

PROGRAM WORK STATEMENT

FY 2017 Social Service Contract funded by Travis County

Date prepared: 05/27/2016

Instructions:

- Answer the following questions as they pertain to *only those programs and services in which Travis County invests*.
- Ensure that all language (e.g. agency and program names, performance measures, etc.) is consistent across all contract forms.
- Do not delete any instructions or question descriptions.
- The information contained in this document will be used to report on your program to the Travis County Commissioners Court and the public, so the information herein should accurately explain and reflect the program and services.

1. Program Information

Provide agency name and program name as they appear on all contract documents.

Agency name: Austin/Travis County Health and Human Services Department (A/TCHHSD)

Program name: Comprehensive Public Health Planning

2. Program Goals

Briefly describe the goals of the services purchased by Travis County in this contract.

A/TCHHSD is continuously working to meet or exceed Public Health Accreditation national standards. Accreditation signifies that the health department is striving to meet national standards and illustrates a surge for excellence in quality, service delivery, engagement with community members, partners and elected officials, and performance in public health. In addition, achieving accreditation helps leverage funding for health departments and it is believed that federal funding will eventually be tied to Public Health Accreditation. The long-term goal is to improve community health by having strong planning, collaboration, communication, systems, networks, workforce, and services in place. The Public Health Accreditation Board (PHAB) is the accrediting body for Public Health Accreditation. PHAB awarded A/TCHHSD public health accreditation in May 2016 for a period of five years, contingent on meeting or exceeding national standards, progressing with focus areas/gaps, and reporting annually on progress including quality improvement activities and projects and community health improvement planning performance and developments. A/TCHHSD will utilize funding to strengthen capacity for priority accreditation deliverables needing resources. These deliverables include: 1) public health quality improvement activities and projects; 2) ongoing planning, implementation, and evaluation including community health improvement planning; 3) strengthening capacity of epidemiology and emergency preparedness; 4) engaging community during development of materials; 5) sharing reports of enforcement patterns, trends, and performance; and 6) engaging governing entity with information on needed review or updates to current laws and/or proposed new laws.

In FY 2017 through FY 2018, efforts will be focused on the development of the 5-year Community Health Assessment (CHA) and 3-year Community Health Improvement Plan (CHIP), two essential requirements of Accreditation. Efforts will be focused on assessment, qualitative and quantitative data collection, community engagement, partner and stakeholder communication, action planning, quality improvement, report writing, and dissemination of results. In FY 2018 and throughout the lifecycle of the upcoming 3-year CHIP, efforts will be focused on implementation of the CHIP including community engagement, partner/stakeholder engagement, quality improvement, and reporting.

The PHAB captures Ten Essential Public Health Services¹ as well as administrative and management capacity and engaging with elected officials in the 12 domains involving approximately 100 measures. These domains are listed below and encompass the PHAB Standards and Measures, Version 1.0². The CHA and CHIP are vital fundamentals and are captured throughout the domains

Domain 1: Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes: systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

Domain 2: Investigate Health Problems and Environmental Public Health Hazards to Protect the Community

Domain 2 focuses on the investigation of suspected or identified health problems or environmental public health hazards. Included are epidemiologic identification of emerging health problems, monitoring of disease, availability of public health laboratories, containment and mitigation of outbreaks, coordinated response to emergency situations, and communication.

Domain 3: Inform and Educate About Public Health Issues and Functions

Domain 3 focuses on educating the public. This domain assesses the health department's processes for continuing communication as standard operating procedures. The population that a health department serves should have accurate and reliable information about how to protect and promote individual and family health. They should have information about healthy behaviors, such as good nutrition, hand washing, and seat belt use. The population should have access to accurate and timely information in the case of particular health risks like H1N1, a food-borne disease outbreak, or an anthrax attack. Such information should be communicated in a language and format that people can understand. Public health departments also have a responsibility to educate the public about the value, roles, and responsibilities of the health department and the meaning and importance of public health. These educational responsibilities require a continuing flow of information. To be effective, delivery of information shouldn't be a one-way street. For the health department to communicate with the public accurately, reliably, and in a timely manner, it must gather and use information that it receives from federal, Tribal, state and other local health departments. It also needs input from community partners and the population and sub-groups of the population that it serves. Communication requires dialogue with the target population to assure that the message is relevant, culturally sensitive, and linguistically appropriate.

Domain 4: Engage with the Community to Identify and Address Health Problems

Domain 4 focuses on community engagement. Community members are important partners in identifying and defining public health issues, developing solutions or improvements, developing policies, communicating important information, and implementing public health initiatives. Members of the community offer a unique perspective on how issues are manifested in the community, what community assets can be mobilized, and what interventions will be effective. Public health can broaden its leverage and impact by doing things with the community rather than doing things to the community.

¹ <http://www.cdc.gov/nphpsp/essentialServices.html>

² www.phaboard.org. The language and information on Accreditation Domain is directly from the Public Health Accreditation Board Standards and Measures, Version 1.0.

This domain addresses health departments' establishment and maintenance of community relationships that will facilitate public health goals being accomplished.

Domain 5: Develop Public Health Policies and Plans

Domain 5 focuses on the development of public health policies and plans. Written policies and plans serve as tools to guide the health department's work and bring structure and organization to the department. Written policies and plans provide a resource to health department staff as well as the public. Policies and plans help to orient and train staff, inform the public and partners, and serve as a key component of developing consistency in operations and noting areas for improvement. Policies and plans can be a vehicle for community engagement and shared responsibility for addressing population health improvement. Policies that are not public health specific may also impact the public's health. Policy makers should be informed of the potential public health impact of policies that they are considering or that are already in place. Policy makers and the public should have sound, science-based, current public health information when policies are being considered or adopted

Domain 6: Enforce Public Health Laws

Domain 6 focuses on the role of public health departments in the enforcement of public health related regulations, executive orders, statutes, and other types of public health laws. Public health laws are key tools for health departments as they work to promote and protect the health of the population. Health department responsibilities related to public health laws do not start or stop with enforcement. Health departments also have a role in promoting new laws or revising existing laws. Public health related laws should be science-based and protect the rights of the individual, as they also protect and promote the health of the population. Health departments have a role in educating regulated entities about the meaning, purpose, compliance requirements, and benefit of public health laws. Health departments also have a role in educating the public about laws and the importance of complying with them.

Domain 7: Promote Strategies to Improve Access to Healthcare Services

Domain 7 focuses on the link between public health activities and health care services. The health care sector provides many preventive services, such as immunizations, cholesterol screening, screening for breast cancer, high blood pressure management, and prenatal care. Patient counseling on health promotion, disease prevention, and chronic disease management is an important link between health care and public health. Linkages between health care and public health ensure continuity of care and management for the population. An important role of public health is the assessment of (1) the capacity of the health care system to meet the health care needs of the population, and (2) community members' access to health care services. Public health also works to increase access to needed health care services.

Domain 8: Maintain a Competent Public Health Workforce

Domain 8 focuses on the need for health departments to maintain a trained and competent workforce to perform public health duties. Effective public health practice requires a well prepared workforce. A multi-disciplinary workforce that is matched to the specific community being served facilitates the interdisciplinary approaches required to address the population's public health issues. The manner in which services are provided to the public determines the effectiveness of those services and influences the population's understanding of, and appreciation for, public health. Continuous training and development of health department staff is required to ensure continued competence in a field that is making constant advances in collective knowledge and improved practices.

Domain 9: Evaluate and Continuously Improve Processes, Programs, and Interventions

Domain 9 focuses on using and integrating performance management quality improvement practices and processes to continuously improve the public health department's practice, programs, and interventions.

Domain 10: Contribute To and Apply the Evidence-base of Public Health

Domain 10 focuses on the role that health departments play in building and advancing the science of public health. Public health is strengthened when its practitioners continually add to the body of evidence for promising practices -- those practices that have the potential to become evidence-based over time. Health departments should employ evidence-based practices for increased effectiveness and credibility. Health departments also have important roles in developing new evidence. Health departments should apply innovation and creativity in providing public health services appropriate for the populations they serve.

Domain 11: Maintain Administrative and Management Capacity

Domain 11 focuses on health department management and administration capacity. Health department leaders and staff must be knowledgeable about the structure, organization, and financing of their public health department and other agencies and organizations that provide public health services. Health departments must have a well-managed human resources system, be competent in general financial management, and knowledgeable about public health authorities and mandates.

Domain 12: Maintain Capacity to Engage the Public Health Governing Entity

Domain 12 focuses on the health department's capacity to support and engage its governing entity in maintaining the governmental public health infrastructure for the jurisdiction served. Governing entities play an important role in the function of many public health departments. Governing entities both directly and indirectly influence the direction of a health department and should play a key role in accreditation efforts. However, much variation exists regarding the structure, definition, roles, and responsibilities of governing entities.

A governing entity, as it relates to the accreditation process, should meet the following criteria:

1. It is an official part of Tribal, state, regional, or local government.
2. It has primary responsibility for policy-making and/or governing a Tribal, state, or local, health department.
3. It advises, advocates, or consults with the health department on matters related to resources, policy making, legal authority, collaboration, and/or improvement activities.
4. It is the point of accountability for the health department.
5. In the case of shared governance (more than one entity provides governance functions to the health department), the governing entity, for accreditation purposes, is the Tribal, state, regional, or local entity that, in the judgment of the health department being accredited or PHAB site visitors, has the primary responsibility for supporting the applicant health department in achieving accreditation.

Community Health Improvement Planning / CHA and CHIP

Having a Community Health Assessment (CHA), a Community Health Improvement Plan (CHIP), and a Strategic Plan that engages the CHA and CHIP to advance the agency are prerequisites for Accreditation and are required to maintain Accreditation

Austin/Travis County Health and Human Services Department (A/TCHHSD) coordinated interconnected phases of the public health planning in Travis County, creating the CHA and CHIP. The recommendation for the whole cycle is three to five years long and it will repeat at the end of the third phase. Per the National Association of County and City Health Officials, "A community health assessment engages community members and local public health system partners to collect and analyze health-related data from many sources. A CHA (1) Informs community decision-making; (2) Prioritizes health problems; and (3) Assists in development and implementation of community health improvement plans. A CHIP is an action-oriented plan that outlines the priority community health issues based on CHA findings. The

community and partners work together to identify how issues will be addressed and how to measure progress. The long-term goal is to ultimately improve the community's health."

A/TCHHSD is evaluating the 1st iteration of Community Health Improvement Planning (2011-2016) and will begin the new iteration, producing a new CHA and CHIP, in 2017 and 2018. For these phases of public health planning, A/TCHHSD, along with its partners, stakeholders, and community members, will coordinate the CHA, and CHIP development in order to:

- 1) Engage community members on health issues.
- 2) Address health disparities in communities.
- 3) Differentiate needs in various communities
- 4) Enable leaders to allocate resources for the health priorities based on the community needs.
- 5) Assist local public health system to focus on programs/services that address community health needs.
- 6) Meet and maintain requirements for of Public Health Accreditation.
- 7) Strengthen viability to successfully compete for funding opportunities.
- 8) Enable collaboration with partners and create opportunities for new partnerships.
- 9) Promote action planning among partners and stakeholders to achieve healthy communities and healthy behaviors.

3. Target Population

Briefly describe the target population of this program.

The target population is all Travis County Residents.

4. Client Eligibility

List all eligibility requirements for clients to receive services in the program, and fully describe the criteria for each requirement (see Sample Table below for examples). If eligibility requirements vary by program component, please specify in the descriptions. If your contracted program includes multiple service components with varying eligibility criteria, you may copy/paste the table below, complete one table per component, and title each table accordingly.

The development of the Community Health Assessment (CHA) and subsequent Community Health Improvement Plan (CHIP) will not provide direct services to clients. The CHA and CHIP partners, stakeholders, and community members provide planning and assessment in order to develop the CHA and strategic prioritization based on the CHA results and action planning in order to develop the CHIP.

5. Service Delivery

Describe the services and how they are provided through the program. This should be a clear and concise summary of how clients move from initial contact through exit and follow-up. Include all relevant components of the core services, such as:

- *Outreach*
- *Intake*
- *Eligibility determination process*
- *Service provision*
- *Duration of services*
- *Termination or discharge*
- *Coordination with and referral to/from other agencies*
- *If applicable, brief description of research or promising practice on which program is based*
- *Any other relevant components of service delivery for this program*

The Community Health Assessment/Community Healthy Improvement Plan is a five-year process that entails two major phases that helped to strengthen the public health infrastructure:

- 1) A community health assessment (CHA) to identify the health-related needs and strengths of Austin/Travis County
- 2) A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific strategies to be implemented in a coordinated way across Austin/Travis County.

Specific program service delivery includes:

- 1) Austin/Travis County Health and Human Services Department (A/TCHHSD) will continue to serve as the coordinator of the CHA/CHIP Implementation activities. Information provided helps CHA/CHIP partners and stakeholders optimize their resources.
- 2) A/TCHHSD will coordinate CHA/CHIP Core Coordinating Committee meetings where partners and stakeholders will monitor and manage the CHA/CHIP Implementation.
- 3) A/TCHHSD will coordinate CHA/CHIP Steering Committee meetings where executives representing partner agencies and stakeholders will review, discuss, and approve CHA/CHIP Implementation activities.
- 4) A/TCHHSD will coordinate CHA/CHIP Community meetings and other opportunities where community members, partners, and stakeholders will review the CHA/CHIP and provide feedback/public comments on the CHA/CHIP.
- 5) A/TCHHSD will provide in-person training and presentations at conferences and/or meetings related to the CHA/CHIP. Presentations and trainings include speaking at existing community events, health fairs, and/or at the request of community members to conduct a session.
- 6) A/TCHHSD, in collaboration with Steering and Core Coordinating partners, will facilitate meetings with community and partner work groups.
- 7) A/TCHHSD will coordinate CHA/CHIP efforts in alignment with Public Health Accreditation.
- 8) A/TCHHSD will provide County with ongoing written updates of the CHA/CHIP process, including the CHA and CHIP reports.

- 9) A/TCHHSD will continue to share research, data, and information through A/TCHHSD website, community presentations, media/press releases, and other appropriate venues.

Services Coordination and Collaboration:

Austin/Travis County Health and Human Services Department (A/TCHHSD) has partnered with numerous public health and community services agencies in Travis County, including Travis County Health and Human Services and Veterans Service, Central Health, St. David's Foundation, Seton Healthcare Family, the University of Texas Health Science Center (UTHSC) at Houston School of Public Health Austin Regional Campus, Austin/Travis County Integral Care, Capital Metro, One Voice of Central Texas, and many others, to lead a comprehensive community health planning initiative.

A/TCHHSD is a coordinator and convener of two major CHA/CHIP planning committees (Core Coordinating Committee and Steering Committee) and numerous individual meetings with partners and stakeholders. In addition, A/TCHHSD regularly convenes and connects elected officials, policy-makers, agency executive managers, agency planners, government relations professionals, issue area group leaders, community advocates, and service providers. By linking stakeholders across the spectrum, A/TCHHSD coordinates cross-cutting issues that impact Community Health Planning.

A/TCHHSD shares the work of the department, community, and partners with whom we work and are implementing programs, activities, and projects. Public Health Accreditation Domains 1, 3, 4, 5, 7, and 12 specifically emphasize the importance and need of working with partners and in collaboration with the community. A/TCHHSD works closely with the CHA CHIP partners as noted above, as well as elected officials from the City and County, community members not affiliated with partner agencies, and a range of traditional and non-traditional partners in order to reach and serve the public on multiple levels.

6. Service Accessibility

Describe any relevant strategies employed by the program to ensure service access related to the following issues:

- *Cultural competence*
- *Language and communication access*
- *Geographical access*
- *Anti-discrimination strategies*
- *Other accessibility issues relevant to the program*

Program activities are implemented to ensure full participation from all individuals. Strategies address overcoming barriers to access.

1. Staff receive cultural competency training on an on-going basis.
2. Program activities are implemented in accordance with ATCHHSD's Culturally and Linguistically Appropriate Standards Policy and Procedures and follows the National Culturally and Linguistically Appropriate Services (CLAS) standards. These include:
 - a. Offering language assistance to individuals who have limited language proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care services.
 - b. Inform all individuals of the availability of language services clearly and in their preferred language, verbally and in writing.
 - c. Ensure competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
 - d. Provide easy-to-understand print and multi-media and signage in the languages commonly used by the population in the service area.
3. Activities are implemented in various community settings throughout the county and during times that the public is available to participate including evening, and weekends. All facilities where program activities occur comply with the Americans with Disabilities Act.
4. All individuals are eligible participate in programs. Individuals experiencing disproportional rates of adverse social, economic and health issues are actively encouraged to participate.

7. Program Staffing

List the staff positions (titles only, no individual names) that are essential to this program, and provide a brief description of duties as they relate to this program. If there are multiple staff positions with the same title and duties, you can note the number of positions with the position title, e.g. "Case Manager (5)."

| Position Title | Description of Duties |
|--|---|
| Accreditation Program Manager (1.0) | Oversees HHSD activities to achieve and maintain Public Health Accreditation |
| Planning and Evaluation Unit Manager (1.0) | Oversees HHSD planning and evaluation activities related to the Community Health Assessment/Community Health Improvement Plan |
| Planner (1.0) | Coordinates implementation of the Community Health Assessment/Community Health Improvement Plan |
| Administrative Senior (.5) | Provides administrative support to staff and activities |

(If program has additional staff positions, insert additional rows in table. Please delete empty rows.)

8. Program Evaluation

- a) Information Management and Data Collection

- Describe the **tools and processes** used to collect program data, and the **systems** used to manage program data (i.e. client data, service information, or other data relevant to the program's overall service delivery and performance).
- If any surveys are used to collect information used in performance reporting, please provide a description of survey procedures (such as when, how, and by/to whom the survey is distributed, received, completed, and returned) and a copy of the most recent survey as an addendum.

- 1) An evaluation of the first iteration of the CHA/CHIP which includes the following:
 - a. Focus Groups
 - b. Key Informant Interviews
 - c. Community Surveys collected through community forums
- 2) Public Health Accreditation Board (PHAB) based on the PHAB Standards and Measures, Version 1.0. provides a framework for standards and benchmarks to measure achievement
- 3) Ongoing evaluation: A/TCHHSD will use the following tools and systems to collect data to evaluate the CHA/CHIP Implementation process through several venues:
 - a. Through Core Coordinating and Steering Committee members' feedback.
 - b. Through designed surveys distributed to the Core Coordinating and Steering Committee members and other partners and stakeholders when needed.

b) Performance Evaluation

Describe how the agency uses the data it collects to evaluate both programmatic effectiveness (as described in questions 2 and 5 of this work statement) and progress towards performance goals (as described in 9 and 10 of this work statement).

Performance evaluation of the CHA/CHIP will include the following:

- 1) The next iteration of the CHA/CHIP will utilize the evaluation report recommendations to improve implementation.
- 2) CHA/CHIP documentation submitted to meet PHAB standards will be reviewed to ensure all requirements are met and identify any deficiencies.
- 3) Data collected to inform on-going implementation will be used to make programmatic adjustments to improve the CHA/CHIP implementation process.
- 4) The Steering Committee, Core Coordinating, and A/TCHHSD Director's Office will review data analysis and provide recommendations for improvement.

c) Quality Improvement

Describe how the agency uses its evaluation results to: identify problems or areas for improvement in service delivery; design strategies to address these problems; implement those strategies; and follow up to ensure corrective actions have been effective.

There are several ways in which A/TCHHSD identifies problems and other issues related to the CHA/CHIP process:

- 1) Through regular Core Coordinating Committee meetings where all issues are discussed with the partners.
- 2) Through executive oversight by the A/TCHHSD Director's Office.
- 3) By reviewing the responses to evaluations and surveys to assess areas of improvement related to the CHA/CHIP Implementation and Accreditation activities.
- 4) By utilizing quality planning and improvement tools.

The same venues are used for designing activities to address the issues and for the corrective actions follow up.

9. Output Performance Measures

Enter the output performance measures to be reported for the program in quarterly performance reports. You must report the number of unduplicated clients served and at least one other output. Total annual goals should be 12-month goals. Outputs should be reported quarterly unless a specific programmatic or data-driven limitation exists. Please use the comments section to specify and provide explanation for any reporting exceptions.

| Output Measure | Total Annual Goal | Quarters Reported |
|--|-------------------|-------------------|
| 1. Number of Core Coordinating Committee meetings convened | 8 | Q 4 |
| 2. Number of Steering Committee Meetings convened | 2 | Q 4 |
| 3. Number of community health planning events to include forums, focus groups and key informant interviews | 2 | Q 4 |

(If approved for additional Output measures, insert additional rows in table. Please delete empty rows.)

Comments (for reporting exceptions, if applicable): Output measures reflect community health planning implementation through the Community Health Assessment/Community Health Improvement Plan.

10. Outcome Performance Measures

Enter the outcome performance measures (numerators, denominators, and outcome rates) to be reported for the program in quarterly performance reports. Total annual goals should be 12-month goals. Outcomes should be reported quarterly unless a specific programmatic or data-driven limitation exists. Please use the comments section to specify and provide explanation for any reporting exceptions.

| Outcome Measure | | Total Annual Goal | Quarters Reported |
|-----------------|---|-------------------|-------------------|
| 1. | a. Number of changes implemented as result of input (numerator) | 2 | Q4 |
| | b. Total number of input gathering activities with the Community or through executive leadership guiding the CHA/CHIP implementation. (denominator) | 10 | |
| | c. Percentage of identifiable changes/proposed recommendations made based on community feedback submitted at CHA/CHIP community input events (rate) | 20% | |
| 2. | a. Number of Steering Committee and Core Coordinating Committee member entities participating in meetings (numerator) | 9 | Q2, Q4 |
| | b. Total number of Steering Committee and Core Coordinating Committee entities (denominator) | 15 | |
| | c. Percentage of entities represented at Steering Committee and Core Coordinating Committee meetings. (rate) | 60% | |

(If approved for additional outcome measures, insert additional rows in table. Please delete empty rows.)

Comments (for reporting exceptions, if applicable): Outcome measures give an indication of how well the CHA/CHIP process is considering community input and how engaged the governing entity is in implementation. The CHA/CHIP is a planning process and doesn't include specific health intervention programming; therefore, outcomes are related to improvements in the planning process.

11. Community Planning

a) Community Planning Group Participation

If the agency participates in any community planning groups relevant to the issue area and services under this contract, please list them here, along with the name and title of agency representatives who participate and a brief description of their role and participation in that planning group.

| Community Planning Group | Agency Participant Name/Title | Participation Role/Description |
|--------------------------|-------------------------------|--------------------------------|
| CHA/CHIP | See Below | See below |

(If agency is involved in additional planning groups, insert additional rows in table. Please delete empty rows.)

A/TCHHSD will undertake the following community planning activities:

1. As part of the ongoing CHA/CHIP development and implementation, stakeholders and resources will be coordinated to ensure successful CHA/CHIP Implementation and coordination of activities and resources among key partners in Austin/Travis County.
2. A/TCHHSD will continue to coordinate the CHA/CHIP Steering Committee that will serve as the executive oversight for the improvement plan, progress, and process.
3. The Steering Committee and Core Coordinating Committee will expand agency membership to match the scope of the CHIP's identified priority issue areas. The Steering Committee will meet two times a year while the Core Coordinating Committee will meet monthly.
4. Community dialogue sessions and forums will occur in order to engage residents in the implementation where appropriate, share progress, solicit feedback, and strengthen the CHA/CHIP.
5. Regular communication including via website to community members and stakeholders will occur throughout the CHA/CHIP.
6. New and creative ways to feasibly engage all parties will be explored at the aforementioned engagement opportunities.
7. CHA and CHIP Reports will be developed and shared with the partners, community members, and stakeholders.

b) Community Plan

If the agency aligns itself with a Community Plan, provide the name of the plan and its authoring body, and a brief description of how you align your agency with and respond to the plan's shared community goals. If there is not an established community plan in this issue area, describe what the agency uses to orient itself to community needs and goals.

This scope of work is directly related to Community Health Planning through the Community Health Assessment/Community Health Improvement Plan. The participating agencies, including ATCHHSD utilize the plan to guide agency strategic planning efforts and to focus program resources and activities.

c) Response to Community Change

Have there been, or do you anticipate, any changes to the community plan or community goals, that will impact how you provide services over the remainder of your contract period?

The Austin/Travis County community is experiencing rapid growth and changes in the population. A/TCHHSD tracks demographic trends and works to ensure that programming maintains pace with the changing needs of the population. In particular, the CHA/CHIP community engagement and outreach efforts ensure representation from all areas of Travis county including unincorporated and City of Austin Extra Territorial Jurisdiction areas. These efforts require extensive community engagement and participation in qualitative data collection efforts to ensure an accurate account of overall county population perspectives on health needs and priorities are represented. Data analysis using existing data sources will provide specific details to inform overall population needs and identify areas where populations are experiencing health and other social/economic disparities.