Health Agenda for Latinos
Submitted by the Latino Healthcare Forum

The Latino Healthcare Forum offers the following information to assist decision and policy makers in furthering the health agenda for Latinos in the Central Texas area. There are four areas of focus discussed in this paper. These issues are discussed in the context of recent developments in the Central Texas region. These include the approval of Proposition 1 in November 2012 that will provide resources for health and healthcare; the development of a new UT Medical School; the development of a new Seton Teaching Hospital; and the development of the 1115 Medical Waiver program which will leverage additional resources from the Federal Government. Layered on top of this is constitutional approval of the Affordable Care Act. All of these developments pose a perfect storm of opportunity for health and healthcare including the:

(1) **The need to create a framework or lens in which to tackle the issues of disparities**. Disparities are defined as those Health Disparities can be defined as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups. In relation to cancer, such differences occur when one group of people has a higher incidence of mortality rate than another, or when one group has a lower survival rate than another. Health disparities can usually be identified along racial and ethnic lines, indicating that African Americans, Hispanics, Asian Americans, and Native Americans have different disease and survival rates from other populations. Such disparities however can also extend beyond race to include areas such as access to healthcare, socio-economic status, gender, and biological or behavioral factors.

(2) **The need to consider implementing a health professions magnet program that has the elements of a high-achieving, diverse population; a highly qualified faculty roster; and, cutting edge technology.** A health professions magnet school would offer anatomy, medical terminology, and health science technology - these skills are essential, if one is planning a career in healthcare. The Health Professions Magnet can teach all these and more. A health professions magnet school would include visit to local hospitals several times a week as a junior or senior to shadow healthcare workers and observe procedures and clinical practice. The program would offer the opportunity to get accepted into a professional school, earn dual credit with local colleges and/or take state certification exams needed to become employed in a medical career.

(3) **The need to integrate clinical care and community health.** Public health professionals usually think about how to improve health at a population level, whereas clinicians generally address the needs of individuals. As strategies for controlling tobacco, hypertension, and other health needs emerge and new initiatives develop to encourage walking and physical exercise there is a need to integrate these population health programs with clinical programs. New

practices need to be implemented that serve vulnerable populations by advancing prevention, improving access, and integrating primary community and clinical care. Connections need to be fostered between the clinical health care and community health, integrating patient care with activity to recognize and "treat" the social and environmental factors that contribute to poor health.

(4) **The need for the 1115 Medical Waiver Program to provide funding for the above initiatives**. There will be over $600 million over 5 years to fund new "transformative" projects in Central Texas. There needs to be oversight and accountability to insure that funds not only focus on clinical services but truly the integration of primary care, specialty care, behavioral health, population health, and the elimination of disparities.

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ISSUE 1: Lack of Framework for Organizational, Structural, and Clinical Cultural Competence to Manage, Reduce, and Eliminate Cultural Disparities

The Latino HealthCare Forum (LHCF) has documented that demographic changes anticipated over the next decade magnify the importance of addressing racial/ethnic disparities in health and health care. A framework of organizational, structural, and clinical cultural competence interventions can reduce these disparities and improve care for all Americans.

The LCHF makes four overarching recommendations to ensure that certain principles for minority health equity so that health care improvements will meet the needs of minority communities and create the impetus and infrastructure to eliminate health disparities. Recommendations are as follows:

Recommendation 1: Commitment to community based medicine. Providing students the chance to practice in a clinic setting that focuses on the health needs of an under-served population and encourage students to specialize in primary care. In addition to a research-based curriculum, a community based medical curriculum should be developed. Without funding for residency slots or changes in the doctor payment system, the medical school is unlikely to avert work-force shortage of primary care physicians.

Recommendation 2: Diversity in the medical workforce. Increasing diversity in the health care workforce has been cited as a solution to narrowing the healthcare disparities gap disproportionately experienced by racial and ethnic minorities of low socioeconomic status. The new medical school and teaching hospital should actively pursue the expansion of minority student funding. The LHCF supports the research-based curriculum but also encourages the UT Medical School to incorporate a community based medical curriculum component with an emphasis on training minority students.

Recommendation 3: Reduction of disparities. The burden of illness and death is connected to poverty and race/ethnicity. Moreover, conditions that influence health, such as access to health care relate to these factors as well. How can the health care

industry use disparity information to improve health and reduce disparities?

a) Expand concern and responsibility beyond the current healthcare players.
b) Combine a multi-disciplinary approach with traditional proven public health strategies. Programs and services should be aimed at particular health problems with effective health and mental health interventions.
c) Target resources and interventions to the neighborhoods and communities most at risk due to poor social and economic conditions.

Recommendation 4*: *Improve service delivery and operations among nonprofit primary care clinics to meet the goals of cultural and linguistic competence. Given the evidence of sociocultural barriers to care and the levels of health care delivery in which they occur, a new framework for cultural competence would include organizational, structural, and clinical interventions:

- *Organizational cultural competence interventions* are efforts to ensure that the leadership and workforce of a health care delivery system is diverse and representative of its patient population— e.g., leadership and workforce diversity initiatives.
- *Structural cultural competence interventions* are initiatives to ensure that the structural processes of care within a health care delivery system guarantee full access to quality health care for all of its patients—e.g., interpreter services, culturally and linguistically appropriate health education materials.
- *Clinical cultural competence interventions* are efforts to enhance provider knowledge of the relationship between sociocultural factors and health beliefs and behaviors and to equip providers with the tools and skills to manage these factors appropriately with quality health care delivery as the gold standard—e.g., cross-cultural training.

A White Paper that provides additional detail is available upon request.

ISSUE 2: Development of the magnet high school curriculum at the AISD that creates a "pipeline" for the medical professions in conjunction with the development of a new Medical School.

As our policy-makers are crafting an Integrated Delivery System (IDS) which is a critical component of the 1115 Waiver Program and as a plethora of related policy and service delivery improvements toward the goal of bringing a world class medical school and teaching hospital to the Austin area it has become necessary to examine our current delivery systems. In doing so, the Latino HealthCare Forum (LHCF) prepared and published **Paper No.1 "**Review of Health Care Initiatives in Travis County, Texas" on May 5, 2012. As promised, this is the second Policy Paper we share to stimulate discussion and recommend what we believe is an obvious complement to Senator Watson's "10 By 10 Plan".

Within the context of "Paper No.1" we identified current gaps and omissions that negatively impact Latino's opportunity to access medical/health care and our ability to communicate with our service providers at all levels of service delivery. We also expressed the objective that health disparities be eliminated at every opportunity as the new IDS model is built and implemented. The difficulties created by this fragmented, siloed delivery system are expensive and contribute to inappropriate use of medical, hospital and ED visits, which result in unhealthy medical outcomes. The genesis of these difficulties were fostered over decades because in the US as in Texas and in Austin, our payment/reimbursement for health care was built on the *volume* of services rather than for the *value* of the services toward the patients' overall health. These facts are well documented and an entirely new health delivery model has been developed nationally (ACA).

One of the lynch pins of the new health delivery model is the precept that a patient-centered medical home, supported by a vibrant, real-time health information exchange which include certified community health workers/navigators to facilitate two-way communication between consumer and provider, will ameliorate many of the difficulties that exist. These are new concepts that have not been applied in a meaningful, effective manner, as of yet.

We have been fortunate over the previous months with the opportunity to train many of our neighbors to be Community Health Workers (CHW). To date, a majority of the graduates of our PromoSalud program are low-income Latinos who are, in fact, long time subsidized consumers of our local health delivery system. During the course of

their training we learned that nearly all our students owned and used wireless cell phones—a statistical fact that is just now being touted nationally. When we recognized this fact we also realized the need to develop a curriculum for the use of this new and constantly evolving technology, related software and smart phone applications. We also learned that there was a steep learning curve between our student's ability to operate the wireless technology to its maximum capability-to the benefit of the health/medical consumers, their families our providers and payers. When we asked our students why they were not equally proficient with their smart phones and how they learned about its capabilities and use, the response was simple and emphatic-"our kids show us". As has been the case for generations before, the children will show us the way.

It is with this observation in mind as we witness and contribute to the development and deployment of our new health delivery system (IDS) that we ask who better than the kids to help insure the success of the new IDS and its many new parts, rules, benefits and the outcomes desired by all?

With the help, direction and support of our Board of Advisors, the Latino HealthCare Forum recommends that a magnet health/medical high school be incorporated as a core component of the medical school's campus and curriculum. We further recommend:

- The magnet school be contiguous to the new medical school campus to maximize teaching/learning opportunities
- AISD become the primary contributor toward the planning and operation of the magnet high school
- Where practical, economies of scale be realized in the capital and operational funding requirements for both campuses
- That a comprehensive curriculum for related allied health programs be incorporated, including nursing, social and behavioral health programs
- Because Senator Watson's objective is for a 10-year program, recruitment of students begin as soon as possible starting with the excellent health programs AISD already has in place at Akins and Lanier High Schools
- Operation and maintenance of the magnet school should be considered for funding within the context of available 1115 Waiver opportunities and the associated Intergovernmental Fund Transfer (IGT)
- All identified partners and stakeholders of the 10-By-10 Plan including the University of Texas System, Seton Family of Hospitals, Central Health, Community Care, Lone Star Circle of Care, ICC, St David's Foundation, private providers and all others be consulted for their input and collaboration at all levels of planning, development and funding for the magnet high school
- As development of the magnet high school curriculum evolves, a meaningful focus should be placed on the use of new communication products and devices and the importance these products (telemedicine, mHealth, eHealth, EHR, etc) will play in the new integrated health delivery model to facilitate and improve all forms of communications between the health/medical consumers and their

providers. These initiatives and applications have the potential to build a bridge to better health care for all our communities. Innovative wireless technologies provide new and more substantive opportunities for better health and better health education than ever before

El Paso has an excellent health magnet program (http://silva.episd.org). Their partners and collaborators have been with the El Paso ISD since the magnet school's inception. Texas Tech University Medical Center, Paul Foster School of Medicine and Texas Tech University Health Sciences Center have contributed to make the Maxine Silva Health Magnet High School a success.

We believe that Austin's youth will play a critical role in the success of Senator Watson's plan for the future of our world class medical school and teaching hospital and the LHCF strongly recommends that the health magnet high school be included with this ambitious opportunity.

ISSUE 3: Integration of Population Health and Clinical Healthcare

The Institute of Medicine (IOM) generally defines *Primary Care as* "*the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community" (IOM, 1996, p. 1).* The IOM generally defines *Public Health as "fulfilling society's interest in assuring conditions in which people can be healthy" (IOM, 1988, p. 140).* Today, in order to meet community priorities and to address this definition, *public health* has shifted its primary focus from addressing infectious disease to tackling chronic disease.

In Austin, *primary care* for low-income citizens is principally provided by CommunityCare; People's Community Clinic (PCC); Lone Star Circle of Care (LSCC) and El Buen Samaritano. By state and federal statute, our *public health* programs and services are the responsibility of our city and county health departments to address and oversee the community's overall health, including maternal and child health; cancer prevention; and management of noncommunicable chronic diseases, such as obesity, diabetes, and heart disease.

Today, in Austin, these two separate and distinct entities are individually responsible for both primary care and public health for **all** our health needs. Each entity is financed, operated and administered by different bureaucracies: Central Health, City of Austin, Travis County and local, private non-profit organizations. These local bureaucracies, regardless of their origin and best intentions are isolated and siloed to the detriment of our citizen's health and health care.

Now that the Supreme Court has upheld the Affordable Care Act (ACA) we are presented with an attainable opportunity to change the way health and health care is approached in Austin and Central Texas. This opportunity makes it possible to achieve sustainable improvements in our local health as we now implement the myriad of changes and improvements health system and health care reform has triggered.

Although local primary care and public health presently operate largely independently, each has complementary functions and the common goal of ensuring a healthier population for our community. That said there are also substantial economies of scale, which can be achieved and realized by working together to the community's benefit of achieving optimum health.

For example, our primary care and public health entities are:

- Responsible for the provision and oversight of services directed to women and children (aka maternal and child health)
- Chronic disease prevention and control
- Immunizations

- Service provision to Medicare and Medicaid-eligible citizens in Travis County
- Prevention and control of cancer related maladies
- Communicable disease prevention and control
- Prevention and control of obesity

One of the alleged deterrents to addressing these overlapping health objectives and responsibilities is that different funding sources created and now perpetuates this situation yet it is within our local policy-makers authority to remedy this circumstance to the benefit of the providers, funding sources and ultimately our local health care consumers and local taxpayers.

A stark but real situation exists which demonstrates the overlap in service delivery by our local primary care and our public health providers. Presently, as a federally qualified health centers (FQHC) CommunityCare, Lone Star Circle of Care (LSCC), People's Community Clinic and El Buen Samaritano[1] all provide state-mandated immunizations to consumers who **qualify or can be billed**[2] for this service, conversely, the public health department provides these same services **free of charge** to any local citizen that presents themselves at one of their scheduled, periodic clinics. This is only a single example of the overlap of services inherent in the current multiple service provider model(s) listed above.

Moreover, all local entities providing primary care as well as public health services have the same need to determine a consumer's eligibility, collect, manage and report consumer health/medical data and information management/storage/retrieval and the provision of multi-disciplinary community health workers (CHW) to supplement service delivery, communication and medical compliance and through the availability of robust navigation call center(s).

1. Presently, El Buen Samaritano is not an FQHC provider
2. If the immunization is delivered by an MD or NP as part of consumer's well child visit

In 2002, the Institute of Medicine released "*The Future of the Public's Health in* integration of primary care and public health is defined as the linkage of programs and activities to promote overall efficiency and effectiveness and achieve gains in *population health*. The IOM also stated that both entities provide shared resources, such as community health workers, IT support staff, or case managers—resources that neither primary care nor public health may be able to support individually, but could be beneficial in linking the two". In this regard we are fortunate because the IT component of this recommendation has been created and has been locally operational for over 10 years—it is called the Integrated Care Collaboration (ICC). Through the foresight and initiative of local agencies, primarily Central Health and Seton and lead by local

nonprofits (principally LSCC), the ICC created and currently operates the Health Information Exchange (HIE) for our community. It has been collecting aggregate data on our local health condition(s) which was reported by almost every local health provider in our community including CommunityCare, PCC, LSCC, University Medical Center Brackenridge, Seton, St. David's, El Buen and yes, our local public health department.

If the integration of primary care and public health is to continue and flourish to the public's benefit and our overall health, the ICC must be preserved and enhanced at every opportunity. Additionally, Lone Star Circle of Care has created and operates an innovative Patient Navigation Call Center (PNCC) which provides meaningful dialogue and needed communication with all of their members to guide them through the often complicated milieu of health and medical providers in the Travis/Williamson County metro area. This patient navigation model can be an enormously useful tool for all primary care and public health providers in our area.

Opportunities for Meaningful Change

The Affordable Care Act and the 1115 Waiver Program give us the opportunity to change how health (*public health*) and health care (*primary care*) is provided in Travis County so that it:

- Costs less
- Access is improved
- HIT innovations are enhanced
- Barriers to care and health education are removed
- It is centered on the medical/health care consumer
- Patient navigation is available to all local health/medical provider
- Allied health workers are reintroduced as part of the health care provider team, and finally,
- In recognition of Senator Watson's "10 by 10" initiative, it is recommended because the ACA directed (§ 5508) "HRSA and CDC to work with CMS to identify regulatory options for graduate medical education funding that give priority to provider training in primary care and public health settings and specifically support programs that integrate primary care practice with public health".

To achieve these objectives toward the integration of our local (Austin and Travis County) *primary care* and *public health* providers, the Latino HealthCare Forum recommends that the public health director and health authority be integrated into Central Health formally. This action will serve to bring a clear public health voice and participation at the policy level to our most important local primary care provider to foster the common objectives toward achieving integration of public health and primary care. In this unified approach both entities together address chronic disease prevention

and control, maternal and child health as well as community health to the benefit of our local health/medical consumers and our taxpayers.

We also recommend that the 1115 Waiver Program include initiatives which promote or enhance the integration of primary care and public health to the fullest extent and programs which further this objective in the areas of health information exchange, patient navigation, allied health providers, transportation, patient-centered medical homes and health education are included to their fullest extent.

It is our firm belief that implementation of the above recommendations will meet the commitment and goal of improving our local public's health to more of our citizens while we begin to relief the burden on local taxpayers for the provision of health and health care.

ISSUE: 1115 Medicaid Waiver

Executive Summary

This information is extracted from the **State of Texas' HHSC** and **Central Health's Region 7 i**nformation including the Region 7 Needs Assessment.

In December 2011, the federal government's Centers for Medicare and Medicaid Services approved Texas' application for a Section 1115 Waiver – allowing Texas to conduct demonstration projects with Medicaid and Medicare funds that would otherwise conflict with provisions of the Social Security Act.

This 1115 Waiver, as it's called, does two things:

- Expands existing Medicaid managed programs statewide, and
- Establishes two federal funding pools to (a) help providers cover the costs of uncompensated care and (b) promote health system transformation. The Waiver will be in effect through September 30, 2016.

The Texas Health and Human Services Commission (HHSC) has asked local government entities and public hospitals to anchor Regional Health Partnerships (RHPs) that will be comprised of public and private hospitals and participating providers. These RHPs will each write a regional plan that will identify and address areas for improvement and innovation in the health care delivery system.

HHSC has identified **Central Health** as the anchor of a region, Region 7, in Central Texas. This region will include Bastrop, Caldwell, Fayette, Hays, Lee and Travis Counties. In its role as anchor, Central Health will be responsible for certain administrative tasks, including holding meetings, collecting and reporting data, and liaising with HHSC.

In December 2012, Central Health provided the HHSC with a Regional Plan to fund over $600 million in projects for the next few years. The vision and goals are as follows:

Vision:
Good health is achievable for all people in Region 7.

Goals:

1. Prepare and develop infrastructure to improve the health of the current and future Region 7 populations.
2. Reduce health system costs by expanding opportunities for patients and families to access the most appropriate care in the most appropriate setting.
3. Improve the patient experience of care by investing in patient-centered, integrated, comprehensive care that is coordinated across systems.

4. Bolster individual and population health by improving chronic disease management.
5. Support prevention education and healthy lifestyles to improve population health.
6. Expand access to behavioral health services to ensure timely, effective treatment that minimizes the use of crisis services and promotes recovery.
7. Improve the patient experience of care by increasing the quality of care and patient safety.

Key Health Challenges

As noted, inadequate access to care (including primary care, specialty care, dental care, and behavioral health care) is a key health challenge for Region 7. The lack of providers and services available is particularly prevalent for specific populations, such as homeless, children, and elderly.

County representatives throughout Region 7 have identified chronic disease as one of the top health concerns for their residents. Cardiovascular disease, cancer, and pulmonary disease are among the leading causes of death in Region 7. Rates of adult diabetes in many Region 7 counties exceed Texas state averages and continue to rise. Obesity, physical inactivity, and tobacco use are critical factors contributing to chronic disease.

Patients with more than one chronic condition have a higher risk of potentially preventable hospitalizations, contribute to significantly higher healthcare costs, and are a greater challenge for coordination of care. Among Travis County residents, more than 20% of uninsured and underinsured adults who received care from safety net organizations during 2011 had more than one chronic condition.

Behavioral health is also a key health concern among Region 7 stakeholders. Conservative estimates indicate that more than 20% of the region‘s population that is under 200% of the Federal Poverty Level with a severe mental illness is presently not receiving care. And of those who are receiving care, their needs are complex; approximately 70% of the population has additional complicating co- morbidities such as a substance use disorder, one or more chronic health conditions, or all three conditions.

People with co-morbidities, including multiple physical health conditions and co-occurring behavioral health concerns, must navigate a complicated and disconnected system of healthcare providers. Region 7 providers are recognizing the need to address these issues simultaneously. Achieving these improved outcomes will require integration of healthcare delivery that bridges and integrates currently separate physical and behavioral health delivery systems.

Inadequate access to care and a lack of care coordination also contribute to potentially preventable utilization of healthcare services. A 2011 analysis of emergency department

(ED) visits by uninsured and underinsured patients in Travis County found that almost 50% of ED visits were for services that could have been provided in a primary care setting. An additional 6% required emergent care which potentially could have been prevented with appropriate ambulatory care.

In addition, adult residents of Region 7 have more than 8,500 potentially preventable inpatient hospitalizations per year for conditions such as bacterial pneumonia, congestive heart failure, chronic obstructive pulmonary disease, and diabetes complications. Potentially preventable conditions requiring inpatient care contributed to over $1 billion in hospital charges between 2005 and 2010. Please refer to the Community Needs Assessment for additional detail regarding key health challenges facing Region 7.

Proposed DSRIP Projects to Realize the RHP Vision

Region 7 projects address a basic lack of infrastructure and services in rural areas as well as launching innovative projects focused on changing how we deliver care and decreasing costs. Across Region 7, participants are proposing upgrades to infrastructure that will significantly improve access to care to prevent the escalation of physical and mental health problems and/or utilization of inappropriate or expensive treatment settings such as criminal justice systems and emergency departments. The Community Care Collaborative, a newly launched accountable care-like integrated delivery system that will knit together Travis County's fragmented safety net healthcare delivery providers, will implement multiple infrastructure improvements such as expanding the medical home network and standardizing care delivery protocols among other innovative projects. Mobile services in multiple counties will improve access to primary care and behavioral health services, bringing care to individuals who are not able to reach established clinic locations. Multiple projects will use telemedicine to fill the gap in psychiatric care, expanding care to individuals experiencing crisis and to providers needing support to care for complex patients.

System transformation and costs savings depend upon expanding access to the right care in the right setting. Region 7 addresses this goal in a number of ways: intervening at critical junctures, expanding access points, implementing new care delivery strategies and addressing both physical and behavioral health needs simultaneously. Mobile Crisis Outreach Teams and Assertive Community Treatment teams will focus on intervening with individuals experiencing behavioral health crisis and providing and/or connecting them with appropriate stabilization services in order to prevent them from entering the criminal justice system or inpatient psychiatric services. Expansion of primary care, urgent care, specialty care and integrated behavioral health services in every county will improve patient access to care while preventing utilization of more expensive services. This includes expansion of integrated care by adding behavioral health services to existing medical settings and adding medical care to existing behavioral clinics. School based behavioral health services in Fayette, Lee and Travis counties will help children

and youth receive the care they need, minimize the strain on families and help keep kids in school, a long term strategy for improved health outcomes.

Region 7 is focused on improving patient experience by providing translation services in native languages, expanding navigation programs that help the seamless connection to services, providing patient centered comprehensive care and providing care at every stage of health, including palliative care.

High rates of chronic disease within Region 7 require the expansion of targeted chronic disease management programs. Multi-disciplinary teams intervening with obese children and their families and children with chronic disease address the complex needs of patients and help prevent the development of more serious complications. The care transitions program takes care to the patient in his/her home. This program focuses on individuals with multiple chronic conditions who are released from inpatient services and focuses on prevention of re-hospitalization.

In order to truly change course in Central Texas, it is essential to not only focus on intervention but also prevention and health promotion. Innovative strategies include deploying peer counselors who have successfully achieved health and wellness goals to encourage and support individuals with co- occurring behavioral health diagnoses and chronic conditions and/or unhealthy lifestyles to achieve their own health goals. These programs are particularly important given the early mortality of individuals with behavioral health issues. A tobacco cessation initiative targeting young adults addresses a top contributor to mortality/morbidity while intervening before tobacco induced chronic disease develops. Disease prevention and promotion of healthy lifestyles are essential to empowering individuals to improve their quality of life.

Region 7 is committed to continuous quality improvement to ensure that patients receive the care they need. Increasing access to data and continually analyzing data will enable providers to adjust interventions to better meet the needs of patients and reduce costs of care. The proposed projects will expand access to care, fill critical gaps, drive utilization away from emergency departments and the criminal justice system and improve the overall care and experience for patients.

Details of the Community Needs Assessment

This assessment provides an overview of Region 7 demographics, insurance coverage, healthcare infrastructure, key health challenges, and expected changes during the waiver period.

The community needs assessment incorporates publicly available information from resources such as the United States Census and the Texas Department of State Health Services (DSHS), as well as information from available regional reports and county-specific needs assessments. Additionally, Central Health distributed a qualitative questionnaire to health care stakeholders in each of the six counties and used this input to validate or expand upon the quantitative data. The end notes in Appendix A list the sources used within the Community Needs Assessment.

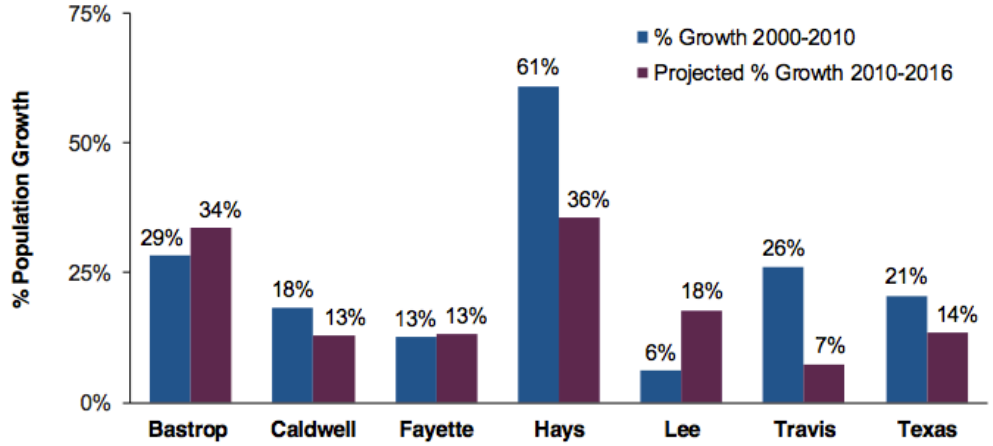
Information from all sources informed the development of the list of community needs. Please refer to the accompanying table for a summary of community needs addressed through the RHP plan.

A. Demographics

The total population of Region 7 is approximately 1.3 million residents - 5.3% of the total state population in 2010. Travis County includes Austin, the most densely populated city within Region 7. Together, Travis and Hays Counties account for almost 90% of the population within the region. The remaining four counties (Bastrop, Caldwell, Fayette, and Lee) are primarily rural with relatively small populations.

[1] The populations in all counties are expected to grow during the course of the waiver, with Hays and Bastrop counties each expected to grow more than 30% between 2000 and 2016 (see Figure 1).2

Figure 1. Region 7 Total Population and % Growth by County, 2000-2016



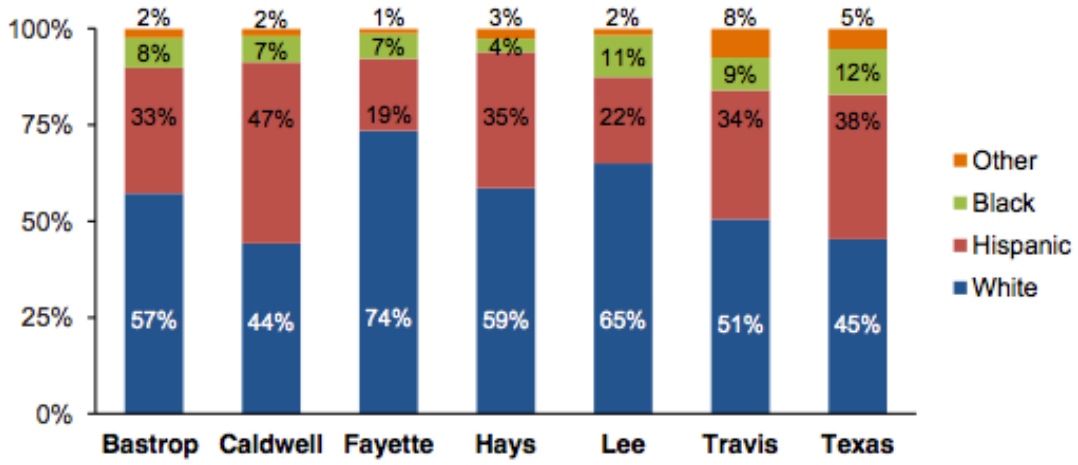
	Bastrop	Caldwell	Fayette	Hays	Lee	Travis	Texas
2000 Population	57,733	32,194	21,804	97,589	15,657	812,280	20,851,820
2010 Population	74,171	38,066	24,554	157,107	16,612	1,024,266	25,145,561
2016 Projected	99,100	42,967	27,775	213,202	19,568	1,100,447	28,568,732

Racial and Ethnic Composition

The racial and ethnic composition of Region 7 varies widely by county (see Figure 2). Fayette County has the largest percentage of White residents (74%). Caldwell County has the largest proportion of residents who are Hispanic (47%). Lee County has the largest proportion of Blacks (11%). Travis County has the greatest proportion of other races (8%), which includes Asians (5.8%).

The percent of people over age 5 who speak a language other than English at home varies widely across the region, from 18.3% in Fayette County to approximately 32% in Travis and Caldwell Counties.3

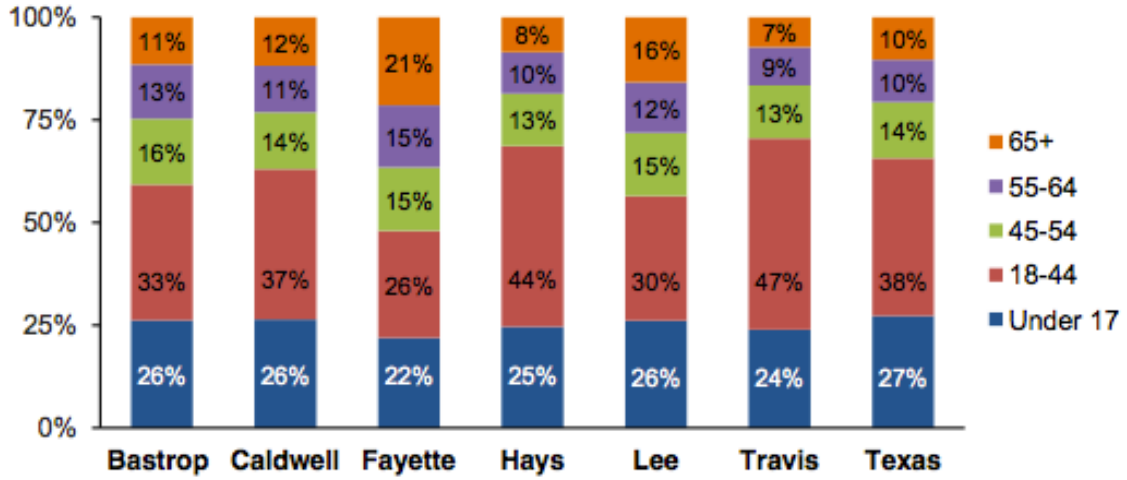
Figure 2. Region 7 Race/Ethnicity Distribution by County, 2010



Age Composition

Age distribution also varies widely across Region 7 counties, most notably among those between 18 and 44 and those over 65 (see Figure 3). Travis County has the highest 75% proportion of residents between 18 and 44 (47%) and the lowest proportion of residents over 65 (7%). Fayette County has the largest proportion of individuals over age 65 (21%).4

Figure 3. Region 7 Age Distribution by County, 2010



Education and Employment

Educational attainment varies across Region 7 counties (see Table 1). Hays and Travis County residents were more likely to have achieved higher education levels. Caldwell County had the lowest portion of the population that completed high school.5 Higher levels of education are associated with better health outcomes.6 Government, higher and primary education, and healthcare sectors employ the majority of Region 7 residents. In addition, Travis and Hays Counties also contain technology industries, and rural counties in the region contain manufacturing and transportation.7 Caldwell County has the highest unemployment rate (8.5%) in Region 7. Fayette and Lee Counties had the lowest percentages of residents who were unemployed (see Table 1).8

Table 1. Region 7 Educational Attainment (2006-2010) and Unemployment by County (2011)

	Bastrop	Caldwell	Fayette	Hays	Lee	Travis	Texas
Educational Attainment (Ages 25 and older)							
High School Graduate	81%	76%	79%	88%	79%	86%	80%
Bachelor's or Higher	18%	14%	18%	35%	15%	44%	26%
Unemployment Rate	7.8%	8.5%	5.8%	6.7%	5.9%	6.6%	7.9%

Poverty Status

The proportion of Region 7 residents living under 100% of the federal poverty level (FPL) ranges from 11% (Fayette) to 20% (Caldwell). In many counties, more than one-third of the population lives below 200% FPL.9 The annual point-in-time analysis indicated that 2,244 people experienced homelessness in Travis County in 2012, and over 11,000

people sought support related to homelessness prevention.10

Table 2. Region 7 Percent of Individuals Living Below Federal Poverty Level, 2006-2010

	Bastrop	Caldwell	Fayette	Hays	Lee	Travis	Texas
Below 100% FPL	14.1%	19.6%	11.0%	16.4%	10.8%	16.2%	16.8%
Below 200% FPL	36.3%	41.6%	33.6%	30.9%	29.3%	33.8%	37.8%

Expected Changes and Implications

While most of Region 7's population is concentrated in Travis County, where Austin is located, the surrounding counties of Hays and Bastrop are growing rapidly. Hays County was the fastest growing county in the region from 2000 to 2010, growing 61% during the decade and is expected to grow an additional 36% through 2016. Bastrop County is the second fastest growing county with a 29% growth rate between 2000 and 2010 and is projected to grow an additional 34% from 2010 to 2016. 11,12

Region 7 is projected to become increasingly diverse through 2016, with the greatest increases attributed to Hispanics (increasing from 34% of the region in 2010 to approximately 41% in 2016). Hispanics typically have higher rates of diabetes, obesity, and physical inactivity compared with Whites. In addition, Hispanic mothers also have higher rates of teen births and lower rates of timely prenatal care than White mothers. Conversely, mortality rates for cardiovascular disease, cancer, and HIV/AIDS tend to be lower among Hispanics. A more diverse population will continue to increase the need for culturally sensitive and linguistically accessible prevention and care.

At the same time, the population throughout Region 7 is aging. Hays County has the largest projected growth among seniors age 65+ as well as among pre-seniors ages 55 to 64.13 Rates of diabetes and other chronic diseases tend to become more prevalent with advancing age, and an older population will contribute to additional demand for healthcare resources.

B. Insurance Coverage

More than 285,000 Region 7 residents were uninsured in 2009. Bastrop, Caldwell, and Lee Counties have the highest rate of uninsured adults under age 65. Hays County has the smallest proportion of uninsured adults, yet 1 of 4 adults is uninsured.14 Many Region 7 residents depend on public insurance programs for health coverage; nearly 150,000 residents, mostly children, rely on Medicaid.15 Due to Medicaid and the Children's Health Insurance Program (CHIP), children are more likely than adults to be insured. Despite the availability of these programs, 15-22% of children in Region 7 are uninsured. While seniors typically have access to Medicare, access to government coverage programs for adults ages 18 to 44 is limited. Within Travis County, Central Health operates the Medical Access Program (MAP) for residents at or below 100% of the federal poverty level and who are not eligible for other government health coverage

programs. See Table 3 for a summary of health coverage by county.

Table 3. Region 7 Health Insurance Coverage by County

	Uninsured (2009)[16]	Medicaid (2011)[17]	CHIP (2011)[18]	Medicare (2010)[19]	County Indigent Program (2011)[20,21]	Commercial/ Other Insured (Calculated)[22]	Uninsured Children < 19 (2009)[16]	Uninsured Adults < 65 (2009)[16]
Bastrop	17,496	9,874	1,644	10,113	-	35,044	19%	31%
Caldwell	8,692	5,899	953	5,229	-	17,294	17%	31%
Fayette	4,441	2,365	461	5,505	-	11,782	19%	28%
Hays	31,005	13,656	2,588	15,429	600	93,828	16%	25%
Lee	3,655	1,849	351	2,519	-	8,238	22%	31%
Travis	220,429	115,698	15,833	87,515	21,055	563,735	15%	27%
Total	**285,718**	**149,342**	**21,830**	**126,310**	**21,655**	**729,921**	**16%**	**27%**

Expected Changes and Implications

Current Medicaid eligibility in Texas is limited primarily to children, pregnant women, and people with disabilities. The Affordable Care Act provides for the expansion of Medicaid to all legal residents living at or below 133% FPL, but it remains unclear whether Texas will participate in this expansion.

Under a moderate scenario to encourage public and private health insurance enrollment, recent analysis suggests that the number of uninsured in Region 7 counties could be reduced to approximately 155,000.23 Without an expansion of Medicaid, however, most currently uninsured, low-income Region 7 residents are expected to remain uninsured during the waiver period.

C. Healthcare Infrastructure

Areas and populations with limited access to healthcare services are designated by the federal government as Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs). All Region 7 counties are designated in whole or in part as HPSAs and MUAs.24 Even in Travis County, where the majority of the region's healthcare infrastructure is located, areas are designated HPSAs.

Healthcare Workforce

Across Texas, and also in Region 7, uneven geographic distribution of health providers hinders adequate access to care.25 In Region 7's RHP, healthcare providers are concentrated in Travis County while other counties outside Travis experience shortages across a number of critical provider categories. Shortages in these other areas require non-Travis County residents to seek care in Travis County, effectively reducing provider availability for Travis County residents. Thus, the provider to population ratio in Travis County is effectively driven down and the entire region suffers from a deficit.

Table 4 below shows the population per provider ratios for Primary Care (PC) Physicians, Advanced Practice Nurses (APNs), Physician Assistants (PAs), Dentists, Behavioral Health (BH) Providers26, and Licensed Chemical Dependency Counselors (LCDCs) within each county.27 A higher ratio indicates more people per provider, reducing access to care.

Table 4. Region 7 Population per Provider Ratio by County, 2011

Provider Type	Population per Provider													
	Bastrop		Caldwell		Fayette		Hays		Lee		Travis		Texas	
PC Physicians	2,912	■ ↔	1,460	■ ↓	1,602	■ ↔	1,866	■ ↔	4,592	■ ↔	1,037	■ ↔	1,438	↔
APNs	5,279	■ ↓	19,708	■ ↑	4,272	■ ↓	3,993	■ ↓	6,123	■ ↓	2,098	■ ↓	3,029	↓
PAs	10,557	■ ↑	4,927	■ ↓	-	■	8,175	■ ↔	18,369	■ ↔	3,745	■ ↓	4,818	↓
Dentists	4,022	■ ↓	4,927	■ ↓	2,848	■ ↑	2,960	■ ↔	4,592	■ ↔	1,605	■ ↔	2,203	↔
All BH Providers	809	■ ↔	861	■ ↓	1,484	■ ↓	421	■ ↓	625	■ ↓	239	■ ↔	579	↔
Psychiatrists	28,153	■ ↓	-	■	-	■ ↑	21,460	■ ↑	-	■	5,844	■ ↔	14,657	↔
LCDCs	6,033	■ ↑	2,463	■ ↓	12,816	■ ↑	3,012	■ ↓	2,296	■ ↓	2,165	■ ↓	3,417	↓

■ County's population per provider is lower than or within 10% of Texas average
■ County's population per provider is 10 to 24% above Texas average
■ County's population per provider is 25%+ above Texas average

↓ Population per provider has decreased more than 10% over past 5 years (increasing access)
↔ Population per provider has not changed by more than 10% over past 5 years
↑ Population per provider has increased more than 10% over past 5 years (decreasing access)

A 2011 analysis by the Seton Healthcare Family estimates a shortage of 49 internal medicine/family practice physicians across its 11-county Central Texas service area (which includes all counties in Region 7). With population growth, demographic changes, and replacements for retiring physicians, this shortfall is projected to grow to 377 physicians by 2016.28 Lee County has the highest population to primary care physician ratio in Region 7, with approximately 4,600 residents per PC physician. DSHS data indicate that in 2011 there were only four PC physicians practicing in the county. Ratios of mid-level providers, particularly APNs, are generally improving across the region.

The population to dental provider ratio in Region 7 counties, with the exception of Travis, is higher than the average across Texas. Within its 2011 Community Needs and Trends Report, the United Way 2-1-1 Navigation Center identified dental care as one of the top unmet needs in Central Texas, particularly in Lee County.29 In qualitative surveys, representatives from Caldwell and Hays Counties also noted access to dental care as a healthcare priority.

With the exception of psychiatrists, ratios of population per specialty care provider are not readily available at the county level. Within its 11-county Central Texas service area, the Seton Healthcare Family estimates a current shortage of 35 medical sub-specialist physicians; this shortfall is projected to grow to 206 medical specialists, 141 surgical specialists, and 53 other specialists (including psychiatry and physical medicine and rehabilitation) by 2016.30 Wait times for specialty clinics at University Medical Center at Brackenridge (UMCB) exceed 6 months for Otolaryngology, Orthopedics, Pulmonary, Ophthalmology, and Podiatry. Gastroenterology and Cardiology both have wait times

exceeding 3 months.31

Caldwell, Fayette, and Lee Counties have no psychiatrists. Many rural areas are using or are considering the use of telepsychiatry to expand access to care. Shortages in specialty areas, including psychiatry, are particularly acute for subpopulations such as children or seniors.

Safety Net Providers

Safety net providers in Region 7 offer health services to people with limited access to care. Table 5 below displays the type and number of safety net facilities in Region 7 including Federally Qualified Health Centers (FQHCs), other safety net clinics, and Local Mental Health Authorities (LMHAs). LMHAs are public entities designated by the State of Texas to use state allocated funds to serve, people under 200% of the federal poverty level who are diagnosed with bipolar disorder, major depression or schizophrenia.

Table 5. Region 7 Safety Net Providers by County

	FQHCs (# locations)	Other Safety Net Clinics (# locations)	LMHAs
Bastrop	Lone Star Circle of Care (planned)	Smithville Community Clinic (1)	Bluebonnet
Caldwell	Community Health Centers of South Central Texas (1)	Seton Lockhart Family Health Center (1)	Bluebonnet
Fayette	Tejas Healthcare (2)		Bluebonnet
Hays	CommuniCare (2)	Hays County (2)	Hill Country MHDD
Lee			Bluebonnet
Travis	CommUnityCare (21) Lone Star Circle of Care (1) People's Community Clinic (1)	Seton Community Clinics (3) Volunteer Healthcare Clinic (1) El Buen Samaritano (1)	Austin Travis County Integral Care

Acute Care and Crisis Services

Two hospital systems, Seton Healthcare Family and St. David‘s Healthcare, provide the majority of the inpatient care in the region with 10 facilities. Region 7‘s inpatient infrastructure is concentrated in Travis County, which includes more than 2,400 inpatient beds. University Medical Center at Brackenridge (UMCB), owned by Central Health and operated by Seton Healthcare Family, is the region‘s safety net hospital and only Level 1 Trauma Center for adults. Seton also operates Dell Children‘s Medical Center, which includes a pediatric Level 1 Trauma Center and inpatient care for children across Region 7 and other counties. Other hospitals in the region include Central Texas Medical Center in Hays County, and St. Mark‘s Medical Center in Fayette County. Lee County has no inpatient facilities.32

All psychiatric inpatient beds for Region 7 are located in Travis County. Currently, two private psychiatric hospitals, Seton Shoal Creek Hospital and Austin Lakes Hospital, have a total of 146 beds. Austin State Hospital is a state-funded 299 bed facility that serves a 38-county region. Seton Shoal Creek Hospital is Region 7‘s only hospital-based inpatient

chemical dependency facility (22 beds).

In addition to inpatient care, Region 7 has a variety of behavioral health crisis services, including psychiatric emergency services, crisis stabilization beds, and mobile crisis outreach teams. Depending on the provider for each service, access may be limited only to residents in certain counties. Region 7 does not have a dedicated psychiatric emergency room, and patients often seek care at local hospital emergency departments which are not staffed or designed to handle persons in psychiatric crisis. The region does not have any psychiatric beds in acute medical/surgical hospitals to accommodate the treatment of patients with co-occurring medical and psychiatric issues. A recently convened planning process for behavioral health stakeholders from Travis County identified inadequate services throughout the continuum of care for individuals with behavioral health issues.33 Identified shortages include:

- Prevention and supported recovery;

- Screening, outpatient treatment, and integrated care;

- Intensive outpatient, supported housing, and residential treatment; and

- Crisis stabilization services, detoxification services, medical/psychiatric beds, and inpatient capacity. Potentially Preventable Utilization and Lack of Care Coordination A 2011 analysis of emergency department (ED) visits by uninsured and underinsured patients in Travis County found that almost 50% of ED visits were for services that could have been provided in a primary care setting. An additional 6% required emergent care which potentially could have been prevented with appropriate ambulatory care.34 Similarly, planning data indicate that approximately 50% of patients in the Seton Edgar B. Davis Hospital ED, located in Caldwell County, could be seen in a more appropriate setting where preventive care, education, and disease management could better be coordinated.35 In addition, adult residents of Region 7 have more than 8,500 potentially preventable inpatient hospitalizations per year for conditions such as bacterial pneumonia, congestive heart failure, chronic obstructive pulmonary disease, and diabetes complications. Potentially preventable conditions requiring inpatient care contributed to over $1 billion in hospital charges in Region 7 between 2005 and 2010.36

Qualitative data collected through surveys and from providers indicate a need for better coordination across settings of care, including physical and behavioral healthcare systems. These issues tend to arise from a lack of co-located services, separate funding streams, lack of effective information technology systems to communicate and share information among different types of providers.37

People with co-morbidities, including multiple physical health conditions and co-occurring physical and behavioral health concerns, require a variety of health care

services that, when delivered in multiple locations by different providers, can lead to costly duplicative care that does not improve health outcomes. Goals identified by Region 7 partners include investing in patient-centered, integrated, comprehensive care that is coordinated across systems and reducing health system costs by expanding opportunities for patients and families to access the most appropriate care in the most appropriate setting.

Rural Access Issues

Qualitative surveys from all rural areas of the region identified struggles with recruiting and retaining physicians. Though provider to population ratios have improved for some provider types in rural counties, qualitative surveys indicate that existing providers are aging toward retirement. These situations, combined with population growth, could lead to further limitations on access to care. Previous needs assessments for Region 7 counties, qualitative surveys from every county in the region, and discussions with county leaders all highlight transportation as a critical challenge for healthcare access in rural areas and for low-income populations in urban areas. Because of great distances between residents and services, effective emergency medical transportation can be challenging as well.38,39

Technology

Through the Integrated Care Collaboration (ICC), safety net providers in Central Texas have a Health Information Exchange (HIE) to share clinical data across more than 100 provider locations. These providers include hospital systems, FQHCs, LMHAs, local health departments, and numerous community and faith-based clinics.

Organizations contributing data to the HIE are concentrated primarily in Travis, Hays and Caldwell Counties as well as Williamson County (located in Region 8). There are currently no participating organizations in Lee or Fayette Counties, although encounter data are available for uninsured and under insured patients from these counties who receive care at other participating locations.

The current HIE contains a variety of demographic data, including patient name, date of birth, race/ethnicity, social security number, phone number, and current address as well as administrative data such as encounter location, encounter type (clinic, emergency, inpatient), service date, ICD-9 and CPT-4 procedure codes, and attending provider. Most organizations submit data on a regular basis.

Some limitations of the existing system include limited availability of critical clinical data, such as laboratory and radiology test results, as well as a limited interface for case management, referral data, and analytical capabilities to identify trends and manage the health of select populations.

Federal Funding Initiatives

Providers in Region 7 participate in a variety of federal funding initiatives aimed to address some of the challenges identified in this assessment. The table below outlines current initiatives funded by the U.S. Department of Health and Human Services. The projects proposed in Region 7's RHP Plan do not duplicate these initiatives but build on these investments to further health delivery system reform.

Table 6. Federal Funding Initiatives in Region 7

HHS Funding Initiatives		Recipient
CMS Innovation Center	Pioneer ACO Model	Seton Healthcare Family
HITECH	Medicare and Medicaid Electronic Health Records Incentive Program for Hospitals	Seton Healthcare Family, including UMC Brackenridge and Dell Children's Medical Center
CDC	Childhood Obesity Research Demonstration Grant	Dell Children's Medical Center
CDC	Immunizations Grant	Austin Travis County Health and Human Services Department
CDC	Vaccines for Children Grant	Austin Travis County Health and Human Services Department
SAMHSA	Substance Abuse Prevention and Treatment Block Grant	Austin Travis County Health and Human Services Department
SAMHSA	Community Mental Health Services Block Grant (through Department of State Health Services)	Austin Travis County Integral Care
SAMHSA	Community Mental Health Services Block Grant (through Department of State Health Services)	Bluebonnet Trails Community Services
SAMHSA	Co-Occurring Psychiatric and Substance Use Disorder Services Grant (through Department of State Health Services)	Hill Country MHDD
Departments of Education, HHS, and Justice	Safe Schools / Healthy Students Grant	Austin Independent School District

Expected Changes and Implications

Region 7 counties currently experience shortages in healthcare access, particularly for certain populations. Population growth in the region will create even more demand for health care access in the future. The new emphasis on prevention and early treatment coupled with a reduction in utilization of emergency department services are expected to create further demand on already limited primary care capacity.

New healthcare facilities planned for Region 7 include a satellite FQHC site opening in Bastrop in 2013 that is expected to serve 17,500 patients. Austin Oaks Hospital, a new 80 bed psychiatric treatment facility, will open in Travis County in the spring of 2013, increasing the number of private psychiatric beds in the region to 226. With expected population growth through 2030, a draft analysis of comprehensive crisis stabilization services in Travis County identified a shortfall of more than 100 inpatient psychiatric beds if no new facilities are added.40 Population growth in other Region 7 counties will further exacerbate this lack of inpatient beds.

Within Travis County, Central Health and Seton Healthcare Family, along with Austin Travis County Integral Care, are partnering to create an ACO-like integrated healthcare delivery system that will expand care to a high-need, low-income population by

providing services that both support health and better connect preventive, primary, specialty, and hospital care. State Senator Kirk Watson is also leading an effort to build a new medical school in Austin and a modern teaching hospital/regional trauma center, as well as expand comprehensive cancer care.41 These initiatives provide opportunities to transform healthcare delivery in Travis County and improve access and care for Region 7 as a whole.

D. Key Health Challenges

The following sections outline key health conditions and challenges for Region 7, including chronic disease, behavioral health, communicable disease, and maternal and child health.

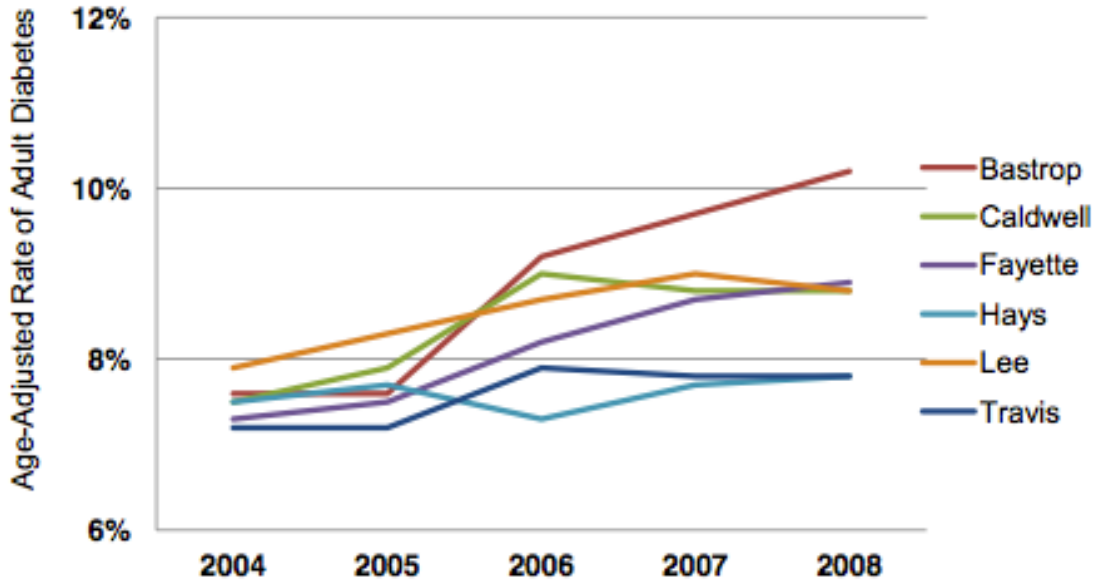
Chronic Disease

Stakeholders across Region 7 identified chronic conditions as a top health concern. Cardiovascular disease, cancer, and pulmonary disease are among the leading causes of death in Region 7.42 Rising rates of obesity and physical inactivity are critical factors contributing to diabetes and other chronic conditions.

Diabetes

Diabetes affects more than 70,000 adults in Region 7.43 With the exception of Hays and Travis Counties, rates of adult diabetes in Region 7 exceed the Texas state average. Figure 4 shows the age- adjusted rate of adults with diabetes between 2004 and 2008, suggesting that rising rates of diabetes across most counties are influenced by factors other than age. Bastrop County experienced the sharpest increase between 2004 and 2008.44

Figure 4. Region 7 Age-Adjusted % of Adults with Diabetes, 2004-2008



Cardiovascular Disease

Cardiovascular disease (including heart disease and stroke) is the leading cause of death in Region 7. Cardiovascular disease accounts for 39% of deaths in Fayette County, the highest proportion in the region and notably higher than the state average (31%), even after accounting for its older population.45 In addition, congestive heart failure represents one of the leading contributors of potentially preventable hospitalization costs in Region 7 from 2005-2010.46

Despite an overall downward trend for stroke in Central Texas, there has been a slight upward trend in recent years in the rate of deaths attributed to stroke for those who are ages 45 to 64.47

Cancer

Cancer is the second leading cause of death in Region 7. Although the total number of deaths is smaller, Bastrop County demonstrates the highest proportion of deaths (24%) and the highest age- adjusted death rate attributed to cancer.48 Among Travis County residents, lung cancer contributes to the greatest number of deaths, followed by colon and breast cancer.49 Breast cancer and prostate cancer represent the greatest volume of new cancer cases in both Travis and Hays Counties, the only counties with available

estimates.50

Pulmonary Disease

Following cardiovascular disease and cancer, chronic obstructive pulmonary disease (COPD) is one oftheleadingcausesofdeathinRegion7.51 Inaddition,COPDisoneoftheleadingcontributors of potentially preventable hospitalization costs in Region 7 from 2005-2010.52

DSHS Health Service Region 7 data for 2009, which includes all Region 7 counties, indicate that 9.3% of children and 7.1% of adults have asthma. These prevalence rates exceed statewide averages of 8.2% for children and 6.5% for adults.53

Contributing Factors to Chronic Disease

Adults in Region 7 tend to be more obese and less physically active compared with national benchmark data.54 With the exception of Lee County, the age-adjusted rate of adult obesity rose across all counties in Region 7 between 2004 and 2008. As with diabetes, Bastrop County recorded the sharpest increase. Travis County has the lowest proportion of obese adults but one of the highest rates of increase in obesity. Physical inactivity rates increased slightly across most counties between 2004 and 2008 but rose by almost 25% in Lee County during that time.55

Among counties in the region with data available, Hays County has the lowest rate of adults who smoke (14%), while Caldwell County has the highest (19%).56 Tobacco use is the leading cause of preventable death in Travis County.57 Refer to Table 7 for a summary of contributing factors to chronic disease across Region 7 counties.

Table 7. Region 7 Comparison of Contributing Factors to Chronic Disease from 2012 County Health Rankings[58]

Comparison of Health Factors	National 90th Percentile	Bastrop	Caldwell	Fayette	Hays	Lee	Travis	Texas
Adult Obesity	25%	31% ■ ↑	32% ■ ↑	29% ■ ↑	30% ■ ↑	31% ■ ↔	25% ■ ↑	29% ■
Adult Physical Inactivity	21%	27% ■ ↔	25% ■ ↔	28% ■ ↔	26% ■ ↔	30% ■ ↑	18% ■ ↔	25% ■
Adult Smoking	14%	N/A	19% ■	N/A	14% ■	N/A	17% ■	19% ■

■ County's rate is lower than or within 10% of national benchmark
■ County's rate is 10 to 49% above national benchmark
■ County's rate is 50%+ above national benchmark
↓ Rate has decreased more than 10% over past 5 years
↔ Rate has not changed by more than 10% over past 5 years
↑ Rate has increased more than 10% over past 5 years

Maternal and Child Health

Across Region 7 counties, approximately 37 to 43% of mothers do not receive prenatal care in the first trimester. Mothers in Caldwell County have the lowest rate of timely prenatal care as well as the highest rate for teen births and low birthweight infants (see Table 8 below).59,60

Table 8. Region 7 Key Maternal and Child Health Indicators by County

	Bastrop	Caldwell	Fayette	Hays	Lee	Travis	Texas
% Prenatal Care in First Trimester [59]	62.9%	56.4%	62.5%	63.0%	58.9%	59.7%	58.4%
Teen Births [60] (per 1,000 females ages 15-19)	54	75	43	32	41	54	63
% Low Birthweight (< 2,500 grams) [60]	7.3%	8.2%	8.0%	7.1%	7.2%	7.4%	8.2%

Communicable Disease

Sexually Transmitted Diseases

Chlamydia is the most frequently reported sexually transmitted disease in Region 7. The rate of chlamydia in Hays and Travis Counties is significantly higher than the Texas state average and higher than rates for other Region 7 counties. Travis County also demonstrates the highest rates of gonorrhea, syphilis, and HIV/AIDS compared with other counties in Region 7.61 More than 3,500 people in Travis County are living with HIV or AIDS.62

Vaccine Preventable Diseases

Bastrop, Caldwell, and Travis Counties all demonstrate rates of pertussis (whooping cough) that are significantly higher than the Texas state average.63 Within Central Texas, rates of pertussis, mumps, and tuberculosis have been generally increasing since approximately 2008.64

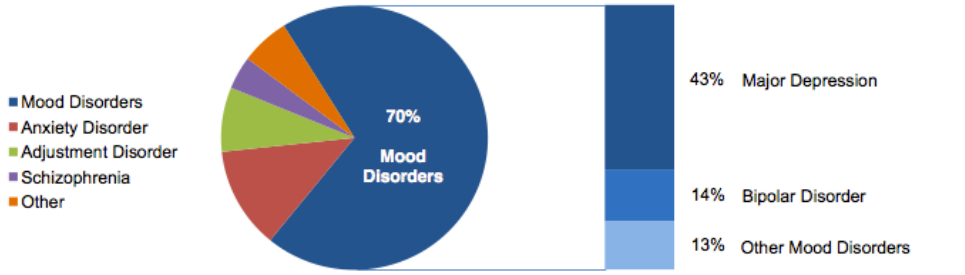
Behavioral Health

The available data for behavioral health are from disparate sources because reliable data across counties does not exist. However, estimates suggest that over 20% of Region 7 residents below 200% of FPL who have a severe mental illness (including substance use disorder), and over 50% who have any type of behavioral health disorder are not receiving care.65

Top Behavioral Health Conditions

Data from multiple sources indicate that mood disorders including major depression and bipolar disorder are the most common behavioral health diagnoses in the region, representing approximately 70% of behavioral health diagnoses. Figure 5 below depicts the prevalence of behavioral health conditions from a Travis County FQHC. The data presented mirror other data sources for the region.

Figure 5. Prevalence of Behavioral Health Conditions Among Consumers at an FQHC[66]



Inpatient Psychiatric Discharges

Caldwell, Hays, Lee, and Fayette counties experienced modest increases in inpatient psychiatric hospitalizations from 2006-2010 whereas inpatient hospitalizations decreased in Bastrop County. Travis County experienced a 33% increase in inpatient hospitalizations from 2008 to 2010.67,68

Suicides

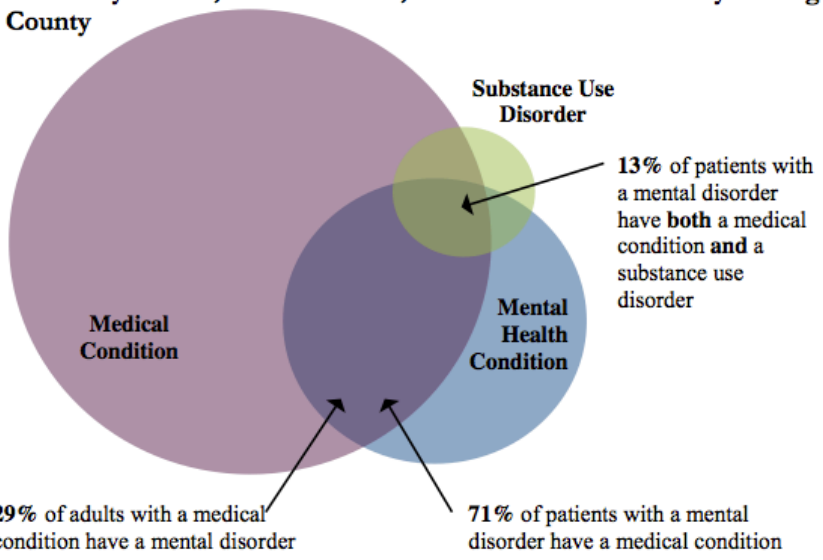
Despite minor fluctuations, the numbers of suicides have remained relatively stable across the five years of data for all Region 7 counties with the exception of Hays and Bastrop counties. Over the five-year period, the number of suicides in Hays Country trended downward; however, in Bastrop County they trended upward.69 In Travis County, suicides are the 8th leading cause of death and the 4th leading preventable cause of death.70

Co-Occurring Conditions

Patients with multiple chronic conditions have a higher risk of potentially preventable hospitalizations, contribute to higher healthcare costs, and are a greater challenge for coordination of care.71 Among Travis County residents, more than 20% of uninsured and underinsured adults who received care from safety net organizations during 2011 had more than one chronic condition.72

Nationwide, 29% of adults with a medical condition also have a mental health diagnosis.73 Moreover, over 71% of Travis County patients with a mental health diagnosis also experienced a co- occurring medical condition, and over 20% experienced a substance use disorder, while almost 13% experienced all three conditions. Of Travis County patients with a substance use disorder, 65% had a mental health diagnosis, 70% had a medical diagnosis, and 41% were diagnosed with all three conditions.74 The following diagram illustrates the overlapping prevalence of co-occuring conditions.

Figure 6. Prevalence of Psychiatric, Substance Use, and Medical Co-Morbidity Among People in Travis County



Specific Populations

Specific populations within Region 7 require special consideration for healthcare services. Among Central Health MAP enrollees, homeless persons have higher utilization across all types of care, particularly emergency and inpatient psychiatric services.75 Approximately 21% of homeless people are considered to be severely mentally ill, and 33% have a chronic substance abuse disorder.76 Local stakeholders across Region 7 also have identified persons with intellectual and developmental disabilities (IDD) as a population with unique behavioral health challenges. Indeed, across Region 7, over 60% (range 60% to 80%) of residents with an IDD diagnosis also had a medical condition, and over 35% (range 35% to 57%) had a psychiatric condition.77

Stakeholders across Region 7 indicate a need for an increased focus on healthy lifestyles and disease prevention for children and adolescents with health risk factors such as obesity. At middle schools in the Austin Independent School District, the percentage of overweight and obese students ranges from 18.7% to 48.1%.78

Children‘s behavioral health services are provided through numerous settings and provider types, such as through primary care physicians, mental health providers, and the school setting. With more than 226,000 school-aged children (between the ages of 5 and 18) in Region 7, national prevalence data suggests that approximately 47,000 school-age children within Region 7 experience some form of mental illness.79 Examination of data specific to Travis County indicates that the number of unique patients (under 24 years old) with behavioral health diagnoses has increased every year since 2006.80

Rates of diabetes and other chronic diseases tend to become more prevalent with advancing age, and an older population will contribute to additional demand for

healthcare resources. In qualitative surveys, representatives from multiple counties cited the aging population as a top health concern. Furthermore, national studies have identified a lack of providers adequately trained to treat geriatric behavioral health and substance abuse issues.81

Health Disparities

Available data show disparities across many health conditions, likely to be exacerbated by an increasingly diverse population. More detailed data typically are available for larger counties; unless otherwise noted, data from the Austin/Travis County Health and Human Services Department are used below to illustrate racial and ethnic, age, and other disparities.82

Among Travis County residents, diabetes disproportionately affects Blacks and Hispanics, with a death rate more than double that of Whites. The rate of diabetes and other chronic conditions also generally increases for older residents.

Compared with Whites, Blacks and Hispanics experience much higher rates of factors contributing to chronic disease, including obesity and physical inactivity. Travis County adults with lower incomes are also less likely to be physically active than those with higher incomes.83 For middle- school children at Austin Independent School District, the prevalence of obesity exceeds 20% among Black and Hispanic children compared to 9% for Whites.84

Blacks have disproportionate rates of death attributed to heart disease, cancer, and HIV/AIDS compared with Whites or Hispanics. A 2008 Hays County Health Assessment also found that the rate of death from cancer for Blacks in Hays County exceeded other area counties and was 16% higher than the statewide average for Blacks.85 Conversely, mortality rates for cardiovascular disease, cancer, and HIV/AIDS tend to be lowest among Hispanics.

Black and Hispanic mothers have higher rates of teen births and lower rates of timely prenatal care than White mothers. Compared with Hispanic and White mothers, Black mothers also have more than twice the rate of low birthweight babies and infant mortality.

Expected Changes and Implications

Chronic conditions are the current leading causes of death in Region 7. Diabetes rates are rising across most counties, with Bastrop County increasing more than 30% between 2004 and 2008. Rising rates of contributing factors such as physical inactivity and obesity will contribute to further increases in chronic disease if current trends remain unchanged.

Forty percent of mothers in Region 7 do not initiate prenatal care within the first

trimester which may lead to poor health outcomes for babies and families that require costly, preventable care. Population growth in the region could increase the number of babies born without adequate prenatal care. Compared with babies born to mothers who received appropriate prenatal care, babies of mothers who received no prenatal care are three times more likely to be low birthweight and five times more likely to die in infancy.86

Many Region 7 residents have co-morbidities, including multiple physical health conditions and co- occurring physical and behavioral health concerns, which pose significant challenges for achieving good population health outcomes. More and more, Region 7 delivery systems are recognizing the need to address these issues simultaneously. Achieving these improved outcomes will require integration of healthcare delivery that bridges and integrates currently separate physical and behavioral health delivery systems.

Finally, population growth and the increasing diversity of Region 7 may exacerbate existing disparities in health outcomes among different racial and ethnic groups. An aging population will also contribute to additional demand for specialists as well as the need for resources to address chronic conditions, dementia, stroke, and other age-related health conditions.

Conclusions

Overall, Region 7‘s expected population growth will lead to greater demand for healthcare services, including primary care, specialty care, and behavioral health. More than sheer numbers, the increasing diversity of the population will require additional skills among the provider population in order to deliver care that can effectively cross cultural and language boundaries and ensure positive health outcomes. Finally, Region 7‘s growing aging population will likely create additional demand on healthcare infrastructure.

Chronic conditions, including behavioral health issues, are prevalent among Region 7‘s population, and the community lacks key psychiatric crisis continuum infrastructure. People with co- morbidities, including multiple physical health conditions and co-occurring physical and behavioral health concerns, are required to navigate a complicated and disconnected system of healthcare providers. Goals identified by Region 7 partners include investing in patient-centered, integrated, comprehensive care that is coordinated across systems.