

Central Texas Primary Care Capacity Assessment 2024

FUNDED BY:

St. David's Foundation and Episcopal Health Foundation

RESEARCH TEAM:

Decision Information Resources

in Collaboration with **Working Partner**

Key Takeaway

The primary care safety net in Central Texas is a key resource that supports equitable access to affordable primary care, behavioral health, and oral health services for uninsured and underinsured Central Texans. Understanding the challenges facing the safety net across different types of clinic sites, gives insight into how a data-informed approach can increase access to care in our community.

Primary Care Safety Net Clinics: Clinics that deliver essential preventive, acute, and chronic health, behavioral, and dental services to individuals regardless of their ability to pay often focus on vulnerable populations, such as the uninsured, underinsured, and those with low-income.

Study Overview

The primary care safety net is a key resource supporting access to affordable primary care, behavioral health, and oral health services for uninsured and underinsured Central Texans. This assessment provides a data-driven landscape analysis of the primary care safety net in the region.

The results provide insight into several of the multiple factors that impact access to the primary care safety net. In combination with other data sources and community input, the assessment will be used to inform decision making about how philanthropy can strategically support access to quality care to advance health equity in Central Texas.

Context

In 2024, two large Texas health foundations, St. David's Foundation and the Episcopal Health Foundation, supported the Primary Care Capacity Assessment (PCCA) to evaluate the primary care landscape for un- and underinsured residents in the Central Texas region (Bastrop, Caldwell, Hays, Travis, and Williamson Counties). Through surveys, interviews, and publicly available data, PCCA gathered detailed data on the services provided by various types of clinics serving the uninsured and underinsured to understand the region's capacity to meet primary care needs in our community.

There are many types of safety net clinics in Central Texas providing primary care. This study included Federally Qualified Health Centers (FQHCs), Charity Clinics, Local Mental Health Authorities, and "Other Clinics."

The study evaluated several factors that impact equitable access to primary care, including geographic availability, demographics of who is being seen in safety net sites, the type and range of services available, and financial and operational challenges impacting safety net clinics. The findings serve as a baseline for future years to understand how efforts to increase access to primary care designed to advance health equity changes the landscape of care for uninsured and underinsured Central Texans.

Key Definitions

FQHCs are community-based providers, funded in part by the federal government to offer comprehensive primary care - preventive, dental and behavioral health - in underserved areas. They are required to see all patients, regardless of their ability to pay.

Charity Clinics are often run by nonprofits or volunteers, provide free or low-cost healthcare to uninsured or low-income individuals who do not qualify for government assistance. These clinics focus on basic health services, preventive care and sometimes specialty care, relying on donations or volunteers for operations.

Local Mental Health Authorities (LMHAs) are government-designated agencies that provide behavioral health services within a specific region. They offer counseling, crisis intervention, and rehabilitation services, often prioritizing care for low-income and underserved populations.

Other Clinics are a category specific to this PCCA. They exist in Central Texas to provide specific health services or to serve a particular population. There were four Other Clinics included in this study.

Current State of Primary Care Capacity

Geographic Availability

80%

of zip codes in Central Texas continue to experience population growth since 2017

The study evaluated the geographic location of primary care sites serving individuals who often face challenges in accessing care. Population growth has had a significant impact on geographic availability of safety net sites in the Central Texas region. Since 2017, the region's population has grown significantly, with 80% of ZIP codes experiencing some level of increase. Low-income populations have also grown, 47% of ZIP codes have seen an increase in low-income residents. Much of this growth is in the outlying counties surrounding Austin. Given this growth, the study assesses both the supply of primary care for the uninsured and underinsured as well as the growing demand in order to understand how the dynamic needs of the region continue to evolve.

Most sites that provide primary care to uninsured and underinsured individuals are clustered along the I-35 corridor in Austin and Travis County with smaller clusters of sites in Williamson, including in Round Rock, Georgetown, and Cedar Park. While there is a cluster of FQHC sites in Bastrop, there are generally few primary care sites in Hays, Caldwell, and Bastrop Counties. Increases in the number of low-income individuals and a continuing demographic shift towards a larger low-income population, especially outside of Travis County, underscores the need for targeted services in outlying areas to meet growing demand.

Demand for healthcare services is highest in the central and eastern parts of Travis County. Additionally, rural areas outside Travis County also experience significant demand, yet these regions have the fewest nearby providers. Most clinics are strategically positioned to be accessible via public transportation.

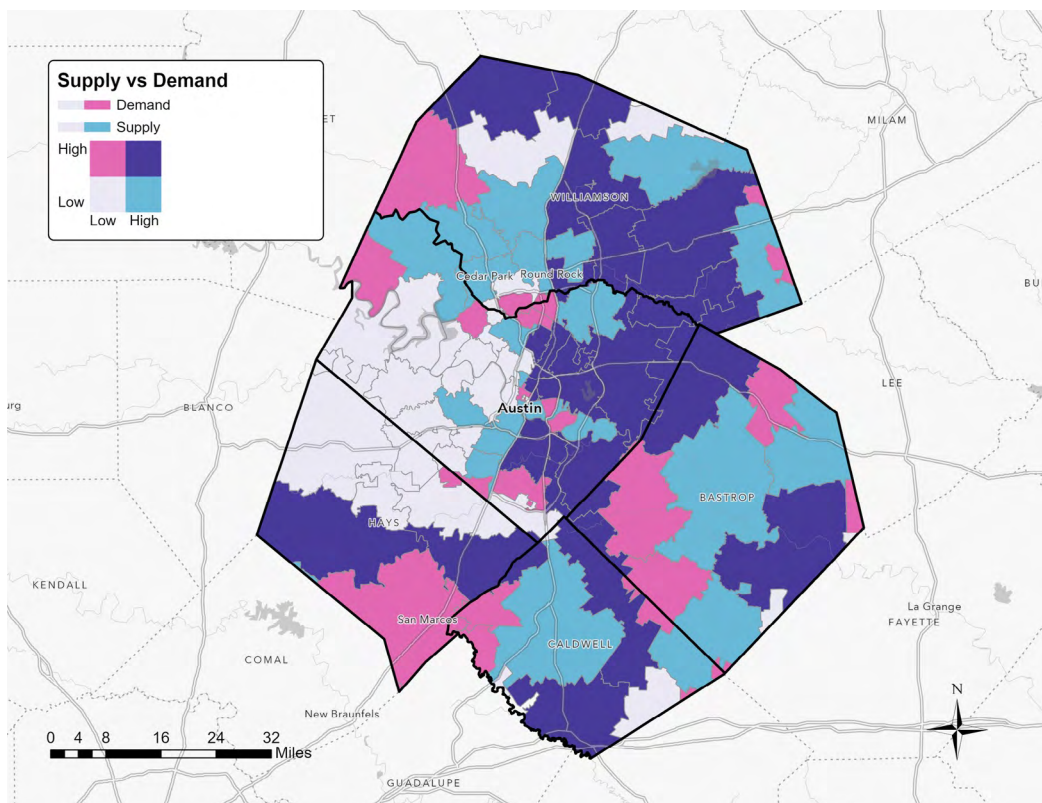
However, certain high-demand rural areas face limited access to clinics, often requiring patients to travel long distances. Areas with the highest supply include eastern Travis County, Williamson County, and western and central Bastrop County.

Areas shaded in **PINK**² denote regions with above-average demand for healthcare services but below-average supply, highlighting significant unmet needs.

BLUE areas indicate places where supply exceeds demand, suggesting an excess of healthcare services relative to local requirements.

DARK PURPLE areas represent zones where both demand for healthcare services and supply are above average, indicating well-met healthcare needs.

The bivariate map below juxtaposes supply and demand¹ within healthcare provision. The map exclusively considers Federally Qualified Health Centers (FQHCs) as they were the only clinic types in the study which could provide detailed patient data at the zip-code level.



Who is Being Served

Total Volume:

In Central Texas, FQHCs see the majority of uninsured and under-insured patients. In 2022, more than 315,00 patients were served across various clinic types in the region. FQHCs served about 82% of the total. LMHA clinics served 10%, other clinics served 7%, and Charity Clinics served 1%.

317,201

*patients served
in 2022 across
various clinic
types in the
region*

After experiencing a significant dip in patients seen during the COVID-10 pandemic, most clinics reported that the patient volumes have increased since their lowest point. Interestingly, a few clinics indicated that they are seeing fewer unique patients since before the pandemic but are having the same number of visits as the patients are more likely to need chronic care case management, especially diabetes and hypertension.

Demographic Characteristics:

FQHCs serve nearly twice the percentage of children compared to the Central Texas population, but only half the rate of seniors. FQHCs also serve about three-fourths of all adults served by the clinics included in the study.

While all clinic types see a higher proportion of female patients than the proportion of females in the larger population, Charity Clinics especially serve female clients at a much higher rate than other clinic types in this study, with almost three-fourths of their patients being female. This discrepancy is not immediately explainable.

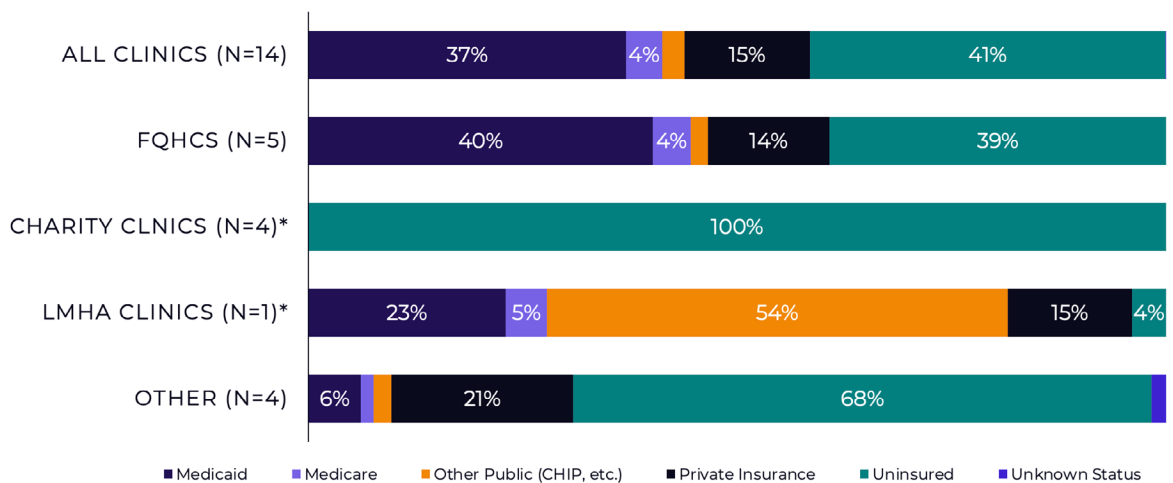
FQHCs and Charity Clinics serve Hispanic or Latino individuals at almost twice their rate in the Central Texas population and Charity Clinics serve Asian individuals at more than twice their rate in the Central Texas population, as well.

Other Clinics are most likely to have the race of their patients designated as unknown, likely a result of differences in how demographic data are collected by these clinics.

Of all the clinic types included, Charity Clinics serve the highest percentage of patients who are best served in a language other than English - with 78% of patients seen in these clinics demonstrating the language accessibility needs of these patients.

Insurance Coverage:

All clinics reported that almost 41% of patients served in 2022 were uninsured ranging from 39% of FQHC patients to 100% in Charity Clinics. This datapoint demonstrates a substantial reliance on these safety net clinics by those without insurance. Thirty-seven percent of patients used their Medicaid coverage for their visits. Across clinic types included in the study, there was a variation in what type, or whether, patients had insurance coverage.



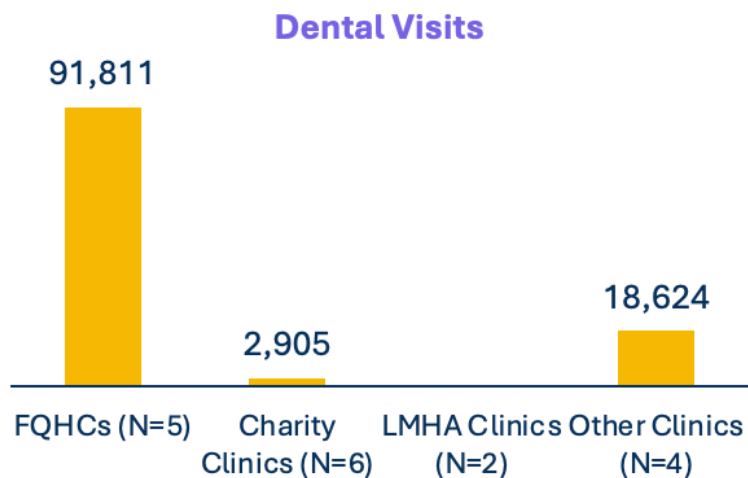
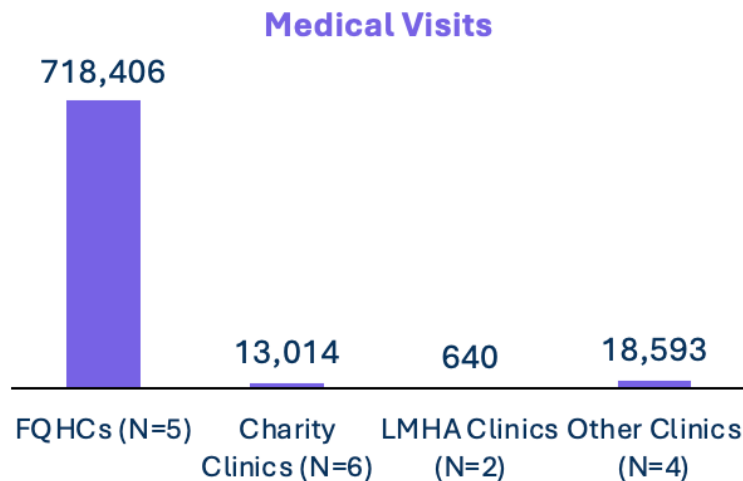
Note: Some clinics were excluded because their data far exceed the number of unique patients

Types of Primary Care Services Available

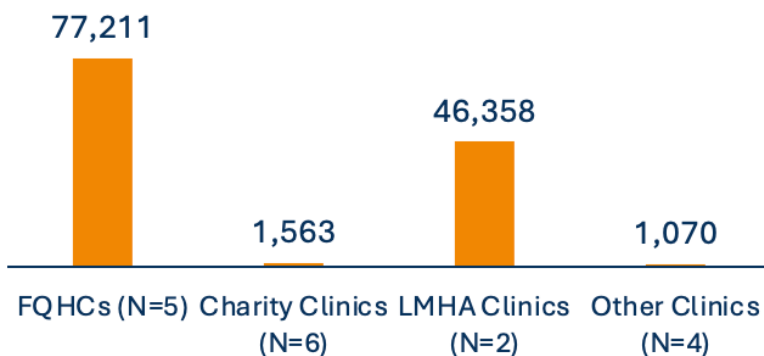
In this study, medical visits far outweigh other types of visits, like behavioral health or dental, with 75% of patient visits in 2022 being for medical primary care services. The remainder was a split between behavioral health services (13%) and dental services (11%). Clinics in the study did identify that there is a growing need for dental services and behavioral health services throughout the region. Because of the range of services they provide, FQHCs provided the majority of medical, dental, and behavioral health visits in the Central Texas Region in 2022.

75%

of patient visits in 2022 were for medical primary care services



Behavioral Health Visits



Addressing Non-Medical Drivers of Health (NMDOH)

Clinics vary in their ability and capacity to screen and address non-medical drivers of health. Sixty-five percent of clinics screen for NMDOH—ranging from 50% of Charity Clinics to 80% of FQHCs. Food insecurity or access to healthy food was the biggest concern reported by clinics, followed by affordable housing, employment, and financial support.

65%

*of clinics
screen for
Non-Medical
Drivers of
Health*

Financial and Operational Challenges

The study also captured themes in financial and operational challenges faced by safety net clinics in the region as these issues also impact their capacity to provide access to quality care designed to advance health equity.

Financial Stability

Clinics in the region have concerns about financial planning for the next five years given uncertainties around revenue sources and escalating costs to provide patient care; however, they anticipate a growth in patient volume and demand for their services.

For some clinic types, especially FQHCs, the expected increase in the number of uninsured individuals due to post-pandemic Medicaid/CHIP disenrollment will greatly impact their financial security.

FQHCs expressed specific worries about future federal funding levels, the adaptation to Alternative Payment Methods, and the potential impacts of Medicaid/CHIP disenrollment. Clinics across types also highlighted potential changes in foundation funding and the challenges of aligning with foundation requirements to secure necessary financial support.

Operational Challenges

Meeting the needs of the uninsured and underinsured requires clinics to offer extended hours, but this is often hindered by staffing and cost challenges. Finding enough staff to work non-traditional hours and weekends can be difficult. Additionally, continuing operations during off hours leads to greater costs.

Clinics face staffing challenges and have notable shortages in specific staffing positions, including behavioral health specialists, nurses, medical assistants, and front office staff. Hiring bilingual staff to meet the needs of the patients is also challenging.

Conclusion


The primary care safety net in Central Texas faces many challenges as it tries to be a key resource supporting access to affordable primary care, behavioral health, and dental services for uninsured and underinsured Central Texans. **The current geographical availability of primary care is challenged to meet the growing need for safety net access in rural areas and other fast-growing areas of the region.**

Beyond geographic availability, there are several other key issues that impact access to care. Operational accessibility is critical as clinics face the challenge of the need to extend their hours but are stalled by the additional significant staffing and operational costs. In addition, they face challenges recruiting and retaining staff. Clinics anticipate a growth in patient volume and demand and yet planning for the financial implications of this growth is daunting because of the uncertainties in revenue and escalating costs.

Lastly, clinics are also trying to meet the demographic needs of their patients by serving those that speak another language other than English, yet finding bilingual staff is a challenge. The primary care safety net is critical puzzle piece in ensuring our communities are healthy and thrive. Safety net clinics in Central Texas are key to increasing access to quality care designed to advance health equity and the primary care infrastructure in this region requires a focus on data-driven understanding, approaches, and support.

¹ To assess the breadth and depth of healthcare services in Central Texas and identify potential gaps, the study calculated both the demand for affordable healthcare and the available supply to meet that demand. Demand metrics, derived from ACS 5-year estimates (2018–2022), included factors such as the proportion of low-income residents (under 200% FPL), median household income, uninsured rates, fertility rates, unemployment rates, part-time workers, and non-U.S. citizens. On the supply side, clinic data was used to evaluate metrics such as penetration rate of services for low-income populations and the number of clinic sites per 1,000 low-income residents. This comprehensive analysis aims to highlight areas where healthcare needs are not adequately met by the current service infrastructure.

² Some pink areas, particularly those further west, may be a result of sparse population or their classification as industrial or underdeveloped areas.



ST. DAVID'S FOUNDATION is a community-focused and equity-driven organization supporting health and wellness in five Central Texas counties. It is one of the largest health foundations in the United States, funding over \$85 million annually in a five-county area surrounding Austin, Texas.

To learn more, visit stdaidsfoundation.org.