Health

Strategic Outcome:
Enjoying a sustainable environment and a healthy life, physically and mentally.

Council Indicators:
- Healthy conditions among individuals [absence of unhealthy conditions]
- Accessibility to quality health care services, both physical and mental
- Accessibility to quality parks, trails, and recreational opportunities
- Environmental quality and resilience
- Food security and nutrition

Challenges (DRAFT):
1. How do we proactively create conditions that result in optimal physical, mental, and behavioral health, and ensure access to health services are available to all Austinites?
2. How do we ensure race, ethnicity, gender, age, sexual orientation, education, geographic location, and income level do not pre-determine whether individuals are able to achieve better health?
3. How do we create equitable access to parks, trails, open space, and recreational opportunities?
4. How do we achieve success on ambitious sustainability goals, preserving the quality of the environment and availability of natural resources as we adapt to a changing climate?
5. How do we support more connected communities, strengthening our community well-being and enabling more effective responses and recoveries tied to major events?
6. How do we embed consideration of factors that affect physical, mental, and behavioral health status within all City departments, and strengthen collaboration with external health service providers and stakeholders, to increase synergy and improve health outcomes?
HEALTH CHALLENGE #1
How do we proactively create conditions that result in optimal physical, mental, and behavioral health, and ensure access to health services are available to all Austinites?

Nature of the Challenge
A person’s health, and ability to make healthy choices, is directly affected by where they live, work, learn, play, and create. Healthy lifestyles include prenatal care and immunizations, infant and child well checks, regular adult preventative screenings, good mental health, eating well, being physically active, tobacco-free living, and safe environments free from violence. Mental and behavioral health issues, including substance use disorders, living with developmental disabilities, and mental illness, disproportionately affect our most vulnerable community members. And reducing barriers of language, transportation, and costs enables all people to have access to health professionals for prevention and treatment.

Additionally, the built environment is a key determinant of health outcomes, demonstrated by poor health in neighborhoods with limited access to healthy food, recreational opportunities, safe routes for walking and biking, and healthcare services. Today’s challenge is to improve the current built environment with a health lens and to incorporate health considerations into future decision-making.

Evidence
- Data shows significant personal, business, and community costs related to poor health. For example, there were 12,185 potentially preventable hospitalizations in Travis County due to chronic diseases, accounting for $702 million in charges, in 2013. (Chronic Disease in Travis County Report, 2016)

- Health professionals identified the link between obesity (especially in children) and hunger in communities that are low-resourced with minimal access to full-service grocery stores and recreation facilities, but an abundance of convenience stores or fast-food restaurants in these areas. (Community Health Assessment, 2017)

- Of all City services, mental health services received the highest percentage of resident votes to increase funding in fiscal year 2018. (City budget simulator tool, 2017)
HEALTH CHALLENGE #2
How do we ensure race, ethnicity, gender, age, sexual orientation, education, geographic location, and income level do not pre-determine whether individuals are able to achieve better health?

Nature of the Challenge
Austin is generally considered a healthy city. There are dramatic health disparities among communities of color, communities living in East Austin, low income residents, the elderly, individuals with physical and developmental disabilities, those experiencing poor mental health, the homeless, recent immigrants, and refugees. Some of these disparities stem from long-term racial and economic inequities and consequences of detrimental land use decisions.

Resident feedback from the 2017 Community Health Assessment confirmed Austin’s continued growth and increased economic prosperity is only being realized by some Austinites. This compounds issues related to the suburbanization of poverty and gentrification of central city neighborhoods historically comprised of minority populations. As individuals and families move farther from the urban core, seeking to maintain or improve their quality of life coping with the rising cost of living in Austin, they face diminished access to important health care and health-related services.

Evidence
- Social determinants of health among populations of color have been directly affected by historic and systemic institutional racism, and racism in land development and planning policy. (Task Force on Institutional Racism and Systemic Inequities Report, 2017)

- Gentrification is forcing populations out of Austin’s urban core, away from resources, and displacing families. Undocumented families are fearful of deportation and many are not accessing services. (Community Health Assessment, 2017)

- Blacks have the highest death rates of cancer, heart disease and stroke. Diabetes death rates among Hispanics and Blacks is more than double that of Whites. Infant mortality rate for Blacks is approximately twice the rate compared with Whites and Hispanics. (Critical Health Indicators Report, 2017, Austin Public Health)

There is a variance of 20-plus years from the ZIP code with the lowest average age at death (78741) to that of the highest (78731). Overall, certain factors are enabling people to live longer on the west side of Travis County than on the east side.

Data Source: Texas Department of State Health Services, Center for Health Statistics
HEALTH CHALLENGE #3
How do we create equitable access to parks, trails, open space, and recreational opportunities?

Nature of the Challenge
As the Parks and Recreation Department’s (PARD) Strategic Plan states, “Our parks provide us with beautiful backdrops for leisure and recreation activities, contact with nature, and fellowship with family and friends.” Over the last decade, the City has developed robust plans to fully develop a system of parks and trails throughout the community, including the PARD Strategic Plan to develop the future parks system and the Austin Urban Trails Master Plan to allow residents to safely go from one end of the city to the other. An increasing number of studies confirm that through increased access to parks, trails, open space, and recreational opportunities residents are more likely to lead active lifestyles, resulting in a lifetime of better physical and mental health outcomes.

Through historical investment, or disinvestment, patterns, there are disparate levels of access to parks, trails, open space, and recreational opportunities. These disparities are reflected through longer distances to facilities for some neighborhoods, the conditions and age of facilities, and the variety of programming offered at different locations. Access to facilities also includes the physical access afforded to people with disabilities, ensuring facilities meet ADA compliance standards. Considering the continued population growth in Austin, future success on this challenge will require innovative solutions in communications, planning, partnerships, and funding.

Evidence
- During development of the PARD Strategic Plan, both PARD employees and the community agreed that fixing or replacing aging facilities was a top critical challenge (PARD Strategic Plan, 2016)
- The Trust for Public Land states 54 percent of Austinites are within a 10-minute walk of a park, which ranks as 25th in the nation out of the 100 largest cities.
- The draft 2017 Aquatics Master Plan shows disparities in conditions of pools and programs; many underserved areas identified in the report are in the eastern crescent.
- Given historic levels of funding and resources, it could take between 10-25 years to build 47 miles of Tier 1 Urban Trails. However, the current prioritization matrix for projects does not take into account investment in areas with significant health disparities. (Austin Urban Trails Master Plan, 2014)
HEALTH CHALLENGE #4
How do we achieve success on ambitious sustainability goals, preserving the quality of the environment and availability of natural resources as we adapt to a changing climate?

Nature of the Challenge
The City of Austin’s comprehensive plan, Imagine Austin, established sustainability as the central policy direction of the plan. Two of the core plan principles for action are to “integrate nature into the city” and “sustainably manage water, energy, and other environmental resources.” The City has made significant progress on the established policies and goals related to the environment and broader sustainability: zero waste programs, water and energy conservation programs, and green infrastructure projects are leading the way. However, it will take sustained commitment and increasing investment to achieve these and other long-term goals, including protecting the water quality of our creeks, lakes, and aquifers, as well as the critical challenge of reaching net-zero emissions as a community by 2050.

In addition, the issues associated with climate change are becoming more complex and the impacts more severe. Our region has experienced increasing periods of drought, exacerbating the concern about long-term availability of water for our community. More frequent and intense storms and flash flooding, and devastating wildfires, have caused loss of life and property for Austin residents. We have the opportunity now, recognizing continued population growth and increasing development pressures in lower income neighborhoods, to proactively prepare for future events and ensure our ability to withstand these immediate shocks and long-term stressors.

Evidence
- Declining trends in resident satisfaction from 2009 to 2016 (37 percent to 13 percent) on how well the City plans for future growth; forty-six percent of respondents indicated that flood control efforts were the most important environmental service for the City to provide (City of Austin annual resident survey, 2016)

- The 2015/2016 Watershed Protection Plan states over 2200 structures would be inundated in a 100-year storm; much of the drainage infrastructure in the urban core is beyond its designed service life.

- Implementing the 2017 Austin Energy Resource, Generation, and Climate Protection Plan will result in significant reductions in energy-related emissions over the next 10 years. Determining how to address transportation-related emissions will then be the key challenge we face in the next 3-5 years. (Austin Community Climate Plan, 2015)
HEALTH CHALLENGE #5
How do we support more connected communities, strengthening our community well-being and enabling more effective responses and recoveries tied to major events?

Nature of the Challenge
In today’s Austin, many people lack a sense of belonging and feel disconnected from the institutions and resources that support well-being within the community. Rapidly changing racial and ethnic compositions of neighborhoods, a fast-growing elderly population, increasing income inequality, a reliance on online social networks for community interaction, and policy changes at the state and national level are just some of the continuous changes that impact individuals and families in our community. In an ever-more complex world, with constant threats to mental and physical health, vulnerable populations are more stable and protected in socially connected, stronger communities.

Austin and the surrounding region have seen an increasing frequency of floods and wildfires causing destruction to people’s homes and lives. While extreme weather events (and human-caused incidents) are happening, the focus is on the immediate public safety response. However, the closest responders to those in need are typically neighbors and nearby family and friends. The ability to get critical information to everyone if they are able to prepare for an impending event depends heavily on the social networks of the individuals and families involved. And in the aftermath of major events, as communities begin to rebuild both emotionally and physically, it is this social cohesion that impacts the ability of a neighborhood to come back stronger than before.

Evidence
- Spirit of East Austin comments point to decreasing social cohesion: “Gentrification has driven out our businesses and neighbors so it’s no longer like a small city, friendly.”

- African Americans who moved east and north of Austin in the past 15 years reported declines (9 percent and 21 percent, respectively) in having good relationships with neighbors. (Those Who Left Austin Report, 2014)

- During the 1995 Chicago heat wave hundreds of residents died, but researchers found that the variation of death rates across neighborhoods with similar sociodemographic characteristics was attributable to the quality of the social networks in each community. (“Heat Wave: A Social Autopsy of Disaster in Chicago,” Eric Klinenberg, 2002)
HEALTH CHALLENGE #6
How do we embed consideration of factors that affect physical, mental, and behavioral health status within all City departments, and strengthen collaboration with external health service providers and stakeholders, to increase synergy and improve health outcomes?

Nature of the Challenge
The health care system is complicated, with many private, public, and non-profit entities providing some level of service and with each having their own respective interests. The many factors that determine an individual’s health outcome are complex, with a growing understanding of the impact on health outcomes by the social determinants of health. Within the organization, a broader understanding of how seemingly distinct investments in mobility infrastructure or affordable housing programs, as examples, relate to improved community health will produce better health outcomes. Recognizing all of these factors, it is important that the City’s organizational structure and allocation of resources are adaptable to craft and implement creative solutions.

Residents want to receive timely, affordable, easily accessible services when they are needed, regardless of which organization is providing them. Developing and implementing unified strategies and programs to achieve improved health outcomes, with a shared understanding by residents, the City, and other health providers of their roles and critical contributions, is key for success as a community. The City can play an important role as convener to ensure all actors understand the parts that make up the system, utilize the latest verified data, and identify gaps where the needs are greatest in our community.

Evidence
- Fostering effective partnerships with medical schools, the health care district, nonprofit health care providers, and the private sector was identified as a top Health Outcome critical issue.

- Plan reviews by the Health Outcome Team demonstrated that, historically, City staff have not tracked residents served across departments to understand which programs and services could holistically serve the same individual, family, or household.

- There are few examples from previous multi-million-dollar bond programs when multiple City departments worked together to develop new, co-located service delivery locations.

The City’s Homeless Outreach Street Team (HOST) is comprised of City staff from multiple departments and partner organizations who have come together to implement an innovative multi-disciplinary approach to proactively address the needs of people living on the streets.