Together We Thrive

Austin/Travis County Community Health Plan

# Community Health Improvement Planning for Austin/Travis County

***Presentation to*: Community and Stakeholders**

**October 17, 2013**

**YMCA**

**1000 W Rundberg**

**6:30 – 8 P.M.**

METRO

Seton Healthcare Family

CENTRAL HEALTH

Austin Travis County Integral Care
Behavioral Health & Developmental Disabilities Services

St David's FOUNDATION

UTHealth | School of Public Health
Austin Regional Campus
The University of Texas Health Science Center at Houston

# PRESENTATION OBJECTIVES

- **Review key finding from Community Health Assessment (CHA), Community Health Improvement Plan ( CHIP) and Implementation of CHIP (I-CHIP) process and progress**

- **Discuss strategies selected for 1st year of implementation**

- **Review Next Steps**

# Community Health Improvement Process

## January – June 2012

- ✓ Community Health Assessment (CHA) is conducted to identify the health related needs and strengths of Austin/Travis County.

## July – December 2012

- ✓ Community Health Improvement Plan (CHIP) is drafted. CHIP is a long-term, systematic effort to address public health problems and is based on CHA results.

## January - June 2013

- ✓ Developed Implementation for CHIP (I-CHIP) Year 1 Action Plan, a clear sequence of steps to achieve strategies

# CHIP Development & Engagement

- **Steering Committee**
- **Core Coordinating Committee**
- **CHA Community Forums, Focus Groups, and Key Interviews**
- **CHIP Workgroups and Planning Summit**

# Vision, Mission and Shared Values

**Vision:** Healthy People are the Foundation of our Thriving Community

**Mission:** Our community – individuals and organizations (public, private, non-profit) – works together to create a healthy and sustainable Austin/Travis County

**Shared Values:** Diverse and inclusive, respectful, health promoting, efficient and results oriented, objective, and shared accountability and ownership

# CHIP Health Priorities

1. **Chronic Disease** – focus on **Obesity**
2. **Built Environment** – focus on **Access to Healthy Foods**
3. **Built Environment** – focus on **Transportation**
4. **Access to Primary Care and Mental Health/ Behavioral Health Services** – focus on **Navigating the Healthcare System**

- ✓ Cross-cutting issue: health education/health literacy

# CHRONIC DISEASE

**Goal 1:** **Reduce burden of chronic disease caused by obesity among Austin/Travis County residents.**

**Objective 1.1:** By June 2016, increase by 5% the percentage of adults and children in Travis County who meet or exceed physical activity guidelines for health.

**Strategy:**

1. Increase access to local school facilities, fields, basketball courts, community recreational facilities, parks, play grounds, etc. by establishing new joint- use agreements and improving adherence to existing joint-use agreements.

2. Enhance the built environment in multiple settings (including worksites, places of worship, schools, parks, neighborhoods) to create opportunities for physical activity.

3. Conduct a community-wide physical activity media campaign that promotes physical activity and provides concrete steps on how to do so (e.g. walk or bike with your kids to take them to school instead of driving

# CHRONIC DISEASE

**Goal 1:** **Reduce burden of chronic disease caused by obesity among Austin/Travis County residents.**

**Objective 1.2:** By June 2016, increase the number of Travis County workplaces that have family supportive breastfeeding by 5%.

**Strategy:**

1. Develop/promote mother friendly worksite breastfeeding policy.
2. Increase sensitivity for breastfeeding in the workplace through employee/employer training, flexibility in work schedules, etc.
3. Increase awareness of breastfeeding benefits across the entire community through media and community wide campaign

**Objective 1.4:** By June 2016, reduce the percentage of children and adults who consume sugar sweetened beverages by 5%.

**Strategy:**

1. Increase the number of settings with food procurement policies that reduce access to sugar sweetened beverages.
2. Increase the number of settings that promote the availability of drinking water.

# CHIP Priority Area: Chronic Disease Focus on Obesity

UT-HEALTH SCIENCE CENTER, HOUSTON.
THE SCHOOL OF PUBLIC HEALTH

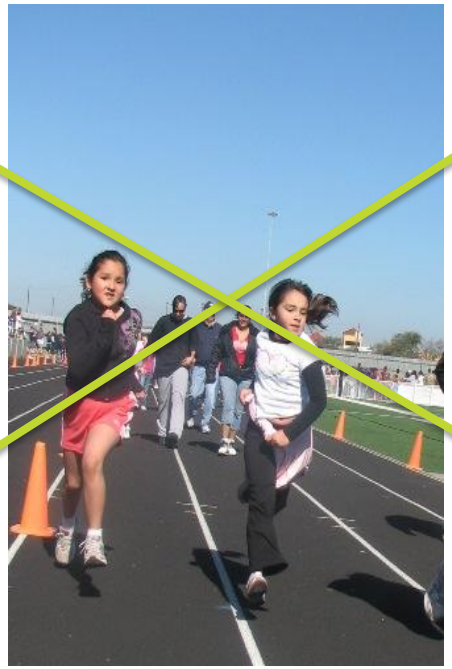
ANDREW SPRINGER, Dr. P.H.

# "You are a product of your environment"
## *Multiple environments shape child health*

*Policy Environment*

***Home, School, Community***

*Social Environment*



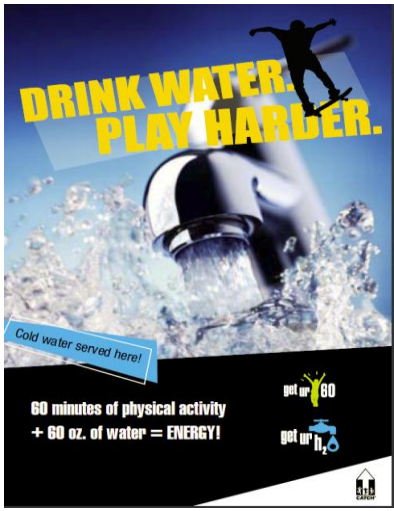

*Information Environment*

Interactions of Influence

*Built Environment*

# School-Based Healthy Eating Promotion: *CATCH Middle School "get ur $H_20$"*

**Aim:** To increase student water consumption & reduce sugar-sweetened beverage intake




**Design** (5 districts central Texas):

- 3 study conditions (10 schools each); 2009-12
- 30 schools; >2,800 8th graders; ~1000 teachers

**Strategies** *(environments)*

- Upgraded water fountains *(built)*
- Hydration stations for cafeteria *(built)*
- "Water-first" policies *(policy)*
- Posters/item promotion *(information)*
- Teacher promotion *(social)*

# Findings: *get ur $H_2O$*

## Built Environment

- n=4 upgraded fountains per school
- n=10 hydration stations in school cafeterias

## Policy Environment

- 7 of 10 schools implemented “water first policies”

## Social Environment

- Teachers in *get ur $H_2O$* schools promoted water consumption with their students more frequently ($p<.001$).

## *Student Outcomes*

- Students in *get ur $H_2O$* schools consumed significantly more water vs. comparison schools ($p=.001$).
- Comparison students increased soda intake; no increase in *get ur 60* students.

# ACCESS TO HEALTHY FOODS

**Goal 2:** **All in our community have reasonable access to affordable quality nutritious food.**

**Objective 2.1:** By June 2016, increase by 50% access to and participation of eligible people in food assistance programs that increase access to healthy food.

**Strategy:**

1. Conduct assessment to establish baseline of the following:
   a) current programs and services to determine which do support access to healthy foods
   b) current capacity of relevant programs
   c) participation (#/%) in relevant programs to determine which could absorb additional participants versus those that would require additional capacity before further enrollment could take place
   d) gap analysis – population, geographic areas that are underserved – to understand what barriers seem to prevent participation and what means exist to overcome these barriers.

2. Work with government and local community organizations to increase ease of access to food assistance program applications, local offices, and eligibility requirements so as to connect as many eligible people to benefits as possible.

# Access to Healthy Foods, Continued

**Objective 2.2:** By June 2016, ensure that 2 new distribution and production points for healthy foods are available and accessible in each of the high need areas.

**Strategy:**

1. Implement assessment to inform strategies and targeting a) where people travel/gather and b)where and what food is available.
2. Build partnership (with schools, parks, faith based community, businesses, community centers, etc.) to establish distribution and productions sites (i.e. community gardens, farmers markets, farm to site programs) in public or private spaces and organizations.
3. Incentivize private enterprise to provide healthy, nutritious, and affordable food by establishing full service grocery stores in low-income communities.
4. Develop/implement education/messaging strategy to a) increase demand, b) ensure cultural relevance.

**Objective 2.3:** By June 2016, all local municipalities will establish healthy food zone ordinance around schools, municipal parks, childcare centers, libraries and recreation centers.

**Strategy:**

1. Develop model policy(s) for city/county government promoting healthy food zones.
2. Engage the following to develop and support the health food zone ordinance**:** advocacy groups, grass roots/residents, policy/thought leaders.

# TRANSPORTATION

## Goal 3:

**Local and regional stakeholders will collaboratively increase accessibility to community resources via safe, active transportation.**

**Objective 3.1:** By June 2016, increase Travis County active transportation commute mode share by 5%.

**Strategy:**

1. Work with school districts, community colleges, universities, businesses, city and county government to implement programs that educate, incentivize, and encourage the use of active transportation (use of public transportation, walking biking and carpooling) among commuters with a specific target on the disadvantaged.

2. Enhance enforcement of/compliance with existing policies/laws that ensure the safety of active transportation users.

3. Develop and implement policies that level the playing field between active transportation and other modes of transportation. (e.g. Changes to parking policies to reflect the true cost of providing the real estate to allow this function; Dedicating travel lanes on public right-of-ways (where appropriate) to allow transit travel times to be competitive with the private cars, etc.).

# TRANSPORTATION

**Objective 3.2:** By June 2016, our community through its local authorities will approve a comprehensive funding plan for implementation of the active transportation master plans (i.e. sidewalks, bike, trails, transit, etc.).

**Strategy:**

1. Inventory and align existing active transportation plans, and identify gaps, prioritizing the needs of the disadvantaged.

**Objective 3.3:** By June 2016, the City of Austin and Travis County will require and incentivize active transportation connections for all new development outside of the activity centers identified in the Capital Area Metropolitan Planning Organization's (CAMPO) 2035 Plan.

**Strategy:**

1. Convene local government and the development community to identify policies to incentivize development with active transportation and disincentives development without it.
2. Modify development policies to encourage active transportation.
3. Work with government and nonprofit organizations to implement complete streets policy in the City of Austin and Travis County.

# CHIP Priority Area:
## Built Environment Focus on Transportation

Environmental Epidemiology

Public Health

Urban Planning

UT-HEALTH SCIENCE CENTER, HOUSTON.
THE SCHOOL OF PUBLIC HEALTH

ABI OLUYOMI, PHD.

# On Physical Activity and Obesity…

1

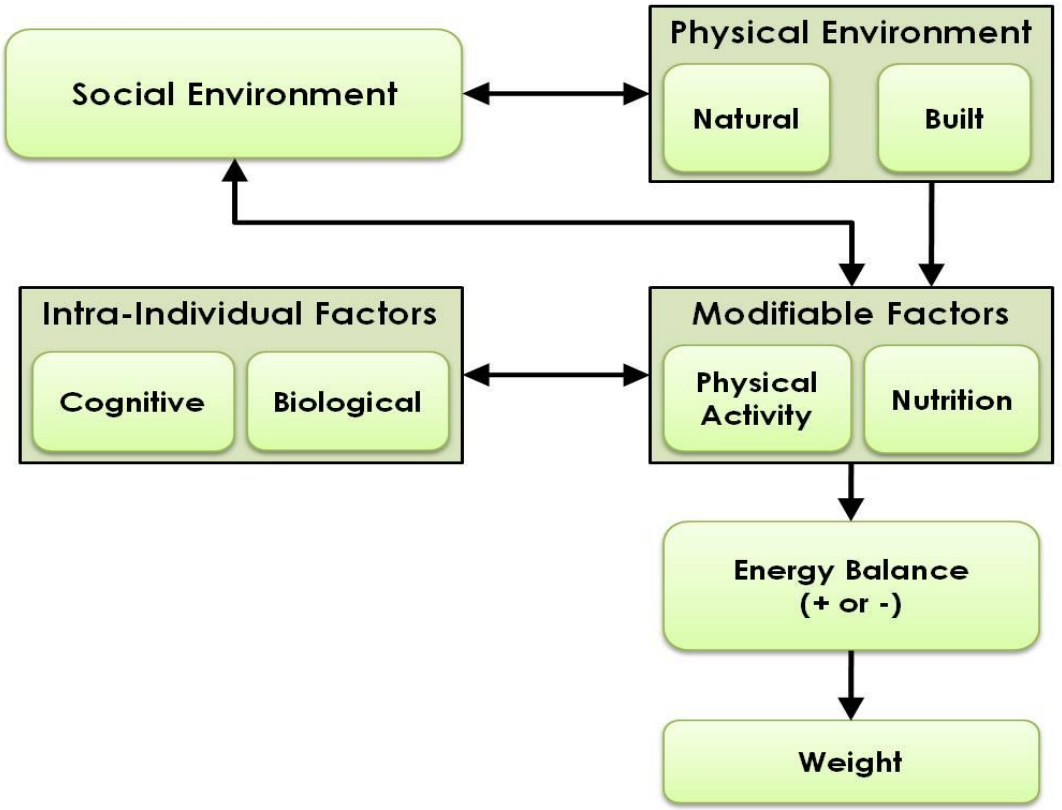
2,3

4,5

4,6,7

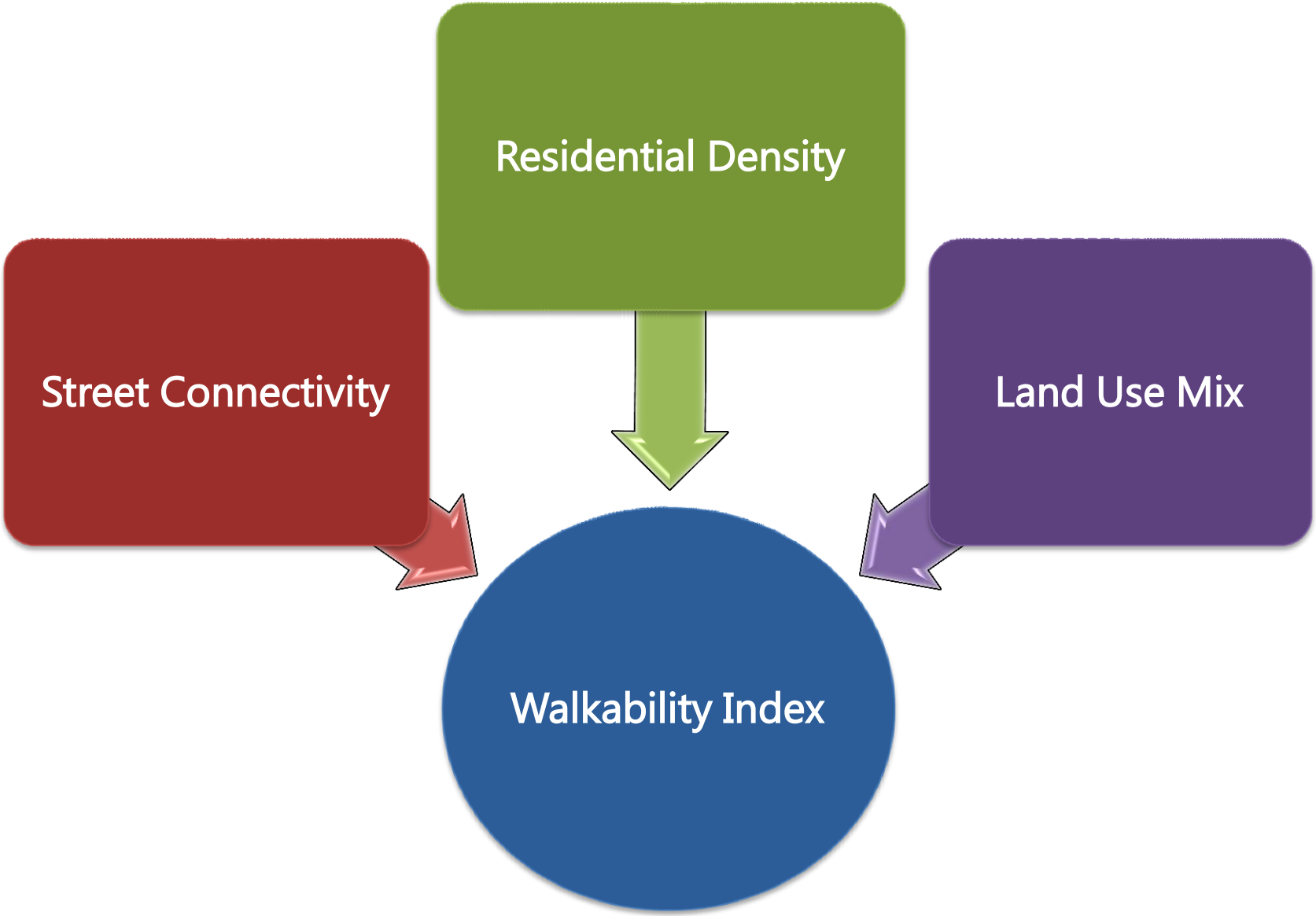
8

… that: environments restrict the range of behavior by promoting and sometimes demanding certain actions of the individual in such environment.[3]




A social ecological framework. Reproduced from [3] with permission

# Transportation and Health: The Walkability Index



# Research Findings: Project at MD Anderson (Houston)

**Relationships (Odds Ratios, OR) Between Block Group Level Walkability Index and Being Physically Active Among Mexican-American Residents of Harris County, Texas Who Reported Walking as a Form of Physical Activity, 2003-2009 --- MEN**

| | *(n)* | Crude ORs | | Adjusted ORs† | |
|---|---|---|---|---|---|
| | | OR | 95% CI | OR | 95% CI |
| **Any Walking** | **227** | | | | |
| Lowest | *(22)* | 1.00 | Referent | 1.00 | Referent |
| Somewhat Low | *(95)* | 2.77 | 1.11 - 6.91 | 3.24 | 1.14 - 9.22 |
| Somewhat High | *(75)* | 3.30 | 1.25 - 8.70 | 3.81 | 1.36 - 10.69 |
| Highest | *(35)* | 5.37 | 1.50 - 19.17 | 5.43 | 1.30 - 22.73 |
| **Only Walking** | ***185*** | | | | |
| Lowest | *(16)* | 1.00 | Referent | 1.00 | Referent |
| Somewhat Low | *(78)* | 4.29 | 1.47 - 12.50 | 4.94 | 1.32 - 18.47 |
| Somewhat High | *(63)* | 5.46 | 1.74 - 17.12 | 6.02 | 1.66 - 21.85 |
| Highest | *(28)* | 10.71 | 2.38 - 48.27 | 9.54 | 1.84 - 49.60 |

† Adjusted for age, education, nativity

Objective 3.2: By June 2016, our community through its local authorities will approve a comprehensive funding plan for implementation of the active transportation master plans (i.e. sidewalks, bike, trails, transit, etc.)

Inventory and align existing active transportation plans, and identify gaps, prioritizing the needs of the (transportation) disadvantaged

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**Summer 2013 Active Transportation Practicum Workgroup**
UT School of Public Health Austin Regional Campus
The University of Texas Health Science Center at Houston

# References


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# Access to Primary Care and Mental/Behavioral Health Services

**Goal 4:** **Expand access to high-quality behaviorally integrated patient centered medical homes for all persons.**

**Objective 4.1:** June 2016, increase the adoption of patient-centered strategies within the safety net.

**Strategy:**

1. Expand the number of providers serving the safety net that are linguistically competent and expand the number of providers serving the safety net that are culturally appropriate.

**Objective 4.2:** By June 2016, expand by 10% the number of entities serving safety net populations that are utilizing health IT systems.

**Strategy:**

1. Encourage and incentivize health and human services providers to participate in a Health Information Exchange (HIE) for optimal client-provider interactions.
2. Encourage and incentivize primary care and behavioral health providers to adopt and implement certified electronic health records (EHRs).

# Access to Primary Care and Mental/Behavioral Health Services

**Objective 4.4:** By June 2016, increase the adoption of coordination strategies within the safety net.

**Strategy:**

1. Expand the # of safety-net health care providers who are Joint Commission or NCQA certified medical homes.
2. Expand community navigation staff with access to HIE data across entire healthcare delivery system defined as contributors to ICare.
3. Increase the knowledge of existing health and social service resources among providers and the community.

**Objective 4.5:** By June 2016, expand comprehensive care strategies within the safety net.

**Strategy:**

1. Increase the use of evidence based models to integrate primary and mental/behavioral care, including substance use disorders.

# Discussion and Questions

**For more information, contact:**

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**To access the CHA and CHIP reports, go to:**
**www.austintexas.gov/healthforum**