Community Action Network

November 2002

Frequently Asked Questions About

Health and Wellness

This document updates the Community Action Network's *Prescription for Wellness* report released in April 2001. It focuses on three of the four *Prescription for Wellness* initiatives: understanding and reducing health disparities, wellness and prevention, and improving access to health care. The report also addresses preparedness for mass casualty emergencies. Substance Abuse is covered in a separate update.

Highlights

· The most prominent "actual" causes of death in the U.S. are tobacco use, unhealthy diet, and in-activity.

· Fourteen percent of Texas high school students were overweight or obese in 2001.

· African-Americans experience a disproportionate share of unhealthy outcomes.

· For low and some middle income residents, the challenges in getting needed care are still daunting.

· The events of September 11, 2000 and subsequent anthrax exposures changed much of how we think when planning strategies to protect the health of communities.

Overview

The people of Austin/Travis County continue to be a relatively youthful and healthy population, exceeding most national mortality indicators – with the exception of deaths due to stroke and motor vehicle accidents.

The leading cause of injury and death for children and adults below age 45 is accidental injuries, particularly motor vehicle accidents. In 2000, there were 128 deaths in Travis County related to motor vehicle accidents, an increase of 42% over the 90 traffic deaths reported in 1999.

Motor Vehicle Accident Deaths, Travis County

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
No. Deaths	63	81	103	67	87	95	95	114	101	90	128

The health care industry increasingly realizes that personal lifestyle choices have a strong influence on health. Routine decisions people make in their daily lives could minimize or significantly reduce their risk for unnecessary death and disability.

African-Americans have a significantly higher mortality rate due to cancer, heart disease, and stroke. People of Hispanic origin and African Americans have a higher death rate due to diabetes than White Non-Hispanics.

Financial issues that further limit access to care are: rising health insurance premiums, co-pays, and deductibles for individuals and employers; reduced reimbursements to providers; and skyrocketing malpractice insurance premiums.

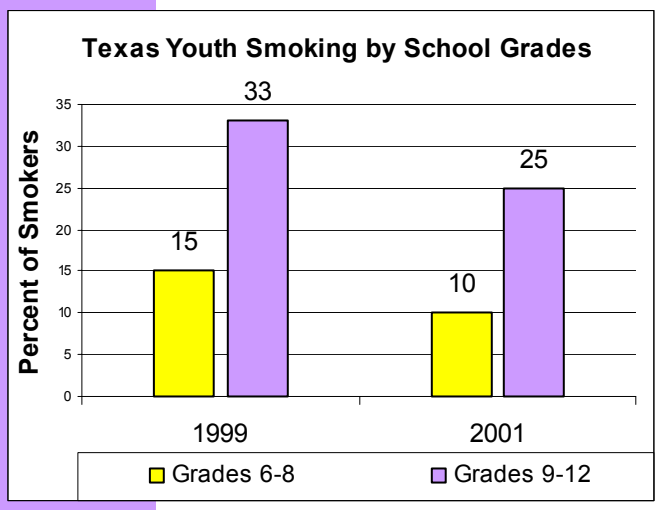
Frequently Asked Questions about Health and Wellness

Q: What are the most significant influences on health and wellbeing?

Even though we know that how long we live and that our predisposition to certain diseases is linked to our genetic makeup, we also know that lifestyles are still a major influence on our health that can slow or even prevent disease. Although we may not be able to change our genetic predisposition, we do have a choice with regard to how well we take care of ourselves.

Behavioral Risk Factors Associated with Leading Causes of Death, Travis County, 2000

Cause of Death	Number of Deaths	Rate Per 100,000 Population	Associated Risk Factors
Heart Disease	1001	223	Smoking, lack of physical activity, high blood pressure, diet, high blood cholesterol, overweight
Cancer	876	180	Smoking, diet, chronic drinking, environmental exposures
Stroke	286	65.5	High blood pressure, smoking, high blood cholesterol, diet, lack of physical activity
Diabetes	98	20.5	Overweight, diet, lack of physical activity



Q. Have there been any improvements in healthy life style behaviors?

The incidence of youth smoking is declining across the State.

Q. How important is childhood obesity?

The behaviors established as children tend to stay with us throughout life. Overweight and obesity linked to poor diet and physical inactivity are the second leading cause of preventable mortality and morbidity in the United States, accounting for nearly 300,000 deaths each year, along with economic costs that rival those attributed to smoking. Results from the 2000 Youth Behavioral Risk Surveillance System surveys indicate that about 14 percent of Texas high school students were overweight or obese, compared to 10.5 percent nationally. Overall in Texas, African American (17.3%) and Hispanic students (17.6%) were significantly more likely than White students (10.9%) to be overweight or obese. Texas is the first state in the nation to examine the prevalence of obesity among school-age children using actual height and weight measurements of students and a standard protocol by trained and certified staff.

Prevalence of Overweight for Texas School Children by Grade, Gender, and Race/Ethnicity, 2001

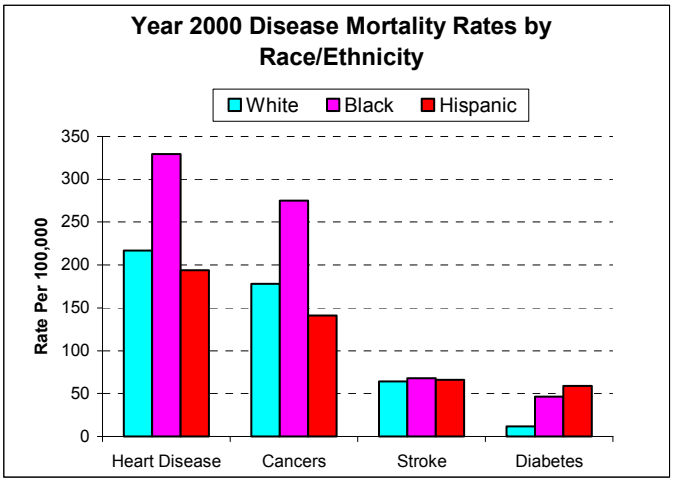
	4th Graders % Overweight	8th Graders % Overweight	11th graders % Overweight
All			
Girls	21.3	16.7	11.7
Boys	23.6	21.4	19.2
White/Other			
Girls	13.7	15.3	5.5
Boys	17.7	15.0	12.7
African American			
Girls	30.8	23.1	17.2
Boys	21.6	13.8	19.0
Hispanic			
Girls	26.4	16.2	19.4
Boys	31.1	32.6	29.5

University of Texas Health Science Center-Houston School of Public Health (Overweight defined as a body-mass index of 25.0-29.9.)

Frequently Asked Questions about Health and Wellness

Q. What improvements have been made in reducing health disparities?

While meaningful progress is being made in understanding health disparities, there is much more to do. Measurable change likely will take several years. Health disparities are most apparent within the African-American community. In the year 2000, the cancer mortality rate of African Americans was 35.2 percent higher than that of Hispanics. Similarly, the mortality rate for heart disease in African-Americans was 34.1percentt higher than for Whites and 41.1 percent higher than that in Hispanics. The mortality rate for diabetes in both African Americans (46.6) and Hispanic (58.9) was higher than that of Whites (11.5).



Significant first steps have been taken at the national level in recognizing and communicating the issues and producing essential research on causes and impacts of disparities. Local health advocates hosted a conference in 2001, *Addressing Racial and Ethnic Health Disparities in Austin/Travis County.* Recommendations included implementing a single eligibility application for all indigent care; improving transportation assistance to health care services for people with low incomes; expanding awareness about health disparities among policy makers, payers, healthcare providers, and individuals; and promoting healthy lifestyles.

As recommended in the *Prescription for Wellness* report, the Community Preventive Health Model was developed for neighborhoods where health disparities are greatest. The model includes outreach and education, preventive health screening and case management. It was initiated at the Rosewood Zaragosa Neighborhood Center in February of 2002, but further integration will be delayed due to budget shortfalls. A Healthy Communities Mobile Service has been instituted for rural communities, making regularly scheduled visits to Manor, Pflugerville and Del Valle to provide similar prevention services.

Q: What is the status of our community's access to health care?

Since publication of *Prescription for Wellness*, several strategies to improve our community's access to health care have been implemented. Some positive signs and challenges:

- Counter to expectations due to recent job losses in the community, **the proportion of uninsured adults in central Texas did not increase** over the past year. *SETON Consumer Survey, June-July 2002.*
- Over **12,000 children in Travis County are insured** through the Children's Health Insurance Program, up 35 percent from 8,867 last year. *Insure-a-kid, August 2002.*
- After two years (1999-2000) of flat enrollment in **Medicaid Star** in the seven counties of central Texas, **enrollment grew by 25 percent** in 2001 and by 32 percent through August, 2002.
- Travis County Commissioners voted to **approve MAP as a payment source for rural residents**.
- Between 15 and 20 **people are turned away from the Volunteer Clinic** each night and some of these resort to using hospital emergency rooms for care.

Frequently Asked Questions about Health and Wellness

Q. What strategies have been conceived or implemented to address access?

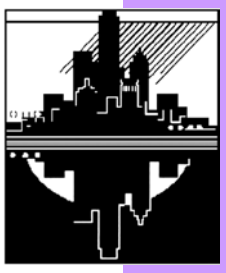
- Significant research, prepared analyses, and support have contributed to the planning of **a single or multiple-county Health Care District** in preparation for consideration by state legislators in 2003. If completed, the initiative will be placed on a fall 2003 local referendum. The purpose is to provide needed funding to direct those who require care to appropriate services and reduce unnecessary urgent, emergent, and acute care visits that challenge existing capacity. The effort is being designed to enable multiple counties in the region to participate in the district.
- The Travis County Medical Society received **pledges from 105 primary care and specialist physicians** within Travis County to see up to 10 indigent patient referrals within their private practices a year without reimbursement.
- Gaining ground locally are **technological and clinical best practices** in managing prevention and disease. This includes:
  - a Master Patient Index/Clinical Data Repository to accurately count uninsured patients and communicate clinical information
  - a diabetes pilot to monitor diabetic indicators using the repository
  - a new $489,175 grant to fund cardiac diagnostic equipment to evaluate and communicate test results of low-income primary care sites

Q. How will our public health system address potential terrorist threats that could involve mass casualties?

Since the terrorist attacks of September 11, 2001 and the incidents of anthrax exposures, a significant amount of resources have been devoted to addressing our ability to react to emergencies of all types. Many agencies and providers are joining forces to evaluate resources and plan responses. Some of these include:

- The Counter Terrorism Planning Group, comprised of City, County, State and Federal law enforcement agencies, EMS and Fire departments, public health, university and military offices, is assessing regional resources and addressing concerns, sharing information, coordinating training exercises, and developing tactical and strategic terrorism plans.
- The Interagency Disaster Council, comprised of area hospitals, EMS and Fire departments, emergency management, public health and university representatives, coordinates operations and logistical plans for casualty responses, manages patient flow with local and regional medical systems, and serves as an information clearinghouse.
- The City of Austin Public Safety Task Force was created by Austin City Council to assess public health and public safety agencies in the community and to make recommendations as to resources and needs.
- The Austin/Travis County Health and Human Services Department (A/TCHHSD) has been awarded a Centers for Disease Control grant for more than $1.2 million to fund a comprehensive assessment of public health emergency needs, an around-the-clock disease surveillance program, and communications and information technology improvements.

Additional Information



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

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

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