



2022 Community Health Assessment Executive Summary

Austin/Travis County, Texas
May 2022



Together We Thrive
Austin/Travis County Community Health Plan

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

This social media campaign was used as a creative method to gather public input for the Austin/Travis County Community Health Assessment (CHA).

To our Organizing Partners

- Ascension Seton
- Austin Public Health
- Austin Transportation Department
- Baylor Scott & White Health
- Capital Metro
- Central Health
- Integral Care
- St. David's Foundation
- Travis County Health and Human Services
- The University of Texas at Austin Dell Medical School
- The University of Texas Health Science Center at Houston (UT Health) School of Public Health in Austin

Thank you!



ACKNOWLEDGMENTS

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The dedication, expertise, and leadership of the following agencies and people made our 2022 Austin/Travis County Community Health Assessment a collaborative, engaging, and substantive endeavor that will guide our collective health planning efforts. A special thanks to all of you.

Steering Committee:

Chair: Adrienne Sturup, Austin Public Health
Vice-Chair: Deborah Britton, Travis County Health and Human Services
Monica Crowley, Central Health
Sherri Fleming, Travis County Health and Human Services
Lawrence Lyman, Travis County Health and Human Services
Julie Mazur, Capital Metro

Becky Pastner, St. David's Foundation
Ann-Marie Price, Baylor Scott & White Health
Ellen Richards, Integral Care
Anthony Segura, Austin Transportation Department
Dr. Andrew Springer, UTHealth School of Public Health in Austin
Ingrid K. Taylor, Ascension Seton
Dr. Carmen Valdez, UT Dell Medical School

Core Coordinating Committee:

Chair: Kodjo Dodo, Austin Public Health
Community Health Planner: Maren Luján, Austin Public Health
Ana Lidia Almaguel, Travis County Health and Human Services
Megan Cermak, Central Health
Katie Cromwell, Capital Metro

Marianna Espinoza, UT Dell Medical School
Muna Javaid, Integral Care
April Klein, Travis County Health and Human Services
Kelli Lovelace, Ascension Seton
Jesse Simmons, St. David's Foundation
Tara Stafford, Baylor Scott & White Health

Data & Research Sub-Committee:

Austin Public Health:

- Jeff Taylor
- Janet Pichette
- Tracy Haywood

Central Health

- JP Eichmiller
- Sarita Clark-Leach

Travis County HHS

- Lawrence Lyman
- April Klein

UT Dell Medical School

- Matti M. Hautala
- Autumn Kaerwer
- Anjum Khurshid

Integral Care

- Surabhi Sharma
- Lorraine Aguirre
- Monica Black
- Emilio Salinas

UTHealth School of Public Health

- Dr. Nalini Ranjit
- Dr. Andrew Springer

Additional Partners

- Jessica Jones and R. Patrick Bixler, LBJ School of Public Policy
- Carlos Soto, Community Advancement Network (CAN)
- Susan Millea, Children's Optimal Health

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Community Engagement Sub-Committee:

Siglinda Orozco, AISD - Parent Programs
 Leonor Vargas, AISD - Parent Programs
 Hailey Easley, Austin Asian Community Health Initiative (AACHI)
 Lucy Nguyen, Austin Asian Community Health Initiative (AACHI)
 Halana Kaleel, Austin Public Health - Language Access
 Binh Ly, Austin Public Health - Health Equity Unit
 Tabitha Taylor, Austin Public Health - Age-Friendly
 Jo Anne Ortiz, CapMetro - Community Engagement

Isela Guerra, Central Health
 Mia Greer, Community Coalition for Health (C2H)
 Dr. Charles Moody, Community Coalition for Health (C2H)
 Dr. Rosamaria Murillo, El Buen Samaritano
 Juan Rosa, El Buen Samaritano
 Carmen Llanes Pulido, GAVA
 Ricardo Garay, UT Dell Medical School – Dept. of Population Health
 Kacey Hanson, UT Dell Medical School – Dept. of Population Health

Additional Participating Agencies:

African American Youth Harvest Foundation (AAYHF)
 African American Men’s Health Clinic
 Austin Asian Communities Civic Coalition (AACCC)
 Austin Area Urban League
 Building Promise USA
 City of Austin - Communications and Public Information Office
 Colony Park/Lakeside Neighborhood Association
 Community Coalition for Health (C2H)
 Contigo Wellness
 Dove Springs Proud
 El Buen Samaritano
 Healthy Williamson County

Housing Authority of the City of Austin (HACA)
 Korean American Association of Greater Austin
 LifeWorks
 Light & Salt Services of Austin
 Manor Independent School District
 Mobile Loaves and Fishes
 North Austin Muslim Cultural Center (NAMCC)
 People’s Community Clinic
 Pflugerville Equity Office
 South Asian’s International Volunteer Association (SAIVA)
 Travis County Community Center at Del Valle
 Worker’s Defense Project

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Historical Narrative:

We’re grateful for additional input regarding Austin’s racial historical context provided by Sam Tedford, City of Austin Housing and Planning Department.

Support Staff:

We would like to thank to our interns and staff that assisted throughout the assessment process with notetaking, data collection, literature reviews, technical assistance, facilitation, etc.:

Maria Elena Garcia, Austin Public Health/UTHealth School of Public Health in Austin MPH Candidate
 Matthew Feck, Austin Public Health/ UTHealth School of Public Health in Austin MPH Candidate
 Jace Balbach, Austin Public Health/South Dakota State University MPH Candidate
 Matthew Howrey, Austin Public Health - Americorps Vista

Deena Rawleigh, Austin Public Health – Administrative Senior
 Irvine Tessier, Austin Public Health - PHAP
 Anjelica Barrientos, Austin Public Health – Fast-Track Cities Coordinator
 Halana Kaleel, Austin Public Health – Public Health Educator

2022 Austin/Travis County Community Health Assessment

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EXECUTIVE SUMMARY

BACKGROUND

The 2022 Austin/Travis County Community Health Assessment (2022 CHA) involved a number of stakeholders, including health centers, hospitals, university partners, local school districts, community-based organizations, foundations, governmental agencies, and Austin Public Health.

The overarching goals of the 2022 Austin/Travis County Community Health Assessment were to:

- Examine the current health status across Austin/Travis County as compared to state and national indicators
- Explore the current health priorities among Austin/Travis County residents within the social context of their communities
- Identify community strengths, resources, forces of change, and gaps in services to inform funding and programming priorities of Austin/Travis County

To support the 2022 CHA, Austin Public Health hired Health Resources in Action (HRIA), a non-profit public health organization, as a consultant to support and provide strategic guidance on the community engagement and planning process and the collection and analysis of data, and to develop the report.

METHODS

The 2022 CHA leverages a social determinants of health framework. Health is not only affected by genes and lifestyle factors, but by upstream factors such as employment status, quality of housing, and economic policies.

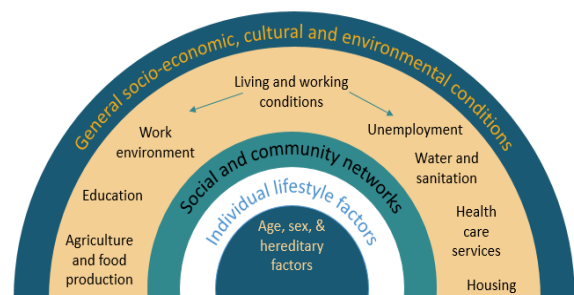
Informed by the Mobilizing for Action through Planning and Partnership (MAPP) framework, developed by the National Association of County and City Health Officials (NACCHO), the 2022 CHA includes three main assessments:

The **Community Partner Assessment** included a summit (n=27) to identify the organizations to involve in the community health planning process. This process identified the priority of engaging direct service providers, organizations affiliated with school districts, resident volunteers or ambassadors, grass-roots initiatives, and faith-based organizations. Participants prioritized focusing on older adults; Black, Indigenous, and People of Color (BIPOC) and Asian communities; and behavioral health.

The **Community Status Assessment** involved the analysis of existing social and health data. These data were drawn from state, county, and local sources, such as the U.S. Census, County Health Rankings, Texas Department of State Health Services, Austin Area Sustainability Indicators Project, Behavioral Risk Factor Surveillance System (BRFSS), and vital statistics based on birth and death records.

The **Community Context Assessment** involved several qualitative methods, including key informant interviews with community leaders (n=20), in-depth interviews with community members (n=2), seven

Social Determinants of Health Framework



SOURCE: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005.

focus groups with community members (n=48), a radio talk show (n=3), a virtual community forum with community members and leaders (n=16), and photo outreach campaign (n=23) to elicit perceptions of community strengths, needs, and opportunities for change. Content analysis of local assessments provided important context regarding priority communities and topics.

LIMITATIONS

As with all data collection efforts, there are several limitations to the 2022 CHA. Secondary data involve a time lag from the time period of data collection to data availability and some data are not available for specific population groups or at more granular geographic levels due to small sample sizes. In some cases, quantitative data across multiple years need to be aggregated to provide more accurate estimates for a specific group or geographic area. The COVID-19 pandemic introduced some challenges for community outreach and completion of focus groups. Several communities were underrepresented, including refugees, youth, indigenous communities, people with disabilities, and faith leaders.

FINDINGS

POPULATION CHARACTERISTICS

Travis County and Austin experienced an estimated population growth of 26.0% and 20.0%, respectively, from 2010 to 2020, exceeding population growth for Texas (15.9%) and the US (7.4%) during the same period. Several focus group participants and community leaders described the Austin and Travis County region as growing substantially in recent years and perceived that higher income residents were the largest segment of new residents. One focus group participant shared, *“There are no more people born and raised from Austin because they were all priced out.”*

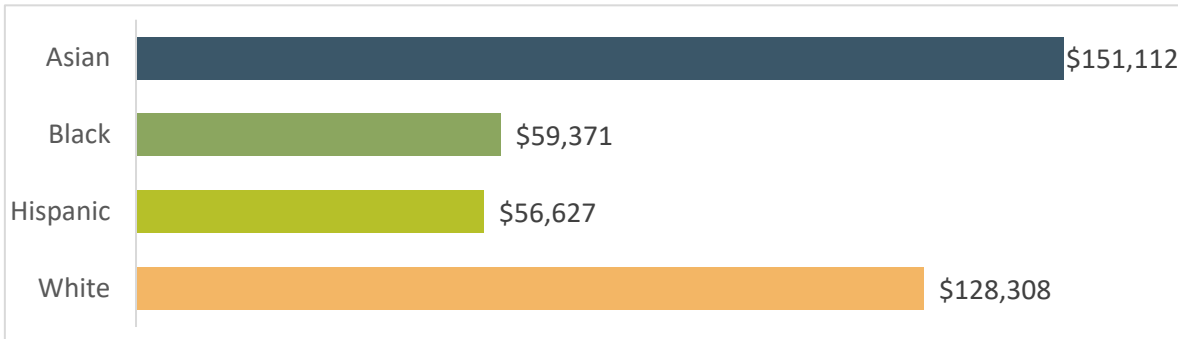
The Austin-Round Rock-Georgetown metropolitan area had the 3rd largest percentage of LGBTQIA+ people in the U.S., with about 5.0% or 90,000 people identifying as LGBTQIA+. About half of residents in Travis County (52.2%) identified as people of color. More than one-third, 34.8%, of Travis County residents identified as Hispanic/Latino, 8.2% identified as Black/African American, and 6.6% identified as Asian. Nearly one-third (30.8%) of residents in Travis County speak a language other than English at home. Several community members and leaders noted the importance of ensuring that information about health and available resources are provided in residents’ primary language. One community leader shared: *“Language access is key. If you don’t have any material to educate yourself about a health disease, then changes can’t really be made.”* Legal status emerged as a barrier to accessing services and resources for undocumented immigrants.

COMMUNITY SOCIAL AND ECONOMIC CONTEXT

Economic Indicators

Income influences where people live, their ability to access higher education and skills training, and their access to resources to help them cope with stressors and health-promoting resources such as healthy food and health care. Low community wealth is linked with more limited educational and job opportunities, greater community violence, environmental pollution and disinvestment in essential infrastructure and resources. In 2019, the median household income in Travis County was \$80,726, a 14.6% increase between 2015 and 2019. The median household income for White households was 2.2 times the household income for Black/African American households and 2.3 times the household income for Hispanic/Latino households in 2019. An estimated one-quarter (25.0%) of LGBTQIA+ survey respondents reported having incomes less than \$24,000. About 13.6% of Travis County children lived in poverty.

Median Household Income, by Race/Ethnicity, by Travis County, 2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019

Many community members and leaders described the cost of living in the area as high and rising and disproportionately affecting low-income residents, residents of color, and older adults. One community leader described, *“If you look at some of our communities, there is no quality of life, it’s just survival.”* Several community members and leaders described residents who work in low-wage jobs that are stressful, hard to get, and offer limited incomes and discussed job loss and reduced hours for low-wage workers during the COVID-19 pandemic. Regarding childcare needs for working individuals, about two-fifths of Black/African American (42.9%) and Hispanic/Latino (41.1%) respondents and 34.2% of White respondents reported difficulty finding affordable childcare.

Education

Education improves employment opportunities, economic and social resources, and health literacy, which shapes understanding of medical information and enables patients to advocate for themselves. Low-income communities and communities of color are affected by inequities in educational funding and access to educational resources. The majority (90.4%) of Travis County adults have a high school degree or higher and 53.0% have a bachelor’s degree or higher. The Hispanic/Latino population has the highest percentage of population without a high school diploma (26.6%). Among students who dropped out of high school, 8.2% were Black/African American, followed by Hispanic/Latino students (6.4%).

Housing

Home and neighborhood environments may promote health or be a source of exposures that may increase the risk of adverse health outcomes. Housing is generally the largest household expense. A key theme was the high and rising cost of housing that disproportionately affects low-income residents, residents of color, older adults, and persons with disabilities and displaced residents from urban areas to rural areas. One community leader shared, *“[B]ecause of [the] increasing cost of living in central core in Austin and due to gentrification, elderly and disabled [residents] are now in more rural areas.”* According to a Housing Market Analysis, about 65% of respondents reported spending greater than or equal to 30% of their monthly income on housing and 17% reported spending greater than or equal to 50% of their monthly income on housing – a severe cost burden. In Austin, White households faced severe cost burden 15% of the time, compared to 25% for Black/African American households; 23% for Hispanic/Latino households; and 20% for Asian households. As such, people of color are more vulnerable to the negative consequences of rising housing costs. Homelessness was an area of concern and disproportionate among LGBTQIA+ youth, people of color, and, more specifically, queer and transgender people of color. Additionally, Travis County census tracts with higher proportions of Black/African American residents have high community-level homelessness risk factors.

Built Environment and Neighborhood

Air, water, and land quality in rural areas and access to grocery stores and community and recreational centers in both urban and rural areas emerged as features of the built environment of concern. Several community members described development as stressful and affecting health. One community member shared, “[There is] demolition across the street [...] the dust coming into the apartment.” The growth of businesses that primarily serve high income residents contributed to the need to travel further to access affordable food and some community members described feeling excluded by the neighborhood design. Several community members and leaders discussed the need to improve access to services, including banks, pharmacies, grocery stores, and urgent care clinics in low-income communities.

Internet and Computer Access and Training

Residents described internet and computer accessibility and training as important for accessing information and resources, staying connected, and participating in remote education. Some community members and leaders noted that internet and computer access was more difficult for low-income residents and rural communities and was critical during the COVID-19 pandemic and Winter Storm Uri.

Transportation

Transportation emerged as a barrier for conducting day-to-day activities such as getting groceries, going to school, and going to the doctor. In 2019, an estimated 60% of Travis County residents spent <30 minutes commuting, around one-third (33%) spent 30-60 minutes commuting and 7% spent over an hour commuting. Community members and leaders described several barriers to using public transit and limited public transportation and medical or senior transit options in rural areas. Senior community members noted that medical ride services were limited and made for long and exhausting travel.

Access to Healthy Food and Food Security

In 2019, around 15.6% of Travis County residents reported consuming 5+ servings of fruits and vegetables daily, which is lower than patterns in 2011 (22.6%). Focus group participants described the high cost of healthy foods, affordability and accessibility of fast foods, and long work hours as barriers to healthy eating. Nearly one-quarter (23.0%) of LGBTQIA+ survey respondents reported that they experienced food insecurity, compared to 13.0% of respondents who did not identify as LGBTQIA+. Several community members and leaders shared that it was more difficult to eat healthy foods during the COVID-19 pandemic and observed an increased need for food assistance.

Physical Activity

Many community members and leaders described active living and exercise as important for health. Some residents described safe access to green space as facilitating physical activity. As one focus group participant shared, “[I]f you have a park close by you have more initiative to go out instead of staying in the house.” About one-third of Travis County adults reported being highly active in 2011-2019.

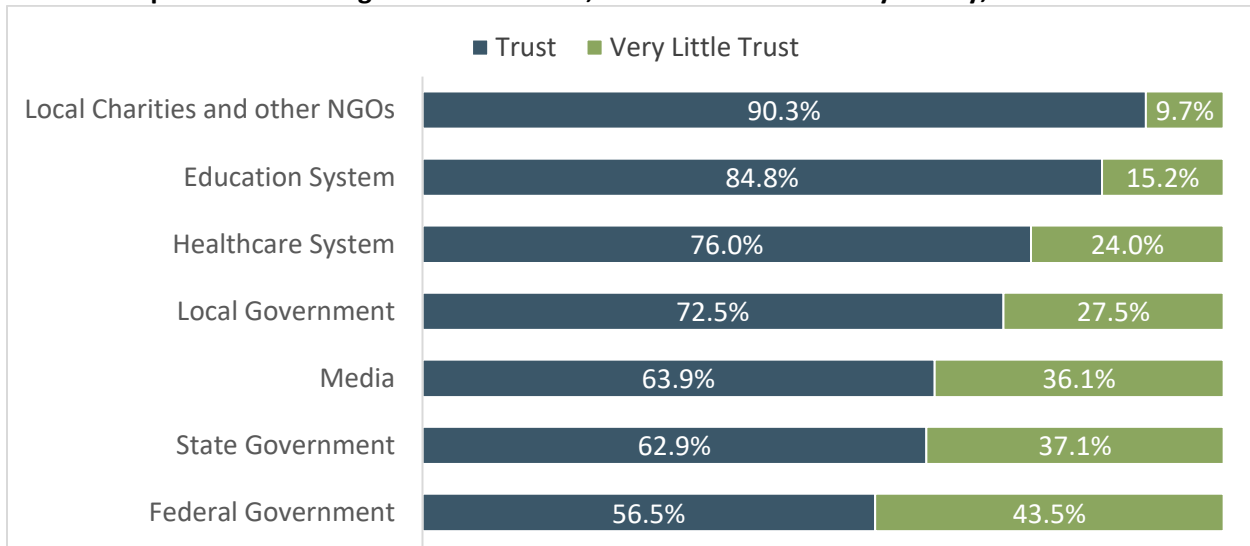
Social and Community Context

Community Connectedness and Civic Engagement

Relationships are important for physical and mental well-being, including encouraging positive healthy behaviors. Conversely, discrimination as part of one’s social environment can negatively affect health. In Travis County in 2015-2019, 5.7% of teens aged 16-19 years were disconnected, defined as teens neither in school nor working. In 2018, 6.3% of Travis County residents aged 65+ lived alone. When asked about trust in institutions, the highest percentage of respondents reported trusting local charities and non-governmental organizations (90.3%) and the education system (84.8%), with less trust towards the

federal (56.5%) and state (62.9%) government and media (63.9%). Over half of respondents felt informed about neighborhood issues (70.5%) and agreed that neighbors are improving the area (60.5%).

Percent Respondents Trusting Local Institutions, Austin Area Community Survey, 2020



DATA SOURCE: Austin Area Sustainability Indicators, Austin Area Community Survey, 2020

NOTE: This data combines the survey responses of "Some", "Quite a lot", and "A great deal" as "Trust".

Safety

Crime and safety are additional aspects of community health related to the social environment. Crime rates remained similar in 2019 compared to 2015. In 2019, the property crime rate (3,244.9 crimes/100,000 population) was higher than the violent crime rate (381.6 crimes/100,000 population). A few community members described concerns about physical violence, including gun violence, vandalism, break-ins, and robberies, and police violence.

Racism and Discrimination

Some community leaders described institutional racism as an important factor that shapes adverse childhood experiences and trauma, access to jobs, educational experiences, housing, family cohesion, where residents can live, and trust towards the government, which they linked with health. One community leader shared, *“We have to first accept that racism is real; we see it every day.”* Some community leaders described community-based and faith-based organizations as bridges between historically marginalized groups and the government. Some community members cited incidents of hate, including verbal attacks and physical violence towards people of color and of non-Christian faith.

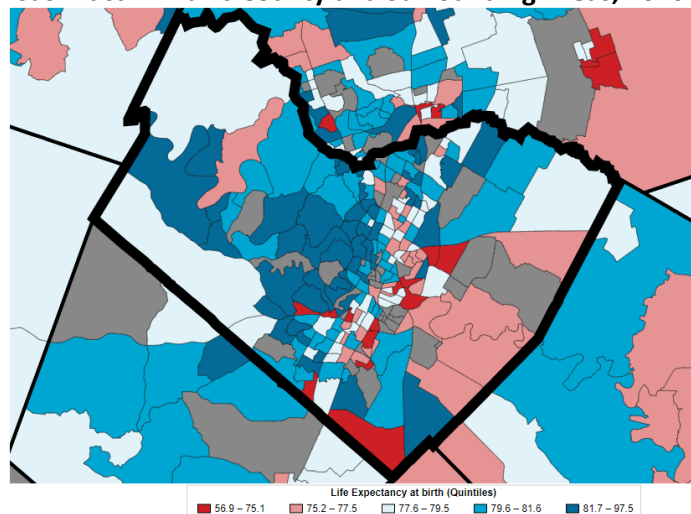
COMMUNITY HEALTH OUTCOMES AND BEHAVIORS

General Health Outcomes

The leading causes of death in Travis County in 2020 were heart disease, cancer, unintentional injuries, and COVID-19. Life expectancy in Travis County and surrounding areas ranges from 68.6 years to 88.9 years, and is highest in northern and western census tracts. In 2018, 16.2% of Travis County adults reported fair or poor health. Almost half (47.3%) of LGBTQIA+ respondents reported poor or fair physical health. In 2020, on average LGBTQIA+ respondents reported 6.0 days of poor physical health in the last month. In 2019, 13.8% of Del Valle residents and 11.3% of Montopolis residents reported poor physical health for 14 days+ of the last 30 days, compared to 9.6% of Austin residents. Several community members and leaders described health as including happiness, quality of life, safety, spiritual well-being,

access to healthy foods, an active lifestyle, and limited stressful life circumstances, which are referred to as social determinants of health.

Life Expectancy, by Census Tract in Travis County and Surrounding Areas, 2010-2015



DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, 2010-2015

Maternal and Child Health

In 2013-2019, the rate of births among females aged 15-19 in Travis County (23.8 per 1,000 population) was lower than the teen birth rate across Texas (31.4 per 1,000 population). The teen birth rate from 2013-2019 was higher for Hispanic/Latino teens (43.0 per 1,000 population) than other racial/ethnic groups. In 2019, 7.6% of infants in Travis County were born with a low birth weight.

Chronic Disease

About one-fifth (22.4%) of Travis County Medicare recipients have been diagnosed with diabetes. From 2011 to 2019, a higher percentage of Hispanic/Latino residents and those aged 65 and over reported being diagnosed with diabetes compared to their counterparts. In 2017, the heart disease and stroke mortality rate in Travis County (121.6 and 28.8 deaths per 100,000 population, respectively) was lower than that in Texas (163.4 and 39.0 deaths per 100,000 population, respectively).

Cancer

Overall cancer incidence in 2013-2017 in Travis County was 391.9 per 100,000 population. Prostate and lung cancer had the highest incidence rates compared to colon and female breast cancer. The female breast cancer incidence rate in Travis County (32.5 per 100,000 population) was higher than Texas and the US (22.5 and 29.8 per 100,000 population, respectively). In 2017, the cancer mortality rate was lower in Travis County (117.0 per 100,000 population) compared Texas and the US (141.4 and 146.2 per 100,000 population, respectively).

Behavioral Health Outcomes

In 2017-2019, the rate of drug poisonings, also referred to as overdoses, was 12.6 deaths per 100,000 population in Travis County. Substance use disorders and mental illness are closely linked and often co-occurring. Among Travis County residents, the suicide rate was 12.2 deaths per 100,000 population and highest among males (18.5 deaths per 100,000 population) and White residents (17.1 deaths per 100,000 population) in 2016-2020. In 2020, a higher percentage of females (33.0%) compared to males (20.9%) reported poor mental health, and the prevalence of poor mental health days has increased

overall for both genders. In the same year, a higher percent of Hispanic/Latino adults (31.5%) reported poor mental health compared to White (26.3%) and Black/African American (22.9%) adults. In 2020, the highest proportion of adults experiencing poor mental health was seen among adults aged 18-29 (32.6%) and 30-44 years of age (34.3%). Significant mental health needs, stigma around mental health, and limited access to mental health care were common themes among community members and leaders. Some residents perceived an increase in mental health issues during the COVID-19 pandemic, which they linked with the stress and trauma of the COVID-19 pandemic, social isolation, and economic suffering. One community leader shared, *“Then we look at the physical piece: depression and anxiety are at an all-time high which affect our physical health. The brain-body connection is huge and I cannot stress that enough.”*

General Health Behaviors

In 2018, about one-fifth (22.2%) of Travis County adults reported binge drinking in the past 30 days and 12.7% reported that they currently smoke. The majority of Travis County adults reported using a seatbelt (females: 95.0%, males: 91.9%).

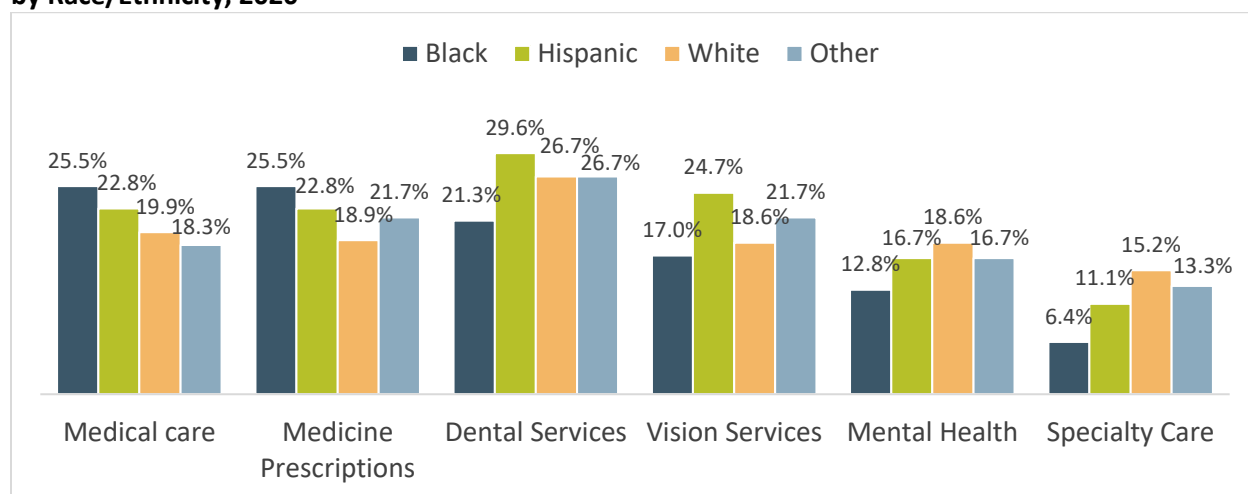
Sexual Health

The rate of HIV was 14.5 per 100,000 population, and the rate of AIDS was 6.2 per 100,000 in Travis County in 2019; a decline from 2015. In Travis County, the syphilis, gonorrhea, and chlamydia rates increased from 2014 to 2018. Black/African American residents and 15-24 year olds generally had the highest rates of these infections. In 2021, 20% of LGBTQIA+ survey respondents reported receiving sexual health education without content specific to LGBTQIA+ populations, 16% received abstinence-only education, and 17% reported receiving no comprehensive sex education.

HEALTH CARE ACCESS

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death. In 2019, 14% of Travis County residents were without health insurance. Nearly one-quarter of LGBTQIA+ respondents reported lacking health insurance (23.0%). Almost half (48.6%) of LGBTQIA+ respondents reported not seeking care when having a health problem, followed by nearly one-quarter (24.3%) of respondents who reported going to a public clinic. The high cost of healthcare and insurance were the most commonly cited barriers to medical care. About 29.6% of Hispanic/Latino survey respondents and 26.7% of White respondents were not able to access dental services. Approximately 25.5% of Black/African American respondents reported being unable to receive medical care and medical prescriptions. Nearly one-quarter (24.7%) of Hispanic/Latino respondents listed barriers to accessing vision care.

Percent Unable to Receive Healthcare Services among Austin Area Community Survey Respondents, by Race/Ethnicity, 2020



DATA SOURCE: Austin Area Sustainability Indicators, Austin Area Community Survey, 2020

When discussing access to health care, common themes were gaps in health insurance coverage for low-income residents, including lapses of health insurance coverage, few providers who accept Medicare, and difficulty accessing preventive care (e.g., primary, vision, dental), emergency services, specialists, and providers who care for older adults. According to participants, the Medical Access Program (MAP) is helpful for accessing health care services for qualifying low-income, uninsured Travis County residents. However, some participants felt that there were bureaucratic barriers to accessing MAP.

Discrimination, Culturally Sensitive Care, and Interpretation Services in Health Care Settings

Experiences of discrimination in health care settings also emerged among some community members and leaders, who described how past experiences of racial discrimination shaped distrust in health care providers for residents of color and cited experiences of limited culturally sensitive care for patients of color and low-income patients. A lack of bilingual health providers and interpretation services emerged as a health care barrier among some focus group participants and community leaders, including in primary care, specialty services and home health assistance.

Delays in Health Care Use Due to the COVID-19 Pandemic

Some community members and leaders described delays in accessing health care services and screenings due to the COVID-19 pandemic, which they noted may have consequences for late diagnoses. Vaccinations emerged as another gap in health care that was aggravated by the COVID-19 pandemic.

Preventive Care

Just over half of adults in Del Valle (57.6%) and Montopolis (50.5%) reported receiving screening for cholesterol, compared to 70.7% of Austin adults. About two-thirds Travis County adults (65.7%-68.6%) reported being up-to-date on colorectal cancer screenings in 2020.

Women’s Health Care

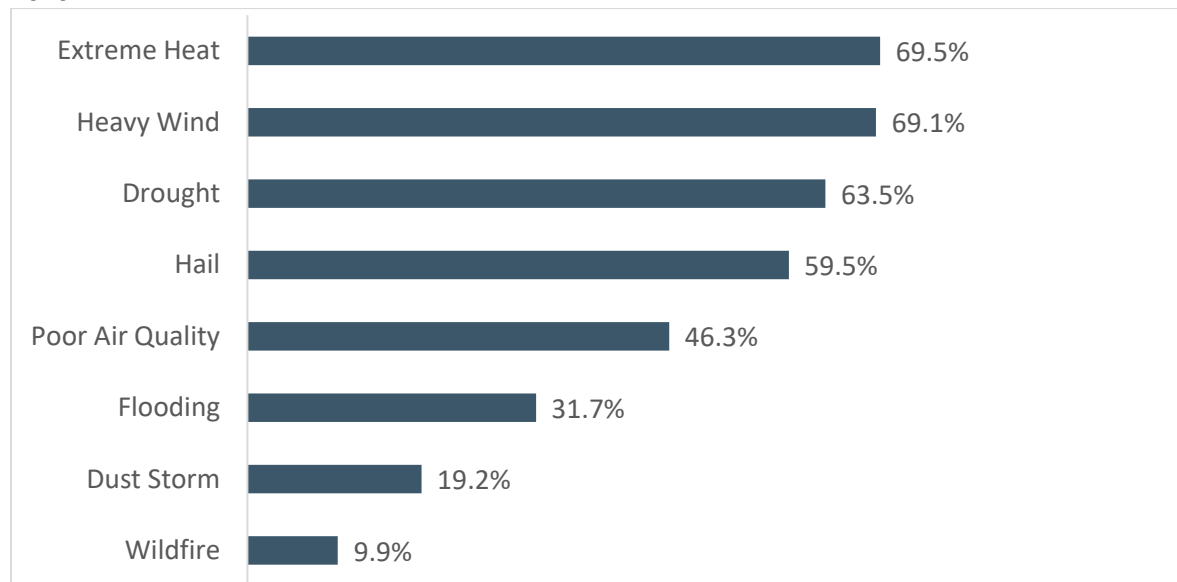
In 2016, about three-quarters (75.7%) of childbearing individuals in Travis County reported receiving prenatal care in the first trimester. Around three-fifths (62.8%) of females aged 18+ reported having a pap smear within the past 3 years in Austin in 2020, marking a decline from pap smear patterns in 2012

through 2018. About 70.2% of females aged 40+ reported having a mammogram within the past 2 years in Austin in 2020. A slightly higher percentage of White females (76.6%) reported having a mammogram compared to Hispanic/Latino females (61.3%) in 2020.

EMERGENCY PREPAREDNESS

Given the COVID-19 pandemic, heat waves and Winter Storm Uri, emergency preparedness was top of mind for many assessment participants. From the Austin Area Community Survey, the majority of survey respondents reported experiencing emergencies of extreme heat (69.5%), heavy wind (69.1%), drought (63.5%) and hail (59.5%) in the last 10 years. About three-fifths (60.8%) of White respondents agreed that they had a safe place to shelter; this was slightly lower among Black/African American (57.6%) and Hispanic/Latino respondents (53.1%).

Percent Experienced Emergency in Last 10 Years among Austin Area Community Survey Respondents, 2020



DATA SOURCE: Austin Area Sustainability Indicators, Austin Area Community Survey, 2020

COVID-19

The COVID-19 pandemic has had broad and deep impacts on Travis County residents. In Travis County, COVID-19 vaccination completion was highest among Asian (65.5%) residents, followed by White residents (57.0%) and Hispanic/Latino residents (47.6%) and lowest among Black/African American residents (34.3%) in 2021. Several community members and leaders noted that the COVID-19 pandemic has worsened economic suffering, increased social isolation, exacerbated mental health issues, and highlighted barriers to accessing information and health care resources for lower-income residents, residents for whom English is not their primary language, and communities of color.

WINTER STORM URI/EMERGENCY PREPAREDNESS

Some residents described Winter Storm Uri as traumatic and increasing social isolation and technological barriers to accessing pressing information and resources. Several community members described struggling to meet basic needs such as food and electricity during the storm. One interview participant shared: *“I didn’t have money and the ATM was down, and when I went to the store to get gas*

there was no gas, so I starved through the winter storm.” Some residents described an ongoing and significant financial toll of Winter Storm Uri, including disruptions of income and high utility bills.

COMMUNITY RESOURCES

Some community leaders cited resident support for each other, including sharing resources and information, as an important community strength. According to community leaders, community health workers, community-based organizations, faith-based organizations, and established community networks have been central to meeting the needs of residents most affected by health inequities. One community leader shared, “...As an organizer I feel that the power is at the bottom, and we should all be working to disassemble the hierarchy and [distribute] power. People give me energy.” Many community leaders and some community members described cross-sectoral partnerships as important community strengths. One focus group participant described: “We go out of our way to build partnerships.”

VISION FOR THE FUTURE

Building on the perceived community assets and thinking ahead to the future, assessment participants outlined the following suggestions for making Austin and Travis County overall a healthier place.

LONG-TERM HEALTH EQUITY PLANNING PROCESSES

Many community leaders recommended that the City of Austin and Travis County deepen their relationships with communities across the region, including building relationships with and incorporating into planning processes community leaders from diverse geographic communities, such as communities on the outskirts of Austin, and identity-based communities, such as racially minoritized groups. Given sizable population growth across the region and displacement of longstanding residents, some residents recommended intentionally including long-time residents in planning processes, not just relatively new residents. According to community leaders, there is a need to improve quality of outreach to residents when engaging them in planning processes, including ensuring that information about resident engagement opportunities reaches residents through realistic and culturally appropriate communication channels and in residents’ primary language.

In terms of priority areas, some community leaders discussed the need to address systemic racism in criminal justice, education, and health care sectors and build capacity to counteract hate. Several community members and leaders recommended expanding community gardens programs, food pantries, and farmer’s markets. Some community leaders highlighted the need to expand Medicaid to improve access to health care for low-income residents and recommended improving the capacity of clinics that currently serve low-income residents to expand their hours and days of operation. Another recommendation included coordinating the release from the hospital for people who are homeless by bringing together hospitals, EMS, and organizations who serve people who are experiencing homelessness. The need to address bureaucratic barriers to expanding mental health supports, improve funding for mental health services, and to make mental health services available to people who are experiencing homelessness and low-income residents also emerged. Some community members and leaders cited the need to coordinate health care across specialties in order to strengthen chronic disease management and the need to support older adults and residents with significant health needs for aging in place.

FOSTER COLLABORATIONS AND COMMUNICATION ACROSS ORGANIZATIONS

Community leaders recommended leveraging collaborative planning spaces as opportunities to build connections and relationships across local community-based health equity organizations since many organizations reported that they did not know each other. They noted that this process had potential to build collective strategies and action and coordinate efforts and discussed the importance of shifting from a competitive environment among non-profit organizations.

FUNDING EQUITY

Shifting the funding model when supporting the work of small community-based organizations and racial equity organizations was a common theme among many individuals representing community-based organizations. Another funding recommendation included re-hauling the current reimbursement model to enable the City and County to meaningfully partner with smaller organizations who have smaller reserves and who cannot wait for reimbursement. One community leader shared, *“Building capacity in orgs. and smaller orgs. There needs to be a concerted efforts to strengthen orgs, because if we strengthen these organizations, they strengthen us.”* A few community leaders noted the need to be more transparent about how funding priorities are made. Some community forum participants observed that racism, patriarchy, other systemic factors, and the historical underinvestment in public health create and maintain inequities that affect community health.

KEY THEMES

This assessment included a review of secondary data and collection of primary data to shed light on the social and economic context, community health issues, and community visions of residents Austin/Travis County. The following key themes emerged through this synthesis:

- ***Social determinants of health, such as access to healthy food and financial security required to be healthy, were viewed as more pressing concerns than health outcomes themselves.*** While some chronic health issues were discussed and are of concern, assessment participants focused on upstream issues of daily life, which are referred to as social determinants of health.
- ***Housing affordability continues to be concerns in Austin/Travis County.*** Due in large part to significant population growth, a key theme was the high and rising cost of housing that disproportionately affects low-income residents, residents of color, older adults, and persons with disabilities, and displaced residents from urban areas to rural areas. While median income has steadily increased in recent years, cost of living in the area is high and increasing as well.
- ***The COVID-19 pandemic has had substantial impact on the lives and the physical and mental health of residents in Austin/Travis County.*** The COVID-19 pandemic has exacerbated many of the issues that existed as well as highlighted new issues. COVID-19 pandemic has worsened food security, economic suffering, increased social isolation, exacerbated mental health issues, and highlighted barriers to accessing information and health care resources for lower-income residents, residents for whom English is not their primary language, and communities of color.
- ***Emergency preparedness is an emerging public health issue in the region.*** Given the COVID-19 pandemic, heat waves and Winter Storm Uri, emergency preparedness was top of mind for many assessment participants. Most residents reported experiencing a natural disaster emergency in the past decade and many described the immediate an ongoing personal and community challenges these emergencies have caused.

- ***Mental health was identified as a important community health concern.*** Significant mental health needs, stigma around mental health, and limited access to mental health care were common themes among community members and leaders. Some residents perceived an increase in mental health issues during the COVID-19 pandemic, which they linked with the stress and trauma of the COVID-19 pandemic, social isolation, and economic suffering.
- ***Healthcare access – specifically high cost of healthcare and insurance – is a significant concern in Austin/Travis County, especially among people of color.*** When discussing access to health care, common themes were gaps in health insurance coverage for low-income residents, including lapses of health insurance coverage, few providers who accept Medicare, and difficulty accessing preventive care (e.g., primary, vision, dental), emergency services, specialists, and providers who care for older adults.
- ***A strength of Austin/Travis County are the strong network of residents and organizations in the area.*** Community residents are supportive of each other and generous with sharing resources and information. Cross-sector partnerships among schools, community-based organizations, private companies and others also represent a community strength. Community-based institutions were seen as important access points for information and access to services. Faith-based organizations were highlighted as a key strength and a bridge between historically marginalized communities and local/county government.

For more information about the Austin/Travis County Community Health Plan and the full 2022 Community Health Assessment, please visit www.austintexas.gov/communityhealthplan or contact us at ATC.CommunityHealthPlan@austintexas.gov .



Together We Thrive
Austin/Travis County Community Health Plan

