



Together We Thrive

Austin/Travis County Community Health Plan

AUSTIN/TRAVIS COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN -ANNUAL UPDATE YEAR 1-

YEAR IN REVIEW: JULY 1, 2013-JUNE 30, 2014

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INTRODUCTION

Health is affected by where and how we live, work, play and learn.¹ Understanding these factors and how they influence the health of our community is critical in building a healthier place to live. This annual update represents progress made in the first year of Austin/Travis County's 3-year Community Health Improvement Plan (CHIP).

The Austin/Travis County CHIP, developed over the period of July 2012 – June 2013, utilizes key findings from the 2012 Community Health Assessment (CHA). The CHA, serving as the CHIP's foundation, includes qualitative data from focus groups, key informant interviews, and community forums, as well as quantitative data from local, state and national indicators to inform CHIP health priority areas. The CHIP is an action-oriented strategic plan that outlines community-driven goals, objectives, strategies and measures for addressing the following top four health priority areas.

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 /Behavioral Health Services focus on navigating the healthcare system

The aim of the CHIP is to build a comprehensive plan to improve the health and wellness of Austin/ Travis County. The CHIP implementation or annual action officially began on July 1, 2013 and the first year of efforts concluded on June 30, 2014.

Partners and stakeholders throughout Austin/Travis County are working on the CHIP's goals, objectives and strategies with the shared aim of making measureable progress in each goal. To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Austin/ Travis County assessment and planning process engaged community members and Local Public Health System (LPHS) Partners through multi-industry, agency and community stakeholder committees.

The Austin/Travis County CHA CHIP structure enables leadership, community voice, and participation that is open to the entire community, city, and county. The Steering Committee, providing executive oversight for the community health improvement planning and implementation process, includes the Austin/Travis County Health and Human Services Department, Austin/Travis County Integral Care, Capital Metro, Central Health, Seton Healthcare Family, St. David's Foundation, Travis County Health and Human Services and Veterans Services, and University of Texas Health Science Center (UTHSC) at Houston School of Public Health Austin Regional Campus. The Core Coordinating Committee, providing the overall management of the process, includes all aforementioned agencies as well as the Sustainable Food Center. The CHIP Workgroups and Action Item Leads, representing many partners from broad and diverse sectors of the community, are formed around each CHIP priority area to develop goals, objectives, strategies, and action items.

While the Austin/Travis County HHSD helps coordinate the community health improvement planning process, the entire effort is shared between the network of stakeholders and residents throughout the community.

The Steering Committee and the Core Coordinating Committee recognized that it was important to outline a compelling and inspirational vision and mission, and to identify a set of shared values that would support the planning process and the CHIP itself. The Committees participated in several brainstorming, force field, and prioritization activities, and developed the following vision, mission and shared values for the CHA-CHIP:

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

Efficient, Results-Oriented, Data Driven, and Evidence Informed:
Approach designed to improve overall health and disparities

Diverse, Inclusive, Collaborative, and Respectful: Meaningful and respectful engagement of diverse stakeholders, broadly defined; ensuring equality of voice and representation in all approaches and processes, including vetting of group work

Perseverance, Excellence, and Creativity

Health Promoting: Building on current assets and developing new assets

Shared Accountability and Ownership

It is important to understand the CHIP's purpose is to foster collaboration and monitor progress toward the goals for each priority area. The CHIP's Steering Committee, Core Coordinating Committee, Work Groups and Action Item Leads are responsible for the actions related to the CHIP priority areas. Throughout this update, these organizations are credited for their work. If there are any updates or revisions to the organizations mentioned please contact Hailey Hale at Hailey.Hale@austintexas.gov.

PURPOSE OF THE ANNUAL UPDATE

An annual report provides the CHA/CHIP Steering Committee, community residents, and other stakeholders in the Austin/ Travis County community an overview of actions taken during the past year, which will advance the CHIP’s priority areas. Partners and stakeholders in Austin/ Travis County are encouraged to use this update as a resource to inform their own assessments, improvement plans, and strategic plans. Within this annual update, the following information is provided for a comprehensive overview for each of the four priority areas within the CHIP:

- **Background** – this section emphasizes why this priority area is critical to the Austin/ Travis County Community.
- **Success stories** – this section includes updates provided by CHIP partners over the past year.
- **Indicators** – this section includes the best indicators available to demonstrate the progress made in each priority area. Due to limited availability of quantitative indicators, not all indicators reported directly measure the progress described in the success stories.

		
Data for this measurement was unavailable at the time this report was written	Community has not made positive progress towards achieving the target	Community has made positive progress towards achieving the target

- **Barriers** – this section reviews issues that may be hindering progress or describes why measuring progress in each priority area is difficult.
- **Next steps** – this section identifies actions the CHIP partners are planning to take over the next year of the CHIP as well as any changes to the CHIP’s objectives or strategies. Both changes to the CHIP and upcoming actions are determined during the annual planning summit. This annual planning summit is when the CHIP’s community partners get together and discuss the past year of activities related to CHIP and plans for the upcoming year.
- **Health literacy and health education** – This section represents the cross cutting competencies of the CHIP, which all priority areas address in some way. Health education and literacy looks different for each priority area as they all four address a different aspect of health.
- **Lessons Learned/Call to Action** – this section includes the major highlights from the past year.

This annual report as well as the complete CHA/CHIP is available for review at www.austintexas.gov/healthforum. If you have any questions about this report or would like to request a CHA/CHIP representative to present this information at your organization please call 512.972.5888 or email CHA.CHIP@austintexas.gov.

CHRONIC DISEASE FOCUS ON OBESITY

GOAL 1: REDUCE BURDEN OF CHRONIC DISEASES CAUSED BY OBESITY AMONG AUSTIN/TRAVIS COUNTY RESIDENTS

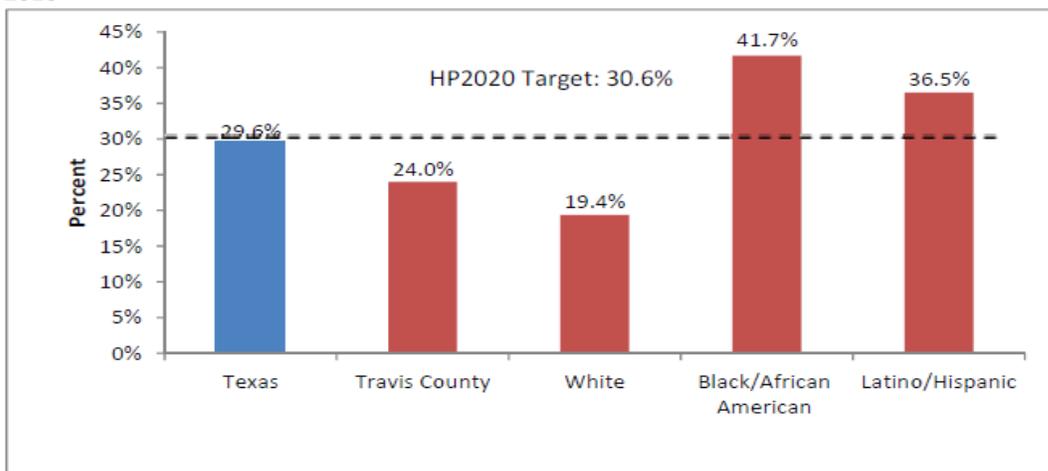
BACKGROUND

Chronic diseases carry a significant economic cost due to increased healthcare spending and lost earnings. According to the Texas Comptroller, Obesity cost Texas 9.5 Billion in 2009 and will cost 32.5 billion annually by 2030 if current trend continues.² In 2012, Travis County chronic disease hospitalization costs totaled over \$571 million.³

Additionally, in the 2012 CHA report there are race and socioeconomic disparities for obesity prevalence. Obesity is more prevalent among black adults (41.7%) when compared to their White (19.4%) and Hispanic (36.5%) counterparts.¹ Obesity is more prevalent in the lower income population. Since healthy foods are often more costly than foods high in calories, people with low incomes rely more on inexpensive foods with less nutritional values to meet their hunger needs.⁴

- A 3-year estimate (2008-2010) showed that 24% of adults in Travis County were obese. Although this number may sound promising when compared to the state (29.6%) and the Health People 2020 target (30.6%), Travis County increased from 19% in 2011 to 24% the following year.¹
- The incorporation of physical activity into peoples' daily lifestyle is essential in reducing obesity. Higher participation of physical activity may be increased by providing access to safe neighborhoods, walkways, and parks.⁵

Figure 22: Percentage of Obese Adults (BMI≥30) in Texas and by Race/Ethnicity in Travis County, 2008-2010



DATA SOURCE: Centers for Disease Control and Prevention (CDC). *Texas Behavioral Risk Factor Surveillance Survey Data*. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2008-2010

SUCCESS STORIES

Austin Bicycle launched Phase II and now has 40 stations across downtown Austin. Planning and Development Review Department (PDRD) provided input on station location to reflect pedestrian pathway needs. Healthy Austin Priority Program's Obesity Working Group convened to discuss recreation programs and policies, and identify opportunities to collaborate.

- Mother friendly workplace policy added as bonus point section pertaining to Healthy Service Environment in the HHSD Social Services RFA.
- Health and Human Service Department staff funded through the Community Transformation Grant worked with the Pedestrian Advisory Council (PAC) to identify barriers to pedestrianism within the Land Development Code.

INDICATORS

Long Term Indicator: By 2016, a decrease from 24% to 22.8% the proportion of adults who report a BMI > = 30			
CHIP Goal	Performance Measure	Baseline	Target 2016
Reduce burden of chronic diseases caused by obesity among Austin/Travis residents.	Percentage of adults who report a BMI > = 30 (obese)	24% of adult reported a BMI >=30.	22.8% of adults reporting a BMI > = 30

Health Progress Update		
2013 Performance Measures		23.3% of adults reported a BMI >=30 (2013 BRFSS)

The prevalence of obesity among adults in 2008-2010 was 24%. After a change in survey methodology that took place in the 2011 BRFSS, the prevalence dropped to 19.1% for year 2011, and went back up again to 23.6% in 2012¹⁸. It is probable that the dramatic change in the prevalence of adults with obesity may have been influenced by the survey methodology change. The survey methodology change was done in order to maintain survey coverage and validity. BRFSS added cellular telephone households (those households who have a cellular telephone but no landline telephone) to their samples, which aimed to provide a better representation for correspondents who have lower incomes, lower educational levels, or are in younger age groups because these groups more often exclusively rely on cellular telephones.

There was a reduction in the percent of obese people between years 2012(23.6%) and 2013 (23.3%). This is encouraging data, since CHIP strategies to reduce obesity in Travis County were implemented in 2012. While the decrease in the performance measure is encouraging this change is not statistically significant¹⁸.

Short Term Indicator: By 2016, increase by 5% the number of sites with a mother friendly worksite breastfeeding policy in Austin/Travis County.			
CHIP Objective	Performance Measure	Baseline	Target 2016
By June 2016, increase the number of Travis County workplaces that have family supportive breastfeeding by 5%	The number of Mother-Friendly Worksites in cities within Travis County (Pflugerville, Del Valle, Leander, Manor, and Spicewood)	61 Mother-Friendly Worksites	64 Mother-Friendly Worksites (5% increase)

Health Progress Update		
2013 Performance Measures		326 mother-friendly worksites exist in cities within Travis County (August 2014, Mother Friendly Worksite Program directory)

Travis County has experienced a considerable increase in mother-friendly worksites (MFWs). According to the Texas Mother-Friendly Worksite Program, the number of designated MFWs in August 2014 was 326. This is quite a significant increase from the baseline (61) in 2012. However, although there was a total increase of 265 MFWs, it is important to acknowledge that out of the total additional worksites, 218 are part of the City of Austin. Regardless, if independently owned worksites only were compared with the baseline there would be more than a 70% increase in mother-friendly worksites.



There may be several factors that may have contributed to this increase, some of which come from the implementation of CHIP strategies. The Texas Mother-Friendly Worksites Program created by the Texas Department of State Health Services (DSHS) has played a critical role in implementing the three CHIP strategies to increase mother-friendly worksites.

The Texas Mother-Friendly Worksite Program has led a number of media campaigns that have brought more awareness about breastfeeding and its benefits to the Travis County community. It also provides information and instructions through their websites to employees and employers who are interested in developing a mother-friendly worksite policy.

With the ongoing help of CHIP committee members who were part of programs like the Texas Mother-Friendly Worksite Program, which helped implement the aforementioned CHIP strategies, we hope to continue making changes that benefit working mothers who choose to breastfeed their infants.

BARRIERS

The impact of losing funding for the Community Transformation Grant (CTG) cannot be stressed enough. This grant provided funding for staff responsible for carrying out many activities critical to the CHIP's priority area focused on reducing obesity.

The Youth Risk Behavior Survey (YRBS) data for Travis County was a one-time survey and the data will only be collected at a state-level from now on. This hinders the ability to evaluate the impact of the CHIP's activities on obesity within the Austin and Travis County community.

NEXT STEPS



- Wording for Strategy 1.1.1 was altered in four significant ways.
 1. To focus effort on disparate populations.
 2. The type of agreement identified in the Strategy was switched from "joint-use" to "Shared-use".
 3. The wording of "Access to" was replaced with "opportunities to utilize".
 4. The Strategy now specifically asks if "access is addressed by transportation".
- Two objectives were added 1.2b and 1.3b.
 1. Objective 1.2b focuses on promoting breastfeeding in clinical settings.
 2. Objective 1.3b and its strategy are very similar to 1.3 however; the new objective focuses on the out of school settings.
- Wording for strategies 1.4.1 and 1.4.2 (now 1.6.1 and 1.6.2) were altered to change "settings" to "public and private locations". Strategy 1.4.2 (now 1.6.2) added the distinction of "non-bottled" drinking water.

HEALTH LITERACY AND HEALTH EDUCATION

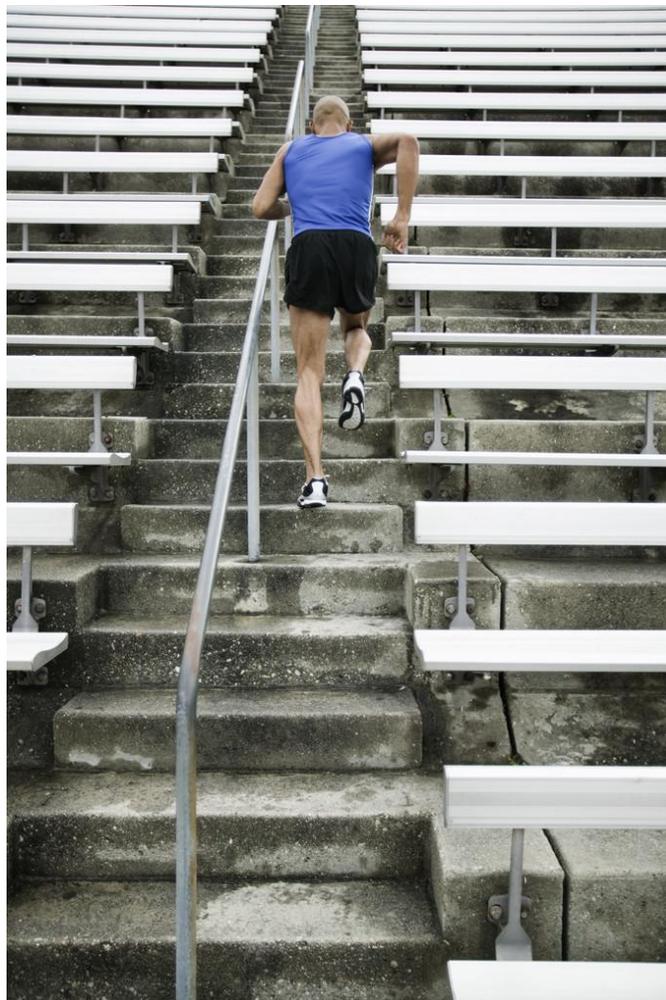
Awareness has been raised among employers as to the role breastfeeding has in producing healthy babies and how they can promote breastfeeding among their employees.

A toolkit was developed and presented with the existing national guidelines created by National Alliance for Nutrition and Activity (NANA) for healthy eating. Presenting national guidelines in an easy to review tool kit enables residents to eat, learn and make healthy choices in accordance with NANA.

University of Texas School of Public Health (UTSPH) launched an online survey with Central Texas Afterschool Network (CTAN) member organizations to explore policies and practices around physical activity and healthy eating. The survey results presented to CTAN subcommittee in spring 2014 and will be shared with the larger organization in early fall 2014. Initial findings indicate both progress and opportunity for enhancing the policy environment in the afterschool setting in central Texas afterschool programs.

LESSONS LEARNED AND CALL TO ACTION

The terminology difference between Joint-Use agreement and Shared-Use agreement affects the likelihood of entering into an agreement with recreations centers and ultimately affects access to facilities.



BUILT ENVIRONMENT FOCUS ON ACCESS TO HEALTHY FOODS

GOAL 2: ALL IN OUR COMMUNITY HAVE REASONABLE ACCESS TO AFFORDABLE QUALITY NUTRITIOUS FOOD

BACKGROUND

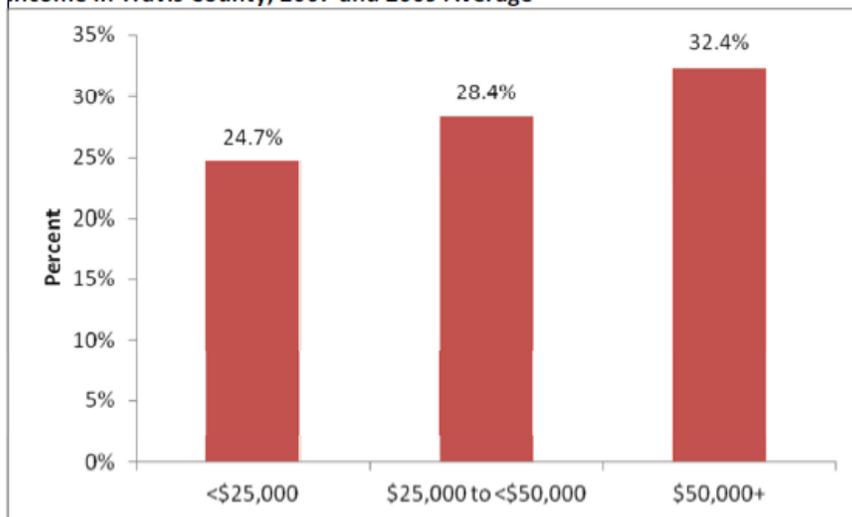
In 2010, almost 1 in 3 (28.95%) of Travis County’s residents live one mile or further from a grocery store, of these residents 27.60% are low-income.⁶

Research shows there is a link between the built environment and access to affordable, high-quality produce and other healthy foods which in turn influence choices people make in their daily diet.⁷

Less than one third (30%) of Travis County and Texas adults reported eating the recommended amount of fruit and vegetable servings, five or more fruit and vegetable servings per day.⁸

When broken down by income, data show that fruit and vegetable consumption increases with income. Since healthy foods are not equally available across all communities, greater access to healthier foods may reduce health disparities.⁸

Figure 25: Percentage of Adults Reporting Eating 5+ Servings of Fruits and Vegetables per day by Income in Travis County, 2007 and 2009 Average

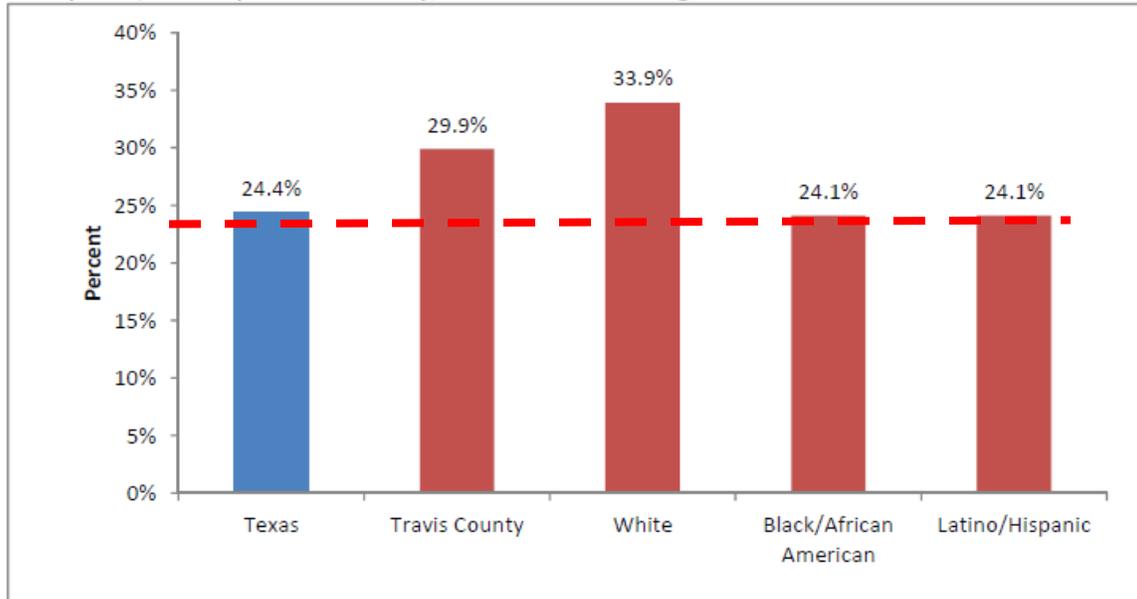


DATA SOURCE: Centers for Disease Control and Prevention (CDC). *Texas Behavioral Risk Factor Surveillance Survey Data*. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2007 and 2009

- In 2010, 16.6% of the Travis County population was considered food insecure, meaning they lacked access to enough food for an active, healthy life. Eastern Travis County, in particular, is identified as lacking proximity to stores that sell fresh produce.⁹
- 18% of Travis County residents and 26% of Travis County children live in a food insecure household.⁹

- Supplemental Nutrition Assistance Program (SNAP) has proven effective in lifting many persons out of poverty with a \$1.79 local economic multiplier effect. In 2011, only 57% of eligible persons in Travis County enrolled in SNAP.¹⁰
- Less than 30% of Travis County adults have reported eating five or more servings of fruit and vegetables per day, with the lowest consumption being in Black/African Americans and Latino/Hispanics (24.1%) and low-income populations (24.7%).¹¹
- Only 18.4% of Travis County youth reported eating the recommended servings of fruits and vegetables in 2010, with the lowest consumption rates in White youth (18.0%) and Latino/Hispanic youth (17.8%).¹²

Figure 24: Percentage of Adults Reporting Eating 5+ Servings of Fruit and Vegetables per day in Texas and by Race/Ethnicity in Travis County, 2007 and 2009 Average



DATA SOURCE: Centers for Disease Control and Prevention (CDC). *Texas Behavioral Risk Factor Surveillance Survey Data*. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2007 and 2009

SUCCESS STORIES

Go Austin/Vamos Austin (GAVA) and A/TCHHSD worked together to provide training/technical assistance for residents in zip codes 78724, 78745 and 78744 by bringing The Food Trust to Austin.

The City of Austin created a new position of Food Policy Manager and this position has now been filled. This new staff member will be involved in efforts to implement CHIP strategies.



Image provided courtesy of Sustainable Food Center

- Texas Hunger Initiative will continue to lead the data analysis for determining key geographic areas. The subcommittee will come together again to meet the new THI staff and review relevant data. The subcommittee will work together to review the

zip codes and determine how to select the areas of highest need most underserved.

- Capital Area Food Bank and other CHIP partners worked together to engage various stakeholders for assistance with development and support of a healthy food zone ordinance in the following ways:
 1. Sent out information to retailers on model policies via Dropbox.
 2. Further follow up and input from retailers will be gathered via email and other forms of communication about how to make incentive-based recommendations.

INDICATORS

Short term indicator: Decrease percentage of Travis County low-income residents who are not living within 1 mile of grocery store.			
CHIP Objective	Performance Measure	Baseline	Target 2016
By April 2016, ensure that two new distribution and production points for healthy food are available and accessible in each of the five high need areas.	Percentage of people in Travis County who are low-income residents <u>not living within 1 mile of grocery store</u>	9% (2012 County Health Rankings)	N/A

Health Progress Update		
2013 Performance Measures		8% of Travis County low-income residents are not living within 1 mile of grocery store (2013-2014 County Health Rankings)

Data from 2013 and 2014 County Health Rankings indicate there has been a slight decrease in the percent of low income residents who are not living within one mile of a grocery store (9% to 8%). This positive movement toward more accessible food distribution sites in Travis County may be due to the ongoing strategies being implemented by CHIP partners. Strategies such as building a partnership (with schools, parks, faith community, businesses, community centers, etc.) to establish distribution and production sites may have played a role in the decrease of low income residents who are not living within 1 mile of a grocery store.

Despite the reduction in the prevalence of people who are low income and do not live within one mile of a grocery store, there is much work to be done. Still about 81,000 low-income residents do not live within one mile of a grocery store.

Long Term Indicator: Increase the prevalence of people of adults who report eating 5+ servings of fruits and vegetables/day			
CHIP Goal	Performance Measure	Baseline	Target 2016
All in our community have reasonable access to affordable quality nutritious food.	Percent of adults reporting eating 5+ servings of fruits and vegetables/day.	23.9% (2011 BRFSS)	N/A

Health Progress Update		
2013 Performance Measures		18.4% of adults reporting eating 5+ servings of fruits and vegetables/day (2013 BRFSS)

There was a drop in the proportion of adults who consume 5 or more servings of fruits and vegetable/day. According to 2013 BRFSS data 18.4 percent of adults reported eating 5 or more servings of fruits and vegetables per day, a 5.5 percent decrease to the 2011 baseline (23.9%)¹⁸. We hope that the ongoing involvement and outreach to various city stakeholders to support consumption of healthier food in the community will result in more positive performance measures for next year.

BARRIERS

The term "Healthy Food Zone" created significant interest among some community stakeholders.

Loss of funding for the Community Transformation Grant (CTG) will hinder the capacity to accomplish strategies and hinder the achievement of this priority area's goal.

- Efforts to identify areas of high need stalled due to lack of coordination among GIS capabilities and other existing resources.
- Process to effectively communicate overlapping mapping needs between Objective 1 and 2 have not been determined as of yet.



Image provided by Sustainable Food Center

- Several indicator identified to measure progress within this priority area did not have a well enough defined sample size to measure. Additional resources are needed to track these indicators.

NEXT STEPS

- CHIP Strategy 2.1.1 added “Utilize State of the Food System Report from the Office of Sustainability for food insecurity information”
- CHIP Objective 2.2 was shortened in two ways.
 1. The Zip codes of high need areas are being re-examined, so this part of the objective was removed*.
 2. The definition of "Distribution Point" and "Production Point" were removed as well.

*During year one of the CHIP, Objective 2.2 included five zip codes. These zip codes are 78723, 78724, 78725, 78744 and 78754.

- CHIP Objective 2.3 was re-written from establishing healthy food zones to developing recommendations to promote availability of healthy foods and beverages in retail settings. Four new strategies were developed to reflect the changes in this strategy.
 1. Research case studies of established programs and engage with key informants to find lessons learned, progress/impact and sustainability of healthy food retail initiatives.
 2. Develop an outreach plan to business owners/industry to discuss potential opportunities to promote healthy, affordable food and beverages.
 3. Identify resources to expand capacity in the development of a healthy food retail initiative (HFRI). (Year 3)
 4. Create a menu of strategies to implement healthy food retail along with potential impact and resource needs. (Year 3)

HEALTH LITERACY AND HEALTH EDUCATION

Residents are currently gathering input from community members about product preferences that stores can offer. Residents will also begin approaching stores about their perceived barriers to offering healthier food items and will seek opportunities to incentivize store changes through city or private funding. In this way, storeowners are educated about the healthier food options they can provide in their neighborhoods.

Community Action Network (CAN) will convene a meeting with relevant stakeholders to review and provide feedback on a report produced by the Texas Hunger Initiative (THI) related to local utilization of food assistance programs.

LESSONS LEARNED/CALL TO ACTION

The development of subcommittees for this priority area was an innovative approach for the CHIP that seemed to improve the ability of the stakeholder to work collaboratively and effectively together.

Even with the creation of subcommittees, there is a need for dedicated staff and resources to move many of the priorities forward. Where there have been successes, it is because an entity “owns” that work and is committed to moving it forward.

- Community stakeholders, including food retail industry representatives, expressed concerns about the impact of “healthy food zones” on their businesses. This created a need to research strategies that could attain a broader base of support while still promoting access to healthy foods.

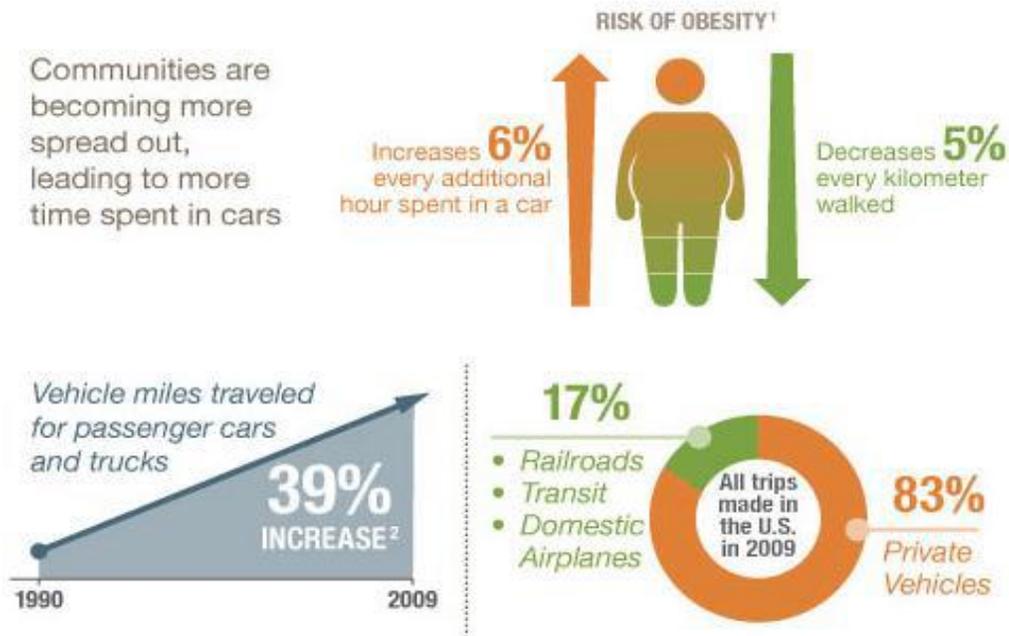
BUILT ENVIRONMENT FOCUS ON TRANSPORTATION

GOAL 3: LOCAL AND REGIONAL STAKEHOLDERS WILL COLLABORATIVELY INCREASE ACCESSIBILITY TO COMMUNITY RESOURCES VIA SAFE, ACTIVE TRANSPORTATION.

BACKGROUND

Car-centric transportation systems have a hidden health cost. According to the American Public Health Organization, health expenditures due to collisions, air pollution, and physical inactivity resulting from automobile use cost hundreds of millions of dollars each year. Oftentimes, these health costs are not considered in transportation policy and planning decisions.²

- Community members and researchers alike agree that the creation of built environments that support healthy eating and active living is essential for good health.¹



- The public health community recommends for adults to spend at least 30 minutes each day being physically active, and recognizes that physical activity resulting from utilitarian purposes- such as walking or bicycling to work or school- can help populations achieve their physical activity goals. Nonetheless, according to the Austin/Travis County 2012 CHA, a majority of Travis County workers (79.0%) drive alone to work, and approximately one in five adults (20.5%) in the county indicate that they engage in no physical activity.¹

CHA focus group participants indicated that “activating” green spaces, creating environments that support walking and biking, connecting parks, trails, and paths, creating directional signage on how to get there and use them, and having affordable resources and programs within walking distance of home are key to helping them achieve physical activity levels.¹

- Density and street network connectivity are essential to the creation of high quality transit systems. Research also shows that route directness (a result of street network connectivity) and land used mix are related to greater rates of walking and bicycling, and walking and bicycling for transportation is approximately five times more common in high density versus low-density areas.¹⁵ Therefore, communities that prioritize mixed land uses, density, and connectivity make it more convenient for individuals to use active transportation to go about their daily needs.
- Policies that promote alternative forms of transportation are critical to households that cannot or would prefer not to rely on a car to access food, employment, healthcare, and other essential services. According to the 2012 Austin/ Travis County community health assessment, as many as 1 in 8 Austin households in certain census tracts lack access to an automobile.¹



SUCCESS STORIES

Significant effort was put forth during the first year of the CHIP to recruit transportation partners. As a result of that effort, the CHIP has improved representation from local and regional transportation providers and advocates, including Capital Metro, City of Austin, Travis County, Capital Area Metropolitan Planning Organization (CAMPO), Bike Texas, Bike Austin, and others.

- To identify on-going actions to promote active transportation a survey was sent to coalition partners. Several activities of interest were identified, such as webpages maintained by Commute Solution that provide active transportation resources as well as ozone awareness days.
- A draft scope of work has been written for university students to take on the task of inventorying and aligning existing active transportation plans and identifying gaps, prioritizing the needs of the disadvantaged.
- Efforts to modify development policies that encourage active transportation have required the identification of updates to relevant regulations, such as the City's rewrite of the Land Development Code (CodeNext), the Transportation Criteria Manual, and subdivision regulations.

INDICATORS

Long Term Indicator: Increase active transportation commute mode share by 15% by April 2016				
CHIP Goal	Performance Measure	Baseline		Target 2016
Local and regional stakeholders will collaboratively increase accessibility to community resources via safe, active transportation.	Percentages of commuters using Active Transportation to get to work (broken down into 4 different types of active transportation).	Total percentage of active transportation	18.77% (n=100,339)	To have 33.77 percentage of people who use active transportation when commuting to work
		Carpooled:	11.9% (n=63,636)	
		Public Transportation:	4.15% (n=22,167)	
		Bicycle:	.94% (n= 5,022)	
		Walked:	1.78% (n=9,524)	
		(2007-2009 American Community Survey)		

Health Progress Update			
Performance Measures 2013		Total percentage of active transportation	17.79% (n=96,462)
		Carpooled:	10.77% (n=58,405)
		Public Transportation:	3.46% (n=18,751)
		Bicycle:	1.18% (n= 6,415)
		Walked:	2.38% (n=12,894)
(2010-2012 American Community Survey)			

According to the American Community Survey (2010-2012), 17.79 % of people used active transportation when commuting to work. This is a slight decrease from the 2007-2009 baseline of 18.77%.

Between the 3-year estimates 2007-2009 and 2010-2012, the proportion of people who walked and biked to work increased. The number of people who walked increased from 9,524 to 12,894, while the number of people who used a bicycle increased from 5,022 to 6,415. However, there was a decrease in the use of carpooling and public transportation. Approximately, 5,231 less people carpoled (63,636 to 58,405) and 3,416 less people used public transportation (22,167 to 18,751) as compared to the baseline.

This change may be due in part to the rapid population increase in Travis County over the past few years. From 2011 to 2013, there was a 9.4% increase in Travis County population, which was almost double of the population increase in Texas as a whole (5.2%). While some of that population undoubtedly moved into the urban core, where the use of active transportation is made feasible by increased density, mixed land uses, and street network connectivity, zip codes to the far west and northwest of Travis County also saw large increases in population.^a Unfortunately, many of developments outside of the urban core are designed in the prototypical suburban fashion (e.g. low density, single-use zoning, looped street networks lacking connectivity) that is not supportive of active transportation use.

Short Term Indicator: By 2016, increase from 51.1% to 56.1% the proportion of adults that engage in aerobic physical activity for 150 minutes per week in Austin/Travis County.			
CHIP Objective	Performance Measure	Baseline	Target
By April 2016, increase by 5% the percent of adults and children in Travis County who meet or exceed physical activity guidelines for health.	Percent of adults that engage in aerobic physical activity for 150 minutes per week in Austin/Travis County.	51.1% (2011 BRFSS)	56.1 % of adults reporting engagement in aerobic physical activity for 150 minutes

^a See map here:

http://www.austintexas.gov/sites/default/files/files/Planning/Demographics/MSA_ACS_2011_ZIPs_Outoftowners.pdf

Health Progress Update		
2013 Performance Measures		48.9% of adults engaged in aerobic physical activity for 150 minutes per week in Austin/Travis County (2013 BRFSS)

It is our intent that the ongoing implementation of the CHIP strategies- (1) enhance build environment that create opportunities for physical activity and (2) provide a physical activity media campaign- will increase the number of adults that engage in aerobic physical activity for 150 minutes per week in Austin/Travis County. While this performance measure decreased from 2011 to 2015, from 51.1 to 48.9, this decrease was not statistically significant¹⁸.

BARRIERS

Currently there are not resources available to create the necessary reports from the National Household Travel Survey. As a result, the three indicators associated with this source cannot be used to measure progress at this time. To overcome this barrier we will rely on the other transportation indicators to demonstrate success in this priority area.

- Convening transportation partners around health issues required greater planning and explanation than initially anticipated, as the two topics are not traditionally associated together.



- There have been significant changes to and advances in transportation in Austin/Travis County. These changes have been initiated by several different organizations that are all involved in the region's transportation systems. The changing landscape provides opportunities for advancement of the health priorities as they relate to transportation; however, it also creates a rapidly changing and complex environment in which to effectively communicate the connection between health and transportation.

NEXT STEPS

- CHIP Objective 3.1 changed the language to clarify that a 1% change is the target. The scope of Strategy 3.1.2 was broadened to include compliance in addition to enforcement.
- Wording of CHIP Objective 3.2 changed to reflect a coordination of funding plans where as last year the focus of the objective was a comprehensive funding plan. A new strategy was created to reflect this change in the Objective. The new strategy is:
 1. Develop partnerships with municipal and county departments to identify potential funding sources for implementation of active transportation plans (e.g., federal, state, municipal, county and private).
- CHIP Strategies identified in for Objective 3.2 at the last summit are now reflected in the action steps for the new strategy 3.2.1.

- The scope of CHIP Objective 3.3 was expanded from Campo 2035 Plan to local and regional plans. The objective and related strategies were revised to clarify that the target areas were Austin and other municipalities in Travis County as well as unincorporated areas of Travis County.

HEALTH LITERACY AND EDUCATION

An Active Transportation Summit was held in May, and was attended by representatives from at least 16 organizations. Gaps in transportation for the disadvantaged were discussed at the summit. This type of communication among transportation professionals raises awareness among attendees about the connection between our transportation system and community health outcomes.

- Councilmember Mike Martinez's office was contacted regarding an annual Transportation Safety Summit, which his office plans to host. CHIP transportation partners will work with his office to make sure CHIP Active Transportation priorities are considered at the summit, in order to increase community awareness of the relationship between transportation and public health.

LESSONS LEARNED/ CALL TO ACTION

In part, transportation was added to the CHIP because other priority areas identified transportation as a factor that impacted community health and therefore needed to be better addressed. However, efforts to align transportation with other priority areas have not occurred to the extent needed for sustainable impact.



Image from Capital Metro

Convening transportation partners around health issues required greater planning and explanation than initially anticipated as the two topics are not traditionally associated together. Due to the efforts of CHIP partners there is now greater awareness in the Transportation community about regarding the importance of considering health when planning for transportation, although there is still progress to be made.

ACCESS TO PRIMARY CARE AND MENTAL/BEHAVIORAL HEALTH SERVICES FOCUS ON NAVIGATING THE HEALTHCARE SYSTEMS

GOAL 4: EXPAND ACCESS TO HIGH-QUALITY BEHAVIORALLY INTEGRATED PATIENT-CENTERED MEDICAL HOMES FOR ALL PERSONS.

BACKGROUND

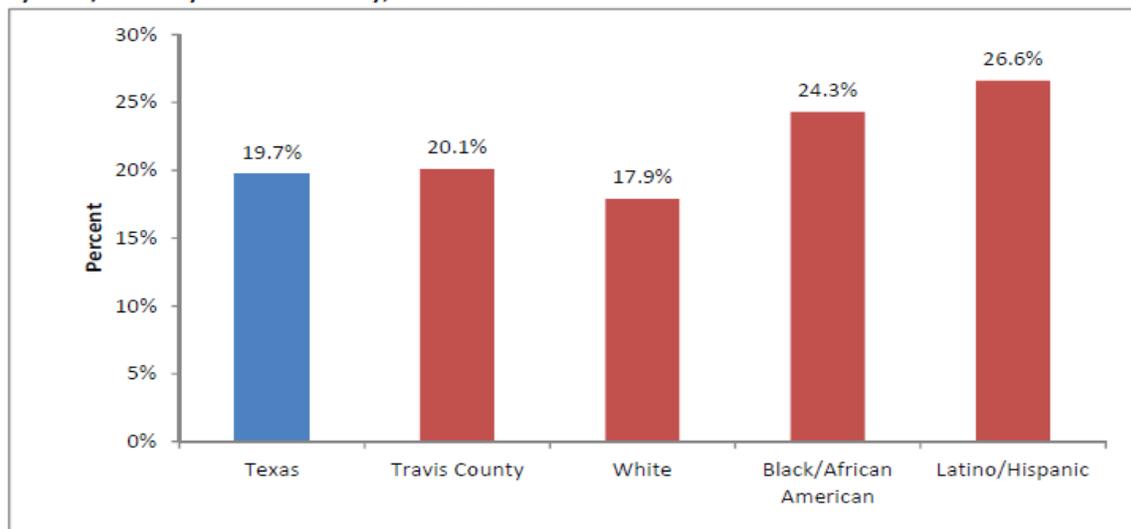
Travis County has approximate 20% of adults that experienced five or more days of poor mental health in the past month.⁸

More Latinos/Hispanics (26.6%) and Blacks/African Americans (24.3%) experienced five or more days of poor mental health compared with Whites (17.9%).⁸

Severe mental health and substance abuse disorders cost the Texas economy around \$269 billion in total spending each year and \$1.7 million in permanent jobs.¹⁶

- The number of mental health patients in Texas increased 43.2% from 2010 to 2012.¹⁷
- Texas ranks 49th in per capita mental health funding at \$ 34.6 per person, well below the national average of \$103.50.¹⁶
- Integration between primary health care and behavioral health care can improve the treatment of behavioral health issues. Successful integration requires the support of a robust primary care delivery system.¹

Figure 42: Percentage of Adults Reporting 5+ Days in Past Month of Poor Mental Health in Texas and by Race/Ethnicity in Travis County, 2008-2010



DATA SOURCE: Centers for Disease Control and Prevention (CDC). *Texas Behavioral Risk Factor Surveillance Survey Data*. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2008-2010

- Based on BRFSS data from 2008 to 2010, 80.9% of adults in Travis County reported having private or public health care coverage this coverage period. Only 58.6% of the Latino/Hispanic population reported having health care coverage and 73.4% of the Black/African American population reported having health care coverage.⁸

SUCCESS STORIES

Efforts to expand comprehensive care strategies among the partner agencies within the safety net are carried out through 10 different Delivery System Incentive Reform Payment (DSRIP) projects as demonstrated by their submission of CHIP updates.

- Effort to increase the number of providers serving safety net populations who are culturally competent and appropriate include two DSRIP projects University Medical Center Brackenridge is carrying out.
- During CHIP process, review of Objective 4.2 revealed that a majority of safety net providers have adopted, implemented or begun implementing of electronic health records (EHRs).
- The partners in this priority area have shown tremendous participation in the CHIP Annual Planning Summit.



INDICATORS

Short Term Indicator: Expand residency and training programs			
CHIP Objective	Performance Measure	Baseline	Target
By April 2016 , expand by 5% primary care and behavioral/mental health workforce capacity who will care for safety-net population	Funded ACGME/AOA Resident Physicians	4911 (2011, Texas Higher Education Coordinating Board)	N/A

Health Progress Update		
2013 Performance Measures		5456 resident physicians (2014, Texas Higher Education Coordinating Board)

There has been a steady increase in residency positions in Texas. This increase may be due to both; the addition of Texas Tech Paul Foster School of Medicine to Texas in 2009 and the increase in class size in all the medical schools in Texas.

This is very encouraging data, and these numbers will probably increase with the addition of Dell Medical School in Austin, whose inaugural class will begin school in 2016

Current legislation such as the “Training Tomorrow’s Doctors Today Act” and the “Resident Physician Shortage Reduction Act of 2013” also aim to increase the number of residency spots in Texas. Provisions in these bills will allow medical schools and teaching hospitals to train an additional 3,000 to 4,000 physicians per year nationwide.

Long Term Indicator: Reduce prevalence of adults reporting FIVE or more days of poor mental health over a one month period			
CHIP Goal	Performance Measure	Baseline	Target 2016
Expand access to high-quality behaviorally integrated patient-centered medical homes for all persons	Percent of adults reporting five or more day of poor mental health over a one-month period.	17.0% (2011 BRFSS)	N/A

Health Progress Update		
2013 Performance Measures		21.7% of adults reported five or more days of poor mental health over a month period (2013 BRFSS)

The 95% confidence interval for 2013 BRFSS indicators ranges from 17.0-27.3. Therefore while the indicator increased the increase was not significant.

BARRIERS

Changes to the healthcare structure hinder progress being made in Objective 4.4 as well as in the indicators to measure progress in Access to Primary and Mental/Behavioral health care. Both indicators and action steps were removed with ICC listed as the lead organization or Point of Contact were removed from the CHIP.

- Some indicators initially identified to track the progress made within this priority area could not be used various reasons, such as availability of data, lack of resources to collect data, lack of epidemiological resources to define and track the indicators. Possible resources are being explored to assist with the collection of indicators for this priority area.

NEXT STEPS

- CHIP Strategy 4.3.2 was changed from “Develop and implement...” to “Implement and expand...”
- Both CHIP Objectives 4.4 and 4.5 added wording to clarify that “Coordinated Strategies” and “expanded comprehensive Care Strategies” would be "among partner agencies".

HEALTH LITERACY AND HEALTH EDUCATION

University Medical Center Brackenridge's (UMCB) efforts to increase the number of providers serving safety net populations who are culturally competent and appropriate will improve health literacy by producing a workforce better able to provide health education to varying cultures within the safety net. Seton Planning Committee for Culturally Competent Care is providing input and feedback on the proposed format and content for the training module will increase the ability to provide education to staff on how to communicate with a broad range of cultures.

- The Literacy Coalition of Central Texas identified four specific events that were carried out to promote health literacy and education:
 1. Worked with UMCB and Seton main campus to identify opportunities to improve their communication with patients using the American Medical Association’s Communication Climate Assessment Toolkit;
 2. Raised the awareness of health literacy for over 400 healthcare professionals at national and statewide conferences. Additionally, provided more intensive, skill-building training for over 100 healthcare providers to help them effectively communicate with low health literate individuals;
 3. Performed a full health literacy review on 50 patient documents and revised them to make the documents more understandable and useable for patients;
 4. Distributed 829 copies of the Central Texas Healthcare Resource Directory to literacy programs and social service agencies, and downloads of the pdf version from the website are higher than ever.

LESSONS LEARNED/ CALL TO ACTION

The CHIP Year 2 Action Plan was modified to better align with the 1115 Waiver DSRIP projects as well as focus on specific actions being taken through the 1115 waiver projects. This alignment should promote better understanding among CHIP partners as to the full scope of the 1115 waiver project's impact.



APPENDIX A

Summary of CHIP Annual Update Performance Indicators

Annual Update Indicators For The Four Priority Areas									
Year of data used								Target	Data Source
	2007-2009	2008-2010	2010-2012	2011	2012	2013		2016	
Priority One: Chronic Disease Focus on Obesity									
Percent of adults with obesity (BMI >=30) in Travis County	---	24%	---	19.1%	23.6% ¹⁸	23.3% ¹⁸		22.8%	Behavioral Risk Factor Surveillance System (BRFSS)
Number of mother-friendly worksites in Travis County	---	---	---	---	61	326		64	Mother-Friendly Worksite Program Directory
Priority Two: Build Environment Focus on Access To Healthy Foods									
Percent of low-income residents who are not living within 1 mile of a grocery store in Travis County	---	---	---	---	9%	8%		N/A	County Health Rankings
Percent of adults reporting eating 5+ servings of fruits and vegetables/day in Travis County	---	---	---	23.9%	---	18.4% ¹⁸		N/A	Behavioral Risk Factor Surveillance System (BRFSS)
Priority Three: Build Environment Focus On Transportation									
Percent of adults who use active transportation to commute to work	Total percentage of active transportation	18.8%	---	17.8%	---	---	---	37.8%	American Community Survey
	Carpooled	11.9%	---	10.8%	---	---	---	N/A	
	Public Transportation	4.2%	---	3.5%	---	---	---	N/A	
	Bicycle	0.9%	---	1.2%	---	---	---	N/A	
	Walked	1.8%	---	2.4%	---	---	---	N/A	
Percent of adults that engage in aerobic physical activity for 150 minutes per week in Austin/Travis County	---	---	---	51.1%	---	48.9% ¹⁸		56.1%	Behavioral Risk Factor Surveillance System (BRFSS)
Priority Four: Access to Primary Care and Mental/Health Behavioral Health Services Focus on Navigating the Healthcare Systems									
Funded ACGME/AOA Resident Physicians	---	---	---	4911	5022	2013 5246	2014 5456	N/A	Texas Higher Education Coordinating Board
Percent of adults reporting FIVE or more days of poor mental health over a one month period	---	---	---	17.0%	---	21.7% ¹⁸		N/A	Behavioral Risk Factor Surveillance System(BRFSS)

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