



UT Austin Executive Summary

UT-Austin’s population health activities will reflect DPH’s own priorities and plans to enhance the health of the residents of Central Texas. However, the DPH will also organize and convene the many faculty and staff from other UT-Austin schools engaged in population health activities to enhance cross-school collaboration and the campus’ impact on the health of Central Texas residents.

Priorities and Planned Activities	Inputs, Activities, Outputs, and Outcomes
<p>Priority: Assess health needs of the residents of Central Texas</p> <p>Planned Activity: Household level assessments (HOLA)</p>	<ul style="list-style-type: none"> • Inputs: Information from prior assessments by Central Texas cities and counties and the State of Texas; prior door-to-door assessments performed by other UT campuses and schools; experience from the AMPATH program’s door-to-door program in Kenya where 1.4 million persons were approached with 98% complete data capture. • Activities: Focusing on a diverse zip code—78724—perform a feasibility study with focus groups, key informant interviews; develop and test a mobile data collection program; pilot interviews with 100 households; initiate HOLA, beginning in geographic areas of Travis County with the lowest SES; extend to the other 4 counties, beginning in those receiving outmigration of low-income Austin residents.
<p>Priority: Enhance access to primary health care</p> <p>Planned activity: Establish community-centered health homes (CCHH) in primary care clinics</p>	<ul style="list-style-type: none"> • Inputs: Information on the CCHH approach; interest and suggestions from current primary care clinics run by Dell Med, Seton, CommUnityCare, and Lone Star Circle of Care. • Activities: Design plans for identifying local community organizations with missions to meet residents’ social and economic determinants of health, integrating them with primary care clinics to meet local needs (including needs identified by HOLA); recruit, hire, and train community health workers (CHWs) to be the implementers of activities identified through clinic-community collaborations to meet individual patients’ health needs; identify a single clinic in which to pilot the program; revise plans and methods; implement CCHH in additional clinics.
<p>Priority: Improve function and reduce institutionalization among elders</p> <p>Planned activity: Implement the GRACE model for frail community-living adults and HABC model for elders with cognitive dysfunction</p>	<ul style="list-style-type: none"> • Inputs: Details of the GRACE and HABC programs; identification of frail and cognitively dysfunctional elders through the Dell Med and selected CommUnityCare primary care clinics and HOLA. • Activities: Build a multidisciplinary team capable of delivering both GRACE and HABC interventions; perform pilot testing of the models with iterative feedback and revisions; implement both programs sequentially in selected primary care clinics.

<p>Priority: Identify, resource, and implement local solutions to local health needs</p> <p>Planned activity: Launch a Center for Place- Based Initiatives</p>	<ul style="list-style-type: none"> • Inputs: Ideas from individual community members for improving community and individual health • Activities: Broadcast calls for ideas (using various media and approaches) every 6 months; vet submitted ideas through Dell Med's Community Strategy Team (CST); develop approved ideas into detailed proposals; present final proposals to CST which will choose 2-3 that are resourced with up to \$50,000 of financial and in-kind support; implement resourced proposals with formal measurement of impact; seek funding for wider dissemination of successful ideas.
<p>Priority: Accept responsibility for the health and health improvement of a Travis County neighborhood</p> <p>Planned activity: Launch a multifactorial approach to health improvement focused on a single geographic area</p>	<ul style="list-style-type: none"> • Inputs: Assessment of local health needs through HOLA and community engagement activities; effects of best practices identified in Central Texas and nationally. • Activities: Design a multifactorial intervention, with an emphasis on community-level health promotion and disease prevention and removing barriers to health care and enhancing access to community-level social support and healthy food and nutrition, in a single selected neighborhood of 10,000-50,000 residents; engage primary care clinics serving that area; through large grocery stores, convenience stores and cornermarkets, and community gardens enhance access to fresh produce and healthy food options; identify local health needs and engaging social service agencies and health care providers to meet them; identify and improve places and resources to enhance physical activities; assess and refine the neighborhood approach in a continuous quality improvement paradigm.
<p>Priority: Eliminate tobacco use</p> <p>Planned activity: Inform and advocate for tobacco elimination policies</p>	<ul style="list-style-type: none"> • Inputs: current city, county, and state laws and regulations; insights from advocates; best practices from other states; identifying partner organizations at city, county, and state levels. • Activities: Work collaboratively with partners to inform and educate local policy-makers regarding various tobacco elimination policies including increasing taxes on tobacco products, eliminating smoking and vaping in all public places, eliminating smoking and vaping in public housing; and continuing to monitor successful approaches in other cities, states.
<p>Priority: Improve housing in Central Texas</p> <p>Planned activity: Develop a multisector plan for a comprehensive health-focused mixed-income housing community</p>	<ul style="list-style-type: none"> • Inputs: Successful examples of mixed-income housing; available financial resources; interest of leaders in the academic, government, developer/builder, financial, health care, transportation, and recreational sectors (e.g. UT-Austin, City of Austin, builder organizations, Federal Reserve Bank, Seton, CapMetro, and the YMCA —all of which have expressed interest in such a collaboration to meet the rapidly expanding needs for housing and health in Central Texas). • Activities: Review of successful examples in other cities and states; develop a specific plan for a mixed-income housing complex that also includes a medical clinic, a YMCA or similar recreational facility, a grocery store, community gardens, green space, transportation to the city center, etc.; seek funding for this plan; initiate the plan and assess its effects on housing and health.
<p>Priority: Improve mental health care</p> <p>Planned activity: Enhance community-based mental health care through telepsychiatry</p>	<ul style="list-style-type: none"> • Inputs: number of patients currently receiving care for mental/behavioral health issues and substance use disorders in Central Texas; estimated number of people needing treatment for these disorders; assessment of unmet need. • Activities: Design a user-friendly telepsychiatry system that supports brain health care and treating substance use disorders; pilot test it in a single mental/brain health clinic; refine and further implement the resulting telepsychiatry system in mental/brain health clinics of the Dell Medical School and Austin Travis County Integral Care (ATCIC); assess the number of telepsychiatry care encounters and compare their care with care delivered at Dell Med and ATCIC clinics not using telepsychiatry.

<p>Priority: Improve data-based decision-making for health care and health</p> <p>Planned activity: Implement a HIE for Central Texas.</p>	<ul style="list-style-type: none"> • Inputs: Comprehensive data, initially a one-time download but eventually in real time, from health care delivered in Central Texas to the approximately 200,000 patients for whom Central Health has financial responsibility for their health care, including visit data (date, site, providers, diagnoses, disposition), lab and imaging study reports, drugs prescribed and dispensed, and clinical notes. • Activities: Develop a cloud-based clinical data repository of the above data for up to 200,000 Central Health patients; develop and implement user-friendly data viewing and reporting tools; launch a clinical database analysis team of data managers and data analysts familiar with the complex and messy nature of clinical data; expand the data repository to accept data on other patients from a wide range of Central Texas health care providers; provide health care providers with real-time access to individual patient data and tools for summarizing those data for population health management.
<p>Priority: Support population health interests and activities at UT-Austin</p> <p>Planned activity: Convene and facilitate ongoing discussions among faculty, staff, and community members interested in population health</p>	<ul style="list-style-type: none"> • Inputs: Results of an annual survey of population health activities being performed, planned, or contemplated by faculty and staff in UT-Austin schools and colleges; detailed descriptions of active projects; federal, state, and local funding opportunities; Central Texas health needs from HOLA and public sources; local ideas to meet local needs from community members via the Center for Place-Based Initiatives and engagement of interested and motivated community members. • Activities: Survey all UT-Austin faculty annually concerning their ongoing population health activities and relevant interests and plans; compile survey results into a report and disseminate it UT-Austin wide; establish and hold quarterly meetings of the UT-Austin Population Health Interest Group (PHIG) to share ideas, vet funding opportunities, and discuss plans for research and service activities, seeking potential collaborations; select community members from among those submitting ideas to the Center for Place-Based Initiatives to participate in these quarterly sessions; hold a monthly or bimonthly Population Health Work in Progress (PH-WIP) meeting where members of various UT-Austin schools can present their planned or ongoing work and seek feedback; convene an annual 2-day Population Health Scientific Session consisting of podium presentations, posters, workshops, and idea generation sessions for interested UT-Austin faculty and staff and community members.

There are other activities in the planning stage to meet the needs identified in earlier sections of this report. Examples include programs to improve childhood nutrition, increase mobility and exercise, reduce overuse of alcohol, reduce prescription narcotic and illegal drug use, lessen trauma and violence, attack health care disparities, and enhance access to health care especially for cancer screening. Interventions focused on these needs were not included in the table above because planning has not progressed to the point where inputs, activities, outputs, and short- and long-term outcomes could be specified. No doubt, these will be the foci of the meetings where faculty interested and engaged in population health enhancement activities meet to discuss and plan future activities.