Health

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Austin Area Sustainability Indicators (2016) – Health

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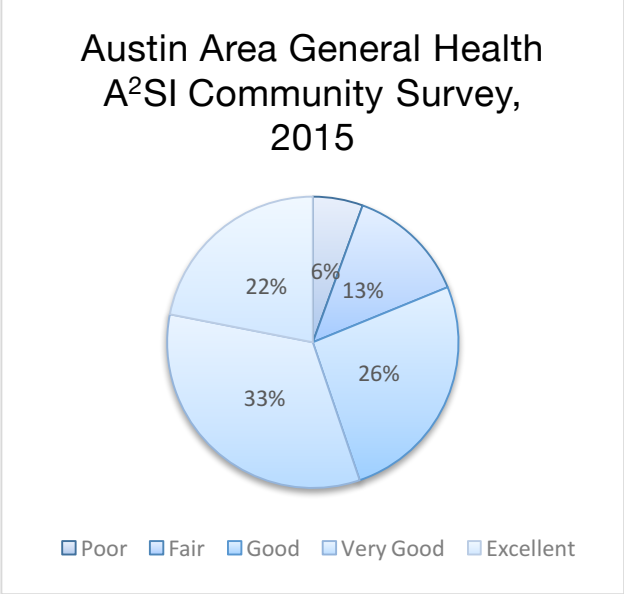
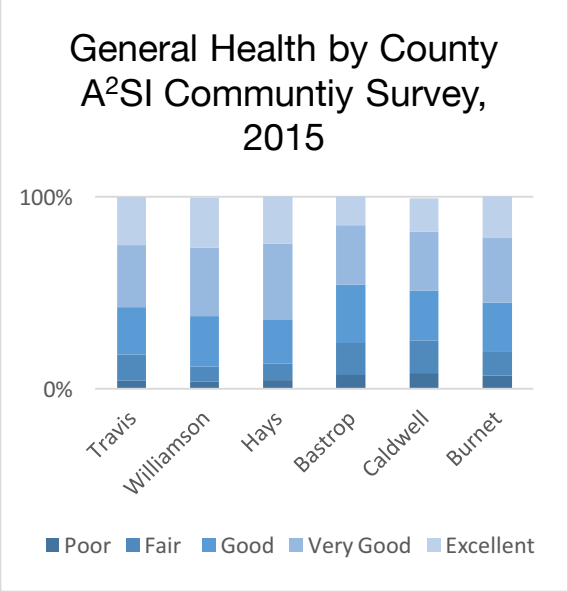
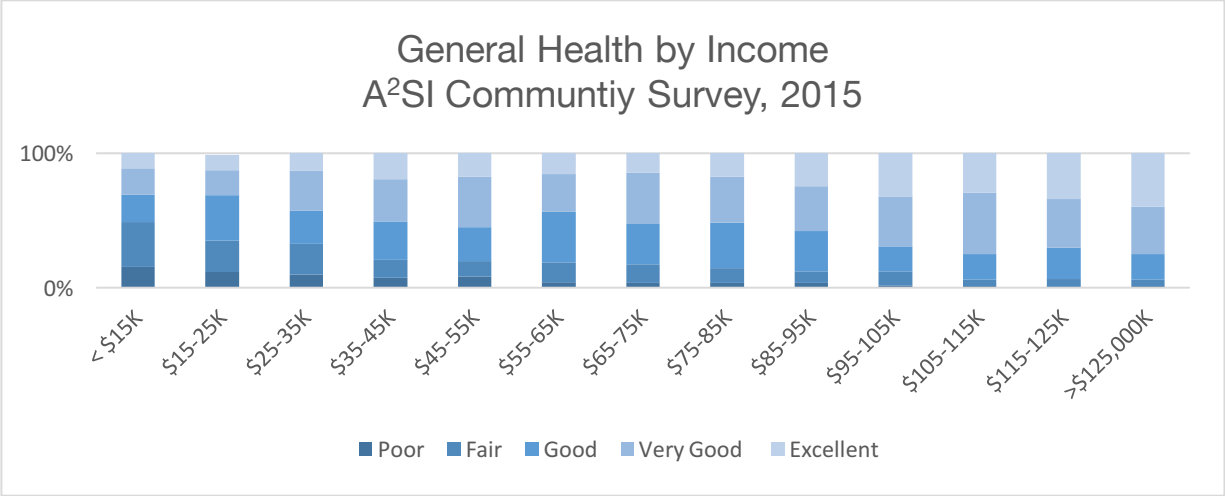
Health

Indicators in this section identify critical trends in the health and well-being of Austin area residents. As with many equity-related indicators, the consequences of not having health insurance fall disproportionately on lower income residents. Within a sustainability view, people's basic personal needs, such as health, must be at the core of a sustainable region. It is difficult to focus on environment, equity, and civic engagement if people's basic health needs are not satisfied. Those who lack health insurance coverage are at greater risk for bankruptcy and preventable illness. These data present policy makers, philanthropists, non-profits, community leaders, and residents with performance measures crucial to gauging the overall well-being of a region.

People in and around the Austin region generally feel good about their health, with nearly 60% of residents saying their health is "excellent or very good". However, as we will see in this section, health related outcomes are highly dependent on social, economic, and geographic factors. For example, Hays, Williamson and Travis counties have higher percentages of people reporting excellent and very good health, whereas Caldwell County has nearly 10% of residents reporting poor health. Income also appears to factor directly on general health. Those with the highest incomes reported feeling "very good" or "excellent" in significantly higher numbers, while lower income groups reported poorer health. This highly correlated response may be attributed to access to affordable health coverage.



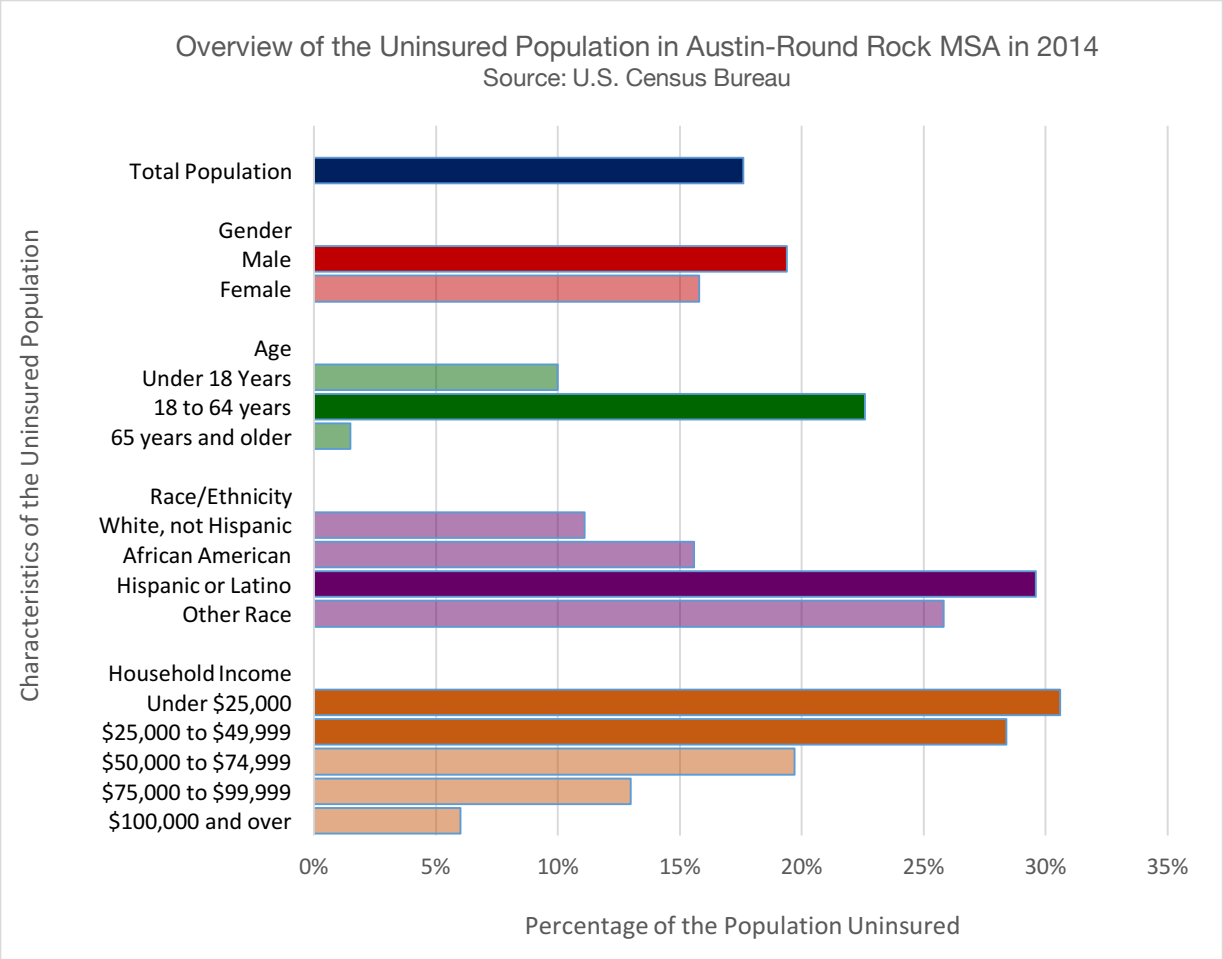




Health Access

Availability of health insurance is a critical factor in the maintenance of both personal and public health. The inability to access health care leads to unnecessary, more costly, and more serious health problems; problems that routine care might have prevented had it been available or affordable. Demographic characteristics, such as high socioeonomic status and non-minority status, make individuals more likely to purchase health insurance. Low perception of need, risk, or value from health insurance decrease an individual's likelihood of purchasing it.

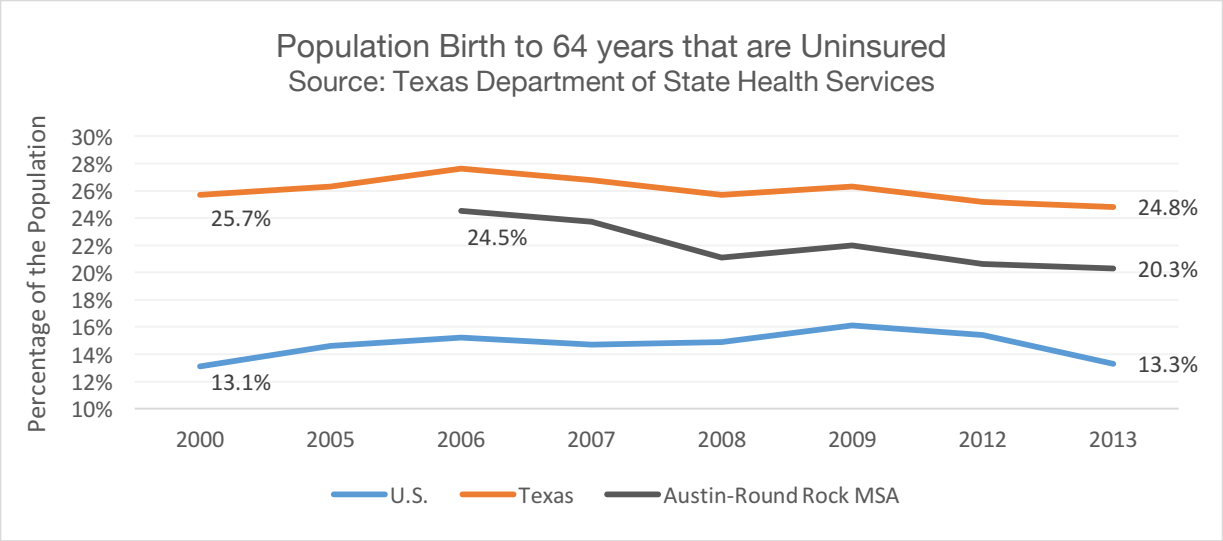
The data illustrates that disparities in access to health care persist. The most recent data from the American Community Survey shows that the uninsured in the Austin-Round Rock MSA are most likely to be adults under 65 years living in households of Hispanic or Latino ethnicity and earning less than $25,000 per year.



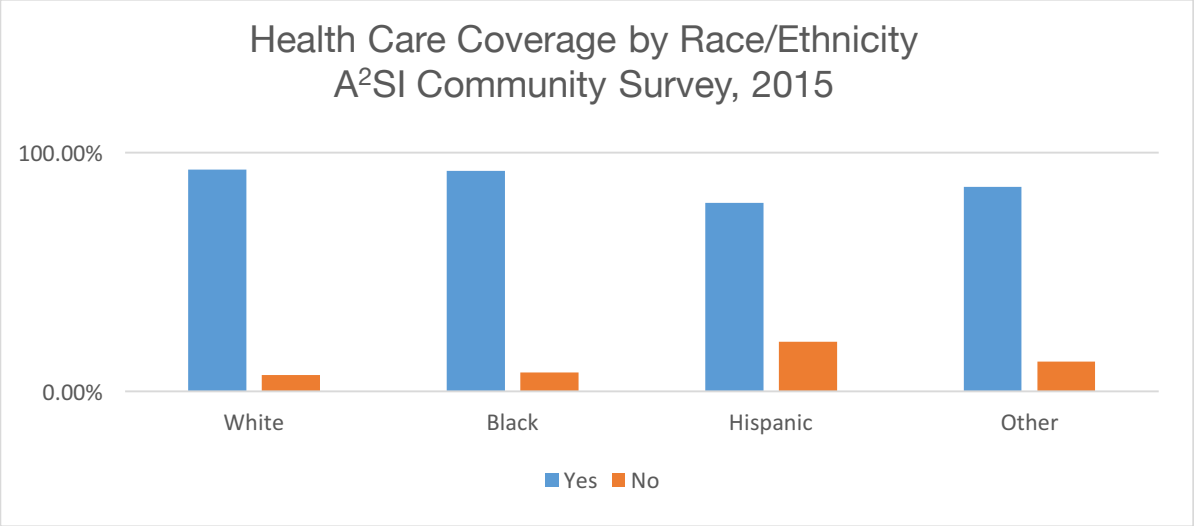
Insurance Coverage

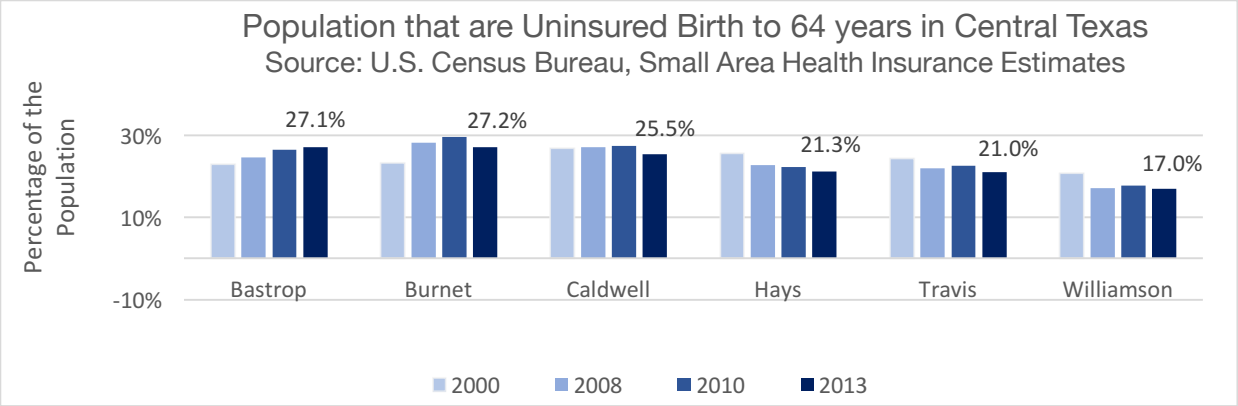
Health insurance coverage improves access and quality of medical care to individuals and contributes to the overall health of the community. Those without insurance typically delay treatment and are more likely to seek care through emergency rooms or public hospitals, which increases the financial burden for states. Being uninsured or underinsured can be a great financial hardship for individuals who find themselves with a medical emergency or chronic condition that requires extensive medical support.

Unfortunately, Texas continues to have the highest rate of people without insurance in the nation with approximately 10% more of the population uninsured compared to the national average rate of uninsured. The Austin area, with the exception of Bastrop and Burnet counties, has a lower rate of uninsured people when compared to the state as a whole, but still higher than the national average. The good news is that the percentage of uninsured people in the Austin-Round Rock MSA has decreased and is now at levels lower than when the Great Recession began in 2008.



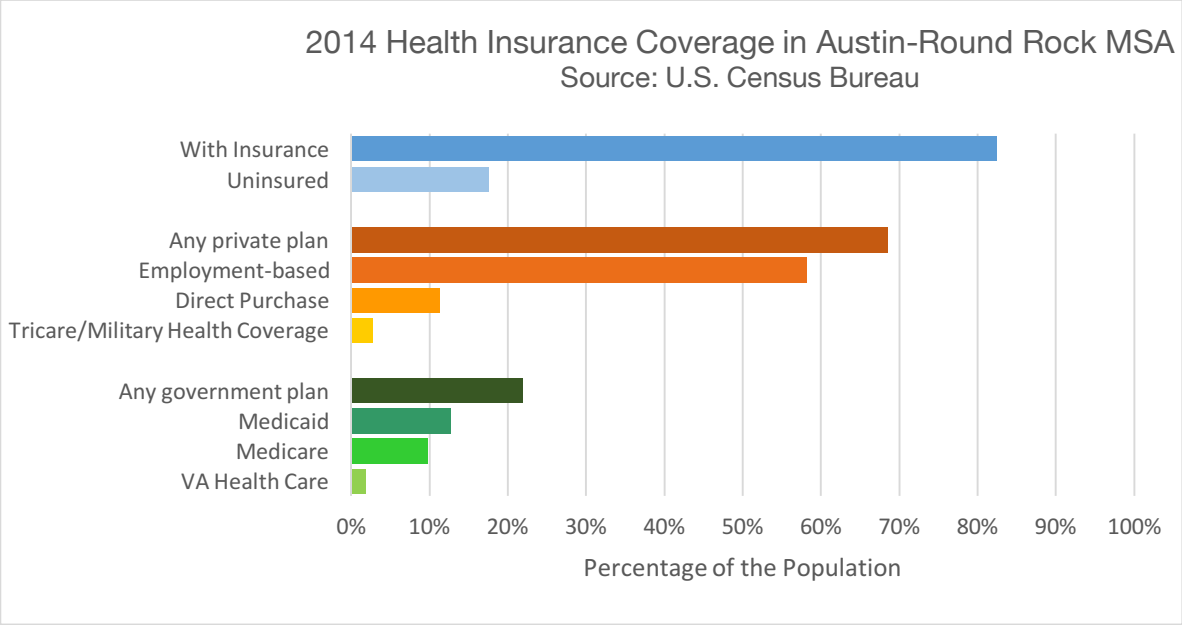
In 2015, the Community Survey data indicates that approximately 90% of Austin area residents report having some kind of health coverage (that including insurance, HMOs or Medicare). It is unclear if this trend (approximately 10% more people reporting health coverage than Texas Department of State Health Services reported for the Austin-Round Rock MSA in 2013) represents the effect of the ACA or is reflective of some unknown bias in our sample. These reported rates, however, are sensitive to demographic variables with approximately 20% of Hispanic respondents reporting no health coverage.



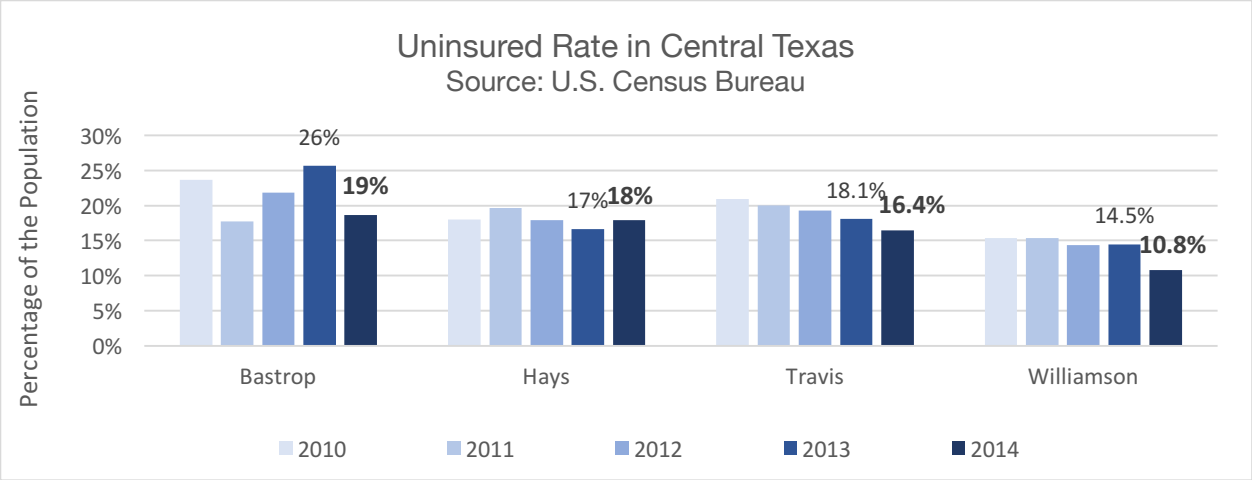


Affordable Care Act

The Affordable Care Act (ACA) attempts to decrease the number of uninsured individuals in the United States by mandating that all individuals have health insurance coverage and by providing individuals between 100% and 400% of the federal poverty level (FPL) with subsidies to purchase health insurance coverage. The ACA mandate took effect in 2014. Data reflecting the possible effects of the ACA by county level will not be released until mid-2016 (and to date have not been incorporated into the A^2SI indicators). Data from the U.S. Census Bureau American Community Survey shows gains in health access for the Austin-Round Rock MSA. This outcome is mainly due to local governments and community organizers promoting enrollment in the federal marketplace. In 2014, over 80% of the population had health insurance, with the majority having an employment-based plan.

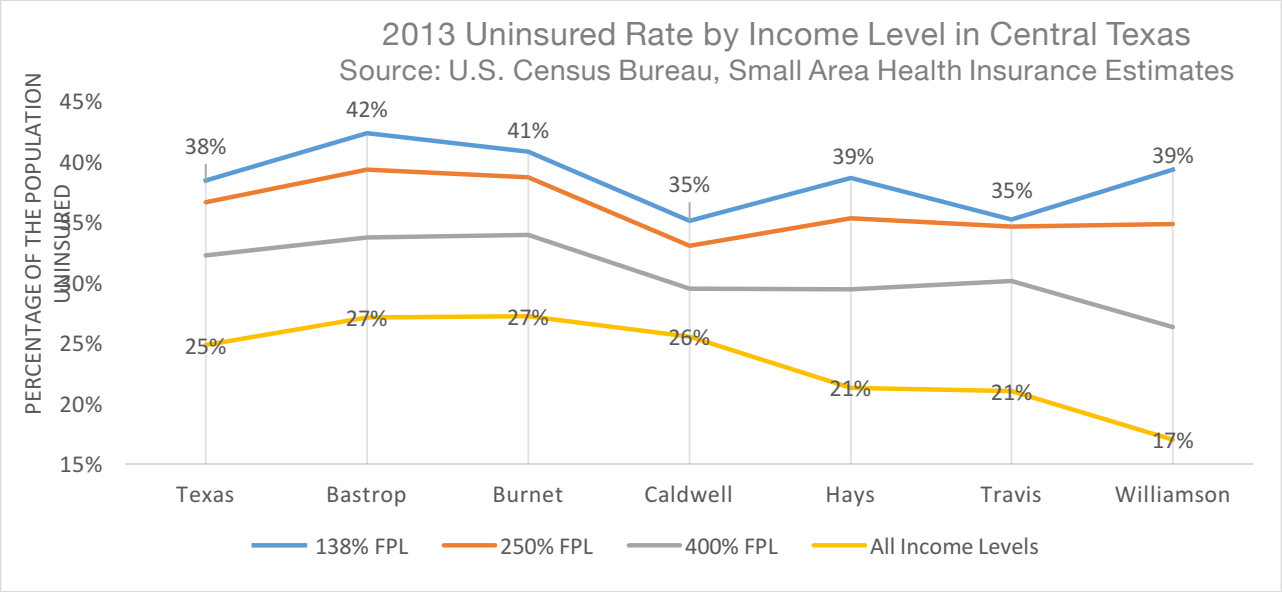


Bastrop County had the greatest improvement in the uninsured rate, with a decrease of 7 percentage points from 2013 to 2014, followed by Williamson County (-3.7) and Travis County (-1.7).

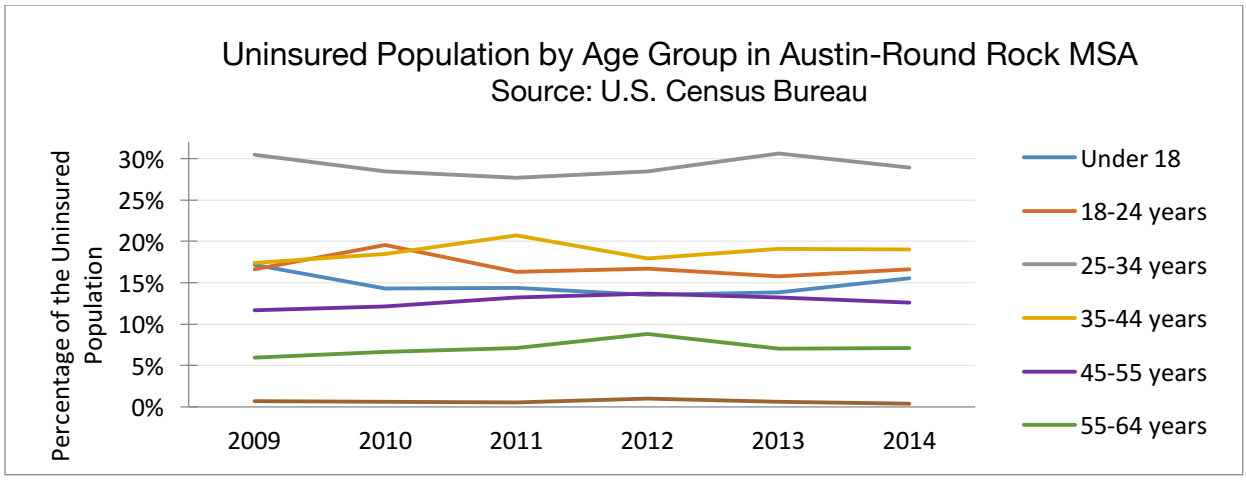


Insurance Coverage by Income

As of 2013, the highest percentage of uninsured Austin area residents were found in the lower-income groups, earning below 138% of the Federal Poverty Level. Though the ACA provides for the expansion of Medicaid to all legal residents living at or below 138% of the Federal Poverty Level (FPL), Texas is one of 20 states that has not expanded Medicaid services leaving many residents uninsured. Additionally, there is a persistent "coverage gap" that is defined by those who earn too much to qualify for Medicaid, yet earn too little to qualify for subsidies in the exchange.

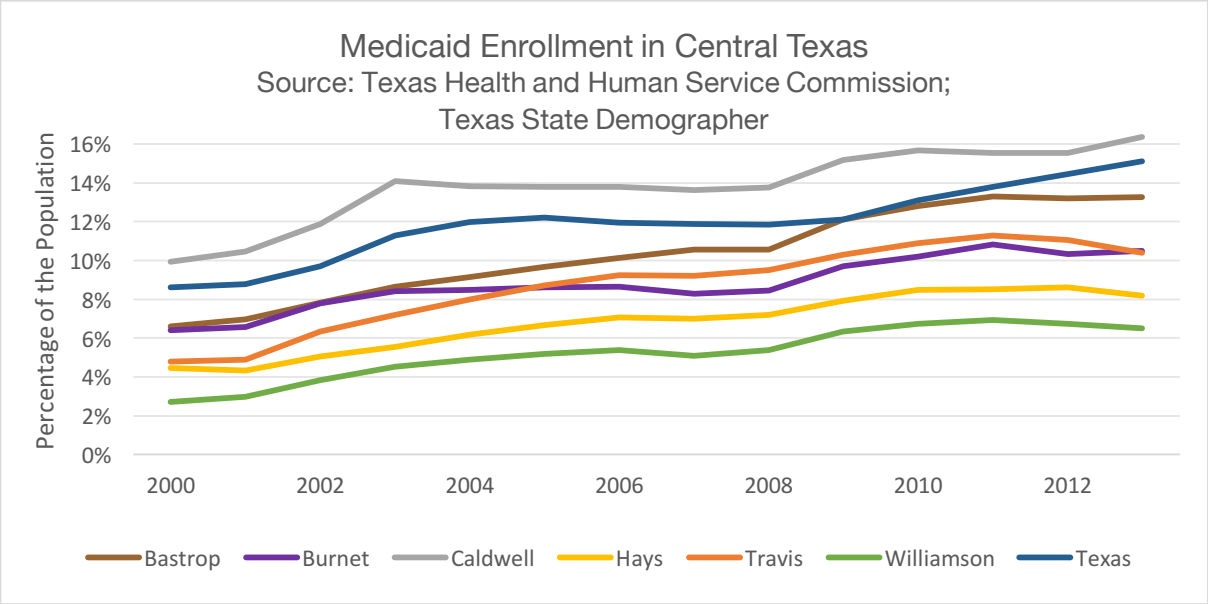


Delving deeper into the uninsured population, distribution by age groups has remained relatively stable for the past 6 years from 2009-2014. In 2014, people between 25-34 years of age made up the majority of the uninsured population at 28.9% followed by people 35-44 years of age (19%), minors under 18 years (15.5%), young adults 18-24 years (16.6%), people 45-55 years of age (12.6%), people 55-64 years (7.1%), and retired and elderly people 65 years and over (0.4%).



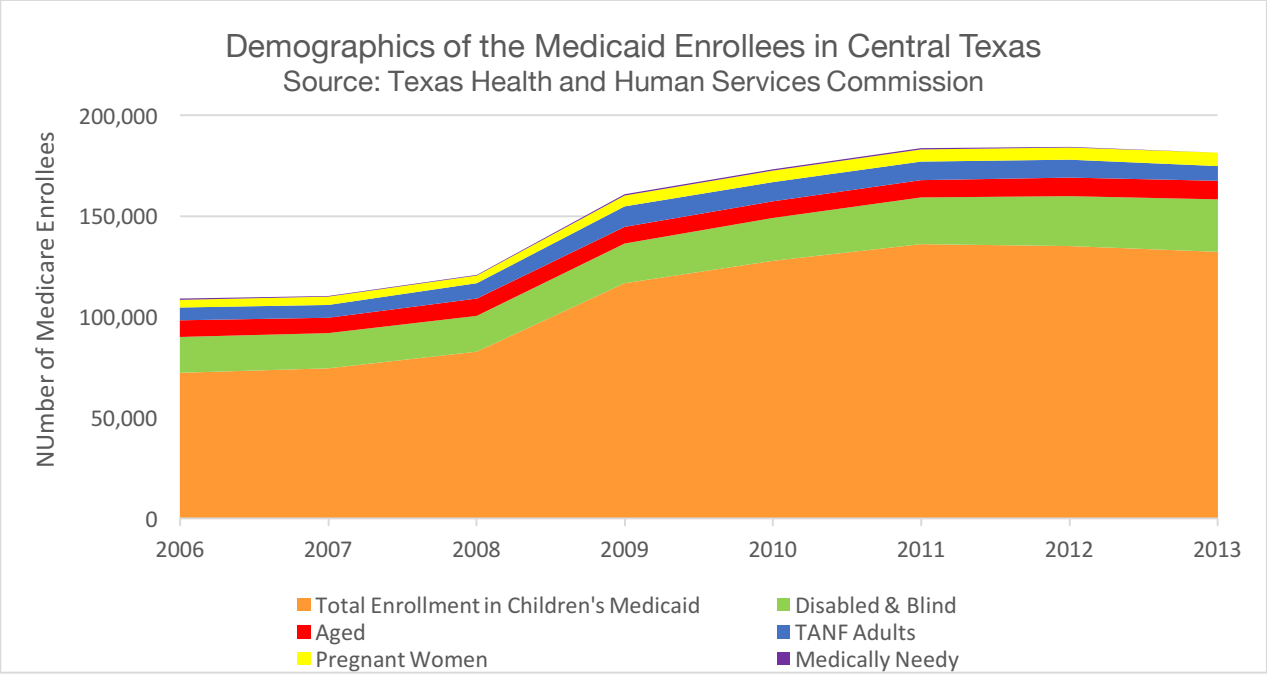
Medicaid Enrollment

Medicaid enrollment in Central Texas has remained relatively flat in recent years, with the largest Central Texas counties (Hays, Travis, and Williamson) experiencing a slight decrease from 2012 to 2013. Economic factors, the availability of other types of insurance and federal changes to the Medicaid law and regulations affect Medicaid enrollment. Since Medicaid primarily serves low-income individuals, a decrease in unemployment can result in a decrease in the number of people eligible for Medicaid due to their income level. At the height of the Great Recession in 2010, Austin-Round Rock MSA's seasonally adjusted unemployment rate in August was at 7.4%. By August 2013, unemployment decreased to 5.2%. However, Medicaid enrollment is expected to increase due to provisions in the Affordable Care Act, streamlining the application and enrollment process. Medicaid will also increase, should Texas policy makers decide to expand Medicaid to adults earning at or below 138% of the Federal Poverty Level.



In 2013, the majority of Medicaid recipients in Central Texas were children (73%), followed by individuals with disabilities (14%), those 65 years and older (5%), adults receiving TANF (4%),

pregnant women (3%), and the medically needy (0.02%). Though Medicaid enrollment has increased over the years, the ratio between the different types of enrollees have stayed relatively consistent.



Medicare Program

The Medicare program covers 98 % of the Central Texas population aged 65 years and older, as well as many people who receive Social Security disability benefits. There has been a gradual increase in Medicare enrollment, because of a qualifying disability, such as end-stage renal disease.

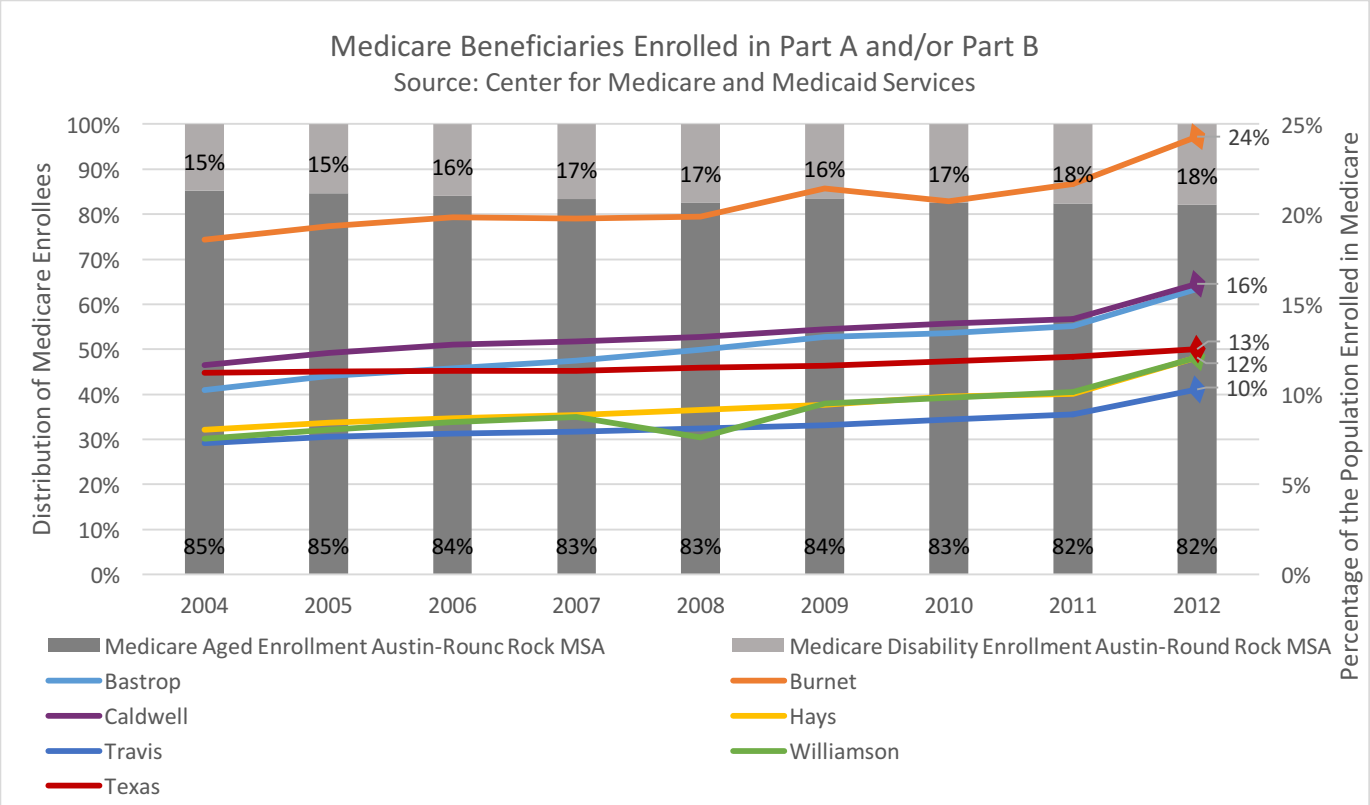


Table 1. 2013 Characteristics of Enrollees of Medicare Program Part A & Part B

		Austin-Round Rock MSA	Texas	U.S.
Gender	Female	53.5%	54.6%	54.9%
	Male	46.5%	45.4%	45.1%
Race/Ethnicity	White Non-Hispanic	74.7%	68.9%	79.9%
	African-American	16.3%	9.9%	9.8%
	Hispanic	6.5%	18.1%	5.9%
	Other	3.51%	3.1%	4.3%
Total Enrollees in Medicare Part A & Part B		186,557	3.2 Million	50 Million
Average Age of Medicare Beneficiary		71		
Total Actual Cost of Medicare Program		$2.5 Million	$235 Billion	$324.4 Billion
Total Cost per Capita		$9,457	$10,388	$9,457

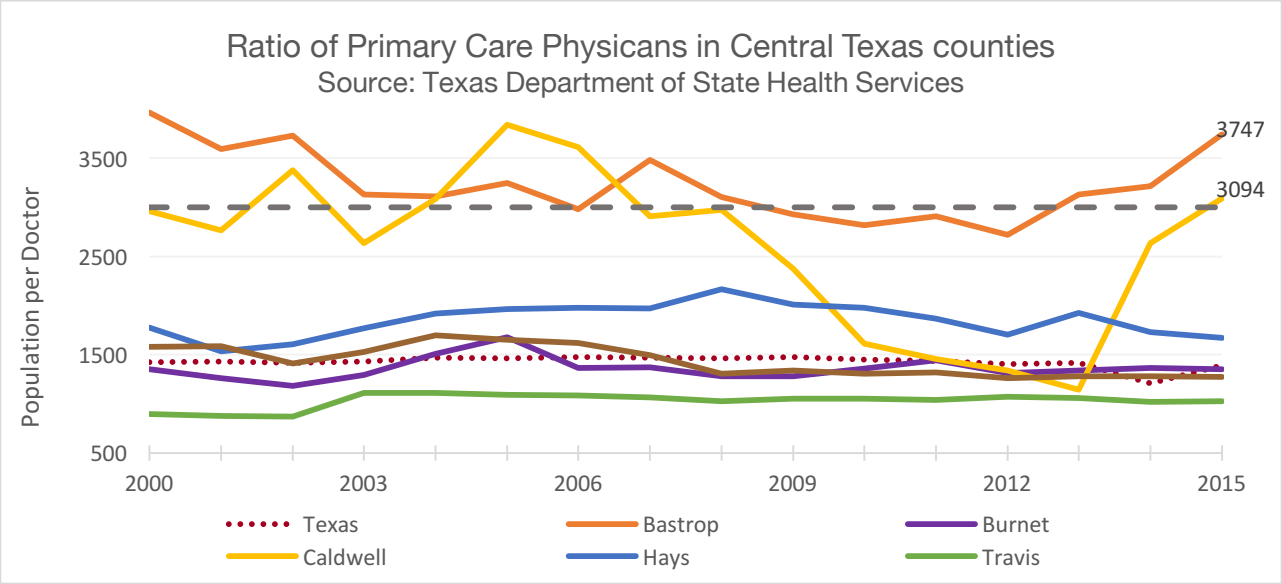
Physical Health

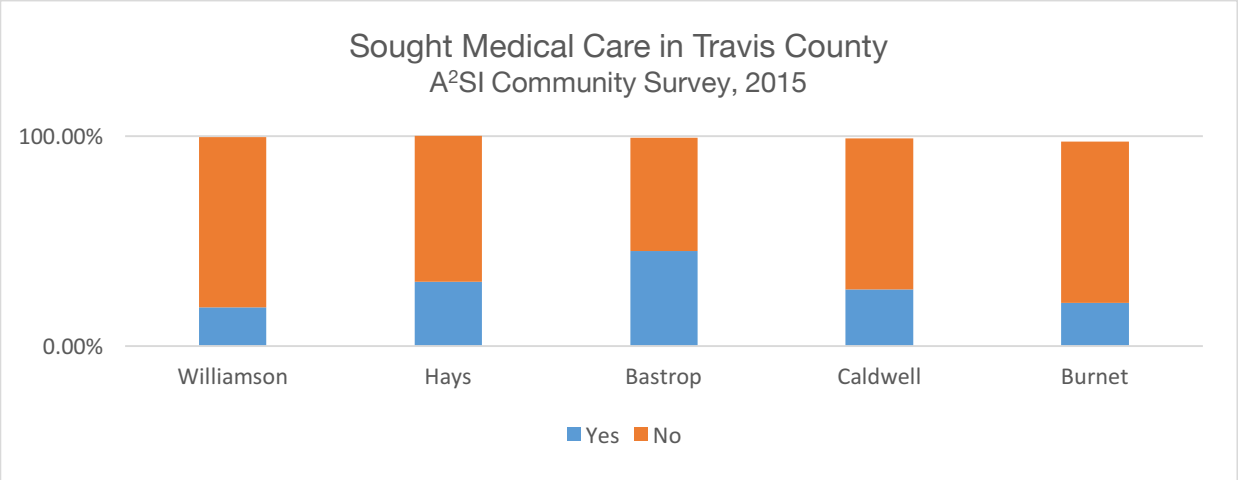
Lifestyle choices can have a significant impact on personal and family health. Compounded across a population and multiplied by factors such as a shortage of health professionals and public education and awareness, these choices can be a barrier to aspirations of sustainability for an individual, a household and a region.

Availability of Physicians

The state and federal government have identified Bastrop and Caldwell counties as having acute shortages of primary health care personnel. As a result, access to primary care physicians is challenging in these counties. Bastrop, Caldwell, and Hays counties have had continuously greater

shortages of primary care physicians than the Texas state average. Travis County has the most primary care physicians per capita, with 1,030 individuals per primary care physician. This is also reflected in the A²SI Community Survey, with a higher percentage of Bastrop, Hays, and Caldwell County residents reporting seeking medical care in Travis county.





Where people seek health advice or health care is a factor of availability of physicians, as well as other socio-demographic factors. For example, in the A²SI Community Survey 11% of self-identified Blacks and 15% of self-identified Hispanics sought care in public health clinics or community health centers. Approximately 15% of African Americans also reported seeking care in either the emergency room or urgent care center.

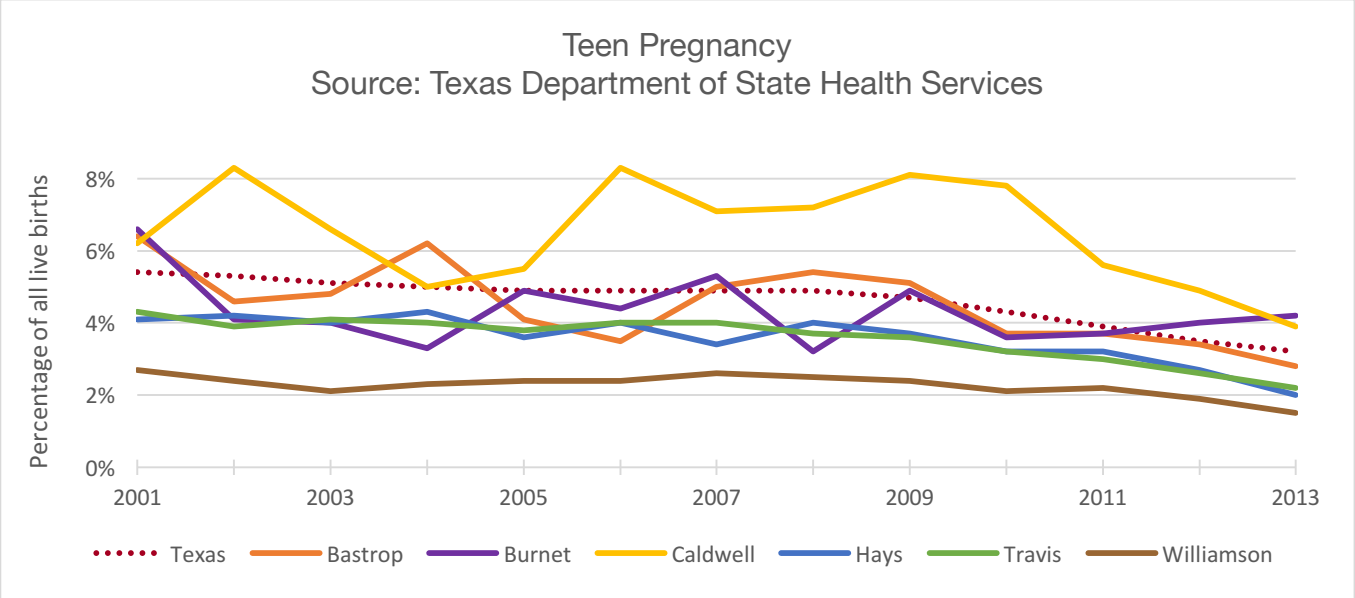
Race/ Ethnicity	Doctors Office	Public or Community Health Clinic	Emergency Room	Urgent Care	Internet	Family or Friends
White	80.8%	3.3%	4.1%	0.5%	3.0%	1.5%
Black	66.3%	10.5%	7.2%	1.7%	7.7%	3.3%

Hispanic	63.4%	15.1%	3.7%	0.7%	2.7%	3.7%
Other	67.5%	7.5%	4.5%	2.5%	1.5%	3.5%

Teen Pregnancy

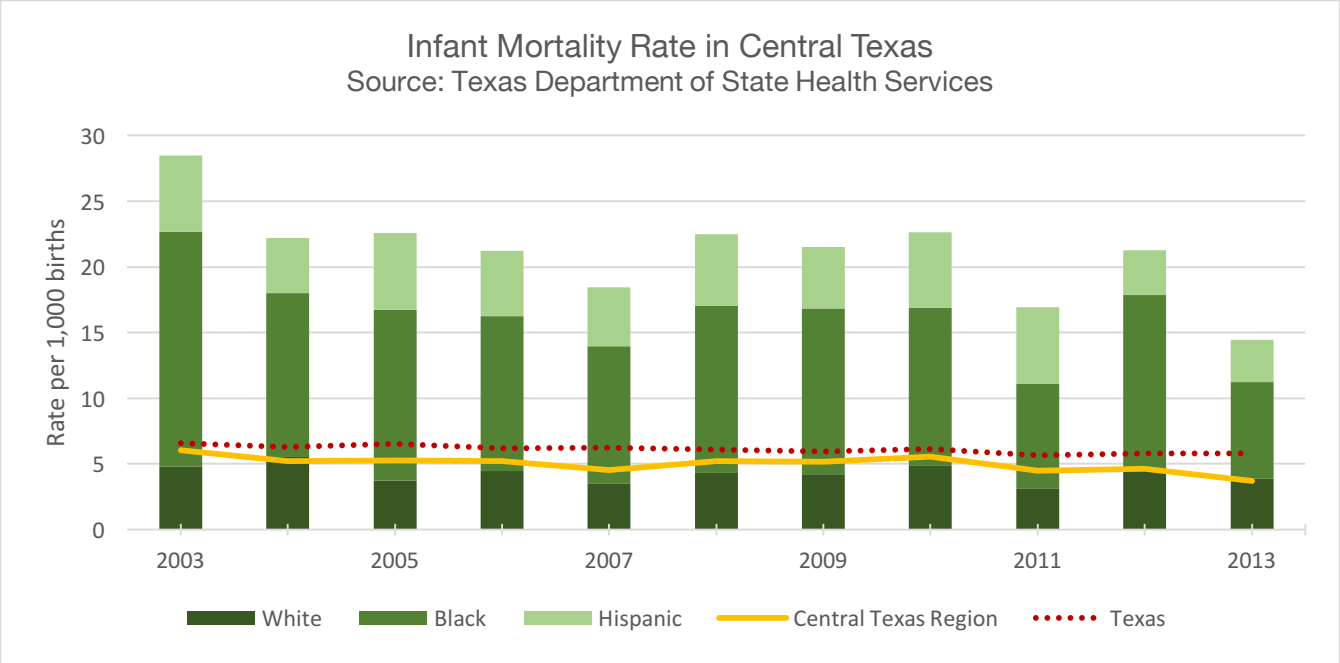
Teen parents and their children face immediate as well as long-term impacts related to their health, education, social, and economic opportunities. Teen mothers typically have lower educational attainment and are at greater risk of living in poverty. This, in turn, can have considerable social and economic costs to the community as a whole.

The live birth rate to mothers 17 years and under has steadily declined in Austin area counties, with the exception of Burnet County where there has been a steady increase that started in 2010. Caldwell (3.9%) and Burnet (4.2%) counties continue to have rates of teen pregnancy greater than the state average (3.2%). Williamson County has the lowest percentage of teen pregnancy in the region with 1.5% of all live births being born to mothers 17 years and under. Teen pregnancy and birth rates are significant predictors of high school dropout rates among girls.



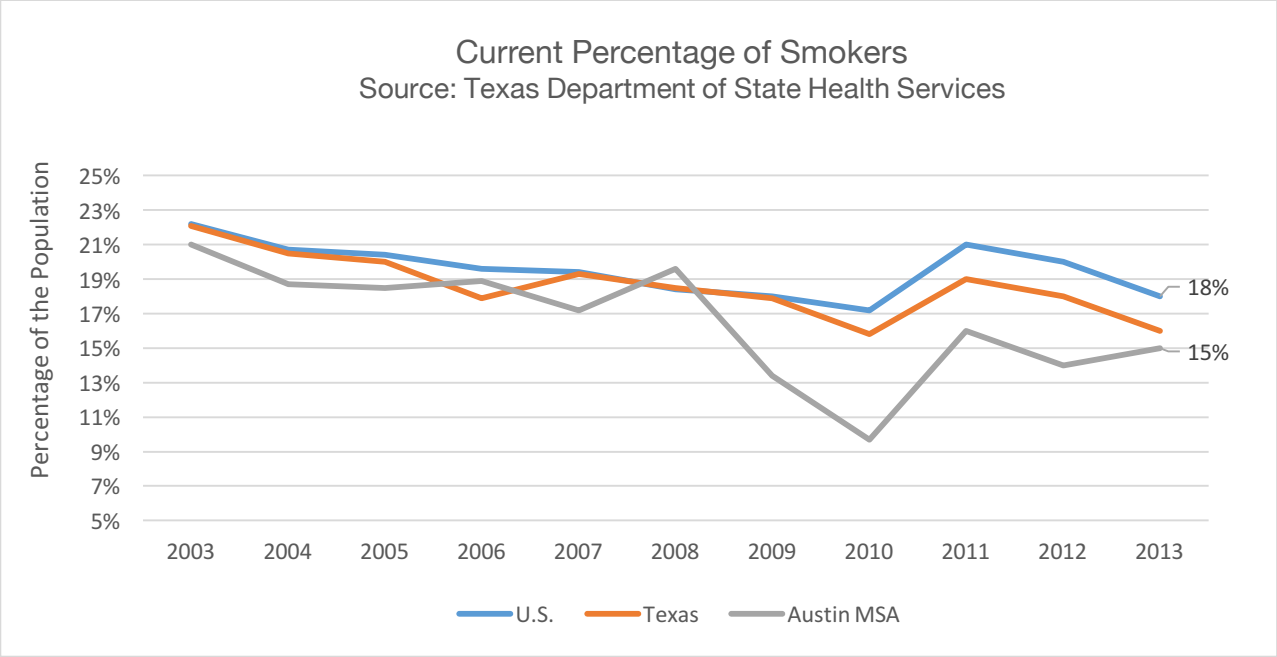
Infant Mortality Rate

Central Texas has been able to lower its infant mortality rate (IMR) by 45% from 2003 to 2013. Infant mortality among Blacks experienced the greatest improvement with a 59% reduction in IMR from 2003 to 2013, followed by Hispanics (45%) and Whites (20%). Though Blacks had the greatest improvement, in 2013 the IMR for Black mothers remained two times higher (at 7.4 infant deaths per 1,000 births) than the rates for White (3.9) and Hispanic (3.2) mothers.



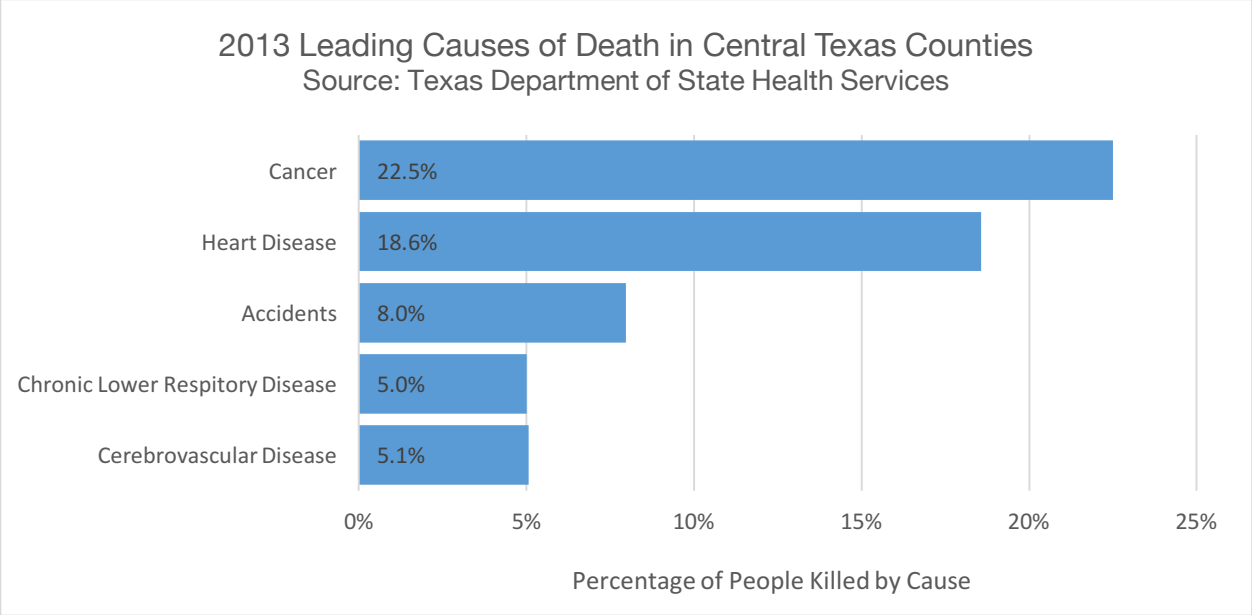
Smoking

Fifteen percent of Austin-Round Rock MSA residents reported being current smokers. The upswing in current smokers from 2010 to 2011 could be attributed to the popularity of e-cigarettes and smokeless tobacco. Since 2011, many organizations and governments have modified existing smoke-free policies to include the use of e-cigarettes and smokeless tobacco. Policies such as this may contribute to the lower percentage of smokers in the Austin-Round Rock MSA.



Leading Causes of Death

In 2013, three of the five leading causes of death in Central Texas were chronic diseases, including heart disease, cancer, and chronic lower respiratory disease. Together, these three chronic diseases claimed the lives of more than 4,000 Central Texan residents. Modifiable risk factors such as tobacco use, physical inactivity, and nutrition are major contributors to chronic disease.

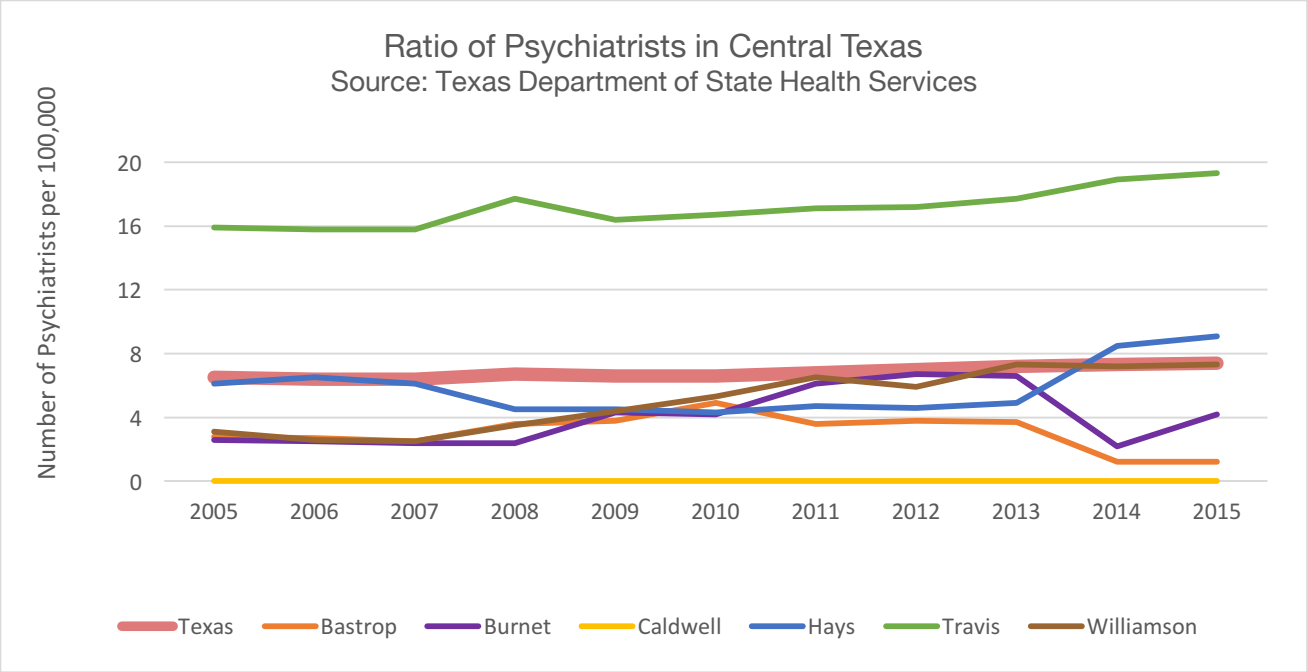


Mental Health

By and large, the public mental health system has not expanded to keep pace with the growing demand for services. The Austin area lacks adequate resources for those who experience mental, emotional, or substance use disorders. The disparities are particularly notable for those with lower household incomes. As with physical health, these disparities can be a barrier to aspirations of sustainability for an individual, household, community, or region.

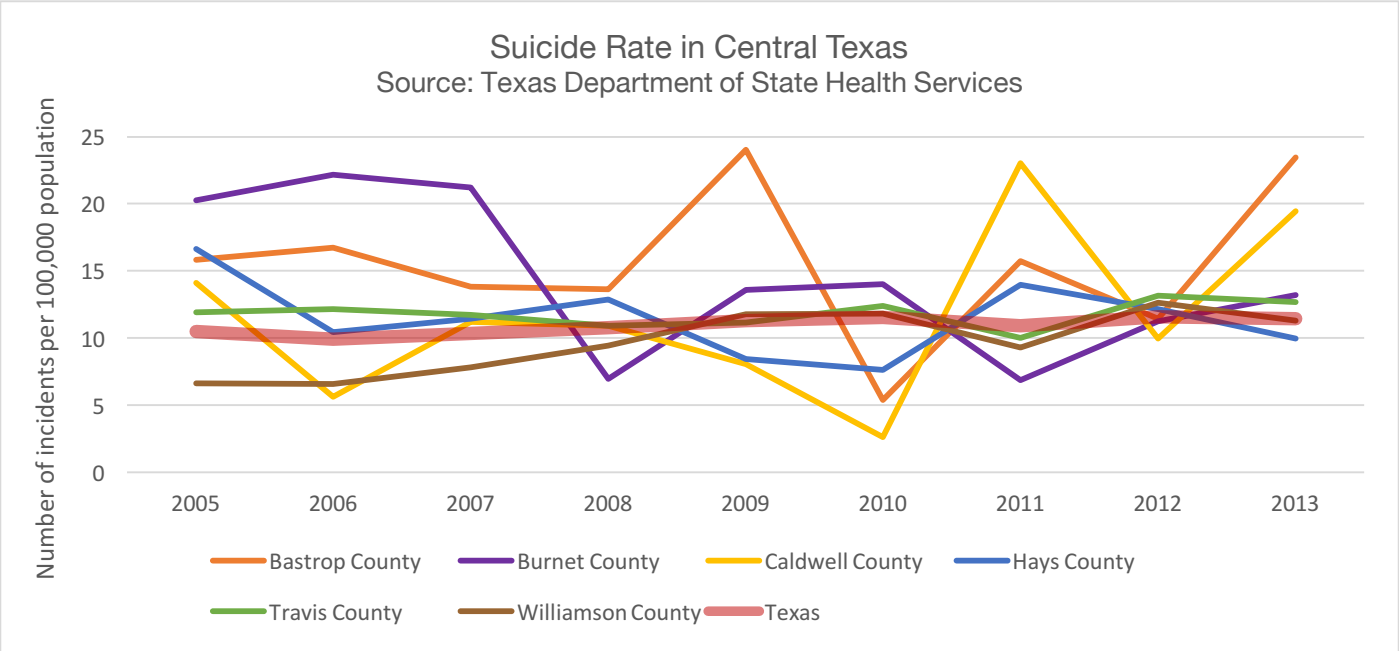
Availability of Psychiatrists

Travis County has the highest ratio of psychiatrists per 100,000 residents in the Austin region. Most Austin area counties fall below the state ratio average of psychiatrists per 100,000 people. This leaves Central Texan residents with an inadequate supply of available mental health medical professionals. Bastrop and Burnet counties are designated as federal Health Provider Shortage Areas for mental health. There are no psychiatrists in Caldwell County.

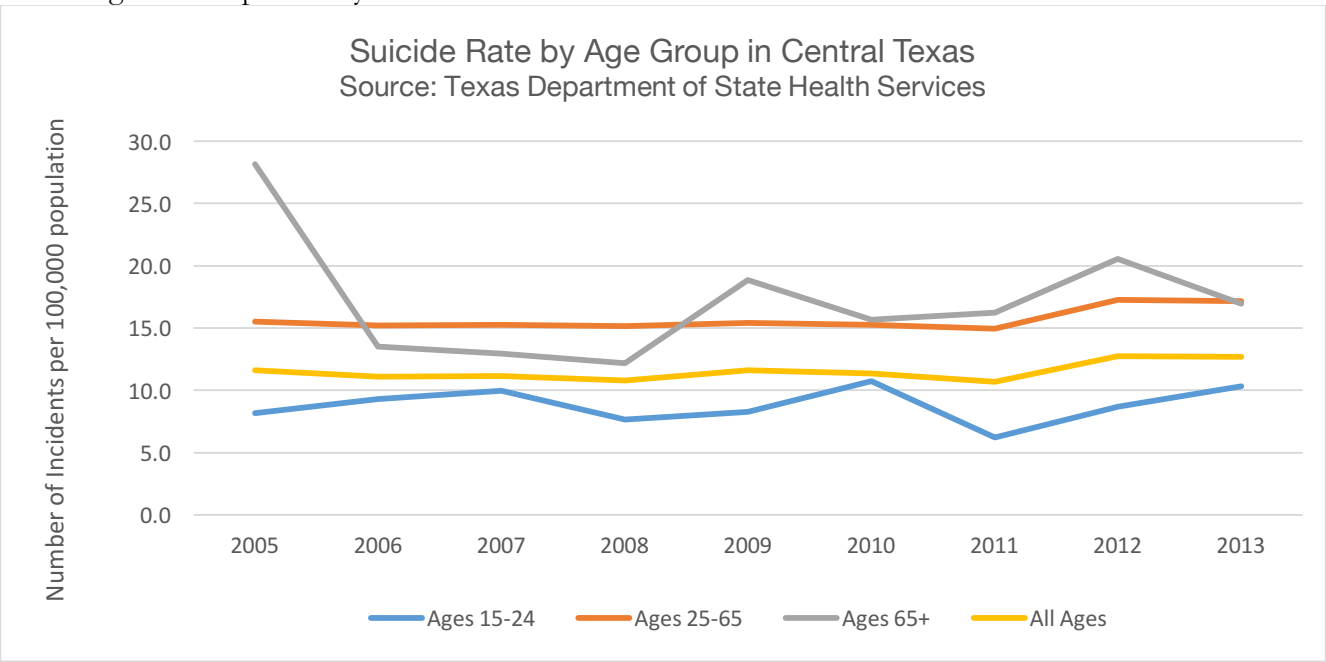


Suicide Rates

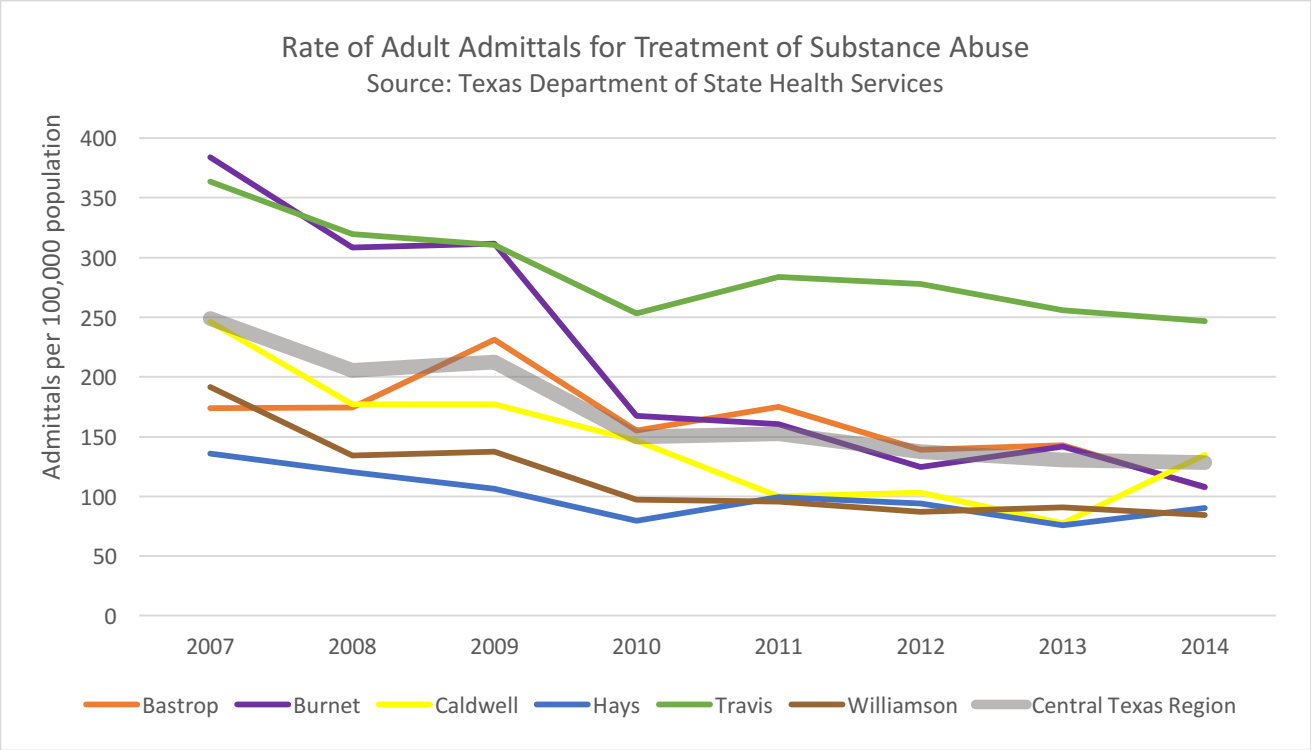
Suicide is a preventable cause of death but rates in Central Texas remain higher than the state average. Bastrop, Burnet, and Caldwell counties have the highest volatility and incidences of suicide per 100,000 people in the region. This correlates with an inadequate supply of mental health medical specialists in Bastrop, Burnet, and Caldwell counties. Travis County's suicide rate has remained relatively constant over time.



Residents 65 years and older have the highest incidence of suicide in Central Texas. Though suicide rates for young adults are the lowest among the age groups, it remains the most volatile with the rate increasing over the past few years.



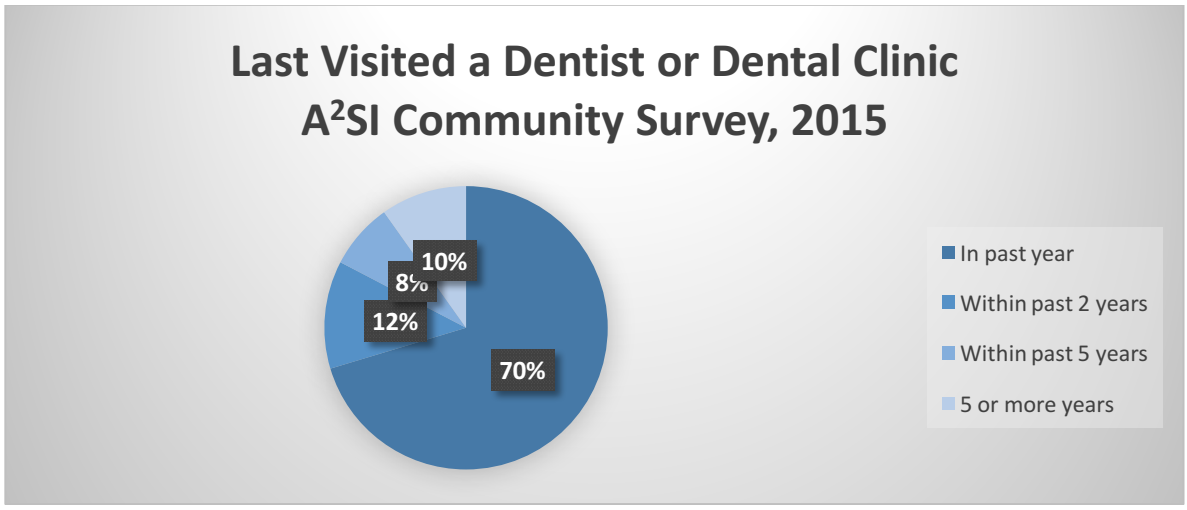
Adult admission for substance abuse treatment has declined overall in Central Texas over the past several years.



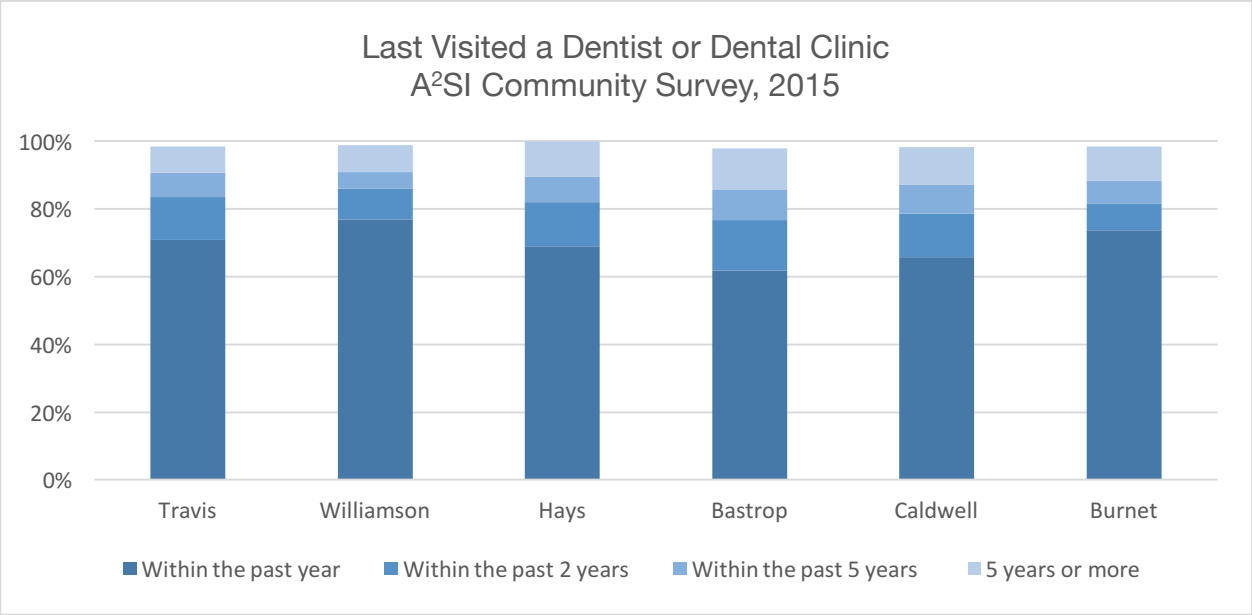
** Youth admittals are not calculated due to statistical instability.

Dental Health

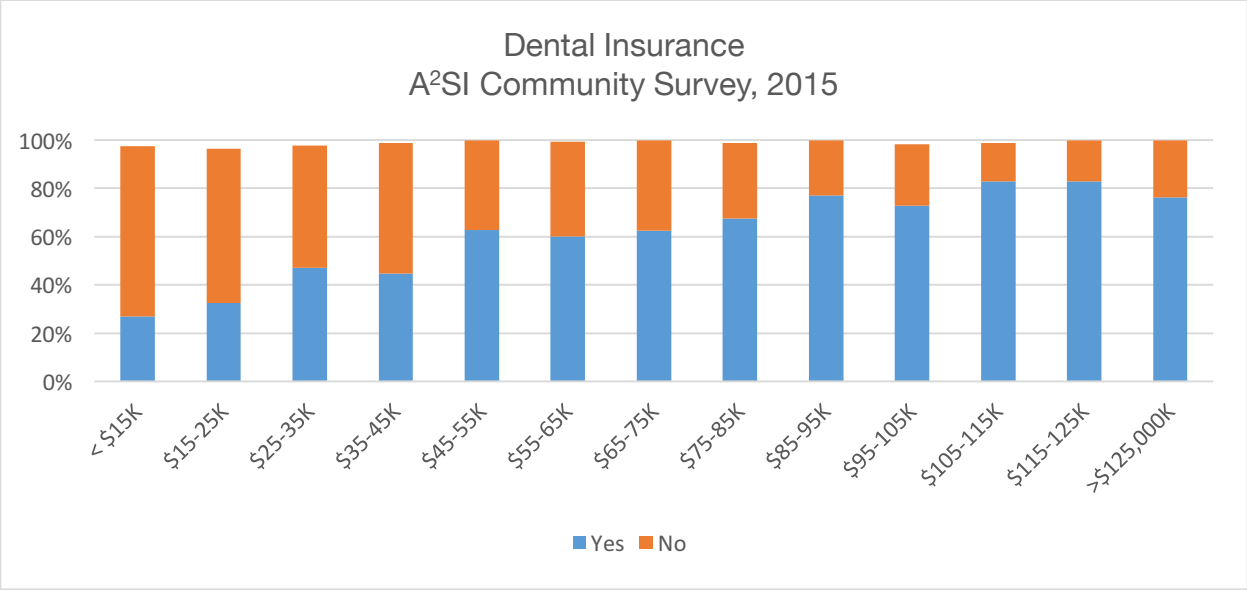
Oral diseases ranging from dental caries (cavities) to oral cancers cause pain and disability for thousands of Austin area residents. The impact of these diseases does not stop at the mouth and teeth. A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke. In pregnant women, poor oral health has also been associated with premature births and low birth weight. These conditions may be prevented in part with regular visits to the dentist. According to the A²SI Community Survey, in 2015 approximately 70% of residents reported going to the dentist in the past year. Eighteen percent, however, reported not going to the dentist in over two years.



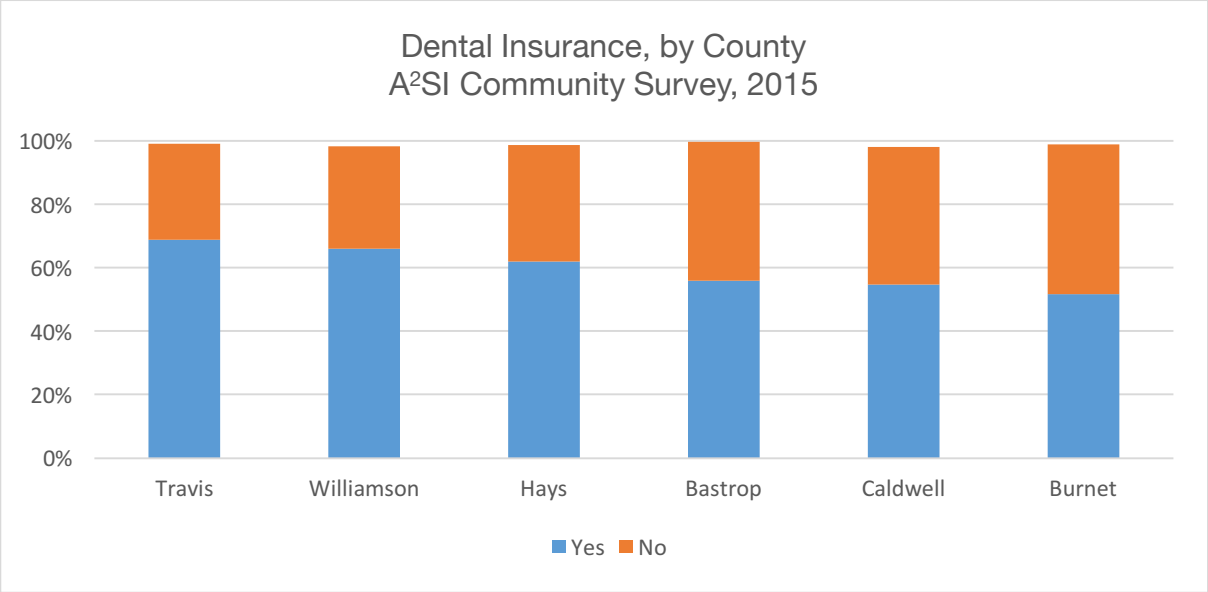
This was most pronounced in Bastrop and Caldwell counties, where 21% and 19% reported not visiting a dentist in the past two years, respectively.



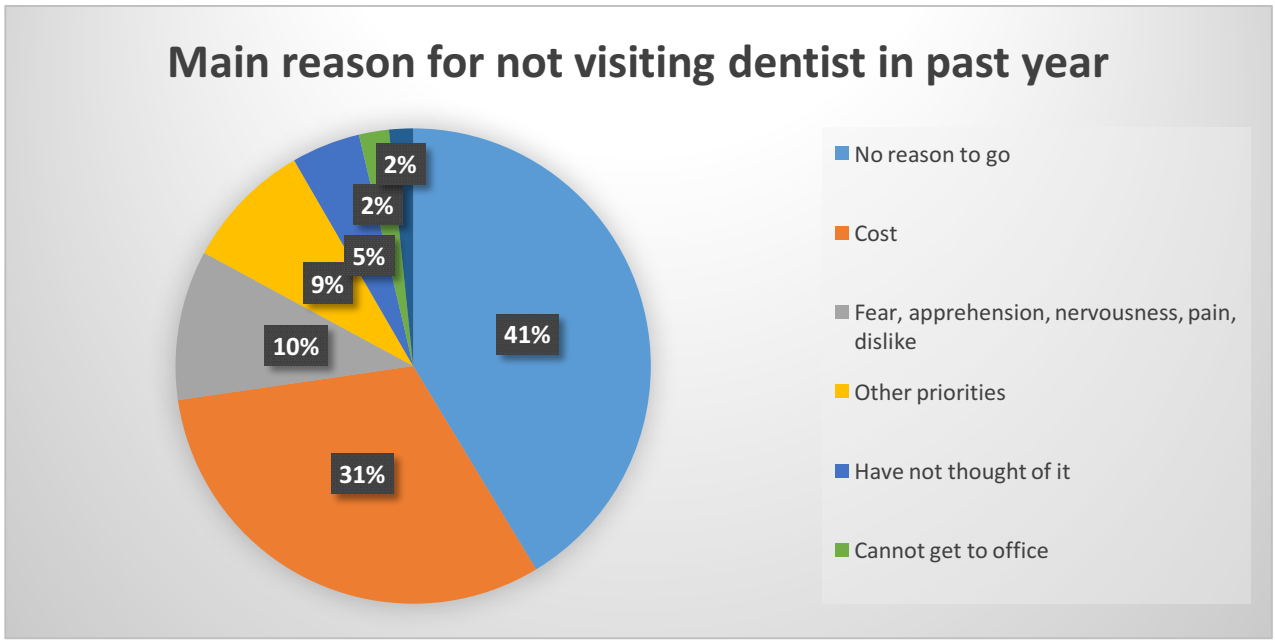
The ability to access oral health care is associated with gender, age, education level, income, race and ethnicity, access to medical insurance, and geographic location. Addressing these determinants is key in reducing health disparities and improving the health of all Austin area residents. Efforts are needed to overcome barriers to access to oral health care caused by geographic isolation, poverty, lack of communication skills. For example, the A²SI Community Survey data indicates that a significant portion of lower income respondents lack dental insurance. Approximately 60% of those reporting $45,000K or less per year, and 71% of those under $15,000, lack dental coverage.



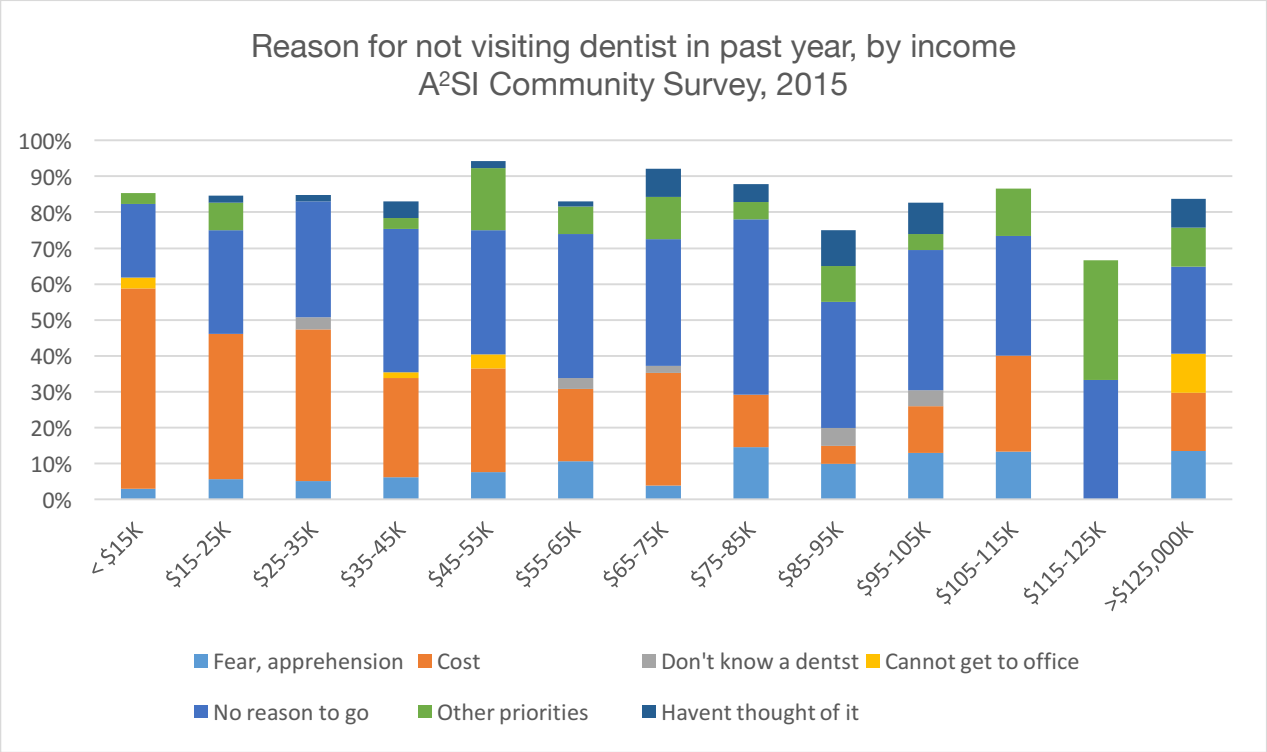
There is also geographical variation in the data, with Caldwell (43%), Bastrop (44%), and Burnet (47%) counties having more residents without dental coverage than the average of the Austin area as a whole.



For those that have not visited a dentist in the past year, the main reasons given for why not range from "no reason to go" (41%), "cost" (31%), to "fear, apprehension, nervousness, pain, and dislike" (10%).



Perhaps not surprisingly, those in lower income brackets referenced cost as the inhibiting factor more frequently, and those in higher income brackets reported "no reason to go."



Summary and Conclusions

Promoting healthier communities is enhanced by data on the health status of the population and information on a range of factors that can influence health outcomes. The Health Section of the 2016 Austin Area Sustainability Indicators includes many important data points about the six county area of and around Austin. While a few of the trends have improved, and others have remained unchanged, the data indicate many disparities across the health domain based on race/ethnicity, geography, income, and other socio-demographic determinants. We hope this information helps assess the regional health status, identify disparities, promote a shared understanding of the factors that drive health outcomes, and catalyze multi-sector partnerships to collaboratively improve population health.

Appendix A: Glossary

Affordable Care Act – The Affordable Care Act is a long, complex piece of legislation that attempts to reform the healthcare system by providing more Americans with Affordable Quality Health Insurance and by curbing the growth in healthcare spending in the U.S. Reforms include new benefits, rights and protections, rules for Insurance Companies, taxes, tax breaks, funding, spending, the creation of committees, education, new job creation and more.

Coverage Gap – The insurance coverage gap includes adults without children living below 100%FPL and adults with children living between 18% and 100% FPL.

Federal Poverty Level – Federal Poverty Level (FPL) is a measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine your eligibility for certain programs and benefits.

Infant Mortality Rate - I*nfant mortality rate* compares the number of *deaths* of *infants* under one year old in a given year per 1,000 live births in the same year. This *rate* is often used as an indicator of the level of health in a country.

Health Provider Shortage Area – A HPSA is a geographic area, population group, or health care facility that has been designated by the Federal government as having a shortage of health professionals. There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). HPSAs are designated using several criteria, including population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care.

Health Insurance – For reporting purposes, the Census Bureau broadly classifies health insurance coverage as private or public. Private health insurance is a plan provided through an employer or union, a plan purchased by an individual from a private company, or TRICARE or other military health care. Public coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children's Health Insurance Program (CHIP); and local medical programs for indigents (this program is included only for the Pacific Islands). People who had no reported health coverage, or those whose only health coverage was Indian Health service (this program is included only in the American Community Survey), were considered uninsured.

Medicare – Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Medicaid – Medicaid is a joint federal and state program that helps with medical costs for some people with limited income and resources.

Medically needy – Medicaid defined the medically needy as individuals that have medical expenses that significantly reduce their income. In Texas, the medically needy are only individuals with

disabilities and those who are 65 years and over that have medical expenses that reduce their income below the Medicaid eligibility level.

TANF – TANF stands for Temporary Assistance for Needy Families and is a program that provides cash assistance and supportive services to assist families with children under age 18, helping them achieve economic self-sufficiency.

Appendix B: Bibliography

Section	Sub-Section	Indicator	Source	Citation
Health	Health Access	Percentage of the Population 0-64 that are Uninsured in Austin Round-Round MSA	Texas Department of State Health Services	TX Department of State Health Services. Texas Health Facts Profiles 2006-2013. https://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles.aspx. Accessed 29 Sept. 2015
Health	Health Access	Percentage of the Population 0-64 that are Uninsured in Central Texas by county	U.S. Census Bureau	U.S. Census Bureau. Small Area Health Insurance Estimates. http://www.census.gov/did/www/sahie/data/interactive/sahie. Accessed 6 Jan. 2016.
Health	Health Access	Uninsured Rate in Central Texas by county	U.S. Census Bureau	U.S. Census Bureau, American Community Survey, 1YR Estimates, B27015: Health Insurance Coverage Status and by Type. Accessed 29 Sept 2015.
Health	Health Access	2013 Uninsured Rate by Income Level in Central Texas by County	U.S. Census Bureau	U.S. Census Bureau. Small Area Health Insurance Estimates. http://www.census.gov/did/www/sahie/data/interactive/sahie. Accessed 6 Jan. 2016.
Health	Health Access	Overview of the Uninusred Population in Central Texas	U.S. Census Bureau	U.S. Census Bureau. American Community Survey 2010-2014 5 year estimate, S2701: Health Insurance Coverage. Accessed 6 Jan. 2016
Health	Health Access	Health Insurance Coverage in Austin-Round Rock MSA	U.S. Census Bureau	U.S. Census Bureau, American Community Survey 2010-2014 5 year estimate, S2701: Health Insurance Coverage. Accessed 6 Jan 2016

Health	Health Access	Demographics of Medicaid Enrollees in Central Texas	Texas Health and Human Services Commission	Texas Health and Human Services Commission, Medicaid Enrollment, http://www.hhsc.state.tx.us/research/MedicaidEnrollment/MedicaidEnrollment.asp. Accessed 26 Sept 2015.
Health	Health Access	Medicaid Enrollment in Central Texas	Texas Health and Human Services Commission; Texas State Demographer	Texas Health and Human Services Commission, August enrollment, http://www.hhsc.state.tx.us/research/MedicaidEnrollment/MedicaidEnrollment.asp. Accessed 26 Sept 2015; Texas State Demographer, Texas State Data Center, http://osd.texas.gov/Data/TPEPP/Estimates/. Accessed 14 Jan 2016
Health	Health Access	Medicare Beneficiaries Enrolled in Part A and/or Part B	Center for Medicare and Medicaid Services	CMS Deominator File, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/index.html
Health	Health Access	2013 Characteristics of Enrollees of Medicare Program Part A & Part B	Center for Medicare and Medicaid Services	CMS Public Use File, State/County Report All Beneficiaries, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/GV_PUF.html.
Health	Phyisical Health	Ratio of Primary Care Physicians in Central Texas by county	Texas Department of State Health Services	Texas Department of State Health Services, Center for Health Statistics, Health Professions Resource Center, https://www.dshs.state.tx.us/chs/hprc/PC-lnk.shtm. Accessed: 30 Sept 2015
Health	Phyisical Health	Percentage of Births to Mothers 17 years and younger	Texas Department of State Health Services	Texas Department of State Health Services, Vital Statistics Annual Reports Table 11: Births to Mothers 17 years of age and younger by county of residence, http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm. Accessed 1 Oct 2015
Health	Phyisical Health	Infant Mortality Rate in Central Texas	Texas Department of State Health Services	Texas Department of State Health Services, Texas Health Data: Deaths of Texas Residents, 1999-2013, http://soupfin.tdh.state.tx.us/death10.htm. Accessed: 1 Oct 2015;

Health	Phyisical Health	Current Percentage of Smokers	Texas Department of State Health Services	Texas Department of State Health Services. Center for Health Statistics (CHS). Texas Behavioral Risk Factor Surveillance System Survey Data. Austin, Texas: DSHS, 2003-2013. Accessed: 2 Oct 2015
Health	Phyisical Health	Leading Causes of Death in Central Texas	Texas Department of State Health Services	Texas Department of State Health Services, Texas Health Data: Deaths of Texas Residents, 1999-2013, http://soupfin.tdh.state.tx.us/death10.htm. Accessed: 1 Oct 2015
Health	Mental Health	Ratio of Psychiatrists in Central Texas	Texas Department of State Health Services	Texas Department of State Health Services, Center for Health Statistics, Health Professions Resource Center http://www.dshs.state.tx.us/chs/hprc/PSY-lnk.shtm Accessed: 5 Oct 2015
Health	Mental Health	Suicide Rate in Central Texas by county	Texas Department of State Health Services	Texas Department of State Health Services, Texas Health Data: Death of Texas Residents, http://soupfin.tdh.state.tx.us/death10.htm. Accessed: 1 Oct 2015
Health	Mental Health	Suicide Rate by Age Group in Central Texas	Texas Department of State Health Services; Texas State Demographer	Texas Department of State Health Services, Texas Health Data: Death of Texas Residents, http://soupfin.tdh.state.tx.us/death10.htm. Accessed: 1 Oct 2015; Texas State Demographer, Texas State Data Center, http://osd.texas.gov/Data/TPEPP/Estimates/. Accessed 14 Jan 2016
Health	Mental Health	Rate of Adult Admittals for Treatment of Substance Abuse	Texas Department of State Health Services; Texas State Demographer	Texas Department of State Health Services, Mental Health and Substance Abuse Division, CMBHS of the service admissions of DSHS-funded and NorthSTAR clients by age group and client county. Personal communication with Kathy Smith of DSHS, 7 Oct. 2015.; Texas State Demographer, Texas State Data Center, http://osd.texas.gov/Data/TPEPP/Estimates/. Accessed 14 Jan 2016