

**Travis County
Community Health Needs Assessment
May 2016**



***Prepared by Seton Family of Hospitals. Formally adopted by the Seton
Family of Hospitals Board of Directors on May 24, 2016.***

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charge, please visit <https://www.seton.net/chna-feedback/>.***

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1. Introduction

The Seton Family of Hospitals (Seton) is a 501(c)(3) nonprofit organization with a long-standing history of serving Central Texas, not only as a health care provider, but as a leader and advocate for improving the health of the population as a whole. The community health needs assessment (CHNA) presented in this report provides a snapshot of local health care needs in Travis County and informs Seton's decisions about how we can best serve the community.

What is a Community Health Needs Assessment?

A CHNA is a tool used to identify and prioritize health issues and develop targeted interventions to build healthier communities. A CHNA provides important information to policymakers, public health leaders, health care providers and the general public about the overall health status of the community and the unmet needs or challenges that warrant further attention.

Why do a Community Health Needs Assessment?

A CHNA is used to gather diverse perspectives, mobilize resources and target those resources to areas of greatest need identified by the community and validated by data.

The 2010 Patient Protection and Affordable Care Act further reinforced the importance of community health needs assessments by requiring hospitals designated as tax exempt 501(c)(3) nonprofit organizations to complete such an assessment every three years. The Austin/Travis County Health and Human Services Department (ATCHHSD) facilitated the first CHNA process for Travis County in 2012 and will conduct another in-depth assessment in

2017. This CHNA is an interim update to assess ongoing community health needs.

How did we define the community?

This CHNA addresses the health care needs of Travis County, Seton's Central Region, which accounts for the majority of Seton's care delivery and patients served.

2. Methodology

How did we conduct the Community Health Needs Assessment?

Seton, St. David's Foundation (SDF), the Austin/Travis County Health and Human Services Department (ATCHHSD), Central Health and Baylor Scott & White (henceforth "the CHNA collaborators") share the common goal of building healthier communities. To avoid duplication of effort, the CHNA collaborators worked together to gather data and community input to inform the CHNA process for Travis County.

The Internal Revenue Service (IRS) encourages local health care organizations to work together to avoid duplication of effort. In this spirit of collaboration, Seton took lead on the collection and analysis of county-level demographic and health data, while SDF and Baylor Scott & White gathered community and provider feedback. Seton and SDF shared all of the information collected during the CHNA process and developed their own CHNA reports.

A brief summary of the process and methods used to conduct the assessment is included in the chart below.

Seton	
Component	Sources
Phase 1: Collection and analysis of county-level demographic and health data	Behavioral Risk Factor Surveillance System (BRFSS), U.S. Census, American Community Survey, Robert Wood Johnson Foundation Community Health Rankings
St. David's Foundation	
Component	Sources
Phase 2: Community and provider input	Nine stakeholder interviews, one focus group and an online survey
ATCHHSD	
Component	Sources
Phase 1: Collection and analysis of county-level demographic and health data	2015 Critical Health Indicators Report
Phase 2: Community and provider input	Community forum on 2/3/2016 to review past CHNA and prioritize community health needs
Central Health	
Component	Sources
Phase 2: Community and provider input	Organizational expertise as local public entity providing access to care and community health improvements
Baylor Scott & White	
Component	Sources
Phase 2: Community and provider input	Interviews with key stakeholders

The CHNA process included two distinct, but connected phases of analysis.

Phase One:

During the first phase of the project, Seton gathered and analyzed the most recent data available for Travis County. Seton used a Z-score methodology to compare Travis County to ten Central Texas counties, Texas as a whole and the United States across 80 different health measures. Z-scores are a way to standardize different types of data for comparison purposes. This process helped identify and prioritize major health care needs highlighted in this report. Seton also referenced data collected by the ATCHHSD, including the *2015 Critical Health Indicators Report*.

Phase Two:

For the second phase of the project, the CHNA collaborators gathered feedback from the broader community using several methods: one-on-one stakeholder interviews using a standardized interview guide, focus groups, a community forum hosted by the ATCHHSD and an online survey to rank needs in priority order. The CHNA collaborators solicited input from individuals with a broad understanding of the community and its health needs. Key stakeholders included public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others. *For a list of interviewees and focus group participants, please consult Appendix 6.3.*

During the interviews and focus groups, participants were asked to identify the most significant community health needs facing Travis County, barriers to meeting those needs and potential solutions.

How were Community Health Needs Prioritized?

This report synthesizes the findings from both phases of the community health assessment process and identifies the most pressing health needs in

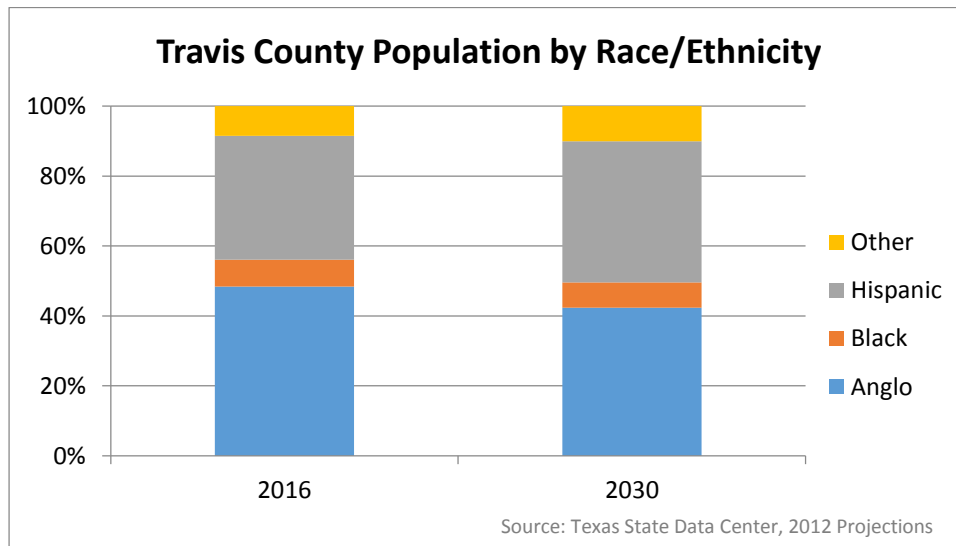
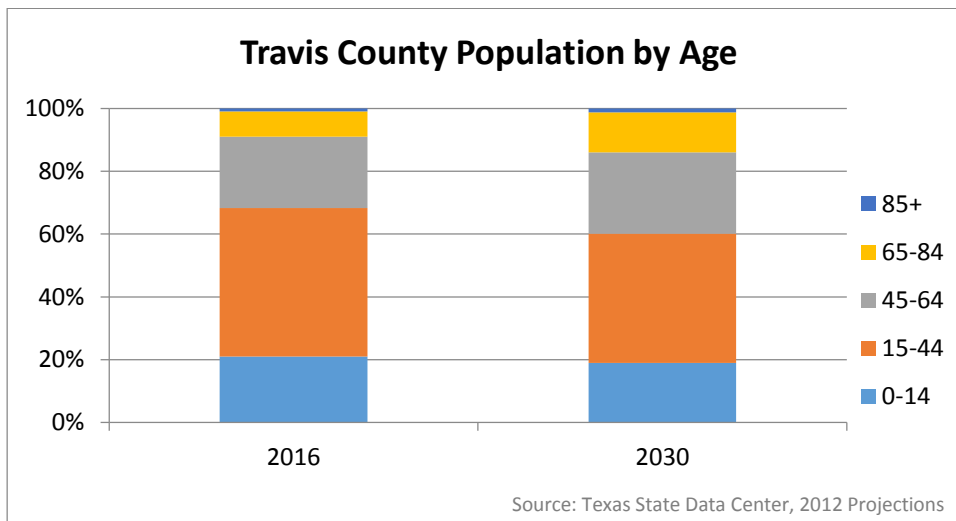
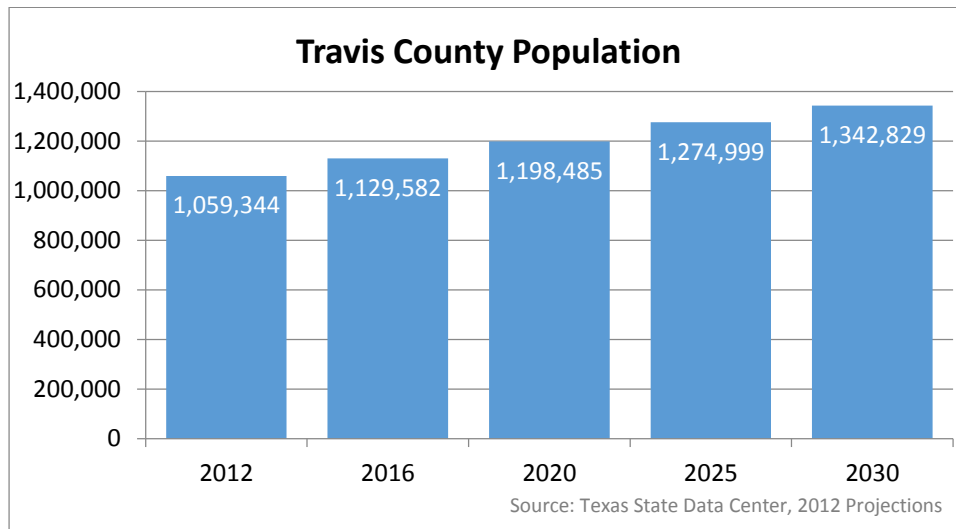
Travis County. The prioritized needs that are described in the following report were either:

- (1) Raised consistently during focus groups, interviews and surveys as significant community concerns,
- (2) Identified in county-level health data as a glaring issue or
- (3) Discussed by the community on some level and validated by county-level data.

3. Demographic Snapshot

- Travis County has a booming population. In 2016, the population was estimated at 1,129,582 and is projected to grow to 1,342,829 by 2030, a 19 percent increase.
- Travis County includes Austin, Pflugerville and many smaller suburban communities.
- Despite the influx of younger workers to Austin, the number of adults 65 and over is expected to grow from its current 101,489 in 2016 to 187,459 in 2030, an 85 percent increase.
- Travis County has a growing Hispanic population. Hispanics currently make up 35 percent of the population in Travis County, and are projected to compose 40 percent of the population by 2030.
- Many national news and academic organizations have named Austin as one of the most economically segregated cities in the nation, including the Martin Prosperity Institute.

Demographic Data

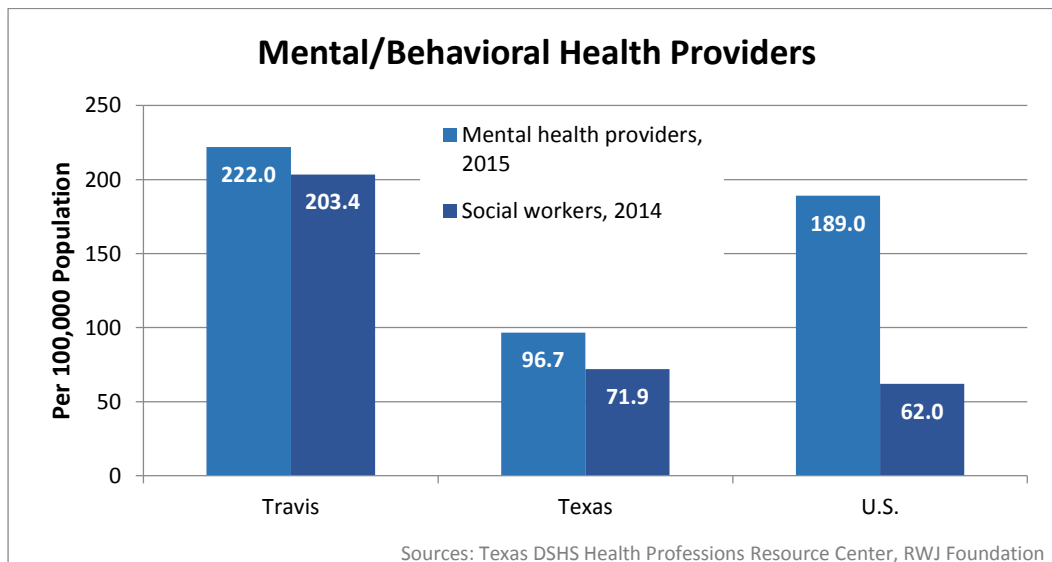


4. Community Health Needs

After reviewing the data and community input, Seton prioritized five main health needs for Travis County: (1) mental and behavioral health, (2) chronic diseases (3) primary and specialty care, (4) system of care and (5) social determinants of health.

4.1. Mental and Behavioral Health

Although Travis County has more mental health providers and social workers per 100,000 population than both Texas and the United States, community members identified comprehensive mental health services, including limited availability of substance abuse treatment, as a significant community health need.

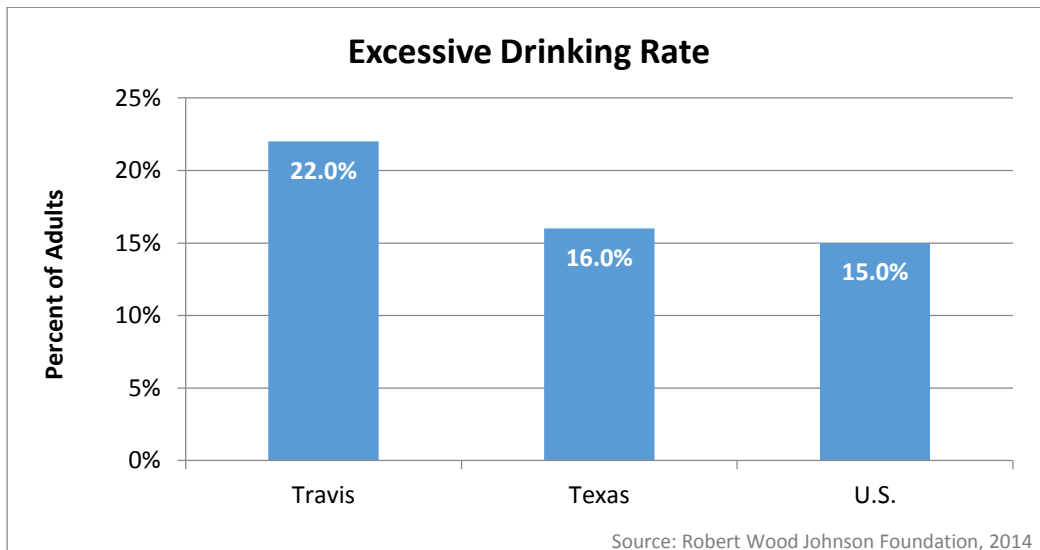
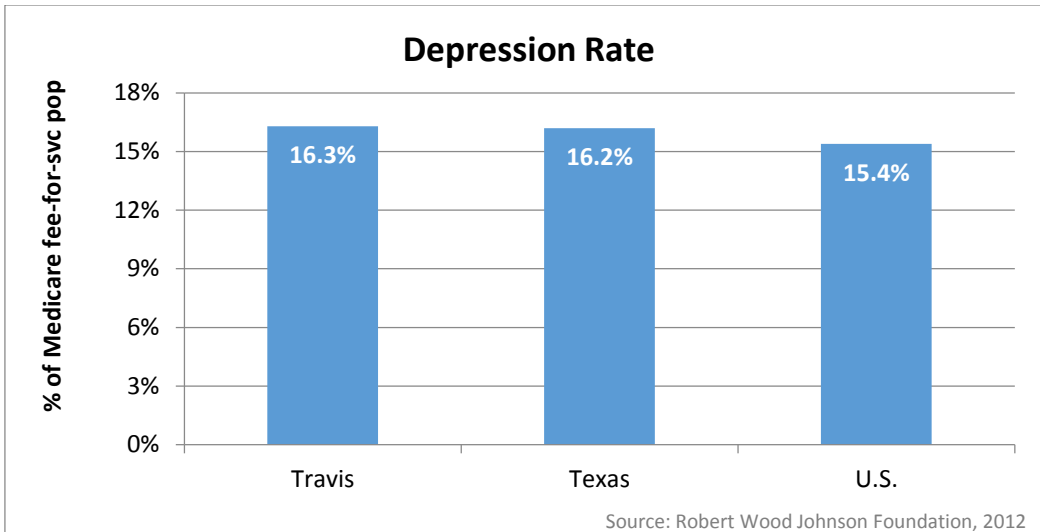


Members of the community stated that health care organizations in Travis County have done a good job at expanding crisis capacity and getting more inpatient access to services. Now, the focus needs to shift to building out preventative mental health care so that residents don't require crisis care in the first place. Other community members raised the need to reduce the stigma with seeking mental health care and highlighted insufficient multilingual services for Travis County's diverse population. Community members suggested expanding mental and behavioral health care in schools as a possible strategy to address mental and behavioral health needs.

"With the changes brought about by the Affordable Care Act and the Mental Health Parity Act, ideally there will be more resources available [for substance abuse disorders] because people will be covered for insurance for these issues. But, if you're uninsured, and we still have a large number of uninsured [in Travis County], you don't necessarily have access to that kind of care."

-Travis County Community Member

Data collected by the Robert Wood Johnson Foundation shows that Travis County has a high rate of excessive drinking and a slightly above average rate of depression compared to Texas and the United States. In fact, the rate of excessive drinking among adults in Travis County is about 50 percent higher than the U.S. average.



4.2. Chronic Diseases

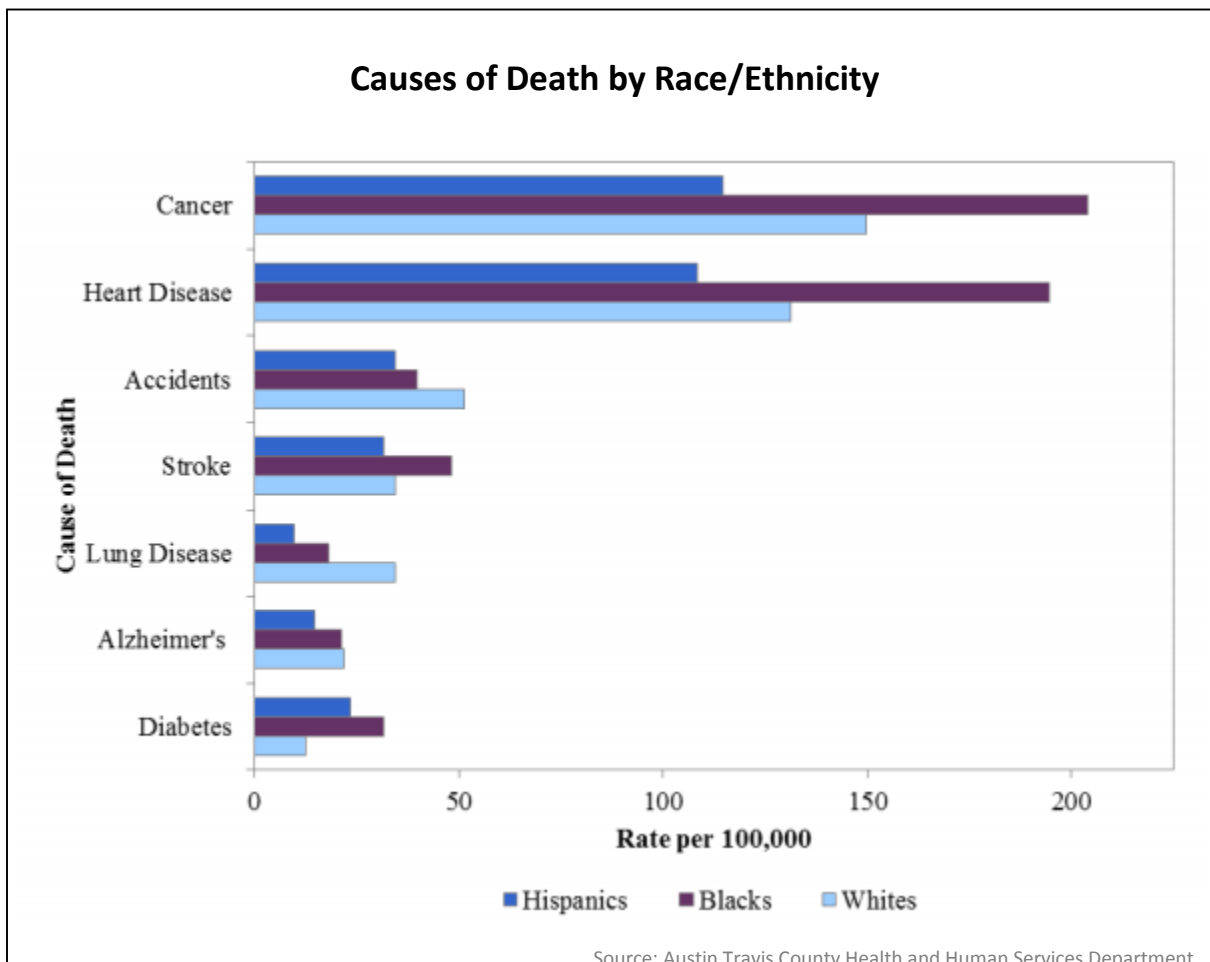
Chronic diseases are long-term conditions that require active health management. Common examples include obesity, diabetes and high blood pressure (hypertension).

Obesity rates in Travis County (24 percent) are lower than state average (30 percent), however, according to community input, the rates among African Americans and Latinos are considerably higher. Members of the community

suggested the need for employers, schools and health care providers to work together to promote healthier lifestyles.

Community members also expressed concerns about the prevalence of Sexually Transmitted Infections (STIs) in Travis County, citing a study by ATCHHSD that found relatively high rates of STIs including HIV, Syphilis and the Human Papilloma Virus (HPV).

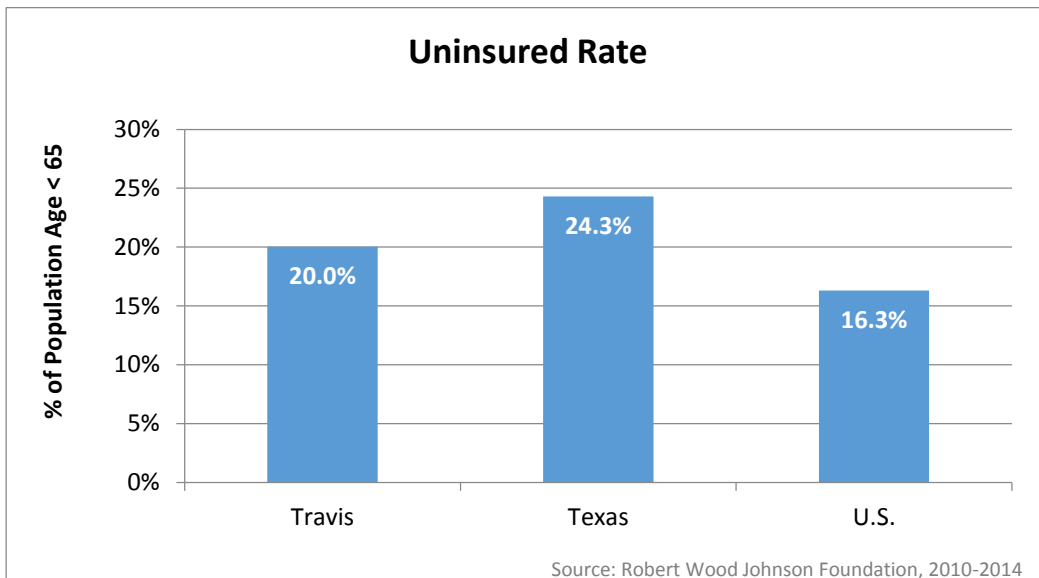
Travis County community members have focused renewed attention on the issue of health disparities among different ethnic and racial groups. Many of these disparities are connected to chronic health conditions. For example, as illustrated in the chart below, African-Americans are significantly more likely to die from cancer, heart disease, stroke and diabetes than Whites or Hispanics.



4.3. Primary and Specialty Care

Seton believes in the importance of the right health care at the right time and in the right place. For example, the right place for treating an ear infection or sore throat is in a primary care physician’s office or clinic, not the emergency room. The best time to seek care for an illness, injury or lingering symptom such as a cough is early, before the problem gets worse.

Travis County is one of the healthiest counties in Texas with a higher rate of primary care physicians per 100,000 population than the state average. However, the rate of uninsured in Travis County, especially among children, continues to be higher than the national average and a source of concern in the community.



"In my population one of the biggest needs is access to specialty care. We're a primary care practice. Patients need specialists frequently. If they don't have a payer source like Medicaid, MAP or the Affordable Care Act, it is very difficult in this community."

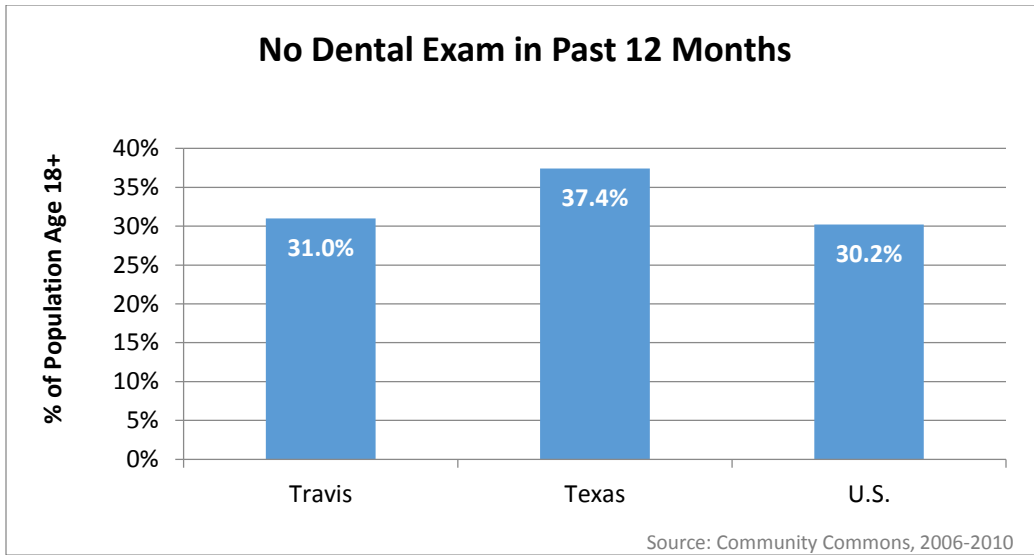
-Travis County Provider

Although Travis County residents have access to a relatively wide range of health care resources (see *Appendix 6.1.*), according to community input, provider shortages and the physical location of health services remain an issue.

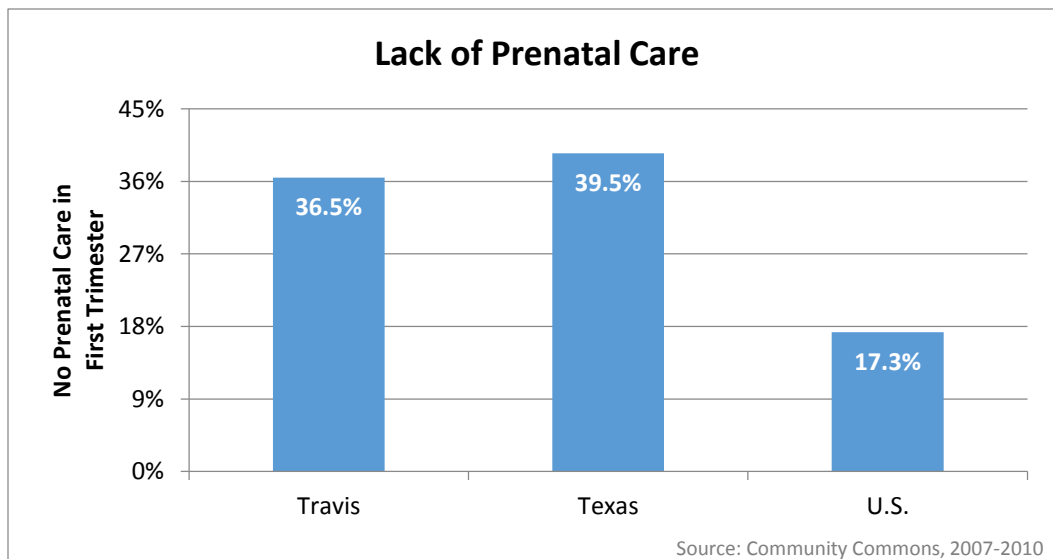
While residents in Travis County may be more likely to see a dentist than other Texans, nearly one in three Travis County residents reported not having a dental exam in a previous 12-month period. Because dental pain is a common reason for emergency room visits, community members suggested that clinics, providers and hospitals work together to improve access to preventive dental care.

"Dental care is an area where we could use collaboration from hospitals because...a significant number of emergency department visits are probably related to emergency dental care."

-Travis County Community Member



One area where Travis County lags significantly behind the U.S. average is prenatal care. In Travis County, more than 36 percent of pregnant mothers reported that they did *not* have any prenatal care during their first trimester of pregnancy, compared to 17 percent in the U.S. as a whole.



4.4. System of Care

During interviews and focus groups, community members discussed the importance of creating an integrated health care delivery system. The group highlighted potential elements of such an integrated system, including payment reform, a focus on preventive care and using community health workers or patient navigators to connect patients to health care coverage, specialty care and social services.

Health care organizations in Travis County have taken many steps to improve the health care delivery system and the overall health of the community. For example:

- The Community Care Collaborative (CCC) was established by Seton and Central Health in 2013 to transform the way health care is delivered to vulnerable populations in Central Texas.
- Starting In 2011, Seton and several other Central Texas health care organizations participated in funding through the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver to create a series of innovative pilot projects aimed at improving population health while lowering health care costs.

Seton's Commitment to Improving the Health Care System

As a leading provider of health care in Central Texas, Seton also recognizes the need to improve the system of care. Seton is a part of Ascension, the largest nonprofit health system in the United States and the largest Catholic health system in the world. Ascension has adopted four strategic goals, known internally as the "quadruple aim":

- Improved patient outcomes
- Enhanced patient experience
- Enhanced provider experience
- Lower overall cost of care

Ascension's quadruple aim is based on the "triple aim" developed by the Institute for Healthcare Improvement (IHI) for "optimizing health system performance."

The IHI is a nonprofit organization established in 1991 with the mission of improving patient care. The IHI Triple Aim includes the following three goals:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations; and
- Reducing the per capita cost of health care.

4.5. Social Determinants of Health

The Centers for Disease Control and Prevention define social determinants of health as "conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes."

Not surprisingly, when community members were asked to identify the most pressing health needs facing Travis County, many of their responses focused on issues such as transportation, affordable housing, poverty and social

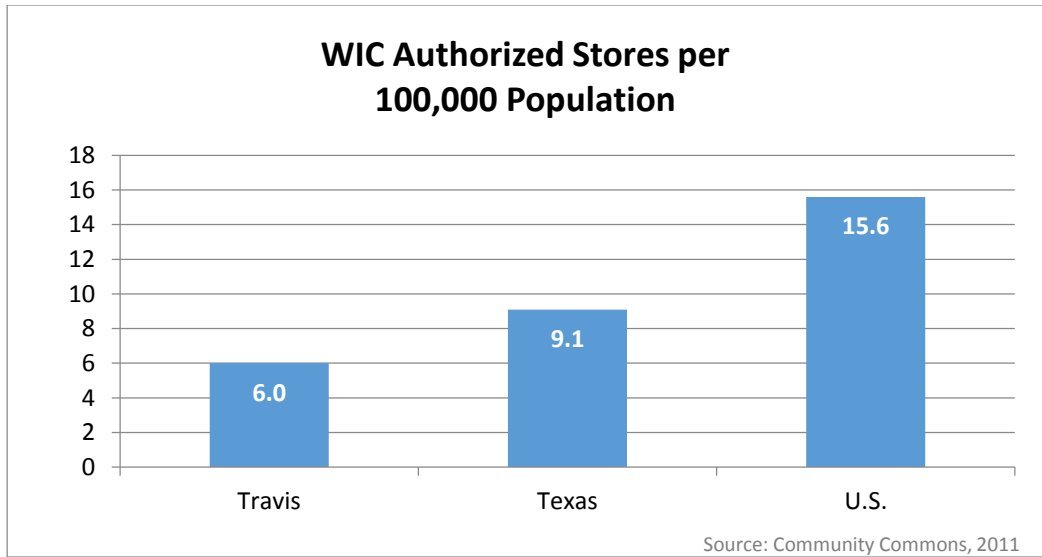
services. Focus group participants also identified widening economic and health disparities in Travis County as a major concern.

During focus groups, community members cited transportation as a major issue of concern. The biggest challenges are reportedly in outlying communities such as Del Valle, Manor and Pflugerville where transportation may be required to access certain health care services. The community rated affordable housing as the number two priority, which is validated by the data showing that Travis County has a high housing cost burden and high rates of substandard housing. Community input also suggested additional resources for the homeless population in Travis County, especially for people with substance abuse or mental health issues.

"The funding that the city has funneled to support housing through the Medicaid 1115 Waiver program has transformed how we are able to improve health care access. We went from being able to provide nothing to having a fairly robust system to provide for our tenants in our supportive housing communities."

-Travis County Social Service/Mental Health Provider

Another area of concern raised by members of the community was the need to promote healthier lifestyles and good nutrition. Notably, Travis County lags behind the state and nation in the number of approved grocery stores for families who are receiving federal assistance through the Women's Infant Children's (WIC) supplemental nutrition assistance program.



Seton and Social Determinants of Health

Seton’s primary role in the communities we serve is delivering quality health care. However, our mission as an organization is far-reaching. As part of Ascension, the largest nonprofit health care provider in the country, Seton is actively involved in social justice and is committed to improving the social and economic conditions that affect the diverse populations we serve. In addition, Seton leaders, physicians and associates are active participants in strategic discussions about the most pressing social and economic issues affecting the communities we serve (e.g., transportation, education, affordable housing).

Seton's mission statement:

Our mission inspires us to care for and improve the health of those we serve with a special concern for the poor and the vulnerable. We are called to be a sign of God's unconditional love for all and believe that all persons by their creation are endowed with dignity. Seton continues the Catholic tradition of service established by our founders: Vincent de Paul, Louise de Marillac and Elizabeth Ann Seton.

5. Conclusion

Seton recognizes it takes the entire community, working together over many years, to improve the health and the wellbeing of individuals. As we have for more than 100 years, we will continue to collaborate and partner to address the needs in our communities.

Developing this Community Health Needs Assessment was a collaborative effort. Seton wishes to acknowledge and thank the many organizations, individuals and experts who participated in the 2016 CHNA process. We appreciate your partnership and look forward to working together to improve the health of the communities we share.

6. Appendix

6.1. Summary of Travis County Health Resources





















The chart below provides a high-level overview of the health care resources available in or servicing Travis County, including acute care facilities (hospitals), primary and specialty care clinics, mental health providers and other nonprofit services that address the social determinants of health such as transportation, affordable housing, poverty and nutrition. Many of the facilities and organizations listed below are potential resources to address the health needs identified in this CHNA. *The list is not intended to be exhaustive.*

Acute Care	Primary & Specialty Care	Mental Health	Government/Non-Profits
University Medical Center Brackenridge <i>(Level 1 Trauma Center)</i>	Seton Community Health Centers <i>(clinics)</i>	Austin Travis County Integral Care	Medical Assistance Program (MAP) <i>(health benefits)</i>
Seton Medical Center Austin	People’s Community Clinic <i>(clinics)</i>	Seton Shoal Creek Hospital	Central Health <i>(public health care entity)</i>
Dell Children’s Medical Center of Central Texas <i>(Level 1 Pediatric Trauma Center)</i>	Lone Star Circle of Care <i>(clinics)</i>	Seton Psychiatric Emergency Department	1115 Medicaid Waiver <i>(pilot innovation projects)</i>
Seton Northwest Hospital; Seton Southwest Hospital	CommunityCare <i>(clinics)</i>	Seton Mind Institute <i>(clinics)</i>	Community Care Collaborative <i>(system of care)</i>
Dell Seton Medical Center at the University of Texas <i>(Spring 2017)</i>	El Buen Samaritano Episcopal Mission <i>(clinic)</i>	Texas Children’s Study Center <i>(clinic)</i>	The University of Texas at Austin Dell Medical School <i>(Summer 2016)</i>
St. David’s South Austin Hospital	Seton Redi Clinics <i>(clinics)</i>	Austin State Hospital	Foundation Communities <i>(education health, financial literacy, housing)</i>
St. David’s Medical Center	Seton Specialty <i>(Diabetes Education Center, Brain & Spinal, Breast Care, Heart & Transplant)</i>	Private facilities	Catholic Charities <i>(social services)</i>
St. David’s North Austin Medical Center	St. David’s Heart Hospital of Austin		
Baylor Scott & White Medical Center – Round Rock	St. David’s Foundation Dental Program		

6.2. Robert Wood Johnson County Rankings

The Robert Wood Johnson *County Health Rankings* measure the health of nearly all U.S. counties and rank them within states. The rankings are compiled using county-level measures from many different national and state data sources. These measures are standardized and combined using scientifically-informed weights.

For more information, visit: www.countyhealthrankings.org.

Comparison of Travis County Stats to Texas and U.S. (Tables)				
	Top 5% of U.S. counties			
	Top 25% of U.S. counties			
	Average			
	Bottom 25% of U.S. counties			
	Bottom 5% of U.S. counties			
<i>Table 1</i>				
	Texas	U.S.		Travis
High school graduation rate	89.1%	82.2%		87.6%
Some college	58.6%	63.0%		70.7%
Unemployment	5.5%	6.6%		4.4%
Children in poverty	25.3%	21.6%		21.0%
Children in single parent households	33.2%	33.0%		33.0%
<i>Table 2</i>				
	Texas	U.S.		Travis
Uninsured rates	25.2%	17.0%		22.0%
Rate of primary care physicians	58.5	74.5		81.2
Preventable hospital stays	62.9	59.3		56.3
Diabetic monitoring (HbA1c)	83.3%	85.0%		83.9%
Mammography screening	58.9%	63.0%		63.7%
<i>Table 3</i>				
	Texas	U.S.		Travis
Premature death	6,650	6,622		5,094
Poor or fair health	17.8%	16.0%		13.1%
Poor physical health days	3.7	3.7		2.9
Poor mental health days	3.3	3.4		3.2
Low birth weight	8.4%	8.0%		7.7%

6.3. Organizations Represented in Interviews and Focus groups

Seton, SDF and CTMC collaborated with three entities to complete the CHNA:

- MIA Consulting (Demographic and health data collection and analysis)
- Nybeck Consulting (Community input)
- Mindstorm Consulting (Report preparation)

In-depth interviews and focus groups were used to gather qualitative data from the community about the health care needs of Travis County. The lists below detail the organizations that formally participated in the interviews and/or focus groups. The partners also launched an online survey to further refine the qualitative research findings and help rank the community health priorities.

Organizations Represented by Interviewees	
Name	Type
Austin/Travis County HHS	State, county, city health dept.
CAPCOG	Community-based organization
CapMetro	Transportation
CapMetro	Transportation
CapMetro	Transportation
Del Valle ISD	Public education, health in schools
Integral Care	Safety net clinic, mental health
Integral Care	Safety net clinic, mental health
Lone Star Circle of Care	Safety net clinic
Manor ISD	Public education, health in schools
Pflugerville ISD	Public education, health in schools

Organizations Represented by Focus Group Participants	
Name	Type
Asian American Quality of Life Commission	Community-based organization
Austin ISD	Public education, health in schools
City of Austin	City government
Community Action Network	Community-based organization
CommUnity Care	Safety net clinic
El Buen Samaritano	Safety net clinic
Foundation Communities	Community-based organization
Meals on Wheels and More	Community-based organization
One Voice/Easter Seals Central Texas	Community-based organization
People's Community Clinic	Safety net clinic
Travis County	State, county, city health dept.

6.4. Community Health Needs Listed in Priority Order from Nybeck Consulting Report

Nybeck consultants asked focus group participants to explain the most significant community health needs facing Travis County and the people served by the participants' organizations, barriers to meeting those needs, and potential solutions. The needs are listed below in priority order, according to key stakeholders' responses to the online survey and a qualitative assessment of the interviews and focus group. Seton used this information to develop the Community Health Needs Assessment.

Resources and services supporting healthy lifestyles (nutritious food, physical activity, preventive services). *Participants noted the burden of chronic diseases such as heart disease, cancer, stroke, chronic lung disease, and diabetes. They emphasized that we must invest in 1) tobacco cessation, 2) physical activity, and 3) nutrition. Approaches should be collaborative and comprehensive. Work sites, schools, and healthcare organizations can coordinate to support healthy lifestyles.*

Resources and services to combat poverty. *These included workforce development, early childhood education, affordable housing, and increasing the minimum wage.*

Mental and behavioral healthcare. *Assessment participants stressed the need to strengthen community-based services and offer more preventive care and other relatively low levels of care to people with mental and behavioral health issues. They suggested 1) studies on the cost-effectiveness of preventive services, 2) reducing the stigma of therapy, 3) earlier intervention for children to prevent mental illness, 4) expansion of mental and behavioral healthcare in schools, and 5) strengthening and expanding integrated behavioral healthcare.*

Affordable housing. *Participants in the Assessment called for 1) more affordable housing, 2) greater awareness and understanding of homelessness and its causes, 3) housing people with substance abuse problems or mental health issues, 4) more family shelters. They argued that housing should be seen as a "health intervention."*

Primary and preventive healthcare. *Participants emphasized system-level changes like improving quality of care, payment reform, and greater healthcare coverage. They also discussed solving the provider shortage, conducting more sophisticated marketing and development for safety net clinics to make them more accessible to the neediest patients, using a more holistic approach to healthcare, and providing culturally and linguistically appropriate health-related publications and materials.*

Patient navigation. *Patient navigation was brought up within several contexts such as to obtain healthcare coverage, to be provided to residents in affordable and supportive housing, and to help patients navigate primary and preventive care, specialty care, mental and behavioral healthcare, and substance abuse treatment.*

Resources and treatment for substance abuse. A participant suggested a community-wide education and outreach response to emerging drug epidemics. Several called for building capacity in the area of substance use disorders.

More robust transportation system. Many comments focused on providing transportation to and from social service agencies and healthcare facilities. Suggestions for improvement included better planning when developing new clinics, better urban planning, and a partnership among transit and healthcare interests to tackle the transportation issue.

Reproductive health services and family planning. Participants cited the relatively high rates of HIV and other STDs in Travis County. They suggested routine HIV testing in hospitals and increasing HPV vaccine rates. With the HPV vaccine, there is a huge opportunity for success in preventing cervical, anal, and throat cancers.

Dental care among adults. Interviewees and focus group participants suggested partnerships among clinics and hospitals to help patients and decrease emergency room visits.

Specialty care and procedures. Several people stressed the need for specialty care and procedures among patients who depend on the healthcare safety net and who are covered by Medicaid. They discussed the potential for a new ambulatory surgery center.

Vision care and eyeglasses. Vision care and free to low-cost eyeglasses continue to be needs among older adults and families with children in the Austin Independent School District. Focus group participants called for a community-based approach to solving this issue.

6.5. Previous CHNA Efforts & Progress

2013 CHNA Prioritized Needs

Seton conducted its first CHNA for Travis County in 2013 in collaboration with Austin/Travis County Health and Human Services. Based on the CHNA findings, Seton prioritized the following needs in FY 2014-2016:

1. Access to Care
2. Behavioral Health
3. Chronic Disease and Disease Management
4. Obesity
5. Community Collaboration

Seton Healthcare Family, Seton Medical Center Austin (SMCA), University Medical Center Brackenridge (UMCB), Dell Children's Medical Center (DCMC), Seton Southwest Hospital (SSW), and Seton Northwest Hospital (SNW) have worked to address these needs in Travis County. This appendix includes a summary of the impact Seton has made on these community needs in Seton Fiscal Years 2014 - 2016 (July 1, 2013 – June 30, 2016).

Additional Methodology- Comments on the 2013 CHNA

The previous CHNA reports were made available on each hospital facility's website, including at <https://www.seton.net/locations/smc/>. Seton did not receive any comments directly on the CHNA. However, Austin/Travis County Health and Human Services (ATCHHS) received public comments on the Community Health Assessment (CHA) findings.

The A/TCHHS CHA coalition held its first public presentations of the CHA findings on July 26th, 2012 in a town hall meeting. Residents commented, asked about process and findings, and next steps. A/TCHHS presented the draft CHA report and announced the final version would be online in August 2012. Residents were asked to email or call A/TCHHSD for questions, comments, and to provide feedback.

Community members/partners reviewed the CHNA draft and sent feedback/edits to the report. Community residents did not provide edits to the report but did ask questions on how to get involved, the next steps, and how items were prioritized. Residents and partners were presented with the next steps for the Community Health Improvement Plan (CHIP) development, community forum opportunities, and sign-up lists to join meetings and receive communication updates.

Resident feedback was documented via: 1) emails from community members to the CHA/CHIP email address, 2) surveys/meeting evaluations from the community and partner CHIP sessions (Aug –Oct 2012), 3) meeting minutes from CHA Core Coordinating Committee, 4) CHA draft report edits from partners, and 5) video from

one of the CHA public presentations. Seton considered public feedback on the 2013 CHNA during the development of the 2016 Travis County CHNA.

Progress & Impact on Community Health Needs

1. Major Community Investments

Two of the most significant investments Seton has made in the health and wellbeing of the community include Texas 1115 Healthcare Transformation Medicaid Waiver and the Community Care Collaborative (CCC). These initiatives address all of the five prioritized community health needs identified in 2013.

Community Care Collaborative- The CCC, a 501(c)3 nonprofit organization, was founded in July 2013 through a public-private partnership between the Seton Healthcare Family and Central Health, the Travis County Health District. The CCC was created to provide a coordinated continuum of services to a defined patient population through a new integrated delivery system. This population includes approximately 75,000 uninsured adults residing in Travis County.

Through June 30, 2016, the CCC:

- 1) Formalized a plan for coordination of the Integrated Delivery System and initiated work outlined in the plan.
- 2) Conducted substantial evaluation of the existing Medical Assistance Program (MAP) Indigent Care Program, sliding fee scale and charity care programs.
- 3) Initiated development of a New Benefits Plan for the poor and vulnerable covered population (up to 375% FPL) in Travis County.

Delivery System Reform Incentive Payment (DSRIP) Projects-

Seton manages 20 DSRIP projects through the Texas 1115 Medicaid Waiver, administered through the Texas Health and Human Services Commission (HHSC) and the Centers for Medicare and Medicaid Services (CMS). Many of the projects challenge patients and providers to approach care differently. All projects address one or more priorities identified in the 2013 Community Health Needs Assessments. Several of Seton's DSRIP projects are highlighted below corresponding to the primary community health need they address.

DSRIPs are designed to:

- Care primarily for Medicaid recipients or low income individuals without insurance
- Improve the health of the population
- Lower costs through efficiencies and improvements

Areas of focus include:

- Low income individuals
- Patients with chronic disease
- Special populations that are particularly vulnerable including children, pregnant women, homeless individuals, and those with behavioral health conditions

2. Initiatives

Need	Strategy	Impact
Access to Care	<p>1. Low-income Primary Care through Seton Health Centers</p> <p>Hospitals: UMCB, SMCA, SSW, SNW</p> <p>2. Clinic at Brackenridge Outpatient Specialty Care</p> <p>Hospital: UMCB</p>	<p>Seton operates three Community Health Centers ("the Centers"): Seton McCarthy, Seton Topfer and Seton Kozmetsky. Each offers primary care, laboratory, case management and health education services to Austin's working families. Family medicine, internal medicine and pediatric physicians, and nurse practitioners provide sick child care, well child check-ups and immunizations. The Centers also provide specialty care in endocrinology, orthopedics, psychiatry and integrated medicine. The Centers participate in the Patient Pharmacy Assistance Program (PPAP) for patients and use a sliding-scale co-pay to keep services within the reach of working families who otherwise would not be able to afford medical care. Comprehensive social services also support the Centers' medical mission.</p> <p>During FY15, the Centers provided:</p> <ul style="list-style-type: none"> - 29,812 outpatient medical visits - 11,022 social service encounters - 6,974 immunizations <p>In FY15, the Centers provided care and other services for 10,318 patients, 26% of whom did not have health insurance coverage.</p> <p>Seton operates two specialty care clinics for the uninsured: The Specialty Clinics at University Medical Center Brackenridge and the Specialty Clinic for Children. Both provide access to a variety of medical specialists for patients whose conditions require specialized treatment. The clinics also provide specialty referral options for</p>

<p>Access to Care</p>	<p>3. Nurse Triage Call Center</p> <p>Hospitals: UMCB, SMCA, DCMC, SSW, SNW</p> <p>4. Language Services and Culturally Competent Care</p> <p>Hospitals: UMCB, SMCA, SSW, SNW</p> <p>5. Obstetrics Navigation</p> <p>Hospitals: UMCB, SMCA, SNW</p> <p>6. Seton League House- Family Housing during Hospitalization</p> <p>Hospitals: UMCB, SMCA, SSW, SNW</p>	<p>the Austin/Travis County clinics, CommUnity Care, an FQHC operated by Central Health, the Travis County health district. In FY14 and FY15, the Clinic at Brackenridge had 74,533 patient encounters.</p> <p>Seton's Nurse Triage Call Center makes Registered Nurses available around the clock, 24-hours a day, 7 days a week, free of charge to assist callers with urgent care needs and schedule doctors' appointments to avoid unnecessary emergency room visits. The Call Center nurses are able to schedule same and next-day appointments for callers at participating clinics. The Call Center received 88,591 calls during FY15.</p> <p>Seton centralized language services to improve the quality of communications between providers and patients and achieve greater patient involvement in shared decision-making. Qualified healthcare interpreters provided 51,475 encounters from 10/1/2014 to 6/30/2015. Seton also implemented staff cultural competency training to increase awareness of the diverse populations and cultures served, with 1,605,832 patient encounters from 10/1/2014 to 6/30/2015.</p> <p>To improve prenatal and postnatal care to uninsured Hispanic women with limited English proficiency, Seton provided pre- and post-natal obstetrics navigation to 300 women from 10/1/2014 to 6/30/2015.</p> <p>Located near Seton Medical Center Austin, the Seton League House is a bed-and-bath facility that provides families a nearby place to stay while loved ones are hospitalized. The Seton League House offers overnight accommodations at reasonable rates designed to avoid placing a hardship on families. During FY15, the Seton League House provided 12,074 guest days.</p>
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<p>Access to Care</p>	<p>7. Children's Health Express Hospital: DCMC</p> <p>9. Patient Pharmacy Assistance Program (PPAP) Hospitals: UMCB, SMCA, SNW</p>	<p>The Children's Health Express Van serves the Austin area and provides medical services at specified Austin public school sites. The program includes a specialized service to about 242 pregnant and parenting students and their babies at four Austin high schools. The team also provides care to medically fragile children at Any Baby Can, a local non-profit. During FY15, the Children's Health Express van delivered 1,201 primary care visits.</p> <p>PPAP increases pharmacy access by providing discounted prescription drugs to low-income patients. In FY 15 and 16, the provided patients a total of \$42.7 million in medications across all participating sites.</p>
<p>Behavioral Health</p>	<p>1. Post Graduate Training/ Residency for Psychiatry Hospital: UMCB</p> <p>2. Behavioral Health Consultations via Telemedicine Hospitals: UMCB, SMCA, SSW, SNW</p> <p>3. Behavioral Health Assessment and Substance Abuse Navigation Hospital: UMCB</p> <p>4. Behavioral Health School Campus</p>	<p>Seton's additional psychiatric residents and fellows provided 12,058 patient encounters from 10/1/2014 to 6/30/2015.</p> <p>Seton expanded access to 24/7 behavioral health consultations via telemedicine. Provided 1,934 patient encounters in FY 14-16 in Travis County.</p> <p>Seton provided free behavioral health assessments to 1,909 individuals from 10/1/2014 to 6/30/2015. Additionally, Seton provided navigation to intervention and treatment for 1,562 individuals at risk of a substance use disorder from 10/1/2014 to 6/30/2015.</p> <p>Through two combined phases of the program, Seton increased access to behavioral health services on ten AISD</p>

<p>Behavioral Health</p>	<p>Counseling Part I and II</p> <p>Hospital: DCMC</p> <p>5. Psychiatric Emergency Department at University Medical Center Brackenridge</p> <p>Hospital: UMCB</p>	<p>school campuses. Seton provided services to 1,407 students from 10/1/2014 to 6/30/2015.</p> <p>Seton diverted psychiatric crisis patients away from community emergency departments into a more clinically appropriate, cost effective, and centralized psychiatric emergency department. Maintained patients in the least restrictive setting by providing psychiatric assessment upon entry to the system. Served 3,527 patients from 10/1/2014 to 6/30/2015.</p>
<p>Chronic Disease and Disease Management</p>	<p>1. Seton Network Oncology Services Hospitals: UMCB, SMCA, SSW, SNW</p> <p>3. Women’s Oncology Care Screening and Navigation Hospitals: UMCB, SMCA, SSW, SNW</p> <p>4. Seton Total Health Transitions Hospitals: SNW,UMCB, SMCA</p>	<p>The Seton Cancer Care Team provides vital case management services plus a variety of physical, emotional and spiritual support programs to adult Central Texas cancer patients and their families. Oncology nurse navigators used navigation tracking systems to monitor, diagnose, and track outcome results for 2,586 patients in FY15. The Seton Cancer Registry tracks all cancer diagnoses, treatment, and long term outcomes for any patient diagnosed or treated in the Seton Healthcare Family. In 2015, the Seton Cancer Registry abstracted over 4,200 cases of cancer.</p> <p>Seton Cancer Screening provided cervical screening to underserved Central Texas women, including Pap smears and follow up care to 550 women in FY 15. Additionally, Seton provides navigation services from cancer diagnosis to treatment, as well as cancer survivorship support services. From 10/1/2014 to 6/30/2015, Seton provided oncology navigation to 151 women.</p> <p>Seton Total Health Transitions coordinates and monitors care for patients with chronic disease from hospital to home. The program served 1,491 individuals from 10/1/2014 to 6/30/2015.</p>

<p>Chronic Disease and Disease Management</p>	<p>5. Diabetes Chronic Care Management</p> <p>Hospitals: UMCB, SMCA, SNW</p> <p>6. Care Management for Chronically Ill Children and Adolescents</p> <p>Hospital: DCMC</p> <p>7. Immunization Clinics at AISD Schools</p> <p>Hospital: DCMC</p>	<p>Seton developed and implemented standardized, evidence based protocols to improve outcomes for adult inpatients or observation patients diagnosed with Diabetes. Diabetes Chronic Care Management served 2627 patients from 10/1/2014 to 6/30/2015.</p> <p>Seton provided specialty treatment and care coordination for 339 children with high disease complexity from 10/1/2014 to 6/30/2015.</p> <p>Seton Immunization Clinics provide vaccines to AISD students. During FY 2015, Children's/AISD Student Health Services Immunization Team vaccinated 2,868 children.</p>
<p>Obesity</p>	<p>1. Diabetes Education</p> <p>Hospital: SSW, UMCB, SNW, SMCA</p> <p>2. Texas Center for the Prevention and Treatment of Childhood Obesity and Multi-level Family and Child Obesity Initiative</p> <p>Hospital: DCMC</p>	<p>Through the Diabetes Education Program, patients improve diabetes self-management, including improved blood sugar control, dietary intake, physical activity, and BMI/ weight loss. The program served 3,362 patients in Caldwell, Hays, Williamson, and Travis Counties from 2014 to 2016.</p> <p>The Center delivers multiple programs for children and families of various ages to prevent and treat childhood obesity, including Activating Children Empowering Success (ACES) Clinic, Healthy Living, Happy Living, and Teens Empowered for Exercise and Nutrition (TEEN) Group. The Center served 222 individuals from 10/1/2014 to 5/31/2015.</p>
<p>Community Collaboration</p>	<p>1. Health Information Exchange (HIE) through the Integrated Care</p>	<p>Since 1997, Seton Healthcare Family has provided staff and financial resources to this unique collaboration, which stimulates creative thinking for managing health care for uninsured Central Texans through</p>

<p>Community Collaboration</p>	<p>Collaboration (ICC)</p> <p>Hospitals: UMCB, SMCA, DCMC, SSW, SNW</p> <p>2. Community Care Collaborative (CCC)</p> <p>Hospitals: UMCB, SMCA, SSW, SNW</p> <p>4. Children’s Optimal Health Collaboration</p> <p>Hospital: DCMC</p>	<p>shared data, medical records and enrollment criteria. During FY15, the ICC's ICare system increased captured data to 2,020,796 encounters with 509,508 unique uninsured or underinsured individuals.</p> <p>As mentioned above, the CCC is a partnership, community collaboration and an integrated delivery system that provides high quality, cost effective, patient centered care to improve health outcomes through expanded care coordination and patient care management for low income residents.</p> <p>Seton and Central Health, the Travis County Health District, jointly own and manage the operations and funding of the CCC including the new integrated system of primary, specialty and acute care services. The CCC collaborates with local universities, federally qualified health centers, independent providers and community based social service agencies to build capacity and serve health and social needs of low income residents. Care coordination and navigation within the CCC and collaborating organizations is enabled by robust data sharing and service delivery.</p> <p>In FY 15 Seton provided substantial financial investment to the CCC to fund improvements to the integrated delivery system in partnership with Central Health. In addition to the financial contribution, Seton has dedicated administrative and clinical staff time and resources to support the mission and operations of the CCC.</p> <p>In FY15, COH continued work with Dell Children’s Medical Center by completing Child Maltreatment mapping which will be presented at a summit scheduled for July 14, 2016. COH has continued assessment mapping and metrics of the 5-year Go Austin/Vamos Austin. COH completed mapping of 2014-2015 Austin Independent</p>
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Community Collaboration		School District, completed the Pflugerville and Round Rock Independent School Districts' Obesity Projects, and held a summit in collaboration with the Youth Substance Abuse Prevention Coalition.
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