation, "Who Could be Reached by Medicaid Expansion"¹⁷

3.4 Proposition B

In May 2021, Texas enacted Proposition B (HB1925), making it a criminal offense (Class C misdemeanor punishable by a fine) for anyone to sit, lie down, or camp in public areas and prohibiting solicitation of money or other things of value. Those caught in violation of the proposition receive a citation and are arrested if they refuse to vacate.¹⁸ In many ways, this law criminalizes unsheltered individuals experiencing homelessness without increasing capacity at already strained local shelters. The proposition went into full effect on September 1, 2021. This camping ban will likely influence where high concentrations of individuals experiencing homelessness are located and how services to assist this population will be delivered.

Impact to Our Community: Caring for patients experiencing homelessness is a unique challenge for health care providers. Economic and social issues (e.g., lack of housing, adequate transportation) further compound acute medical and behavioral health conditions. The dispersal of this population into woods, creeks, and other hidden areas poses challenges as health care providers seek to extend care to these hard-to-reach patients. A 2014 American Family Physician Journal study suggests that the local health care system, communities, and government must come together to provide integrated, multidisciplinary health care teams suited to address the care needs of this population. Family physicians can also be well suited to manage the needs of homeless patients, with support from multidisciplinary teams.¹⁹

¹⁷ <https://files.kff.org/attachment/fact-sheet-medicaid-expansion-TX>

¹⁸ <http://www.austintexas.gov/propb-homeless>

¹⁹ <https://www.aafp.org/afp/2014/0415/p634.html>

4.0 Demographics

4.1 Overview

Demographics are critical components in understanding a community's profile and support planning for needed health care services. This safety-net CHNA aims to identify low-income communities in need of additional support based on factors such as population growth, race, ethnicity, age, and gender across Travis County.

Overall, Travis County's population, including those with incomes at or below 200% FPIL specifically, is heavily concentrated along the I-35 Corridor. Consistent with trends discussed in the Environmental Scan section of this report, residents are relocating from the most central parts of the I-35 Corridor to less expensive areas north and south both in and outside of the county. Further, Travis County has large Hispanic and Latino communities concentrated in East Travis County and in the I-35 Corridor regions of Dove Springs, Riverside/Montopolis, and Rundberg. Additional details are provided in the sections that follow.

4.2 Population and Population Growth

The total population within Travis County is estimated to be 1,307,908 in 2021. Approximately 62% of residents live in the I-35 Corridor, which is representative of only 20% of the land area in the county. Communities in the I-35 Corridor have the highest population density (defined as population per square mile); Riverside/ Montopolis, Downtown/West Central Austin, South Central Austin, and Rundberg have the highest population density within this region. Following the I-35 Corridor, 21.6% of Travis County's population lives in West Travis County communities and 16.5% in East Travis County.

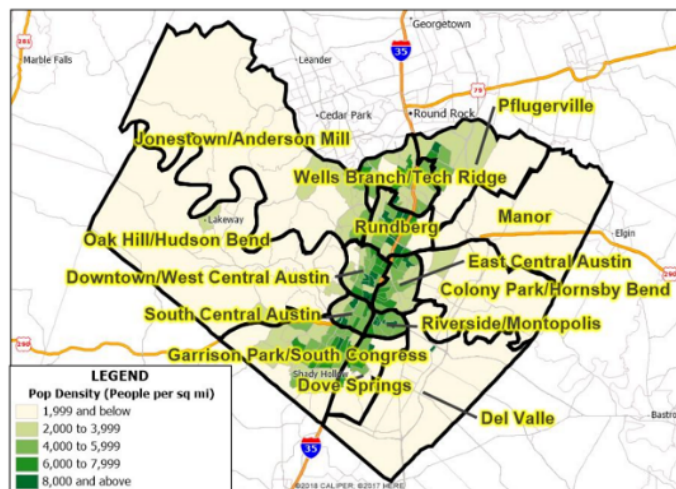


Figure 13. Population Density by Census Tract, Estimated 2021

Source: Estimated total population by census tract from Claritas © (2021)

Table 6. Demographics for Travis County

Region	Square Miles	Estimated Total Population ¹	Population Density (pop per sq. mile) ¹	Population age 5+ with limited English proficiency ² , %	Population below 200% FPIL ²
I-35 Corridor					
Rundberg	25.4	127,323	5,013	26.0%	56,132
Garrison Park/South Congress	67.0	199,593	2,979	6.2%	36,629
East Central Austin	17.5	80,803	4,617	11.3%	30,508
Dove Springs	27.9	72,963	2,615	21.1%	26,894
Wells Branch/Tech Ridge	30.6	120,717	3,945	13.9%	26,603
Downtown/West Central Austin	16.3	97,596	5,987	2.4%	26,560
Riverside/Montopolis	7.5	53,514	7,135	20.0%	26,217
South Central Austin	9.7	56,025	5,776	5.0%	12,232
East Travis County					
Pflugerville	63.0	112,254	1,782	12.6%	20,375
Colony Park/Hornsby Bend	81.8	43,465	531	25.1%	19,430
Del Valle	120.4	32,432	269	19.3%	10,559
Manor	100.0	28,253	283	16.8%	7,448
West Travis County					
Jonestown/Anderson Mill	218.6	155,652	712	4.0%	16,669
Oak Hill/Hudson Bend	206.4	127,318	617	2.8%	10,853
Total	999.2	1,307,908	1,318	11.5%	327,109

Source 1: Estimated total population and population density by Census Tract from Claritas © (2021)

Source 2: US Census Bureau, American Community Survey. 2015-19

Travis County’s total population is growing quickly on an absolute basis, faster than both Texas and the United States overall. East Travis County and West Travis County are experiencing higher growth rates when compared to the I-35 Corridor. This trend is influenced by the fact that since the late 1990s, Austin has experienced a significant increase in housing costs, shifting the city from among the most affordable in the country to one where a growing share of residents can no longer afford to live. Increasingly, more affluent residents move into central neighborhoods and low- and middle-income residents can be pushed to outlying areas of the county when they have resources to support such a move. A University of Texas at Austin report²⁰ on residential displacement found that low-income residents are facing the highest risk of displacement from where they reside.²¹ Displacement risk trends show that while the process of social disadvantage moved some to outlying communities of the city, the families with the lowest median household incomes are along the I-35 corridor and the largest concentrations of low-income populations reside near downtown, along the I-35 corridor, and to the east. As the county’s population continues to shift, low-income residents along the I-35 corridor require additional access to health care resources.²²

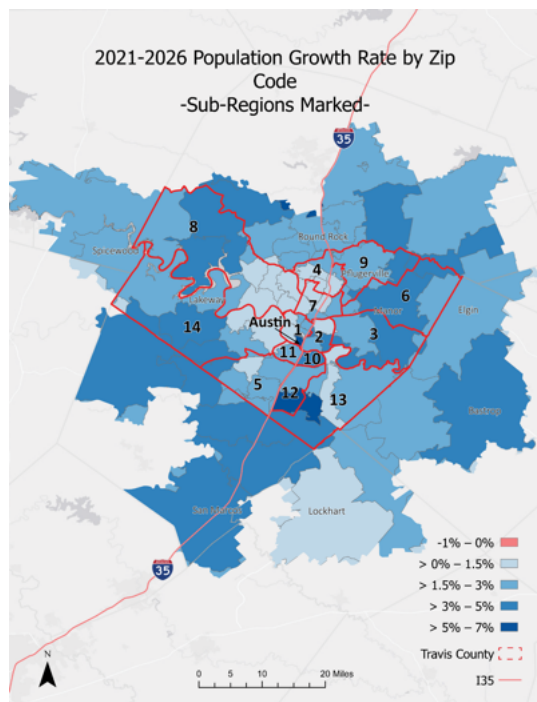


Figure 14. Population Growth Rate, 2021 – 2026

Source: *Estimated population growth from Claritas ©, 2021*

²⁰ [UTGentrification-FullReport.pdf \(utexas.edu\)](#)

²¹ <https://www.texastribune.org/2018/09/18/gentrification-threatens-austins-low-income-residents-and-communities/>

²² [UTGentrification-FullReport.pdf \(utexas.edu\)](#)

4.3 Income, Poverty, and Unemployment

Income, poverty, and unemployment are key factors in understanding the overall health of a community. An income below the FPIL is an indicator for many health-related risks, as low-income families and individuals tend to lack resources to maintain a healthy lifestyle, including access to healthy food, sufficient discretionary income for health care services, and transportation. Further, unemployment is associated with negative health outcomes and increased risk of experiencing stress-related illnesses, including anxiety/depression, high blood pressure, and stroke.²³

Communities located along the I-35 Corridor have the lowest median household incomes in Travis County; below \$45,000 in most parts of Rundberg, Downtown/West Central Austin, Colony Park/Hornsby Bend, East Central Austin, Riverside/Montopolis, and Dove Springs. Communities in East Travis County have slightly higher median household incomes ranging from \$45,001 to \$65,000. Conversely, communities in West Travis County (i.e., Jonestown/Anderson Mill and Oak Hill/Hudson Bend) have the highest median household incomes, ranging from between \$65,001 and \$90,000 to above \$90,000.

The unemployment rate in Travis County is lower than the rate in Texas overall (3.7% vs. 5.0%, respectively). The planning and assessment regions of Colony Park/Hornsby Bend (East Travis County) and Dove Springs (I-35 Corridor) had the highest unemployment rates at 5.8% and 5.0%, respectively. The lowest unemployment rates were in South Central Austin (2.6%), Downtown/West Central Austin (2.9%), and Garrison Park/South Congress (2.9%), all in the I-35 Corridor. Both planning and assessment regions in West Travis County (Jonestown/Anderson Mill and Oak Hill/Hudson Bend) had unemployment rates of 3.4%, lower than both Travis County and Texas overall.

One quarter (25.0%, or 327,109) of the total population of Travis County is below 200% FPIL. Of all the individuals below 200% FPIL, 74% or 241,774 of them live in the I-35 Corridor. Rundberg has the highest number of residents below 200% FPIL in Travis County, 56,132 or 44.1% of Rundberg's total population.

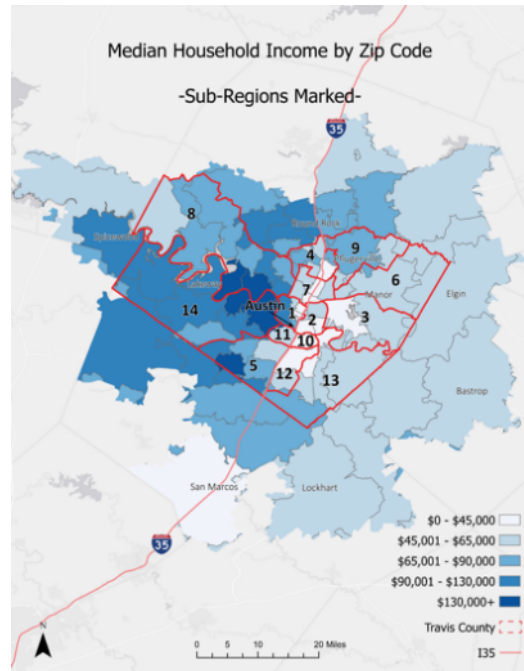


Figure 15. Median Household Income by ZIP Code

Source: American Community Survey (ASC) 2015 -2019

²³ <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>

The lower median income, high unemployment rates, and high rate of households below FPIL in the I-35 Corridor and East Travis County are indicative of populations that may have limited access to adequate preventative care and lack other necessary resources to achieve health and wellness.

Table 7. Travis County Poverty and Unemployment Rates

Planning and Assessment Region	Families in Poverty – 2025 ¹	Population Below 200% FPIL (Distribution of Travis Pop. Below 200% FPIL, %) ²	Unemployment Rate ³ , %
I-35 Corridor			
Rundberg	4,905	56,132 (17.2%)	4.1%
Garrison Park/South Congress	2,406	36,629 (11.2%)	2.9%
East Central Austin	2,968	30,508 (9.3%)	4.2%
Dove Springs	2,219	26,894 (8.2%)	5.0%
Wells Branch/Tech Ridge	1,944	26,603 (8.1%)	4.1%
Downtown/West Central Austin	770	26,560 (8.1%)	2.9%
Riverside/Montopolis	1,938	26,217 (8.0%)	4.2%
South Central Austin	850	12,232 (3.7%)	2.6%
Total for I-35 Corridor	18,000	241,775 (73.9%)	3.6%
East Travis County			
Pflugerville	1,431	20,375 (6.2%)	4.5%
Colony Park/Hornsby Bend	1,632	19,430 (5.9%)	5.8%
Del Valle	1,044	10,559 (3.2%)	3.4%
Manor	781	7,448 (2.3%)	4.4%
Total for East Travis County	4,888	57,812 (17.7%)	4.6%
West Travis County			
Jonestown/Anderson Mill	1,188	16,669 (5.1%)	3.4%
Oak Hill/Hudson Bend	1,211	10,853 (3.3%)	3.4%
Total for West Travis County	2,399	27,522 (8.4%)	3.4%
Total for Travis County	25,287	327,109 (100%)	3.7%

Exceeds Travis County Average	
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Source 1: Total population of families in poverty data obtained from Claritas ©.

Table 7. Travis County Poverty and Unemployment Rates

Planning and Assessment Region	Families in Poverty – 2025 ¹	Population Below 200% FPIL (Distribution of Travis Pop. Below 200% FPIL, %) ²	Unemployment Rate ³ , %
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Source 2: Population <200% FPIL data obtained from American Community Survey (ACS) Table S1701. 2019.

Source 3: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

Table 8. Travis County Poverty Rates for Females and Children

Planning and Assessment Region	Females below 100% FPIL (Distribution of Travis Female Pop. Below 100% FPIL, %)	Children below 100% FPIL (Distribution of Travis Child Pop. Below 100% FPIL, %)
I-35 Corridor		
Rundberg	12,812 (16.6%)	9,095 (21.8%)
Garrison Park/South Congress	8,215 (10.6%)	3,638 (8.7%)
East Central Austin	8,456 (10.9%)	5,082 (12.2%)
Dove Springs	5,491 (7.1%)	5,089 (12.2%)
Wells Branch/Tech Ridge	5,354 (9.8%)	2,740 (6.6%)
Downtown/West Central Austin	9,659 (12.5%)	225 (0.5%)
Riverside/Montopolis	6,119 (7.9%)	2,734 (6.5%)
South Central Austin	3,144 (4.1%)	1,620 (3.9%)
Total for I-35 Corridor	59,250 (76.6%)	30,223 (72.4%)
East Travis County		
Pflugerville	4,261 (5.5%)	2,952 (7.1%)
Colony Park/Hornsby Bend	4,031 (5.2%)	3,313 (7.9%)
Del Valle	2,060 (2.7%)	1,544 (3.7%)
Manor	1,329 (1.7%)	755 (1.8%)
Total for East Travis County	11,681 (15.1%)	8,564 (20.5%)
West Travis County		
Jonestown/Anderson Mill	3,690 (4.8%)	1,277 (3.1%)
Oak Hill/Hudson Bend	2,719 (4.9%)	1,690 (4.0%)
Total for West Travis County	6,409 (8.3%)	2,967 (7.1%)
Total for Travis County	77,340 (100%)	41,754 (100%)

Table 8. Travis County Poverty Rates for Females and Children

Planning and Assessment Region	Females below 100% FPIL (Distribution of Travis Female Pop. Below 100% FPIL, %)	Children below 100% FPIL (Distribution of Travis Child Pop. Below 100% FPIL, %)
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Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

4.4 Age and Gender Distribution

Age and gender distribution are critical components of understanding Travis County's safety-net profile and help inform planning for needed health services. Younger populations typically require more prevention and health education while older populations are more likely to suffer from chronic diseases and require health services in higher acuity settings. Similarly, women of child-bearing age are more likely to need obstetrics and gynecological services.

- 50.5% of Travis County residents are male and 49.5% are female.
- The residents of I-35 communities and East Travis County are younger, with median ages ranging between 25-39 years. The median ages of West Travis County communities fall between 40-49 years and 50-64 years, indicating increased demand for primary and specialty care, as well as chronic disease management, in this area.
- The age cohort 0-17 years represents 22.0% of Travis County's total population. This suggests that the demand for pediatrics will continue to exist in the community.
- The age cohort 18-44 years represents 45.3% of the Travis County's total population, a higher percentage when compared to Texas and the United States overall (38.1% and 35.9%). This suggests that the demand for elective sub-specialty care and obstetrics and gynecology will continue in the community.

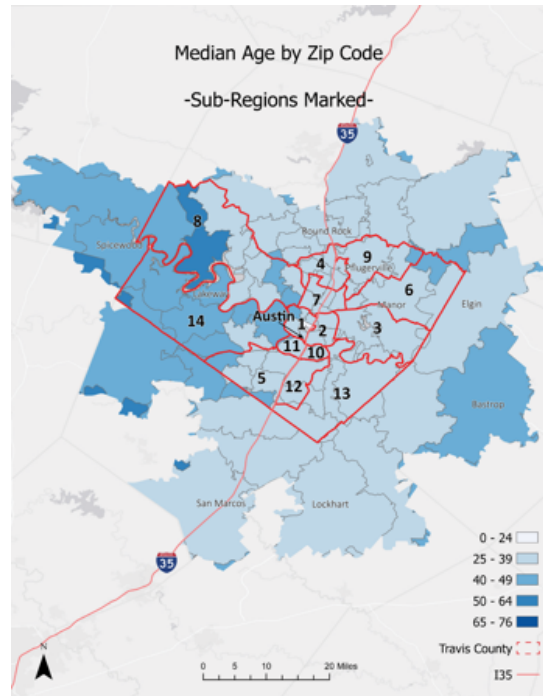


Figure 16. Median Age by ZIP Code

Source: US Census Bureau, American Community Survey, 2015-19

Table 9. Population by Age Cohort

Age Cohort	% of Travis County Population	% of Texas Population	% of United States Population
Age 0-17	22.0%	26.0%	22.6%
Age 18-44	45.3%	38.1%	35.9%
Age 45-64	23.2%	23.7%	25.8%
Age 65+	9.5%	12.3%	15.6%
Total Population	1,226,805	28,260,856	324,697,795

Source: US Census Bureau, American Community Survey. 2015-19

Table 10. Estimated Population Growth, 2021-2026

Age Cohort	Travis County		Texas	U.S.
	2021-2026 5-year Total Growth Rate	2021-2026 5-year Compound Annual Growth Rate	2021-2026 5-year Compound Annual Growth Rate	2021-2026 5-year Compound Annual Growth Rate
Age 0-17	4.6%	0.9%	0.7%	0.1%
Age 18-44	3.4%	0.7%	0.9%	0.2%
Age 45-64	10.1%	1.9%	1.2%	-0.1%
Age 65+	29.5%	5.3%	3.9%	2.9%
Total Growth Rate	8.3%	1.6%	1.3%	0.6%

Source: Estimated Population Growth, Claritas ©, 2021

4.5 Race, Ethnicity, and Language

The composition of Travis County's race and ethnicity helps us understand needs for health care services as well as cultural factors that influence how care is delivered. Approximately half of Travis County's population is non-Hispanic white (49.0%) followed by Hispanic/Latino (33.8%), non-Hispanic black (7.9%) and non-Hispanic Asian (6.6%). The remainder of Travis County is characterized as follows: 2.4% of residents are other races or multiple races/ethnicities combined, 0.2% are Native Hawaiian/Asian Pacific Islander, and 0.2% are American Indian/Alaskan Native. Given that Hispanics and Blacks tend to have higher incidence rates of diabetes, heart disease, and obesity, demand for cardiovascular services, endocrinology, gastroenterology, and orthopedics will continue in Travis County.

On a micro-level, the Diversity Index indicates that regions in East Travis County and along the I-35 Corridor are more diverse than regions in West Travis County. Hispanic/Latino populations represent Travis County's second largest cohort, and published demographic data indicates that a large portion of this population resides in the I-35 Corridor regions of Dove Springs, Riverside/Montopolis, Rundberg, and East Travis County.

- Accordingly, there is a higher percent of population who speaks Spanish at home in East Travis County's planning and assessment regions as well as in Dove Springs, Riverside/Montopolis, and Rundberg in the I-35 Corridor.
- Furthermore, 25% of the population in East Travis County has limited to no English proficiency.

A person's primary language has long been known to affect access and use of health care services. Those unable to communicate with physicians or health care providers in their language of choice are less likely to seek primary preventative care, have follow-up visits, and adhere to health care treatment plans. 30% of Travis County residents (334,803 individuals over the age of 5 years) speak a language other than English at home. 38% of these residents (131,456 individuals) speak English less than "very well."²⁴ It is important that health care providers offer written medical information in different languages to ensure that patients can read and understand health care information that is central to improving their health (e.g., discharge instructions, treatment plans, phone numbers for providers so that patients can ask follow-up questions). The largest portion of Travis County residents that speak English less than "very well" speak Spanish (103,312 residents), Vietnamese (5,819 residents), and Chinese (4,839 residents).

In comparison, communities in West Travis County are less diverse and have a lower percent of residents who speak Spanish at home (8%) compared to the Travis County average of 23%. Jonestown/Anderson Mill and Oak Hill/Hudson Bend have the highest concentration of white populations. However, approximately 46% of Central Health's enrolled population in this region identify as Latino. This is a critical element that will

²⁴ <https://data.census.gov/cedsci/table?q=language&g=0500000US48453%241400000&tid=ACSDT5Y2019.C16001>

influence health care access needs and the manner in which care is delivered for the safety-net in this region.

Table 11. Estimated Population by Race/Ethnicity Cohort

Race/Ethnicity Cohort	% of Travis County Population	% of Texas Population
White Non-Hispanic (NH)	49.0%	42.0%
Hispanic/Latino	33.8%	39.3%
Black NH	7.9%	11.8%
Asian NH	6.6%	4.7%
Other/Multiple NH	2.4%	1.8%
Native American/Alaskan Native NH	0.2%	0.3%
Native Hawaiian/Asian Pacific Islander NH	0.2%	0.1%
Total Population	1,226,805	28,260,856

Source: US Census Bureau, American Community Survey. 2015-19

Table 12. Estimated Population by Race/Ethnicity Cohort by Region

Planning and Assessment Region	White, NH	Hispanic	Black, NH	Asian, NH	Other, NH	Native American, NH
I-35 Corridor						
Rundberg	34.8%	49.8%	7.9%	4.9%	2.5%	0.2%
Garrison Park/ South Congress	56.2%	30.9%	4.3%	5.8%	2.6%	0.1%
East Central Austin	39.2%	38.3%	17.5%	2.5%	2.4%	0.1%
Dove Springs	20.2%	69.2%	7.2%	2.0%	1.3%	0.1%
Wells Branch/ Tech Ridge	44.6%	27.1%	12.3%	12.7%	3.1%	0.3%
Downtown/West Central Austin	69.8%	13.7%	4.2%	9.5%	2.5%	0.3%
Riverside/ Montopolis	30.4%	51.7%	10.9%	4.4%	2.4%	0.1%
South Central Austin	64.0%	25.9%	3.6%	3.9%	2.3%	0.3%
Total for I-35 Corridor (% of I-35 Corridor Pop.)	359,614 (46.6%)	282,633 (36.6%)	62,014 (8.0%)	47,888 (6.2%)	19,029 (2.5%)	1,346 (0.2%)

Table 12. Estimated Population by Race/Ethnicity Cohort by Region

Planning and Assessment Region	White, NH	Hispanic	Black, NH	Asian, NH	Other, NH	Native American, NH
East Travis County						
Pflugerville	39.8%	35.5%	13.1%	8.3%	3.0%	0.3%
Colony Park/Hornsby Bend	13.2%	64.4%	19.6%	0.4%	2.3%	0.1%
Del Valle	16.8%	71.9%	7.5%	1.6%	2.0%	0.1%
Manor	27.6%	45.4%	20.0%	4.3%	2.6%	0.1%
Total for East Travis County (% of East Travis County Pop.)	58,064 (29.2%)	95,992 (48.3%)	28,932 (14.6%)	10,149 (5.1%)	5,308 (2.7%)	396 (0.2%)
West Travis County						
Jonestown/Anderson Mill	68.9%	14.1%	2.9%	10.6%	3.4%	0.2%
Oak Hill/Hudson Bend	75.4%	14.2%	1.1%	7.0%	2.3%	0.1%
Total for West Travis County (% of West Travis County Pop.)	183,015 (71.6%)	36,121 (14.1%)	5,425 (2.1%)	23,176 (9.1%)	7,401 (2.9%)	301 (0.1%)
Travis County	600,693 (49.0%)	414,746 (33.8%)	96,371 (7.9%)	81,213 (6.6%)	31,739 (2.6%)	2,043 (0.2%)

Source: US Census Bureau, American Community Survey. 2015-19

Note: "Other, NH" includes three populations: Non-Hispanic, Native Hawaiian or Pacific Islander, Non-Hispanic Multiple Races, and Non-Hispanic, Some Other Race.

Table 13. Estimated Population that Speaks English "Less Than Very Well" by Language Spoken at Home by Region

Planning and Assessment Region	Spanish	Vietnamese	Chinese
I-35 Corridor			
Rundberg	27,162	1,295	282
Garrison Park/South Congress	7,573	355	627
East Central Austin	7,680	32	101
Dove Springs	12,723	88	76
Wells Branch/Tech Ridge	7,573	1,482	754
Downtown/West Central Austin	961	65	505

Table 13. Estimated Population that Speaks English “Less Than Very Well” by Language Spoken at Home by Region

Planning and Assessment Region	Spanish	Vietnamese	Chinese
Riverside/Montopolis	8,134	50	477
South Central Austin	2,054	117	80
East Travis County			
Pflugerville	7,624	1,864	196
Colony Park/Hornsby Bend	8,919	0	0
Del Valle	5,268	7	37
Manor	3,663	179	14
West Travis County			
Jonestown/Anderson Mill	2,236	140	1,289
Oak Hill/Hudson Bend	1,775	145	401
Total	103,312	5,819	4,839

Source: US Census Bureau, American Community Survey. 2015-19

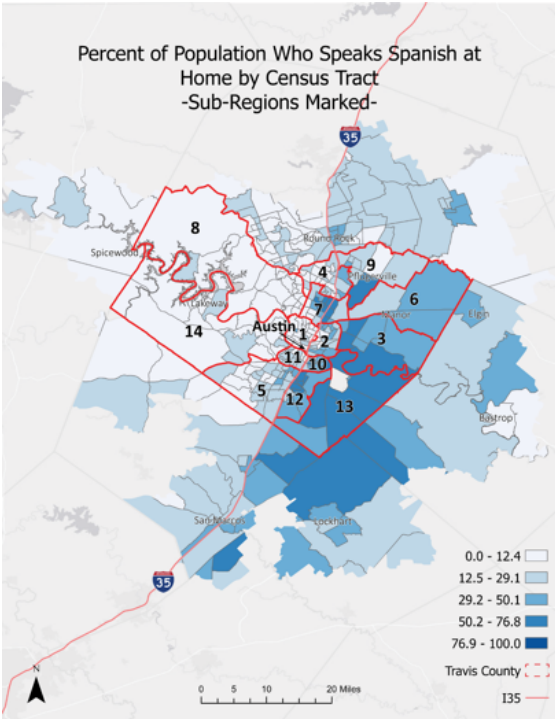


Figure 17. Percent of Population Who Speaks Spanish at Home

Source: American Community Survey (ASC) 2015 -2019

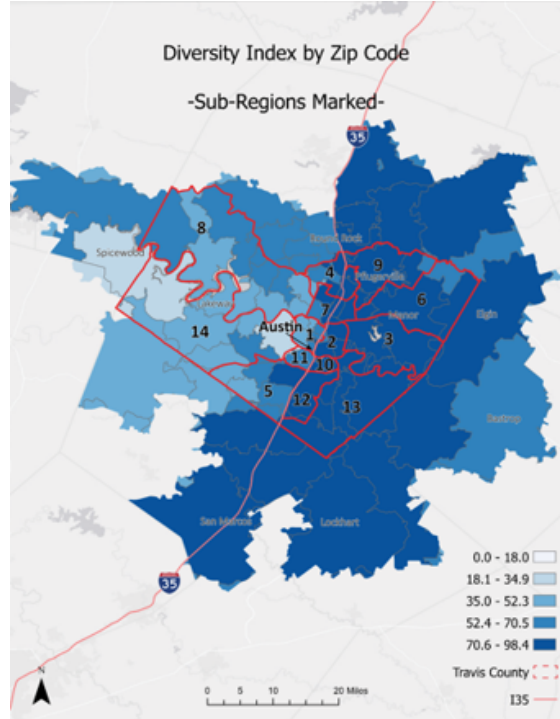


Figure 18. Diversity Index by ZIP Code

Source: American Community Survey (ASC) 2015 -2019

4.6 Special Populations

4.6.1 Non-Citizens

Citizenship status greatly impacts SDoH-related factors including access to stable employment, housing, and education. Specifically, non-citizens are more likely to be uninsured and have inadequate access to health care due to:

- Limited employment by jobs that offer private health insurance; and
- Inability of non-citizens, especially individuals living illegally in the United States, to access public insurance available to low-income and elderly residents (i.e., Medicaid and Medicare)

Over 141,000 non-citizens live in Travis County, representing 12% of the total population. Over one-fourth of the residents in Rundberg are non-citizens, the highest rate of all planning and assessment regions. 65% of non-citizens in Travis County are Hispanic. The largest population of Hispanic, non-citizen residents live in Rundberg (26,956 individuals, 82% of the non-citizen population in the region and 41% of the Hispanic population in the region). However, less than 40% of the non-citizen populations in Downtown/West Central Austin (21%), Jonestown/Anderson Mill (25%), and Wells Branch/Tech Ridge (39%) are Hispanic, indicating large populations of non-Hispanic non-citizens in the region.

Table 14. Population by Citizenship Status

Planning and Assessment Region	Non-Citizens	Non-Citizens, % of Population	Non-Citizens that are Hispanic, %
I-35 Corridor			
Rundberg	33,011	25.2%	81.7%
Garrison Park/South Congress	12,662	6.9%	45.1%
East Central Austin	8,383	10.7%	80.4%
Dove Springs	11,159	16.4%	90.7%
Wells Branch/Tech Ridge	16,336	14.9%	39.3%
Downtown/West Central Austin	6,982	7.1%	21.1%
Riverside/Montopolis	8,786	16.9%	72.3%
South Central Austin	3,148	6.1%	61.5%
East Travis County			
Pflugerville	9,021	9.0%	65.3%
Colony Park/Hornsby Bend	8,340	20.9%	96.8%
Del Valle	4,585	15.1%	95.4%
Manor	3,796	13.3%	83.3%
West Travis County			

Planning and Assessment Region	Non-Citizens	Non-Citizens, % of Population	Non-Citizens that are Hispanic, %
Jonestown/Anderson Mill	9,750	6.6%	25.1%
Oak Hill/Hudson Bend	5,071	4.7%	45.7%
Total	141,030	11.5%	65.2%

Source: US Census Bureau, American Community Survey, 2015-19

4.6.2 People Experiencing Homelessness

Homelessness is defined as severe housing deprivation in which an individual lacks nighttime residence or resides in a place not designated for sleeping.²⁵ Unhoused individuals are more susceptible to certain diseases, have greater difficulty getting health care, and are harder to treat—all because they lack a stable place to live. Due to limited access to health and transportation resources, people experiencing homelessness often rely on high-cost health care options, such as emergency rooms and hospitals to obtain services.

According to the 2020 Point-in-Time Count of unhoused individuals in Travis County conducted by The Ending Community Homelessness Coalition (ECHO), over 2,500 residents in the County were counted as experiencing homelessness on a single night, and most individuals were unsheltered (e.g., sleeping outside, in tents, or in cars).

- Unsheltered residents are concentrated in Downtown Austin.
- Black residents of Travis County are overrepresented in the population of people experiencing homelessness; while only 8% of the population in Travis County is Black, they represent over 36% of the unhoused population.²⁶

According to the Department of Education, the rate of elementary school students in Travis County experiencing homelessness during the 2018-2019 school year was 1.9% (3,260 students total). This was slightly lower than the rate in Texas overall (2.2%). Regions in East Travis County had the highest proportion of homeless students (i.e., Manor [4.4%] and Colony Park/Hornsby Bend [3.0%]).

Causes of Homelessness:

- Lack of affordable housing
- Poverty due to limited employment opportunities and declining availability of public assistance
- Lack of affordable health care
- Domestic violence
- Mental illness and substance abuse

²⁵ [Housing Instability | Healthy People 2020](#)

²⁶ [PIT-2020-Source-Document.-Revised-to-correct-Table-4-and-Figure-13.10.21.20.pdf \(netdna-ssl.com\)](#)

An updated count and assessment of unsheltered individuals will be helpful as Central Health continues to plan how to best address the needs of the unhoused population in Travis County.

5.0 Community Health Status

5.1 Overview

Chronic diseases are the leading cause of death and disability in the United States and drivers of the nation’s \$3.5 trillion in annual health care costs.²⁷ The Center for Disease Control and Prevention (CDC) estimates that six in 10 adults in the United States have at least one chronic disease and four in 10 have two or more chronic conditions. These chronic conditions can be disabling and reduce a person’s quality of life, especially if left undiagnosed or unmanaged. Additionally, research completed by the CDC’s Racial and Ethnic Approaches to Community Health (REACH) concluded that chronic conditions and their risk factors can be more common and severe for racial and ethnic minority groups than for the non-Hispanic white population.

Racial and ethnic minority populations often receive poorer quality of care and face more barriers in seeking care, including preventative care and chronic disease management, when compared to non-Hispanic white residents. These disparities can lead to poor health outcomes and higher health care costs. This section reviews the incidence of chronic diseases in Travis County overall and compares incidence to Central Health’s patient population. Understanding how chronic disease incidence compares throughout different regions of the County helps to identify areas of need for low-income patients locally.

5.2 Travis County Health Status

Within Travis County, all regions with chronic disease rates that exceed the Travis County average have a high proportion of racial/ethnic minority populations: East Central Austin, Colony Park/Hornsby Bend, Rundberg, and Del Valle.

Table 15. Travis County Health Outcomes

Planning and Assessment Region	Current Asthma (adults 18+), %	COPD (adults 18+), %	Heart Disease (adults 18+), %	Poor Mental Health (adults 18+), %	Poor Physical Health (adults 18+), %
I-35 Corridor					
Rundberg	8.8%	5.1%	5.2%	14.8%	12.2%
Garrison Park/ South Congress	8.0%	4.0%	4.4%	11.5%	9.0%
East Central Austin	9.0%	5.1%	5.7%	13.7%	11.9%
Dove Springs	8.8%	4.8%	4.8%	15.2%	12.5%
Wells Branch/ Tech Ridge	8.1%	3.7%	3.9%	12.0%	8.8%
Downtown/West Central Austin	8.8%	3.3%	3.1%	14.6%	7.9%

²⁷ <https://www.cdc.gov/chronicdisease/about/index.htm>

Table 15. Travis County Health Outcomes

Planning and Assessment Region	Current Asthma (adults 18+), %	COPD (adults 18+), %	Heart Disease (adults 18+), %	Poor Mental Health (adults 18+), %	Poor Physical Health (adults 18+), %
Riverside/ Montopolis	9.1%	4.2%	3.9%	16.6%	11.5%
South Central Austin	8.1%	3.3%	3.5%	11.9%	7.8%
East Travis County					
Pflugerville	8.5%	4.3%	4.2%	12.4%	9.8%
Colony Park/ Hornsby Bend	10.1%	6.1%	5.6%	17.0%	14.7%
Del Valle	9.4%	6.4%	6.2%	16.6%	15.0%
Manor	9.1%	4.9%	4.8%	14.0%	11.4%
West Travis County					
Jonestown/ Anderson Mill	7.7%	3.9%	4.6%	9.8%	8.1%
Oak Hill/ Hudson Bend	7.8%	4.2%	5.2%	9.5%	8.5%
Travis County	8.2%	4.6%	5.1%	12.0%	10.1%
Texas	8.8%	6.4%	6.7%	13.4%	12.8%
United States	9.5%	7.2%	6.9%	13.4%	13.0%

Higher than the Travis County Average	
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Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018

Note: The CDC's 500 Cities Project reports city- and census tract-level data using small area estimation methods for the 500 largest American cities (link: <https://www.cdc.gov/places/about/500-cities-2016-2019/index.html>). County estimates are calculated using weighted averages from census-tract level data. Data was collected through self-reported health surveys.

5.3 Central Health Patients' Health Status

Central Health evaluated the prevalence of major chronic conditions for its patients from October 1, 2018 through September 30, 2019. The chronic conditions evaluated in this analysis are: (1) asthma, (2) behavioral health, (3) behavioral health without substance abuse, (4) chronic obstructive pulmonary disease (COPD), (5) diabetes, (6) heart failure, (7) hypertension, (8) malignant neoplasm, (9) renal failure, and (10) substance abuse. The analysis revealed that regardless of the disease-specific metric, there is a need for more routine, adequate, and comprehensive care to manage chronic

conditions and ultimately drive better, and healthier outcomes for Central Health’s patients. Focus area-specific findings are provided as follows:

Table 16. Central Health Patients’ Health Status Findings by Region

Focus Area	Findings Specific to Central Health Patients
I-35 Corridor	<ul style="list-style-type: none"> Garrison Park/South Congress and East Central Austin have higher prevalence rates in all included chronic diseases when compared to Central Health’s average rates Downtown/West Central Austin had higher prevalence rates in most of the chronic diseases evaluated compared to Central Health’s average rates (asthma, behavioral health, COPD, heart failure, hypertension, renal failure, and substance abuse) South Central Austin performed worse in most of the chronic diseases than the average of Central Health patients (behavioral health, COPD, heart failure, malignant neoplasm, renal failure, and substance abuse)
East Travis County	<ul style="list-style-type: none"> Pflugerville and Manor have higher prevalence rates in diabetes, heart failure and hypertension compared to Central Health’s average rates
West Travis County	<ul style="list-style-type: none"> Jonestown/Anderson Mill and Oak Hill/Hudson Bend perform worse than the Central Health average in most of the chronic diseases evaluated (behavioral health, COPD, heart failure, hypertension, malignant neoplasm, renal failure, and substance abuse)

Generally, Central Health patients who reside in West Travis County and along the I-35 Corridor had the highest rates of chronic conditions, further demonstrating a greater need for access to health care services for low-income populations that reside in these locations.

Table 17. Prevalence of Chronic Conditions for Central Health Patients

	Asthma	Behavioral Health	Behavioral Health (No Substance)	COPD	Diabetes	Heart Failure	Hypertension	Malignant Neoplasm	Renal Failure	Substance Abuse
I-35 Corridor										
Rundberg	4.1%	12.4%	11.9%	3.9%	9.7%	2.2%	15.2%	1.5%	1.6%	1.6%
Garrison Park/South Congress	4.9%	20.7%	19.8%	4.8%	11.5%	2.7%	21.2%	2.1%	2.2%	3.7%
East Central Austin	5.6%	17.8%	17.0%	5.2%	12.4%	2.7%	21.6%	1.8%	2.8%	2.9%
Dove Springs	4.2%	16.0%	15.6%	4.3%	13.4%	1.8%	20.2%	1.6%	1.6%	1.4%
Wells Branch/Tech Ridge	4.3%	14.4%	13.9%	3.9%	9.8%	2.4%	17.3%	1.6%	1.5%	1.8%
Downtown/West Central Austin	7.3%	29.9%	27.8%	5.2%	7.3%	3.0%	18.7%	1.6%	4.7%	9.6%
Riverside/Montopolis	4.2%	14.9%	14.1%	3.6%	10.8%	1.6%	16.7%	1.5%	1.8%	2.1%
South Central Austin	3.8%	19.3%	18.0%	4.8%	10.1%	2.4%	16.7%	1.8%	1.9%	3.9%
East Travis County										
Pflugerville	4.3%	13.4%	13.2%	3.7%	11.2%	2.5%	18.6%	1.4%	1.5%	1.0%
Colony Park/Hornsby Bend	4.4%	13.1%	12.8%	4.6%	10.8%	2.1%	17.3%	1.3%	1.6%	1.0%
Del Valle	4.0%	15.6%	14.6%	3.8%	9.5%	1.3%	17.2%	1.1%	1.7%	2.6%
Manor	4.1%	13.4%	13.1%	3.9%	11.5%	2.3%	18.4%	1.5%	1.4%	1.2%
West Travis County										
Jonestown/Anderson Mill	4.2%	18.4%	17.9%	5.1%	10.1%	2.6%	20.7%	2.8%	2.4%	2.9%
Oak Hill/Hudson Bend	4.4%	16.8%	15.9%	4.5%	10.7%	2.5%	20.4%	2.2%	2.4%	2.3%
Central Health patients in Travis County	4.4%	15.4%	14.7%	4.2%	10.8%	2.2%	18.0%	1.6%	1.8%	2.1%

Higher than the average of Central Health patients in Travis County	
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Source: Central Health patient claims data, FY2019

Note: Overall Travis County chronic disease prevalence was obtained from the CDC's 500 Cities Project. The 500 Cities Project collects data on chronic disease prevalence through self-report health surveys. Central Health's chronic disease prevalence, however, is based on diagnoses documented in a patient's medical record. The difference in data collection methodology can impact direct comparisons of overall chronic disease prevalence in Travis County and prevalence among Central Health patients.

6.0 Social Determinants of Health

6.1 Overview

Social Determinants of Health (SDoH) are defined as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” SDoH factors include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community metrics.³ Understanding SDoH-related needs can help the development of service delivery planning that accounts for the day-to-day impact of those needs on communities, and fosters relationships with social service organizations that offer related resources.

This CHNA includes analysis of SDoH measures related to income, poverty, and unemployment; education and housing; physical environment; and other social and economic factors. The document also reviews the Social Vulnerability Index, Areas Deprivation Index, and Opportunity Index, metrics that combine SDoH-related measures to evaluate the social disadvantage of a neighborhood and/or planning and assessment region.

Generally, Travis County performs better than Texas on most SDoH-related measures. However, most residents in Travis County face food access challenges due to a large portion of the population residing in food deserts. Additionally, regions where 50% or more of the population is Hispanic (i.e., Del Valle, Dove Springs, Colony Park/Hornsby Bend, and Riverside/Montopolis) face greater SDoH-related needs than other regions.



Figure 19. Social Determinants of Health

Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved November 17, 2021²⁸

²⁸ <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

6.2 Education and Housing

Research shows that not having a high school diploma is an indicator of limited ability to secure employment, low wages, and poverty, and can lead to negative health outcomes including poor health and premature death.²⁹ Identifying communities with low rates of high school completion can help community organizations identify areas that are at risk for both poverty and poor health outcomes. Overall, Travis County has a lower rate of adults without a high school diploma than Texas overall (10.7% vs. 16.3%). However, a larger proportion of adults in East Travis County and in the I-35 Corridor do not have high school diplomas.

- 31.5% of the adults in Colony Park/Hornsby Bend and 29.7% of the adults in Del Valle, both planning and assessment regions in East Travis County, do not have high school diplomas.
- Similarly, over 20% of the adults in the I-35 Corridor planning and assessment regions of Dove Springs, Riverside/Montopolis, and Rundberg do not have high school diplomas. This is noticeably higher when compared to adults in Jonestown/Anderson Mill (2.8%) and Oak Hill/Hudson Bend (2.3%).

The percentage of the Hispanic population in Travis County without a high school diploma is approximately three times the rate of the County overall (27.8% vs. 10.7%, respectively). Over 40% of the Hispanic community in Colony Park/Hornsby Bend, Rundberg, Dove Springs, and Del Valle do not have high school diplomas, indicating a key vulnerability among the Hispanic communities in these regions.

High housing costs and the quality of housing also impact one's physical and mental health. High housing costs can create housing instability (which can lead to homelessness) and limit a household's ability to allocate income to other necessities, such as food and health resources.³⁰ Substandard and overcrowded housing are associated with poor health outcomes from physical illness to psychological distress.³⁰

Travis County has a higher proportion of households that are severely cost burdened (15.0% vs. 12.8%) and households living in substandard housing (35.0% vs. 31.7%) when compared to Texas overall. High housing costs, substandard housing, and overcrowding are especially prominent issues in Riverside/Montopolis and Colony Park/Hornsby Bend.

- In Riverside/Montopolis, over 20% of the households are cost burdened and an estimated 50% of the households live in substandard housing, representing the highest rates among all planning and assessment regions. Rundberg also has a high rate of cost burdened households (18.7%) and households living in substandard housing (44.1%).
- Colony Park/Hornsby Bend has a high rate of cost burdened households (17.8%) and households living in substandard housing (43.5%). Also, 25.2% of the

²⁹ <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/high-school-graduation>

³⁰ <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>

households are overcrowded, the highest rate of all regions and a rate approximately five times higher than the overcrowding average rate for Travis County overall.

Table 18. Social Determinants of Health: Education and Housing Factors

Planning and Assessment Region	No High School Diploma (adults 25+), %	Cost Burden, Severe (50%), %	Overcrowding, %	Substandard Housing, %
I-35 Corridor				
Rundberg	20.5%	18.7%	14.3%	44.1%
Garrison Park/South Congress	6.2%	12.8%	4.2%	31.3%
East Central Austin	16.5%	18.4%	8.7%	39.5%
Dove Springs	25.0%	18.4%	12.6%	41.6%
Wells Branch/Tech Ridge	6.7%	13.0%	5.2%	33.4%
Downtown/West Central Austin	2.3%	21.8%	1.9%	39.5%
Riverside/Montopolis	20.8%	20.9%	11.3%	49.0%
South Central Austin	5.8%	14.8%	3.3%	37.1%
East Travis County				
Pflugerville	9.9%	10.9%	4.9%	29.9%
Colony Park/Hornsby Bend	31.5%	17.8%	25.2%	43.5%
Del Valle	29.7%	11.4%	17.8%	34.9%
Manor	15.5%	11.2%	6.3%	28.9%
West Travis County				
Jonestown/Anderson Mill	2.8%	10.6%	1.6%	25.9%
Oak Hill/Hudson Bend	2.3%	12.1%	1.2%	28.1%
Travis County	10.7%	15.0%	5.7%	35.0%
Texas	16.3%	12.8%	6.3%	31.7%
United States	12.0%	14.0%	4.4%	31.9%

Higher than the Travis County Average	
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Source: US Census Bureau, American Community Survey. 2015-19. Sourced Geography Level: Tract.

6.3 Physical Environment

Internet and computer access impacts many SDoH-related factors, including access to food, education, health care, and the ability to maintain economic stability.³¹ Access also increases one's ability to use telehealth and other online tools to engage with health providers and is an important factor to consider when developing high-impact community engagement projects. A lower proportion of households in Travis County have no computer or no or slow internet when compared to Texas overall (4.9% vs 9.0% and 11.8% vs. 18.1% respectively). However, regions in the I-35 Corridor and East Travis County are more likely to have limited access to computers and the internet than the county overall.

- The rate of households with no computers in the regions of Dove Springs, East Central Austin, and Rundberg are twice as high as the rate in Travis County overall (11.1%, 10.8% and 9.8%).
- Over one-quarter (25.8%) of the households in Riverside/Montopolis have no or slow internet, the highest rate of any planning and assessment region in Travis County.
- 20.7% of the households in East Central Austin and 19.4% of the household in Rundberg have no or slow internet.

Limited access to online resources in East Travis County and in regions along the I-35 Corridor present challenges as community providers consider the deployment of innovative technologies to expand access to health services for safety-net communities.

Lacking access to fresh and healthy food can lead to the development of chronic conditions such heart disease and diabetes. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.³² A large portion of the population in many of the County's planning and assessment regions experience some form of limited food access. This is demonstrated by the following:

- While the percentage of individuals living in food deserts in Travis County is lower than Texas overall (44.9% vs. 76.5%), over 80% of the residents in the East Travis County regions of Pflugerville and Colony Park/Hornsby Bend, and over 60% of the residents in both planning regions in West Travis County live in food deserts. Grocery stores have recently established a presence in a portion of these regions (e.g., Pflugerville) to address needs.
- 25.0% of residents in Colony Park/Hornsby Bend are both low-income and have low access to food, the highest rate of any planning and assessment region in Travis County.

Based on this data, areas that represent the highest concentration of safety-net populations lack opportunities to make healthy food choices compared to other areas of the County.

³¹ <https://ajph.aphapublications.org/doi/10.2105/AJPH.2020.305784>

³² <https://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas/>

Table 19. Social Determinants of Health: Physical Environment Factors

Planning and Assessment Region	Households with No Computer ¹ , %	Households with No or Slow Internet ¹ , %	Households with Broadband Access ² , %	Population Living in Food Deserts ³ , %	Low Income Population with Low Food Access ³ , %
I-35 Corridor					
Rundberg	9.8%	19.4%	100.0%	12.1%	1.6%
Garrison Park/South Congress	3.4%	10.8%	99.9%	48.3%	3.8%
East Central Austin	10.9%	20.7%	100.0%	24.1%	4.4%
Dove Springs	8.6%	15.6%	100.0%	55.3%	7.7%
Wells Branch/Tech Ridge	4.3%	10.4%	99.1%	57.5%	7.2%
Downtown/West Central Austin	2.1%	8.2%	99.8%	13.7%	0.7%
Riverside/Montopolis	7.1%	25.8%	100.0%	21.4%	2.3%
South Central Austin	4.0%	12.4%	100.0%	0.0%	0.7%
East Travis County					
Pflugerville	1.6%	6.0%	99.4%	87.9%	12.2%
Colony Park/Hornsby Bend	6.5%	16.5%	100.0%	81.4%	25.0%
Del Valle	11.1%	17.6%	99.9%	20.6%	15.0%
Manor	3.5%	7.0%	100.0%	0.0%	0.0%
West Travis County					
Jonestown/Anderson Mill	2.7%	5.9%	99.2%	68.6%	5.1%
Oak Hill/Hudson Bend	2.2%	4.5%	99.2%	63.9%	3.6%
Travis County	4.9%	11.8%	99.7%	44.1%	5.3%
Texas	9.0%	18.1%	96.4%	76.5%	23.5%
United States	9.7%	17.3%	96.3%	48.1%	19.4%

Higher than the Travis County Average	
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Source 1: US Census Bureau, American Community Survey, 2015-19

Source 2: National Broadband Map, June 2020

Source 3: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2019

6.4 Other Social and Economic Factors

Health Insurance

Health insurance facilitates access to health care, including regular primary and specialty care, and other services that are critical for health and wellness. The uninsured rate in Texas is approximately twice the rate of the United States overall (17.2% vs. 8.8% respectively), and higher than that of Travis County (13.1%). The rates below highlight a barrier to health care access for Hispanic residents.

- Fewer than 80% of the residents in the I-35 Corridor and East Travis County regions of Riverside/Montopolis, Colony Park/Hornsby Bend, Rundberg, Del Valle and Dove Springs are insured. In all these regions, over 50% of the population is Hispanic.
- Comparatively, approximately 95% of the residents in the West Travis County regions of Jonestown/Anderson Mill and Oak Hill/Hudson Bend are insured, regions with a majority of the population representing white residents.

Incarceration Rates

The incarceration rate is defined as “the percentage of individuals born in each census tract who were incarcerated at the time of measurement” and is considered when calculating the opportunity of an individual to rise out of poverty.³³ Incarceration has a long-term impact on families by increasing the likelihood that they will live in poverty due to lost income during imprisonment and inability to secure employment following one’s release.³⁴ Identifying areas with high incarceration rates can help to identify communities that may need additional support to address the long-term effects of incarceration. The incarceration rate in Travis County is slightly higher than the rate in Texas overall (2.1% vs. 1.9% respectively). Regions in Travis County with high incarceration rates are East Central Austin (5.7%), Colony Park/Hornsby Bend (5.0%), and Riverside/Montopolis (3.6%).

³³ <https://opportunityindex.org/methods-sources/>

³⁴ <https://interrogatingjustice.org/ending-mass-incarceration/intergenerational-incarceration-explainer/>

Table 20. Social Determinants of Health: Other Social and Economic Factors

Planning and Assessment Region	Incarceration Rate ¹ , %	Insured Population ² , %	Uninsured Below 100% FPIL ³
I-35 Corridor			
Rundberg	3.0%	77.7%	7,755
Garrison Park/South Congress	1.3%	88.6%	6,278
East Central Austin	5.7%	83.1%	3,751
Dove Springs	3.3%	78.5%	4,262
Wells Branch/Tech Ridge	1.2%	87.5%	4,277
Downtown/West Central Austin	1.0%	92.9%	694
Riverside/Montopolis	3.6%	77.4%	3,099
South Central Austin	2.5%	87.9%	1,216
East Travis County			
Pflugerville	1.1%	87.8%	3,172
Colony Park/Hornsby Bend	5.0%	77.4%	2,593
Del Valle	2.4%	77.9%	1,173
Manor	1.8%	88.0%	656
West Travis County			
Jonestown/Anderson Mill	0.5%	95.2%	1,653
Oak Hill/Hudson Bend	0.6%	94.6%	2,502
Travis County	2.1%	86.9%	43,080
Texas	1.9%	82.8%	1,209,878
United States	1.3%	91.2%	6,873,704

Higher than the Travis County Average	
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Source 1: Opportunity Insights. 2018. Sourced geography level: Tract

Source 2: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract (Totals include individuals enrolled in more than one insurance provider type (e.g., Medicaid-Medicare Dual eligible individuals); US Census Bureau, Small Area Health Insurance Estimates. 2019

Source 3: American Community Survey. 2015-19

6.5 Social Disadvantage Metrics

Social Disadvantage Metrics combine multiple SDoH-related measures to allow for a simplified score for an area’s strengths, weakness, or barriers related to socioeconomic status. The metrics were developed by experts in SDoH and other related fields and are regularly used by politicians, researchers, and program developers to inform key decisions.

Table 21. Social Disadvantage Metrics

Metric	Definition
Area Deprivation Index ¹	The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to Education; Income & Employment; Housing; and Household Characteristics. The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).
Opportunity Index ²	The Opportunity Index is a composite measure that draws upon economic, educational, health, and community-related indicators to identify opportunity to rise out of poverty and achieve better life outcomes. Index scores have a potential range of 0 (indicating no opportunity) to 100 (indicating maximum opportunity).
Social Vulnerability Index ³	The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community’s ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community’s social vulnerability; a higher score indicates higher vulnerability.

Source 1: University of Wisconsin-Madison School of Medicine and Public Health, *Neighborhood Atlas*. 2021
 Source 2: *Opportunity Nation*
 Source 3: Centers for Disease Control and Prevention and the National Center for Health Statistics, *CDC - GRASP*. 2018

Based on a review of these metrics, residents in Travis County overall are generally living in less deprived neighborhoods and have greater opportunity to escape poverty than residents across Texas. This is evidenced by the following:

- On the Social Vulnerability Index, a measure ranking a community’s ability to prevent human suffering and financial loss in the event of a disaster, Travis County scored 0.38 while Texas received a score of 0.65 (a higher score indicates higher vulnerability).
- Similarly, on the Area Deprivation Index, a measure ranking neighborhoods and communities relative to all other neighborhoods and communities in the nation, Travis County ranked on the 31st percentile while Texas ranked on the 56th percentile, approximately two times lower than Travis County.
- Additionally, opportunity to escape poverty is higher in Travis County (55.4 out of 100) than in Texas (49.4 out of 100), according to the Opportunity Index.

However, when taking a closer look, regions in the I-35 Corridor and East Travis County performed pointedly worse on the Social Vulnerability Index than the county overall. The regions and neighborhoods with the highest Social Vulnerability Index Scores, including

Colony Park/Hornsby Bend, Dove Springs, Riverside/Montopolis and Del Valle, have large minority populations with over 50% of their residents being Hispanic. Racial and ethnic minority populations have an increased likelihood of having an income below FPIL, living in substandard housing, and having low access to health care providers and services.³⁵

Table 22. Social Vulnerability Index Score by Region

Planning and Assessment Region	Social Vulnerability Index	Neighborhoods with High Indexes
I-35 Corridor		
Rundberg	0.66	North Lamar (0.96), Heritage Hills (0.91), North Austin (0.87), St. John's/Coronado Hills (0.86), Georgian Acres (0.85), Coronado Hills (0.82), and Windsor Hills (0.80)
Garrison Park/South Congress	0.28	Westgate (0.73), West Congress (0.6), Elm Wood Estates (0.77), Pleasant Hill/South Congress (0.47), Beacon Ridge/Park Ridge (0.45), and San Leanna/Twin Creek (0.44)
East Central Austin	0.65	Guadalupe/Saldana (0.92), University Hills/Windsor Park (0.92), Govalle/Johnston Terrace (0.87), Rosewood/Chestnut (0.83), MLK-183 (0.80), and East Cesar Chavez (0.79)
Dove Springs	0.71	Franklin Park (0.93), Bluff Springs/South Creek (0.86), McKinney/Martinshore/Southeast Austin (0.78), and Lincoln Ridge/Comal Bluff (0.76)
Wells Branch/Tech Ridge	0.36	Copperfield/Coppertree (0.69), Wells Point/Brookfield Estates (0.68), Pamela Heights/Jacks Pond (0.59), and Kings Village/Turbine West (0.57)
Downtown/West Central Austin	0.25	UT Austin/North University (0.57), West Campus (0.56), Triangle (0.30), Rosedale/Heritage (0.28), and Downtown Austin/North Side/Medical District (0.27)
Riverside/Montopolis	0.67	Montopolis (0.99), Parker Lane (0.74), and South Riverside (0.70)
South Central Austin	0.24	St. Edwards (0.55), South Lamar (0.47), and Galindo (0.45)
East Travis County		
Pflugerville	0.41	Cantarra/Boulder Ridge/River Ranch (0.86), Foot Hills (0.74), and Northtown/Sarah's Creek (0.72)
Colony Park/Hornsby Bend	0.78	Colony Park (0.98), Sendero Hills/Park Place (0.90), Las Cimas/Walnut Bend (0.79), and Southwest Manor (0.72)
Del Valle	0.67	Del Valle (0.84), Creedmoor/Mustang Ridge (0.81), Elroy (0.74), Mustang Ridge (0.71), and Creedmoor/Pilot Knob (0.69)
Manor	0.56	Manor/Elgin (0.67), and Northeast Manor/West Elgin (0.61)
West Travis County		
Jonestown/Anderson Mill	0.16	Leander/Lago Vista (0.45), Wood Creek (0.33), Lago Vista (0.31), and Highland Hills/Northwest Hills (0.28)
Oak Hill/Hudson Bend	0.16	Treemont/Rollingwood (0.37), Lakeside/Rob Roy (0.28), Hudson Bend (0.21), and Apache Shores/Lakeway (0.20)
Travis County	0.38	
Texas	0.65	

³⁵ https://www.minorityhealth.hhs.gov/minority-health-svi/assets/downloads/MH%20SVI%20Overview_8.4.2021.pdf

Table 22. Social Vulnerability Index Score by Region

Planning and Assessment Region	Social Vulnerability Index	Neighborhoods with High Indexes
United States	0.40	

Equal to or Higher than the Texas Average	
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Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2018. Sourced geography level: Tract

7.0 Access to Care

7.1 Overview

Access to care as defined by the Agency for Healthcare Research and Quality (AHRQ) means having “the timely use of personal health services to achieve the best health outcomes.” As part of this CHNA, Central Health’s current footprint of physical and information technology assets in Travis County was evaluated to understand if services are readily accessible to low-income, safety-net populations.

Health outcomes data indicates Travis County’s safety-net population experiences greater challenges to accessing health care services compared to other populations in the county. Major disparities and health care inequities continue to exist across the care continuum for Central Health’s patients today, making it nearly impossible for many to achieve the objectives of the Institute for Healthcare Improvement’s Triple Aim™ Initiative of better health outcomes, improved patient experiences, and lower costs of healthcare. The health care disparities faced by the safety-net population continue to be substantial and include:

- An overall need for additional comprehensive health care services available for the low-income residents of our community across the care continuum
- Large shortages of physicians across most types of patient care, resulting in limited timely access to critical preventative, primary, and specialty care services, including hospital-based services, for safety-net patients

A limited number of healthcare providers treat the safety-net population, which results in delayed care. Providers in Travis County also do not resemble the demographically diverse safety-net population, which means patients may not receive care in a language they understand, or care may be delivered without consideration of a patient’s cultural lens. To measure ease of access to care in Travis County, the following criteria were evaluated:

- Facilities serving the Central Health eligible population in Travis County
- Care coordination
- Health professional shortage areas and medically underserved areas
- Health care service needs
- Physician needs
- Access to mental health and substance abuse care
- Access to preventative services
- Central Health patient enrollment

Key factors that support these findings and impact the safety-net community’s ability to access needed health care services are described below.

7.2 Access to Safety-Net Providers in Travis County

Central Health partners with dozens of local health care organizations to provide care at more than 190 locations for its patients. With the help of its partners, Central Health provides key services including inpatient and outpatient hospital care, primary care, specialty care, advanced mental health, convenient care, dental, and post-acute care. Key findings of the assessment of Central Health contracted providers include:

- Overall capacity for primary care including walk-in and same day access should be increased to meet more of the enrolled population’s needs
- Hospital specialty and sub-specialty care access is limited and inadequate. Severe wait times are noted for a number of critical specialty care areas
- Same day and urgent care options are limited and have resulted in a higher level of non-emergency care in hospital emergency rooms
- Physician supply for primary care and multiple specialties should be increased to meet population needs
- More robust post-acute services are needed. There are significant gaps in managing follow-ups with patients after discharge
- Mental health service capacity and complements should be increased to meet current demand across the county. In East and West Travis County, capacity to serve the safety-net population is even more limited
- Today, there are fewer access points for safety-net health care services in East Travis County regions; Central Health is currently constructing or planning the construction of health centers in Colony Park, Hornsby Bend, and Del Valle

See Appendix for more detail on the capabilities of Central Health contracted facilities.

Table 23. Number of Central Health and Safety-Net Serving Facilities within Travis County

Planning and Assessment Region	Primary Care	Multi-specialty	Advanced Mental Health	Convenient Care	Dental	Post-Acute
I-35 Corridor						
Rundberg	5		3		1	2
Garrison Park/South Congress	4		3	1	1	2
East Central Austin	6	1	2	1	1	3
Dove Springs	2				1	
Wells Branch/Tech Ridge	4	1	1		1	3
Downtown/West Central Austin	5	2	3	2	1	
Riverside/Montopolis	3	1	2	2	2	1
South Central Austin	2				1	
Total for I-35 Corridor	31	5	14	6	9	11

Table 23. Number of Central Health and Safety-Net Serving Facilities within Travis County

Planning and Assessment Region	Primary Care	Multi-specialty	Advanced Mental Health	Convenient Care	Dental	Post-Acute
East Travis County						
Pflugerville	2					1
Colony Park/Hornsby Bend	2		1			
Del Valle	3					
Manor	2			1	1	
Total for East Travis County	9	0	1	1	1	1
West Travis County						
Jonestown/Anderson Mill	1					
Oak Hill/Hudson Bend	1			1		
Total for West Travis County	2	0	0	1	0	0
Travis County Total	42	5	15	8	10	12

Source: Source: Central Health Network Provider Mapping List (2021)

7.3 Care Coordination

There are widespread gaps in care coordination across Travis County’s health care delivery system for the safety-net population, including community health centers, clinics, physician practices, hospitals and post-acute providers. Collectively, our community’s multi-disciplinary providers share the belief that if care coordination were to be more effective across the continuum, patients would benefit through the following:

1. A reduction in the number of unnecessary inpatient hospitalizations and readmissions
2. A reduction in inappropriate use of the Emergency Department as a primary source of care
3. Improved management of patients with chronic conditions
4. Better health outcomes

Travis County’s low-income populations are often treated by different providers, clinics, or health centers each time they seek care—a trend largely driven by the transportation challenges faced by the low-income community, by patients trying to find the least expensive option for care, and by the availability of timely provider appointments. In addition, the dynamics of Travis County’s existing safety-net health care system make it

difficult to effectively coordinate care for patients. There is currently no central electronic medical record (EMR) or governance model that assures consistent sharing and use of the local health information exchange (HIE) to tie providers together through data sharing to allow for seamless transitions in care. Community providers are often unaware when patients are hospitalized, visit the emergency department, undergo diagnostic procedures, or are treated by other providers, and only learn of these events when a patient returns for a visit and informs their provider.

7.4 Health Professional Shortage Areas and Medically Underserved Areas

7.4.1 Health Professional Shortage Area Analysis

A Health Professional Shortage Area (HPSA) is a geographic area, population group, or health care facility that has been designated by the Health Resources and Services Administration (HRSA) as having a shortage of health professionals. In addition to the different categories on which HPSAs can be based, there are three categories of HPSA designation based on the health discipline that is experiencing a shortage: (1) Primary Care, (2) Dental Health, and (3) Mental Health. A HPSA analysis was completed to identify the areas of Travis County that face a shortage of professionals in these health disciplines.

Based on findings from this analysis, Travis County contains population and facility HPSAs that collectively encompass all three HPSA health disciplines.

Table 24. List of Travis County HPSAs by Discipline and Type

HPSA Name	Discipline	HPSA Type
Low-Income – Travis County	Mental Health	Population Group
	Primary Care	Facility
Travis County Healthcare District (Central Health)	Dental Health	Facility
	Mental Health	Facility
	Primary Care	Facility
People’s Community Clinic	Dental Health	Facility
	Mental Health	Facility

Source: Health Resources and Services Administration HPSA Dashboard, 2021

A population HPSA is defined as a population with a shortage of providers for a specific group of people within a defined geographic area (e.g., low-income, migrant farm workers, etc.). The one population HPSA in Travis County comprises the low-income population under the category of mental health, signifying that this population faces a shortage of mental health providers.

A facility HPSA is a facility designated by HRSA that serves a population or geographic area with a shortage of providers. The two facility HPSAs in Travis County comprise the People’s Community Clinic and the Travis County Healthcare District (Central Health)/CommUnityCare. These two facilities are listed under each discipline, signifying that they serve a population or geographic area with a shortage of primary care, dental health, and mental health providers.

The two facility HPSAs of Travis County, People’s Community Clinic and Central Health/CommUnityCare, operate numerous HRSA-listed site locations.

Most ZIP codes with at least one facility HPSA site location are in East Travis County and the I-35 Corridor planning and assessment regions, while most ZIP codes without a facility HPSA lie in the West Travis County planning and assessment regions.

The following map illustrates locations for the People’s Community Clinic and Central Health/CommUnityCare by ZIP code within Travis County.

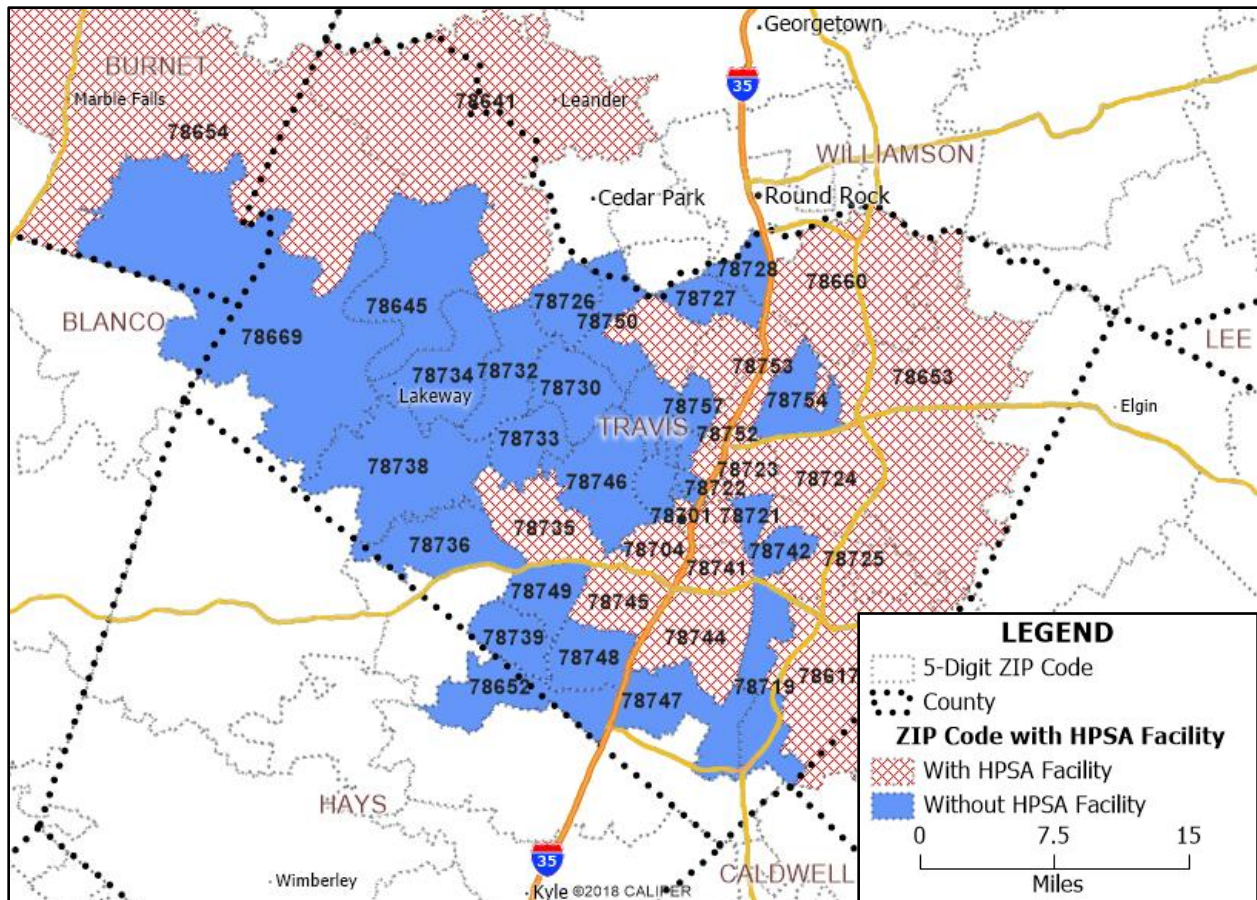


Figure 20. Map of Travis County ZIP Codes with at least One Facility HPSA Site Location

Source: HRSA Health Professional Shortage Area (HPSA) Find Tool

ZIP codes with at least one facility HPSA site location have a lower average median household income (\$53,781) compared to ZIP codes without a facility HPSA (\$86,256) (calculated by taking the average of Esri 2018 median household income).

Extending the HPSA analysis into counties adjacent to Travis County, most ZIP codes with at least one facility HPSA site location extend to the north of Travis County into Williamson County.

The following is a broader map that illustrates Travis County and adjacent ZIP codes in which People’s Community Clinic and Central Health/CommUnityCare facility HPSA site locations are/are not located.

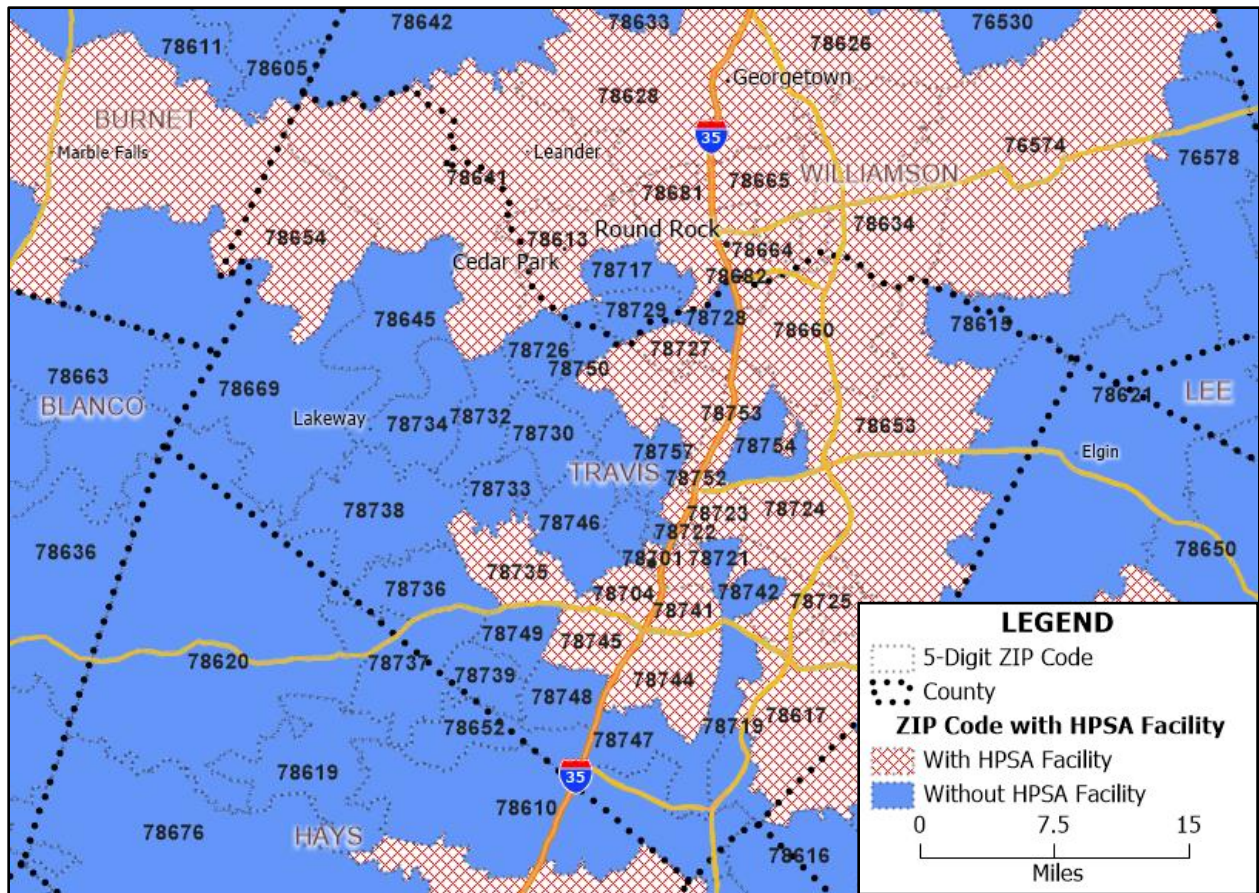


Figure 21. Map of Travis County and Adjacent County ZIP Codes With at Least One Facility HPSA Site Location

Source: HRSA Health Professional Shortage Area (HPSA) Find Tool

A significant number of Travis County ZIP codes with no facility HPSA extend into the following adjacent counties: Burnet (northwest), Blanco (east), Hays (southwest), Caldwell (south), and Bastrop (east).

7.4.2 Medically Underserved Area Analysis

A Medically Underserved Area (MUA) is defined as an area, facility, or population group with an Index of Medical Underservice (IMU) less than or equal to 62 out of 100. The IMU is calculated by taking into consideration the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with an income below the FPIL, and the percentage of people age 65 or older. These factors are converted to weighted values and then summed to obtain an IMU score for a particular area.

An MUA analysis was conducted to identify areas in Travis County that lack access to primary care providers. Travis County contains one area-based MUA that is located

within the following four I-35 Corridor planning and assessment regions: Downtown/West Central Austin, East Central Austin, South Central Austin, and Riverside/Montopolis. The maps provided below illustrate the one MUA in relation to all of Travis County.

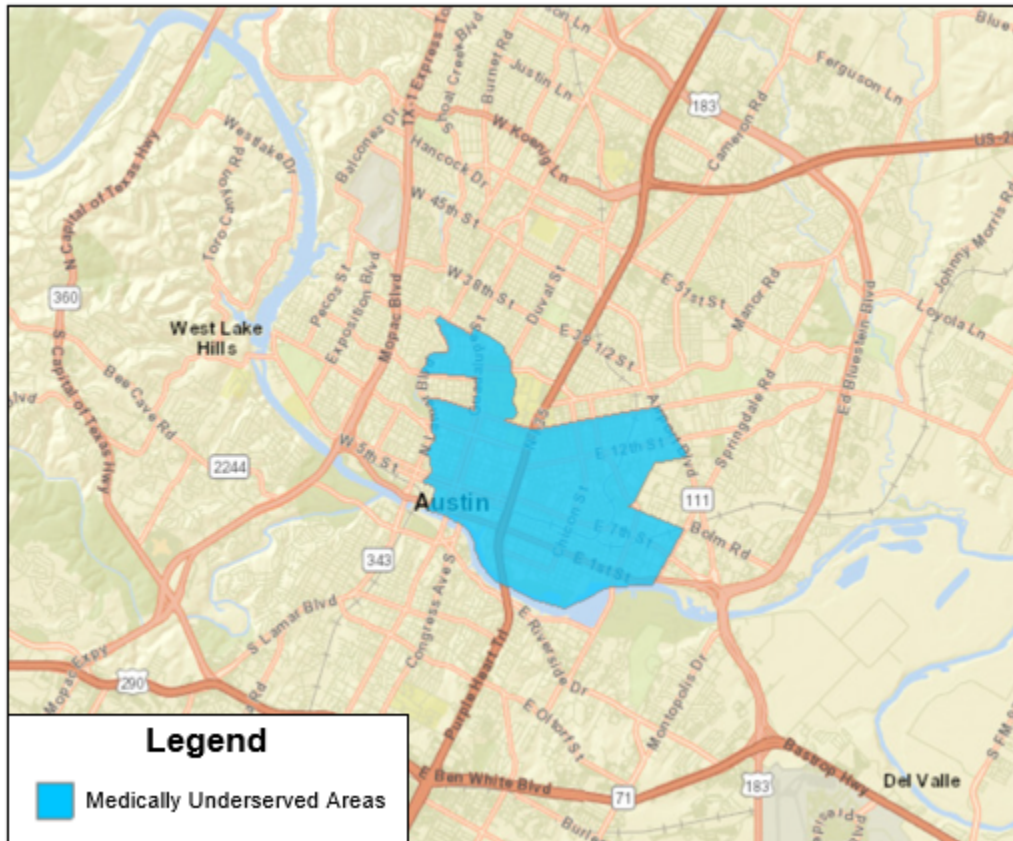


Figure 22. Map of Travis County’s One HRSA-Designated MUA

Source: HRSA Medically Underserved Areas/Populations (MUA/P) Quick Maps

7.4.3 Access to Federally Qualified Health Centers (FQHCs)

Federally Qualified Health Centers (FQHC) provide primary care services to patients in underserved communities. FQHCs are located in areas designated as MUAs or to serve Medically Underserved Populations (MUP). They receive federal funding from HRSA’s Health Center Program.³⁶

The map below shows FQHC locations in Travis County across the planning and assessment regions. Most of the facilities are in the I-35 Corridor, areas with the highest concentrations of poverty and other SDOH-related factors. Thirty-one of the 46 (67%) FQHCs in Travis County are operated by Central Health/CommUnityCare. The other

³⁶ <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>

FQHC locations are operated by Lone Star Circle of Care (11 facilities, 24%) and Peoples Community Clinic (4 facilities, 9%).

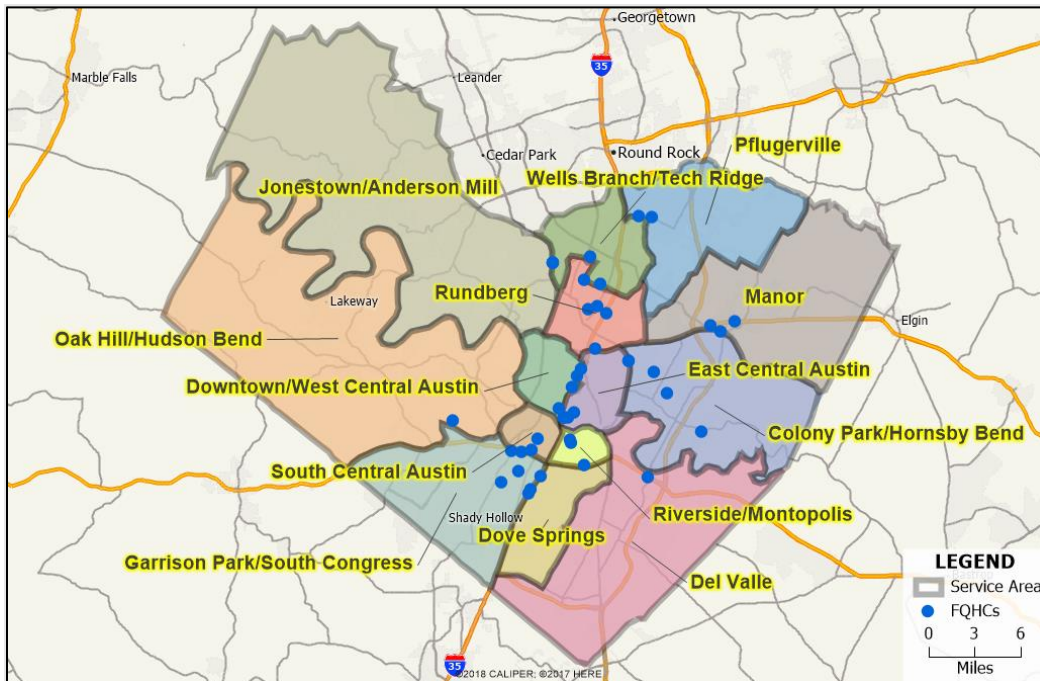


Figure 23. Map of Federally Qualified Health Centers by Planning and Assessment Region

Source: *Definitive Healthcare List of FQHCs for Travis County*

7.5 Health Care Service Needs

An outpatient market forecast was developed to determine ambulatory service needs for Central Health’s currently enrolled patient population and for Travis County residents with incomes less than 200% of the FPIL. The key findings include:

- Significant demand for primary care (e.g., general, internal medicine) will continue over the long-term.
- Psychiatry, hematology and oncology, ophthalmology, cardiology, and otolaryngology represented the top five specialties in terms of highest projected demand overall in Travis County. Demand for other medical and surgical subspecialties is also projected to substantially grow. This trend further reinforces the need for coordinated care across providers and settings, given the fact that many underserved and low-income patients experience multiple health conditions concurrently.
- Demand for diagnostic testing will continue to increase, largely driven by demand for preventive screening.

Table 25. Outpatient Service Forecast, CY 2020, 2025, and 2030

Major Ancillary Services	Needs for Central Health Enrolled Population			Needs for Total Travis County Population <200% FPIL			10 Year Growth Forecast
	2020	2025	2030	2020	2025	2030	
Ambulatory Surgery	16,704	20,064	23,967	54,323	65,250	77,943	43.5%
Labs	916,985	1,084,325	1,284,013	2,982,095	3,526,296	4,175,693	40.0%
Physical & Occupational Therapy	307,521	387,881	485,207	1,000,077	1,261,415	1,577,924	57.8%
Office Visits	720,804	888,311	1,061,800	2,344,102	2,888,845	3,453,044	47.3%
Imaging	Needs for Central Health Enrolled Population			Needs for Total Travis County Population <200% FPIL			10 Year Growth Forecast
	2020	2025	2030	2020	2025	2030	
CT Scan	16,950	21,538	27,212	55,121	70,042	88,496	60.5%
MRI	8,942	10,499	12,314	29,081	34,144	40,045	37.7%
Diagnostic Radiology	99,416	114,439	131,294	323,308	372,164	426,978	32.1%
PET Scan	511	633	768	1,661	2,057	2,498	50.4%
Specialty Services	Needs for Central Health Enrolled Population			Needs for Total Travis County Population <200% FPIL			10 Year Growth Forecast
	2020	2025	2030	2020	2025	2030	
Hematology/Oncology							
Hematology & Oncology	105,934	137,594	169,983	344,503	447,466	552,795	60.5%
Radiation Therapy	9,404	11,206	13,203	30,583	36,443	42,936	40.4%

Cardiovascular							
Cardiology	49,839	63,547	80,868	162,080	206,659	262,987	62.3%
Cardiothoracic	65	80	97	211	260	317	50.4%
Vascular	1,268	1,556	1,880	4,124	5,062	6,114	48.3%
Digestive							
Colorectal Surgery	839	965	1,107	2,728	3,137	3,599	31.9%
Gastroenterology	6,070	7,467	9,085	19,741	24,284	29,544	49.7%
Neurosciences							
Neurology	10,784	12,583	14,613	35,071	40,920	47,521	35.5%
Neurosurgery	546	721	890	1,775	2,345	2,893	63.0%
Musculoskeletal							
Orthopedics	12,238	14,548	17,168	39,798	47,313	55,831	40.3%
Pain Management	4,798	5,723	6,680	15,605	18,612	21,723	39.2%
Other Specialty Driven	Needs for Central Health Enrolled Population			Needs for Total Travis County Population <200% FPIL			10 Year Growth Forecast
	2020	2025	2030	2020	2025	2030	
Allergy & Immunology	33,430	37,854	43,031	108,716	123,104	139,940	28.7%
Dermatology	23,315	28,200	34,006	75,822	91,708	110,590	45.9%
General & Internal Medicine	810,790	992,703	1,180,871	2,636,741	3,228,334	3,840,268	45.6%
General Surgery	4,774	5,623	6,655	15,525	18,287	21,643	39.4%
Nephrology	14,810	19,153	24,088	48,164	62,286	78,335	62.6%
OB/GYN	21,537	22,796	25,142	70,040	74,135	81,763	16.7%
Ophthalmology	50,592	64,689	80,874	164,527	210,374	263,006	59.9%
Otolaryngology	40,669	46,693	53,478	132,257	151,847	173,912	31.5%
Plastic Surgery	671	831	1,025	2,183	2,703	3,335	52.8%
Podiatry	3,727	4,157	4,554	12,120	13,518	14,809	22.2%
Psychiatry	147,469	171,256	199,823	479,579	556,935	649,838	35.5%
Pulmonary	14,347	16,716	19,618	46,657	54,361	63,800	36.7%
Urology	7,797	9,677	11,867	25,357	31,470	38,591	52.2%
Estimated Population	100,585	111,054	122,613	327,109	361,155	398,744	21.9%

Source: Outpatient forecast completed by Guidehouse, Inc., October 2021 and Central Health

7.6 Physician Needs Assessment

7.6.1 Physician Needs Assessment for Total Population in Travis County

Central Health completed a study in October 2021 to evaluate physician needs in Travis County. The study revealed a shortage of over 375 full-time equivalent (FTE) physicians trained in primary, medical and surgical specialties, combined. The key findings include:

- In Travis County, there is an estimated shortage of physicians across primary care and most specialties (dots below the break-even line in the chart on the following page).
- The physician shortage is projected to increase over the next five years due to population growth and the expectation that physicians will retire and/or reduce their clinical practice at 65 years of age or older.
- For the following specialties, a shortage of physicians greater than 50 FTEs has been estimated and or projected to exist over the next five years: Primary care, cardiology, gynecology surgery, ophthalmology, and radiology.
- These county-wide shortages will continue to exacerbate delays in care for the safety-net and impair Central Health’s ability to (1) recruit providers to sufficiently serve the safety-net through the organization’s contracting structure and (2) hire physicians that resemble the diverse population that exists in Travis County today and can care for residents in their language and through their specific cultural lens.

Table 26. County-wide Physician Needs Assessment Summary, 2021

Physician Specialty	Estimated Physician Need	Total Existing FTE Supply	Estimated Net Surplus/(Deficit)
Primary Care	1,205.1	1,145.7	(59.4)
Medical Specialty Care	638.2	448.7	(189.5)
Surgical Specialty Care	655.9	529.2	(126.7)
Total Physician Specialties	2,499.2	2,123.6	(375.6)

Source: Physician Needs Assessment completed by Guidehouse, Inc., October 2021

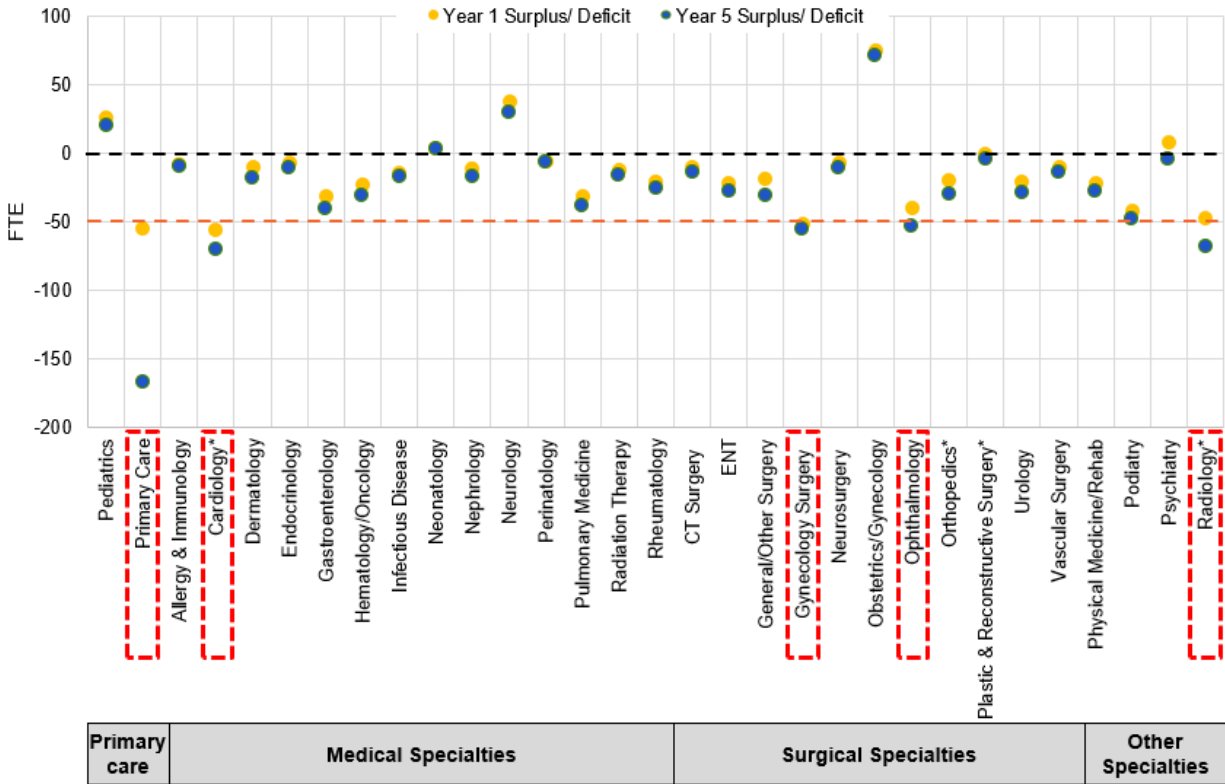


Figure 24. County-wide Physician Needs Assessment by Specialty, 2021

Source: Physician Needs Assessment completed by Guidehouse, Inc., October 2021

7.6.2 Physician Needs Assessment for Central Health Enrolled Population and Population Below 200% FPIL

Central Health also evaluated physician needs for the subset of the total population below 200% FPIL in Travis County. The study revealed that approximately 558 physician FTEs are needed across primary care, medical and surgical specialties to serve the safety-net community. Based on Central Health’s current physician supply, there is a significant shortage of physicians in all specialties to meet the health care needs of its patients today.

The physician needs estimates reflect physician FTEs with an M.D. or D.O. title, and excludes advanced practice providers, residents, and fellows. Physicians in Texas can supervise up to six advanced practice providers, while it is best practice for physicians serving safety-net populations to supervise three to four advanced practice providers (APP). An APP represents approximately 70% of one physician’s scope and capacity. This study overall indicates a large amount of medical staff is needed to provide comprehensive and accessible care to this safety-net population.

Table 27.

Physician Needs Assessment for Central Health Enrolled Patients and Population Below 200% FPIL

Primary Care	Central Health Current FTEs (Physician/APP)	Needs for Central Health Enrolled Population	Needs for Total Population <200% FPIL
Family/General Practice	15.9 / 16.2	38.9	126.6
Internal Medicine	4.0 / 0.0	23.9	77.6
Pediatrics	5.7 / 1.6	6.0	35.0
OB/GYN	12.1 / 5.1	19.9	63.0
Primary Care Total	37.7 / 22.9	88.7	302.3
Medical Subspecialties	Central Health Current FTEs	Needs for Central Health Enrolled Population	Needs for Total Population <200% FPIL
Allergy/Immunology	0.05	2.6	8.6
Cardiology	0.56	3.2	10.5
Dermatology	0.69	4.5	14.6
Endocrinology	0.84	1.4	4.7
Gastroenterology	0.26	5.0	16.2
Hematology/Oncology	1.00	1.6	5.3
Infectious Disease	2.46	1.6	5.3
Nephrology	0.17	0.8	2.7
Neurology	0.20	2.6	8.6
Psychiatry	5.77	6.5	21.2
Pulmonary Medicine	0.94	1.8	6.0
Radiation Therapy	0.20	0.5	1.7
Rheumatology	0.96	1.3	4.1
Medical Total	14.07	33.4	109.5
Sub-surgical Specialties	Central Health Current FTEs	Needs for Central Health Enrolled Population	Needs for Total Population <200% FPIL
CT Surgery	n/a	1.0	3.2
Vascular Surgery	n/a	0.5	1.6
Colorectal Surgery	n/a	0.3	1.0
Oncology Surgery	n/a	1.1	3.6
General Surgery	n/a	2.6	8.5
Gynecology Surgery	n/a	8.1	25.6

Neurosurgery	n/a	2.0	6.5
Ophthalmology	n/a	4.6	14.8
Orthopedics	n/a	6.0	19.5
ENT	n/a	5.7	18.5
Plastic Surgery	n/a	0.7	2.2
Urology	n/a	2.3	7.5
Surgical Total	n/a	34.9	112.5
Other Subspecialties	Central Health Current FTEs	Needs for Central Health Enrolled Population	Needs for Total Population <200% FPIL
Physical Med/Rehab	n/a	2.3	7.5
Radiology	n/a	8.1	26.3
Other Total	n/a	10.4	33.8

Note 1: CH Current FTEs are provided by CH. Demand for CH Enrolled population is based on CH FY 2020 Enrolled population. Pediatrics demand is estimated based on CH FY 2020 Population <18; OB/GYN, and Gynecology Surgery demand is based on CH FY 2020 Population of Total Women Current Demand for the total population below 200% FPL is based on estimated number of people below 200% FPIL - 2019 5-Year estimates obtained from the American Community Survey (ACS). Pediatrics demand is estimated based on population of children <18 in poverty; OB/GYN and Gynecology Surgery demand is based on population of women in poverty

Note 2: Current Demand for the total population below 200% FPL is based on estimated number of people below 200% FPIL - 2019 5-Year estimates obtained from the American Community Survey (ACS). Pediatrics demand is estimated based on population of children <18 in poverty; OB/GYN and Gynecology Surgery demand is based on population of women in poverty

7.7 Access to Mental Health and Substance Abuse Providers

7.7.1 Overview

Mental health is a vital aspect of overall health and wellness. Based on Mental Health America’s 2020 State of Mental Health Study, more than 10 million Americans report having an unmet need for mental health services, and suicidal tendencies continue to increase. Based on findings from this study, 4.2% of adults (10.3 million individuals) reported serious thoughts of suicide, an increase of nearly 450,000 people from 2019.³⁷ Additionally, as more Americans are insured, coverage continues to be inadequate for mental health services. These challenges are further compounded in underserved communities where individuals are faced with financial, social, emotional, and physical disparities while navigating a fragmented and costly system. As a result, many people cannot access mental health care when they need it most.

Disparities in access to mental health care exist based on income levels and geographic location. Compared to middle- and high-income households, low-income Americans are less likely to know where to go for treatment. In addition, according to the National Institute on Drug Abuse (NIDA), the Substance Abuse and Mental Health Services Administration (SAMHSA) reports minority groups or people of color may disproportionately suffer from substance abuse due to adverse childhood events (ACEs) difficulties accessing care; the right kind of care not being available; and environmental, social, and financial concerns being barriers to treatment.

The table below compares the rate of health care providers per 100,000 people for Travis County, the state of Texas, and the United States. Of note, the rates of mental health providers and addiction/substance abuse providers are lower than the United States overall. The demand and need for expanded access to mental health services will continue particularly for low-income and minority populations.

Table 28. Access to Behavioral Healthcare Providers (Rate per 100,000) – County, State, and National Comparisons

	Travis County	Texas	United States
Mental Health Providers¹	91.0	41.4	115.1
Addiction/Substance Abuse Providers²	9.3	2.7	9.7
Buprenorphine Providers³	8.3	2.3	5.7

Lower than the United States Rate	
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Note 1: Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry; psychology; counselling; or child, adolescent, or adult mental health.

Source 1: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2021

³⁷ <https://mhanational.org/issues/2020/mental-health-america-prevalence-data>

**Table 28. Access to Behavioral Healthcare Providers
(Rate per 100,000) – County, State, and National Comparisons**

Note 2: Addiction/substance abuse providers are defined as providers who specialize in addiction or substance abuse treatment, rehabilitation, addiction medicine, or providing methadone. The providers include Doctor of Medicine (MDs), Doctor of Osteopathic Medicine (DOs), and other credentialed professionals.

Source 2: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2021

Note 3: Buprenorphine providers are defined as providers authorized to treat opioid dependency with buprenorphine based on the latest available data from the Substance Abuse and Mental Health Services Administration (SAMHSA). Buprenorphine is the first medication to treat opioid dependency that is permitted to be prescribed or dispensed in physician offices, significantly increasing treatment access.

Source 3: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. October 2020

7.7.2 Detailed Analysis: Mental Health Providers by Planning and Assessment Region

The map below illustrates existing mental health provider locations in Travis County as well as mental health access locations serving the safety-net population across each planning and assessment region. A large portion of mental health providers and access locations are located in the I-35 Corridor, where there are higher population densities and higher rates of poverty.

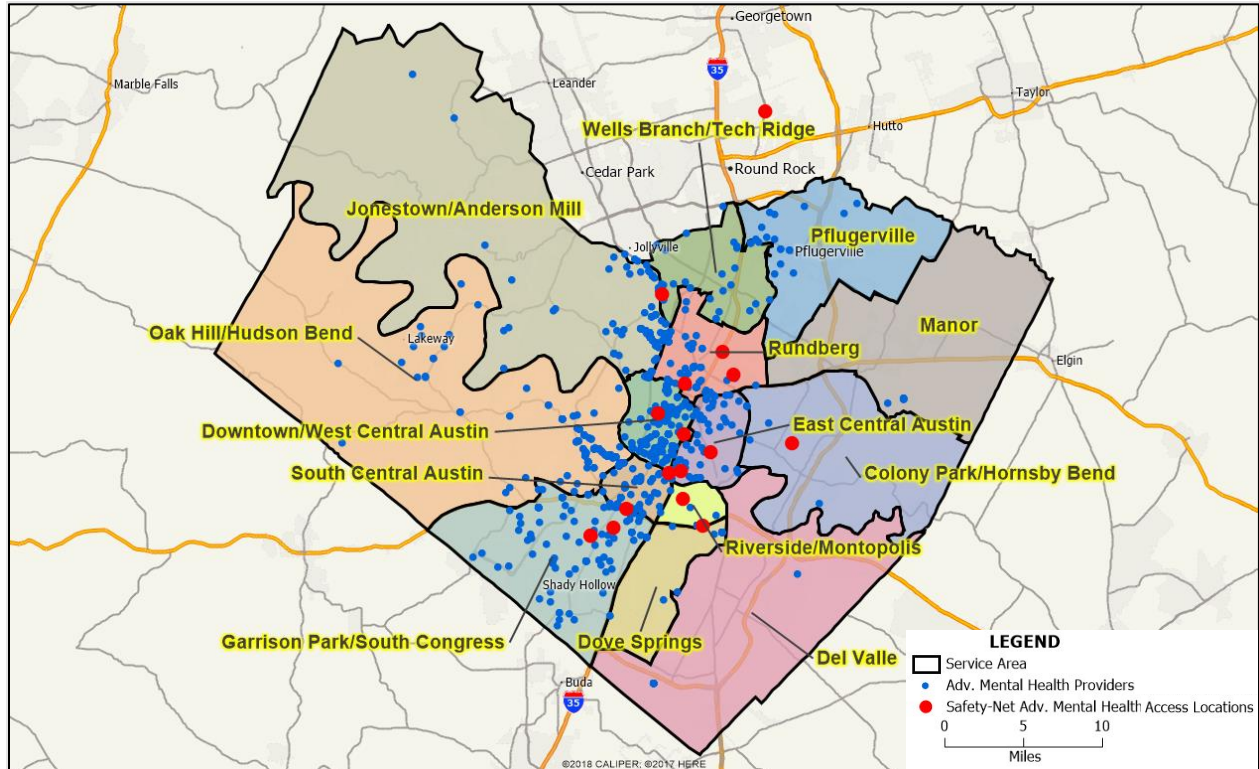


Figure 25. Map of Mental Health Providers by Planning and Assessment Region

Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2021. Sourced geography level: Address

The table provided below defines the distribution of mental health providers by planning and assessment region. Most of the regions in the I-35 Corridor (five out of eight) and all regions in East Travis County have a lower rate of mental health providers per 100,000 population. However, of these regions with a lower-than-county-average rate of mental health providers, Dove Springs, Wells Branch/Tech Ridge, Riverside/Montopolis, Colony Park/Hornsby Bend, Del Valle, and Manor have a relatively high prevalence rate of mental health needs. This indicates a disparity in distribution of mental health providers relative to need.

Table 29. Mental Health Provider Data by Planning and Assessment Region

Planning and Assessment Region	Total Pop.	Number of Providers	Rate per 100,000	Number of Safety-net Providers
I-35 Corridor				
Rundberg	127,323	85	66.8	3
Garrison Park/South Congress	199,593	123	61.6	3
East Central Austin	80,803	107	132.4	2
Dove Springs	72,963	24	32.9	0
Wells Branch/Tech Ridge	120,717	34	28.2	1
Downtown/West Central Austin	97,596	350	358.6	3
Riverside/Montopolis	53,514	19	35.5	2
South Central Austin	56,025	99	176.7	0
Total for I-35 Corridor	808,534	841	104.0	14
East Travis County				
Pflugerville	112,254	17	15.1	0
Colony Park/Hornsby Bend	43,465	3	6.9	1
Del Valle	32,432	10	30.8	0
Manor	28,253	6	21.2	0
Total for East Travis County	216,404	36	16.6	1
West Travis County				
Jonestown/Anderson Mill	155,652	158	101.5	0
Oak Hill/Hudson Bend	127,318	133	104.5	0
Total for West Travis County	282,970	291	102.8	0
Travis County	1,307,908	1,168	91.0	15

Lower than the County Average	
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Source 1: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2021

Source 2: Central Health Network Provider Mapping List (2021)

7.7.3 Detailed Analysis: Addiction/Substance Abuse Providers by Planning and Assessment Region

The map below illustrates the location of addiction/substance abuse providers in Travis County by planning and assessment region. The majority of Travis County's addiction/substance abuse providers are located in the I-35 Corridor, particularly in the Rundberg, Downtown/West Central Austin, South Central Austin, and Garrison Park/South Congress planning and assessment regions.

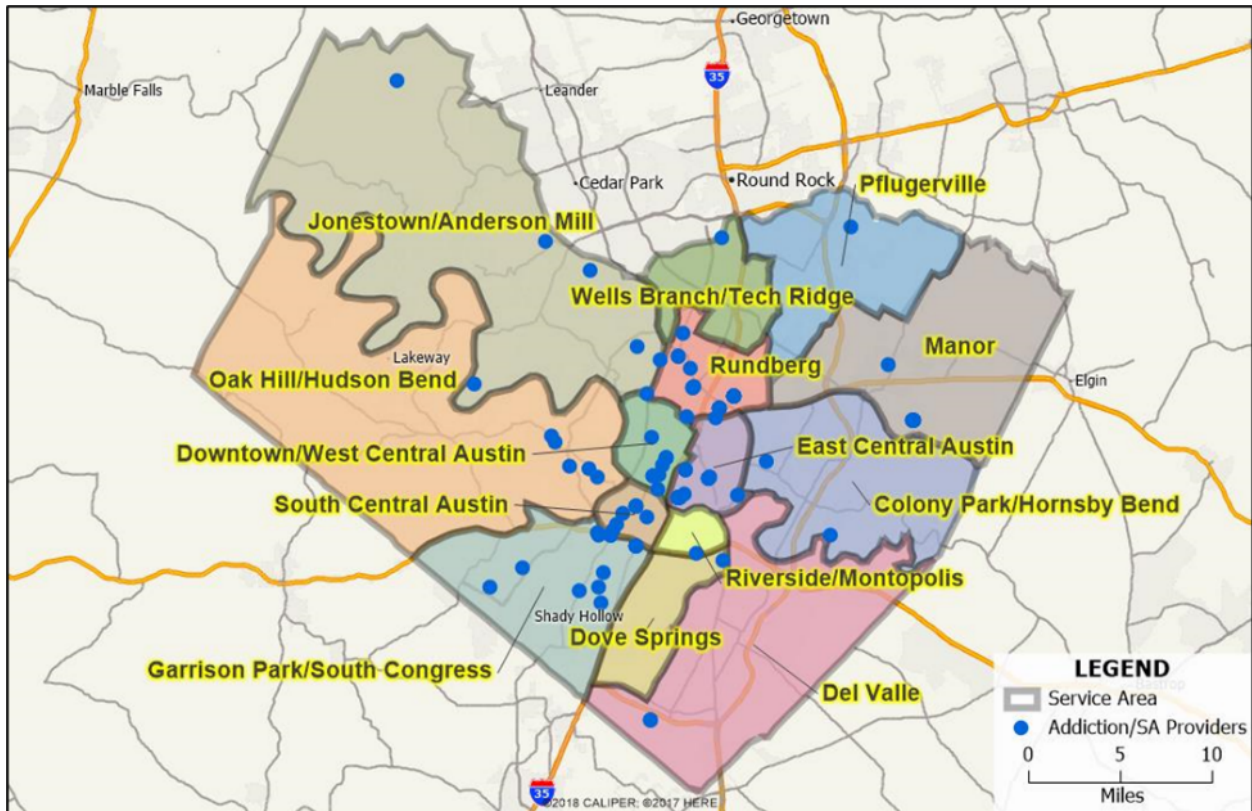


Figure 26. Map of Addiction/Substance Abuse Providers by Planning and Assessment Region

Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2021

Notably, Jonestown/Anderson Mill and Oak Hill/Hudson Bend have less access to providers when compared to county averages, yet Central Health patients that reside in these geographic regions have some of the highest substance abuse rates among the organization's patient population. This indicates a need to ensure there is access to addiction and substance abuse services for the safety-net population in these communities.

Table 30. Addiction/Substance Abuse Provider Data by Planning and Assessment Region

Planning and Assessment Region	Total Pop.	Number of Providers	Rate per 100,000
I-35 Corridor			
Rundberg	127,323	26	20.4
Garrison Park/South Congress	199,593	16	8.0
East Central Austin	80,803	25	30.9
Dove Springs	72,963	1	1.4
Wells Branch/Tech Ridge	120,717	1	0.8
Downtown/West Central Austin	97,596	10	10.2
Riverside/Montopolis	53,514	1	1.9
South Central Austin	56,025	8	14.3
Total for I-35 Corridor	808,534	88	10.9
East Travis County			
Pflugerville	112,254	1	0.9
Colony Park/Hornsby Bend	43,465	2	4.6
Del Valle	32,432	3	9.3
Manor	28,253	8	28.3
Total for East Travis County	216,404	14	6.5
West Travis County			
Jonestown/Anderson Mill	155,652	7	4.5
Oak Hill/Hudson Bend	127,318	5	3.9
Total for West Travis County	282,970	12	4.2
Travis County	1,307,908	114	9.3

Lower than the County Average	
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Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2021

7.7.4 Detailed Analysis: Buprenorphine Providers by Planning and Assessment Region

The map below illustrates the location of buprenorphine providers in Travis County by planning and assessment region. Most of Travis County’s Buprenorphine providers are located in the I-35 Corridor, particularly in the Downtown/West Central Austin, South Central Austin, and Garrison Park/South Congress planning and assessment regions.

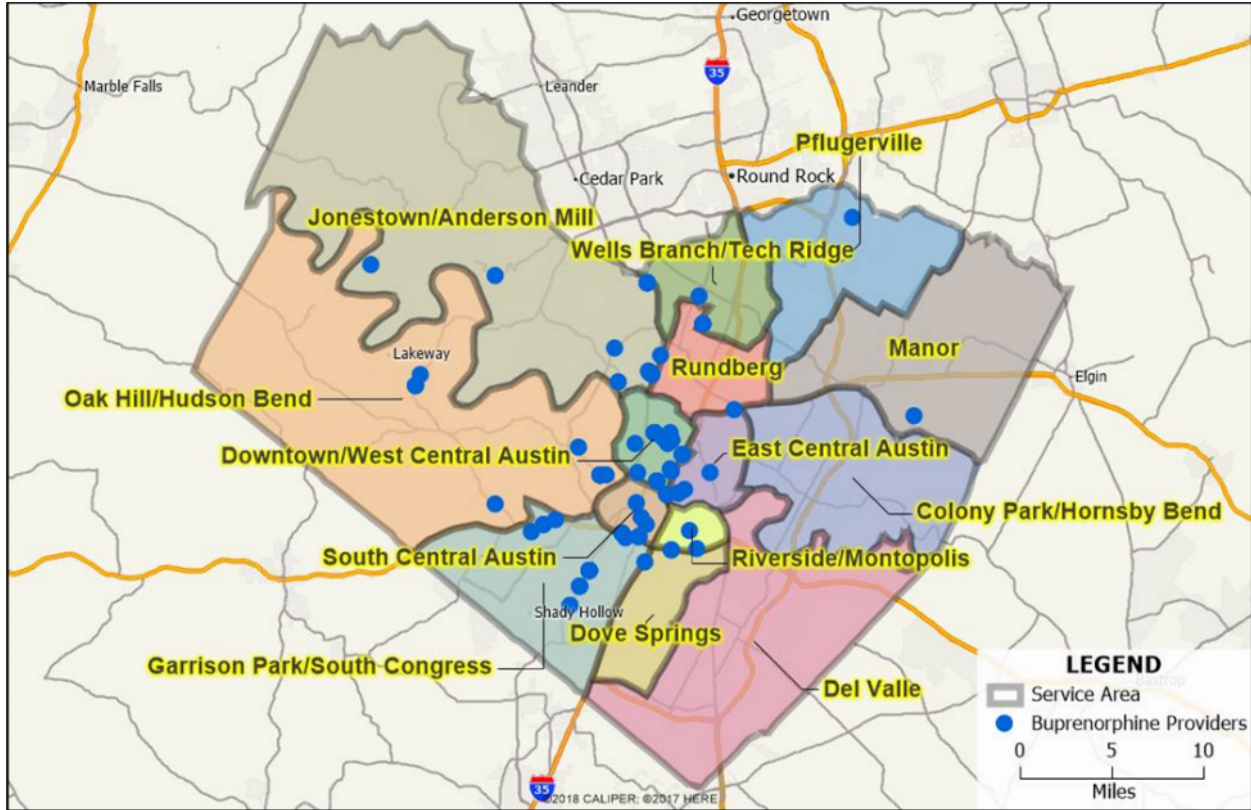


Figure 27. Map of Buprenorphine Providers by Planning and Assessment Region

Source: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Oct. 2020

The table provided below defines the distribution of Buprenorphine providers by planning and assessment region. Of note, three regions have an absence of Buprenorphine providers completely: Rundberg, Colony Park/Hornsby Bend, and Del Valle.

Table 31. Buprenorphine Provider Data by Planning and Assessment Region

Planning and Assessment Region	Total Pop.	Number of Providers	Rate per 100,000
I-35 Corridor			
Rundberg	127,323	0	0.0
Garrison Park/South Congress	199,593	18	9.0
East Central Austin	80,803	6	7.4
Dove Springs	72,963	3	4.1
Wells Branch/Tech Ridge	120,717	4	3.3
Downtown/West Central Austin	97,596	28	28.7
Riverside/Montopolis	53,514	2	3.7
South Central Austin	56,025	7	12.5
Total for I-35 Corridor	808,534	68	8.4
East Travis County			
Pflugerville	112,254	1	0.9
Colony Park/Hornsby Bend	43,465	0	0.0
Del Valle	32,432	0	0.0
Manor	28,253	1	3.5
Total for East Travis County	216,404	2	9.2
West Travis County			
Jonestown/Anderson Mill	155,652	18	11.6
Oak Hill/Hudson Bend	127,318	13	10.2
Total for West Travis County	282,970	31	11.0
Travis County	1,307,908	101	8.3

Lower than the County Average	
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Source: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Oct. 2020

7.8 Access to Preventative Services

Underserved communities tend to have less access to preventative health care, largely due to socioeconomic challenges and inadequate access to available services. These challenges increase the risk of late detection and development of advanced chronic conditions. As part of the CHNA, rates of seasonal influenza vaccines, high blood pressure management, and mothers with late or no prenatal care in Travis County were evaluated. Benefits related to these measures include:

- **Seasonal Influenza Vaccine:** Receiving an influenza vaccine greatly reduces flu-related medical visits, hospitalizations, and deaths. The vaccine also helps to protect higher risk populations, including children, pregnant women, and individuals with chronic conditions, from contracting the illness.³⁸
- **High Blood Pressure Management:** High blood pressure caused more than 500,000 deaths in 2019 and costs the country approximately \$131 billion annually. Having high blood pressure increases an individual's risk of heart disease, heart attack, stroke, and kidney disease. Successful management of high blood pressure, possible through lifestyle changes and medication, can improve the quality of life for impacted individuals and decrease health spending.³⁹
- **Mothers with Late or No Prenatal Care:** Timely prenatal care is important to protect the health of both the mother and the baby during pregnancy. Regular visits with a doctor can help reduce pregnancy and infant risk for complications, monitor and control potentially harmful health conditions, and recognize any behaviors that may have a negative impact, such as pausing medications that could harm the fetus.⁴⁰

³⁸ <https://www.cdc.gov/flu/prevent/vaccine-benefits.htm>

³⁹ <https://www.cdc.gov/bloodpressure/facts.htm>

⁴⁰ <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care#:~:text=Pre%2DPregnancy%20and%20prenatal%20care,the%20risk%20of%20pregnancy%20complications.>

Table 32. Access to Preventative Services – County, State, and National Comparisons

Service	Travis County	Texas	United States
Seasonal Influenza Vaccine (adults 18+) ¹ , %	42.4%	38.9%	41.9%
High Blood Pressure Management (adults 18+) ² , %	76.5%	74.6%	78.2%
Mothers with Late or No Prenatal Care ³ , %	4.4%	9.7%	6.1%

Lower than the United States Average	
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Source 1. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2019

Source 2. Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke. 2018. Sourced geography level: County

Source 3. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2019. Sourced geography level: County

Additionally, utilization of selected preventative care services by the overall population (e.g. not limited to below 200% FPIL) in each planning and assessment region was reviewed to better understand the disparities for the total population across regions. The results revealed that some of the regions are below state and national averages for select metrics, suggesting opportunities to improve the overall health and quality of life in the community through interventions targeted towards the low-income populations that are or might be served by Central Health.

- Annual Check-Up:** Regular check-ups are beneficial for people of all ages. These visits aid in early detection and treatment of illnesses, thereby potentially improving health outcomes. The percentage of residents in Travis County who have received their annual check-up (69.4%) is significantly lower than that of the state (72.9%) and the country (76.1%). Within Travis County, most regions in the I-35 Corridor and two regions in East Travis County (Colony Park/Hornsby Bend and Del Valle) have a lower rate of annual check-ups than the Travis County average rate.
- Dental Visit:** Oral conditions are frequently considered separate from other chronic conditions, but these are interrelated. Poor oral health is associated with other chronic diseases such as diabetes and heart disease, and oral disease also is associated with risk behaviors such as using tobacco and consuming sugary foods and beverages.⁴¹ Travis County has a higher dental visit rate (62.7%) than the state of Texas (57.8%) but lower than the national level (64.4%). Most regions

⁴¹ <https://www.cdc.gov/oralhealth/conditions/index.html>

in the I-35 Corridor and East Travis County have a lower rate of dental visits than the Travis County average.

- **Mammograms:** Clinical guidelines recommend annual mammograms and breast exams to detect breast cancer in women ages 40 years and older.⁴² The percentage of women receiving mammograms for Travis County (79.2%) is significantly higher than the published results for the state of Texas (71.1%) and the U.S. overall (73.7%). Within Travis County, all four regions in East Travis County and two regions in the I-35 Corridor (Rundberg and Dove Springs) perform worse than the Travis County average.
- **Pap Smear Test:** Clinical guidelines recommend annual cervical cancer screens (e.g., Pap Test) for women ages 21 years or older.⁴³ The percentage of women receiving pap smears for Travis County (83.4%) is relatively similar to the published results for the state (81.8%) and the U.S. overall (83.8%). Within Travis County, more than half of the regions in the I-35 Corridor and half of the regions in East Travis County have a lower pap smear percentage than the Travis County average.
- **Colorectal Screening:** Clinical guidelines recommend an annual colorectal screening for adults ages 50 and older. Colorectal cancers develop almost exclusively from growths in the colon/rectum and are frequently preventable if polyps are identified and removed.⁴⁴ The colorectal cancer screening rate in Travis County (59.7%) is similar to the rate for Texas (58.7%) but is significantly lower than the United States overall (65.5%). The screening rate is the lowest in Del Valle, Riverside/Montopolis, and Colony Park/Hornsby Bend.

Table 33. Access to Preventative Services by Planning and Assessment Region in Travis County

Planning and Assessment Region	Annual Check-Up (18+), %	Dental Visit (18+), %	Mammogram (Females, 50-74), %	Pap Smear Test (Females, 21-65), %	Colorectal Cancer Screening (50-75), %
I-35 Corridor					
Rundberg	67.4%	52.8%	77.8%	81.0%	53.8%
Garrison Park/South Congress	69.8%	67.5%	79.3%	85.9%	62.7%
East Central Austin	70.6%	55.9%	80.4%	83.2%	57.1%
Dove Springs	67.0%	51.2%	78.3%	81.4%	51.2%
Wells Branch/Tech Ridge	69.2%	64.8%	79.4%	84.2%	61.0%
Downtown/West Central Austin	67.6%	64.1%	79.7%	74.7%	60.2%
Riverside/Montopolis	65.5%	49.6%	79.5%	76.1%	49.5%

⁴² https://www.cdc.gov/cancer/breast/basic_info/screening.htm

⁴³ https://www.cdc.gov/cancer/cervical/basic_info/screening.htm

⁴⁴ https://www.cdc.gov/cancer/colorectal/basic_info/what-is-colorectal-cancer.htm

Table 33. Access to Preventative Services by Planning and Assessment Region in Travis County

Planning and Assessment Region	Annual Check-Up (18+), %	Dental Visit (18+), %	Mammogram (Females, 50-74), %	Pap Smear Test (Females, 21-65), %	Colorectal Cancer Screening (50-75), %
South Central Austin	67.6%	68.3%	80.2%	84.8%	63.1%
East Travis County					
Pflugerville	69.9%	63.3%	78.8%	85.7%	60.1%
Colony Park/Hornsby Bend	68.6%	45.2%	78.8%	81.3%	50.3%
Del Valle	67.3%	46.1%	76.5%	80.3%	48.3%
Manor	69.8%	56.9%	78.8%	84.9%	57.4%
West Travis County					
Jonestown/Anderson Mill	71.9%	73.6%	79.6%	87.1%	67.0%
Oak Hill/Hudson Bend	73.3%	74.8%	79.8%	88.2%	67.3%
Travis County	69.4%	62.7%	79.2%	83.4%	59.7%
Texas	72.9%	57.8%	71.1%	81.8%	58.7%
United States	76.1%	64.4%	73.7%	83.9%	65.5%

Lower than the County Average	
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Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018. Sourced geography level: Tract

7.9 Central Health Patient Cancer Screening Rates

Central Health evaluated cancer screening rates for its patients from October 1, 2019 through September 30, 2020. The screening rates evaluated in this analysis are: (1) breast cancer, (2) cervical cancer, and (3) colorectal cancer. The analysis revealed the following findings:

- Screening rates of Central Health patients for breast, cervical, and colorectal cancer are below target rates set by the Healthy People 2030 program.⁴⁵
- Two regions in the I-35 corridor (East Central Austin, Downtown/West Central Austin) and one region in the West Travis County (Oak Hill/Hudson Bend) have lower screening rates for all the three cancer types evaluated when compared to the County’s average screening rates for Central Health patients.
- Among the three focus areas (I-35 Corridor, East Travis County and West Travis County), West Travis County’s screening rates are the lowest for all the three cancers evaluated.

Notably, cancer screening rates below the Healthy People 2030 targets may be a lingering result of the COVID-19 pandemic. Due to the Pandemic, preventative medicine and cancer screening use rates in 2020 were significantly lower than previous years. Fear of exposure to COVID-19 in health care settings, stay-at-home orders, and the suspension of non-emergency health care services led to a sharp decrease in health care utilization, including missed annual primary care visits, cancelled elective surgeries, and patients not receiving recommended cancer screenings such as mammograms and colonoscopies.⁴⁶

Table 34. Central Health Patients Cancer Screening Rates by Planning and Assessment Region

Planning and Assessment Region	Breast Cancer Screening, %	Cervical Cancer Screening, %	Colorectal Cancer Screening, %
I-35 Corridor			
Rundberg	68.1%	77.0%	48.5%
Garrison Park/South Congress	63.9%	69.1%	49.9%
East Central Austin	58.7%	71.8%	46.7%
Dove Springs	70.3%	78.5%	54.4%
Wells Branch/Tech Ridge	63.5%	73.4%	50.7%
Downtown/West Central Austin	37.7%	49.7%	39.2%
Riverside/Montopolis	70.0%	74.6%	49.1%
South Central Austin	71.0%	74.9%	46.6%
Total I-35 Corridor	66.0%	74.6%	49.6%

⁴⁵ [Cancer - Healthy People 2030 | health.gov](https://www.health.gov/our-initiatives/healthy-people-2030/cancer)

⁴⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8165307/>

Table 34. Central Health Patients Cancer Screening Rates by Planning and Assessment Region

Planning and Assessment Region	Breast Cancer Screening, %	Cervical Cancer Screening, %	Colorectal Cancer Screening, %
East Travis County			
Pflugerville	64.1%	74.2%	49.3%
Colony Park/Hornsby Bend	69.5%	80.2%	53.5%
Del Valle	65.4%	71.2%	43.7%
Manor	67.0%	72.6%	52.9%
Total for East Travis County	66.5%	75.4%	49.6%
West Travis County			
Jonestown/Anderson Mill	50.9%	65.1%	49.1%
Oak Hill/Hudson Bend	55.6%	72.1%	46.5%
Total for West Travis County	52.8%	68.7%	47.9%
Central Health Patients in Travis County	64.0%	73.5%	47.0%
Target	77.1%	84.3%	74.4%

Lower than the County Average	
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Source 1: Central Health Cancer Screening Rates, FY2020

Source 2: Targets of cancer screening rates are set by Healthy People 2030 Program

7.10 Central Health Patient Enrollment

Central Health as the local public entity tasked with ensuring access to and coordination of health care services for low-income residents of Travis County works with a network of partners to provide access to high-quality care to the low-income population. The Medical Access Program (MAP) and MAP Basic are local programs provided by Central Health that cover medical care for eligible residents in Travis County.

Table 35. Central Health Patient Enrollment

Program	Description
MAP	Provides a defined benefit package to eligible residents who are at or below 100% of the Federal Poverty Level
MAP Basic	Covers uninsured residents who are at or below 200% of the FPIL

An analysis was conducted to review the current coverage of MAP and MAP Basic across Travis County and in specific areas. The following regions have higher concentrations of enrollment due to higher population density, disadvantageous SDoH indicators, and higher needs for care: Rundberg, Garrison Park/South Congress, Dove Springs, Wells Branch/Tech Ridge, East Central Austin, Colony Park/Hornsby Bend, Del Valle, and Pflugerville.

Additionally, Central Health aims to expand enrollment to hard-to-reach patient populations.

Methodology:

To estimate the potential enrollment opportunity for both MAP and MAP Basic, Guidehouse considered the following variables:

- Population <100% FPIL and population <200% FPIL
- Uninsured population ages 18-64 and <100% FPIL
- Percent Medicaid enrollment in Travis County

The percent uninsured ages 18-64, respective of sub-region, was applied to the total uninsured population <100% FPIL, as it best represents a population that would not qualify for other government insurance types (CHIP or Medicare), As the uninsured data did not exist for the population <200% FPIL, the assumption was applied to this population as well, for consistency.

Guidehouse then applied the percent Travis County Medicaid enrollment across all sub-regions to discount those who are uninsured but would otherwise qualify for Medicaid.

Based upon the outlined methodology, opportunities exist to expand enrollment by over 90,000 residents, nearly doubling Central Health’s enrolled population. The following regions have the largest opportunities for enrollment for Central Health to prioritize future access needs: Rundberg, Garrison Park/South Congress, East Central Austin, Dove Springs, and Wells Branch/Tech Ridge.

Table 36. Central Health Enrollment and Enrollment Expansion Opportunity, FY2020

Planning and Assessment Region	Enrolled Population	Enrollment Opportunity
I-35 Corridor		
Rundberg	21,022	16,233
Garrison Park/South Congress	8,335	12,683
East Central Austin	7,161	8,550
Dove Springs	10,701	8,331
Wells Branch/Tech Ridge	8,471	8,558
Downtown/West Central Austin	1,259	2,433
Riverside/Montopolis	7,487	6,720

Table 36. Central Health Enrollment and Enrollment Expansion Opportunity, FY2020

Planning and Assessment Region	Enrolled Population	Enrollment Opportunity
South Central Austin	2,459	5,722
Total for I-35 Corridor	66,895	69,230
East Travis County		
Pflugerville	7,311	5,334
Colony Park/Hornsby Bend	9,207	4,792
Del Valle*	8,353	2,025
Manor	3,532	1,255
Total for East Travis County	28,403	13,406
West Travis County		
Jonestown/Anderson Mill	2,681	3,267
Oak Hill/Hudson Bend	2,606	5,192
Total for West Travis County	5,287	8,459
Total for Travis County	100,585	91,095

Source: Central Health Census Tract Planning and Assessment Regions

Note: Travis County Correctional Complex/Austin Transitional Center is in Del Valle and a significant number of inmates were enrolled into MAP when they didn't have a permanent address.

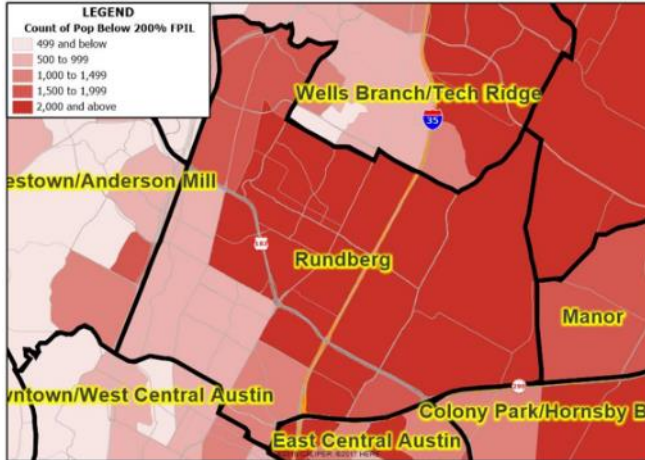
Appendix A. Detailed Analysis for Each Planning and Assessment Region

A.1 Overview

The following section provides a detailed assessment of each planning and assessment region. Each regional sub-section includes:

- A map displaying the population below 200% FPIL by census tract
- Current events and major developments
- Highlights of demographics, health status indicators, social determinants of health, and access to care
- A map displaying locations of safety-net providers
- A table providing information on the type of location in that region (e.g., behavioral health, primary care, etc.), the corresponding number of location by type, and the capabilities associated with that location (e.g., services offered, hours of operation, etc.)
- A list of safety-net providers
- Information on providers that do not currently serve the safety-net population

A.2 Rundberg (I-35 Corridor)



44% of Rundberg’s Residents Are Below 200% of the FPIL, Representing the Highest Prevalence of Poverty Among All Planning and Assessment Regions

Current Events/Major Developments

The University of Texas and the city of Austin announced a \$1 million grant to build a mobility transit hub in the Georgian Acres neighborhood. It is aimed to be operational in six months after October 2021.

Figure 28. Population below 200% FPIL in Rundberg

Demographics

- The median age of residents is relatively young, within the 25 to 39 age group
- ~41% of Rundberg residents speak Spanish at home, among the highest rates in Travis County. 26% of its population ages 5+ have limited English proficiency, and 25% residents are non-citizens; both rates are more than double the county rates
- 44% of residents are below 200% FPIL, which makes up 17% of the entire county population below 200% FPIL and is the highest rate among all regions
- Rundberg had 21,022 Central Health enrollees in FY 2020, the highest number and representing 21% of all Central Health enrollees

Health Status Indicators

- Within this region, Central Health patients have lower prevalence rates for all included chronic conditions (asthma, behavioral health, COPD, behavioral health without substance abuse, diabetes, heart failure, hypertension, malignant neoplasm, renal failure, and substance abuse) when compared to Central Health’s average rates

Social Determinants of Health

- The rate of adults ages 25+ with no high school diploma is 10% higher than the rate in the County overall (21% vs. 11% for the County)
- 10% of households have no computers and 19% have no or slow Internet. The rates are approximately twice the Travis County average for both measures
- 78% of the residents in Rundberg are insured; this is 9% lower than the Travis County rate overall and lower than all but one planning and assessment region in the I-35 Corridor

Access to Care

- When compared to county averages, Rundberg has lower access rates for many preventative services: annual check-ups, dental visits, mammograms, pap smears and colorectal cancer screenings. However, it is notable that Central Health patients in Rundberg have higher screening rates of breast, cervical and colorectal cancer than Central Health’s average rates
- Rundberg is the location of 26 of 114 (23%) addiction/substance abuse providers in Travis County, the highest number of all the planning and assessment regions, but is one of three planning and assessment regions with no Buprenorphine Providers
- Three facilities in this region provide mental health services for the safety-net population

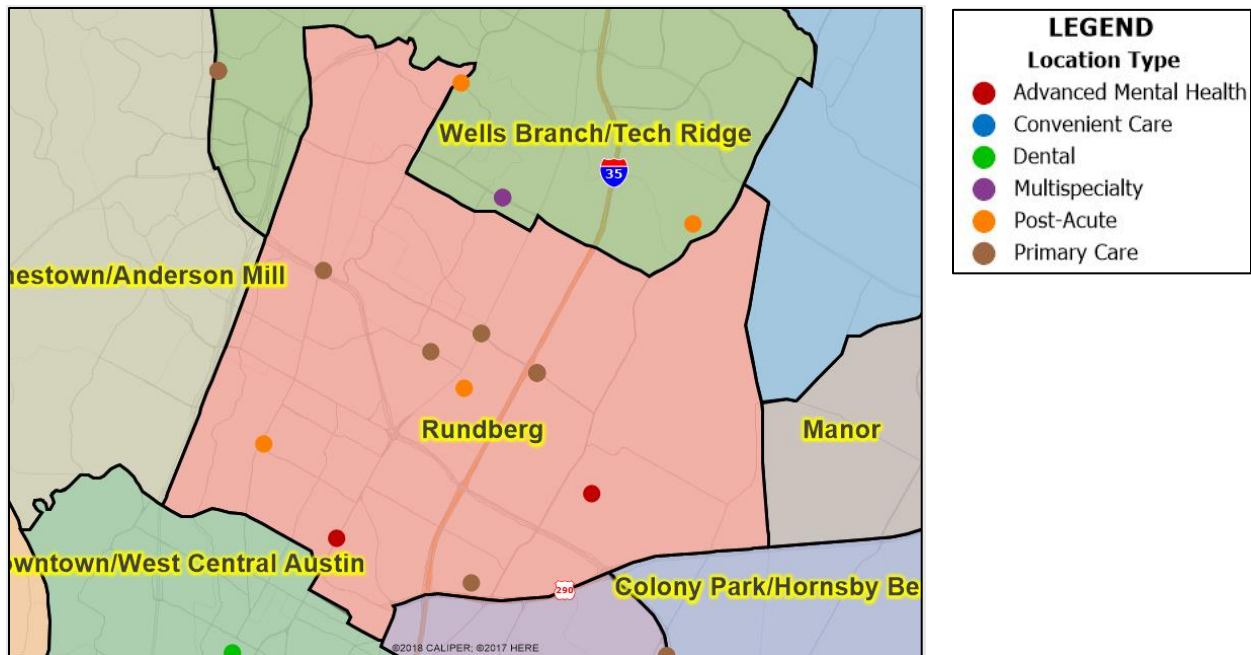


Figure 29. Safety-Net Providers – Rundberg

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 37. Safety-Net Provider Capabilities – Rundberg

Location Type	Number of Locations	Capabilities
Advanced Mental Health	3	3 mental health providers are available in the region offering support for individuals recovering from mental health crisis.
Dental	1	1 dental provider offers comprehensive pediatric health care and dental, as well as a range of specialty and therapy services.
Post-Acute	2	2 post-acute care providers including a skilled nursing facility and a residential rooming service.
Primary Care	5	Services are available from 5 providers; 4 offer pediatric services, 2 offer behavioral health services, 1 offers women’s health services. Services are available Monday – Friday from 7:10 AM – 9:00 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 38. List of Provider Locations – Rundberg

Name of Provider Location	
Advanced Mental Health	Next Step Crisis Respite Cross Creek Hospital Rundberg Clinic – North Austin
Dental	CUC Carousel Pediatrics - North Lamar
Post-Acute	Fresh Start Care Facility

Table 38. List of Provider Locations – Rundberg

Name of Provider Location	
Primary Care	Retirement and Nursing Center Austin
	LSCC at Collinfield
	Planned Parenthood North Austin
	People's Community Clinic North
	CUC Rundberg Health Center
	CUC Carousel Pediatrics - North Lamar

In addition to safety-net provider facilities, the following providers are located in this region but do not contract with Central Health for services:

- Three skilled nursing facilities, two of which are affiliated with The Ensign Group
- Fourteen home health agencies, affiliated with various networks
- Three ambulatory surgery centers, one of which specializes in dialysis management, and one is an endoscopy center
- Three hospice agencies
- Two urgent care clinics, affiliated with Baylor Scott & White Health and Concentra Inc, respectively

A.3 Garrison Park/South Congress (I-35 Corridor)

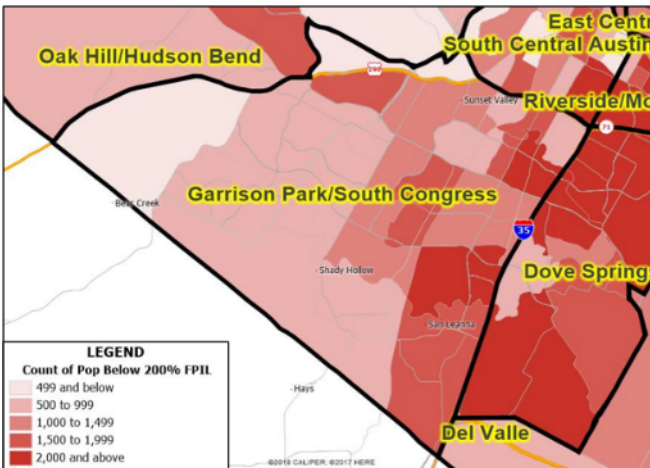


Figure 30. Population below 200% FPL in Garrison Park/South Congress

Despite Having a Younger Population, Central Health Patients Residing in Garrison Park/South Congress Have a High Prevalence of Select Chronic Conditions

Current Events/Major Developments

Public transportation in South Congress will expand by the Orange Line light rail service as part of Project Connect, a transit expansion project by Capital Metro. The project includes a new rail system, a downtown transit tunnel, an expanded bus system, and a transition to an all-electric fleet.

Demographics

- The median age of residents is relatively young, within the 25 to 39 age group
- Approximately 17% of residents speak Spanish at home
- 18% of residents are below 200% FPL, which makes up 11% of the total population below 200% FPL
- Garrison Park/South Congress has 8,335 enrolled patients in FY 2020, representing 8% of total CH patients

Health Status Indicators

- Central Health patients have higher prevalence rates in all included chronic conditions (asthma, behavioral health, COPD, behavioral health without substance abuse, diabetes, heart failure, hypertension, malignant neoplasm, renal failure, and substance abuse) when compared to Central Health's average rates

Social Determinants of Health

- 48% of the population living in Garrison Park/South Congress live in a food desert, a rate higher than the Travis County average and higher than five out of the eight planning and assessment regions in the I-35 Corridor

Access to Care

- Central Health patients in Garrison Park/South Congress have lower screening rates for breast and cervical cancer than Central Health's average rates
- Garrison Park has 16 addiction/substance abuse providers, the third-highest number among all planning and assessment regions. Further, Garrison Park/South Congress represents the second-highest number of Buprenorphine providers in a planning and assessment region with 18 providers located in the region
- Three facilities in this region provide mental health services for the safety-net population

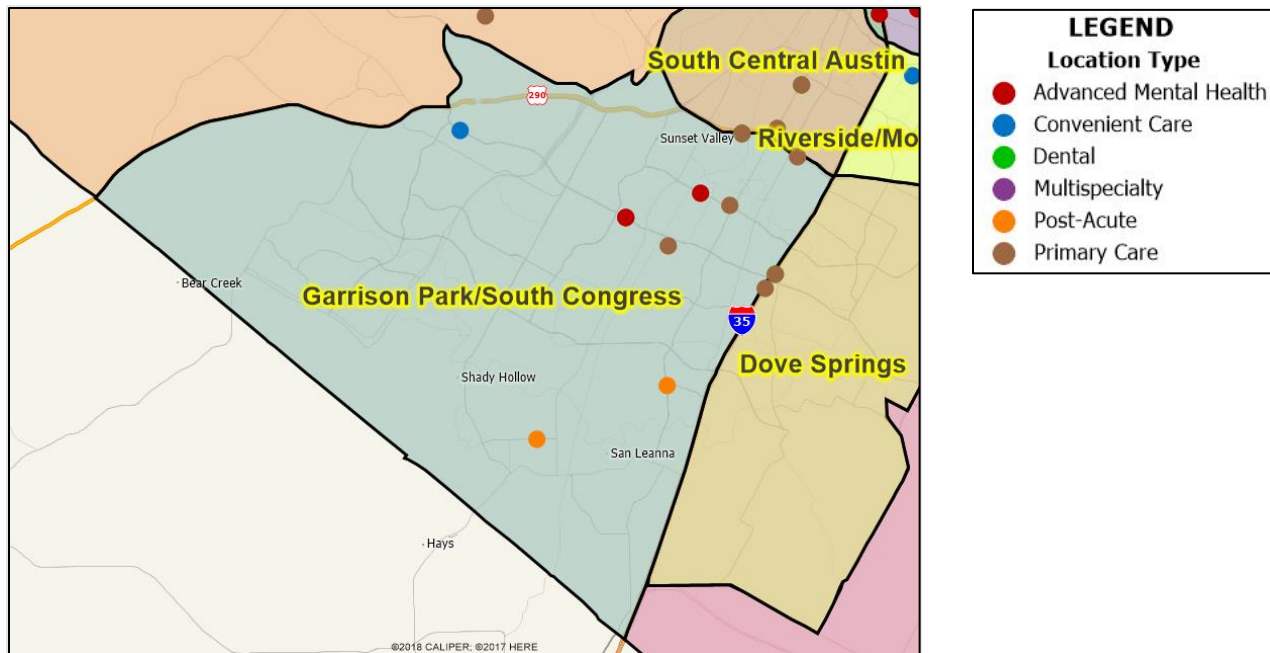


Figure 31. Safety-Net Providers – Garrison Park/South Congress

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 39. Safety-Net Provider Capabilities – Garrison Park/South Congress

Location Type	Number of Locations	Capabilities
Advanced Mental Health	3	3 behavioral health providers provide services in the region for safety-net population. One is an outpatient clinic open Monday – Tuesday from 8:00 AM – 7:00 PM and Wednesday – Friday from 8:00 AM – 5:00 PM; one is open Monday – Friday from 8:00 AM – 5:00PM; and one is an inpatient facility.
Convenient Care	1	1 provider offering services on Monday – Sunday from 8:00 AM – 6:00 PM.
Dental	1	1 dental provider is available in the region. Services are available Monday – Friday from 7:30 AM – 6:00 PM.
Post-Acute	2	2 skilled nursing facilities/post-acute care providers.
Primary Care	4	Services are available from 4 providers; 3 offer pediatric services, 2 offer women’s health services. Services are available Monday – Friday from 8:00 AM – 8:00 PM and Saturday from 9:00 AM – 1:00 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 40. List of Provider Locations – Garrison Park/South Congress

Name of Provider Location	
Advanced Mental Health	LSCC Ben White Health Clinic – Behavioral Health

Table 40. List of Provider Locations – Garrison Park/South Congress

Name of Provider Location	
	Austin Oaks Hospital
	Stonegate Clinic – South Austin
Convenient Care	NextCare Urgent Care – Austin
Dental	CUC Ben White Dental Clinic
Post-Acute	Brodie Ranch Nursing and Rehabilitation Center
	Southpark Meadows Nursing and Rehabilitation Center
Primary Care	LSCC Ben White Health Clinic
	LSCC at Stassney Pediatrics
	LSCC at El Buen Samaritano
	Planned Parenthood South Austin

In addition to safety-net provider facilities, the following providers are located in this region but do not contract with Central Health for services:

- Six skilled nursing facilities, three are run by Regency Integrated health Services and two by Marbridge
- Two home health agencies and one hospice agency
- One psychiatric hospital and one long-term care hospital, both affiliated with Universal Health Services
- Four ambulatory surgery centers, one of which is affiliated with St. David's HealthCare
- Six urgent care clinics affiliated with Austin Regional Clinic, Ascension Seton, St. David's HealthCare, Baylor Scott & White Health, Texas Children's Urgent Care, and Texas MedClinic, respectively

A.4 East Central Austin (I-35 Corridor)

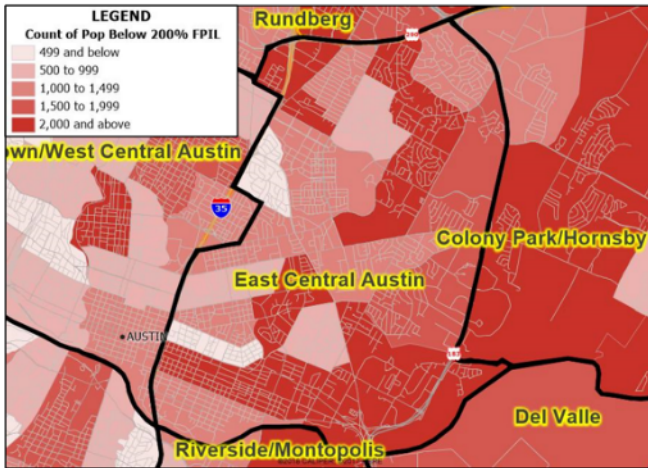


Figure 32. Population below 200% FPIL in East Central Austin

East Central Austin Represents a Diverse, Underserved Patient Population with Chronic Health Needs and Significant Socioeconomic Challenges

Current Events/Major Developments

A high-profile Austin-based developer, StoryBuilt, known for its central-city residential projects is constructing a \$50 million development that will bring 116 homes to East Austin.

Demographics

- The median age of residents is between 25 and 39 years
- 27% of residents speak Spanish at home
- 38% of residents are below 200% FPIL and make up 9% of total Travis County population below 200% FPIL
- East Central Austin has 7,161 enrollees in FY 2020, representing 7% of all Central Health enrollees

Health Status Indicators

- Central Health patients have higher prevalence rates in all included chronic conditions (asthma, behavioral health, COPD, behavioral health without substance abuse, diabetes, heart failure, hypertension, malignant neoplasm, renal failure, and substance abuse) when compared to Central Health's average rates

Social Determinants of Health

- East Central Austin has a high rate of Households with no computer (11%) and Households with no or slow Internet (21%). Both rates exceed the County rates and are the top two rates when compared to all planning and assessment regions
- East Central Austin has the highest incarceration rate (6%), more than double the overall Travis County rate

Access to Care

- East Central Austin is one of four planning and assessment regions that make up Travis County's one HRSA-designated Medically Underserved Area
- The region has the highest number (six) of FQHCs in the county
- Central Health patients in East Central Austin have lower screening rates of breast, cervical and colorectal cancer than Central Health's average rates
- 25 of 114 addiction/substance abuse providers (22%) in Travis County are in East Central Austin; this is the highest rate of any planning and assessment region (31 per 100,000 people)
- Two facilities in this region provide mental health services for the safety-net population

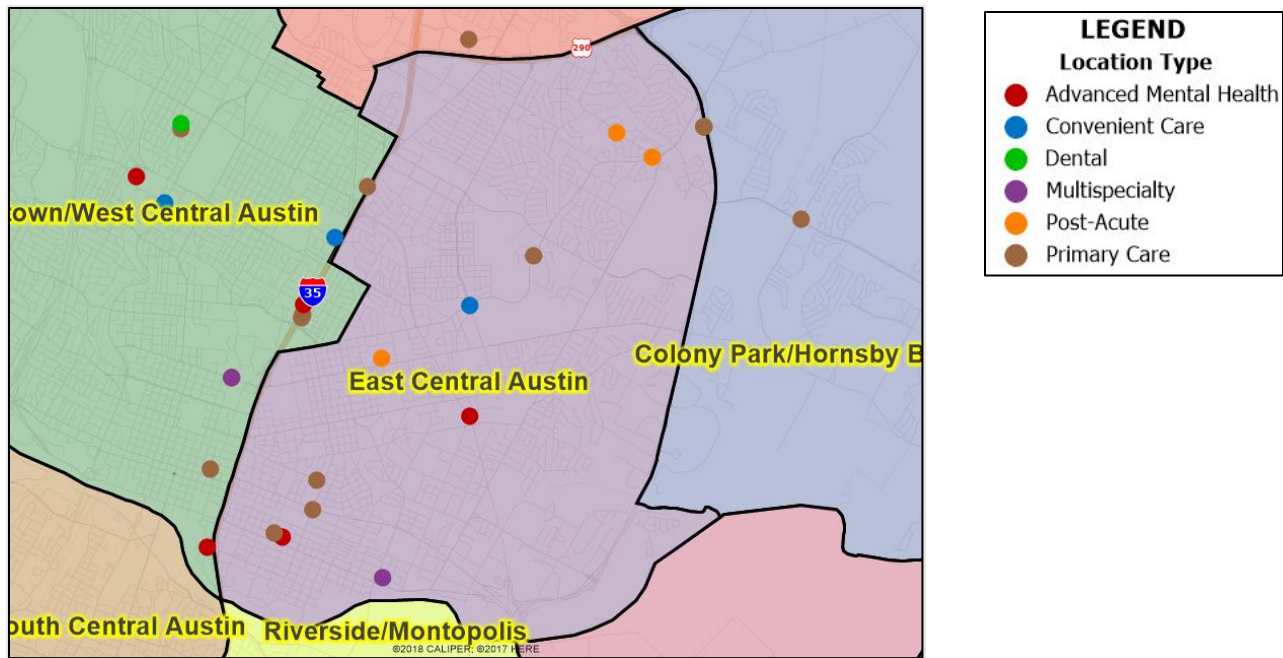


Figure 33. Safety-Net Providers – East Central Austin

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 41. Safety-Net Provider Capabilities – East Central Austin

Location Type	Number of Locations	Capabilities
Advanced Mental Health	2	1 location offers psychiatric emergency services, open Monday – Friday from 8:00 AM – 10:00 PM; 1 location offering services Monday – Friday from 8:00 AM – 5:00 PM
Convenient Care	1	1 provider offering services Monday – Friday from 8:00 AM – 8:00 PM and Saturday – Sunday 8:00 AM – 5:00 PM.
Dental	1	1 dental provider offers comprehensive pediatric health care and dental, as well as a range of specialty and therapy services.
Multispecialty	1	1 provider offers family medicine and pediatric services and allows direct scheduling with location providers
Post-Acute	3	Services are available from 1 skilled nursing facility/post-acute care provider and 2 residential rooming/post-acute care providers.
Primary Care	6	Services are available from 6 providers; 4 offer pediatric services, 4 offer women’s health services, and 1 provides services to the homeless population. Services are available Monday – Thursday from 7:00 AM – 9:00 PM, Friday from 7:00 AM – 6:00 PM, and Saturday from 8:00 AM – 4:30 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 42.**List of Provider Locations – East Central Austin**

Name of Provider Location	
Advanced Mental Health	Psychiatric Emergency Services
	East 2nd Street Clinic – Central Austin
Convenient Care	FastMed Urgent Care – Mueller
Dental	CUC Carousel Pediatrics - Springdale
Multispecialty	Ascension Seton McCarthy Community Clinic
Post-Acute	Heritage Park Rehabilitation and Skilled Nursing Center
	Fresh Start Care Facility
Primary Care	CUC East Austin Health Center
	CUC Sandra Joy Anderson Community Health and Wellness Center
	Planned Parenthood Downtown
	CUC – Austin OB/GYN (Springdale)
	CUC Carousel Pediatrics – Springdale
	People’s Community Clinic at Austin Children’s Shelter

In addition to safety-net provider facilities, the following providers in this region do not contract with Central Health for services:

- One skilled nursing facility
- One home health agency
- One pediatric surgery center

A.5 Dove Springs (I-35 Corridor)

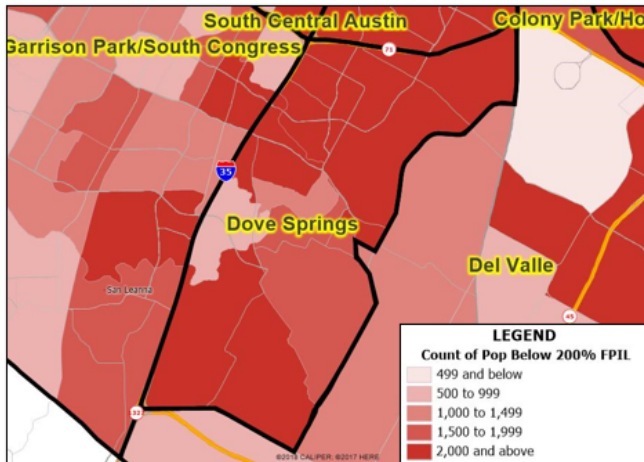


Figure 34. Population below 200% FPIL in Dove Springs

Dove Springs Represents a Diverse and Underserved Patient Population That Likely Struggles with Health Literacy Due to Limited English Proficiency

Current Events/Major Developments

Tesla is working with community partners to launch an English as a Second Language (ESL) program to get more Austinites eligible for jobs at the company's new Gigafactory. Tesla requires employees to speak English to obtain employment at the company. An analysis by the United Way of Greater Austin found that the Dove Springs neighborhood is within the third highest ZIP code of reported need, with rent and electricity representing the greatest challenges.

Demographics

- The median age of residents is relatively young, within the 25 to 39 age group
- Approximately 53% of residents speak Spanish at home, the second-highest rate in Travis County; 21% of its population ages 5+ has limited English proficiency, the third highest rate among planning regions
- 37% of residents are below 200% FPIL, which is the second-highest rate of poverty among planning regions. This makes up 8% of the total county population below 200% FPIL
- Dove Springs has 10,701 enrolled patients in FY 2020, representing 11% of all Central Health enrollees

Health Status Indicators

- Central Health patients have higher prevalence rates in behavioral health, behavioral health without substance abuse, COPD, diabetes, and hypertension when compared to Central Health's average rates

Social Determinants of Health

- 25% of the adults ages 25+ in Dove Springs do not have a high school diploma, the highest rate in the I-35 Corridor
- The rate of households with no computers and no or slow Internet exceeds the Travis County average (9% and 16%, respectively)
- 78.5% of the population is insured, 8% lower than the Travis County rate overall
- Over 55% of the population lives in a food desert, the second-highest rate in the I-35 Corridor and 11% higher than the overall county rate

Access to Care

- Dove Springs has a lower access rate than the Travis County average for all preventative services: annual check-ups, dental visits, mammograms, pap smears and colorectal cancer screenings. However, it should be noted that Central Health patients in Dove Springs have higher screening rates for breast, cervical and colorectal cancer than Central Health's average rates
- Dove Springs only has one addiction/substance abuse provider, a rate of 1.4 providers for every 100,000 residents. This is one of the lowest rates of all the planning and assessment areas
- There is not a facility in this region that provides outpatient mental health services specifically to the safety-net population

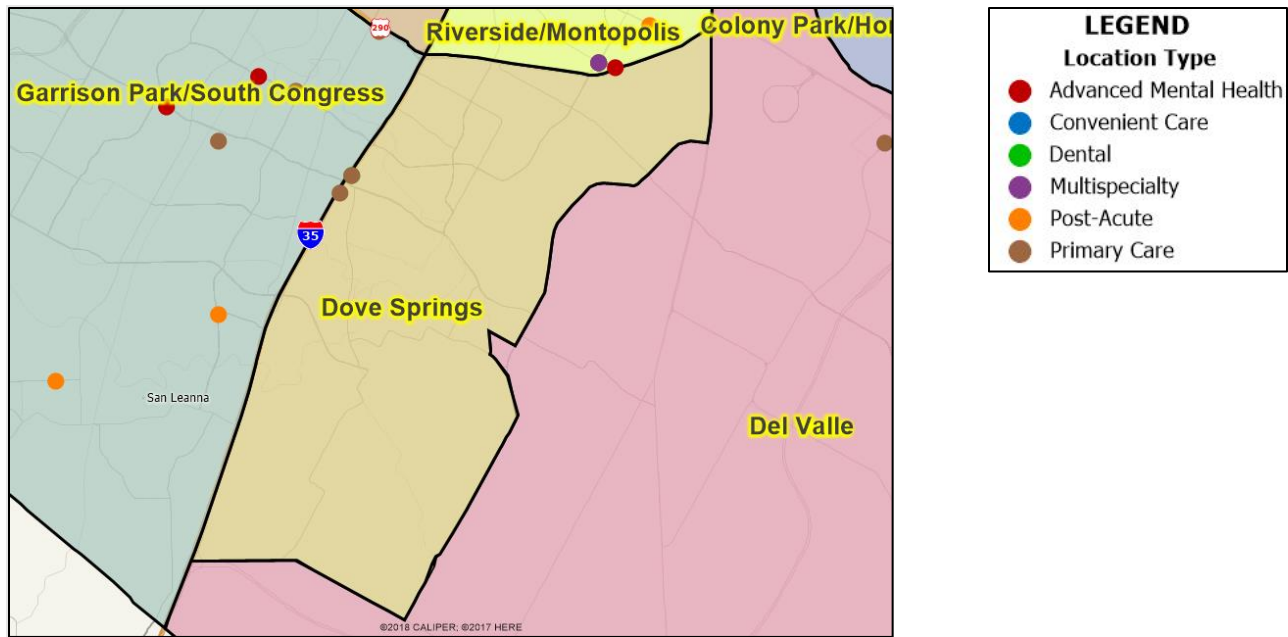


Figure 35. Safety-Net Providers – Dove Springs

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 43. Safety-Net Provider Capabilities – Dove Springs

Location Type	Number of Locations	Capabilities
Dental	1	1 dental provider offers comprehensive pediatric health care and dental, as well as a range of specialty and therapy services.
Primary Care	2	Services are available from 2 providers and include pediatric services, women's health services, and behavioral health services. Providers are available on Monday – Tuesday from 7:00 AM – 8:00 PM and Wednesday – Friday from 8:00 AM – 9:00 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

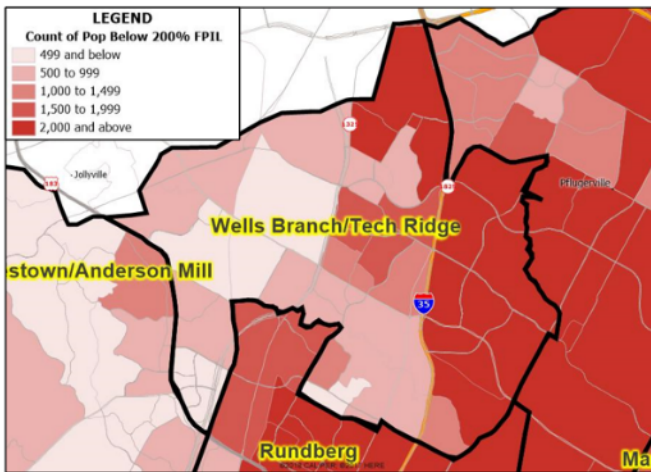
Table 44. List of Provider Locations – Dove Springs

Name of Provider Location	
Dental	CUC Carousel Pediatrics - Southbrook
Primary Care	CUC William Cannon Health Center
	CUC Carousel Pediatrics – Southbrook

In addition to safety-net provider facilities, the following providers in this region do not contract with Central Health for services:

- Two home health agencies
- Two hospice agencies
- One urgent care clinic affiliated with Concentra, Inc.

A.6 Wells Branch/Tech Ridge (I-35 Corridor)



Over Half of The Population in Wells Branch/Tech Ridge Resides in a Food Desert, Food (In)security Can Impact Wellness and Health Outcomes

Current Events/Major Developments

Deemed the "Tech Ridge corridor," tech companies such as Dell, General Motors, and 3M are bringing mixed-use developments to the area. These developments, including Parmer Village and East Village, will bring a significant number of homes, restaurants, storefronts, and office space.

Figure 36. Population below 200% FPIL in Wells Branch/Tech Ridge

Demographics

- The median age of residents falls between 25 and 39 years old
- 19% of residents speak Spanish at home
- 22% of residents are below 200% FPIL and make up 8% of the total county population below 200% FPIL
- Wells Branch/Tech Ridge has 8,471 Central Health enrollees in FY 2020, representing 8% of all enrollees

Health Status Indicators

- Central Health patients have a higher prevalence rate in heart failure but lower prevalence rates in other included chronic conditions (asthma, behavioral health, COPD, behavioral health without substance abuse, diabetes, hypertension, malignant neoplasm, renal failure, and substance abuse) when compared to Central Health's average rates

Social Determinants of Health

- A large proportion of the population live in food deserts (58%). This is the highest rate in the I-35 Corridor and 13% higher than the overall county rate

Access to Care

- Central Health patients in Wells Branch/Tech Ridge have lower screening rates of breast and cervical cancer than Central Health's average rates
- Wells Branch/Tech Ridge has the lowest number and rate of addiction/substance abuse providers (1 provider and a rate of 0.8 per 100,000 people)
- One facility in this region provides mental health services specifically to the safety-net population

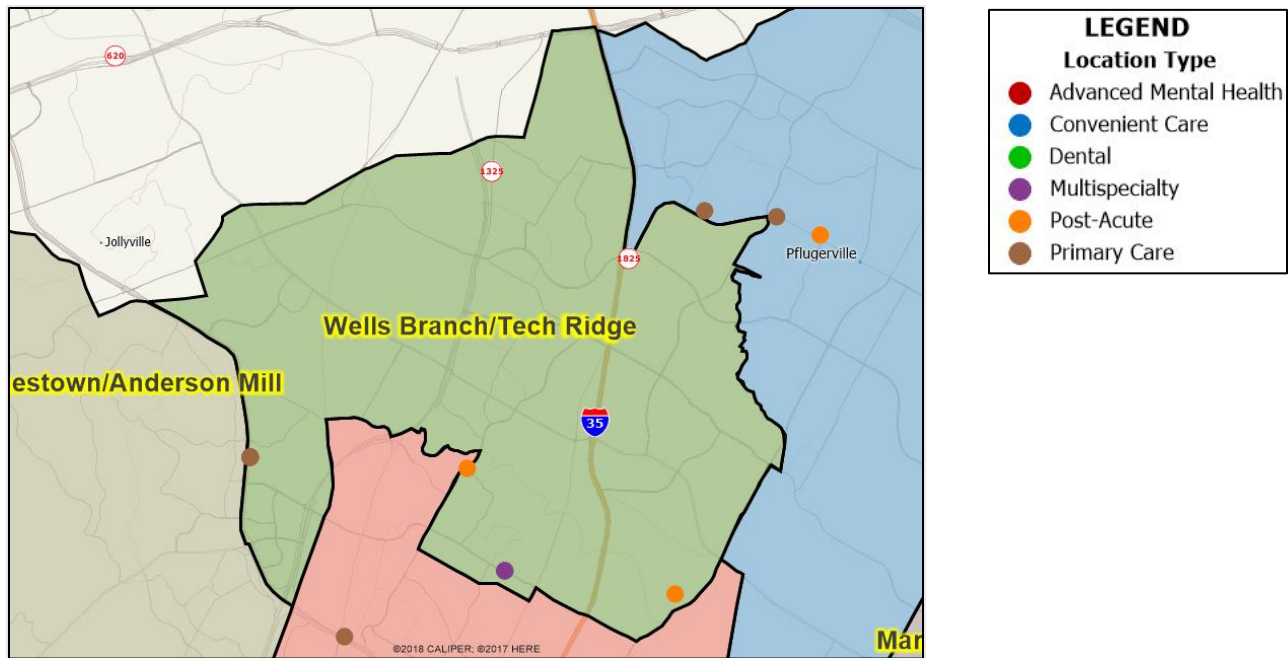


Figure 37. Safety-Net Providers – Wells Branch/Tech Ridge

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 45. Safety-Net Provider Capabilities – Wells Branch/Tech Ridge

Location Type	Number of Locations	Capabilities
Advanced Mental Health	1	1 mental health provider offers services in the region Monday – Friday from 8:00 AM – 5:00 PM.
Dental	1	Services available from 1 provider Monday – Thursday from 7:30 AM – 9:00 PM, Friday from 7:30 AM – 6:00 PM, and on Saturday from 8:00 AM – 12:00 PM.
Multispecialty	1	1 multispecialty provider offers services including: Cardiology, Dermatology, Pulmonology, Endocrinology, and Gastroenterology
Post-Acute	3	Services available from 2 skilled nursing facilities/post-acute care providers and 1 residential rooming/post-acute care provider.
Primary Care	4	Services are available from 4 providers; 3 offer pediatric services, 2 offer women’s health services. Services are available Monday – Thursday from 7:00 AM – 9:00 PM, Friday from 7:00 AM – 6:00 PM, and Saturday from 8:00 AM – 4:30 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 46. List of Provider Locations – Wells Branch/Tech Ridge

Name of Provider Location	
Advanced Mental Health	LSCC Seton Circle of Care Behavioral Health
Dental	CUC North Central Health Center - Dental

Table 46. List of Provider Locations – Wells Branch/Tech Ridge

Name of Provider Location	
Multispecialty	CUC North Central Health Center - Specialty
Post-Acute	Fresh Start Care Facility
	Gracy Woods Nursing Center
	Windsor Nursing and Rehabilitations Center of Duval
Primary Care	CUC North Central Health Center
	LSCC Seton Circle of Care Family Medicine
	LSCC Seton Circle of Care Pediatrics
	LSCC Seton Circle of Care Women's Health Services

Central Health also contracts with St. David’s North Austin Surgery Center and Northwest Surgery Center for limited services.

In addition to safety-net provider facilities, the following providers located in this region do not contract with Central Health for services:

- Three skilled nursing facilities, two home health agencies and one hospice agency
- Six ambulatory surgery centers, one of which is part of Physicians Surgical Network Affiliates and two are affiliated with St. David’s HealthCare
- Two urgent care centers, affiliated with Texas MedClinic and Concentra Inc., respectively

A.7 Downtown/West Central Austin (I-35 Corridor)

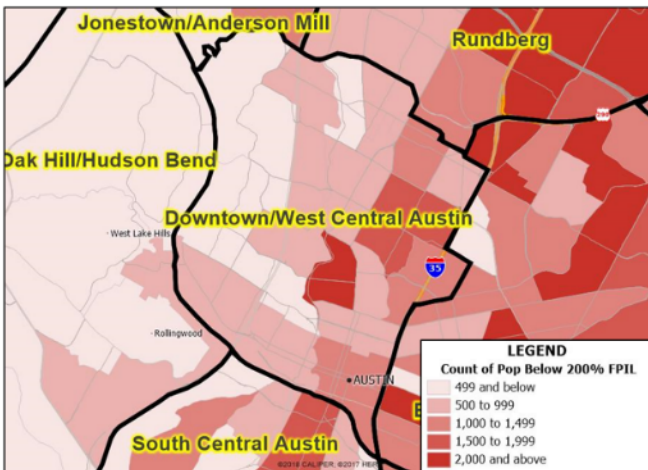


Figure 38. Population below 200% FPII in Downtown/West Central Austin

Downtown/West Central Austin Has a High Prevalence of Behavioral Health and Substance Abuse Conditions

Current Events/Major Developments

The Texas Capitol Complex master plan is an effort that aims to centralize state agencies and construct a pedestrian mall along Congress Avenue between 16th Street and Martin Luther King Jr. Boulevard. According to the Texas Facilities Commission, the \$895 million project is due to be completed in three phases.

Note: this region contains a large UT student population and includes Austin Resource Center for the Homeless, which may have an impact on the poverty numbers.

Demographics

- The median age of residents is between 25-39 years
- 8% of residents speak Spanish at home, the lowest rate in Travis County
- 27% of residents are below 200% FPII
- Downtown/West Central Austin had 1,259 enrolled patients in FY 2020, representing 1% of all Central Health enrollees and likely an undercount of enrolled patients due to the impact of homeless populations in this region

Health Status Indicators

- Central Health patients have higher prevalence rates in 8 of 10 included chronic conditions (asthma, behavioral health, behavioral health without substance abuse, COPD, heart failure, hypertension, renal failure, and substance abuse) when compared to Central Health's average rates. In particular, the prevalence rates of behavioral health and substance abuse, 29.9% and 9.6% respectively, are significantly higher than double the Central Health's average rates of 14.7% and 2.1% respectively

Social Determinants of Health

- Compared to all planning and assessment regions in Travis County, Downtown/West Central Austin has the highest rate of severely cost-burdened households (i.e., housing costs are 50% or more of a household's income) at 22%
- Downtown/West Central Austin has the highest insured rate of all the planning and assessment regions in the I-35 Corridor at 92%. This is also higher than the County overall

Access to Care

- Downtown/West Central Austin is one of four planning and assessment regions that make up Travis County's one HRSA-designated Medically Underserved Area
- Central Health patients in Downtown/West Central Austin have lower screening rates for breast, cervical and colorectal cancer than Central Health's average rates
- The region has the highest number and rate of mental health providers. The rate per 100,000 of mental health providers in the region is over two times higher than the second-highest planning and assessment region's rate. However, only three locations are available to treat safety-net patients
- Downtown/West Central Austin also has the highest rate of Buprenorphine providers of any planning and assessment region (29 per 100,000 people)
- Three facilities in this region provide mental health services specifically to the safety-net population

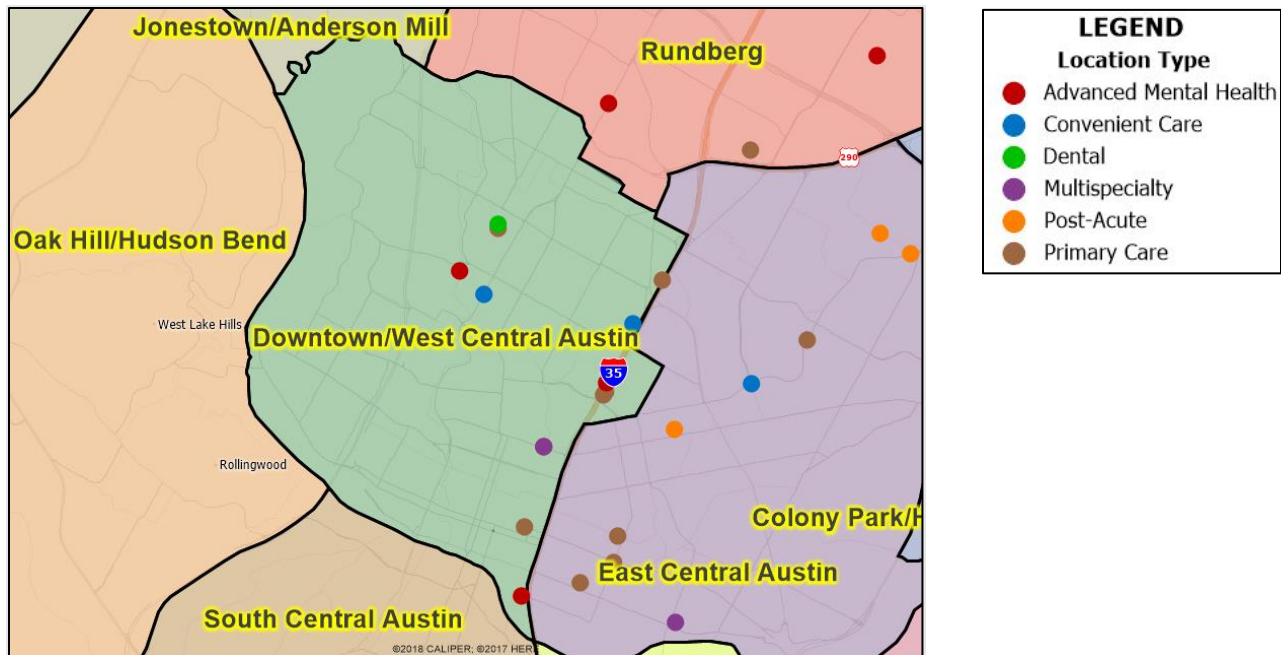


Figure 39. Safety-Net Providers – Downtown/West Central Austin

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 47. Safety-Net Provider Capabilities – Downtown/West Central Austin

Location Type	Number of Locations	Capabilities
Advanced Mental Health	3	1 outpatient mental health provider; 1 short-term inpatient mental health provider; 1 mental health hospital offering inpatient and outpatient services.
Convenient Care	2	Services available from 2 providers Sunday – Saturday from 7:00 AM – 8:00 PM.
Dental	1	Services available from 1 provider Monday – Friday from 8:00 AM – 5:00 PM.
Multispecialty	2	2 multispecialty providers including physical therapists, neurologists, and oncologists.
Primary Care	5	5 primary care providers offering pediatric and women’s health services and 1 offers services for the homeless population. Services are offered Monday – Friday from 8:00 AM – 9:00 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 48. List of Provider Locations – Downtown/West Central Austin

Name of Provider Location	
Advanced Mental Health	The Inn

Table 48. List of Provider Locations – Downtown/West Central Austin

Name of Provider Location	
	Ascension Seton Shoal Creek Hospital
	Austin Lakes Hospital
Convenient Care	FastMed Urgent Care - Lamar
	CUC Hancock Walk-in Care
Dental	Lonestar Oral & Maxillofacial Surgery
Multispecialty	Dell Ascension Seton Medical Center at UT - HTB
	UTHA - Health Transformation Building
Primary Care	CUC ARCH
	People's Community Clinic Center for Women's Health
	UT School of Nursing Family Wellness Clinic
	CUC David Powell Health Center
	Volunteer Healthcare Clinic

Central Health also contracts with St. David’s Bailey Square Surgery Center and St. David’s Central Park Surgery Center for limited services.

In addition to safety-net provider facilities, the following providers located in this region do not contract with Central Health for services:

- Two psychiatric hospitals, one rehabilitation hospital, one hospital specializing in cardiovascular services, and one hospital specializing in long-term care services
- Six ambulatory surgery centers
- One urgent care clinic

A.8 Riverside/Montopolis (I-35 Corridor)

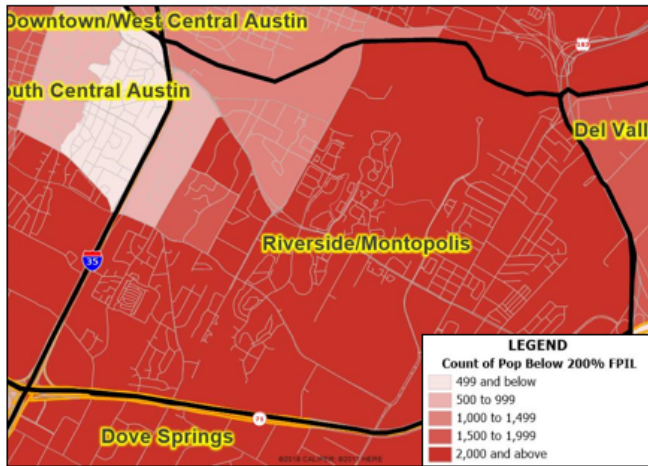


Figure 40. Population below 200% FPL in Riverside/Montopolis

Riverside/Montopolis Residents Represent a Younger Community Faced with Significant Social Challenges That Can Impact Health Equity

Current Events/Major Developments

Riverside Park, a 97-acre mixed-use development, is slated to include more than 400 affordable housing units as well as 10 million square feet of offices, shops, hotels, parks, and homes. It is scheduled to be built in phases over the next two decades, with a preliminary start date planned for 2023.

Demographics

- Residents are among the youngest in Travis County, with the median age falling between 25 and 39. The majority of Northwest Montopolis residents are between the ages of 18 and 24 years
- 38% of residents speak Spanish at home, among the higher rates in Travis County. 20% of the population ages 5+ has limited English proficiency, approximately double the rate of Travis County
- 49% of residents are below 200% FPL and make up 8% of the total county population below 200% FPL
- Riverside/Montopolis has 7,487 enrollees in FY 2020, representing 7% of all Central Health enrollees

Health Status Indicators

- Central Health patients have lower prevalence rates in all included chronic conditions (asthma, behavioral health, behavioral health without substance abuse, COPD, diabetes, heart failure, hypertension, malignant neoplasm, renal failure, and substance abuse) when compared to Central Health's average rates

Social Determinants of Health

- Compared to other planning and assessment regions in Travis County, Riverside/Montopolis has the second-highest percent of severely cost-burdened households (i.e., housing costs are 50% or more of a household's income) at 21%, and nearly 50% of the households in Riverside/Montopolis live in substandard housing (14% higher than the Travis County overall)
- Over 25% of the households in Riverside/Montopolis have no or slow Internet, 14% higher than the overall rate in Travis County
- 77% of the residents in Riverside/Montopolis are insured, lower than the Travis County rate overall, and is tied for the lowest rate across all the planning and assessment regions

Access to Care

- Riverside/Montopolis is one of four planning and assessment regions that make up Travis County's one HRSA-designated Medically Underserved Area
- Riverside/Montopolis has a lower access rate than the Travis County average for multiple preventative services, including annual check-ups, dental visits, pap smear tests and colorectal cancer screenings. However, it should be noted that Central Health patients in Riverside/Montopolis have higher screening rates of breast, cervical and colorectal cancer than Central Health's average rates
- With only one addiction/substance abuse provider, and two Buprenorphine providers, Riverside/Montopolis has limited substance use disorder resources
- Two facilities in this region provide mental health services specifically to the safety-net population

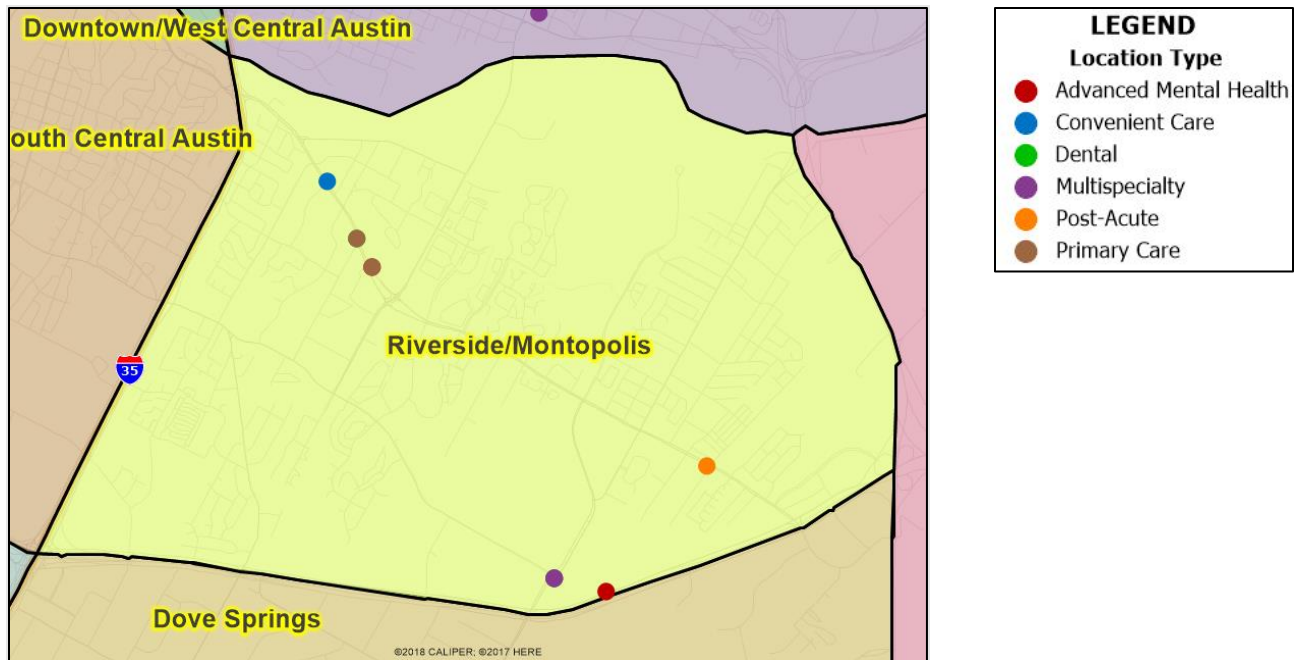


Figure 41. Safety-Net Providers – Riverside/Montopolis

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 49. Safety-Net Provider Capabilities – Riverside/Montopolis

Location Type	Number of Locations	Capabilities
Advanced Mental Health	2	1 mental health provider is available in the region that offers 24/7 emergency crisis care. 1 location is open Monday – Friday from 8:00 AM – 5:00 PM
Convenient Care	2	Services are available from 2 providers in the region. Services are available Monday – Saturday from 7:15 AM – 8:00 PM and Sunday from 8:00 AM – 5:00 PM.
Dental	2	2 dental providers are available in the region. Services for 1 provider are available Monday – Friday from 7:15 AM – 6:00 PM; the other provider requires a call for availability.
Multispecialty	1	Services are available from 1 specialty provider that offers cardiology, endocrinology, and pulmonology services.
Post-Acute	1	1 skilled nursing facility/post-acute care provider is available in the region.
Primary Care	3	Services are available from 3 providers and include pediatric, women’s health, and behavioral health services. Providers are available Monday – Friday from 7:20 AM – 9:00 PM and Saturday from 9:00 AM – 6:00 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 50. List of Provider Locations – Riverside/Montopolis

Name of Provider Location	
Advanced Mental Health	Judge Guy Herman Center for Mental Health Crisis Care Riverside Clinic – Central Austin
Convenient Care	CUC Southeast Health and Wellness Center Walk In Clinic FastMed Urgent Care - Riverside
Dental	CUC Carousel Pediatrics - Riverside CUC Southeast Health and Wellness Center - Dental
Multispecialty	CUC Southeast Health and Wellness Center - Specialty
Post-Acute	Riverside Nursing and Rehabilitation Center
Primary Care	CUC - Austin OB/GYN (Riverside) CUC Southeast Health and Wellness Center CUC Carousel Pediatrics - Riverside

In addition to safety-net provider facilities, the following providers located in this region do not contract with Central Health for services:

- One home health agency affiliated with Aveanna Healthcare
- One hospice agency

A.9 South Central Austin (I-35 Corridor)

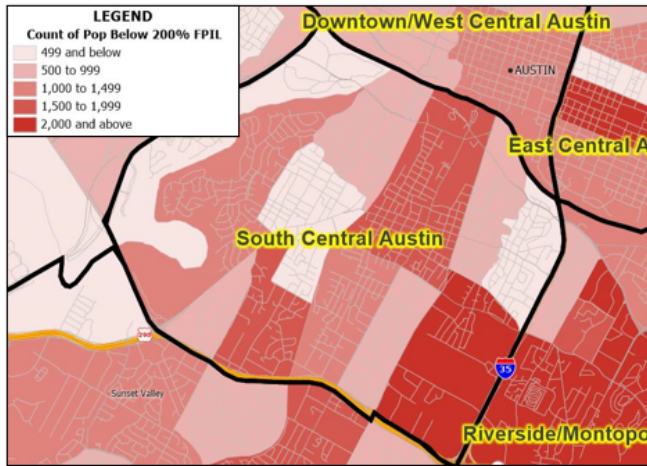


Figure 42. Population below 200% FPL in South Central Austin

CH Patients in South Central Austin Have High Rates of Select Chronic Conditions Indicating a Need for Timely Access to Quality Care

Current Events/Major Developments

Austin City Council adopted the South Central Waterfront Framework Plan in 2016, which will guide the redevelopment of 118 acres along Lady Bird Lake over the next 20 years. The \$252 million plan charts out a network of connected green streets, public open spaces, and a goal of 530 new affordable housing units.

Demographics

- The median age of residents is between 25 and 39 years
- 16% of residents speak Spanish at home, the lowest rate in the I-35 Corridor
- 22% of residents are below 200% FPL and make up 4% of total county population below 200% FPL
- South Central Austin has 2,459 enrollees in FY 2020, representing 2% of all Central Health enrollees

Health Status Indicators

- Central Health patients have higher prevalence rates in 7 of 10 included chronic conditions (behavioral health, behavioral health without substance abuse, COPD, heart failure, malignant neoplasm, renal failure, and substance abuse) when compared to Central Health's average rates

Social Determinants of Health

- 37% of households in South Central Austin live in substandard housing, higher than the county rate of 35% but lower than other planning and assessment regions in the I-35 Corridor

Access to Care

- South Central Austin is one of four planning and assessment regions that make up Travis County's one HRSA-designated Medically Underserved Area
- Central Health patients in South Central Austin have a higher screening rate for colorectal cancer than Central Health's average rate
- South Central Austin has the second-highest rate of mental health providers (177 per 100,000 people) among all planning regions. However, there is no safety-net focused provider of mental health services in this region

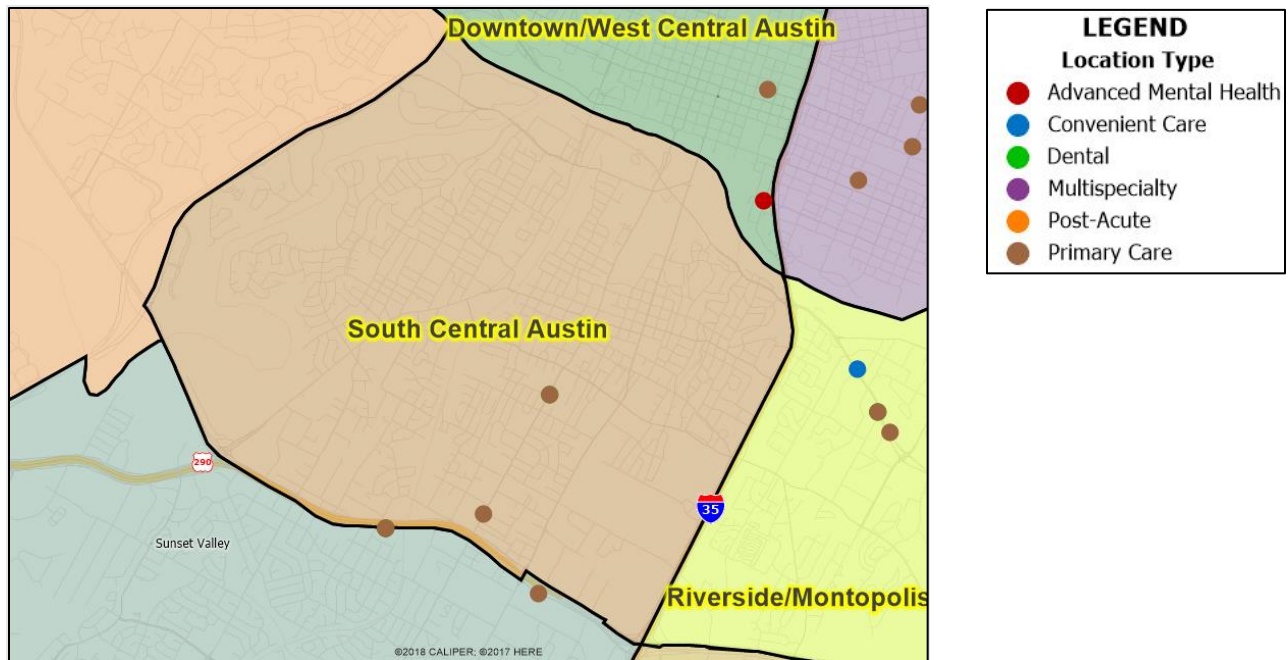


Figure 43. Safety-Net Providers – South Central Austin

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 51. Safety-Net Provider Capabilities – South Central Austin

Location Type	Number of Locations	Capabilities
Dental	1	1 dental provider is available in the region. Services are available Monday – Friday from 7:30 AM – 6:00 PM.
Primary Care	2	Services are available from 2 providers and include pediatric and women’s health services, and 1 provider offers services directly to individuals experiencing homelessness. Providers are available on Monday – Friday from 7:00 AM – 5:00 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 52. List of Provider Locations – South Central Austin

Name of Provider Location	
Dental	CUC South Austin Health Center - Dental
Primary Care	CUC Care Connections Clinic
	CUC South Austin Health Center

In addition to safety-net provider facilities, the following providers located in this region do not contract with Central Health for services:

- One skilled nursing facility
- One home health agency affiliated with Aveanna Healthcare

- One rehabilitation hospital
- One stand-alone ambulatory surgery center
- Two hospice agencies, one of which is affiliated with Ascension Seton Medical Center
- One urgent care clinic

A.10 Pflugerville (East Travis County)

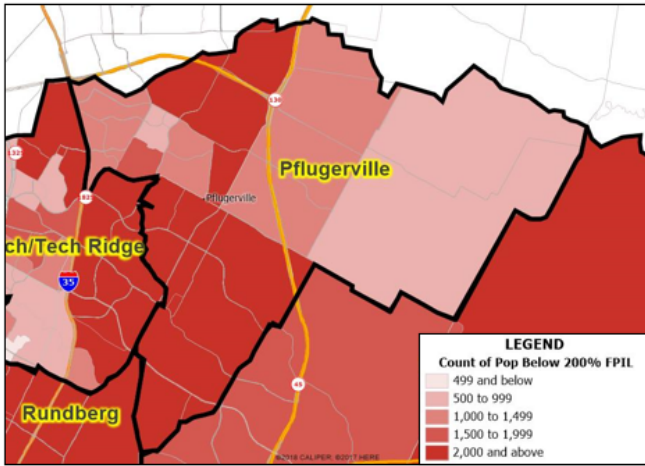


Figure 44. Population below 200% FPIL in Pflugerville

Approximately 90% of Pflugerville’s Residents Live in a Food Desert, Food (In)security Can Impact Wellness and Health Outcomes

Current Events/Major Developments

Several development projects are underway along the Wells Branch Parkway corridor of Pflugerville between I-35 and SH 130. NorthPointe, a multimillion-dollar development affecting 120 acres, could eventually bring thousands of residential units and big buildings for business along the SH 130 toll road. Other development projects include Lisso Tract, Village at Wells Branch, and Olympic Drive Apartments.

Demographics

- The median age of residents is between 25 and 39 years
- 21% of residents speak Spanish at home
- 18% of residents are below 200% FPIL and make up 6% of the total county population below 200% FPIL
- Pflugerville has 7,311 enrollees in FY 2020, representing 7% of all Central Health enrollees

Health Status Indicators

- Central Health patients have higher prevalence rates in diabetes, heart failure, and hypertension when compared to Central Health’s average rates

Social Determinants of Health

- 88% of the population live in food deserts, the highest rate out of all the planning and assessment regions and twice as high as the overall rate in Travis County
- Pflugerville has an insured rate of 88%, slightly higher than the County rate of 87%

Access to Care

- Central Health patients in Pflugerville have higher screening rates for breast, cervical and colorectal cancer than Central Health’s average rates
- Pflugerville has the second-lowest rate of mental health providers (15 per 100,000 people versus 91 for the county overall). Further, one of the two Buprenorphine providers in East Travis County (with a population of over 200,000) is located in Pflugerville. With only one addiction/substance abuse provider and one Buprenorphine provider in Pflugerville, the local population has limited access to local substance use disorder services

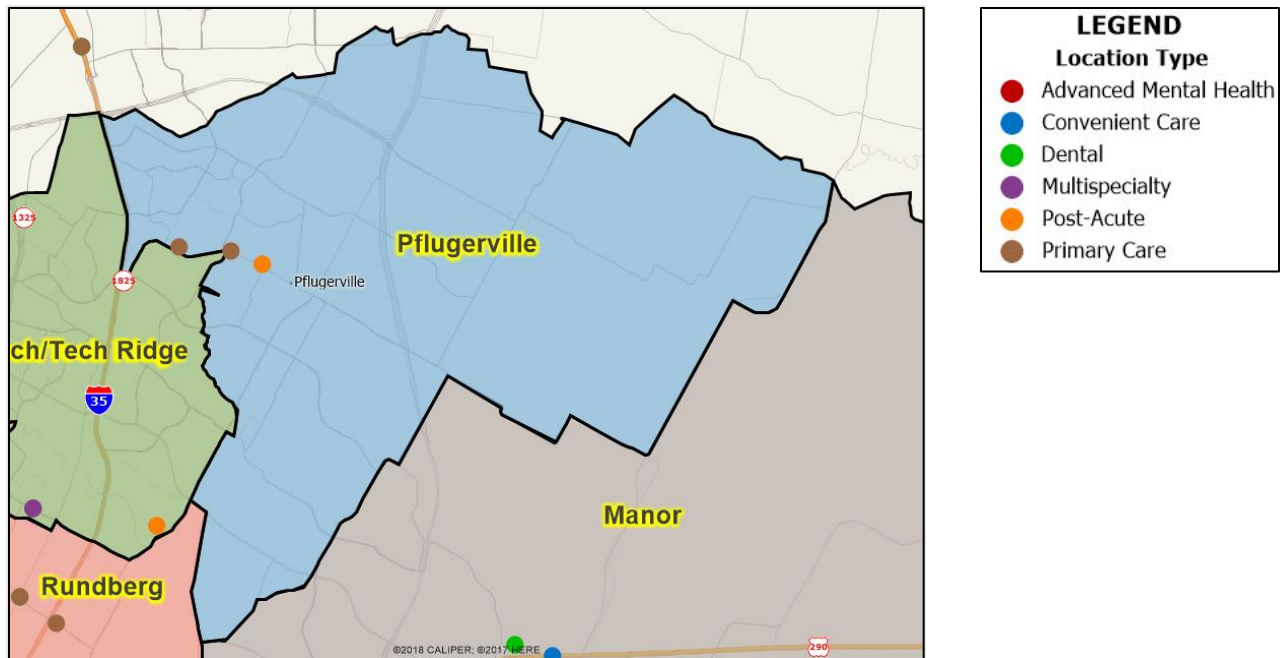


Figure 45. Safety-Net Providers – Pflugerville

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 53. Safety-Net Provider Capabilities – Pflugerville

Location Type	Number of Locations	Capabilities
Post-Acute	1	1 skilled nursing facility/post-acute care provider is in the region.
Primary Care	2	Services are available from 2 providers and include pediatric, women's health, and behavioral health services. Providers are available on Monday – Friday from 7:00 AM – 5:00 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 54. List of Provider Locations – Pflugerville

Name of Provider Location	
Post-Acute	Pflugerville Nursing and Rehabilitation Center
Primary Care	CUC Pflugerville Health Center LSCC at Pflugerville

In addition to safety-net provider facilities, the following providers located in this region do not contract with Central Health for services:

- Two home health agencies
- One hospital, Baylor Scott & White Medical Center – Pflugerville
- Two urgent care clinics, including one affiliated with Baylor Scott & White Health

A.11 Colony Park/Hornsby Bend (East Travis County)

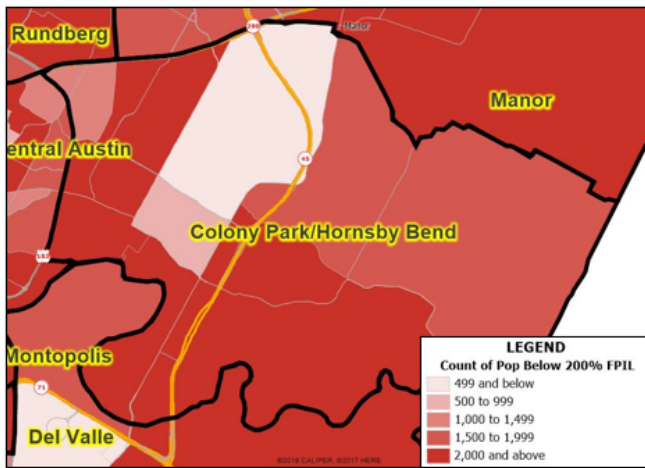


Figure 46. Population below 200% FPL in Colony Park/Hornsby Bend

Colony Park/Hornsby Bend Represents a Younger Community Faced with Significant Social Challenges That Impact Health Equity

Current Events/Major Developments

Central Health seeks to construct two new healthcare clinics, one in Colony Park and one in the Hornsby Bend community. The Colony Park clinic will include three to four medical providers and two dental providers on staff, implementing an integrated mental healthcare program, and establishing a Class A pharmacy. The Hornsby Bend clinic will include two medical providers on staff, oral and mental health programs, and a Class D pharmacy.

Demographics

- The median age of residents is between 25 and 39 years
- 56% of residents speak Spanish at home, the highest rate in Travis County; 25% of its population ages 5+ have limited English proficiency, the highest rate in East Travis County
- 45% of residents are below 200% FPL, making up 6% of total county population below 200% FPL
- Colony Park/Hornsby Bend has 9,207 enrollees in FY 2020, representing 9% of all Central Health enrollees

Health Status Indicators

- Central Health patients have higher prevalence rates in COPD than Central Health's average rates. Additionally, Central Health patients that live in this region have lower prevalence rates in all other included chronic conditions (asthma, behavioral health, behavioral health without substance abuse, diabetes, heart failure, hypertension, malignant neoplasm, renal failure, and substance abuse) when compared to Central Health's average rates

Social Determinants of Health

- Colony Park/Hornsby Bend has the highest rate of adults with no high school diploma (32%), over 20% higher than the rate in Travis County overall
- Over 25% of households are overcrowded, an estimated five times higher than the county rate and 44% live in substandard housing, 9% higher than the Travis County rate
- Over 81% of the population live in food deserts and 25% of the population are low-income and have limited access to food, the highest rate of low-income/low access to food for any planning and assessment region
- Colony Park/Hornsby Bend is tied for the lowest insured rate at 77%, 10% lower than the county overall
- Colony Park/Hornsby Bend has an incarceration rate of 5%, over two times the county rate and the second highest of all the planning and assessment regions

Access to Care

- Colony Park/Hornsby Bend has a lower access rate than the Travis County average for all preventative services: annual check-ups, dental visits, mammograms, pap smear tests and colorectal cancer screening. However, it should be noted that Central Health patients in Colony Park/Hornsby Bend have higher screening rates for breast, cervical and colorectal cancer than Central Health's average rates
- Out of all the planning and assessment regions, Colony Park/Hornsby has the lowest number and rate of mental health providers (3 providers and 7 providers per 100,000 population vs. 91 per 100,000 for the overall county)
- The region only has two addiction/substance abuse providers and no Buprenorphine providers, which limits local access to substance use disorder services
- One facility in this region provides mental health services specifically to those experiencing homelessness

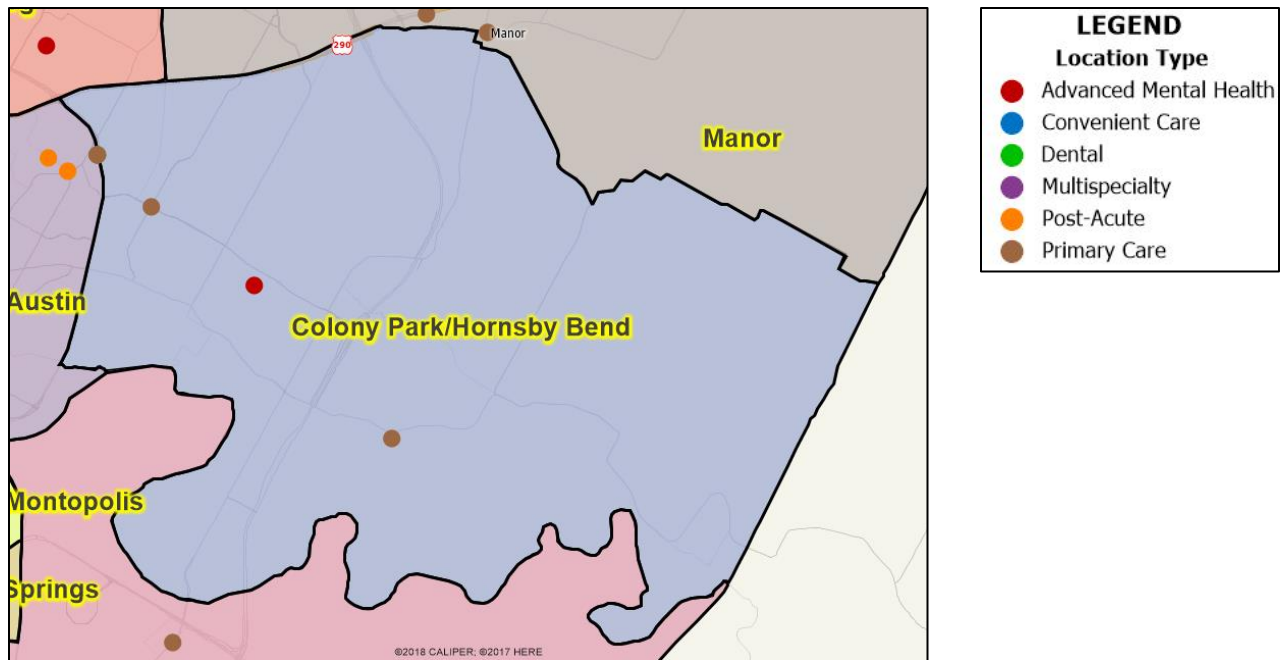


Figure 47. Safety-Net Providers – Colony Park/Hornsby Bend

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 55. Safety-Net Provider Capabilities – Colony Park/Hornsby Bend

Location Type	Number of Locations	Capabilities
Primary Care	2	Services are available from 2 providers including pediatric and women’s health services. 1 provider is a mobile clinic. Services are available Monday – Friday from 8:00 AM – 5:00 PM.
Advanced Mental Health	1	Services include mental health screenings, psychiatrist counseling and access to a 24/7 emergency crisis hotline. An onsite support team is available Monday – Friday from 8:00 AM – 5:00 PM, and 1 provider is available 2 days a week to prescribe to individuals with serious mental health conditions.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 56. List of Provider Locations – Colony Park/Hornsby Bend

Name of Provider Location	
Primary Care	CUC Mobile Clinic - Colony Park/Barbara Jordan Elementary CUC Hornsby Bend Health Center
Advanced Mental Health	Community First! Village

In addition to safety-net provider facilities, the following providers located in this region do not contract with Central Health for services:

- One skilled nursing facility and one home health agency

There are no major hospitals, urgent care clinics, or ambulatory surgery centers in this region.

A.12 Del Valle (East Travis County)

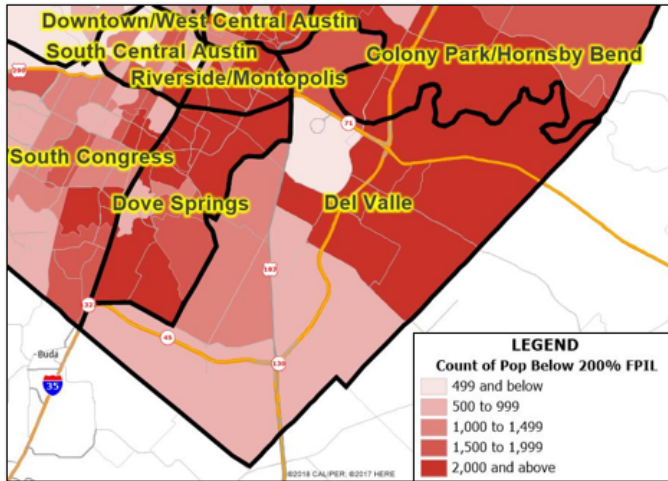


Figure 48. Population below 200% FPL in Del Valle

Del Valle Has the Highest Behavioral Health and Substance Abuse Prevalence in Travis County

Current Events/Major Developments

Central Health seeks to construct a new healthcare clinic in Del Valle. The proposed clinic would include three staffed medical providers, two staffed dental providers, an integrated mental healthcare program, and a Class A pharmacy. The proposed 14,000squarefoot clinic is estimated to cost \$10 million.

Demographics

- The median age of residents is between 25 and 39 years
- 53% of residents speak Spanish at home, the second-highest rate among planning regions in Travis County
- 33% of Del Valle residents are below 200% FPL and make up 3% of the total county population below 200% FPL
- Del Valle has 8,353 enrolled patients in FY 2020, representing 8% of all Central Health patients

Health Status Indicators

- Central Health patients have higher prevalence rates in behavioral health and substance abuse than Central Health’s average rates. Additionally, Central Health patients that reside in this region have lower prevalence rates in asthma, behavioral health without substance, COPD, diabetes, heart failure, hypertension, malignant neoplasm and renal failure compared to Central Health’s average rates

Social Determinants of Health

- 30% of the adult population ages 25+ do not have a high school diploma; this is approximately three times the rate of Travis County overall and the second-highest rate for a planning and assessment region
- Compared to the other planning and assessment regions, Del Valle has the highest rate of households with no computer (11%), twice the rate of Travis County overall
- 15% of the population are low-income with low food access. This is nearly three times the rate compared to Travis County overall and the second-highest rate for a planning and assessment region
- 77.9% of residents are insured, 9% lower than the Travis County rate overall

Access to Care

- Del Valle has a lower access rate than the Travis County average for all preventative services: annual check-ups, dental visits, mammograms, pap smear tests, and colorectal cancer screening
- Central Health patients in Del Valle have lower screening rates for cervical and colorectal cancer than Central Health’s average rates
- Del Valle is one of three planning and assessment regions with no Buprenorphine Providers

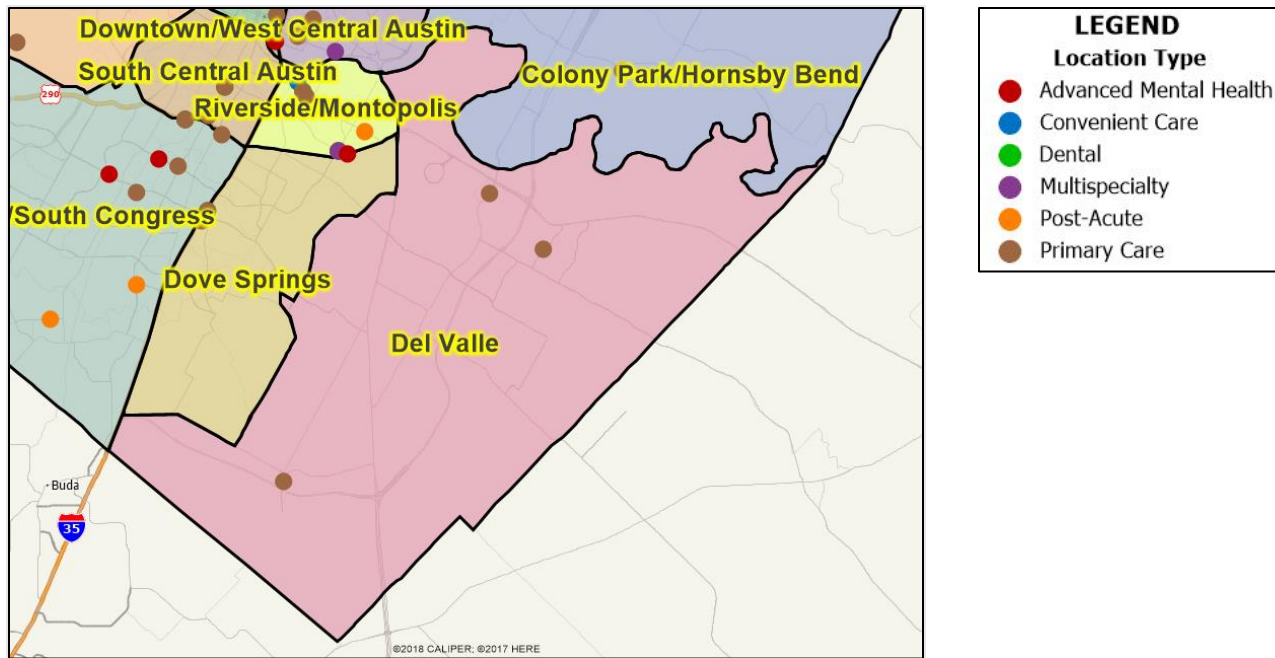


Figure 49. Safety-Net Providers – Del Valle

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 57. Safety-Net Provider Capabilities – Del Valle

Location Type	Number of Locations	Capabilities
Primary Care	3	Services are available from 3 providers and include pediatric offerings and a mobile health clinic. Services are available on Monday – Tuesday from 7:00 AM – 8:00 PM and Wednesday – Friday from 8:00 AM – 5:00 PM; the mobile health clinic operates Monday – Friday from 8:30 AM – 4:00 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 58. List of Provider Locations – Del Valle

Name of Provider Location	
Primary Care	CUC Mobile Clinic - Creedmoor
	CUC Del Valle Health Center
	UT School of Nursing Children's Wellness Center

There are no other facilities in addition to the safety-net provider facilities.

A.13 Manor (East Travis County)

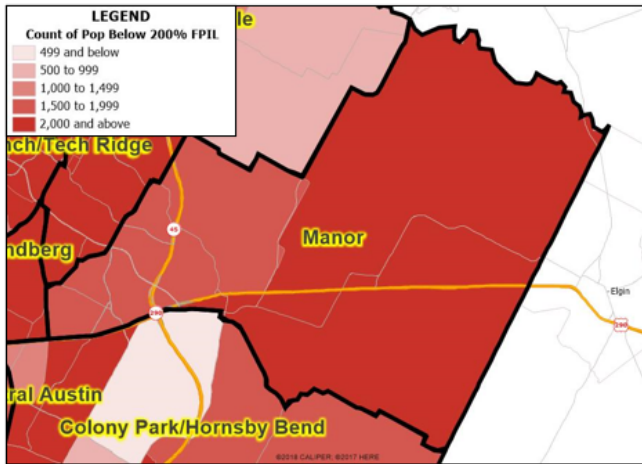


Figure 50. Population below 200% FPIL in Manor

Residents in Manor Struggle With Chronic Diseases (i.e., Addiction and Substance Abuse) and Social Challenges (i.e., Homelessness) That Impact Health

Current Events/Major Developments

A \$174 million Manor Educational Facility project will be developed in Manor's Independent School District (Manor ISD) near Austin. Funding for the project is a \$280 million school bond program approved by voters in November 2019. The Manor project will include the construction of new classrooms, an improved transportation system, and the development of multipurpose facilities.

Demographics

- The median age of residents is between 25 and 39 years
- 35% of residents speak Spanish at home
- 26% of residents are below 200% FPIL and make up 2% of total county population below 200% FPIL
- Manor has 3,532 enrolled patients in FY 2020, representing 4% of all Central Health patients

Health Status Indicators

- Central Health patients have higher prevalence rates in diabetes, heart failure and hypertension than Central Health's average rates. Additionally, Central Health patients that reside in this region have lower prevalence rates in asthma, behavioral health, behavioral health without substance, COPD, malignant neoplasm, renal failure, and substance abuse compared to Central Health's average rates

Social Determinants of Health

- Manor has the highest rate of homeless students (4% of total students) when compared to all the planning and assessment regions, over twice the rate in Travis County overall
- Manor has the highest insured rate in East Travis County at 88%. This is also higher than the rate in Travis County overall

Access to Care

- Manor has a lower access rate than the Travis County average for most preventative services, including dental visits, mammograms, and colorectal cancer screening
- Central Health patients in Manor have a lower screening rate for cervical cancer than Central Health's average rate
- Manor has the second-highest rate of addiction/substance abuse providers of all the planning and assessment regions, 28 per 100,000 people, and one of the two Buprenorphine providers in East Travis County is located in Manor

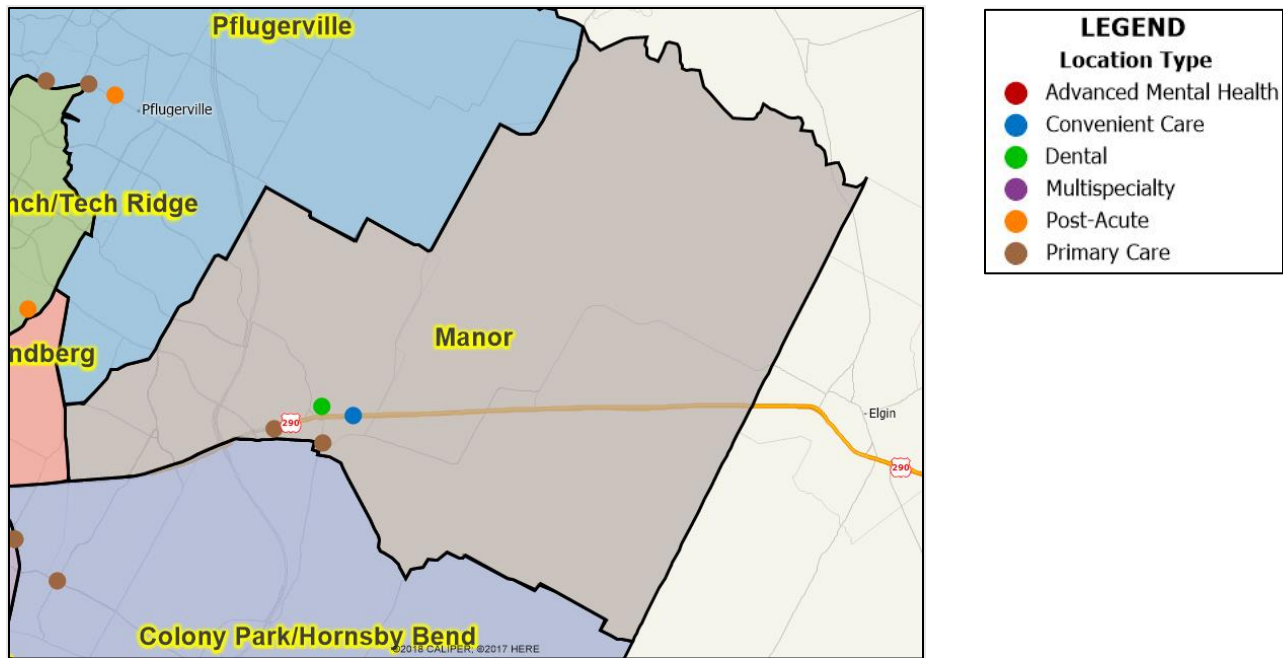


Figure 51. Safety-Net Providers – Manor

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 59. Safety-Net Provider Capabilities – Manor

Location Type	Number of Locations	Capabilities
Convenient Care	1	1 provider offers services on Monday – Friday from 8:00 AM – 8:00 PM and on Saturday – Sunday from 8:00 AM – 5:00 PM.
Dental	1	1 dental provider is available in the region. Services are available Monday – Friday from 8:00 AM – 5:00 PM.
Primary Care	2	Services are available from 2 providers and include pediatric and women’s health services. Services are available Monday – Friday from 8:00 AM – 5:00 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 60. List of Provider Locations – Manor

Name of Provider Location	
Convenient Care	FastMed Urgent Care - Manor
Dental	DDS Dentures + Implant Solutions
Primary Care	CUC - Austin OB/GYN (Manor)
	People’s Community Clinic - Manor

In addition to safety-net provider facilities, there is one home health agency located in this region; however, this facility does not contract with Central Health for services.

A.14 Jonestown/Anderson Mill (West Travis County)

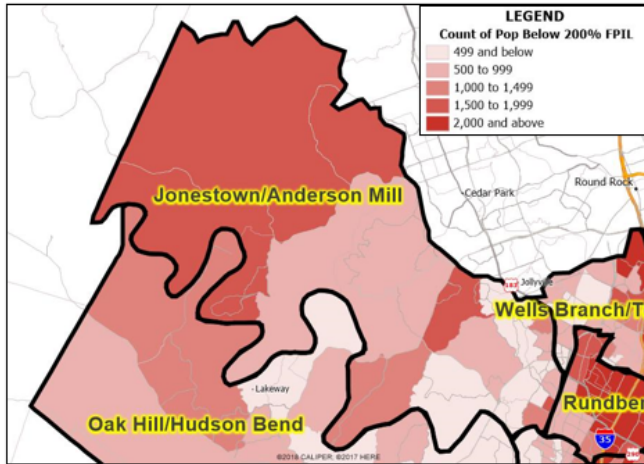


Figure 52. Population below 200% FPIL in Jonestown/Anderson Mill

Nearly 70% of Jonestown/Anderson Mill's Residents Live in a Food Desert, Food Insecurity Can Impact Wellness and Health Outcomes

Current Events/Major Developments

Jonestown City Council approved an economic development plan in February 2019 that includes the following goals and strategies: enhance tourism (e.g., create safe pedestrian crossings across FM 1431); enhance revenue (e.g., create a non-profit Economic Development Foundation); and improve quality of life and infrastructure (e.g., develop a centralized wastewater system and improve drainage).

Demographics

- Residents are among the older population in Travis County, with an overall median age ranging between 45-54 years in Spicewood, Lago Vista, and Great Hills
- 8% of residents speak Spanish at home, the lowest rate in Travis County
- 11% of residents are below 200% FPIL and make up 5% of total county population below 200% FPIL. Jonestown/Anderson Mill has 2,681 enrollees in FY 2020, representing 3% of all Central Health enrollees

Health Status Indicators

- Central Health patients have higher prevalence rates in 8 of 10 included chronic conditions (behavioral health, behavioral health without substance abuse, COPD, heart failure, hypertension, malignant neoplasm, renal failure, and substance abuse when compared to Central Health's average rates

Social Determinants of Health

- 69% of the population lives in food deserts, 25% higher than the county average
- Jonestown/Anderson Mill has the highest insured rate of any planning and assessment region at 95%. This is 8% higher than the overall county rate

Access to Care

- Jonestown/Anderson Mill has a higher access rate than the Travis County average for all preventative services: annual check-ups, dental visits, mammograms, pap smears and colorectal cancer screening.
- Central Health patients in Jonestown/Anderson Mill have lower screening rates of breast and cervical cancer than Central Health's average rates
- 133 mental health providers are located in Jonestown/Anderson Mill, the third highest of any planning and assessment region in Travis County. However, there is not a safety-net focused facility in this region to provide mental health services

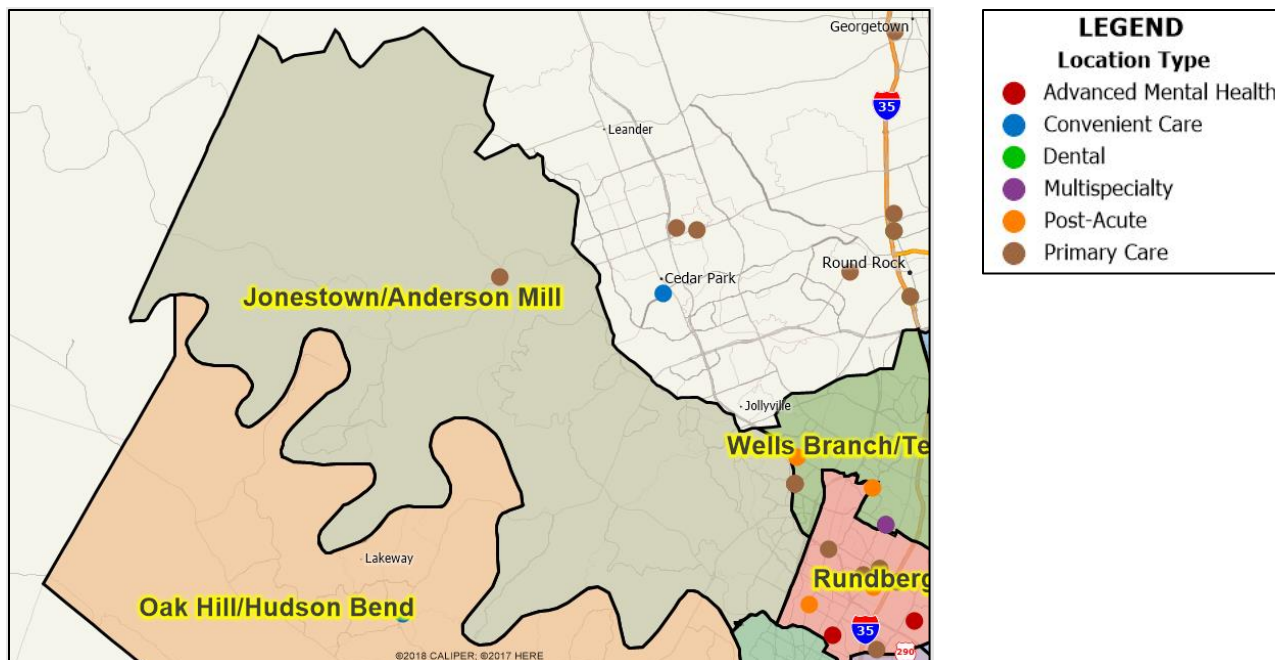


Figure 53. Safety-Net Providers – Jonestown/Anderson Mill

Source: Central Health Network Provider Mapping List (2021)

Note: Some services area co-located and overlap on the map

Table 61. Safety-Net Provider Capabilities – Jonestown/Anderson Mill

Location Type	Number of Locations	Capabilities
Primary Care	1	Services are available from 1 provider and include pediatric services. The provider is available on Monday – Friday from 7:00 AM – 6:00 PM.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 62. List of Provider Locations – Jonestown/Anderson Mill

Name of Provider Location	
Primary Care	LSCC at Jonestown

In addition to safety-net provider facilities, the following providers located in this region do not contract with Central Health for services:

- Two skilled nursing facilities
- Twelve home health agencies, one of which is affiliated with Ascension Seton Medical Center Austin and one with HCA
- Two hospitals, one is an emergency hospital, and one is a surgical hospital
- Four ambulatory surgery centers, including one eye surgery center and one orthopedics surgery center

- Eleven hospice agencies, one of which is affiliated with Ascension Seton Medical Center Austin
- One urgent care clinic affiliated with Baylor Scott & White Health

A.15 Oak Hill/Hudson Bend (West Travis County)

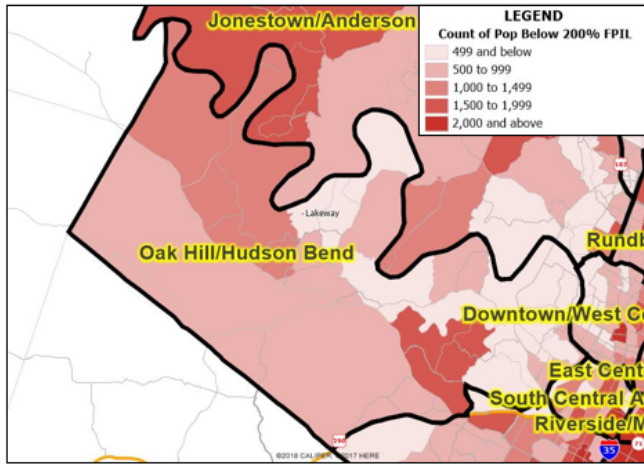


Figure 54. Population below 200% FPII in Oak Hill/Hudson Bend

Residents in Oak Hill/Hudson Bend Have High Rates of Select Chronic Conditions, Indicating a Need for Timely Access to Quality Care

Current Events/Major Developments

The Oak Hill Parkway Project will accommodate future growth by adding U.S. 290 travel lanes, removing traffic signals on the main lanes, and constructing flyovers between U.S. 290 and State Highway 71. Another project, Lakeway Medical Village, a Major Medical Center Zoning District, is underway in Lakeway. Baylor, Scott & White-Lakeway hospital serves as the anchor hospital with several medical office buildings currently populating the site or coming soon.

Demographics

- Residents are among the older population within Travis County, with an overall median age ranging between 45-54 years in West Lake Hills, Lakeside/Rob Roy, Lakeway, and Hudson Bend
- 8% of residents speak Spanish at home, the lowest rate in Travis County
- 9% of residents are below 200% FPII and make up 4% of total population below 200% FPII. Oak Hill/Hudson Bend has 8,471 enrollees in FY20, representing 3% of all Central Health enrollees

Health Status Indicators

- Central Health patients have higher prevalence rates in 8 of 10 included chronic conditions (behavioral health, behavioral health without substance abuse, COPD, heart failure, hypertension, malignant neoplasm, renal failure, and substance abuse) when compared to Central Health's average rates

Social Determinants of Health

- 64% of the population lives in food deserts, 20% higher than the Travis County average
- Oak Hill/Hudson Bend has the second-highest insured rate of any planning and assessment region (95%). This is 8% higher than the overall county rate

Access to Care

- Oak Hill/Hudson Bend contains one FQHC, the only FQHC in West Travis County
- Oak Hill/Hudson Bend has a higher access rate than the Travis County average for all preventative services: annual check-ups, dental visits, mammograms, pap smears and colorectal cancer screening
- Central Health patients in Oak Hill/Hudson Bend have lower screening rates for breast, cervical and colorectal cancer than Central Health's average rates
- 158 mental health providers are located in Oak Hill/Hudson Bend, the second-highest number compared to all the planning and assessment regions. However, there is not a safety-net focused mental health provider in this region

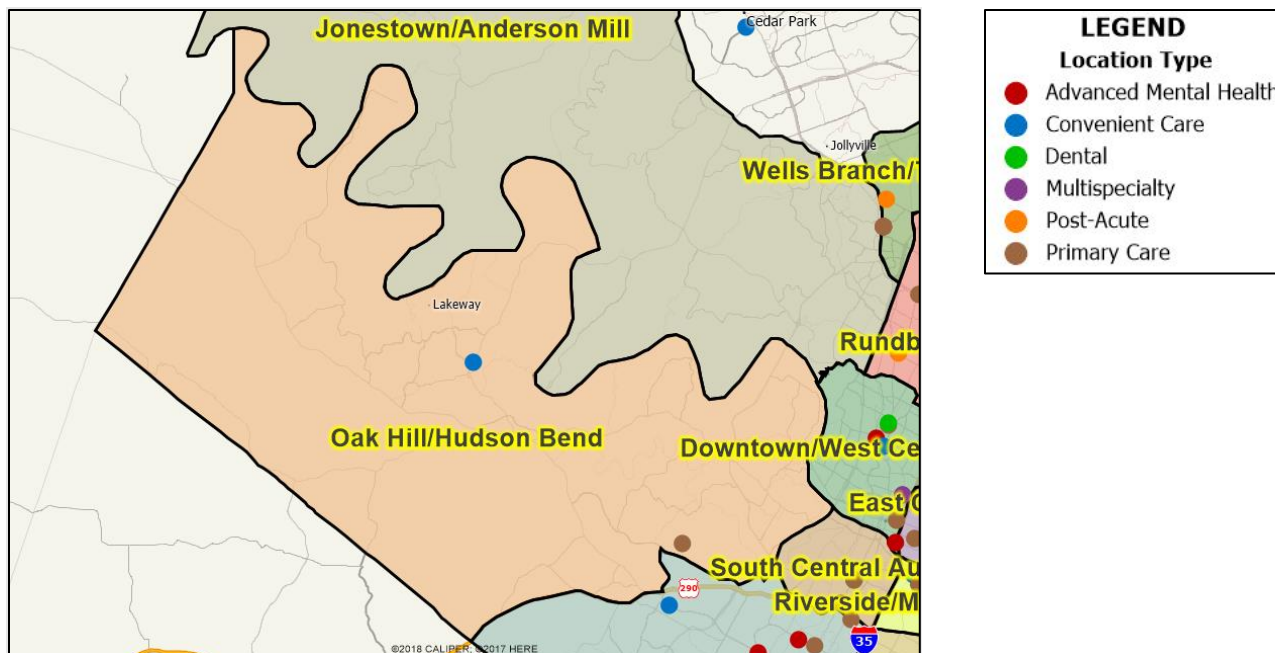


Figure 55. Safety-Net Providers – Oak Hill/Hudson Bend

Source: Central Health Network Provider Mapping List (2021)

Table 63. Safety-Net Provider Capabilities – Oak Hill/Hudson Bend

Location Type	Number of Locations	Capabilities
Convenient Care	1	Services are available from 1 provider Monday – Friday from 8:00 AM to 8:00 PM.
Primary Care	1	Services are available from 1 provider on Monday – Thursday from 7:00 AM – 5:00 PM and on Friday from 8:00 AM – 4:00 PM. Services are available for children and women’s health.

Source: Central Health Network Provider Mapping List (2021); Definitive Healthcare

Table 64. List of Provider Locations – Oak Hill/Hudson Bend

Name of Provider Location	
Convenient Care	FastMed Urgent Care - Lakeway
Primary Care	CUC Oak Hill Health Center

In addition to safety-net provider facilities, the following providers located in this region do not contract with Central Health for services:

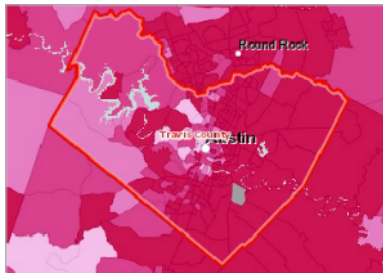
- Five skilled nursing facilities
- Six home health agencies
- Five hospitals, three of which are affiliated with Baylor Scott & White Health, and one is a surgical hospital

- Five ambulatory surgery centers, one of which is an endoscopy center
- Three hospice agencies
- Two urgent care clinics, one each affiliated with Ascension Seton Medical Center Austin and Complete Care, respectively

Appendix B. Data Maps

B.1 Demographics

Figure 56. Population with Limited English Proficiency, Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

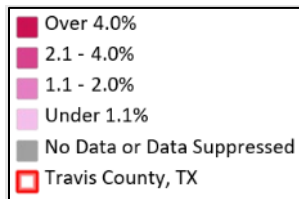
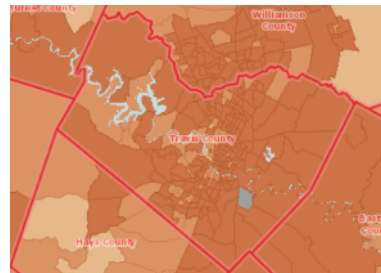


Figure 57. Non-US Citizen Population, Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

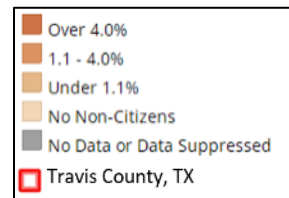
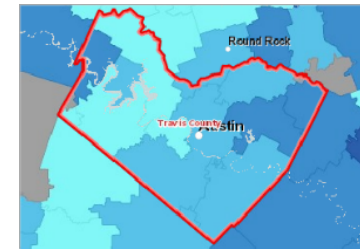
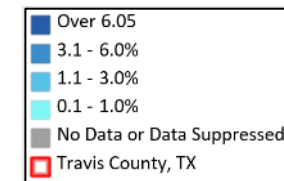


Figure 58. Homeless Students, Percent by School District (Elementary), EDFacts 2018-19

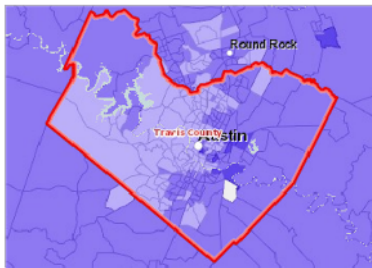


Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract
 Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract
 Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract



B.2 Community Health Status

Figure 59. Asthma, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

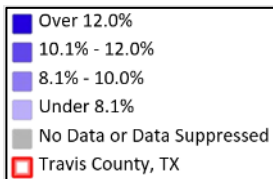
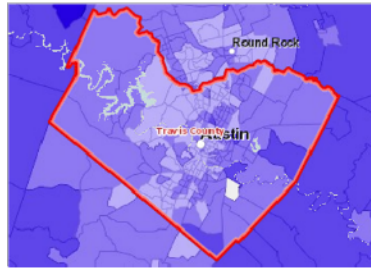


Figure 60. Chronic Obstructive Pulmonary Disease, Percent of Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

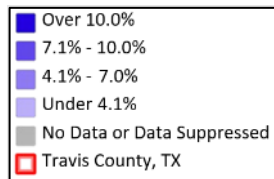
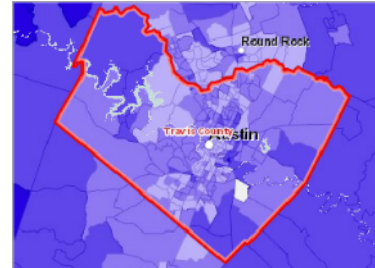


Figure 61. Coronary Heart Disease, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

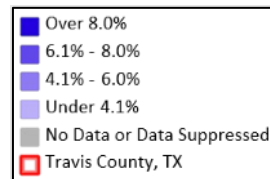
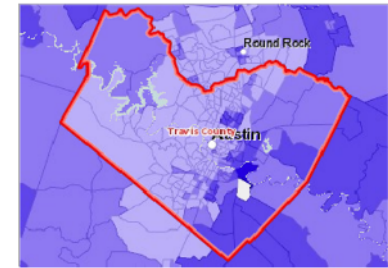


Figure 62. Poor Physical Health, Percent of Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

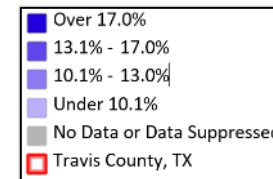
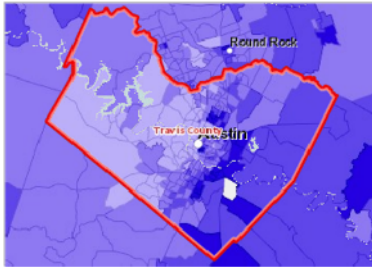
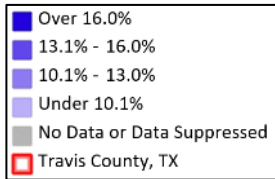


Figure 63. Poor Mental Health, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2018

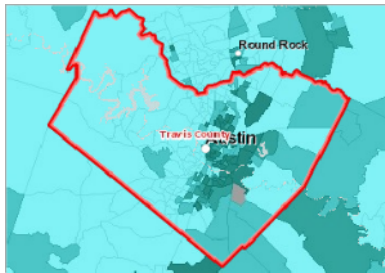


Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.



B.3 Social Determinants of Health

Figure 64. Population Below the Poverty Level, Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

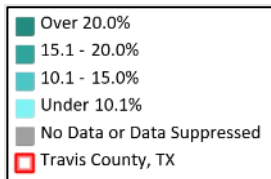
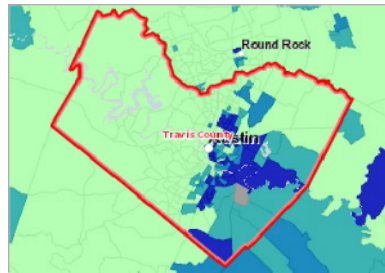


Figure 65. Population Below 185% Poverty Level, Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

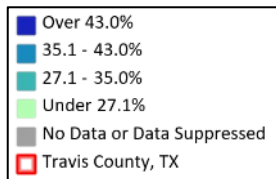
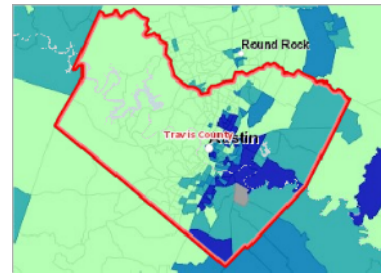


Figure 66. Population Below 200% Poverty Level, Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

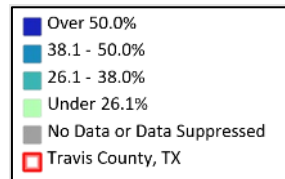
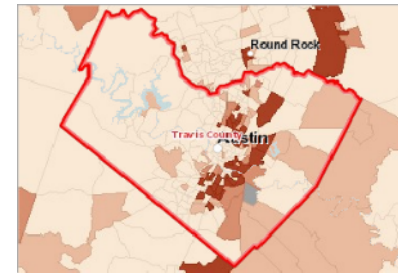


Figure 67. Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

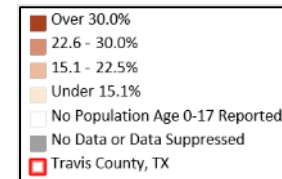
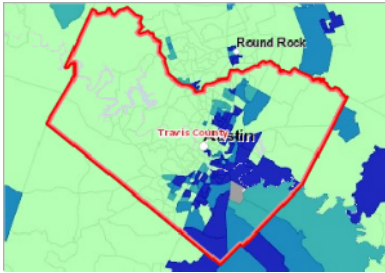


Figure 68. Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

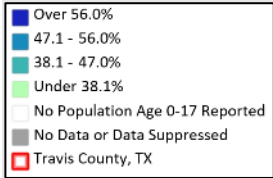
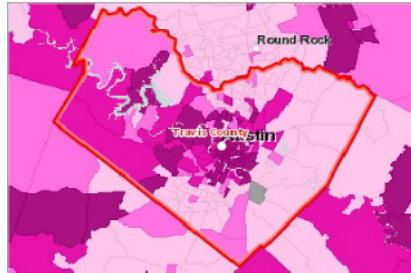


Figure 69. Income Inequality (GINI), Index Value by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

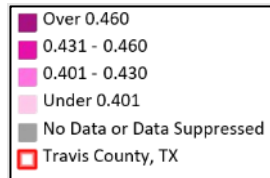
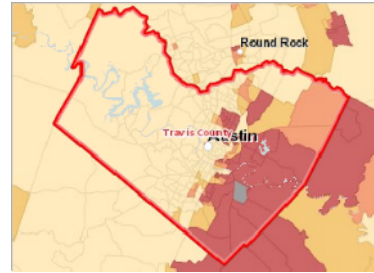


Figure 70. Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

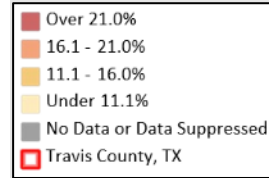
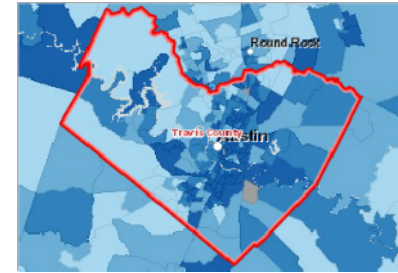


Figure 71. Severely Cost Burdened Households (Housing Costs Exceed 50% of Household Income), Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

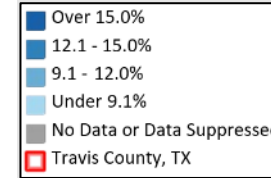
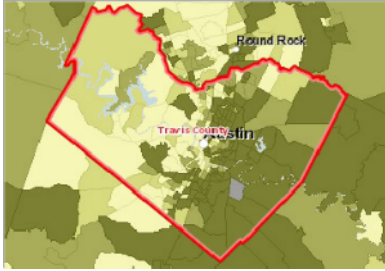


Figure 72. Overcrowded Housing (Over 1 Person/Room), Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

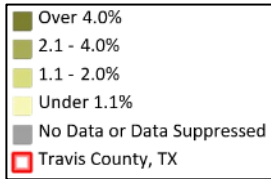
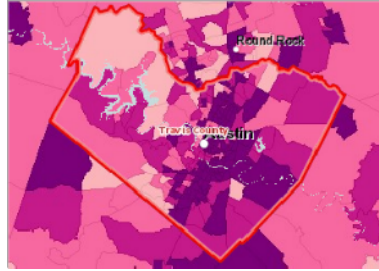


Figure 73. Substandard Housing Units, Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

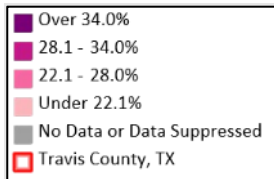
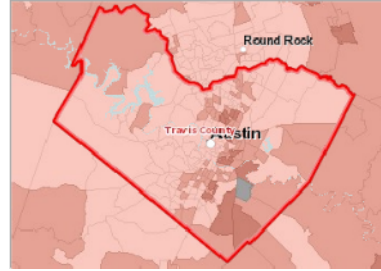


Figure 74. Households with No or Slow Internet, Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

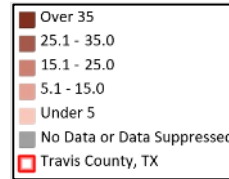
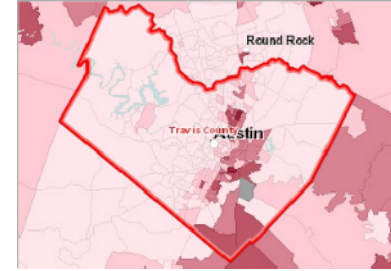


Figure 75. Households with No or Slow Internet, Percent by Tract, ACS 2015-19



Data Source: US Census Bureau, American Community Survey. 2015-19. Sourced geography level: Tract

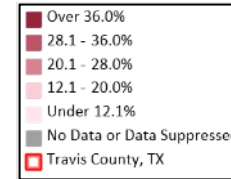


Figure 76. Broadband Access, Pct. Population in a High-Speed Internet Service Area by Tract, FCC June 2020



Data Source: National Broadband Map. June 2020. Sourced geography level: Tract

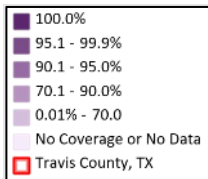
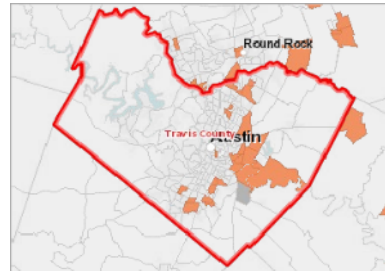


Figure 77. Food Desert Census Tracts, 1 Mi./10 Mi. by Tract, USDA - FARA 2019



Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. Sourced geography level: Tract

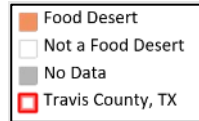
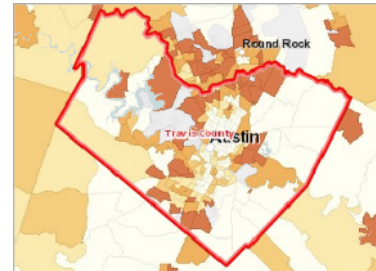


Figure 78. Population with Limited Food Access, Low-Income, Percent by Tract, USDA - FARA 2019



Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. Sourced geography level: Tract

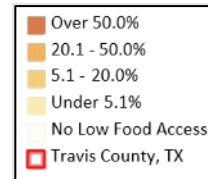
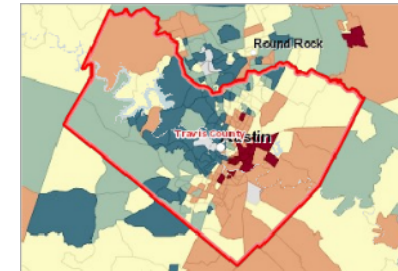


Figure 79. Incarceration Rate, Total by Tract, OPP_INS 2018



Data Source: Opportunity Insights. 2018. Sourced geography level: Tract

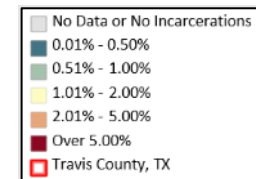
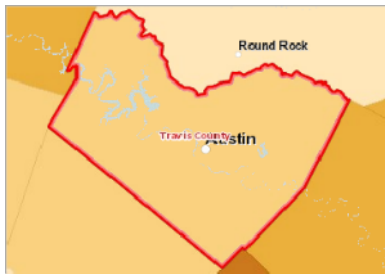


Figure 80. Uninsured Population, Age 18-64, Percent by County, SAHIE 2019



Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2019. Sourced geography level: County

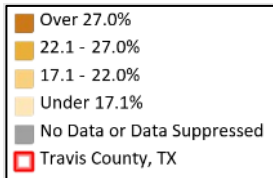
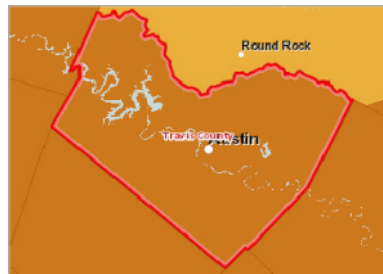
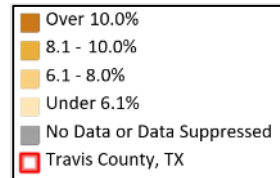


Figure 81. Uninsured Population, Age 0-18, Percent by County, SAHIE 2019



Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2019. Sourced geography level: County



B.4 Access to Care

Figure 82. Seasonal Influenza Vaccine, Adults Age 18+, Percent Immunized by County, CDC 2019-20



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2019.

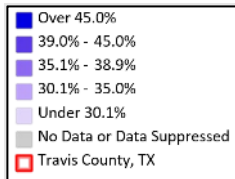
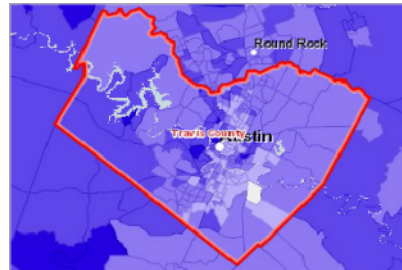


Figure 83. Primary Care Physician Visit, Percent of Adults Seen in Past 1 Year by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

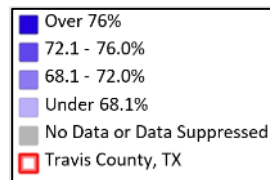
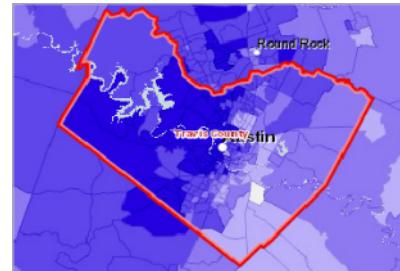


Figure 84. Dental Care Visit, Percent of Adults Seen in Past 1 Year by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018

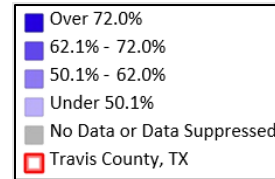
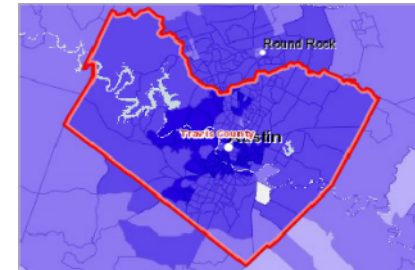


Figure 85. Mammogram (Past 2 Years), Prevalence Among Women Age 50-74 by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018

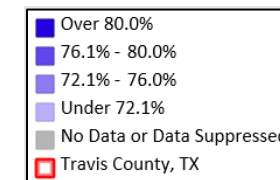


Figure 86. Seasonal Influenza Vaccine, Adults Age 18+, Percent Immunized by County, CDC 2019-20



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2019.

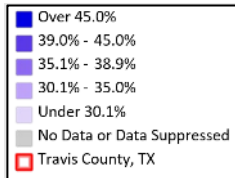
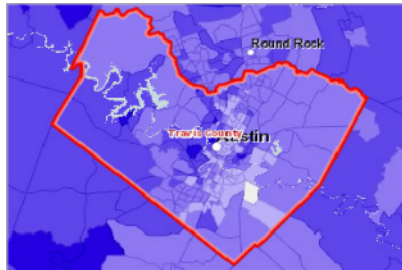


Figure 87. Primary Care Physician Visit, Percent of Adults Seen in Past 1 Year by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

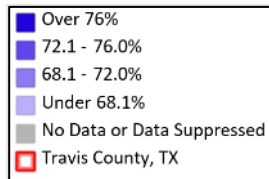
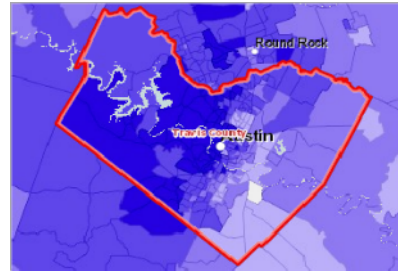


Figure 88. Dental Care Visit, Percent of Adults Seen in Past 1 Year by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018

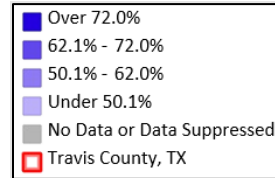
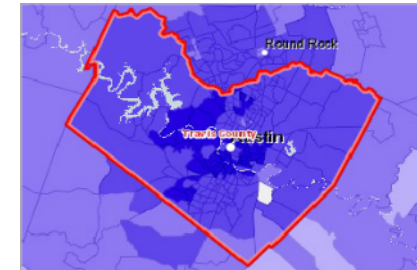


Figure 89. Mammogram (Past 2 Years), Prevalence Among Women Age 50-74 by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018

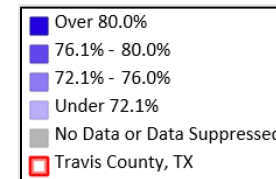
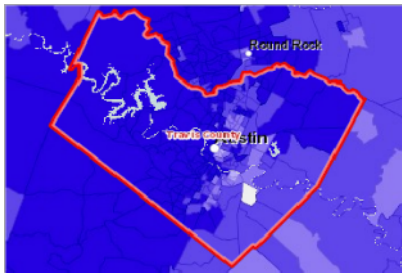


Figure 90. Cervical Cancer Screening (Past 3 Years), Prevalence Among Adults Age 21-65 by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

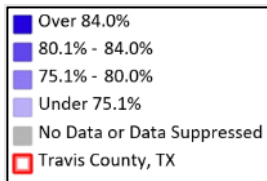
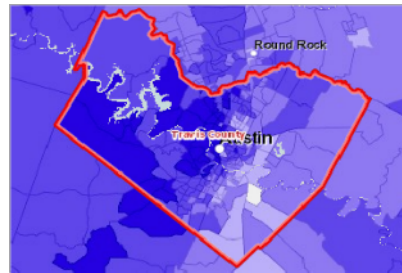


Figure 91. Colon Cancer Screening, Percent of Adults Age 50-75 by Tract, CDC BRFSS PLACES Project 2018



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

