

# Manor City Council 2<sup>nd</sup> Quarterly Report

Committee: Health Committee

Starting Date: January 1, 2024

Ending Date: March 31, 2024

## Committee Members:

Council Members Anne Weir & Aaron Moreno

## Accomplishments

Continued discussion with the Black Men's Health Clinic on the creation of a Manor Survey to gather information on services needed in the City of Manor. Discussed a need for a list of primary, specialty, mental, and social determinant care list. Also discussed greater awareness and utilization of the dual program with MISD. The survey provided drew some concerns about the demographic and age group targeted. Another survey will be done at some of our city events to expand our outreach. Discussed what's needed for the legal technical draft and determined what agreements, services, or programs are available.

## Challenges

Continue our meetings with BMHC liaison and wait on the surveys to present to the council the information of care needed.

## Needs

## Next Quarter Goals:

In progress, Assistance from UT research students and the City of Manor in gathering items, difficulty gathering items from other health-providing entities. significant data gathering during the State of the Community Health Report. Discussions made with The Lab and Antonio to coordinate HealthyCuts™ events with City of Manor events for greater exposure and utilization. Discussions with Manor Knights, Maya Mustangs, J-UNO AAU Team, and Manor ISD Athletics to provide sports physicals and periodic health checks for players and their parents where they practice.

April 8, 2024

**Subject: Monthly Status Report on Manor Health Department**

<b>GOALS</b>	<b>PROJECTED COMPLETION DATE</b>	<b>COLLABORATORS</b>	<b>STATUS</b>	<b>NEEDS</b>
Define Manor Health Department Structure for Council Approval	July 31st	Harvard Health Law	Law and Policy draft for Review	Define legal requirements at the state and national level
State of the Community Health Report	March 31 <sup>st</sup>	Rishit Yokananth En-Yu Li	Draft Received	Council Feedback to finalize
State of Health Programs and Services Report	April 30 <sup>th</sup>	Rishit Yokananth En-Yu Li	In Progress	UT research students performed some significant data gathering during the State of the Community Health Report
State of Health Policies and Agreements Report	May 31 <sup>st</sup>	Rishit Yokananth En-Yu Li	In Progress	Assistance from UT research students and City of Manor in gathering items, difficulty gathering items from other health providing entities
Community Health Survey	May 31 <sup>st</sup>	American Heart Association	In Progress	Difficulty gathering primary care, specialty care, behavioral health, and social determinant services for a checklist of needs by community residents. BMHC staff compiled a starter from generic website research.
Launch Monthly BMHC HealthyCuts™ Program	Ongoing	The Lab Antonio Montgomery Austin Public Health CommUnityCare	In Progress	Discussion made with The Lab and Antonio to coordinate HealthyCuts™ events with City of Manor events for greater exposure and utilization

Youth Fitness Support Program	Ongoing	Cameron Morgan James Keller Demetrius Moales Austin Public Health CommUnityCare	In Progress	Discussions with Manor Knights, Maya Mustangs, J-UNO AAU Team, and Manor ISD Athletics to provide sports physicals and periodic health checks for players and their parents where they practice
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ACTIVITIES	ORGANIZATION	WHO	PURPOSE	OUTCOME
Jan 18	American Heart Association	Kelsey Williams Tori Cirlos	What Agreements, Services, Programs	No agreements, services, or programs in place, but agreed to assist in the creation of a community health survey
Jan 18	Harvard Health Law	Rachel Landauer	Discuss what's needed for legal technical draft	Draft sent by Jan 28th
Jan 19	Austin Public Health	Patrice Hatchett	Learn more about Diabetes Classes focused on diabetes management, exercise, nutrition, complications & prevention, and stress management	90-minute classes 1x a week for 6x weeks: diabetes control, active living, healthy eating, preventing complications, and managing stress
Jan 29	Dell Medical School & UT Population Health	Cynthia Chacon Tasha Banks Navkiran Shokar Jessica Calderon	What Agreements, Services, or Programs available	No agreements, services, or programs in place
Feb 5	Austin Public Health & Travis County Health Authority	Adrienne Sturup Desmar Walkes Cassandra Deleon Janet Pichette	Determine what agreements, services, or programs	Pending feedback on whether an agreement is in place between Manor and Travis County Health & Human Services

Feb 15th	UT Austin Research Interns	Rishit Yokananth En-Yu Li	Discussion of the Manor Project and reports that need to research and written	Agreed to have the first report done by March 31, and to have meetings as needed to discuss challenges
Feb 26	Dell Medical School	Cynthia Chacon	Discuss Cancer Prevention Program being offered to the city	Manor Health Committee requested BMHC take lead and serve as liaison on program implementation and execution. Follow-up meetings required to finalize
March 4	American Heart Association	Kelsey Williams Sally Honeycutt Tori Cirlos	Discuss creation of Manor Survey	Once BMHC provides an approve list of services available for primary care, specialty care, behavioral health, social determinant needs, BMHC will follow-up with AHA to work on additional health awareness questions for residents to respond to
March 7	Austin Community College – Health Sciences	Nina Almasy Estrella Barrera	Discussion of creation of Manor Survey	Discussed a need for list of primary, specialty, mental, social determinant care list. Also discussed greater awareness and utilization of the dual program with MISD.
March 19	UT Austin Research Interns	Rishit Yokananth En-Yu Li	Provide updates on the Manor survey reports, answer questions target audience, and completion status	Identified target audience and confirmed that that the draft for the first report will be done March 31 <sup>st</sup>
March 26	Austin Community College	Tiffany Ricks	Discussion of creation of a Manor Survey	Discussed the intended community survey for support in creation. Some resources received.
April 3rd	UT Austin Research Interns	Rishit Yokananth En-Yu Li	Review of services draft report for feedback	Reviewed draft report to finalize for inclusion into the health project status to Manor City Council



CENTER for HEALTH LAW  
and POLICY INNOVATION  
HARVARD LAW SCHOOL

**To:** Dr. Larry Wallace and Michael Lambert, Black Men's Health Clinic  
**From:** Rachel Landauer, Center for Health Law and Policy Innovation of Harvard Law School  
**Re:** Initial Review - Texas Law Governing Local Health Entities  
**Date:** April 4, 2024

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The following summarizes our initial review of Texas law governing local health entities.

**I. Local Health Entities**

- Local public health is decentralized; cities and counties have significant decision-making authority over whether to create a local health entity, the type, level of funding, services provided, governance, etc.
- There are three different types of "local health entities" defined in Health & Safety Code Chapter 121, the Local Public Health Reorganization Act:
  - Public health district
  - Local health department
  - Local health unit
- A public health district involves (a) two or more counties, (b) two or more municipalities, (c) a county and one or more municipalities in the county, or (d) two or more counties and one or more municipalities in those counties. *See Health & Safety Code Chapter 121, Section E.* Accordingly, it is our understanding that rules surrounding a public health district are not relevant at this time and we have not reviewed them in detail at this time.

**II. Comparing Local Health Departments and Local Health Units**

- Local health units operate to provide more limited, targeted services than full-fledged local health departments. *See Health & Safety Code § 121.004* ("a local health unit. . . provides public health services but does not provide each [public health service] listed under Section 121.006(d). . .").
  - Section 121.006(d) lists the following public health services:
    - Personal health promotion and maintenance services;
    - Infectious disease control and prevention services;
    - Environmental and consumer health programs;
    - Public health education and information services;
    - Laboratory services; and
    - Administrative services.
- Rules specific to local health departments are housed in Subpart D. Here, we see that local health departments are established by majority vote of city council or the commissioners court of a county. *See Health & Safety Code § 121.031.* Additional rules for local health departments set forth in this part of the code address powers and duties of

local health departments (“may perform all public health functions that the municipality or county that establishes the local health department may perform”), the appointment of a department director, delegation of authority, and the creation of a public health board. We have not identified a similar set of rules for local health units.

- ✦ At a high level, both types of entities seem able to contract or otherwise “affiliate” with the State to coordinate service delivery and exchange information, to receive State support, and to run a public health clinic. *See, e.g., Health & Safety Code § 121.006.* Additional research is required to confirm whether there are meaningful differences in engagement with the State (e.g., whether both types of entities are able to submit claims to and be reimbursed by Medicaid).

### III. Rules for Local Health Entities

- The Local Public Health Reorganization Act sets out a few rules that may be relevant to the policies of a local health entity, regardless of the type of entity. For example:
  - “A municipality, county, or public health district may not deny public health services to an individual because of inability to pay for the services. A municipality, county, or public health district shall provide for the reduction or waiver of a fee for an individual who cannot pay for services in whole or in part.” *Health & Safety Code § 121.006.*
  - If the entity receives State support for the provision of public health services, certain provisions of the Government Code and related standards apply. *Health & Safety Code § 121.006.*

### IV. Next Steps

- CHLPI will continue our review of Texas law and regulation
- CHLPI will begin interviews and related research to identify best practices for policies and procedures

“My sense from our book research is that this kind of effort (enabling more health coordination & facilitation by the City) fits nicely into the “local health unit” entity type. But this is absolutely something that we can explore and confirm through interviews with, e.g., the Texas Association of City and County Health Officials.”

Rachael Landauer  
Health Law and Policy Clinic  
Harvard Law School

**SERVICES LIST – COMMUNITY HEALTH SURVEY**

**Primary Care**

- Physical exams
- Preventative care
- Chronic conditions management
- Common illness diagnosis & treatment
- Lifestyle counseling & guidance
- Immunizations

**Specialty Care**

- Surgeries (complex cases)
- Specialized treatment (cancer, etc.)
- Diagnostic testing (radiology, etc.)
- Consultation (neurology, etc.)

**Behavioral Health**

Medication

- Antidepressants
- Antianxiety
- Mood stabilizers
- Antipsychotics
- Supervision & management

Complementary & alternative therapies

- Recreation
- Yoga
- Meditation
- Nutrition
- Exercise
- Equine (horses)

Support Groups

- Alcohol abuse
- Drug abuse
- Anxiety & depression
- Eating disorders
- Gambling, shopping, video gaming, etc.

Psychotherapy

- Individual therapy
- Family therapy
- Group therapy
- Cognitive behavioral therapy (individual, family group)
- Dialectical behavior therapy
- Interpersonal therapy
- Eye movement desensitization & reprocessing therapy

**Social Determinants of Health**

Health Behaviors

- Eating habits
- Alcohol or substance use
- Unprotected sex
- Smoking

Physical Environment

- Place of residence
- Exposure to toxic substances
- Buildings & transportation systems
- Plants & agriculture
- Weather & climate

Social & Economic Factors

- Discrimination
- Income
- Education level
- Marital status
- Economic factors

Health Care

- Access to & quality of care
- Insurance status



**Subject:** Comprehensive Cancer Prevention Program in Central Texas by Dell Medical School

### **Education Program Summary**

The Comprehensive Cancer Prevention Program through Dell Medical School's Department of Population Health aims to implement culturally, linguistically appropriate, and evidence-based cancer education to individuals residing in Central Texas focusing on breast, cervical, and colorectal cancer. Our primary focus is to engage individuals without insurance or without a medical home through community-based outreach and in partnership with other organizations.

### **Participant Recruitment**

We seek to create partnerships with various community-based organizations beginning in Travis county, and extending to neighboring counties, including: Bastrop, Bell, Burnet, Caldwell, Fayette, Hays, Lee and Williamson counties. We will liaise with interested hosting sites on dates and times for educational sessions. Hosting sites will help to promote and recruit from their patron population; our research staff will also help in direct recruitment by actively pursuing outreach efforts by participating in community events, networking seminars, other community-based awareness and engagement activities, and identifying opportunities to grow the program's recruitment.


### **Education Delivery and Personnel**

Individuals who opt to receive the education will receive education via PowerPoint, a flip chart, or a tablet. The modality used will depend on both the needs of the specific participation(s) and the conditions of the education delivery location (group setting or 1:1; and classroom, conference room, clinic waiting area, resource fair, etc.). Educational modalities will include the following information: cancer screening tests and recommended guidelines, facts and figures for the specific type of cancer, and risk factors. Following the education session, all participants will be asked to complete a 1-page satisfaction survey on their satisfaction with the education delivery, knowledge gained, level of anxiety regarding cancer screening, and intention for cancer screening. For the first 150 participants who opt in for receiving education, they will be administered a pre-test prior to the education, and a post-test immediately after to assess their current cancer knowledge, beliefs and health status. In total, we allot up to one-hour for the delivery of the education and completion of these surveys. Education will be delivered by the project study team, consisting of Community Health Workers, Health Educators, Research Assistants, and/or other study team personnel who are trained by the Cancer Prevention and Control Operational Director of Livestrong Institutes, Director of Operations and or the Principal Investigator of this project.

### **Measures**

We will use the results of the satisfaction surveys and pre and post-tests to tailor future cancer education and to investigate the efficacy of the information presented during education delivery.

### **Benefits**



The first 150 participants who complete the pre and post-test will receive a \$50 HEB gift card. All participants will be provided with a list of resources for free or low cost cervical, breast, and colorectal cancer screening options. Those individuals who receive cancer education and consent to being contacted about cancer screening options will be followed up with a member of the project team within two weeks of having received education, and again within one and three months.

Cynthia Chacon  
Research Program Manager  
UT Dell Medical School

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**Subject: Intent to Collaborate by Austin Community College**

Good morning, Dr. Wallace and Happy Friday!

Thank you for reaching out regarding potential partnership opportunities between ACC, particularly the Health Sciences Division, and the City of Manor. We are genuinely excited about the prospect of collaborating further and expanding our engagement with the Manor community. Following our wonderful meeting with Mr. Lambert on 3/7, we have identified several areas where ACC Health Sciences can make meaningful contributions. Some of these include:

1. Participation in health fairs, health promotion initiatives, and community education programs focusing on various health screenings, health promotion & disease prevention educational activities, and community activities.
2. Engaging in youth outreach and high school programs aimed at developing a healthcare workforce pipeline in partnership with the City of Manor.
3. Developing an affiliation agreement with the City of Manor for Health Science programs to explore, plan, and implement various service-learning and clinical experience opportunities.
4. Collaboration with community organizations within the city, such as the fire department, similar to our ongoing partnership with the City of Austin Fire Department's Red Angels program.

We believe that these initiatives align and would be valuable additions to the Manor community's health and wellness efforts. It's worth noting that beyond Health Sciences, ACC has a range of other departments and expertise that can contribute to community development within the scope of this work. Our support can extend to initiatives aimed at reducing health disparities. Furthermore, our Continuing Education Division can also play a significant role. I will make connections to their new dean, Donald Tracy, as they have many fast-track options that could serve the City of Manor.

We are committed to being active participants in this important work and are eager to further discuss and refine these opportunities. Looking forward to continuing our partnership and making a positive impact together!

Nina Almas, DNP, RN  
Dean, Health Sciences Division  
Austin Community College

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# Healthcare in the City of Manor

04.05.2024

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Rishit Yokananth  
En-Yu Li  
BMHC Liaison: Michael Lambert

The University of Texas at Austin

We sincerely thank the Bristol Myers Squibb Foundation for their generous support, which was instrumental to the creation of this report.

## Project Summary

The purpose of this report is to collect all possible information about the City of Manor in regard to its health statistics. Our goal is to discern prevalent health issues within the city by analyzing primary demographic data, health-related statistics, and information. The uniqueness of partnering with the City of Manor is its minority-majority community population. With an annual 12% growth<sup>1</sup>, the City of Manor has no health department or basic health for its nineteen thousand residents<sup>2</sup> of which 64% are Hispanic and<sup>3</sup> 20% are Black or African American.<sup>4</sup> The rapid expansion of the city, coupled with insufficient medical infrastructure, has compelled the City of Manor to lean heavily on regional resources, primary care, and specialty services from neighboring cities like Austin. Through the compilation of information and data regarding Manor's health landscape, our aim is to assist the City of Manor in gaining a comprehensive understanding of the diverse needs of all local residents, encompassing marginalized groups and mainstream perspectives alike. By ensuring these needs are recognized and addressed, we strive to pave the way for initiatives such as establishing a health department and allocating additional resources in the future, informed by these valuable insights.

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<sup>1</sup> This is an average population growth rate from 2010 to 2020. Data from [City Population](#)

<sup>2</sup> Population estimation of July 1, 2022. Source 1. [U.S. Census Bureau](#)

<sup>3</sup> [Austin's growth in focus: the Manor community](#)

<sup>4</sup> Ethnicity breakdowns in 2021. Data from [Data USA](#)

## Reports and Surveys Used

1. [US Census Bureau Report of Manor](#)
2. [Travis County Forensic Mental Health Project](#)
3. [Travis County 2022 Community Health Assessment](#)
4. [2022 Williamson County Community Health Assessment](#)
5. [Central Health Demographic Report for Travis County](#)
6. [Central Health Strategic System of Care FY 24](#)
7. [Central Health Equity-focused Service Delivery Strategic Planning: Voice of the Community Summary](#)
8. [Central Health Safety-Net Community Health Needs Assessment Report](#)
9. [Austin/Travis County Tobacco & Other Drugs Needs Assessment](#)
10. [Aging and Unhoused in Travis County Assessment](#)

## Organizations Referenced in this Report

[Austin/Travis County Community Health](#)

[Travis County Health and Human Services](#)

[University of Texas at Dell Medical Center](#)

[Baylor Scott & White Health](#)

[St. Davids Foundation](#)

[Ascension Seton](#)

[National Council for Behavioral Health](#)

[Austin Public Health](#)

[Integral Care](#)

[Austin CapMetro](#)

[City of Manor](#)

[Central Health Strategic System of Care FY 24](#)

[Austin Community College](#)

[Community Coalition for Health](#)

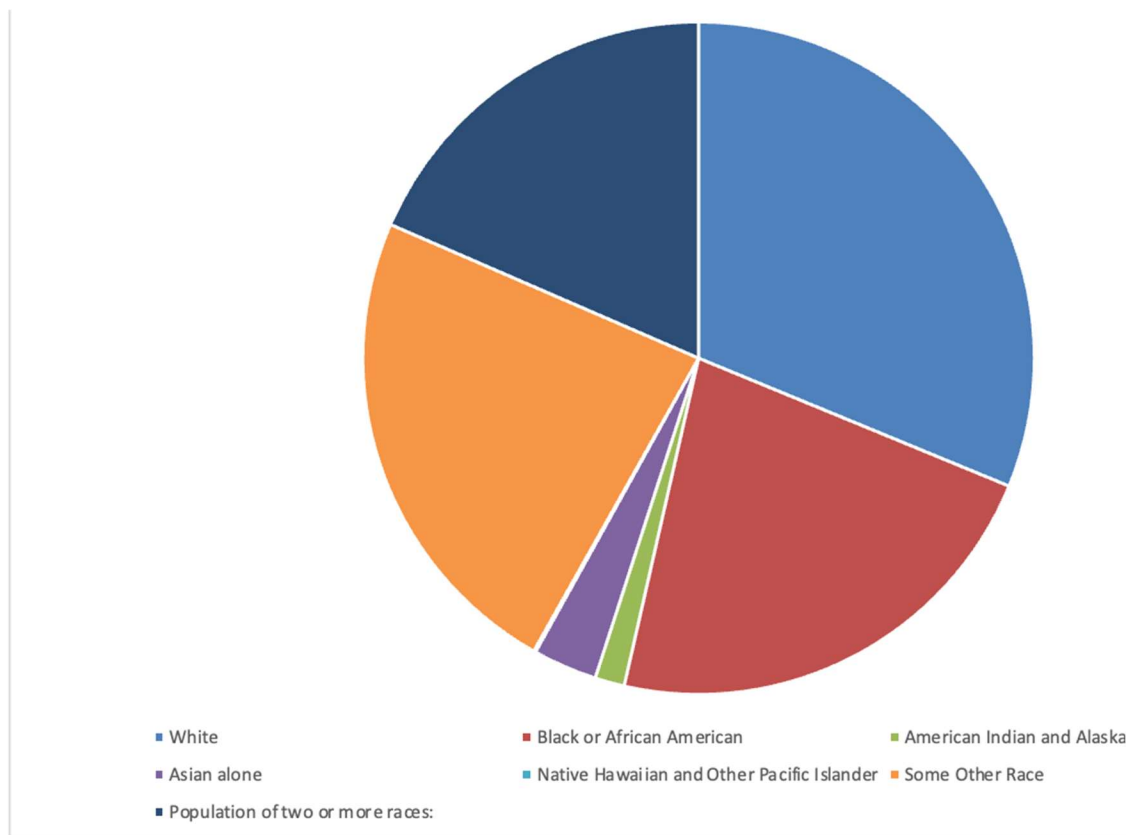
[The University of Texas Health Science Center at Houston](#)

## State of the Community: City of Manor and Travis County

### The demographic of the City of Manor

According to the [United States Census Bureau](#), the total population of the City of Manor in 2022 was 19,009.<sup>5</sup> Below is the demographic breakdown of the City of Manor.

Race<sup>6</sup>:



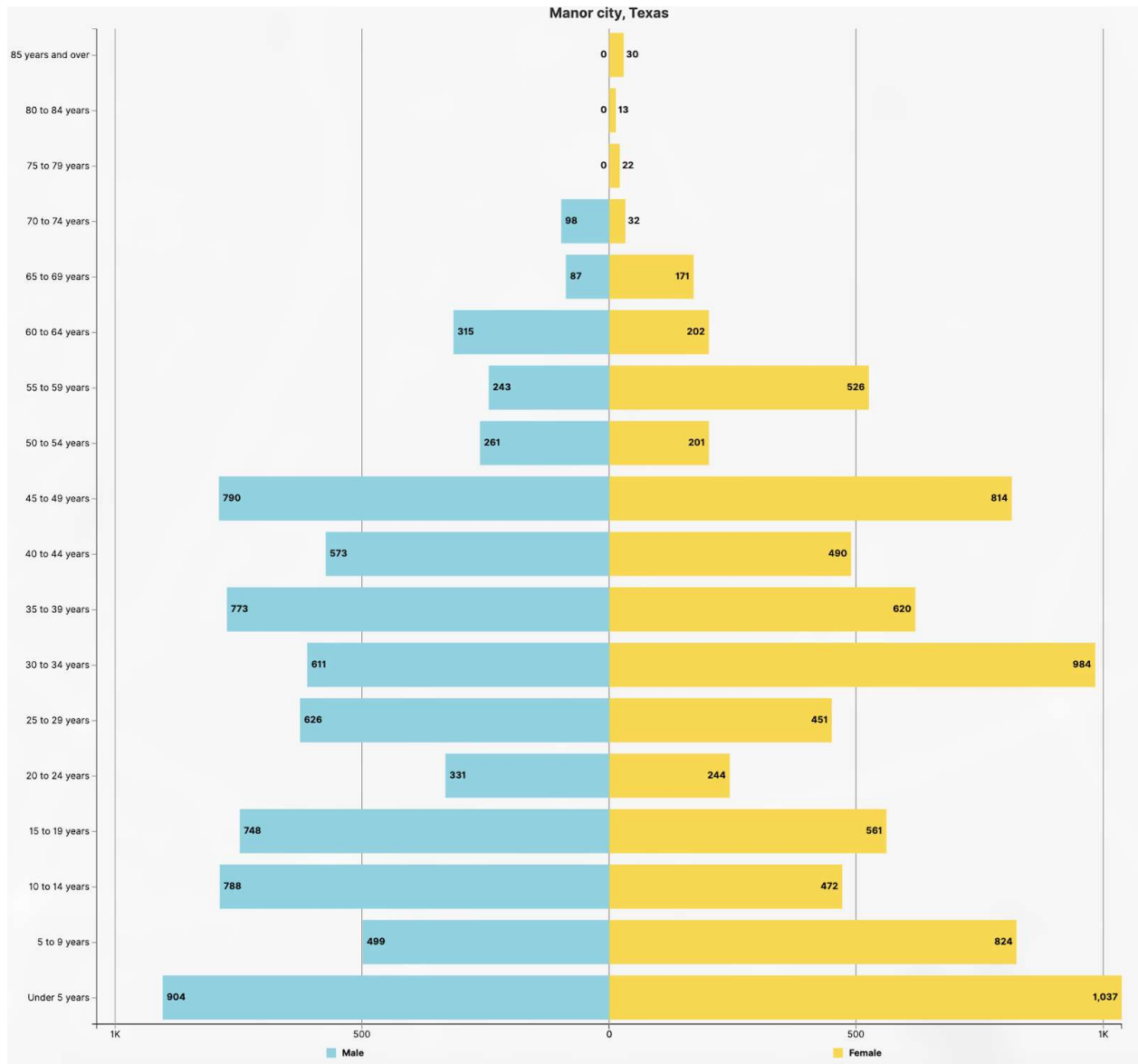
Median age: **30.7 ± 2.2**<sup>7</sup>

<sup>5</sup> Data from 2023 is not available. Source 1. [U.S. Census Bureau](#)

<sup>6</sup> Graph made by author. Source 1. [U.S. Census Bureau](#)

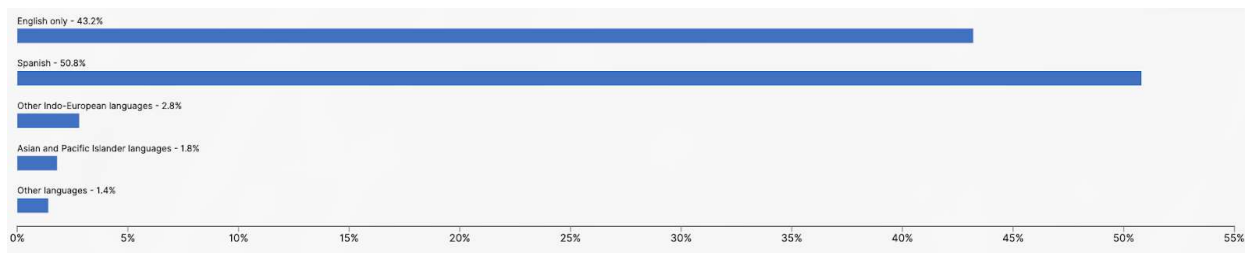
<sup>7</sup> As a reference, the median age of Texas is **35.6 ± 0.1** ( data from 2022 American Community Survey 5-Year Estimates)

Population Pyramid:

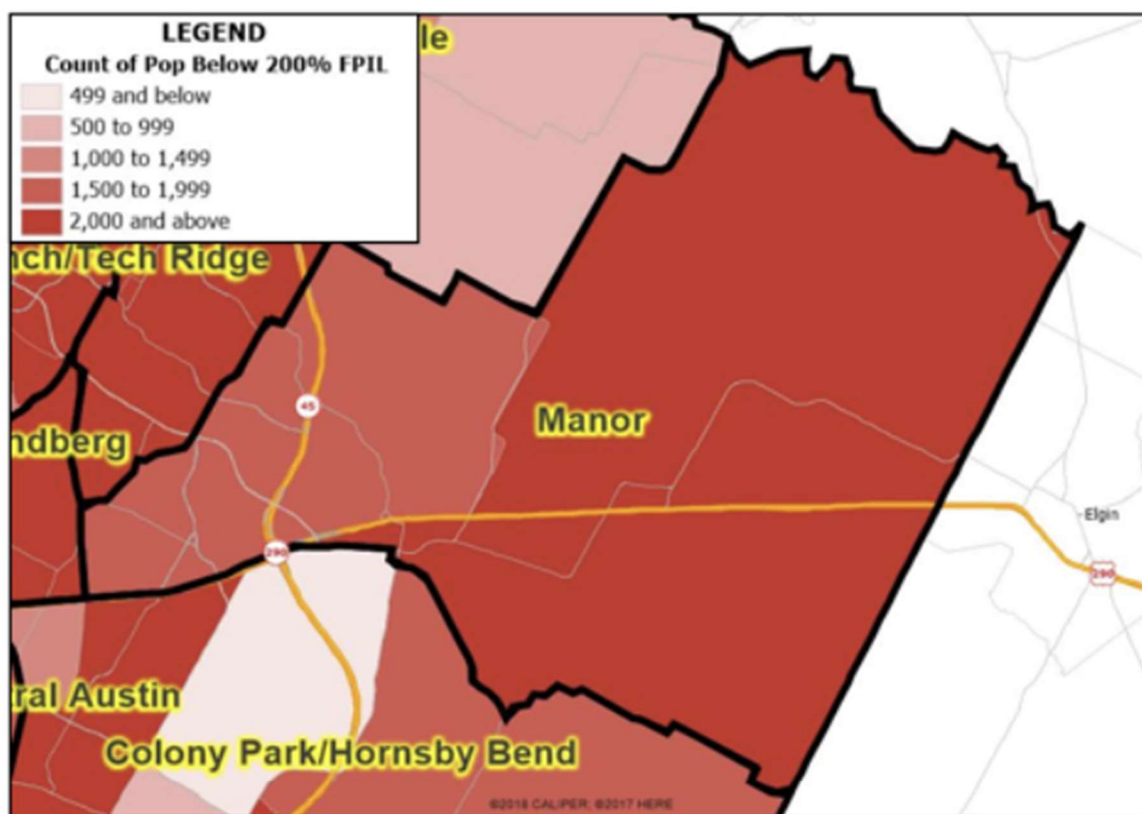


Language Spoken at Home:

Language Other Than English Spoken at Home in Manor City  
 56.8% ± 8.0%<sup>8</sup>



Health Statistics about the City of Manor



**Figure 50. Population below 200% FPL in Manor**

<sup>8</sup> Estimate for Language Other Than English Spoken at Home in Texas is 35.1% ± 0.2% (data from 2022 American Community Survey 5-Year Estimates)

<sup>5</sup> Source 3. [Travis County 2022 Community Health Assessment](#)



### Graph Showcasing Manor's 200% FPIL Distribution<sup>5</sup>

The health and social landscape of Manor, a region within the city, presents a complex interplay of socioeconomic challenges and health disparities, according to a comprehensive report by Central Health. Notably, a significant portion of Manor's population, about 26%, lives below 200% of the Federal Poverty Level (FPL), highlighting the economic struggles faced by residents<sup>6</sup>. This economic hardship is further compounded by chronic diseases, including addiction and substance abuse, alongside social challenges such as homelessness.

Demographically, Manor exhibits a youthful median age range of 25 to 39 years, with a notable cultural diversity as 35% of its residents speak Spanish<sup>6</sup>. Despite representing only 2% of the total county population below 200% FPL, Manor's health outcomes present a cause for concern. The area reported higher rates of diabetes, heart failure, and hypertension compared to average rates, indicating a significant health burden. Conversely, it showed lower prevalence rates for asthma, behavioral health issues, and Chronic Obstructive Pulmonary Disease (COPD).

An alarming statistic from the report is Manor's distinction of having the highest rate of homeless students among all planning and assessment regions, double that of Travis County overall. Surprisingly, Manor boasts the highest insured rate in East Travis County at 88%, surpassing the overall rate for Travis County<sup>6</sup>. However, this positive note is tempered by Manor's lower access rate to most preventative services, such as dental visits, mammograms, and colorectal cancer screenings, compared to Travis County. The report also points out lower screening rates for cervical cancer among Central Health patients in Manor.

In terms of mental health and addiction services, Manor faces significant challenges. It has the second-highest rate of addiction/substance abuse providers yet only houses half of the buprenorphine providers in East Travis County, indicating a pressing need for enhanced substance abuse treatment services<sup>6</sup>. The report emphasizes Manor's acute shortage of mental health service providers, with only two available, underscoring the prevalence of mental health issues over physical health concerns in the community.

Further analysis of social determinants of health (SDOH) in Manor reveals education and housing as critical areas affecting the community's well-being. Chronic conditions such as diabetes, heart failure, and hypertension are prevalent, pointing to the need for targeted healthcare interventions<sup>6</sup>. The report also sheds light on the extreme poverty levels in Manor, with a segment of the population living below 100% of the FPL, and a relatively high unemployment rate, further complicating the socioeconomic landscape.


The detailed insights provided by the Central Health document underscore the specific health and social challenges facing Manor. The report serves as a vital resource for addressing the multifaceted issues of healthcare access, chronic disease management, and social determinants of health within the community, highlighting the urgent need for comprehensive and targeted interventions to improve the overall health and well-being of Manor residents.

## Health Statistic about Travis County

Among the 49 cities/boroughs in Travis County, Manor stands as the tenth most populous city<sup>9</sup>, albeit not receiving the highest level of attention. While health-related statistics specifically about Manor may not be abundant, Travis County offers a wealth of rich and diverse health information. This allows us to gain insight into the current health landscape in the area and observe overarching patterns and phenomena that may also manifest in the City of Manor.

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<sup>9</sup> [World Population Review \(2024\)](#)



Given Manor's position as one of the more populous areas within Travis County, statistical theory suggests it's reasonable to infer that many of Travis County's health statistics can be reflective of the conditions in Manor as well. Thus, this broader health data serves as a vital reference point, enriching our comprehension of the specific health landscape and challenges faced by the residents of Manor.

[Travis County 2022 Community Health Assessment:](#)

Travis County and Austin experienced an estimated population growth of 26.0% and 20.0%, respectively, from 2010 to 2020, exceeding population growth for Texas (15.9%) and the US (7.4%) during the same period.

In 2019, the median household income in Travis County was \$80,726, a 14.6% increase between 2015 and 2019. The median household income for White households was 2.2 times the household income for Black/African American households and 2.3 times the household income for Hispanic/Latino households in 2019.

About 13.6% of Travis County children lived in poverty.

Regarding childcare needs for working individuals, about two-fifths of Black/African American (42.9%) and Hispanic/Latino (41.1%) respondents and 34.2% of White respondents reported difficulty finding affordable childcare. The Hispanic/Latino population has the highest percentage of the population without a high school diploma (26.6%).

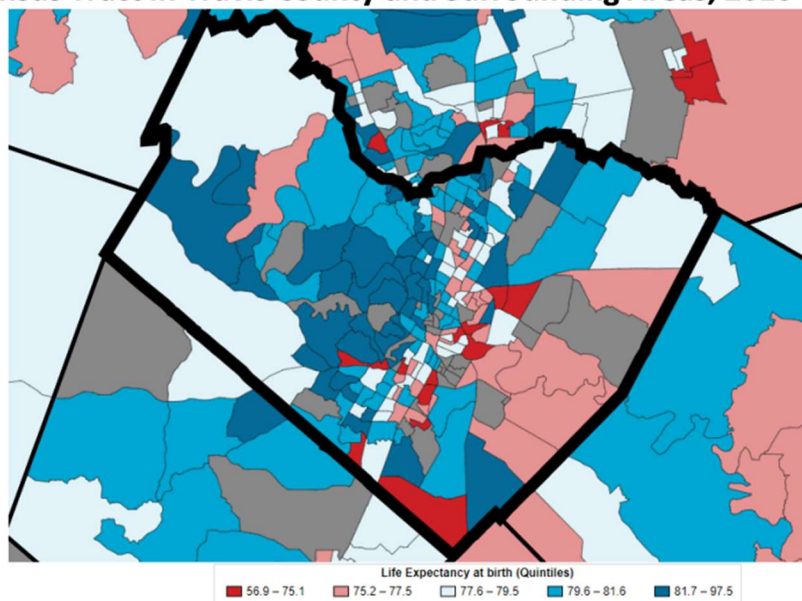
According to a Housing Market Analysis, about 65% of respondents reported spending greater than or equal to 30% of their monthly income on housing and 17% reported spending greater than or equal to 50% of their monthly income on housing – a severe cost burden. White households faced a severe cost burden 15% of the time, compared to 25% for Black/African American households; 23% for Hispanic/Latino households; and 20% for Asian households.

In 2019, an estimated 60% of Travis County residents spent <30 minutes commuting, around one-third (33%) spent 30-60 minutes commuting and 7% spent over an hour commuting. Community members and leaders described several barriers to using public transit and limited public transportation and medical or senior transit options in rural areas. Senior community members noted that medical ride services were limited and made for long and exhausting travel.

About one-fifth (22.4%) of Travis County residents have been diagnosed with diabetes.

In 2020, Hispanic/Latino adults (31.5%) reported poor mental health compared to White (26.3%) and Black/African American (22.9%) adults. That same year, the highest proportion of adults experiencing poor mental health was seen among adults aged 18-29 (32.6%) and 30-44 years of age (34.3%).

### Life Expectancy, by Census Tract in Travis County and Surrounding Areas, 2010-2015



DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, 2010-2015

#### [Central Health Equity-Focused Service Delivery Strategic Plan:](#)

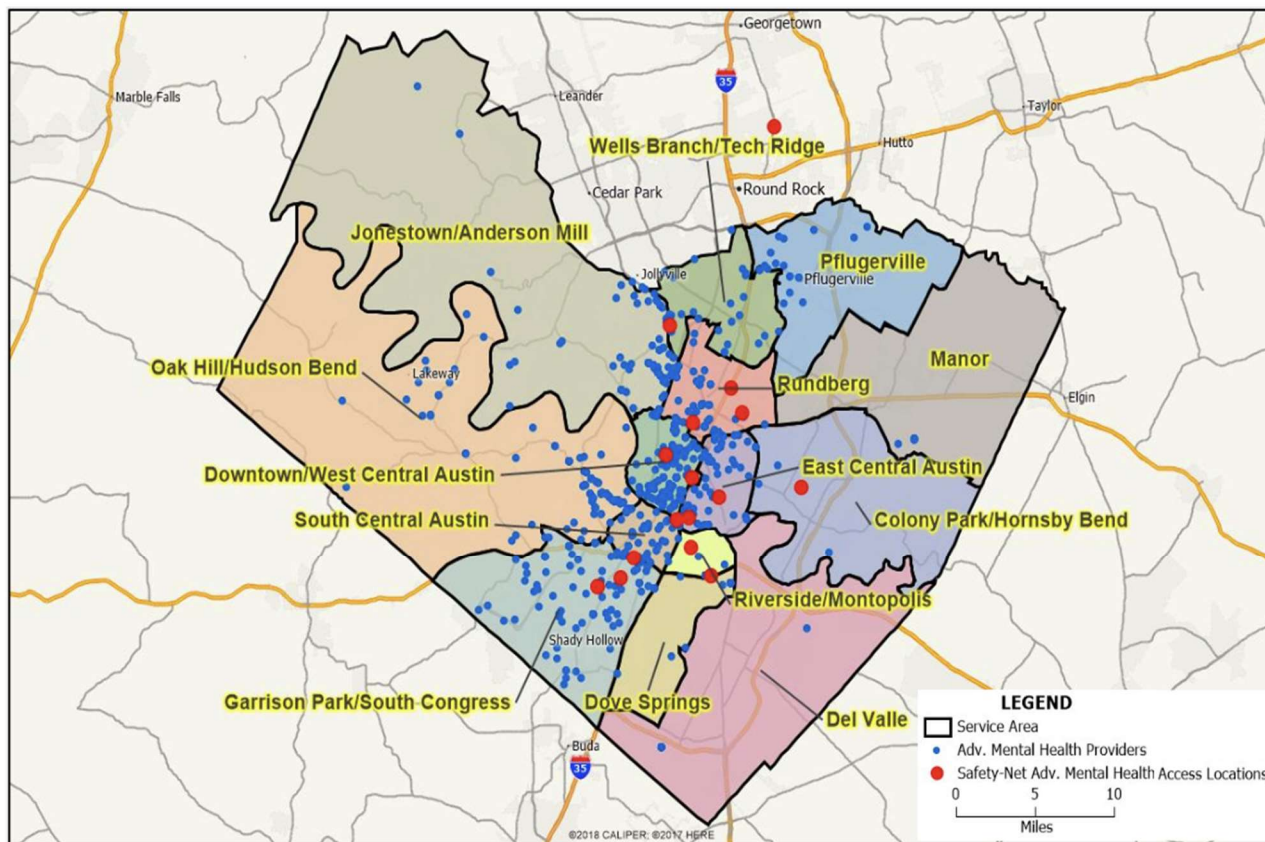
Most of the regions in the I-35 Corridor (five out of eight) and all regions in East Travis County have a lower rate of local mental health providers per 100,000 residents (i.e., credentialed professionals specializing in psychiatry, psychology, counseling, child, adolescent, or adult mental health, or clinical social work) than the county overall. However, these areas represent some of the highest needs for mental health services in the county.

A larger proportion of adults in East Travis County and in the I-35 Corridor do not have high school diplomas. Research shows that not having a high school diploma is an indicator of limited ability to secure employment resulting in lower wages, and poverty, and can lead to negative health outcomes.

A large portion of patients residing in East Travis County and along the I-35 Corridor speak <sup>10</sup>Spanish as their primary language. It is important that healthcare providers offer written medical information in different languages, including Spanish, to ensure patients can read and understand healthcare information that is critical to improving their health.

<sup>10</sup> Source 8. [Central Health Safety-Net Community Health Needs Assessment Report](#)

Households in the I-35 Corridor and East Travis County are less likely to have stable access to computers and the Internet. These challenges must be considered as Central Health’s network of providers begins to deploy innovative technologies to expand access to health services for safety-net communities.



**Figure 25. Map of Mental Health Providers by Planning and Assessment Region**

Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2021. Sourced geography level: Address

The table provided below defines the distribution of mental health providers by planning and assessment region. Most of the regions in the I-35 Corridor (five out of eight) and all regions in East Travis County have a lower rate of mental health providers per 100,000 population. However, of these regions with a lower-than-county-average rate of mental health providers, Dove Springs, Wells Branch/Tech Ridge, Riverside/Montopolis, Colony Park/Hornsby Bend, Del Valle, and **Manor** have a relatively high prevalence rate of mental health needs. This indicates a disparity in distribution of mental health providers relative to need.

Map of Mental Health Providers in Travis County by Planning and Assessment Region<sup>6</sup>

**Table 15. Travis County Health Outcomes**

Planning and Assessment Region	Current Asthma (adults 18+), %	COPD (adults 18+), %	Heart Disease (adults 18+), %	Poor Mental Health (adults 18+), %	Poor Physical Health (adults 18+), %
Riverside/Montopolis	9.1%	4.2%	3.9%	16.6%	11.5%
South Central Austin	8.1%	3.3%	3.5%	11.9%	7.8%
<b>East Travis County</b>					
Pflugerville	8.5%	4.3%	4.2%	12.4%	9.8%
Colony Park/Hornsby Bend	10.1%	6.1%	5.6%	17.0%	14.7%
Del Valle	9.4%	6.4%	6.2%	16.6%	15.0%
<b>Manor</b>	9.1%	4.9%	4.8%	14.0%	11.4%
<b>West Travis County</b>					
Jonestown/Anderson Mill	7.7%	3.9%	4.6%	9.8%	8.1%
Oak Hill/Hudson Bend	7.8%	4.2%	5.2%	9.5%	8.5%
<b>Travis County</b>	<b>8.2%</b>	<b>4.6%</b>	<b>5.1%</b>	<b>12.0%</b>	<b>10.1%</b>
<b>Texas</b>	<b>8.8%</b>	<b>6.4%</b>	<b>6.7%</b>	<b>13.4%</b>	<b>12.8%</b>
<b>United States</b>	<b>9.5%</b>	<b>7.2%</b>	<b>6.9%</b>	<b>13.4%</b>	<b>13.0%</b>

Higher than the Travis County Average

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018

Table showcasing most relevant chronic health outcomes in Manor and cities in Travis County<sup>6</sup>

## Survey Data

### City of Manor

[Comprehensive Plan Community Survey:](#)

This is an online survey conducted by the City of Manor aimed at collecting community input regarding priorities and future opportunities for Manor. The survey was accessible from June 17, 2021, to July 16, 2021. During this period, the survey received a total of 3,017 website views and garnered 263 responses.

While some respondents highlighted deficiencies in medical resources such as emergency rooms, pharmacies, and hospitals<sup>11</sup>, it's notable that references and recommendations related to health were scarce, accounting for fewer than ten comments out of over two hundred. This dearth could be attributed to potential issues with the questionnaire design, such as the limitation of options, or, alternatively, it may reflect the homogeneity of respondents, indicating a lack of diversity in perspectives<sup>12</sup>. The majority of comments and suggestions focused on the need for retail and access to daily groceries, with particular emphasis on expectations regarding HEB and Costco.

### Travis County

[Central Health Equity-focused Service Delivery Strategic Planning: Voice of the Community Summary:](#)

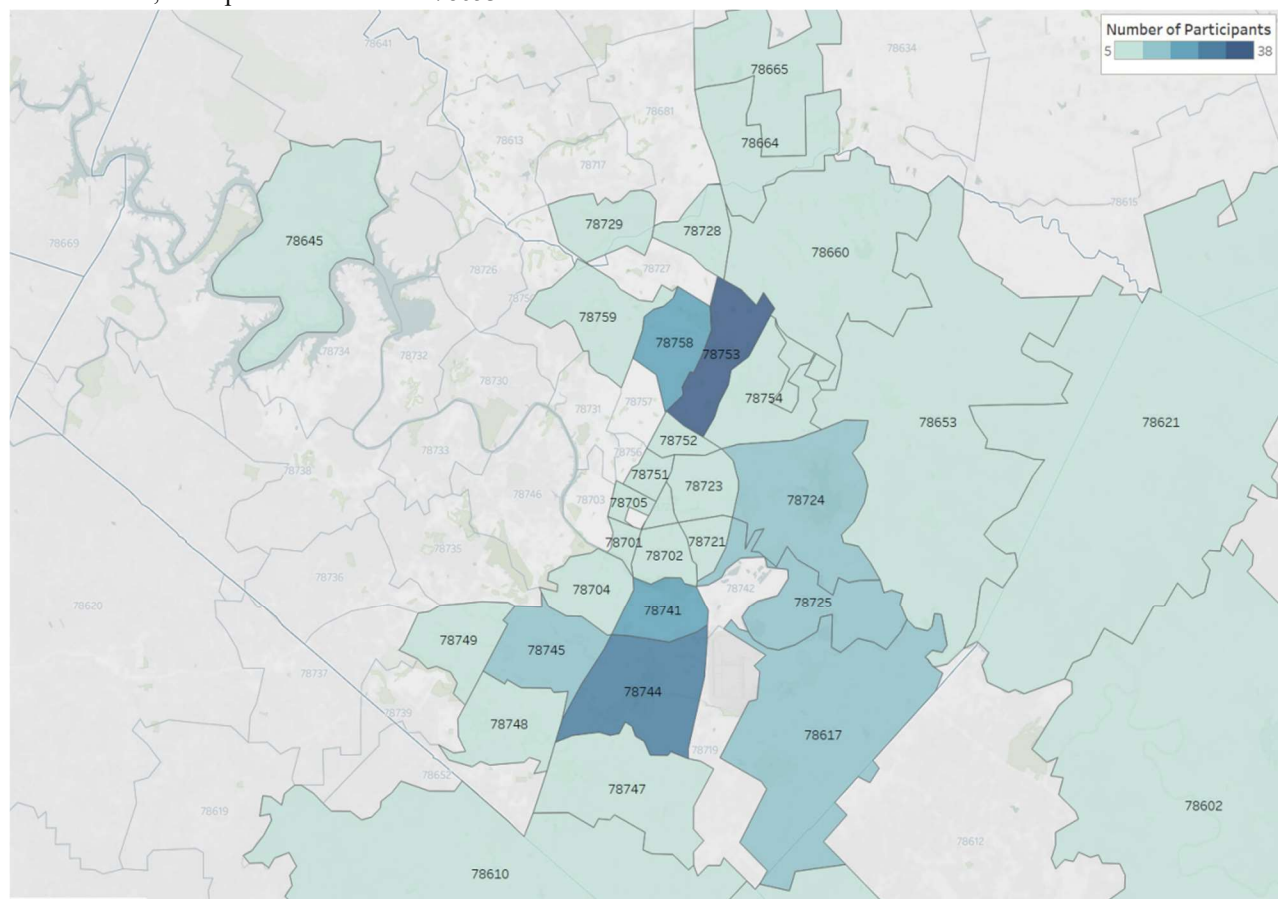
<sup>11</sup> The closest hospital is too far away. (P.13, comment 5); Need a pharmacy (P.13, comment 8); Need an ER nearby to stabilize critical patients, before transferring to hospitals in Austin. (P.31, comments 36)

<sup>12</sup> 75% respondents are White and 62% are between 22 to 44 years old.

This report serves as a vital component of the Central Health Equity-focused Service Delivery Strategic Planning initiative, marking its inception. Named Voice of the Community, the program lasted 12 weeks starting October 2021. It aims to actively involve patients, low-income residents, advocacy groups, and institutions in sharing their experiences and feedback on healthcare within Travis County, and they succeeded in interviewing 320 participants at last.

Of particular significance is the project's focus on engaging traditionally hard-to-reach and often excluded individuals from planning efforts meant for their benefit, including low-income and (formerly) homeless individuals. Despite Manor not being the primary respondent locality, this comprehensive approach provides valuable insights into the perspectives of marginalized communities, informing future health policies and programs.

The following figure illuminates the locality of respondents in this report(P.3):  
For reference, the zip code of Manor is 78653



The most notable discovery within this report pertains to the research and statistics regarding boundaries to accessing healthcare. Specifically, 27% of participants identified scheduling as a major obstacle to care, while only 10% cited cost as a barrier. Additionally, a mere 3% of focus group participants reported transportation as a hindrance. Furthermore, the majority of respondents indicated that their preferred or usual sources of health care information stem from friends and family, followed by clinics or doctor's offices (p.18).<sup>13</sup>

The Voice of the Community initiative by Central Health, mentioned initially in the report, effectively gathers the perspectives, attitudes, and opinions of numerous marginalized and disadvantaged groups, along with relevant

<sup>13</sup> On page 21, they summarized the key findings from discussions among Asian, Latino, African American, and unhoused participants in focus groups which may be very helpful in the future.

stakeholders, regarding healthcare and related matters. This underscores the importance of community engagement and highlights the existing gap in representation and input from Manor's community and stakeholders concerning health concerns in available information and resources.

## Missing Data/Information and Limitation

In our examination of the health landscape within Manor and its comparison to broader trends in Travis County, our analysis reveals notable gaps in data that are otherwise important for translational health interventions. Among these is the absence of Manor-specific information on the prevalence and management of chronic conditions. Even though our report leverages regional statistics of these chronic conditions within Manor, the lack of specific data on diseases like diabetes, heart failure, and hypertension limits our ability to fully understand the local health needs. Even when there was a uniform need for enhanced mental health support within Manor, the availability of high-quality current data on mental health services is notably insufficient.

Additionally, while we've outlined the demographic composition and key social determinants impacting the health of Manor's residents, there's a lack of information regarding access and quality of healthcare services available to marginalized groups in the city. There is a greater need for data on healthcare utilization rates, barriers to accessing care, and patient satisfaction to understand these health disparities even further. Overall, to prevent missing data in future reports, it's important that the Manor bridges this information gap by conducting targeted studies/surveys within the city to gather specific data on health outcomes, service utilization, and barriers to care.

Furthermore, variations in the estimated total population across different files and databases may arise due to differences in sampling and statistical methods. While the latest total population of the City of Manor is believed to fall within the range of 13,000 to 19,000, it's important to note that exact population data, including demographic breakdowns such as ethnicity<sup>14</sup>, may still contain minor discrepancies.

## Conclusion/Future Remarks:


Ranked as the fourth largest city in Travis County, following Austin, Round Rock, and Pflugerville, Manor boasts an impressive annual population growth rate of 11.43%, averaging 2.09%<sup>15</sup>. This growth, coupled with the challenges emerging in the post-epidemic era, has brought various health and community issues to the forefront. These include concerns such as poverty, inadequate medical facilities, and limited access to groceries.

Despite limited statistics and information available about Manor City, we can still discern its prevailing resource deficiencies, community challenges, and overarching trends by further refining and extrapolating Manor-specific insights by analyzing broader datasets, including reports from Travis County and the state of Texas. For instance, the Central Health Equity Plan highlights scheduling as the primary challenge faced by many patients in accessing medical services. This issue could stem from various factors, such as limited appointment availability conflicting with typical working hours or the geographical distance of hospitals or clinics from residential areas.

To address all of these needs, a concerted effort to establish a dedicated health department in Manor could greatly enhance the coordination and delivery of healthcare service. This, along with investments in healthcare infrastructure and innovative solutions like mobile health services, could significantly improve access for all residents, especially those in underserved groups. Additionally, tackling the root cause of health disparities by improving social determinants of health

<sup>14</sup>The U.S. Census Bureau provides demographic breakdowns based on race, but lacks more detailed ethnic information. Consequently, independent assessment of specific ethnic groups such as Hispanic or Latino is challenging without further granularity in the data.

<sup>15</sup> [World Population Review \(2024\)](#)



through local partnerships is crucial.

Future reports will focus on specific programs and services that are found in Manor that are aimed to alleviate the health of its residents. These evaluations will not only highlight successful initiatives but also identify areas where additional resources or new strategies could further enhance community health. Additionally, another report will be dedicated to highlighting local agreements already in place at Manor that are health-related. This analysis will include partnerships with healthcare providers, community organizations, and government agencies to underline the synergies contributing to Manor's health ecosystems. Overall, these future reports aim to offer actionable insight and recommendations supporting the development of a more healthy Manor.

Lastly, the foundation of these efforts must be followed up by a commitment to better data collection and analysis within Manor. By gathering comprehensive, local health data, we can ensure that our strategies are informed and targeted: paving the way for Manor to emerge as a model of community health and well-being. In this way, Manor's story of growth can be one of progress, resilience, and health equity for all its residents.

**//ORIGINAL SIGNED//**  
Hon. Larry Wallace Jr., Ph.D.  
Co-Founder & Board President  
Black Men's Health Clinic