

Community Action Network
Frequently Asked Questions About
Health and Wellness

August 2004



This document updates the Community Action Network's *Prescription for Wellness* report released in April 2001 and the Health and Wellness FAQ released in November 2002. It focuses on three of the four *Prescription for Wellness* initiatives: understanding and reducing health disparities, wellness and prevention, and improving access to health care. While health and behavioral health issues are often interconnected, adult and children's mental health and substance abuse are covered in separate, companion updates.

Highlights

- Injuries, unhealthy diet, smoking, and inactivity are leading contributors to morbidity and mortality in Travis County.
- Obesity is epidemic in Texas.
- Low-income residents have poorer health status than others. Because African Americans are more likely than other racial/ethnic groups to have low incomes, they are more likely than Whites and Hispanics to have poor health status.
- For low and some middle income residents, it is increasingly difficult to get needed care because of increased demand for limited primary care capacity and as a result of changes in state public assistance programs, such as SCHIP, in 2003.

- Everyone in Travis County may feel the effects of the dwindling supply of nurses and physicians as demand increases, the cost of health-related business increases, and providers choose to leave direct care professions.

Overview

Austin/Travis County continues to have a relatively youthful and healthy population. Austin ranked 19th of the 50 most populous US cities on the 2004 *Men's Fitness* list of "fittest cities."

The leading cause of injury and death for children and adults below age 45 is unintentional, or accidental, injuries. Certain injuries occur in Travis County more frequently than in the state or nation. The Travis County suicide rate was 11% higher than the state average, and the unintentional injury rate was 15% higher than the national average, according to Texas Department of Health (TDH) data available in 2003. Locally, motor vehicle accident death rates were up from 14 per 100,000 residents in 1999 to 17 per 100,000 in 2002 in Travis County and poisonings, which affect mostly the adult population, were up from 5 to 7 per 100,000 in the same time frame. These were compared to 18 per 100,000 (MV) and 6 per 100,000 (poisonings) statewide for 2002.

Personal lifestyle choices strongly influence health, and can lead to chronic diseases, such as diabetes. Health disparities persist among Travis County racial/ethnic subpopulations (see p.2). The following economic and financial issues limit access to care: unemployment; rising health insurance premiums; co-pays and deductibles; reduced reimbursements to providers; and malpractice insurance premiums.

influences on health and well-being?

Daily and life-long decisions that are made regarding personal safety, diet, exercise, and stress management are among the most significant influences on health and well-being. Reviewing risk factor data about young people provides clues about what the disease trends may be for the adult population in the future. Among youth, while smoking declined (26.8% of Texas 12th graders in 2002 reported smoking in the last month, compared to 34.3% in 1998) – alcohol use showed little change (51% of 12th graders in 2002 report using alcohol in the past month, compared to 51.8% in 1998). (TX Commission on Alcohol and Drug Abuse, *TX School Survey of Substance Use Among Students*, May 2003).

Cause of Death	Number of Deaths	Rate Per 100,000 Population	Associated Risk Factors
Heart Disease	972 910	209 (2001) 192.7 (2002)	Smoking, lack of physical activity, high blood pressure, diet, high blood cholesterol, overweight
Cancer	872 933	172.3 (2001) 181.3 (2002)	Smoking, diet, chronic drinking, environmental exposures
Stroke	248 280	54.8 (2001) 61.7 (2002)	High blood pressure, smoking, high blood cholesterol, diet, lack of physical activity
Diabetes	130 119	25.8 (2001) 23.6 (2002)	Overweight, diet, lack of physical activity

How important is obesity?

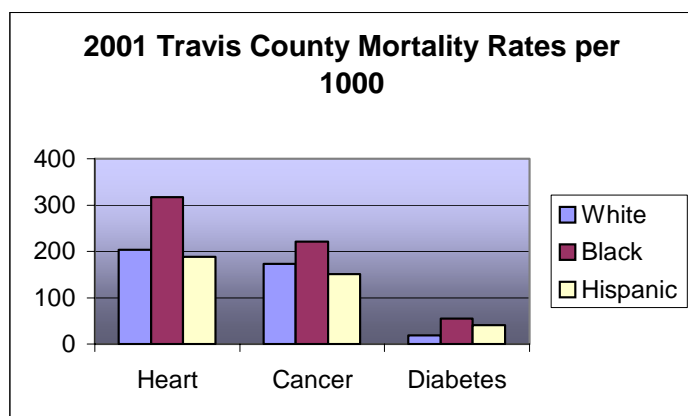
A study reported in the *New England Journal of Medicine* 4/26/03 found that obese men were 52% more likely to develop cancer than normal weight men, and obese women were 64% more likely to do so. A 2004 Centers for Disease Control study added that obesity is poised to pass tobacco as the leading cause of preventable death. Obesity is increasingly affecting the children of Travis County, leading to an increase in **diabetes**, which along with hypertension is among the most prevalent of chronic conditions diagnosed in Travis County. One-third of Texas school children are either overweight or obese. The *Healthy People 2010* goal for children is 5%. Childhood obesity is correlated with early onset Type II (Adult) **diabetes**. The cases of Type II diabetes among Texans aged 0-20 are increasing in all racial/ethnic groups, and grew from 13,500 in 2000 to 15,200 – a 13% increase – in 2004.

	4 th Graders % Overweight	8 th Graders % Overweight	11 th graders % Overweight
All			
Girls	38.3	37.5	27.5
Boys	39.1	36.8	31.4
White/Other			
Girls	32.9	34.5	14.0
Boys	27.6	30.9	21.4
African American			
Girls	51.7	39.2	44.3
Boys	45.7	23.9	45.6
Hispanic			
Girls	39.6	40.7	41.8
Boys	50.0	49.2	41.9

TDH Statewide Obesity Task Force, "Strategic Plan for the Prevention of Obesity in Texas," February 2003, and Texans Care for Children

Frequently Asked Questions about Health and Wellness

What are the most common health disparities?



Health disparities are most apparent within the African-American community. In the year 2001, in Travis County the cancer mortality rate of African Americans was 27.6% higher than that of Whites, and 46.7% higher than that of Hispanics. Similarly, the mortality rate for heart disease in African-Americans was 56.1% higher than for Whites (20 points worse than 2000) and 69% higher than for Hispanics.

For more information on health disparities, visit the US Government Office of Minority Health website at www.omhrc.gov.

What is being done to improve health and well-being and reduce health disparities?

In 2003, the Austin Travis County Health and Human Services Department (A/TCHHSD) received the first approximately \$900,000 of a five-year *Steps to a Healthier US* grant from the Federal Department of Health and Human Services. Focusing on 167,000 households with almost a half million residents in twenty Austin zip codes, ATCHHSD is using the grant to plan and implement media, policy, school-based, community, and workplace health and wellness strategies aimed at *preventing* obesity, diabetes, and asthma, and *promoting* exercise, improved diet, and tobacco control efforts. A new Smoking in Public Places Ordinance was made effective June 1, 2004, by Austin City Council. Also, AISD has been active in promoting student health by removing sodas and candy from vending machines. In addition, Travis County health, mental health, and public health providers are working together to address disparities. The Indigent Care Collaboration (ICC) was formed in 1998 to improve access to care. Several of its initiatives are referenced below.

What affects our community's access to health care?

- In February 2004, The Greater Austin Health Industry Steering Committee (HISC) partners stated that the current central Texas nursing shortage is 12.4%. By national standards this qualifies as a workforce shortage "crisis." The state projects that demand for nurses will outstrip supply through 2010.
- 50% of all visits to hospital emergency departments are for non-emergency reasons. This percentage is the same for insured and uninsured patients (a phenomenon witnessed across the nation), but higher for Medicaid patients (more of whom tend to be very young or very old). *ICC Emergency Department Report, January 2003, and interview with George Washington University Robert Wood Johnson Foundation Urgent Matters Researchers, March 2004.*
- As of May 2004, for the 250,000 patients in the ICC I-Care database, 88% were uninsured at the time of encounter, yielding a "current uninsured" estimate for the county that is consistent with higher-end estimates of uninsured from other sources. *ICC I-Care Database, May 2004.*
- According to an analysis of over 75,000 persons screened using the Medicaider tool, state cutbacks in Medicaid and State Children's Health Insurance Program (SCHIP) that took effect in September 2003 reduced the percentages of uninsured persons eligible for these programs from over 15% to 12%, *ICC, May 2004*
- From November 2003 to January 2004, Medicaid enrollment was down by 9%, to 62,997. Since state legislative changes began in Sept. 2003, Travis County enrollment in the SCHIP decreased from 12,347 in 2003 to 9,588 children in February 2004. This is a decrease of 22 percent. *insure•a•kid, March 2004*
- Travis County primary care safety net providers have been at or above capacity as they have served nearly 100,000 indigent (low income uninsured or Medicaid/SCHIP) health care patients each year between 2001 and 2003, forcing several either to turn away walk-in patients on a regular basis, or to limit new patient access. *ICC Primary Care Use and Capacity Report, 2003*
- Waiting periods of up to six months for specialty services are not unusual. *Brackenridge Specialty Clinic Scheduling System, August 2003.*

Frequently Asked Questions about Health and Wellness

What strategies have been implemented to address access to health care and responsiveness to threats to the health of the population?

The ICC's Master Patient Index/Clinical Data Repository (MPI/CDR) has over 300,000 unduplicated patients in its database, and adds over 9,000 encounters per week from over 30 clinical locations for this patient population, creating a single, shared health record available to safety net providers via the Internet at the time of care. This single, shared record is leading to improved continuity of care for patients and enhanced health care planning and research for both public and private providers of safety net care. Diabetes and mental illness management programs, using the MPI/CDR, are setting a new standard for integrated service delivery, yielding improvements in patient care at less cost.

Widespread implementation by safety net providers of uniform on-line medical assistance program screening is increasing access to third party payments for low-income patients.

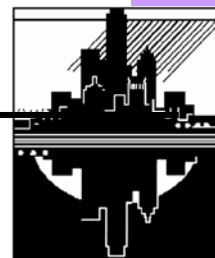
As of August 2004, the Travis County Medical Society received **pledges from over 700 primary care and specialist physicians** to participate in its Project Access initiative and treat without compensation a specified number of indigent patients. Over 300 patients were enrolled.

The Travis County Hospital District will provide additional funding over the coming years for urgent care services, mental health services, preventive services, and to provide adequate support for safety net primary and specialty care providers. The District plans to develop a more cohesive system of care, reduce the need for urgent, emergency, and acute care treatment visits that challenge existing capacity, and lay the groundwork for more regional approaches to addressing health care needs in central Texas as a whole. In 2004, federal and local funding led to the opening of the Austin Resource Center for the Homeless clinic, and increased resources for direct health care and dental services at the Safeplace outreach clinic, and the Lifeworks Street Outreach program.

Local disease surveillance by A/TCHHSD, collaborating with Hays and Williamson Counties, is now an active system with 24/7 on-call readiness in the event of a public health emergency. A new world-class facility handling 9-1-1/3-1-1 calls is housed at a Combined Transportation, Emergency, & Communications Center (CTECC), and the City of Austin and Travis County both have Offices of Emergency Management (OEM). Austin's OEM maintains a *Disaster Ready Austin* website (www.ci.austin.tx.us/oem) to provide information to the public. An Interagency Disaster Council also meets, and the Travis County Local Emergency Planning Committee (LEPC) meets bi-monthly to plan responses to potential threats.

What can I do to help?

- Contact policy leaders and ask them to restore benefits to Medicaid and other public programs, and to cut no further.
- Support local efforts to expand/maintain safety net health care, including mental health, substance abuse, and emergency care.
- Employers can provide health club memberships as an employee benefit.
- Individuals can exercise regularly (30 minutes, every other day) and eat well, and get regular check-ups, to maintain optimal health.



Additional Information

To access the **Prescription for Wellness** report, refer to: www.caction.org. To obtain a copy of this document or any other CAN report, please visit the CAN website, email Brenda Ahrns at bahrns@austin.isd.tenet.edu, call (512) 414-8203, or write to The Community Action Network, 1111 W. 6th Street, Suite B220, Austin, TX 78703.

The CAN Community Overview document can also be found at www.caction.org. This document contains current statistics across all issue areas and is updated on a regular basis.

REFERENCE NAMES: Paul Gionfriddo (author), CAN, Indigent Care Collaboration

CAN Partners: Austin Area Human Services Association ~ Austin Area Interreligious Ministries ~ Austin Area Research Organization
Austin Independent School District ~ Austin Travis County MHMR Center ~ Capital Metro ~ City of Austin ~ Community Justice Council
Greater Austin Chamber of Commerce ~ Health Partnership 2010 ~ Higher Education Coalition ~ Travis County ~ United Way Capital Area ~ WorkSource