

Community Health Improvement Planning for Austin/Travis County

Presentation to: Community and Stakeholders

March 26, 2014
Crockett High School
5601 Manchaca Rd, Austin, Tx. 78745
6:30 – 8 P.M.

















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

ALIGNMENT WITH EXISTING PROGRAMS

- ➤ Affordable Care Act 1115 Waiver/DSRIP
 - 5 year or 3 year plan, depends on proposal
- ➤ Imagine Austin
 - o 30 year plan
- Community Transformation Grant
 - Lost federal funding, September is last month
- ➤ Many other Community Programs and Project

CHIP Priority Area: Chronic Disease Focus on Obesity

AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DISEASE PREVENTION AND HEALTH PROMOTION

DR. PHILIP HUANG, M.D. Medical Director / Health Authority

CASSANDRA DELEON, Program Manager Chronic Disease Prevention & Control

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:

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.



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%.

- 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: Access to Healthy Food

CAPITAL AREA FOOD BANK OF TEXAS

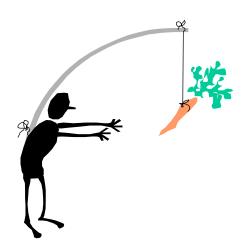
SENIOR DIRECTOR OF ADVOCACY AND PUBLIC POLICY

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.



- 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.

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.



- 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.
- Develop and implement an education/outreach strategy to increase the reach of Food Assistance Programs by enhancing awareness of the program's existence, eligibility requirements, and benefits may include: radio, ads, brochures, community education, cooking demonstrations, community partnerships and retailers. (a) Increase demand for nutritious foods; (b) reduce stigma of participation

Goal 2:

All in our community have reasonable access to affordable quality nutritious food.

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.

- 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.

Goal 2:

All in our community have reasonable access to affordable quality nutritious food.

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.

- 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.

CHIP Priority Area: Transportation

CAPITAL METRO

JENNIFER GOLECH,
TRANSPORTATION SENIOR PLANNER

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%.

- 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

Goal 3:

Objective 3.2: By June 2016, our community through its local authorities will approve a comprehensive funding plan for implementation of the active transportation

Strategy:

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

Local and regional stakeholders will collaboratively

increase accessibility to community resources via

safe, active transportation.

master plans (i.e. sidewalks, bike, trails, transit, etc.).

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.

- 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: Access to Primary Care and Mental/Behavioral Health Services

TRAVIS COUNTY HEALTH & HUMAN SERVICES / VETERANS SERVICE

ANA ALMAGUEL, MPA Planning Project Manager

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.

- 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

Goal 4:

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

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















