Public Health and Access to Healthcare

2012 Community Impact Report

Travis County Health and Human Services & Veterans Service
Research & Planning Division

MARCH 2013

Public Health and Access to Healthcare

2012 Community Impact Report

Travis County Health and Human Services & Veterans Service
Research & Planning Division

County Executive
Sherri E. Fleming

Project Advisor
Blanca Tapia Leahy

Project Leads
Courtney Bissonnet Lucas
Korey Darling

Lead Writer
Courtney Bissonnet Lucas

Research & Planning Division
Blanca Tapia Leahy, Division Director
Lawrence Lyman, Planning Manager
DeAnna Ball
Tara Carmean
Rachel Coff
Korey Darling
Courtney Bissonnet Lucas
Brook Son
Sandra Valenzuela
Elizabeth Vela
Miranda Dupont, UT MSSW Intern
Lori Miranda, UT MSSW Intern

Questions or Comments?

For questions or for more information, please contact the Research & Planning Division at HHS_R&P@co.travis.tx.us.

Table of Contents

Introduction 5

Goals and Services 11

Community Conditions 12

Performance Highlights 20

AIDS Services of Austin: Food Bank 21

AIDS Services of Austin: MPowerment 25

AIDS Services of Austin: Non-Medical Case Management 28

AIDS Services of Austin: VOICES 32

Planned Parenthood of Austin Family Planning, Inc. 36

Sustainable Food Center 41

Wright House Wellness Center, Inc. 45

Client ZIP Code Map 49

Appendix A 50

Appendix B 51

Appendix C 53

Table of Contents

Endnotes 55

Introduction

The Travis County Commissioners Court, through Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests over $11 million in community-based social service programs. These Department investments align with and supplement our direct services to meet the critical needs of local residents. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services.

Purpose of Report

The annual Community Impact Report provides an overview of TCHHS/VS investments in health and human services. The *2012 Community Impact Report* offers highlights of community conditions most pertinent to the services purchased within each issue area in 2012. The report also details investment, programmatic, and performance information on the Department's social service contracts. This information provides a foundation for policy makers, program managers, and others to better understand these investments, recognize and celebrate accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Readers should also consider this report in conjunction with other local analyses and reports[a] in order to obtain a more complete picture of the community. The *Travis County Snapshot from the American Community Survey 2011*, in particular, provides complementary contextual information around current demographics and local conditions.[b]

Organization of Report

This report addresses nine issue areas plus a summary of Planning and Evaluation investments. (A tenth issue area, Restorative Justice and Reentry, had no investments in 2012.) Each issue area section begins with community conditions information about the issue area and then provides performance highlights about the programs included within that issue area.

Community conditions impact social service providers and the individuals they serve. Economics, demographics, as well as social structures and systems, all influence the level of need within a community

a Data products from the 2010 Census, including a *Travis County Trend Profile* and *Travis County Map Books*, are available at: http://www.co.travis.tx.us/health_human_services/research_planning/documents_CensusData.asp.

b The *Travis County Snapshot from the American Community Survey 2011* is available at: http://www.co.travis.tx.us/health_human_services/pdfs/ACS2011.pdf.

and the resources available to successfully address community needs. Community conditions help determine service delivery approaches that are most effective in addressing community needs and issues. These conditions also inform public stakeholders of progress toward community goals and can help correlate particular program contributions and value in advancing those goals.

Although this report highlights community conditions for individual issue areas separately, each issue area must be considered in a broader context. Community conditions related to a single issue area may have similar or related root causes and broad-level consequences. Current economic conditions also have a global impact on community conditions.

Performance highlights contribute to local knowledge about some of the Department's contracted community-based programs. This report provides detailed information about each program covered by an issue area, including an overview of program goals, services provided, eligibility criteria, and funding. Client demographics and ZIP codes are summarized for each program. Also captured are each program's performance results, compared to its contractual performance goals, and explanations of notable variance (+/- 10%) between the performance results and goals.

An issue area encompasses those programs with goals most aligned with the goals of that issue area. While each program is included in only one issue area, a program may promote the goals of several issue areas. For example, a workforce development program may primarily include work readiness services but also include a small educational component. The principal goals of the program promote the workforce development issue area goals, so the program is categorized in the workforce development issue area rather than the education issue area.

Report Summary

Most social service programs described in this report serve Travis County residents who are in or near poverty. Some programs assist vulnerable populations, such as those experiencing abuse and neglect, irrespective of their income. Current conditions elevate the need for social services for Travis County residents:

- The Travis County population continues to grow rapidly. According to the most recent U.S. Census Bureau population estimates available, 1,063,130 people lived in Travis County in 2011. The county's growth rate of 30% since 2000 (reflecting the addition of 242,203 residents) is faster than the state overall (Texas grew 23% between 2000 and 2011). The county population in areas outside the city of Austin has grown even more rapidly, up 66% since 2000. In 2011, more than one-quarter of county residents (26% or 279,935 people) lived in a city or village other than Austin or in an incorporated area, compared with 21% of residents (168,627 people) in 2000.[1]

- The most recent poverty data were collected in 2011. These data estimate that about 18% of Travis County residents (192,436 people) lived in poverty. The 2011 rate is not statistically different from the 2010 poverty rate of 19%. These two most recent poverty rates reflect an increase in poverty in Travis County over what had been a fairly stable rate of 15% during 2006-2008 and 16% in 2009.[2]
- The poverty rate among children is higher than the overall poverty rate for Travis County. 2011 data indicates that 25% of Travis County children under 18 (63,680 children) lived in poverty.[3]
- In December 2012, there were 50,458 SNAP (Supplemental Nutrition Assistance Program) cases in Travis County with 113,664 people (about 11% of all Travis County residents) receiving benefits. The number of SNAP cases appears to be leveling off, following a steady increase between 2008 (29,448 average monthly cases) and 2011 (50,970 average monthly cases).[4]
- Close to 159,000 households in Travis County experience a housing cost burden, which is defined as spending 30% or more of household income on housing costs; approximately 77,000 of those households experience a severe housing cost burden (i.e. spending 50% or more on housing costs).[5] Renters are more likely to be cost burdened than owners.[6]
- A point-in-time snapshot of the Austin area homeless population reported a total of 2,244 homeless individuals, 61% of whom were sheltered (either emergency, transitional, or Safe Haven), and 39% of whom were unsheltered. Almost one-third (30%) of the homeless population is comprised of individuals in households with dependent children.[7]
- National, state and local unemployment rates all follow an improving trend line, with the Austin-Round Rock MSA and Travis County consistently outperforming the state and nation. The unemployment rate for the Austin-Round Rock MSA began the year at 6.5% in January 2012, but dropped to 5.0% in December.[8] The unemployment rate for Travis County is slightly lower than the MSA, starting at 6.4% in January 2012 and ultimately falling to 4.9% in December. These are the lowest unemployment rates for Travis County and the Austin-Round Rock MSA since November 2008 and remain lower than the state (6.0%) and national (7.6%) rates.[9]
- In 2011, an estimated 19.8% of the Travis County population (209,348 people) lacked health insurance. Travis County's proportion of uninsured residents is higher than that of the U.S. (15.1%) but lower than that of Texas (23.0%).[10]
- Between 2000 and 2010, the Austin-Round Rock metropolitan area had the fastest growing "pre-senior" population (age 55 to 64) in the nation, with a 110% change from 2000 to 2010. The Austin-Round Rock metropolitan area was ranked second in senior (age 65 and older) population growth over the same time period, with a 53% change.[11] In 2011, there were 79,573 adults aged 65 and older living in Travis County, comprising 7.5% of the population[12] by 2020, a projected 124,750 older adults will make up 10.4% of the county population.[13]

Client Demographics

Service providers collected client demographic data, when possible.[c] Overall, demographic data were provided for 67% to 86% of clients, depending on the demographic category. Of clients with known demographics, 55% were female and 45% were male. In terms of race, 64% of these clients were White, 24% were Black or African American, and the remainder were of another race. In terms of ethnicity,[d] 41% of clients were Hispanic or Latino. Nearly one-quarter (23%) of clients were ages 25 to 39, and 22% were between 40 and 59 years of age. Children and youth ages 17 and younger accounted for 32% of clients. Close to one-half (43%) of clients had incomes below 50% of the Federal Poverty Income Guideline (FPIG) level, and 25% of clients had incomes between 50% and 100% of FPIG. (See Appendix A for specific guideline income levels.)

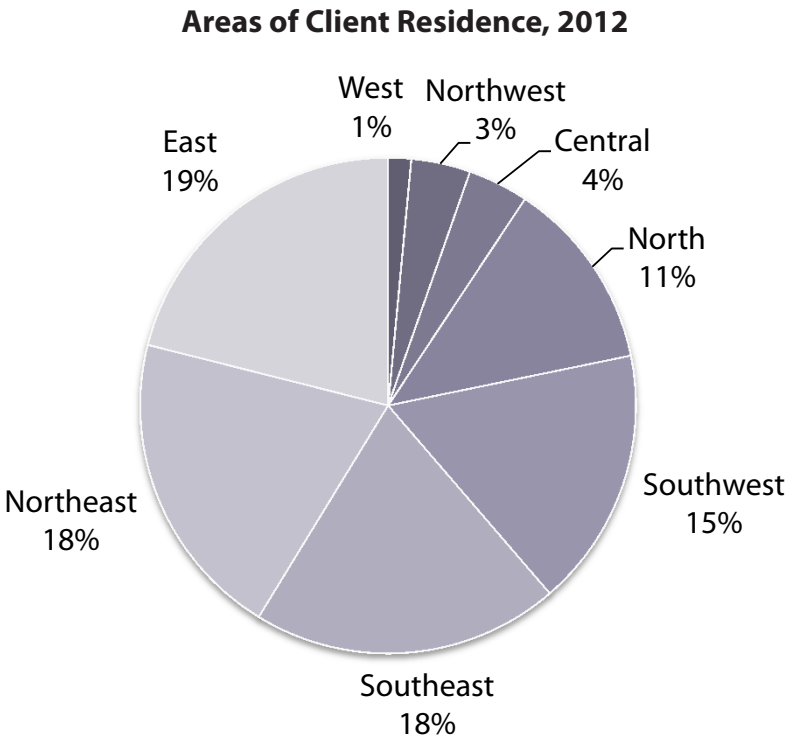
Client Location by ZIP Code

When possible, the contracted service providers also documented the ZIP code where clients resided when they entered the program.[e] Service providers collected residential information for 84% of all clients, including clients with ZIP codes within Travis County (75%), clients with ZIP codes outside of Travis County (3%), and clients who were homeless at entry into the program (7%); the remainder (16%) represent clients with unknown ZIP codes. Of clients with known ZIP codes within Travis County, 19% of clients resided in the East area. The Northeast and Southeast areas also had sizeable shares of clients in residence, each with 18% of clients. (See Appendix B for ZIP code classification map.)

c Client demographic data may be unreported for reasons such as protection of client privacy and difficulty obtaining data (e.g., due to services delivered via outreach or at large-scale events). Further, two contracted service providers used different age and/or income categories that did not allow for aggregation with the larger set of demographic data. Clients enrolled in programs that do not collect income information were classified as "unknown" in the income level category.

d For the purposes of tracking reported client data, TCHHS/VS has adopted demographic categories used by the U.S. Census Bureau. The U.S. Census Bureau considers race and Hispanic origin to be two separate and distinct concepts. Hispanics and Latinos may be of any race. Therefore, clients reporting their race, such as White or Black or African American, may also be Hispanic or Latino.

e Client ZIP code data may be unreported for reasons such as protection of client privacy and difficulty obtaining data (e.g., due to services delivered via outreach or at large-scale events).

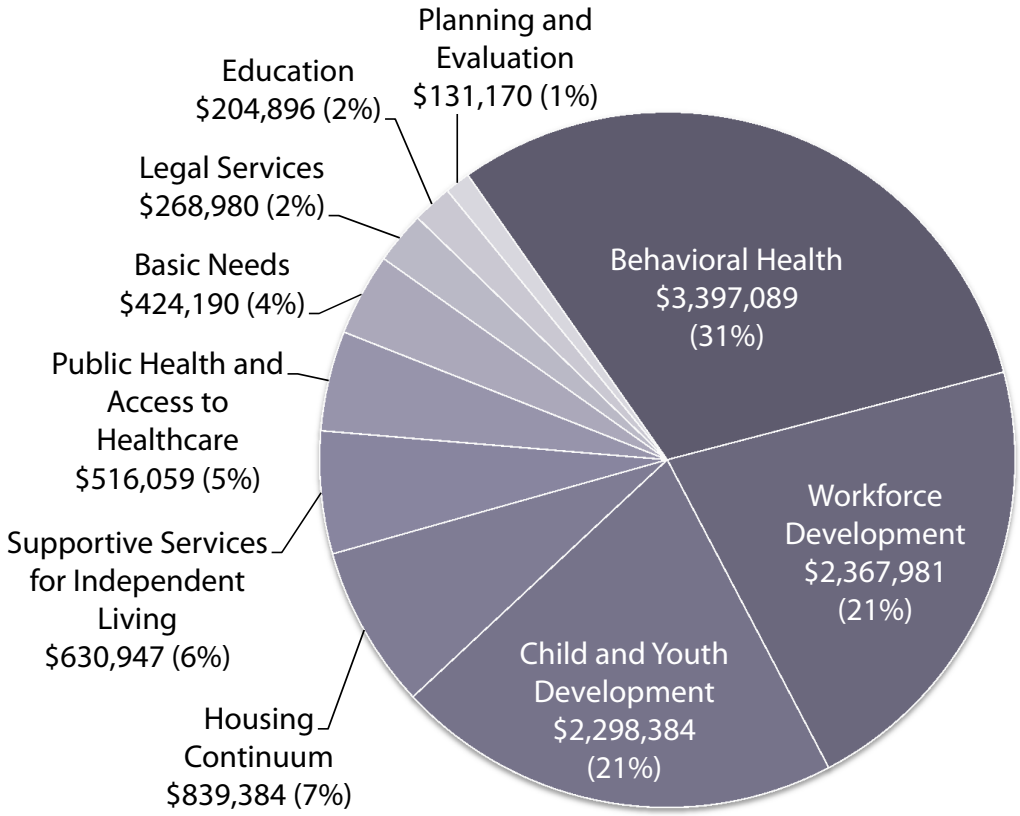


Investment by Issue Area

The following chart does not represent total TCHHS/VS investments and services. It only shows the percent of funding devoted to each issue area for the social service contracts included in this report. These contracts are a subset of the Department's broader investments of general funds in both purchased and direct services. The Department also makes grant-funded program investments.

Behavioral Health contracts accounted for the greatest share (nearly one-third) of the TCHHS/VS investment reflected in this report, followed by Workforce Development and Child and Youth Development contracts (each comprising 21% of the total investment). The Department's investments represented varying percentages of each contracted program's total budget. Investment percentages ranged from 0.6% to 100%, constituting an average of 23.5% of a program's total budget. Actual investment percentages for each social service contract are provided on each program's page.

Investment in Issue Areas for Social Service Contracts, 2012



Performance

The social service contracts included in this report have a wide range of goals, objectives, services, and performance measures. In 2012, most programs met the targeted range of performance across both output and outcome measures. Meeting the targeted range of performance means that the performance measure meets or exceeds at least 90% of the contractual performance goal.

Programs falling short of performance goals were often the result of basic operational issues, such as staffing shortages and turnover or funding cuts. Changes in client populations also impacted performance, including clients requiring additional time in a program, thus reducing new client enrollments. Also, for programs serving smaller numbers of clients, even minor changes can lead to highly volatile performance results. Economic conditions have, in many cases, increased demand but may also create challenges in achieving goals. Significant programmatic or performance measure and methodology changes that occurred in 2012 also contributed to unexpected performance variance. Please note that performance measures reflect the entire program's performance, and not the share of the program funded by TCHHS/VS.

Goals and Services

Department Purpose

Travis County Health and Human Services & Veterans Service strives to maximize quality of life for all people in Travis County by:

- Protecting vulnerable populations
- Investing in social and economic well-being
- Promoting healthy living: physical, behavioral, and environmental
- Building a shared understanding of our community

Public Health and Access to Healthcare Goals and Services

Programs within this issue area are primarily intended to improve the physical well-being of community members by encouraging healthy behaviors (e.g., better eating habits, physical activity, improving disease management, reducing smoking, tobacco use, and substance abuse; etc.); preventing disease (reducing its occurrence and impact); increasing medical preparedness for emergencies; and increasing access to quality health care and counseling. Some examples of services provided by programs within this issue area are to: provide education; improve treatment, care, and support for persons living with or facing health concerns; provide case-management advocacy to secure additional or other client services; and promote environmental health.

Community Conditions

Current Conditions and Trends

Public health encompasses an array of services that work to protect and improve community health outcomes. Prevention efforts focus on implementing educational programs, developing policies, administering services, regulating health systems and some health professions, and conducting research; these efforts target entire populations rather than individuals.[14] Other public health functions include investigation and monitoring of disease outbreaks, education and outreach to limit the spread of infections and diseases, as well as environmental and consumer health activities such as food protection. An additional focus of public health professionals is promotion of health care equity, quality, and accessibility, which requires addressing health disparities across all populations.[15]

The overall health status of the community informs public health policies and practices. Key health indicators, such as birth outcomes and chronic disease rates, can serve as proxy measures of community health. These indicators often point to underlying health issues in the community, such as high blood pressure, poor nutrition, or physical inactivity, and help to identify current community health needs.

Prenatal Care and Pregnancy Outcomes

Women who begin prenatal care after the first trimester are at a higher risk for poor pregnancy outcomes, including premature births and low birth weight newborns (less than 5.5 pounds).[16] In 2009, the most recent year of available data, 34.9% (5,746 of a total 16,430) Travis County mothers began prenatal care after the first trimester or received no prenatal care.[17] A lack of or delayed prenatal care was more prevalent for Hispanic mothers (4,008, or 50.4% of all Hispanic mothers) and Black mothers (497, or 37.7% of all Black mothers).[18]

Low birth weight is the single most important factor affecting neonatal mortality and is a determinant of post-neonatal mortality.[19] Low birth weight infants are at increased risk for health problems, including neurodevelopmental disabilities and lower respiratory tract conditions.[20] Low and very low birth weight babies comprised 8.9% (1,451 of a total 16,430) of births in 2009.[21] Black babies had the largest percentage of low and very low birth weights (18.1%, or 239 births), more than twice the rate of Hispanic or White babies; 10.5% (114) of babies with a race of "Other" had a low or very low birth weight.[22]

About 7 of 10 low birth weight babies are premature (born before 37 completed weeks of pregnancy).[23] Premature births are the largest contributor to neonatal, infant, and perinatal mortality.[24] Black mothers had the largest percentage of premature births (16.8%, or 221 Black mothers), followed by Hispanic mothers (10.4%, or 825 Hispanic mothers); the percentages of premature births for White mothers (9.5%,

or 577 White mothers) and mothers with a race of "Other" (9.7%, or 106 mothers) were nearly the same.[25]

Adolescent mothers (those under the age of 18) are at risk for poor pregnancy outcomes as well as adverse impacts to their own health and that of their infant. More than half (59.7%, or 350 of a total 586) of adolescent mothers had delayed or no prenatal care.[26] Nearly 11% of babies born to adolescent mothers had low or very low birth weight (a total of 64 babies) and close to 13% of adolescent mothers (74 mothers) had premature births.[27] Pregnant adolescents have a higher risk of serious medical complications, including pregnancy-induced hypertension and anemia, compared to women who are older.[28] Adolescents are also more likely to smoke during pregnancy.[29] The repercussions of adolescent pregnancy are significant. Adolescent mothers are less likely to receive a high school diploma and are more likely to live in poverty, while adolescent fathers are more likely to finish fewer years of school and earn less income by age 27.[30] Finally, children of adolescents are more likely to have health and cognitive disadvantages and be neglected or abused.[31]

Sexually Transmitted Diseases

The prevalence and incidence of sexually transmitted diseases (STDs) is another public health risk indicator. Individuals engaging in unprotected sex may contract or spread these diseases; furthermore, unprotected sex can lead to HIV infections and unplanned pregnancies. STDs often go undetected, and left untreated, can cause serious health consequences including infertility.[32] The Centers for Disease Control and Prevention estimates that 19 million new infections occur every year in the U.S. and young people ages 15-24 account for nearly half of new STDs.[33]

In 2011, there were 69,212 Texans living with HIV.[34] Over three-quarters (77.8%) were male and 22.2% were female; nearly half (48.4%) were age 45 or older.[35] Black individuals are disproportionately impacted, with a rate of 896.5 cases per 100,000 population—over four-and-a-half times larger than any other race/ethnic group.[36] Black individuals also comprise the largest percentage of those living with HIV (38.6%, or 26,705 individuals) although they represent only 11.7% of the total Texas population.[37] There were 3,763 Travis County residents living with HIV in 2011, the fifth-highest total for all counties in the state.[38] Of those, 242 were new HIV cases and 124 were new AIDS cases.[39] Comparing the first two quarters (January-June) of 2012 to the first two quarters of 2011, there were a higher number of new HIV infections but a lower number of AIDS diagnoses: There were 137 new HIV infections and 44 new AIDS diagnoses between January and June of 2012, versus 118 new HIV infections and 57 new AIDS diagnoses in the same time period for 2011.[40]

From 2004 to 2011, chlamydia cases nearly doubled, from 3,422 cases in 2004 (a rate of 391.3 per 100,000) to 6,223 cases in 2011 (a rate of 615.5 per 100,000).[41] Total syphilis cases (primary, secondary, and latent) in Travis County increased from 178 to 351 over this same time period, representing a rate increase of

20.4 cases to 34.7 cases per 100,000, respectively.[42] Though the number of cases has increased, gonorrhea rates have remained nearly identical over the same eight year period—144.0 cases per 100,000 in 2004 compared to 148.9 cases per 100,000 in 2011.[43] For each of these STDs, Travis County had the fifth-highest number of STD cases among all Texas counties in 2011; however, when comparing STD rates, Travis County is ranked 15th for total syphilis, 16th for chlamydia, and 24th for gonorrhea.[44]

Rates of Hepatitis A and B have declined across the state, and this decline is attributed to the implementation of a successful immunization policy.[45] This trend is also seen locally. In 2006, there were 11 cases of Hepatitis A in Travis County (1.2 cases per 100,000); this number dropped to 6 in 2011, a rate of 0.6 per 100,000.[46] A similar decline shows in the county's Hepatitis B cases, from 24 cases in 2006 (2.4 cases per 100,000) to 10 cases in 2011 (1.0 cases per 100,000).[47] Since 2005, Texas has reported less than 100 cases of acute Hepatitis C each year, and in 2011, 37 cases were reported (0.1 cases per 100,000).[48] There were two reported Hepatitis C cases in Travis County in 2011, the highest number since 2006, and at 0.2 cases per 100,000, the county had an incidence rate slightly above the state's.[49] There is no vaccine for Hepatitis C, and chronic Hepatitis B and C account for more than 50% of new cases of chronic liver disease, a leading cause of death.[50] About half of the number of people estimated to be living with Hepatitis B and C are unaware of their infection status, so reported incidence rates likely do not capture the full picture of infections across the county.[51]

Chronic Health Conditions

Chronic health conditions, such as diabetes and cardiovascular disease, are among the most common and costly, yet preventable, health problems in the U.S.[52] Chronic conditions account for 75% of the nation's health spending.[53] Direct costs of chronic health conditions include substantially higher medical expenses; even among individuals with employer-sponsored health care plans, those coping with chronic illness pay more out of pocket, primarily because of higher prescription copays.[54] Indirect costs from chronic illnesses include declines in worker productivity, absenteeism at work and school, and a diminished quality of life.[55] Workers who are overweight or obese and/or have other chronic health conditions comprise around 86% of the full-time U.S. workforce; these individuals miss an estimated 450 million additional days of work each year compared to healthy workers.[56] The financial impact of this absenteeism is estimated to be more than $153 billion in lost productivity and does not include the lost productivity of workers who go to work but are less productive in their jobs due to poor health.[57]

Common causes of chronic health conditions include lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption.[58] There are widespread health disparities in the incidence and mortality rates of chronic conditions among racial and ethnic minorities.[59] Physical and social environmental factors also play a role. For example, the presence of sidewalks, playgrounds, and parks in one's neighborhood, and proximity to supermarkets with affordable and nutritious food, can promote

health by encouraging healthy behaviors.[60] Children in close-knit neighborhoods are more likely to receive guidance from multiple adults, which could reduce health-damaging behaviors like smoking, drinking, or drug use, and the availability of services and opportunities in one's neighborhood, such as transportation, other municipal services, and employment opportunities, can also influence health.[61]

Type 2 diabetes accounts for the majority of all diagnosed cases of diabetes.[62] Risk factors associated with Type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, and lack of physical activity.[63] Diabetes can lead to serious health consequences, such as heart disease, blindness, kidney failure, and lower-extremity amputations.[64] Diabetes was the seventh leading cause of death in the state in 2010, and the prevalence of diabetes increased by 56.5% from 2000 to 2010.[65] Diabetes projections for Texas show a continued upward trend, from 17.1% of population in 2020 to 23.8% in 2040.[66] Travis County projections also indicate an increase in the percentage of the population with diabetes—from 15.9% in 2020 to over one-quarter (25.2%) in 2040.[67] In 2011, 8.0% of adults ages 18 and over in Travis County had been diagnosed with diabetes, lower than the state average of 10.2%.[68,f] Prevalence in the county increased with age (18.7% for those 65 years old and older) and males (9.8%) were more likely than females (6.0%) to have diabetes.[69] College graduates had a much lower prevalence rate (3.5%) compared to adults with a high school diploma (13.8%) or those with less than a high school education (13.6%), while the overall prevalence among Blacks (22.5%) was substantially higher than Whites (4.9%) and Hispanics (9.2%).[70] Prevalence varied across income level—8.6% of adults making less than $25,000 had diabetes, compared to 5.1% of adults with incomes of $50,000 or higher; adults with incomes between $25,000 and $49,999 had the highest rate, at 13.1%.[71] As with other chronic health conditions, diabetes leads to increased costs, both direct (e.g. medical expenditures) and indirect (e.g. increased absenteeism and reduced productivity). Texas had $8 billion in direct costs and $4 billion in indirect costs in 2007, and approximately $1 in $10 health care dollars is attributed to diabetes.[72]

Cardiovascular disease (CVD) refers to a group of diseases that target the heart and blood vessels and is the number one cause of death in Texas.[73] Risk factors include: multiple inherited traits, environmental factors, diet and exercise, body mass index, blood pressure, cholesterol levels, and tobacco use; common forms of CVD include high blood pressure, coronary heart disease, stroke, and congestive heart failure.[74] Overall, Travis County residents had a lower prevalence of CVD risk factors versus the rest of the state. Data from the 2011 behavioral risk factor survey show county residents with lower rates of cardiovascular disease[g] (5.0%) compared to Texas as a whole (7.5%).[75] Health disparities existed across race/ethnicity and

f 2011 data from the Behavioral Risk Factor Surveillance System includes cell phones and a new weighting system and should be considered a new baseline. Comparing 2011 data to earlier data is not recommended given the changes in methodology.

g Cardiovascular disease rates, as reported by the Behavioral Risk Factor Surveillance System, were computed by combining the following three questions: 1) "Have you ever been told you had a heart attack?" 2) "Have you ever been told that you had angina or coronary heart disease?" and 3) "Have you ever had a stroke?"

education levels, particularly in increased prevalence rates for Black individuals (11.1%) and individuals without a high school diploma (12.5%).[76] Age was the strongest determinant of cardiovascular disease, though, as individuals ages 65 and older had the highest prevalence rate (17.1%).[77]

Cardiovascular Disease (CVD) Risk Factors
Travis County and Texas, 2011

Risk Factor	*Travis County*	*Texas*
Diabetes	8.0%	10.2%
Current Smoker	16.3%	19.2%
Overweight and Obesity (Body Mass Index >=25)	55.6%	65.8%
Obesity (Body Mass Index >=30)	19.1%	30.4%
No Leisure Time/Physical Activity	19.7%	27.2%

Created by: Travis County HHS/VS Research & Planning Division, 2013. Source data: Behavioral Risk Factor Surveillance System, Texas Department of State Health Services.

Overweight and Obesity

A variety of factors contribute to people being overweight or obese, with behavior and environment both playing a large role. Behavioral factors include eating too many calories and not getting enough physical activity, while genetics and some illnesses and medications may also contribute to overweight or obesity.[78] A person's environment or community (such as having a lack of sidewalks or safe areas to walk), culture, and socioeconomic status are other potential contributing factors.[79] In 2011, an estimated 30.4% of adults in Texas were obese (i.e. having a Body Mass Index of 30 or greater).[80] The Travis County percentage was lower, at 19.1%.[81] Higher obesity rates were seen in Black (45.8%) adults, adults without a high school diploma (28.9%) or with only a high school education (26.5%), and adults with incomes below $25,000 (24.8%).[82]

Overweight and obesity increase the risk of many health conditions, such as heart disease, diabetes, cancer, and high blood pressure, among others.[83] People who are obese have higher medical costs than those with a normal body weight—a difference of $1,429 in 2008—and obesity has been linked with reduced worker productivity and chronic absence from work.[84] If current trends hold, more than half (57.2%) of Texas adults could be obese by 2030.[85] One study found that if the average body mass index of residents decreased by 5%, it could lead to a potential cost savings of $54 billion by 2030.[86]

Childhood obesity rates have tripled nationally in the past 30 years.[87] Obese children and youth are more likely to have risk factors for cardiovascular disease, prediabetes, and other negative health, social, and psychological effects; long-term, these children and youth are more likely to be obese as adults and thus at greater risk for the health conditions associated with obesity.[88] In 2011, 15.6% of Texas youth were

obese, and rates were particularly high for males (19.0%) and Black youth (19.2%).[89,h]

Access to Health Care

Underlying our community response to these health conditions is access to affordable, quality care. Health insurance is an important component of health care accessibility as it directly impacts access to preventative health care and the affordability of therapeutic interventions (e.g., medicine, physical therapy, and behavioral health). Individuals without health insurance are more than twice as likely to delay or forgo needed care, compared to those with health insurance; delaying or forgoing care can lead to serious health problems and hospitalizations for avoidable conditions.[90] Further, the uninsured are three times more likely to be unable to pay for basic necessities because of their medical bills.[91]

In 2011, an estimated 23.0% of the population in Texas was uninsured, exceeding the U.S. rate (15.1%).[92] Rates in Travis County were lower than the state but still well above the national rate, with an estimated 19.8% of the population (or 209,348 people) lacking health insurance.[93]

Emerging Issues

The Patient Protection and Affordable Care Act (PPACA), signed into law in 2010, will greatly improve access to health care by both mandating that nearly everyone carry health insurance and offering subsidies to individuals and families at or below 400% of the federal poverty level for the purchase of health insurance. The Act allows young adults up to age 26 to remain insured under their parents' policies, greatly expands coverage for preventative care, and prohibits annual or lifetime coverage limits as well as pre-existing condition denials. The bill also allows for expansion of Medicaid to all persons up to 138% of the federal poverty level, but at present it is doubtful that Texas will implement this expansion of Medicaid.

Cost controls for Medicaid, Medicare, and the Children's Health Insurance Program continue to be of great concern at the federal and state levels and will be addressed in the 83rd session of the Texas Legislature. Other public health funding streams are likely targets for reductions at both the state and federal levels.

The Women's Health Program (WHP) is a Medicaid program that came to Texas in 2007 as a pilot program, providing low-income women with preventative care and contraception, including annual screenings for breast and cervical cancer, diabetes, high blood pressure, high cholesterol, tuberculosis and sexually transmitted diseases. The program has never included abortion services. Much of this care has been provided by Planned Parenthood clinics. The 82nd Legislature passed Senate Bill 7 (SB 7) which excluded

h In children, obesity is defined as having a body mass index (BMI) at or above the 95th percentile for BMI by age and sex.

the appropriation of WHP funds to any provider that performs, promotes or contracts with any entity performing or promoting elective abortions. As a result, Planned Parenthood and other providers have been banned from participation in the program. Despite challenges in court, the state has elected to continue the program—now called the Texas Women's Health Program—without providers excluded via SB 7. The new program is funded completely with state dollars,[94] as all Medicaid dollars (which have constituted 90% of the program funding since its inception) have been pulled because the exclusion of Planned Parenthood and other providers referenced in the bill defies federal law. Since passage of SB 7, at least three Travis County clinics have been completely defunded of their WHP Medicaid funds, totaling a local loss of $1.4 million in federal funds for 2012.[95] In 2011, these three clinics served a total of 8,615 clients under the original WHP program.[96] The Texas Women's Health Program is in operation at the time of this writing, but changes in the pool of participating local providers may be a barrier to access to care for Travis County clients.[97]

In December 2011, Texas was approved to implement a Medicaid 1115 Waiver. These waivers give states flexibility to design and improve their Medicaid programs in the areas of service expansion and innovation and reduced costs. In 2012, public health regions were busy planning for implementation of the five-year waiver. Travis County is the most populous of the six counties included in Public Health Region 7, draft plans for which include (but are not limited to) activities supporting the following goals:[98]

1. Prepare and develop infrastructure to improve the health of the current and future Region 7 population to include the right mix of providers, better data, and service delivery locations that are more accessible.
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.

In concert with the 1115 Waiver planning are a number of local planning and coordination efforts focused on improving health and health care in Travis County. Among these are the Community Care Collaborative—a nonprofit organization tasked with reorganizing local safety-net health care—and the Austin Travis County Community Health Assessment and Community Health Improvement Plan, which is described in the Further Resources section below.

Further Resources

Public Health and Access to Healthcare has strong ties with the Behavioral Health issue area. Investments in behavioral health services provide prevention, intervention, and treatment to adults and children who have been impacted by issues of mental illness, substance abuse, and developmental disabilities. Behavioral health plays a major role in a person's ability to maintain good physical health, and physical health problems, such as having a chronic disease, can negatively impact mental health and treatment outcomes.[99] Research has found that people who experience a physical health problem, such as diabetes or heart disease, are three times more likely to seek mental health care than those who report no physical ailment.[100] These examples illustrate how physical health and mental health are inextricably linked.

Below are some selected resources that provide more information about public health data, research, and local planning efforts.

Robert Wood Johnson Foundation

http://www.rwjf.org

The Robert Wood Johnson Foundation is the nation's largest philanthropy devoted solely to public health and focuses on improving both the public's health and their health care. The website provides research and information on the following program areas: reversing childhood obesity, ensuring coverage for the uninsured, investing in people to improve health, fostering pioneering ideas, improving the public's health, advancing health care quality, and helping the most vulnerable populations.

Austin/Travis County Community Health Planning

http://www.austintexas.gov/healthforum

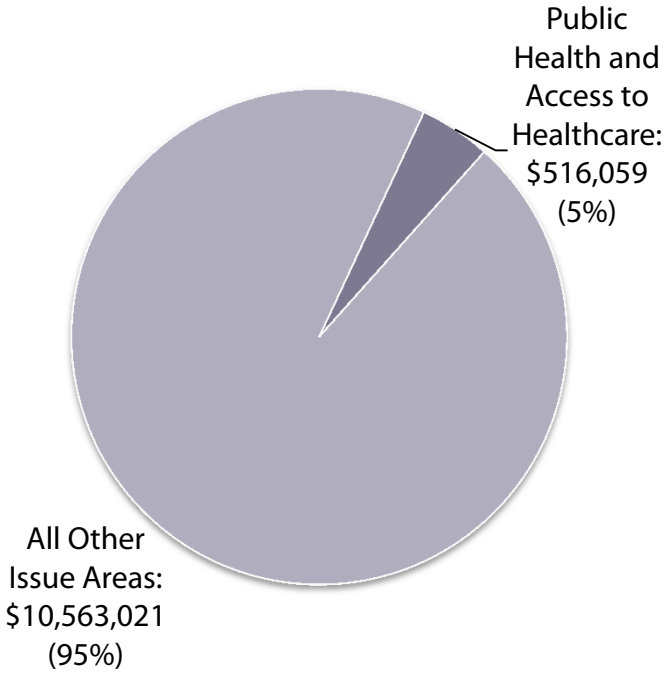
A collaboration of community members, partners, and stakeholders (including the Austin/Travis County Health & Human Services Department, Travis County Health and Human Services & Veterans Service, Central Health, St. David's Foundation, Seton Healthcare Family, and the University of Texas Health Science Center at Houston School of Public Heath Austin Regional Campus) is leading a comprehensive community health planning effort to measurably improve the health of Austin/Travis County residents. This process will result in both a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP).

Performance Highlights

Our Investment

TCHHS/VS has departmental and contracted programs that offer public health and access to healthcare services. Services contracted through non-profits in this issue area focus their efforts on prevention of teen pregnancy and HIV/AIDS; promotion of better nutrition through increased accessibility to healthy foods; and improving outcomes for people living with HIV/AIDS and individuals with disabilities. Please note that the scope of this summary is limited to the Department's social service investments and does not include the roles and responsibilities assumed by Central Health (the Travis County Healthcare District) or the County's responsibilities for public health carried out via a $3.1 million interlocal agreement with the Austin/Travis County Health and Human Services Department.

Investment in Public Health and Access to Healthcare and Other Issue Areas, 2012



The Department's Public Health and Access to Healthcare investment includes the following agencies: AIDS Services of Austin; Planned Parenthood of Austin Family Planning, Inc.; Sustainable Food Center; and Wright House Wellness Center, Inc.

AIDS Services of Austin

Food Bank

Program Description

The Food Bank program offers quality food, personal and household hygiene products, and nutritional supplements for people with HIV and AIDS who are at risk of declining health due to their inability to take in adequate food and nutrients. The mission of the Helping Hands Food Bank is to offer nutritious food—for eating, for cooking, and for life. The primary goals of the grocery program are to: 1) offer nutritional products that enable low-income HIV positive persons to improve or maintain their health; and 2) provide quality nutrition that meets the dietary health needs of people with HIV through products that supplement other food sources. Food Bank staff works with Dietitians to plan, order, and purchase nutritional products such as seasonal fruits; vegetables and herbs; whole grains and cereals; foods high in protein including meat, fish, beans and legumes; dairy products; and nutritional products that are convenient to prepare yet nutritiously sound, such as low-salt soups and broths, nuts, and dried fruit. In addition to quality nutritional products, the Food Bank offers personal and household products such as toothbrushes, floss, and toothpaste approved for patient care by the Dental Clinic's Registered Dental Hygienist, deodorant, shaving supplies, body lotion, laundry detergent, household cleaning supplies, toilet paper, paper towels, foil, plastic food wrap, and garbage bags.

Funding

The total TCHHS/VS investment in the Food Bank program for 2012 was $62,500. This investment comprised 25.1% of the total program budget. TCHHS/VS also funds three additional programs at AIDS Services of Austin: MPowerment, Non-Medical Case Management, and VOICES, which are all described in this report.

Eligibility Criteria

The target population for the Food Bank program is individuals symptomatic with HIV disease who reside in Travis County and have an annual household income at or below 150% of Federal Poverty Income Guideline level.

AIDS Services of Austin: Food Bank

Nearly three-quarters (73%) of clients served by the Food Bank were male and 24% were female. Those listed with a gender of unknown reflect transgender clients. Three-quarters (75%) of clients were in the 40 to 59 age group. Over one-quarter (29%) of clients were Hispanic or Latino. More than one-half (54%) of clients were White and 43% of clients were Black or African American. Clients with incomes between 50% and 100% of the Federal Poverty Income Guideline level comprised 42% of the population served. (See Appendix A for specific guideline income levels.)

Gender	Num.	Pct.
Female	94	24%
Male	279	73%
Unknown	11	3%
Total	*384*	*100%*

Ethnicity		
Hispanic or Latino	112	29%
Not Hispanic or Latino	272	71%
Total	*384*	*100%*

Race		
Population of one race:		
American Indian or Alaska Native	7	2%
Asian	3	1%
Black or African American	164	43%
White	208	54%
Some other race	1	0.3%
Other and Unknown:		
Unknown	1	0.3%
Total	*384*	*100%*

Age	Num.	Pct.
15 to 17	1	0.3%
18 to 24	3	1%
25 to 39	58	15%
40 to 59	289	75%
60 to 74	31	8%
Unknown	2	1%
Total	*384*	*100%*

Income		
<50% of FPIG	109	28%
50% to 100%	162	42%
101% to 150%	87	23%
151% to 200%	20	5%
>200%	4	1%
Unknown	2	1%
Total	*384*	*100%*

Note: Percentages may not total to 100% due to rounding.

AIDS Services of Austin: Food Bank

Client ZIP Codes

One-quarter of clients in this program lived in the Northeast area of Travis County. The East (22%) area also had a sizeable share of clients in residence. (See Appendix B for ZIP code classification map.)

Northeast	Num.	Pct.
78621	4	1.0%
78653	1	0.3%
78660	3	0.8%
78664	5	1.3%
78752	40	10.4%
78753	32	8.3%
78754	9	2.3%
Total Northeast	*94*	*24.5%*

Southeast		
78610	4	1.0%
78612	2	0.5%
78617	4	1.0%
78640	1	0.3%
78741	36	9.4%
78744	13	3.4%
78747	1	0.3%
Total Southeast	*61*	*15.9%*

West		
78703	2	0.5%
78746	2	0.5%
Total West	*4*	*1.0%*

Northwest	Num.	Pct.
78613	1	0.3%
78641	3	0.8%
78654	1	0.3%
78726	1	0.3%
78750	1	0.3%
Total Northwest	*7*	*1.8%*

Southwest		
78704	20	5.2%
78736	1	0.3%
78745	18	4.7%
78748	3	0.8%
78749	1	0.3%
Total Southwest	*43*	*11.2%*

Others		
Outside of Travis Co.	17	4.4%
Unknown	1	0.3%
Total Others	*18*	*4.7%*

North	Num.	Pct.
78727	4	1.0%
78728	4	1.0%
78729	2	0.5%
78757	6	1.6%
78758	23	6.0%
78759	2	0.5%
Total North	*41*	*10.7%*

East		
78702	22	5.7%
78721	11	2.9%
78722	2	0.5%
78723	38	9.9%
78724	10	2.6%
78725	1	0.3%
Total East	*84*	*21.9%*

Central		
78701	7	1.8%
78705	1	0.3%
78751	11	2.9%
78756	13	3.4%
Total Central	*32*	*8.3%*

Note: Percentages may not total to 100% due to rounding.

AIDS Services of Austin: Food Bank

The Food Bank program exceeded goals on two measures but fell slightly short of targeted performance on one measure. Program staff report that during the fourth quarter of 2012, they had fewer than expected clients receiving services (see the first output) due to case managers closing out unusually high numbers of clients and Case Management/Food Bank intakes not being completed during the third quarter due to staffing vacancies. Clients must be case managed to be eligible for Food Bank services, and when clients are closed to case management, they no longer qualify for Food Bank services.

Staff attribute the high percentage of client satisfaction (see the outcome) to the program's dedicated staff working to provide high-quality client services.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	384	445	86%
Number of units delivered to unduplicated clients (unit of service equals food and hygiene products)	5,045	4,939	102%
Outcomes			
Percentage of clients surveyed who report satisfaction with quality of services	90% (56/62)	78% (18/23)	115%

AIDS Services of Austin

MPowerment

Program Description

The MPowerment program is aimed at individual young, gay men at various stages of behavior change. The program offers short-term and social activities for those questioning risk behaviors; leadership activities for those who are fully committed to risk reduction; as well as alternative social venues to encourage and reinforce risk reduction behaviors. MPowerment is a long-term, multi-level intervention targeting gay, bisexual or questioning gay men ages 18 to 29. The program aims to develop and support a gay-positive community where safer sex is the norm, relying on volunteers and peers in the young, gay community to provide HIV prevention messages through a variety of means: social settings, discussion groups, and information and materials designed by and for participants.

Funding

The total TCHHS/VS investment in the MPowerment program for 2012 was $80,360. This investment comprised 44.4% of the total program budget. TCHHS/VS also funds three additional programs at AIDS Services of Austin: Food Bank, Non-Medical Case Management, and VOICES, which are all described in this report.

Eligibility Criteria

The target population for this program is African American, Latino, and White men, ages 18 to 29, who have sex with men, which is a risk factor for HIV transmission.

Client Demographics and Client ZIP Codes

Due to the nature of the services provided, individual client demographics and ZIP codes are unavailable.

AIDS Services of Austin: MPowerment

The MPowerment program surpassed performance expectations for all but one measure, falling short of goals on the second outcome measure. Program staff attribute this result to the wording of the measurement tool used to collect MGroup data. The items fail to take into account the sexual activity of participants. Participants who are not sexually active or who practice safer sex regularly will both enter and exit MGroup with a low perceived susceptibility of contracting HIV. Also, participants who engage in less risky sex behaviors often leave with a sense of relief and empowerment in their newfound knowledge that the acts which they choose to engage in are lower risk activities. The evaluation has been retooled and its amended outcomes have been included in the work plan for 2013.

The program's continued implementation of the committee-based core group model, revisiting how core group members are selected and the procedure by which the meetings are conducted, and the addition of bimonthly general core group meetings all contributed to a higher number of core group participants (see the first output).

The MGroup program saw larger numbers of participants (see the second output) for a variety of reasons: 1) facilitating the group at other organizations' spaces as a mobile MGroup; 2) rebranding MGroup to "Below the Belt;" 3) continuing the use of gift card incentives for recruiters; 4) an effective outreach strategy combining physical community presence and the development of a social media presence; 5) the growth of the HIV positive support group, "Q Poz," to bolster targeted safer sex education in the positive community; and 6) the addition of "The Whole Package," a gay/bi drop-in support group.

The number of social events participants greatly exceeded performance targets (see the third output). The program partnered with TENT (Transgender Education Network of Texas) and ACC Gay Straight Alliance, which helped increase engagement. The Queer People of Color and Allies (QPOCA) block party and PRIDE saw record numbers of outreach contacts and volunteer participations (see the fourth output).

Finally, MGroup is designed to increase risk-reduction behavior and eroticize condom use and safer sex. The program's evidence base shows success at diffusing safer-sex norms through social networks by making safer sex seem fun and doable (see the first outcome).

AIDS Services of Austin: MPowerment

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of core group clients	204	100	204%
Number of unduplicated MGroup clients	93	87	107%
Number of social events participants	2,410	650	371%
Number of outreach activity participants	2,698	1,325	204%
Outcomes			
Percentage of men who attend an MGroup session and report an HIV risk reduction strategy they feel they can attempt when sexually aroused	86% (80/93)	60% (52/87)	144%
Percentage of men who attend an MGroup session and report an increase in their perceived susceptibility related to personal risk of HIV/AIDS	12% (11/93)	66% (57/87)	18%

AIDS Services of Austin

Non-Medical Case Management

Program Description

The Non-Medical Case Management program links clients to primary medical care and psychosocial, legal, financial, and other support services and coordinates and advocates for needed services. The goals of the program are achieved by:

- Providing eligibility screening and ongoing assessment to HIV positive individuals in order to link them to appropriate services.
- Facilitating the intake process for individuals eligible for the program and referring individuals to the most appropriate HIV case management services in the community.
- Assuring that HIV positive individuals have access to, enter into, and remain in primary medical care in order to improve and maintain health.
- Linking HIV positive individuals to social and other support services in order to assist clients in remaining in primary medical care.
- Working with clients to help them meet service plan goals, and increase self-sufficiency by addressing barriers to client needs through advocacy, assisting in applying for social and primary medical services, and teaching clients the appropriate skills for successful self-advocacy.

Funding

The total TCHHS/VS investment in the Non-Medical Case Management program for 2012 was $193,937. This investment comprised 45.4% of the total program budget. TCHHS/VS also funds three additional programs at AIDS Services of Austin: Food Bank, MPowerment, and VOICES, which are all described in this report.

Eligibility Criteria

The target population for the Non-Medical Case Management program is all people residing in Travis County and living with HIV disease. While most clients are at or below 200% of the Federal Poverty Income Guideline level, there are no income eligibility requirements in order to receive services.

AIDS Services of Austin: Non-Medical Case Management

Over three-quarters (76%) of clients served were male and 24% were female. Please note that some of the men and women counted here are actually transgender clients. Nearly three-quarters (74%) of clients were between the ages of 40 and 59. Close to one-third (31%) of clients were Hispanic or Latino. More than one-half (56%) of clients were White and 40% of clients were Black or African American. Over one-third (39%) of clients had incomes between 50% and 100% of the Federal Poverty Income Guideline level. (See Appendix A for specific guideline income levels.)

Gender	Num.	Pct.
Female	56	24%
Male	182	76%
Total	*238*	*100%*

Ethnicity		
Hispanic or Latino	74	31%
Not Hispanic or Latino	164	69%
Total	*238*	*100%*

Race		
Population of one race:		
American Indian or Alaska Native	3	1%
Asian	5	2%
Black or African American	96	40%
White	134	56%
Total	*238*	*100%*

Age	Num.	Pct.
18 to 24	1	0.4%
25 to 39	43	18%
40 to 59	177	74%
60 to 74	17	7%
Total	*238*	*100%*

Income		
<50% of FPIG	63	26%
50% to 100%	93	39%
101% to 150%	58	24%
151% to 200%	15	6%
>200%	9	4%
Total	*238*	*100%*

Note: Percentages may not total to 100% due to rounding.

AIDS Services of Austin: Non-Medical Case Management

Client ZIP Codes

One-quarter of clients in the Non-Medical Case Management program were located in the Northeast area of Travis County. A substantial portion of the client population also resided in the East (19%) area. (See Appendix B for ZIP code classification map.)

Northeast	Num.	Pct.
78653	1	0.4%
78664	3	1.3%
78752	27	11.3%
78753	25	10.5%
78754	4	1.7%
Total Northeast	*60*	*25.2%*

Southeast		
78610	1	0.4%
78612	1	0.4%
78617	6	2.5%
78741	21	8.8%
78744	9	3.8%
Total Southeast	*38*	*16.0%*

West		
78703	3	1.3%
Total West	*3*	*1.3%*

Northwest	Num.	Pct.
78613	1	0.4%
78641	2	0.8%
78645	1	0.4%
78726	1	0.4%
78750	1	0.4%
Total Northwest	*6*	*2.5%*

Southwest		
78704	14	5.9%
78745	7	2.9%
78748	2	0.8%
Total Southwest	*23*	*9.7%*

Others		
Homeless	2	0.8%
Outside of Travis Co.	1	0.4%
Total Others	*3*	*1.3%*

North	Num.	Pct.
78727	4	1.7%
78728	2	0.8%
78729	3	1.3%
78757	4	1.7%
78758	20	8.4%
78759	3	1.3%
Total North	*36*	*15.1%*

East		
78702	10	4.2%
78721	7	2.9%
78722	1	0.4%
78723	19	8.0%
78724	8	3.4%
78725	1	0.4%
Total East	*46*	*19.3%*

Central		
78701	6	2.5%
78705	1	0.4%
78751	8	3.4%
78756	8	3.4%
Total Central	*23*	*9.7%*

Note: Percentages may not total to 100% due to rounding.

AIDS Services of Austin: Non-Medical Case Management

The Non-Medical Case Management program had mixed performance results, meeting both outcome goals but falling short of targets on both output measures. Staff members explain that the program experienced multiple staff shortages due to unanticipated staff leave as well as turnover. As a result, unit production fell short as the remaining staff on hand maintained their assigned case loads of 42 clients, in addition to meeting urgent needs for the clients of the staff persons who were on leave. All client needs were addressed and successfully met, as case managers take a client-centered approach to work with clients on all presenting issues and thus foster positive health outcomes.

Additionally, as ASA transitioned to a new Medical Case Management program, the program was forced to implement a six week wait list for case management services. This wait list allowed the agency to transition to a new case management model, new standards of care, new forms, and required trainings. Any client during this time that presented with an urgent need was provided an intake and brought into services. When the wait list ended, all clients who inquired about services were contacted again to provide intakes if still interested in services. Despite vacancies in the intake department, ASA maintained continuous provision of intake services. ASA has worked to ensure that the needs of clients are met without interruption, regardless of staffing challenges.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	238	315	76%
Number of units of service	15,450	19,800	78%
Outcomes			
Percentage of clients making progress on service plan objectives	86% (204/238)	80% (252/315)	107%
Percentage of clients receiving primary medical care based on "In-care Verification" form	85% (202/238)	85% (267/315)	100%

AIDS Services of Austin

VOICES

Program Description

The Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES) program is a one-hour Evidence Based Intervention targeting high-risk heterosexual persons of color and men who have sex with men (MSM). The goals for the VOICES/VOCES intervention are to:

- Reach high-risk heterosexual persons of color engaging in behaviors that increase risk for HIV infection and all MSMs with a proven method for conveying information on condom use as a means to reduce HIV/STD risk;
- Build additional knowledge among high-risk heterosexual communities of color and MSMs about HIV/STD risks, condom use as a prevention strategy, types of condoms available, and HIV-related service availability; and
- Develop additional skills among the target population in negotiating with sexual partners regarding condom use.

Funding

The total TCHHS/VS investment in the VOICES program for 2012 was $54,640. This investment comprised 43.8% of the total program budget. TCHHS/VS also funds three additional programs at AIDS Services of Austin: Food Bank, MPowerment, and Non-Medical Case Management, which are all described in this report.

Eligibility Criteria

The VOICES program targets high-risk heterosexual persons of color and men who have sex with men (MSM). The program aims to serve persons in poverty and persons who report at least one of these behavioral factors: MSM, multiple and/or anonymous sex partners, injecting drug use, sex with an injecting drug user, substance use/abuse, history of commercial sex work, and recent diagnosis of other sexually transmitted diseases. Clients are not required to document their eligibility for this program, but staff collects anonymous client demographics (including ZIP code), risk-taking behaviors and influencing factors, substance abuse, HIV status, testing history, and history of sexually transmitted diseases.

AIDS Services of Austin: VOICES

The VOICES program served more female (64%) than male (36%) clients. Adults between the ages of 25 and 39 comprised 43% of clients served. Over one-quarter (28%) of clients were Hispanic or Latino. Well over one-half (62%) of clients were White and 23% of clients were Black or African American. Given the anonymity required of the services provided, and because services are delivered in a single session without eligibility requirements, client income information is not collected.

Gender	Num.	Pct.
Female	359	64%
Male	205	36%
Total	*564*	*100%*

Ethnicity		
Hispanic or Latino	156	28%
Not Hispanic or Latino	368	65%
Unknown	40	7%
Total	*564*	*100%*

Race		
Population of one race:		
American Indian or Alaska Native	24	4%
Asian	8	1%
Black or African American	130	23%
Native Hawaiian or Other Pacific Islander	2	0.4%
White	350	62%
Some other race	30	5%
Population of two races:		
All other two race combinations	2	0.4%
Other and Unknown:		
Other	18	3%
Total	*564*	*100%*

Age	Num.	Pct.
18 to 24	119	21%
25 to 39	241	43%
40 to 59	167	30%
60 to 74	23	4%
Unknown	14	2%
Total	*564*	*100%*

Income		
Not Applicable	564	100%
Total	*564*	*100%*

Note: Percentages may not total to 100% due to rounding.

AIDS Services of Austin: VOICES

Client ZIP Codes

Clients living outside of Travis County accounted for 18% of VOICES participants. For clients residing within the county, the Southeast (17%) and Northeast (16%) saw the largest shares of clients. (See Appendix B for ZIP code classification map.)

Northeast	Num.	Pct.
78621	2	0.4%
78653	3	0.5%
78660	16	2.8%
78664	5	0.9%
78752	18	3.2%
78753	31	5.5%
78754	17	3.0%
Total Northeast	*92*	*16.3%*

Southeast		
78610	4	0.7%
78612	4	0.7%
78640	1	0.2%
78719	4	0.7%
78741	40	7.1%
78744	37	6.6%
78747	8	1.4%
Total Southeast	*98*	*17.4%*

West		
78663	1	0.2%
78703	2	0.4%
78746	5	0.9%
Total West	*8*	*1.4%*

Northwest	Num.	Pct.
78613	6	1.1%
78641	8	1.4%
78645	4	0.7%
78654	2	0.4%
78669	2	0.4%
78726	3	0.5%
78730	2	0.4%
78731	1	0.2%
78732	1	0.2%
78734	5	0.9%
78750	5	0.9%
Total Northwest	*39*	*6.9%*

Southwest		
78652	1	0.2%
78704	10	1.8%
78735	2	0.4%
78736	1	0.2%
78737	4	0.7%
78739	1	0.2%
78745	32	5.7%
78748	9	1.6%
78749	6	1.1%
Total Southwest	*66*	*11.7%*

Others		
Outside of Travis Co.	99	17.6%
Unknown	36	6.4%
Total Others	*135*	*23.9%*

North	Num.	Pct.
78727	7	1.2%
78728	5	0.9%
78729	5	0.9%
78758	24	4.3%
78759	7	1.2%
Total North	*48*	*8.5%*

East		
78702	14	2.5%
78721	12	2.1%
78722	1	0.2%
78723	26	4.6%
78724	12	2.1%
78725	6	1.1%
Total East	*71*	*12.6%*

Central		
78701	3	0.5%
78705	1	0.2%
78751	1	0.2%
78756	2	0.4%
Total Central	*7*	*1.2%*

Note: Percentages may not total to 100% due to rounding.

AIDS Services of Austin: VOICES

The VOICES program met all performance goals. In particular, the program was able to greatly exceed the target for clients completing the self-administered evaluation (see the second output). Staff members attribute this result to three strategies: 1) providing incentives (juice and chips) to clients in order to build trust, 2) increasing recognition for participants that complete the evaluation by providing a Certificate of Accomplishment for completing the VOICES session, and 3) explaining to participants the importance of filling out the evaluation, in order to empower clients with a sense of ownership and responsibility regarding their participation in programs funded by the community. Program staff believe that the visual aids (condom displays) they crafted contributed to an enhanced experience for the participants. In addition, participants received safer sex kits that contained a variety of condoms, allowing them to sample and choose between a greater range of available protective items. These factors helped increase knowledge regarding the different types of condoms available (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	564	578	98%
Number of clients that complete the self-administered evaluation	564	347	163%
Outcomes			
Percentage of clients who complete the VOICES/ VOCES intervention and report an increase in self-efficacy regarding condom use	75% (424/564)	75% (260/347)	100%
Percentage of clients who complete the VOICES/ VOCES intervention and report increased knowledge regarding different types of condoms available	83% (468/564)	75% (260/347)	111%

Planned Parenthood of Austin Family Planning, Inc.

Teen Pregnancy Prevention Program

Program Description

The Teen Pregnancy Prevention Program provides health education programming designed to prevent pregnancy and sexually transmitted diseases (STDs) among teens (both boys and girls); educates teens about behaviors that can put them at risk for pregnancy and STDs; and helps them learn about making informed and responsible decisions about their sexual behavior, setting boundaries, and developing healthy communication with others (including their parents and potential partners) about these issues. Educational presentations are available in Spanish to meet the growing need for bilingual health education.

In 2012, Planned Parenthood implemented a promising program[i] with the Ann Richards School for Young Women Leaders to deliver a semester-long, weekly curriculum to 150 eighth grade girls. The curriculum addresses knowledge, values, and skill building for the refusal/delay of sex, as well as communication with parents and other trusted adults, two critical skills for healthy sexual decision making. Content includes medically accurate, age appropriate information about human anatomy and sexuality, as well as identifying the qualities of healthy and unhealthy relationships, addressing obstacles to abstinence, methods of contraception, STD/HIV transmission, refusal skills for sexual activity, and goal setting and decision making.

Funding

The total TCHHS/VS investment in the Teen Pregnancy Prevention program for 2012 was $29,601. This investment comprised 18.5% of the total program budget.

i A "promising program," as defined by the CDC, is one that has begun formal evaluation and has most of the characteristics of programs that have shown to be effective.

Planned Parenthood of Austin Family Planning, Inc.

Teen Pregnancy Prevention Program

Eligibility Criteria

The Teen Pregnancy Prevention Program provides health education to teens, their parents and other adults who routinely interact with adolescents, with a focus in the central Austin area, in schools and neighborhoods at high risk for teen pregnancy. Educational sessions are regularly provided to diverse audiences across the Austin area and include public, charter, private, and vocational schools, religious institutions, youth and social service agencies, civic organizations, detention and probation service facilities, treatment centers, and agencies for the disabled. Planned Parenthood's health education staff provides educational sessions for several Austin ISD schools, as well as Austin area charter schools. Most of the schools serve students that live in ZIP codes identified as areas in which residents are at high risk for unintended pregnancy, have a higher concentration of adverse health risks, and have a greater likelihood of dropping out of school. The Ann Richards School for Young Women Leaders serves girls from economically disadvantaged backgrounds. Educational presentations are also held at afterschool teen programs, recreational centers and other youth serving agencies.

Planned Parenthood of Austin: Teen Pregnancy Prevention Program

Client Demographics

Close to two-thirds (63%) of program participants were female and nearly one-half (46%) of participants were teens in the 15 to 17 age range. Hispanic or Latino participants accounted for 44% of the population served. A majority (70%) of participants were White and 15% of participants were Black or African American. Because this program primarily serves teens, income information is not collected.

Gender	Num.	Pct.
Female	903	63%
Male	477	33%
Unknown	56	4%
Total	*1,436*	*100%*

Ethnicity		
Hispanic or Latino	634	44%
Not Hispanic or Latino	737	51%
Unknown	65	5%
Total	*1,436*	*100%*

Race		
Population of one race:		
American Indian or Alaska Native	4	0.3%
Asian	24	2%
Black or African American	221	15%
Native Hawaiian or Other Pacific Islander	7	0.5%
White	1,008	70%
Population of two races:		
American Indian or Alaska Native **and** White	3	0.2%
Black or African American **and** White	4	0.3%
All other two race combinations	5	0.3%
Other and Unknown:		
Other	9	1%
Unknown	151	11%
Total	*1,436*	*100%*

Age	Num.	Pct.
10 to 14	285	20%
15 to 17	655	46%
18 to 24	283	20%
25 to 39	141	10%
40 to 59	60	4%
60 to 74	3	0.2%
Unknown	9	1%
Total	*1,436*	*100%*

Income		
Not Applicable	1,436	100%
Total	*1,436*	*100%*

Note: Percentages may not total to 100% due to rounding.

Planned Parenthood of Austin: Teen Pregnancy Prevention Program

Client ZIP Codes

This program served participants across Travis County, with the highest percentage of participants living in the North area (19%). The Southwest (16%) and East (15%) areas also had substantial numbers of participants in residence. (See Appendix B for ZIP code classification map.)

Northeast	Num.	Pct.
78621	2	0.1%
78653	6	0.4%
78660	15	1.0%
78664	16	1.1%
78752	23	1.6%
78753	70	4.9%
78754	37	2.6%
Total Northeast	*169*	*11.8%*

Southeast		
78610	3	0.2%
78617	4	0.3%
78640	7	0.5%
78741	47	3.3%
78742	2	0.1%
78744	43	3.0%
78747	13	0.9%
Total Southeast	*119*	*8.3%*

West		
78620	3	0.2%
78703	36	2.5%
78738	75	5.2%
78746	2	0.1%
Total West	*116*	*8.1%*

Northwest	Num.	Pct.
78613	21	1.5%
78641	2	0.1%
78645	1	0.1%
78669	30	2.1%
78726	4	0.3%
78730	1	0.1%
78731	5	0.3%
78734	116	8.1%
78750	1	0.1%
Total Northwest	*181*	*12.6%*

Southwest		
78652	2	0.1%
78704	89	6.2%
78735	1	0.1%
78737	3	0.2%
78739	4	0.3%
78745	56	3.9%
78748	67	4.7%
78749	3	0.2%
Total Southwest	*225*	*15.7%*

Others		
Homeless	1	0.1%
Outside of Travis Co.	99	6.9%
Unknown	23	1.6%
Total Others	*123*	*8.6%*

North	Num.	Pct.
78727	10	0.7%
78728	1	0.1%
78729	11	0.8%
78757	10	0.7%
78758	233	16.2%
78759	5	0.3%
Total North	*270*	*18.8%*

East		
78702	61	4.2%
78721	24	1.7%
78722	4	0.3%
78723	36	2.5%
78724	83	5.8%
78725	6	0.4%
Total East	*214*	*14.9%*

Central		
78701	1	0.1%
78705	6	0.4%
78751	10	0.7%
78756	2	0.1%
Total Central	*19*	*1.3%*

Note: Percentages may not total to 100% due to rounding.

Planned Parenthood of Austin: Teen Pregnancy Prevention Program

Planned Parenthood exceeded all performance expectations. Staff members note that, due to the success of their evidence-based, multi-session programs, the number of requests from teachers and group leaders increased. This led to more clients participating in evidence-based or promising programs (see the second output). Staff attribute the increasing concern regarding high teen birth rates in Travis County and Austin to the large number of requests for presentations (see the third output). Staff explain that 2012 was the first year the program reported this output, and in recognizing their greater capacity, they have increased the goal for 2013.

A strong focus on parental involvement and communication, which is reinforced by teachers and group leaders, led to an increased number of students reporting that they were more likely to discuss issues related to sex with a parent (see the second outcome) as well as an increased number of students who completed three or more parent-teen homework activities (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,436	1,400	103%
Number of unduplicated clients from Output #1 participating in evidence-based or promising programs	179	150	119%
Number of educational presentations provided by health educators	129	70	184%
Outcomes			
Percentage of participants who demonstrated increased knowledge about how to protect themselves from an unplanned pregnancy and STDs	87% (1,249/1,436)	80% (1,120/1,400)	109%
Percentage of evidence-based or promising program participants who report that they are more likely to discuss issues related to sex with a parent	93% (166/179)	70% (105/150)	132%
Percentage of evidence-based or promising program participants who complete 3 or more parent-teen homework activities designed to promote communication about sexual health, prevention of teen pregnancy and STDs, and healthy relationships with their parents	93% (166/179)	70% (105/150)	132%

Sustainable Food Center

Grow Local

Program Description

Grow Local is a community-based program that helps low-income individuals and families grow nutritious produce for their own consumption and encourages them to spread the harvest among their neighbors or through area food banks. The program works to increase the availability and consumption of locally-grown, healthy food by low-income children and adults. Grow Local increases the food gardening skills of these children and adults by partnering with social services organizations, community gardens, schools, and other institutions to offer food gardening instruction and materials. The program also improves self-sufficiency and food security by helping gardeners produce enough fruits and vegetables for themselves and their families, to share with others, and to sell at local markets.

Funding

The total TCHHS/VS investment in the Grow Local program for 2012 was $19,321. This investment comprised 38.4% of the total program budget.

Eligibility Criteria

The Grow Local program targets underserved children and adults within the City of Austin and Travis County, including: low-income residents; children and adults who are at risk for household food insecurity and/or face a higher risk for diet-related problems; schools serving a majority of economically disadvantaged students, as defined by the percentage of students eligible for free or reduced-priced meals under the National School Lunch and Child Nutrition Program; and underserved residents of Sustainable Food Center's four target ZIP codes. Clients served using TCHHS/VS funding must have a household income at or below 200% of the Federal Poverty Income Guideline level.

Sustainable Food Center: Grow Local

Over one-half (54%) of clients were female. Clients between the ages of 25 and 39 accounted for 30% of clients served. More than one-quarter (28%) of clients were Hispanic or Latino. Most (81%) clients were White. There was a sizeable percentage of clients with unknown incomes (27%), and 24% of clients had incomes over 200% of the Federal Poverty Income Guideline level. (See Appendix A for specific guideline income levels.) In spite of continued encouragement to do so, staff report that many participants prefer not to disclose their ages or income levels. Please note that demographics reflect only individual and non-institutional gardeners, not those in housing, school, or other group programs.

Gender	Num.	Pct.
Female	537	54%
Male	426	43%
Unknown	35	4%
Total	*998*	*100%*

Ethnicity		
Hispanic or Latino	284	28%
Not Hispanic or Latino	676	68%
Unknown	38	4%
Total	*998*	*100%*

Race		
Population of one race:		
American Indian or Alaska Native	13	1%
Asian	20	2%
Black or African American	66	7%
Native Hawaiian or Other Pacific Islander	6	1%
White	806	81%
Some other race	5	1%
Population of two races:		
American Indian or Alaska Native **and** White	1	0.1%
Asian **and** White	1	0.1%
All other two race combinations	1	0.1%
Other and Unknown:		
Other	24	2%
Unknown	55	6%
Total	*998*	*100%*

Age	Num.	Pct.
Under 5	57	6%
5 to 9	65	7%
10 to 14	60	6%
15 to 17	30	3%
18 to 24	57	6%
25 to 39	300	30%
40 to 59	149	15%
60 to 74	45	5%
75 and over	7	1%
Unknown	228	23%
Total	*998*	*100%*

Income		
<50% of FPIG	134	13%
50% to 100%	135	14%
101% to 150%	128	13%
151% to 200%	90	9%
>200%	238	24%
Unknown	273	27%
Total	*998*	*100%*

Note: Percentages may not total to 100% due to rounding.

Sustainable Food Center: Grow Local

Client ZIP Codes

A sizeable percentage of clients in the Grow Local program resided in the East (43%) area of Travis County. The Northeast (15%) and Southwest (14%) were other areas with client concentrations. (See Appendix B for ZIP code classification map.) Please note that ZIP codes reflect only individual and non-institutional gardeners, not those in housing, school, or other group programs.

Northeast	Num.	Pct.
78615	1	0.1%
78621	16	1.6%
78653	12	1.2%
78660	34	3.4%
78664	12	1.2%
78752	34	3.4%
78753	36	3.6%
Total Northeast	*145*	*14.5%*

Southeast		
78610	14	1.4%
78617	2	0.2%
78640	1	0.1%
78741	30	3.0%
78744	20	2.0%
Total Southeast	*67*	*6.7%*

West		
78703	10	1.0%
Total West	*10*	*1.0%*

Northwest	Num.	Pct.
78613	7	0.7%
78641	3	0.3%
78731	1	0.1%
Total Northwest	*11*	*1.1%*

Southwest		
78704	46	4.6%
78737	26	2.6%
78745	45	4.5%
78748	6	0.6%
78749	14	1.4%
Total Southwest	*137*	*13.7%*

Others		
Outside of Travis Co.	29	2.9%
Total Others	*29*	*2.9%*

North	Num.	Pct.
78727	5	0.5%
78728	13	1.3%
78729	3	0.3%
78757	31	3.1%
78758	31	3.1%
78759	4	0.4%
Total North	*87*	*8.7%*

East		
78702	125	12.5%
78721	73	7.3%
78722	36	3.6%
78723	119	11.9%
78724	69	6.9%
78725	5	0.5%
Total East	*427*	*42.8%*

Central		
78701	10	1.0%
78705	27	2.7%
78751	26	2.6%
78756	22	2.2%
Total Central	*85*	*8.5%*

Note: Percentages may not total to 100% due to rounding.

Sustainable Food Center: Grow Local

All Grow Local performance measures surpassed goals. Staff members cite increased recruitment efforts as the reason for higher numbers of gardeners receiving resources and education (see the first and second outputs). The larger number of participants, coupled with the fact that relatively favorable weather conditions allowed gardeners to produce and share generous harvests, resulted in increased meal equivalents and meal recipients (see the third and fourth outputs).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated individual and non-institutional gardeners receiving resources and education through the Grow Local program (persons may receive services and resources on multiple occasions)	998	500	200%
Number of unduplicated gardeners in housing, school, or other group programs receiving resources and education through the Grow Local program (persons may receive services and resources on multiple occasions)	12,088	4,500	269%
Number of Meal Equivalents (garden fresh produce shared by gardeners; 2 meal equivalents fit into one plastic grocery store bag)	10,742	7,620	141%
Number of Meal Recipients (persons receiving one or more meal equivalents; duplicated)	11,513	5,588	206%
Outcomes			
Percentage of Grow Local gardeners reporting increased knowledge and skills on quarterly surveys	90% (549/613)	90% (456/508)	100%
Percentage of Grow Local gardeners satisfied with services provided who returned their quarterly surveys	95% (584/613)	89% (454/508)	107%

Wright House Wellness Center, Inc.

Case Management

Program Description

The Case Management program assists HIV clients in accessing and staying in primary medical care, adhering to medical treatment regimens, increasing self-sufficiency (as defined by the client and case manager in the service plan), and maintaining or increasing quality of life. The program provides a specialized approach to providing services to individuals who are HIV-positive and serves as clients' primary link to HIV medical care, re-entry resources, housing and other basic needs, other community resources, and information. Specific services provided can include: intake and assessment, service planning, housing planning, medication adherence assistance, primary medical care retention assistance, information and referral, client advocacy, psychosocial support, and follow-up/ re-evaluation.

Funding

The total TCHHS/VS investment in the Case Management program for 2012 was $75,700. This investment comprised 34.7% of the total program budget.

Eligibility Criteria

Services are offered to HIV-positive individuals who are not enrolled in any other HIV case management program and who reside within Travis County. The Wright House Wellness Center's target population includes: men, women and transgender persons; White, African American, Latino/a, and others; intravenous drug users, substance users and the recently incarcerated. The Wright House Wellness Center also serves clients co-infected with HIV and Hepatitis C and/or living with mental health conditions.

Wright House Wellness Center: Case Management

Client Demographics

Nearly two-thirds (65%) of clients served were Male. Over one-half (61%) of clients were age 40 to 59, and 30% of clients were in the 25 to 39 age range. Hispanic or Latino clients comprised 30% of the client population. Almost two-thirds (65%) of clients were White, and 31% of clients were Black or African American. Over one-third (39%) of clients had incomes between 50% and 100% of the Federal Poverty Income Guideline level. (See Appendix A for specific guideline income levels.)

Gender	Num.	Pct.
Female	61	35%
Male	114	65%
Total	*175*	*100%*

Ethnicity		
Hispanic or Latino	52	30%
Not Hispanic or Latino	123	70%
Total	*175*	*100%*

Race		
Population of one race:		
American Indian or Alaska Native	2	1%
Black or African American	54	31%
White	113	65%
Some other race	2	1%
Other and Unknown:		
Other	3	2%
Unknown	1	1%
Total	*175*	*100%*

Age	Num.	Pct.
18 to 24	7	4%
25 to 39	52	30%
40 to 59	107	61%
60 to 74	8	5%
75 and over	1	1%
Total	*175*	*100%*

Income		
<50% of FPIG	57	33%
50% to 100%	68	39%
101% to 150%	29	17%
151% to 200%	12	7%
>200%	2	1%
Unknown	7	4%
Total	*175*	*100%*

Note: Percentages may not total to 100% due to rounding.

Wright House Wellness Center: Case Management

Client ZIP Codes

The Case Management program served clients in Travis County and surrounding areas. Clients outside of the county accounted for 21% of clients served. The Northeast and Southwest areas of Travis County each had 14% of the total client population in residence. (See Appendix B for ZIP code classification map.)

Northeast	Num.	Pct.
78664	2	1.1%
78752	13	7.4%
78753	8	4.6%
78754	2	1.1%
Total Northeast	*25*	*14.3%*

Southeast		
78617	2	1.1%
78741	14	8.0%
78744	6	3.4%
Total Southeast	*22*	*12.6%*

West		
78703	3	1.7%
Total West	*3*	*1.7%*

Northwest	Num.	Pct.
78641	1	0.6%
78726	1	0.6%
78734	1	0.6%
78750	1	0.6%
Total Northwest	*4*	*2.3%*

Southwest		
78704	9	5.1%
78745	12	6.9%
78748	3	1.7%
78749	1	0.6%
Total Southwest	*25*	*14.3%*

Others		
Outside of Travis Co.	37	21.1%
Total Others	*37*	*21.1%*

North	Num.	Pct.
78727	1	0.6%
78728	1	0.6%
78729	1	0.6%
78757	5	2.9%
78758	12	6.9%
78759	1	0.6%
Total North	*21*	*12.0%*

East		
78702	8	4.6%
78721	1	0.6%
78722	1	0.6%
78723	7	4.0%
78724	3	1.7%
78725	2	1.1%
Total East	*22*	*12.6%*

Central		
78701	4	2.3%
78705	4	2.3%
78751	2	1.1%
78756	6	3.4%
Total Central	*16*	*9.1%*

Note: Percentages may not total to 100% due to rounding.

Wright House Wellness Center: Case Management

The Wright House Wellness Center had mixed performance results in 2012, exceeding both output goals but falling short of expectations on both outcome goals. Program staff members report that doctor visits and service plan updates often do not coincide with performance reporting timeframes, as frequency depends on client functioning and needs. Twenty-three clients exited the program in the first quarter, and nine entered in fourth quarter. These 32 clients may not have been in the program long enough to meet the two outcomes. Staff are doing additional analysis to look at client acuity level, time spent in the program, and frequency of doctor visits and service plan updates.

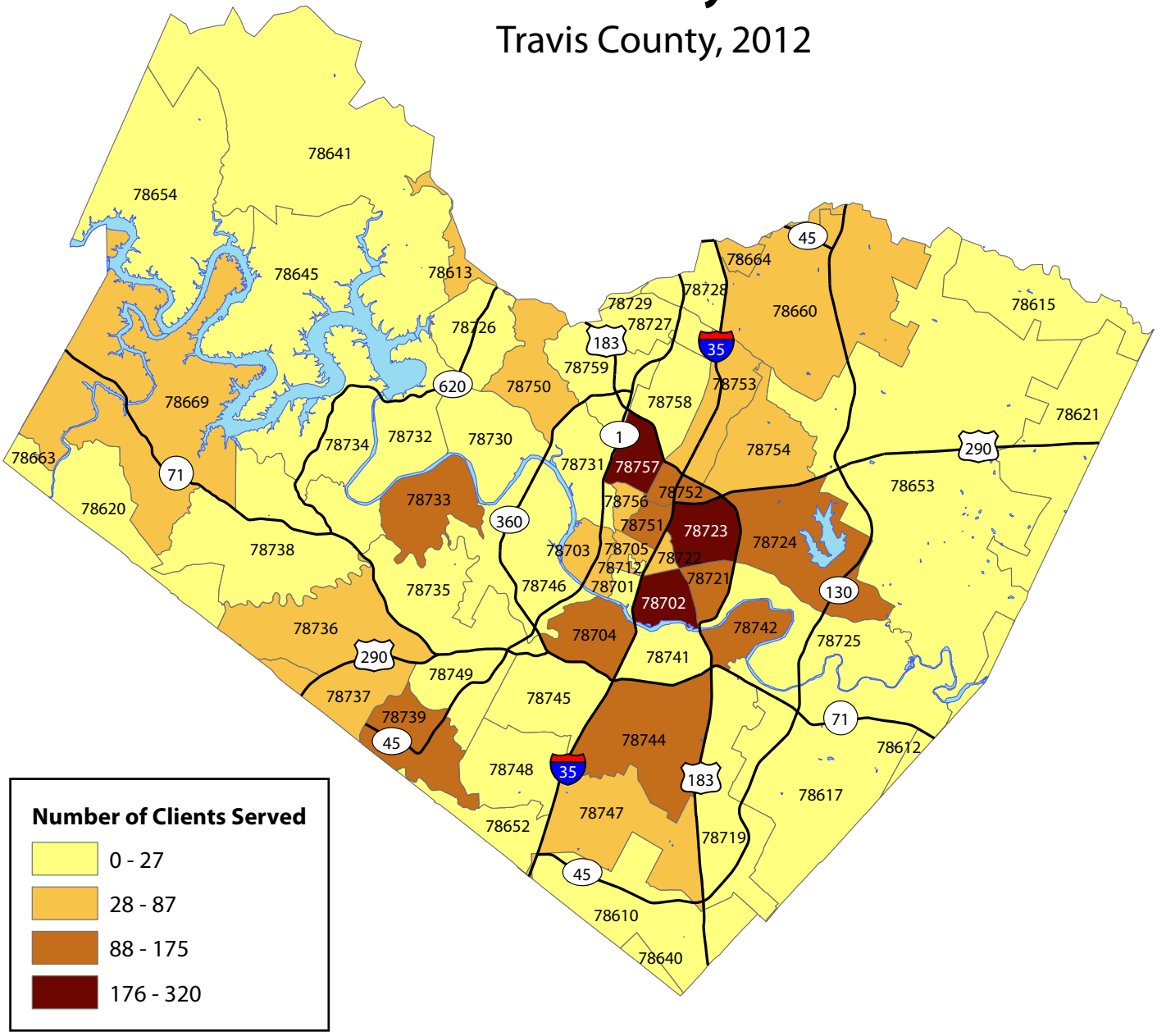
The program was able to serve more clients (see the first output) and provide more units of service to these clients (see the second output) than originally projected. Staff note that they received additional case management funding through Ryan White Part A grants awarded early in the second quarter of the year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	175	168	104%
Number of units of service provided to HIV-positive clients (1 unit of service = 15 minutes of contact in person, by phone/email and administrative duties to carry out service)	6,751	5,132	132%
Outcomes			
Percentage of HIV-infected case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	40% (70/175)	95% (112/118)	23%
Percentage of HIV-infected case management clients who had two or more medical visits in an HIV care setting in the measurement year	85% (148/175)	95% (112/118)	42%

Client ZIP Code Map

Public Health and Access to Healthcare
Clients Served by ZIP Code

Travis County, 2012



Number of Clients Served

- 0 - 27
- 28 - 87
- 88 - 175
- 176 - 320

Notes: This map shows 3,084 clients by ZIP code. 589 (16% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless. Client ZIP codes are not included for AIDS Services of Austin's MPowerment program.

N

0 2.5 5 Miles

Source data: Contracted service providers, 2013.
This map was created using City of Austin shapefiles.
Created by: Travis County HHS/VS Research & Planning Division, 2013.

Appendix A

2012 Federal Poverty Income Guidelines

Most TCHHS/VS contracts require programs to serve participants with household incomes at or below 200% of the Federal Poverty Income Guideline (FPIG) level. Some programs have chosen to follow a more stringent threshold. The following table presents the federal poverty thresholds by household size and income.

Household Size	Income Limits for Threshold Levels					
	50%	100%	125%	150%	200%	250%
1	$5,585	$11,170	$13,963	$16,755	$22,340	$27,925
2	$7,565	$15,130	$18,913	$22,695	$30,260	$37,825
3	$9,545	$19,090	$23,863	$28,635	$38,180	$47,725
4	$11,525	$23,050	$28,813	$34,575	$46,100	$57,625
5	$13,505	$27,010	$33,763	$40,515	$54,020	$67,525
6	$15,485	$30,970	$38,713	$46,455	$61,940	$77,425
7	$17,465	$34,930	$43,663	$52,395	$69,860	$87,325
8	$19,445	$38,890	$48,613	$58,335	$77,780	$97,225
For families/households with more than 8 persons, add $3,960 for each additional person.						

Data source: "2012 HHS Poverty Guidelines," U.S. Department of Health & Human Services, *Federal Register*, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035, http://aspe.hhs.gov/poverty/12poverty.shtml.

2012 Austin Median Family Income Guidelines

The Blackland Community Development Corporation and Foundation for the Homeless contracts require participants in their programs to have a household income at or below 50% of the Austin Median Family Income (MFI) level. Other programs may also use the Austin MFI level when measuring client incomes. The following table presents the median family income limits established by the U.S. Department of Housing and Urban Development (HUD) for the Austin-Round Rock Metropolitan Statistical Area.

Household Size	Income Limits for Threshold Levels				
	30%	40%	50%	60%	120%
1	$15,950	$21,280	$26,600	$31,920	$42,500
2	$18,200	$24,320	$30,400	$36,480	$48,600
3	$20,500	$27,360	$34,200	$41,040	$54,650
4	$22,750	$30,360	$37,950	$45,540	$60,700
5	$24,600	$32,800	$41,000	$49,200	$65,600
6	$26,400	$35,240	$44,050	$52,860	$70,450
7	$28,250	$37,680	$47,100	$56,520	$75,300
8	$30,050	$40,080	$50,100	$60,120	$80,150

Data source: "Rent and Income Limits (Austin, TX)," City of Austin Neighborhood Housing and Community Development, April 17, 2012, http://www.austintexas.gov/sites/default/files/files/Housing/2012_projectIncomeandrenttool.pdf.

Appendix B

ZIP Code Classification Map

ZIP codes located within Travis County are classified into one of the following eight descriptive categories: Central, East, North, Northeast, Northwest, Southeast, Southwest, and West. These categories were designed to provide a frame of reference when locating ZIP codes on the map and are used to highlight client concentrations across geographic areas.

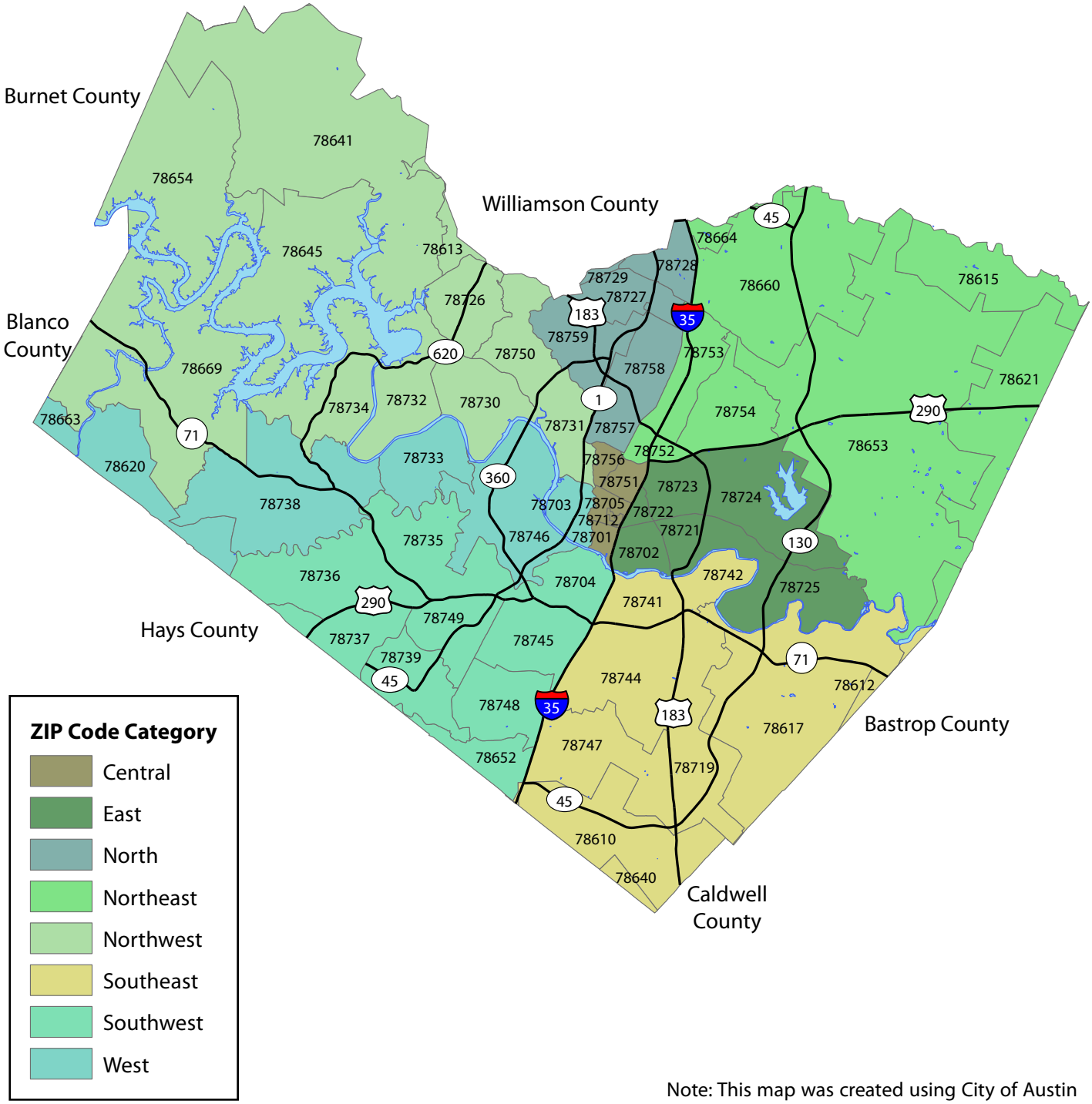
Descriptive categories are loosely based on Multiple Listing Service (MLS) categories. Occasionally, a ZIP code spans multiple MLS areas. For such ZIP codes, categorization was based on where the bulk of the ZIP code area was located. For example, if a ZIP code spanned the West, South, and Southwest areas, but the majority of the ZIP code area was located in the West area, it was classified as "West."

A number of ZIP codes are located in Travis County and an adjoining county. These ZIP codes were classified by where the area found inside Travis County lines was mostly located. For example, a ZIP code area may be located in the West area of Travis County, but the majority of the ZIP code area outside of Travis County may be in the Southwest area. In this example, the ZIP code would be classified as "West."

Please note that the 78616 ZIP code has a miniscule portion of its area within Travis County boundaries and thus is not included on the ZIP code classification map.

ZIP Code Categories

Travis County, 2012



Note: This map was created using City of Austin shapefiles. ZIP code categories are loosely based on Multiple Listing Service (MLS) categories.

Created by: Travis County HHS/VS Research & Planning Division, 2013.

Appendix C

Methodology

Community conditions discussed in this report reflect the most recent information available at the time of writing (November 2012 through February 2013). Terminology used in the report is based upon the terms used by the original data source. Therefore, terminology may differ within or across issue areas. For example, one data source may use the term "African American" while another may use "Black." Finally, estimates from the American Community Survey have been tested at a 90% confidence level for reliability. In some cases, all noted, estimates were unreliable due to small sample sizes.

Most data included in the *2012 Community Impact Report* cover calendar year 2012[j] and are drawn from contracts and reports provided by contracted service providers. Each contract is classified into the issue area most closely aligned to its central goals and objectives.

Considerations When Reading This Report

Performance results provide only a starting point for understanding the impact of these programs. These summary statistics are not necessarily an indication of the programs' overall performance, but rather a snapshot and general gauge of their performance over a one-year period. Readers are encouraged to locate the particular programs of interest in each issue area report and review the detailed programmatic and performance information. Within these reports, service providers offer explanations for variance in performance. This information, in particular, is critical to providing context and meaning to these summary results.

These performance results do not reflect the programs' full value to and impact on the community, which would require formal program evaluations, qualitative studies, and a review of other research. Therefore, it is also important to keep the following considerations in mind when reviewing program performance.

Participant characteristics can significantly influence a program's performance results. For example, performance results may be lower for programs with clients who face considerable challenges (e.g., serious mental illness or addiction issues) and have little social support. Readers should therefore use caution when comparing output and outcome results across programs.

j The report covers calendar year 2012 because the majority of the social service contracts included in the report follow a calendar year schedule.

Many additional factors beyond the program's control may also impact the program's performance. For example, if jobs become scarce, an effective workforce development program may experience lower client employment rates, regardless of the quality of training and support provided to their clients. Similarly, if jobs become abundant, a workforce development program may experience higher client employment rates, even if the program provided training that was not marketable. Without controlling for these factors, the true impact or efficacy of the program on outcomes cannot be discerned.

Readers should also use caution when examining outcome results for programs with less than 30 clients. For such small programs, the outcome of just a few clients can greatly affect the program's total outcome result. In these instances, examining percentages may be less helpful than examining raw numbers.

Finally, this report captures a narrow set of performance measures, which may not reflect the program's full impact on participants and their families, peers, and neighborhood. For example, though an individual was unable to obtain employment within the time period analyzed, a program may have increased the readiness and capacity of the individual to succeed on the job once eventually employed. Additionally, performance measures may not all be equal in importance or value to the community. Also, some agencies may have negotiated performance measure goals that were more difficult to achieve than others.

Endnotes

1 U.S. Census Bureau Population Division, Subcounty Resident Population Estimates: April 1, 2000 to July 1, 2009, Texas, http://www.census.gov/popest/data/cities/totals/2009/SUB-EST2009-states.html, and U.S. Census Bureau Population Division, Subcounty Resident Population Estimates: April 1,2010 to July 1,2011, Texas, http://www.census.gov/popest/data/cities/totals/2011/SUB-EST2011-states.html.

2 U.S. Census Bureau, 2006-2011 American Community Survey 1-Year Estimates, Travis County, B17002. Ratio of Income to Poverty Level in the Past 12 Months—Universe: Population for Whom Poverty Status is Determined, http://factfinder2.census.gov.

3 U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates, Travis County, C17001. Poverty Status in the Past 12 Months by Sex by Age—Universe: Population for Whom Poverty Status is Determined, http://factfinder2.census.gov.

4 "Texas TANF and Food Stamps Enrollment Statistics, Food Stamp Cases and Recipients by County," Texas Health and Human Services Commission, accessed December 21, 2012, http://www.hhsc.state.tx.us/research/TANF_FS.asp.

5 U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates, Travis County, B25070. Gross Rent as a Percentage of Household Income in the Past 12 Months—Universe: Renter-Occupied Housing Units, and B25091. Mortgage Status by Selected Monthly Costs as a Percentage of Household Income in the Past 12 Months—Universe: Owner-Occupied Housing Units, http://factfinder2.census.gov/.

6 Ibid.

7 "2012 ECHO Point in Time Homeless Count—Results", Austin/Travis County Ending Community Homelessness Coalition (ECHO), accessed November 28, 2012, http://www.austinecho.org/coc-reports/.

8 "Unemployment Rates and Labor Force (LAUS) —State, MSA, WDA, County, City, TRACER Texas Labor Market Information, accessed January 20, 2012, http://www.tracer2.com/cgi/dataanalysis/AreaSelection.asp?tableName=Labforce.

9 "Texas Profile—Not Seasonally Adjusted October 2011" and "Texas Profile—Seasonally Adjusted October 2011," Labor Market and Career Information Department of the Texas Workforce Commission, October 2011, http://www.tracer2.com/admin/uploadedpublications/1702_TxActual-Profile.pdf and http://www.tracer2.com/admin/uploadedpublications/1703_TXSadj-Profile.pdf.

10 U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates, United States, Texas, and Travis County, S2701. Health Insurance Coverage Status—Universe: Total Civilian Noninstitutionalized Population, http://factfinder2.census.gov.

11 William H. Frey, "The Uneven Aging and 'Younging' of America: State and Metropolitan Trends in the 2010 Census," Metropolitan Policy Program at Brookings, June 2011, 9, http://www.brookings.edu.

12 U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates, Travis County, B01001, Sex by Age—Universe: Total Population, http://factfinder2.census.gov/.

13 "Tables for Texas Population Projections," Texas State Data Center, 2012, Scenario 0.5, http://txsdc.utsa.edu/Data/TPEPP/Projections/Tables.aspx.

14 "What is Public Health?" What is Public Health?, accessed December 11, 2012, http://www.whatispublichealth.org/what/index.html.

15 Ibid.

16 "Pediatric and Pregnancy Nutrition Surveillance System: PNSS Health Indicators," Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion, last modified March 8, 2011, http://www.cdc.gov/PEDNSS/what_is/pnss_health_indicators.htm.

17 "Texas Birth Data 2005-2009," Texas Department of State Health Services, last modified December 20, 2011, http://soupfin.tdh.state.tx.us/birth05.htm.

18 Ibid.

19 "Pediatric and Pregnancy Nutrition Surveillance System: PNSS Health Indicators," Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion, last modified March 8, 2011, http://www.cdc.gov/PEDNSS/what_is/pnss_health_indicators.htm.

20 Ibid.

21 "Texas Birth Data 2005-2009," Texas Department of State Health Services, last modified December 20, 2011, http://soupfin.tdh.state.tx.us/birth05.htm.

22 Ibid.

23 "Low birthweight," March of Dimes, last modified September 2012, http://www.marchofdimes.com/professionals/medicalresources_lowbirthweight.html.

24 "Pediatric and Pregnancy Nutrition Surveillance System: PNSS Health Indicators," Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion, last modified March 8, 2011, http://www.cdc.gov/PEDNSS/what_is/pnss_health_indicators.htm.
25 "Texas Birth Data 2005-2009," Texas Department of State Health Services, last modified December 20, 2011, http://soupfin.tdh.state.tx.us/birth05.htm.
26 Ibid.
27 Ibid.
28 "Adolescent pregnancy," MedlinePlus, last modified September 12, 2011, http://www.nlm.nih.gov/medlineplus/ency/article/001516.htm.
29 "Adolescent Facts: Pregnancy, Births, and STDs," The American College of Obstetricians and Gynecologists, June 2012, 8, http://www.acog.org/~/media/Departments/Adolescent%20Health%20Care/AdolescentFactsPregnancyAndSTDs.pdf?dmc=1&ts=20121212T1313317209.
30 Ibid, 9.
31 Ibid.
32 "STD Trends in the United States: 2011 National Data for Chlamydia, Gonorrhea, and Syphilis," Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, December 2012, http://www.cdc.gov/STD/stats11/trends-2011.pdf.
33 Ibid.
34 "Texas HIV Surveillance Report 2011," Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, 2012, 21, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589972122.
35 Ibid.
36 Ibid.
37 Ibid and U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates, Texas, B02001. Race—Universe: Total population, http://factfinder2.census.gov.
38 "Texas HIV Surveillance Report 2011," Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, 2012, 24, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589972122.
39 Ibid, 8 and 15.
40 "Texas HIV Quarterly Report 2nd Quarter 2012," Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, 2013, 7, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589967940.
41 "Texas STD Surveillance Report 2011," Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, 2012, 8, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589969393.
42 Ibid, 29.
43 Ibid, 15.
44 Ibid, 36.
45 "The Decline of Viral Hepatitis A and B Cases in Texas," Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, February 2010, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=61697.
46 "Hepatitis A Cases and Incidence Rates in Texas by County, 2006-2011," Texas Department of State Health Services, Infectious Disease Control Unit, 2012, 2, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589972460.
47 "Hepatitis B Cases and Incidence Rates in Texas by County, 2006-2011," Texas Department of State Health Services, Infectious Disease Control Unit, 2012, 3, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589972856.
48 "Hepatitis C," Texas Department of State Health Services, Infectious Disease Control Unit, last modified December 7, 2012, http://www.dshs.state.tx.us/idcu/disease/hepatitis/hepatitis_c/.
49 "Acute Hepatitis Incidence in Texas 2006-2011," Texas Department of State Health Services, Infectious Disease Control Unit, 2012, 4, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589971913.
50 "Texas—2010 Profile," Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, June 2010, http://www.cdc.gov/nchhstp/stateprofiles/pdf/Texas_profile.pdf.
51 Ibid.
52 "Chronic Disease Prevention and Health Promotion," Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, last modified August 13, 2012, http://www.cdc.gov/chronicdisease/overview/index.htm.
53 "The Affordable Care Act's Prevention and Public Health Fund in Your State," HealthCare.gov, last modified February 14, 2012, http://www.healthcare.gov/news/factsheets/2011/02/prevention02092011a.html.

54 "Chronic Disease May Up Out-of-Pocket Costs for Insured," *U.S. News & World Report*, Health, November 29, 2011, http://health.usnews.com/health-news/managing-your-healthcare/insurance/articles/2011/11/29/chronic-disease-may-up-out-of-pocket-costs-for-insured.
55 "The Power of Prevention," Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2009, 10, http://www.cdc.gov/chronicdisease/pdf/2009-Power-of-Prevention.pdf.
56 Dan Witters and Sangeeta Agrawal, "Unhealthy U.S. Workers' Absenteeism Costs $153 Billion," *Gallup*, Wellbeing, October 17, 2011, http://www.gallup.com/poll/150026/unhealthy-workers-absenteeism-costs-153-billion.aspx.
57 Ibid.
58 "Chronic Disease Prevention and Health Promotion," Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, last modified August 13, 2012, http://www.cdc.gov/chronicdisease/overview/index.htm.
59 "The Power of Prevention," Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2009, 1, http://www.cdc.gov/chronicdisease/pdf/2009-Power-of-Prevention.pdf.
60 "Issue Brief #8 Exploring the Social Determinants of Health Series: Neighborhoods and Health," Robert Wood Johnson Foundation, May 2011, http://www.rwjf.org/en/research-publications/find-rwjf-research/2011/06/what-shapes-health/neighborhoods-and-health-.html.
61 Ibid.
62 "Diabetes Public Health Resource," Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, last modified September 6, 2012, http://www.cdc.gov/diabetes/consumer/learn.htm.
63 Ibid.
64 Ibid.
65 "Surveillance Report: Cardiovascular Disease in Texas 2012, Texas Department of State Health Services, 2012, 12 and 19, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589970780.
66 "Summary Report on Diabetes Projections in Texas, 2007 to 2040," Office of the State Demographer, 3, http://txsdc.utsa.edu/Reports/Summary_Report_Diabetes.pdf.
67 Ibid, Table 3, Page 6.
68 "Behavioral Risk Factor Surveillance System," Texas Behavioral Surveillance System, Center for Health Statistics, Texas Department of State Health Services, January 8, 2013. 2011 data provided via email from Anna Vincent, Research Specialist on January 9, 2013.
69 Ibid.
70 Ibid.
71 Ibid.
72 "Changing the Course: A Plan to Prevent and Control Diabetes in Texas, 2012-2013,"Texas Department of State Health Services, Texas Diabetes Council, 18, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589956236.
73 "Texas Plan to Reduce Cardiovascular Disease and Stroke, 2013-2017," Texas Department of State Health Services, 9 and 11, http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589972908.
74 Ibid, 11.
75 "Behavioral Risk Factor Surveillance System," Texas Behavioral Surveillance System, Center for Health Statistics, Texas Department of State Health Services, January 8, 2013. 2011 data provided via email from Anna Vincent, Research Specialist on January 9, 2013.
76 Ibid.
77 Ibid.
78 "Overweight and Obesity," Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity, last modified April 27, 2012, http://www.cdc.gov/obesity/adult/causes/index.html.
79 Ibid.
80 "Behavioral Risk Factor Surveillance System," Texas Behavioral Surveillance System, Center for Health Statistics, Texas Department of State Health Services, January 8, 2013. 2011 data provided via email from Anna Vincent, Research Specialist on January 9, 2013.
81 Ibid.
82 Ibid.

83 "Overweight and Obesity," Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity, last modified April 27, 2012, http://www.cdc.gov/obesity/adult/causes/index.html.
84 "Obesity: Halting the Epidemic by Making Health Easier," Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, last modified May 26, 2011, http://www.cdc.gov/chronicdisease/resources/publications/AAG/obesity.htm.
85 "Bending the Obesity Cost Curve in Texas," Trust for America's Health and Robert Wood Johnson Foundation, September 2012, 2, http://healthyamericans.org/assets/files/obesity2012/TFAHSept2012_TX_ObesityBrief02.pdf.
86 Ibid.
87 "Childhood Obesity Facts" National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health and National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, last modified June 7, 2012, http://www.cdc.gov/healthyyouth/obesity/facts.htm.
88 Ibid.
89 "Texas Youth Risk Behavior Surveillance System (YRBSS) Summary Tables," Texas Department of State Health Services, last modified October 19, 2011, http://www.dshs.state.tx.us/Layouts/ContentPageNoNav.aspx?pageid=36131.
90 "The Uninsured and the Difference Health Insurance Makes," The Henry J. Kaiser Family Foundation, The Kaiser Commission on Medicaid and the Uninsured, September 14, 2012, 2, http://www.kff.org/uninsured/upload/1420-14.pdf.
91 Ibid.
92 U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates, United States, Texas, and Travis County, S2701. Health Insurance Coverage Status—Universe: Total civilian noninstitutionalized population, http://factfinder2.census.gov.
93 Ibid.
94 Bayan Raji, "Texas Women's Health Program Meets Demand," *Houston Business Journal*, January 9, 2013, http://www.bizjournals.com/houston/news/2013/01/09/survey-says-texas-womens-health.html.
95 Jordan Smith, "The Destruction of Texas Health Care," *Austin Chronicle*, February 3, 2012, http://www.austinchronicle.com/news/2012-02-03/the-destruction-of-texas-health-care/.
96 Ibid.
97 "State Posts Revised List of Women's Health Providers," *The Texas Tribune*, January 29, 2013, http://www.texastribune.org/2013/01/29/state-posts-revised-list-womens-health-providers/.
98 "Region 7 Regional Healthcare Partnership Section 1115 Medicaid Transformation Waiver Plan," Central Health, December 2012, http://texasregion7rhp.net/rhp-plan.
99 "Mental Health," Healthy People 2020, last modified September 6, 2012, http://www.healthypeople.gov/2020/LHI/mentalHealth.aspx.
100 Physical Health Problems Increase Use of Mental Health Services," Oregon State University, last modified July 17, 2012, http://oregonstate.edu/ua/ncs/archives/2012/jul/physical-health-problems-substantially-increase-use-mental-health-services-study-s.