

2013

COMMUNITY HEALTH ASSESSMENT

WILLIAMSON COUNTY, TEXAS



ACKNOWLEDGEMENTS AND KEY INFORMANTS

Williamson County and Cities Health District, in conjunction with a dedicated WilCo Wellness Alliance Community Health Improvement Steering Committee, was the convening body for this project. Individuals representing many other entities—non-profit organizations, business, healthcare organizations, city and county governments, and faith-based alliances—contributed to the formation of the Williamson County Community Health Assessment.

WilCo Wellness Alliance Participating Organizations

ACTIVE Life	Electric Reliability Council of Texas, Inc.
American Diabetes Association	Faith in Action
American Heart Association	Family Eldercare
Austin Community College	Georgetown Health Foundation
Austin/Travis County Health & Human Services	Georgetown Housing Authority
Bluebonnet Trails Community Services	Habitat for Humanity of Williamson County
Capital Area Rural Transportation System	Healthy Knights Committee
Capital Idea	Hill Country Bible Church
Carino's Italian	Hill Country Ministries
Catfish Parlour	Hired Texas
Cedar Park Farms 2 Market	Hired Texas / 50+ Club
Cedar Park Regional Medical Center	ICC-Centex
Chamber of Commerce - Cedar Park	Coupland ISD
Chamber of Commerce - Georgetown	Florence ISD
Chamber of Commerce - Greater Austin Area	Georgetown ISD
Hispanic	Hutto ISD
Chamber of Commerce - Greater Leander	Leander ISD
Chamber of Commerce - Round Rock	Round Rock ISD
Chamber of Commerce - Taylor	Taylor ISD
CHASCO Family YMCA	Thrall ISD
Children at Heart Foundation	Leander Health Care Center
Children's Mental Health	LifeSteps
Children's Optimal Health	Lone Star Circle of Care
Chirofit Wellness Center	Lone Star Circle of Care - Behavioral Health
Chisholm Trail Community Foundation	Lone Star Circle of Care - Dell Children's Circle of Care at Hutto
Christ Fellowship Church of Taylor	Lone Star Circle of Care - Health Center at Taylor
City of Cedar Park	Luby's Round Rock
City of Georgetown	Monument Café
City of Hutto	Round Rock Area Serving Center
City of Leander	Round Rock Housing Authority
City of Liberty Hill	Sacred Heart Community Clinic
City of Round Rock	Samaritan Health Ministries
City of Taylor	Scott & White - Cedar Park Clinic
Community Impact	Scott & White Healthcare
Community Resource Centers of Texas, Inc.	
CoreSpeed 101	
Culinary Heritage Institute	

WilCo Wellness Alliance Participating Organizations (cont.)

Scott & White Hospital - Round Rock
Scott & White Hospital - Taylor
Seton Healthcare Family
Seton Medical Center Williamson
Sodexo Health Care
Southwestern University
St. David's Georgetown Hospital
St. David's Round Rock Medical Center
Taylor Farmers Market
Texas A&M University - College of Medicine
Texas A&M University - College of Nursing
Texas A&M University - School of Rural Public
Health
Texas AgriLife Extension
Texas Department of Agriculture
Texas Department of State Health Services
Texas PTA
Texas State University - Round Rock Campus
The Caring Place
The Georgetown Project
The University of Texas at Austin
The Wesleyan at Estrella, Assisted Living

The Wesleyan at Estrella, Independent Living
United Way Capital Area 211
United Way of Williamson County
United Way of Williamson County Board
Ventanilla de Salud
Williamson Burnet County Opportunities, Inc.
Williamson County
Williamson County - Commissioners Court
Williamson County - EMS
Williamson County - Justice Courts
Williamson County - Juvenile Services
Williamson County - Mobile Outreach Team
Williamson County - Parks and Recreation
Williamson County - Sheriff's Office - CIT
Williamson County and Cities Health District
Williamson County and Cities Health District -
Board of Health
Williamson County Indicators Project
YMCA of Williamson County
Zion Lutheran Church & School

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Williamson County and Cities Health District
Family Eldercare
Texas A&M University - College of Medicine
Seton Healthcare Family
Williamson County and Cities Health District
Scott & White University Medical Center Round Rock
Southwestern University
Community Member
Georgetown Health Foundation
St. David's Georgetown Hospital
Texas A&M University - School of Rural Public Health
Williamson County and Cities Health District
Williamson County and Cities Health District – Board
of Health
Seton Medical Center Williamson
Texas A&M University- School of Rural Public Health
St. David's Georgetown Hospital
Texas A&M University - School of Rural Public Health
Lone Star Circle of Care

St. David's Round Rock Medical Center
Williamson County and Cities Health District
Texas A&M University - School of Rural Public Health
City of Georgetown
Williamson County
Williamson County and Cities Health District
Williamson County and Cities Health District - Board of
Health
Community Member
Texas A&M University - College of Nursing
The Georgetown Project
Bluebonnet Trails Community Services
Hutto ISD
Chamber of Commerce - Round Rock
Bluebonnet Trails Community Services
Texas A&M University - College of Medicine
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Organization

Williamson County - Indicators Project
Chamber of Commerce - Georgetown
Georgetown Housing Authority
Williamson County - Commissioners Court
Seton Medical Center Williamson
United Way of Williamson County
Georgetown Health Foundation
Williamson County and Cities Health District
Williamson County and Cities Health District
Seton Medical Center Williamson
Williamson County and Cities Health District -
Board of Health
Texas A&M University - School of Rural Public
Health
Williamson Burnet County Opportunities, Inc.
Texas A&M University - College of Medicine
Williamson County - EMS
Williamson County - Sheriff's Office - CIT
Scott & White Healthcare
Williamson County and Cities Health District
LifeSteps
Cedar Park Regional Medical Center
City of Taylor
Chisholm Trail Community Foundation
Round Rock Housing Authority

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EXECUTIVE SUMMARY

The goal of this report is to provide information to the local community to assist in decision making, planning and collaboration to improve the health of all Williamson County residents. This report provides perspective on community health, community assets, community needs, the public health system, and opportunities for improvement. The intent of this report is to form the foundation for the creation of the Community Health Improvement Plan.

Community input and opinions provided in this report were obtained through activities initiated by the WilCo Wellness Alliance. The Alliance, formed in 2009, is a health and wellness coalition that works to build healthier communities in Williamson County through policy, systems and environmental change. Current efforts have focused primarily on decreasing obesity, diabetes, and heart disease as well as increasing healthful eating, physical activity, and smoke free environments. The Alliance has used a healthy communities' model since its inception and officially adopted the Mobilizing for Action through Planning and Partnerships (MAPP) model in 2011. There is broad representation from the community: local government, community organizations, schools, healthcare, faith-based, businesses, and residents. Currently 146 organizations and 402 individuals make up the countywide WilCo Wellness Alliance. Approximately 74 individuals participate at the leadership level on the Community Health Improvement Steering Committee.

This assessment describes:

- Forces of change
- Community health status
- Assets and strengths
- Public health systems

Community health assessment is an ongoing process that informs the activities undertaken in the community to promote health. The assessment considers those factors which affect individual and population health, such as economics, education, and environment -- the social determinants of health.



Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

- World Health Organization, 1948

OUR COMMUNITY

The communities and people of Williamson County reflect recent dramatic economic and business growth, unique environment and geography, and the county's history of perseverance and resiliency in the face of natural disasters and other events. Over the past ten years, the population of the county grew 69%. The most recent population estimate for the county was 442,782 in 2011. With the exception of Liberty Hill, population has increased in the incorporated areas of cities throughout the county since 2000.

The eastern region of the county has many areas still considered rural, but is transitioning away from an economy dominated by agriculture. Strong support of farmers' markets throughout the county may help sustain some level of diversified agriculture. Overall, growth has occurred in eastern Williamson but at a slower pace than in western Williamson. The notable exception to this is the City of Hutto, which grew 1075% from 2000 to 2010 according to the US Census. Outside of Hutto, the population in eastern Williamson tends to be older and medically underserved.

Williamson County communities have evolved to be more self-sustaining with less dependency on Austin. While the county continues to benefit from an abundance of high technology firms, including the corporate headquarters of Dell Incorporated, economic development efforts to diversify are evidenced by solid job growth in higher education, healthcare, manufacturing, and retail. In addition to Dell Inc., the principal employers in the county are Round Rock, Leander and Georgetown ISDs, the retail outlets HEB Grocery, Sears (Teleserve) and Wal-Mart, government agencies, as well as hospitals. The county's unemployment rate trends below state and national averages on the strength of consistent new job creation.

The county's environment attracts people who enjoy being outdoors and physically active. The western half of the county has been the target of residential development because of the rolling terrain, vistas, hardwood trees, abundant wildlife, and rivers and streams. Included in Williamson County's 1,134 square miles are well-developed trail systems and parks inviting residents to walk or ride bicycles in Georgetown and from Round Rock to Cedar Park. Ronald Reagan Boulevard has become a regional focal point for cyclists.

Underlying a strong economy are unique qualities that contribute to the building of a healthy and vibrant Williamson County: community pride and resiliency, independence, passion for serving and improving the quality of life for all residents, and responsible governance. These qualities were clearly evident during the 1997 Jarrell tornado, the incredible sheltering operations in 2005 for hurricanes Katrina and Rita, the 2009 influenza pandemic, the devastating flooding in 2010, and drought in 2011 – 2012.

Demographic Profile

Significant demographic changes countywide include growth of the Hispanic, Non-White population, which grew from 17% of the population in 2000 to 23% of the population in 2010. Countywide, the median age increased from 30 to 32 from 2000 to 2010. Approximately 25,000 individuals in the county speak English less than “very well.”

When considering the countywide measures that can affect health, it is important to understand demographic, educational and income variations across our county:

- The City of Georgetown has the highest median age at 44 years, while Hutto has the lowest median age at 29 years.
- The percentage of households in Hutto that have children is 53%, while only 27% of households do in Georgetown.
- The Hispanic, non-White population ranges from 19% in Cedar Park and Liberty Hill to 43% in Taylor.
- The percentage of individuals speaking English less than “very well” ranges from 4% in Hutto to 12% in Taylor.

Demographics								
Measure	Williamson County	Cedar Park	Georgetown	Hutto	Leander	Liberty Hill	Round Rock	Taylor
Population (2010)	422,697	48,937	47,400	14,698	26,521	967	99,887	15,191
Population growth, 2000 to 2010								
Number	172,730	22,888	19,061	13,448	18,925	-523	38,751	1,616
Percent	69%	81%	73%	1,075%	249%	-35%	63%	11.9%
Median Age (2010)	34	33	44	29	31	34	32	34
Households with Children (2007-11)	42%	43%	27%	53%	51%	47%	46%	34%
Race/Ethnicity (2010)								
White, Non-Hispanic	64%	69%	72%	51%	66%	76%	54%	45%
Hispanic or Latino	23%	19%	22%	31%	25%	19%	29%	43%
Black or African American	6%	4%	3%	14%	4%	2%	9%	9%
Asian	5%	5%	1%	1%	2%	1%	5%	1%
Two or more or other race	3%	3%	2%	3%	3%	2%	3%	2%
Speak English less than “very well” (2007-2011)	6%	6%	6%	4%	5%	11%	8%	12%

- The percentage with less than a high school degree (age 25 and over) ranges from 5% in Georgetown and Hutto to 20% in Liberty Hill and Taylor.
- Individuals in Taylor and Liberty Hill have on average lower educational attainment; high school or less than high school was the most education received by 51% of residents of Liberty Hill and by 60% of residents of Taylor.
- Higher educational attainment and income are closely correlated. Liberty Hill and Taylor are the cities with the lowest median income. The city with the highest median income is Cedar Park. Round Rock, where 37% earned a bachelor’s degree or higher, also has a high median income (see Appendix C for a map of median income in the county).

Education and Income								
Measure	Williamson County	Cedar Park	Georgetown	Hutto	Leander	Liberty Hill	Round Rock	Taylor
Education (population 25 years and older, 2007-2011)								
Less than high school	8%	10%	5%	5%	9%	20%	9%	20%
High School Diploma or GED	21%	20%	17%	32%	23%	31%	20%	40%
Vocational, some college, or Associates Degree	33%	30%	36%	48%	37%	27%	34%	24%
Bachelor’s Degree	26%	25%	30%	11%	22%	20%	26%	12%
Graduate Degree	11%	15%	11%	3%	8%	1%	11%	4%
Income								
Median Household Income (2007-2011)	\$71,346	\$74,030	\$61,636	\$66,581	\$71,042	\$56,955	\$72,108	\$43,484
Percent in Poverty (2007-2011)	6%	6%	10%	5%	4%	14%	6%	17%
Children	8%	8%	18%	8%	5%	26%	8%	25%

Governance

At all levels, county and city, leadership is committed to effective governance, providing a superior quality of life for residents through teamwork and collaboration to ensure continual high quality services. The focus of the County organization is judicial, health and human services, law enforcement, and jail services. The County is also responsible for the road and bridge maintenance for all unincorporated areas of Williamson County. The County’s governing body, Commissioners Court, is made up of the County Judge and four commissioners.

Among city governmental functions are police and fire protection, sanitation services, street construction and design, transportation systems, and enforcement of land use restrictions and all other city ordinances, rules, and regulations. For larger cities final authority on policy decisions generally belongs to an elected mayor and city council, with an appointed city manager serving

as administrator. Municipal governments are key partners for public health in many different areas, including the built environment. Our cities play a pivotal role in revitalization of urban areas and neighborhoods.

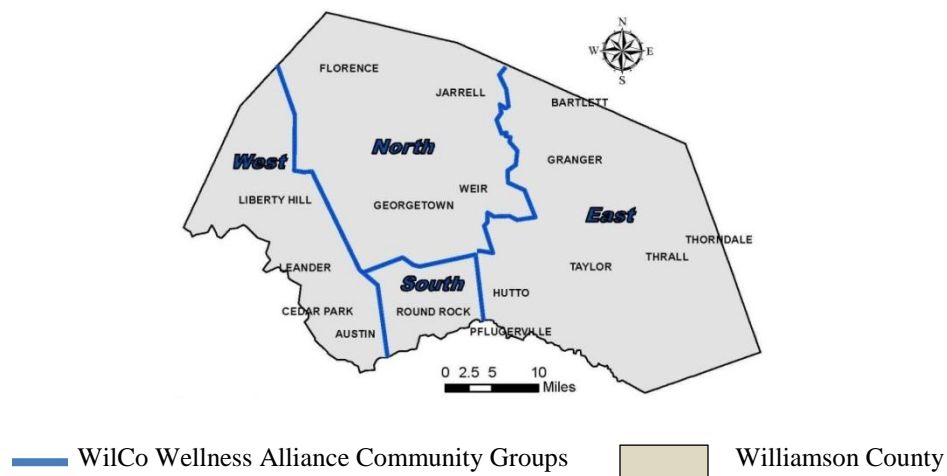
In 1989, the Williamson County Health Department became the Williamson County and Cities Health District (WCCHD) – a separate governmental entity under Texas law. The WCCHD Board of Health is the administrative authority for the Health District, with member cities appointing citizen representatives to serve on the board. This governance has allowed a degree of adaptability and accountability less likely to be found in other health departments tied to a larger government bureaucracy. Complementing government are many non-profit organizations that provide essential services to residents every day.

The WilCo Wellness Alliance

The WilCo Wellness Alliance was formed as a result of Williamson County being designated an ACHIEVE (Action Communities for Health, Innovation, and EnVironmental changeE) community in 2009. The mission of the Alliance is to empower the people of Williamson County to lead healthy lifestyles by promoting a safe environment through public and private initiatives.

The Alliance, grassroots and volunteer organizations, civic groups, philanthropy and foundation, and other groups provide forums for community members and leaders to come together to discuss and plan action in communities. Alliance leadership identified the history of coalitions and other alliances as well as citizen and leadership support for health and quality of life measures as a major strength of Williamson County. Leadership also recognizes the county’s interactive values for being helpful and resourceful, supportive, sharing and caring about each other, having intergenerational and close-knit communities, connectedness, being proactive and involved in issues, and having a common unity.

Communities Served by the WilCo Wellness Alliance



COMPONENTS OF OUR COMMUNITY HEALTH ASSESSMENT PROCESS

The WilCo Wellness Alliance and the WCCHD began using the MAPP model for community health improvement in 2011 (see Appendix A). Supporting activities and documents provide the necessary information to complete the four MAPP assessments (see Appendix B).

The Community Health Assessment (CHA) summarizes findings from multiple sources: community meetings, surveys, healthcare data, epidemiology studies and reports created through local serving agencies. Each assessment answers questions to identify assets, organizational strengths, community goals, and opportunities:

- The *Forces of Change Assessment* discovers trends, factors, and events in our community. This is done to help provide a comprehensive, but focused list showing the key forces in the community and their impacts.
- The *Assets and Strengths Assessment* examines what is important to the community, the perception of quality of life in the community, and the assets available to improve community health.
- The *Health of the Community Assessment* evaluates the health of our residents and the health status of the community.
- The *Local Public Health Systems Assessment (LPHSA)* focuses on many of the organizations and entities that contribute to the public's health. The LPHSA identifies components, activities, competencies, and capacities of our local public health system and defines how the ten Essential Public Health Services are provided to our community.

FORCES OF CHANGE ASSESSMENT

The opportunities and challenges identified in this section come from brainstorming sessions of the WilCo Wellness Alliance’s Community Health Improvement Steering Committee and Community Groups, leadership and strategic planning of WCCHD’s Board of Health, and multiple discussions with WCCHD staff and community members.

Trends, Factors, Events	Challenges	Opportunities
<p><i>Shifting Demography and Economic Access to Basic Needs</i></p> <ul style="list-style-type: none"> • General population growth • Shift from majority rural to county with rural, urban and suburban characteristics • Suburban flight, resulting in increase in higher educated, higher income residents • Growing veteran and active military population • Shifting age structures (i.e. Sun City expansion has fueled the growth of the retiree population) 	<p>Rapid population growth has strained all levels of the infrastructure, including:</p> <ul style="list-style-type: none"> • Public schools • Healthcare infrastructure • Data systems • Law enforcement • Fire safety • Parks development • Road infrastructure, traffic management • Public transportation • Access to basic needs—food, affordable housing, transportation and childcare • Pressure to plan for projected population increases 	<p>Economic growth, increase in incomes created opportunities:</p> <ul style="list-style-type: none"> • Businesses can take a more proactive role in leadership and policy influence • Infrastructure growth—road and bridge or data systems—creates employment opportunities • Growing veteran and active military population forms a strong employment pool and resource base for the region • Increasing incomes help provide residents with the economic means to be healthy • Increasing numbers of well-educated retirees have a high level of engagement and volunteerism

<p><i>National Trends Showing Improved Health Literacy and Consumerism</i></p> <ul style="list-style-type: none">• The WilCo Wellness Alliance has identified the need for improved understanding of personal health and how to make informed decisions.• Nationally highlighted trends impact concerns locally, i.e. increase in childhood obesity	<p>Poorly informed consumers with low health literacy are further impacted by:</p> <ul style="list-style-type: none">• Health education messages not taught consistently within the school system;• High prenatal and teen pregnancy needs;• Need for more identified breastfeeding-friendly businesses;• Limited access to primary care physicians in rural communities;• Lack of public transportation in both suburban and rural communities;• Limited resources for health education; and• Need for improved collection and reporting of data at the sub-county level.	<p>A new funding opportunity, the Medicaid 1115 Waiver, would allow Williamson County to draw down increased funding to address these gaps. Projects to be implemented in 2013 include the following:</p> <ul style="list-style-type: none">• Expansion of access to preventive primary care, offering same day appointments and walk-ins for preventive services and pregnancy testing, and reducing ER usage for those services.• Expansion of capacity for prevention and education to rural areas. Ambulance crews in rural areas will assist residents with blood pressure checks, diabetes testing, and monitoring of asthmatic and Chronic Obstructive Pulmonary Disease (COPD) patients.• Promotion of preventive health awareness to identified target populations, specifically women of child bearing age and persons diagnosed with chronic conditions.• Utilization of Program Navigators to leverage healthcare resources and referrals in the county, linking to medical homes and/or the appropriate level of healthcare services.• Intervention services to frequent users of emergency medical services to reduce inappropriate usage of ambulance and emergency department services.
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<p><i>Understanding of the Interaction of the Public Health System and the Built Environment is Prevalent in Public and Private Endeavors</i></p> <p>Our community has recognized that health status is tied directly to the accessibility of safe spaces for physical activity, outlets for healthy food, and safe housing and workplaces (i.e., the built environment). We recognize the need to transform the spaces in which we live, work and play.</p>	<p>Active Living:</p> <ul style="list-style-type: none"> • Need for physical activity resources which are perceived as safe • Need for free opportunities for physical activity targeted at older adults <p>Healthy Eating:</p> <ul style="list-style-type: none"> • Clusters of fast food restaurants and the need to serve or identify healthful foods • Presence of few community gardens in poverty-stricken areas or areas of high chronic disease rates • Need for more free nutrition education resources (i.e., cooking classes, grocery store tours) marketed to low-income populations 	<p>The WilCo Wellness Alliance is now in its fourth year of addressing policy and environmental changes to improve the health of the community. Community working groups are engaged in these projects:</p> <ul style="list-style-type: none"> • Health Promotion <ul style="list-style-type: none"> ▪ Exercise is Medicine ▪ Healthy Schools ▪ Worksite Wellness • Nutrition <ul style="list-style-type: none"> ▪ Por Vida/For Life ▪ Produce in Community ▪ Community Gardens ▪ Mother/Baby Friendly • Physical Activity <ul style="list-style-type: none"> ▪ WilCo Walking Trails • Tobacco Use and Prevention <ul style="list-style-type: none"> ▪ Tobacco Free Worksites ▪ Mass Media Campaigns <p>The WilCo Wellness Alliance will continue to offer opportunities for increased communication, awareness, education and health literacy—to foster healthy lifestyles and lead to more effective community design.</p>
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	<p>Built Environment:</p> <ul style="list-style-type: none"> • Zoning regulations offer little support to address areas with low access to healthful foods (food deserts) and underutilized urban space (gray fields) • Identified need for more bikeable and walkable communities (complete streets) • Policy changes required to ensure smoke-free and tobacco-free environments countywide 	
<p><i>Effective Collaboration and Communication Becoming Essential Components of Public Interaction</i></p> <p>While community assets include a number of organizations, leaders and learning collaborations, effective communication is essential in order for the community to operate as an effective, cohesive unit. Refining shared visions, priorities and strategies are next steps in the community health improvement process.</p>	<ul style="list-style-type: none"> • WCCHD, hospitals and other organizations have identified need for a common dashboard for publicly available data • Additional data needed to guide and track progress toward community health improvement • Need to build community support for data collection through surveys and healthcare data analysis, and epidemiologic studies 	<ul style="list-style-type: none"> • WCCHD, hospitals and other community partners propose to initiate, fund and manage a data portal/website that will optimize the use of community-level indicators in understanding and improving the quality of life of Williamson County residents. • The Healthy Communities Network has been identified as one opportunity to leverage community resources and information technology capacity. • The WilCo Integrated Care Collaboration (WilCo ICC) and the Health Data Users Group are working to increase and enhance the collection and analysis of community data. Opportunities for even greater collaboration exist.

<p><i>Recognized Need for Increased Behavioral (Mental) Health Services at All Levels</i></p> <ul style="list-style-type: none"> Existing capacity for behavioral health services is inadequate in meeting the needs of an expanded population. An increased recognition of the interdependency of physical and mental health. The public health system must support a consistent focus on prevention and early intervention in all age groups. 	<ul style="list-style-type: none"> Need for expanded behavioral health services for youth and adults Need for increased co-location of primary care and behavioral health services Decreased funding in the school systems for qualified staff (i.e., counselors, school nurses) at the same time behavioral and substance abuse issues are increasing in the classroom 	<ul style="list-style-type: none"> Williamson County’s Mental Health Task Force has been active for many years, creating intervention services such as the Mobile Outreach Team and the Crisis Intervention Team. Several subgroups focus on specific issues including youth behavioral health and hoarding. Two new behavioral care facilities presently under construction will increase inpatient capacity. Lone Star Circle of Care is the only integrated behavioral and primary healthcare outpatient system in the county. While they currently serve a large number of patients, the opportunity for expansion of these services is essential.
<p><i>National Changes to the Healthcare System Impact the Local Community</i></p> <p>A historic shift brought about by the Affordable Care Act (ACA) will radically change cost structures, impact the insurance industry and business investment, and create new choices for consumers. Healthcare system priorities are being redefined.</p>	<ul style="list-style-type: none"> Businesses are concerned about the cost of ACA and will take the course of action that results in the least economic impact to their businesses. 	<ul style="list-style-type: none"> The need for cost effective healthcare creates opportunities to promote wellness and health promotion through partnerships, policy, and incentives.

ASSETS AND STRENGTHS ASSESSMENT

WilCo Wellness Alliance

In September 2012, members representing the WilCo Wellness Alliance Community Groups were asked to provide input on member involvement and expectations. Through this process the WilCo Wellness Alliance has been identified as a major strength that shows community engagement in action. Responses are summarized below:

Why is my organization involved in the WilCo Wellness Alliance?

- Leverage resources
- Reach many community areas
- Build on current system rather than building new ones

What does my organization expect to get out of my involvement?

- Help promoting health
- Promotion of healthy foods
- Increase community awareness of services
- Learn needs of the community
- Make connections
- Focus on whole community health

What can my organization contribute so this community change movement is sustained?

- Provide community culture of wellness
- Focus on youth needs
- Serve diverse populations to spread message of health
- Encourage sustainable practices

Additional community assets and strengths have been identified through the WilCo Wellness Alliance utilizing social determinants of health data, first person observations of the community (windshield surveys), identification and mapping of community resources, discussion, and interviews. A summary of the identified assets and strengths follows.

Assets and Strengths	Challenges	Opportunities
<p><i>Parks and Trails System</i></p> <p>With nearly 30,000 acres of parks and open space, 208 miles of existing trails, and plans for new parks and trails, the Parks & Trails System is identified as a major community asset (see Appendix C for Trails Map and Parks Map).</p>	<p>Current priorities for parks and trails are:</p> <ul style="list-style-type: none"> • Creating awareness through marketing and community events; • Developing signage such as mile markers and general health messaging; and • Building connectivity between trails and communities. <p>Rural communities often have less full-time paid staff, if any, to dedicate to this community asset.</p>	<ul style="list-style-type: none"> • Williamson County plans to more than double the miles of trails through the countywide trails expansion project. • WilCo Wellness Alliance members have identified a potential need to bring parks and trails planners of both urban and rural communities together.
<p><i>Healthcare System</i></p> <p>Williamson County has an extensive healthcare system comprised of eight hospitals, a local federally qualified health center with 18 locations, two volunteer community clinics, and a local public health department with four public health center (PHC) locations.</p>	<p>Current priorities for the healthcare system are:</p> <ul style="list-style-type: none"> • Creating synergy among healthcare providers so that consumer health information is securely available across provider networks (i.e., the electronic Health Information Exchange); and • Creating awareness and understanding of services provided and hours of service. 	<p>Although the healthcare system is brought up as a major community asset, opportunities still exist.</p> <ul style="list-style-type: none"> • Residents of rural communities often have longer commutes and fewer resources available to them. • The underserved, in particular, often must wait many weeks for a new patient appointment. • Although the uninsured rate in Williamson County is 17%, lower than the state average, approximately 75,000 residents have no insurance – greater than the population of most Texas counties.

<p><i>Public School System</i></p> <p>There are 15 independent school districts wholly or partially in Williamson County. Nutrition and food services, health services, after school programs, school health advisory councils (SHAC), and parent engagement have all been identified as major strengths of the school system. Health service staff from all districts collaborate with public health/private health agencies to manage needs of school community populations. The WilCo Nurses Conference and the WilCo Mental Health in Schools Conference are held separately each year.</p>	<p>Current priorities for the school system are:</p> <ul style="list-style-type: none"> • Engaging the broad community in health activities; and • Meeting the health and wellness needs of employees and students while balancing reductions in qualified staff and budget. 	<p>Opportunities for providing standardized health education messaging within the school system exist.</p> <ul style="list-style-type: none"> • Health education has largely been removed from the public school system. • Where it does still exist, children and youth receive differing health information across the county. • Opportunities for increasing the availability of nutritious foods in schools also exist.
<p><i>Business Community</i></p> <p>Williamson County has approximately seven Chambers of Commerce: Cedar Park, Georgetown, Hutto, Leander, Liberty Hill, Round Rock and Taylor. There are also at least two regional Chambers of Commerce: the Hispanic Chamber and the African American Chamber. The business community is seen as a major strength of the community because they create connectedness among businesses, encourage economic development, and provide community information.</p>	<p>Some current priorities from the Round Rock business community include (see http://roundrockchamber.org/policy-advocacy/agenda-for-economic-vitality/):</p> <p>Healthcare</p> <ul style="list-style-type: none"> • Improved access and affordability of healthcare insurance for employers, as well as reasonable efforts to reduce healthcare costs, such as incentive programs for healthy lifestyles • Improving efficiencies in the Medicaid program <p>Economic Development</p> <ul style="list-style-type: none"> • Job referral, job training, and volunteer opportunities for Texans who collect unemployment 	<p>Opportunities for Chambers to become more actively involved in health and wellness exist.</p> <ul style="list-style-type: none"> • Some communities have formed Health Subcommittees of their Chambers while others are taking an active role in the WilCo Wellness Alliance.

	<p>benefits</p> <p>Public Education</p> <ul style="list-style-type: none"> • Providing a strong K-12 academic foundation, as well as developing 21st century skills for college and career readiness, with a focus on science, technology, and engineering and math (STEM) <p>Higher Education</p> <ul style="list-style-type: none"> • Partnering with our local educational institutions to develop local, industry-specific training so businesses have maximum access to a trained workforce 	
<p><i>Intergenerational Community</i></p> <p>Compared to most Texas counties, Williamson County boasts an extremely intergenerational population.</p>	<ul style="list-style-type: none"> • Identifying creative strategies to engage populations of all ages • Utilizing social media creatively to engage youth on public health concerns 	<ul style="list-style-type: none"> • Because we have such vibrant aging and youth populations, we have the opportunity to create strong intergenerational communities. • In 2012, Georgetown was nationally recognized as one of the five leading intergenerational communities by the Met Life Foundation/Generations United. (Best Intergenerational Community Award)
<p><i>Faith Community</i></p> <p>Williamson County has multiple ministerial alliances.</p>	<ul style="list-style-type: none"> • Gaining a better understanding of how various organizations can coordinate with the faith community 	<ul style="list-style-type: none"> • Coordination of volunteer opportunities through the faith based community

HEALTH OF THE COMMUNITY ASSESSMENT













The health status assessment phase provides a strong understanding of the community's health. Data lies at the foundation of the community health assessment process. Analysis of these data reveals demographic and socioeconomic characteristics, and health resource availability. It reveals strengths and risk factors that impact community health, such as behavioral risk factors and environmental health indicators. Many different data sources are utilized to discover the overall health status of the community including mental health, causes of death, and infectious diseases, among others. Our county is regularly recognized as one of the state's healthiest counties.






*Some positive measures leading to this designation are
(indicated by a green circle for "status" in the following pages):*

- Availability of Primary Care Providers
- High percentage of mothers who receive early prenatal care
- Low diabetes prevalence, hospitalization, and death rates
- Low cancer diagnosis and death rates
- Low heart disease death rate
- Low child abuse rates
- Low percentage of low income obese preschool children
- Low rate of new cases of HIV

*Although many indicators reveal need for improvement, the following selection of specific measurable health indicators show greatest need
(indicated by a red or yellow circle for "status" or a red square for "Healthy People 2020"):*

- Utilization and availability of health insurance, especially for children
- Active living and healthy eating: fruit and vegetable consumption, overweight and obese weight status, fast food restaurant density, and Supplemental Nutrition Assistance Program store density (Food Stamps)
- Mental health and substance abuse: adults with poor mental health, suicide rate, and adults who drink excessively
- Babies with very low birth weight
- Breast and prostate cancer incidence rates
- Stroke death rate
- Linguistic isolation
- Communicable diseases: whooping cough or pertussis, salmonella, gonorrhea, chlamydia, animal rabies and cryptosporidiosis (water-borne disease)

Community Health Indicators						
Indicator	Comparison	Williamson Value	Trend	Disparities [†]	Status	Healthy People 2020
Health Resource Availability						
Adults with health insurance	US Counties	81%	Stable	Hispanic or Latino, Other Race, Young Adults		
Children with health insurance	US Counties	89%	Decreasing*	African American, Low income children		
Primary care provider ratio (no OB/GYN)	US Counties	65 providers per 100K population	Stable	Some rural areas		Not applicable
Behavioral Risk Factors and Obesity						
Adults who drink excessively	US Counties	16%	Stable	Not available at publish date		
Percent adults consuming 4 or fewer servings of fruits and vegetables per day [‡]	US	77%	Not available at publish date	Not Available at publish date		Not applicable
Adults who are overweight or obese [‡]	US	67%	Not available at publish date	Not available at publish date		Not applicable
Mental Health						
Adults with 5+ poor mental health in past 30 days	US Counties	12%	Not available at publish date	Not available at publish date		Not applicable
Death rate due to suicide (age-adjusted) [‡]	Texas	9 per 100K population	Increasing*	Not available at publish date		






 = Better than the central tendency (mean or median).
  = Worse than the central tendency (mean or median).
 = Much worse than the central tendency (mean or median).
 = Worse than the Healthy People 2020 measure
  = Better than the Healthy People 2020 measure

* Statistical significance was not tested.

[†] Statistical significance was not tested. Disparity is identified when a segment of the population displays the indicator at a noticeably higher rate than other segments of the population.

[‡] Comparison is not to the median for all counties, but the rate for Texas or US. Red indicates that the Williamson County rate is higher than the Texas or US rate. Green indicates that the Williamson County rate is lower than the Texas or US rate.

Community Health Indicators						
Indicator	Comparison	Williamson Value	Trend	Disparities [†]	Status	Healthy People 2020
Maternal and Child Health						
Babies with very low birth weight	Texas Counties	1.5%	Increasing	Mothers over age 30, Black or African American, Other Race		
Mothers who receive early prenatal care	Texas Counties	78%	Increasing	Black or African American, Hispanic or Latino		
Diabetes						
Diabetes diagnosis	US Counties	7%	Stable	Low income		Not applicable
Diabetes hospitalization	Texas Counties	111 per 100K population	Increasing	Male, Black or African American		Not applicable
Death due to diabetes (age-adjusted)	Texas Counties	13 per 100K Population	Decreasing*	Males, Hispanic or Latino		Not applicable
Cancer						
Breast cancer incidence rate (age-adjusted)	US Counties	123 per 100K females	Decreasing*	White, Non-Hispanic		Not applicable
Prostate cancer incidence rate (age-adjusted)	US Counties	146 per 100K males	Decreasing*	Black or African American		Not applicable
All cancer incidence rate (age-adjusted)	US Counties	423 per 100K Population	Decreasing*	Males		Not applicable
Death rate due to cancer (age-adjusted)	US Counties	137 per 100K Population	Stable	Males, Black or African American		
Heart Disease and Stroke						
Death rate due to heart disease (age-adjusted)	Texas Counties	126 per 100K population	Stable	Males, Black or African American		Not applicable
Death rate due to stroke (age-adjusted)	Texas Counties	34 per 100K population	Stable	Black or African American, Hispanic or Latino		






 = Better than the central tendency (mean or median).  = Worse than the central tendency (mean or median).
 = Much worse than the central tendency (mean or median).
 = Worse than the Healthy People 2020 measure  = Better than the Healthy People 2020 measure

* Statistical significance was not tested.

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‡ Comparison is not to the median for all counties, but the rate for Texas or US. Red indicates that the Williamson County rate is higher than the Texas or US rate. Green indicates that the Williamson County rate is lower than the Texas or US rate.

Community Health Indicators						
Indicator	Comparison	Williamson Value	Trend	Disparities [†]	Status	Healthy People 2020
Children						
Child abuse rate	TX Counties	6 cases per 1,000 children	Decreasing	Not Available at publish date		
Low income preschool obesity	US Counties	13%	Stable	Not Available at publish date		Not applicable
Social Environment						
Linguistic Isolation (households with each member aged 14 + or has some difficulty speaking English.)	US Counties	3%	Stable	Not Available at publish date		Not applicable
Poverty Status [‡]	US	6%	Increasing	Black or African American, Hispanic or Latino		Not applicable
Communicable Disease						
Pertussis or Whooping Cough [‡]	Texas	20 per 100K population	NA	Hispanic infants		
Salmonella [‡]	Texas	31 per 100K population	NA	Not Available at publish date		
Gonorrhea Incidence Rate	TX Counties	54 cases per 100K population	Decreasing	Not available		
Chlamydia Incidence Rate	TX Counties	295 Cases per 100K population	Increasing	Black or African American, Hispanic or Latino, Age 15 to 24		Not applicable
New HIV Cases [‡]	Texas	5 per 100K population	Stable	Not available		Not applicable
Built Environment						
Fast food restaurant density	US Counties	69 per 100K population	Stable	Not applicable		Not applicable
SNAP Certified Stores	US Counties	.4 stores per 1,000 population	Increasing	Not applicable		Not applicable
Meets recommendations for moderate or vigorous physical activity [‡]	Texas	45%	Not Available	Not Available at publish date		Not applicable

 = Better than the central tendency (mean or median).  = Worse than the central tendency (mean or median).
 = Much worse than the central tendency (mean or median).
 = Worse than the Healthy People 2020 measure  = Better than the Healthy People 2020 measure

* Statistical significance was not tested.

[†] Statistical significance was not tested. Disparity is identified when a segment of the population displays the indicator at a noticeably higher rate than other segments of the population.

[‡] Comparison is not to the median for all counties, but the rate for Texas or US. Red indicates that the Williamson County rate is higher than the Texas or US rate. Green indicates that the Williamson County rate is lower than the Texas or US rate.

Health Disparities

Health disparities, those differences in health status and health behaviors that disproportionately affect segments of communities, present challenges to communities and local serving agencies. Many of these measures of community health show great variation in different parts of our county. Where data is available at the sub-county level, we can locate the areas with populations of lower health status (see appendix C for Maps and Community Health Profiles at http://www.wcchd.org/statistics_and_reports/):

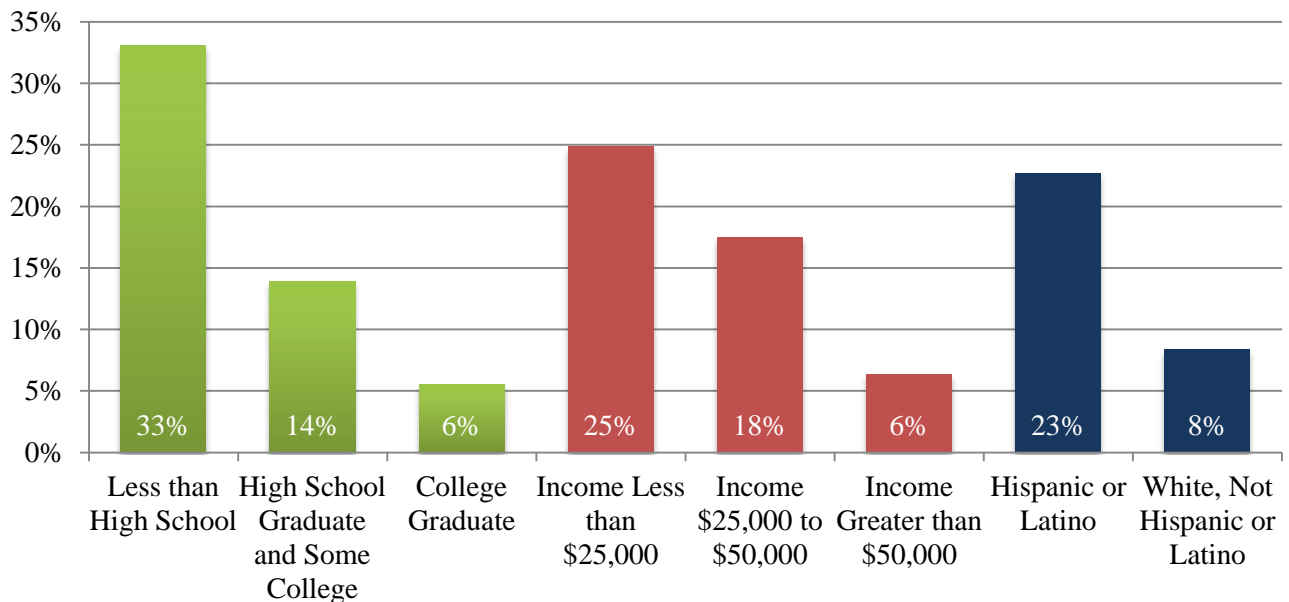
- Students in Taylor ISD are more frequently found at risk for type 2 diabetes (9% referred on average).
- Individuals in Taylor and Jarrell experience a higher rate of hospitalization for diabetes.
- The cancer mortality rate is highest in the most eastern part of the county, including the eastern part of Taylor. Leander and portions of Round Rock also have higher rates of cancer mortality than the state.
- The age-adjusted mortality rate for heart disease is highest in Leander and Taylor.
- The rate of early prenatal care is lowest in the cities and areas surrounding Georgetown, Jarrell, Florence, and Taylor.
- Asthma hospitalization rates are highest in Jarrell and surrounding areas, the eastern part of Round Rock, and Hutto and surrounding areas.
- The areas with the highest percentage of children with low birth weight are both suburban and rural. They include: the cities and surrounding areas of Granger and Liberty Hill, the eastern part of Georgetown, the city of Weir, and the western portion of Round Rock.

Note: While in each of these instances we consider rates of disease, it is also important to consider the relative population of each area of our county. For instance, although Taylor may have the highest mortality rate for heart disease, there are more deaths due to heart disease in higher population areas.

Social and built environments greatly affect health disparities as well as overall chronic disease health outcomes. Most indicators show that individuals identifying as a specific race or ethnicity, those who are male, and those who are on either end of the age spectrum are more commonly experiencing adverse health behaviors and outcomes. There are many underlying causes, including access to care, transportation, and the social and built environments in which children and adults live:

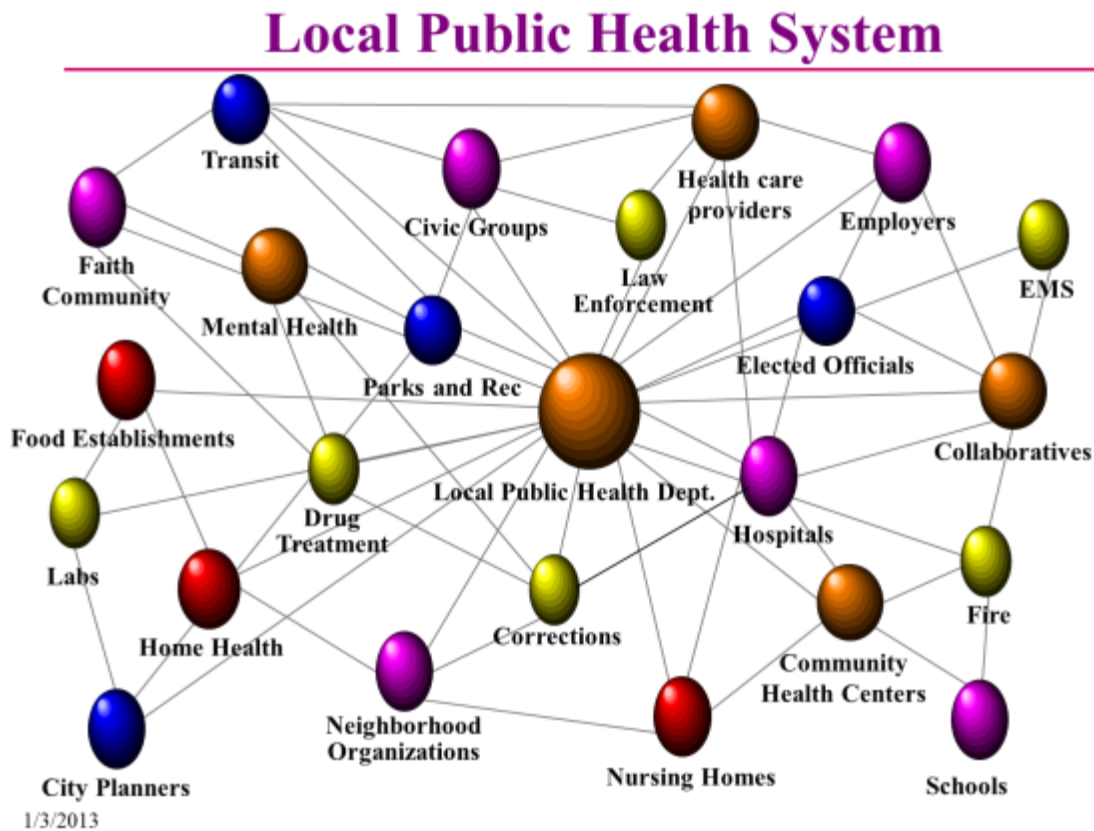
- 5,041 households have no access to an automobile (3.2%).
- 1,048 housing units lack complete plumbing (1%).
- 29% of households with a mortgage spend 30% of income or more on owner costs.
- 45% of households paying rent spent 30% of income or more on renter costs.
- The 2011 Texas Homeless Network, Point in Time Report estimate that the homeless population in Williamson and Burnet Counties is 701 annually and 588 at any one point in time.
- Families who live in poverty disproportionately identify as Hispanic or Latino, African American, or “other race.”
- The high school dropout rate is higher for individuals identifying as Hispanic, Latino, or African American.
- Women and young adults (age 18 to 34) disproportionately live below the poverty level. Child poverty is increasing as a percentage of our population.

Fair and Poor Health by Education, Income, and Ethnicity, Williamson County, 2007-2010



LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT

In 2003, the Institute of Medicine described the public health system as “a complex network of individuals and organizations that have the potential to play critical roles in creating the conditions for health.” In Williamson County, our local public health system is comprised of many healthcare providers, agencies, organizations, businesses, and services, depicted below, who all contribute to the health of the public.



Within this complex system, Williamson County has leveraged the strength of its parts through collaborations, enhanced communication and purposeful efforts to join and link systemic pieces in a meaningful way. These linkages within the public health system are conceptualized as 1) community-wide models and 2) an internal, public-health agency model that, together provide a foundation for the public health system.

External Assessment of the Local Public Health System

In summer 2012, the WilCo Wellness Alliance’s Community Health Improvement Steering Committee (CHIC) was formed and provided feedback on the health of the Williamson County local public health system.

SOME KEY FINDINGS FROM ASSESSMENT WORKSHOP NOTE LPHS STRENGTHS:

- A strong history of collaboration among diverse sectors, agencies and organizations (*Essential Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems.*)
- Large, growing healthcare delivery system with strong sense of community and commitment to data-driven health improvement through the Health Data Users Group and Integrated Care Collaborative. (*Essential Service#1: Monitor Health Status to Identify Community Health Problems.*)
- Members of the CHIC expressed their involvement as part of the public health system; ownership was evident, as was understanding of the “complex network” that comprises our public health system.

KEY AREAS FOR IMPROVEMENT OF THE LOCAL PUBLIC HEALTH SYSTEM WERE SUMMARIZED:

- Need for shared communication and cohesiveness in the important decisions being made among jurisdictions, organizations, leaders and members (*Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts.*)
- Better use of existing resources that could be leveraged to improve the health of the community (i.e., faith communities and school districts); (*Essential Service #4: LPHS Model Standard 4.2 Community partnerships and strategic alliances...*)
- Community health would be enhanced if the community was more aware of resources available, including the “what, where and how” of ways to improve health and quality of life. (*Essential Service #3: Inform, Educate, and Empower Individuals and Communities about Health Issues.*)

Internal Assessment of the Local Public Health System

WCCHD, as the local public health department, is charged with the role of convener, connector and communicator for much of the “complex system” that is public health in Williamson County, and with ensuring that the ten Essential Public Health Services (EPHS) are provided, connected and effective.

In August of 2012, the WCCHD Leadership Team completed an internal performance assessment, using the National Public Health Performance Standards checklist. The WCCHD Board of Health completed their assessment using the same tool, Governance Standards. The key findings from the team’s internal evaluation mesh well with the CHIC’s evaluation.

STRENGTHS INCLUDE:

- Renewed commitment and resourcing of the capability to “Monitoring of community health status to identify community health problems:”
- Diagnosing and investigating health problems and health hazards. Dedicated staff for communicable disease and emergency preparedness allow for enhancement of Community Health Improvement Process.
- Mobilizing community partnerships to identify and solve health problems. Dedicated staff with training to facilitate and support community groups and working groups.
- A strong, respected, and committed Board of Health overseeing the Agency.

AREAS NOTED IN NEED OF IMPROVEMENT INCLUDE:

- Inform, educate and empower people about health issues; taking the next step in engaging the community directly and through strategic alliances.
- Evaluate effectiveness, accessibility and quality of personal and population-based health services. Leverage the investment in data collection and analysis for program evaluation and informed decision making.

Assessments from the community LPHS and agency indicate the need for continued collaboration, communication, assessment and evaluation within the public health system. Below are examples of current efforts in Williamson County to address these needs in provision of the ten Essential Public Health Services.

<p>EPHS #1: Monitor health status to identify community health problems</p>	<ul style="list-style-type: none"> • A current collaboration of hospitals and healthcare systems, community agencies and WCCHD is planning implementation of a countywide “dashboard” network. This tool will allow for a single portal for collection of community health status information that will allow our community health assessment to be an on-going and visible process available to the entire county. The dashboard will allow us to have a forum for coordinating and communicating around health, education, and other areas of interest to the entire community. • The WilCo ICC and Centex ICC have partnered in presentation of specialized areas for consideration in improving the healthcare delivery system. Reports such as “Vulnerable Populations in Williamson County,” using aggregate data from the Health Information Exchange, assist in directing efforts countywide in working to eliminate health disparities. • The Health Data Users Group continues to provide a forum for collaboration in data including standard demographic profiles, improving data consistency and interoperability, and strategic planning for informatics. A working group is currently looking at ways of implementing the Texas School’s Survey and improving immunization data.
<p>EPHS #2: Diagnose and investigate health problems and health hazards in the community</p>	<ul style="list-style-type: none"> • WCCHD’s development of an outbreak management system (OMS) will help facilitate the transition WCCHD operations to a public health center (PHC) model. OMS will allow nurses and other investigators at each of the four PHCs (Georgetown, Round Rock, Taylor, and Cedar Park) real-time access to communicable disease data. This decentralized approach will allow more staff to be

	<p>trained in communicable disease investigations and increase PHC staff awareness of communicable disease issues in their respective service areas.</p> <ul style="list-style-type: none"> • The addition of a senior epidemiologist dedicated to reportable and communicable diseases has had a beneficial effect on the rapidity of Public Health response to those challenges and an improvement in the data available to quantify those challenges.
<p>EPHS #3: Inform, educate and empower people about health issues</p>	<ul style="list-style-type: none"> • WCCHD health promotion services (i.e. Tobacco Cessation, Diabetes Education, Healthy Gardening and Cooking classes) have been expanded significantly through the PHCs. • The WilCo Wellness Alliance now has discrete elements that support policy, systems and environmental changes and has been enhanced through improved social media, social marketing, and strategic partnerships as a result of the Transforming Texas/Community Transformation Grant. • Businesses and schools are engaging in proactive health and wellness activities through worksite wellness and school community wellness. Examples include Williamson County’s Prevention Plan, Georgetown ISD and Sodexo receiving a Healthier US School Challenge award by the US Department of Agriculture, and restaurants promoting healthier choices on their menus. • Hospitals and clinics are offering increased public education opportunities.
<p>EPHS #4: Mobilize community partnerships to identify and solve health problems</p>	<ul style="list-style-type: none"> • There are multiple groups and partnerships that are currently working to bring coordination to community health efforts. The WilCo Wellness Alliance, the WilCo ICC, the Mental Health Task Force, The Georgetown Project, and many others were cited during assessments as community partnerships that are active, working and successful.

	<ul style="list-style-type: none"> • In Williamson County we have robust collaborations to share information and jointly prepare and respond to public health emergencies. The new WilCo Medical Director’s Consortium is made up of the Clinical Directors for major Emergency Department Groups and Outpatient Systems and coordinates First Responders, First Receivers and Public Health personnel. The Consortium was used as a distribution list for the circulation of West Nile information to providers during the 2012 resurgence of this mosquito-borne disease.
<p>EPHS #5: Develop policies and plans that support individual and community health efforts</p>	<ul style="list-style-type: none"> • The Emergency Preparedness capacities of Williamson County are one local example of this essential service in the “complex system” of public health. Under a universally-recognized Incident Command Structure (ICS), the steps in the Emergency Preparedness process parallel those of a Community Health Improvement Process and provide a firm foundation in times of emergency. (See Appendix D for graphic illustration)
<p>EPHS #6: Enforce laws and regulations that protect health and ensure safety</p>	<ul style="list-style-type: none"> • Williamson County coordinates the planning of mass gatherings to ensure public safety. All county mass gatherings with more than 2,500 people in attendance fall under the requirements of the statute and regulations. WCCHD is responsible for reviewing and approving the health and sanitation requirements for mass gatherings, such as planning for 20,000 people gathering in an empty field. Advance planning and early collaboration with stakeholders has resulted in improved public health at the events. • The City of Round Rock sought to establish requirements for a proposed Food Vendor Trailer Park, incorporating state and city food regulations for mobile food units and the city building, fire, and zoning requirements that would pertain to the food vendors. WCCHD’s role was as a resource for the city and was later called as a resource witness to attend the Round Rock City Council meeting that approved a temporary application for the Vendor Trailer Park. The Food Program staff conducted inspections to ensure that safe food products were available when the park opened.

<p>EPHS 7#: Link people to needed personal health services and assure the provision of health care when otherwise unavailable</p>	<ul style="list-style-type: none"> • Lone Star Circle of Care (LSCC) has developed a robust Patient Navigation Center to assist citizens with access to primary and specialty care, funding sources for healthcare, and specific care coordination activities. • Program Navigators serve as the entry point to the WCCHD PHC for clients needing healthcare assistance, providing screening for all public health programs and referrals to area resources.
<p>EPHS #8: Assure a competent public health and personal healthcare workforce</p>	<ul style="list-style-type: none"> • Williamson County ISDs, WCCHD and many others hold an annual School and Public Health Nurses Conference each year to share best practices, educate on school health population trends and needs. • Workforce and training considerations were central to WCCHD’s environmental program meeting the workforce standards of the FDA’s Voluntary National Retail Food Regulatory Program Standards.
<p>EPHS #9: Evaluate effectiveness, accessibility and quality of personal and population-based health services</p>	<ul style="list-style-type: none"> • WCCHD and LSCC are preparing logic models, evaluations and outcomes studies to support the activities of the WilCo Wellness Alliance funded through the Transforming Texas/Community Transformation Grants.
<p>EPHS #10: Research for new insights and innovative solutions to health problems</p>	<ul style="list-style-type: none"> • Community-wide efforts in submitting proposals for the Medicaid 1115 Waiver process are all geared toward evidence-based, innovative improvements to the public health system, through rigorously researched projects. These efforts should lead to serious contributions to the healthcare literature and landscape in ways to reform our system.

SUMMARY

Forces of Change

- The changing landscape of healthcare points to a need for improved understanding of personal health and how to make informed decisions.
- Shifting demographics and changes in the types of jobs being created have increased the number of residents and families experiencing challenges in accessing the healthcare system.
- Businesses are increasingly concerned about the cost of healthcare and as a result, interested in opportunities to promote health and wellness through partnerships, policy, and incentives.
- Effective communication is essential for the community to operate as an effective, cohesive unit.

Assets and Strengths

- Our community sustains many forums that build a solid foundation for a sustained community health improvement effort and already address many of the challenges highlighted in this report.
- Community groups focus on opportunities relating to park and trail systems, healthcare assets and systems, public school systems, business community, civic engagement, and relative health status.
- Our community leaders increasingly acknowledge a broad definition of “Health” that includes an appreciation for the economic implications of investments in prevention.

Health of the Community

- We have comparatively low death rates due to chronic diseases, high rates of early prenatal care, and an enviable number of primary care physicians.

- Definite areas for improvement include increasing healthy behaviors, reduction of chronic diseases, control of communicable diseases, and prevention and treatment for behavioral health needs and substance abuse.
- In spite of our high standing in the county health rankings, disparities in health are revealed within our communities when analysis is possible by race, ethnicity, gender and age. Increasing numbers of Williamson County residents report facing health challenges related to social and economic obstacles.
- The maps in this report reveal that areas with higher concentrations of poor health status often have lower average educational attainment and income.

Local Public Health Systems

- Recent changes to the structure of the WilCo Wellness Alliance allow strategies and solutions for improving community health to be tailored to fit each community. Our Community Groups and Working Groups are guided by evidence-based practice and informed by the unique demographics and environments of our county's diverse communities.
- Continued collaborative efforts are needed to ensure high quality data collection, analysis, and reporting to support community health improvement activities.
- Engage the public health system in community planning to support active living where people live, work, and play.
- Water safety, food safety, and disease reporting may be improved through expanded collaboration and quality improvement activities.

APPENDICES

APPENDIX A:

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Mobilizing for Action through Planning and Partnerships, or MAPP, is a community-wide strategic planning tool for improving community health. It has been implemented nationally by many public health departments to help communities prioritize public health issues and identify resources to address them. Facilitated by public health leaders, this tool assists communities by applying strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The process was developed through collaboration between NACCHO (National Association of County and City Health Officials) and CDC (Center for Disease Control and Prevention). (<http://www.naccho.org/topics/infrastructure/mapp/index.cfm>)

MAPP is: a community-wide strategic planning tool for improving public health, a method to help communities prioritize public health issues, identify resources for addressing them, and take action.



The key phases of the MAPP process include:

- Organizing for success and developing partnerships
- Visioning
- Conducting the four MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action (planning, implementation, evaluation)

The four assessments conducted as part of the process include:

1. Community Strengths and Themes Assessment
2. Forces of Change Assessment
3. Local public health systems Assessment
4. Community Health Status Assessment

MAPP is a paradigm shift in how we think about public health planning. It is a shift from operational to strategic planning; from a focus on the agency to a focus on the community and the entire public health system; from needs assessment to an emphasis on assets and resources; from a medically or service-oriented model to a model that encompasses a broad definition of health; and from an “agency knows all” perspective to the belief that “everyone knows something.”

Simply put, MAPP is a way of bringing everyone’s collective wisdom together. By gathering all of the assets and resources within the community, the community is able to determine how best to use all of the wisdom to create a healthier community. Such a paradigm shift means that MAPP is a ‘new way of doing business

“The Community Drives the Process”

APPENDIX B COMMUNITY HEALTH ASSESSMENT METHODS

Assessment	Timeline	Supporting Activities	Documents
Local public health systems	August 2012	<ul style="list-style-type: none"> • The National Public Health Performance Assessment, supported by the Centers for Disease Control and Prevention and the US Department of Health And Human Services was conducted within WCCHD. • Examination of WCCHD organizational charges, structure and reports. • The Community Health Improvement Steering Committee (CHIC) attended a retreat to discuss current resources and needs within the local public health system. Texas A&M University (TAMU) provided technical support, facilitation, and reporting for this meeting. • WilCo Wellness Alliance meetings • Community group and agency reports 	<p>Local public health system Performance Assessment Final Report</p> <p>TAMU CHIC Report</p>
Health of the Community (Community Health Status)	2010 to present (ongoing)	<ul style="list-style-type: none"> • WCCHD epidemiology continually collects and documents health status measures. • Local community health and healthcare supporting agencies report data to the public on a periodic and scheduled basis to assess needs of their communities. • The specific measures presented in this report were chosen if available data met one or more of the following criteria: <ul style="list-style-type: none"> ○ Available data show Williamson County did not meet the Healthy People 2020 measure. ○ Available data show Williamson County did worse than the US or Texas measure or the median of US or Texas counties. ○ The measure represents a core community health issue, such as low birth weight, chronic disease incidence, or communicable disease incidence. 	<p>Community health and wellbeing assessments from WCCHD and other organizations</p> <p>Epidemiology reports from WCCHD and DSHS</p>

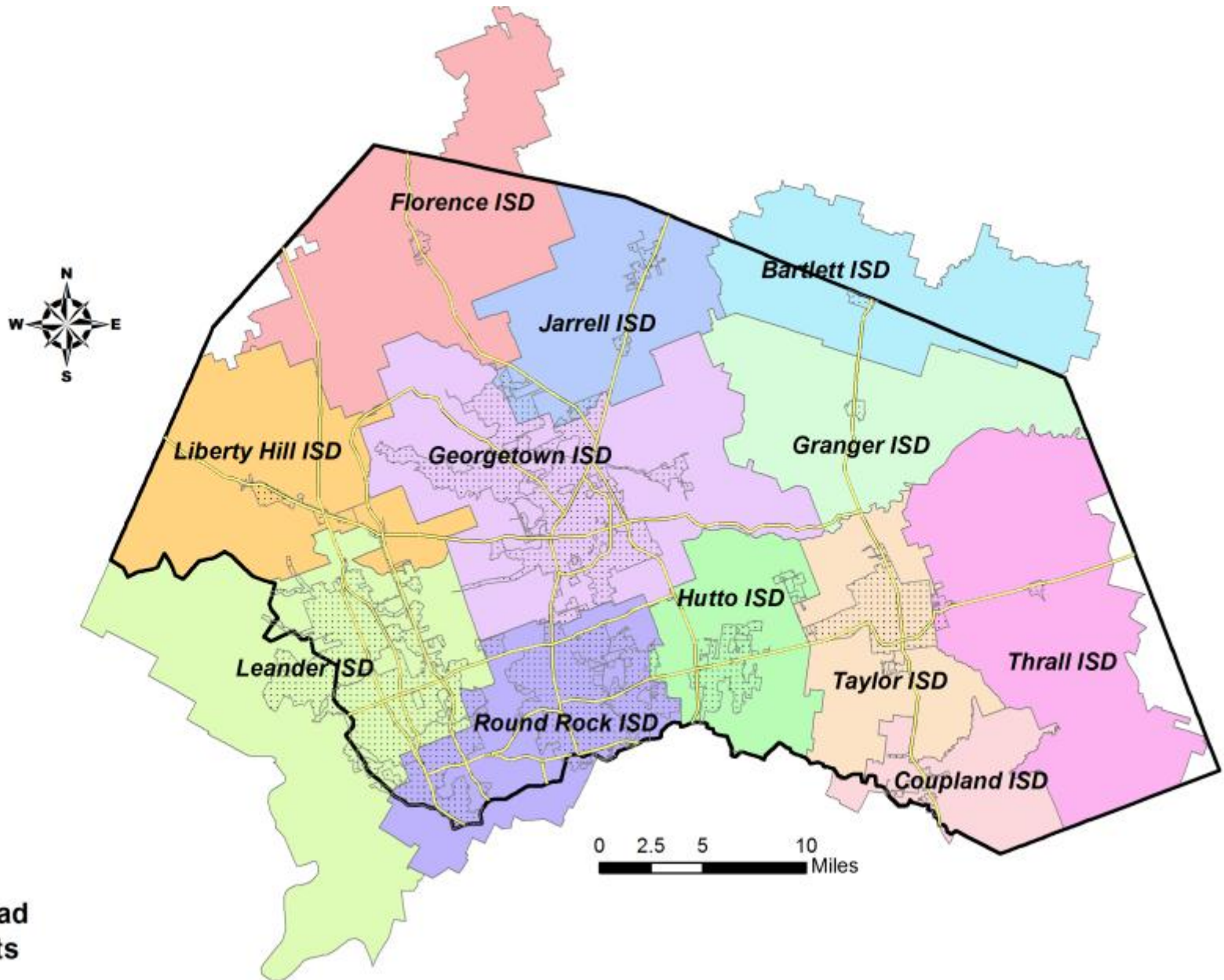
Community Assets and Strengths (Community Themes and Strengths)	2010 to present (ongoing)	<p>WilCo Wellness Alliance meeting handouts, minutes, and discussion notes from 2009-2012 were reviewed. Group records that were reviewed:</p> <ul style="list-style-type: none"> • CHIC • East Williamson Community Group • North Williamson Community Group • South Williamson Community Group • West Williamson Community Group <p>Meetings included discussion of the major assets and strengths:</p> <ul style="list-style-type: none"> • Social Determinants of Health (data presentations, packets) • Windshield surveys • Asset mapping • Interviews (i.e., CHANGE Assessments) <p>The CHIC attended a six-hour workshop to discuss community assets and strengths. Texas A&M University provided technical support, facilitation, and reporting for this meeting.</p>	<p>TAMU CHIC Report</p> <p>Community Health Status Reports and Health Data Users Group Minutes</p> <p>WilCo Wellness Alliance meeting handouts, minutes</p>
Forces of Change	2010 to present (ongoing)	<ul style="list-style-type: none"> • The CHIC attended a six-hour workshop to discuss opportunities and challenges that affect community health. Texas A&M University provided technical support, facilitation, and reporting for this meeting. • WilCo Wellness Alliance Meetings 	<p>TAMU CHIC Report</p> <p>WilCo Wellness Alliance meeting handouts, minutes</p>

APPENDIX C: MAPS

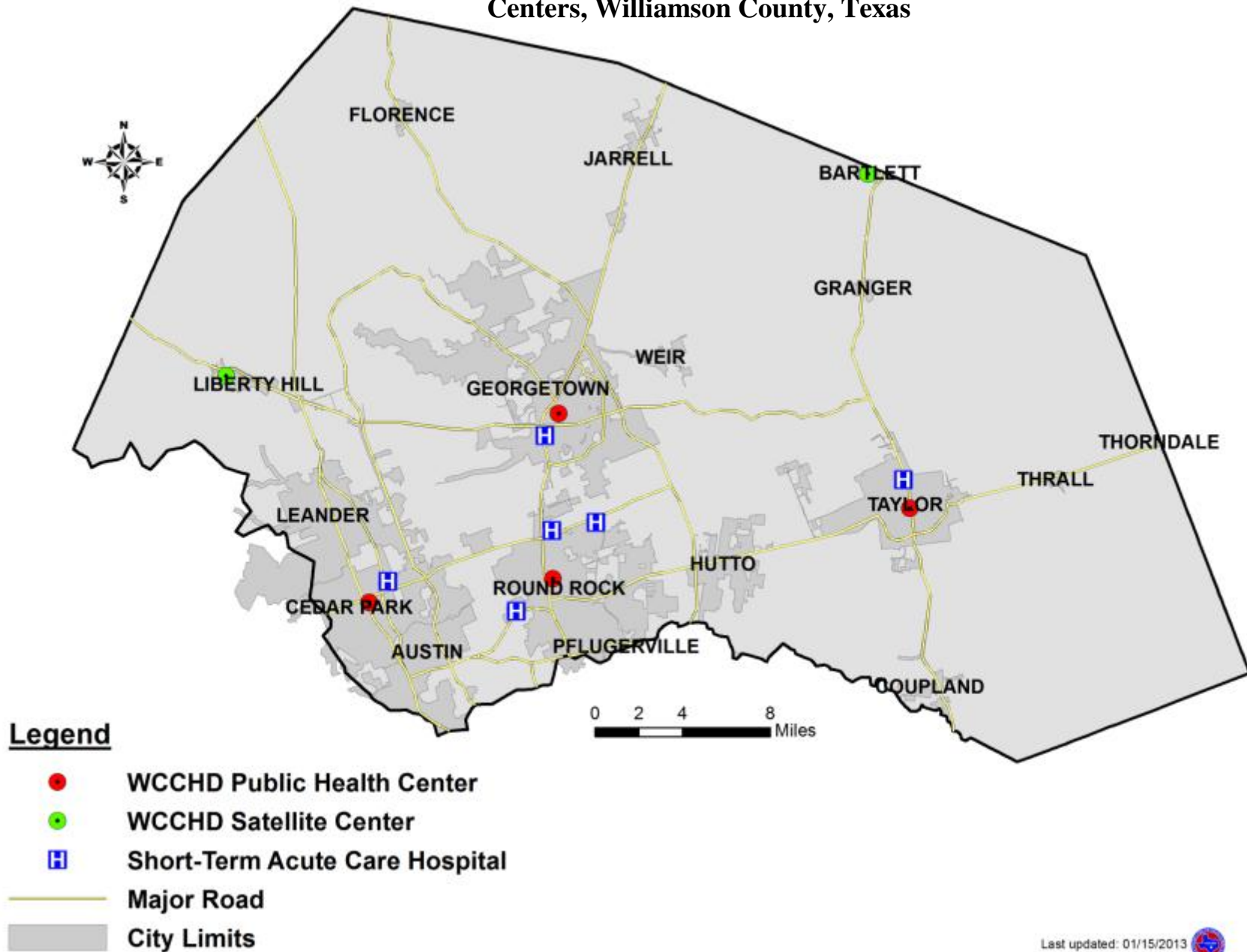
The following maps of Williamson County display information to inform the community health improvement process:

1. School Districts
2. Hospitals and Public Health Centers
3. Median Household Income
4. Fast Food Establishments
5. Walking Trails
6. Parks and Open Spaces
7. Diabetes Hospitalization by Zip Code
8. Asthma Hospitalization by Zip Code
9. Cancer Mortality Rate by Combined Census Tracts
10. Prenatal Care by Zip Code
11. Low Birth Weight by Zip Code

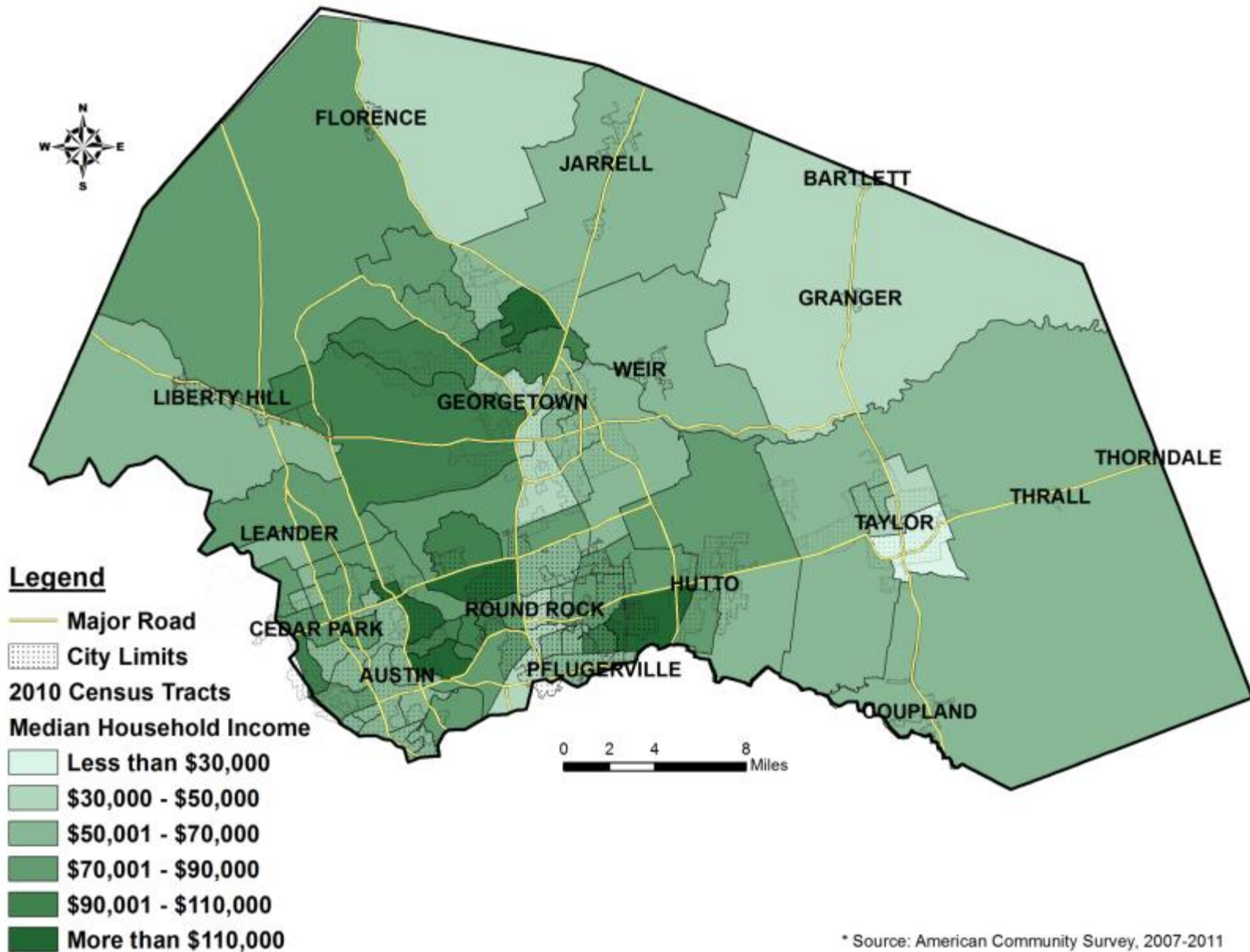
Independent School Districts, Williamson County, Texas



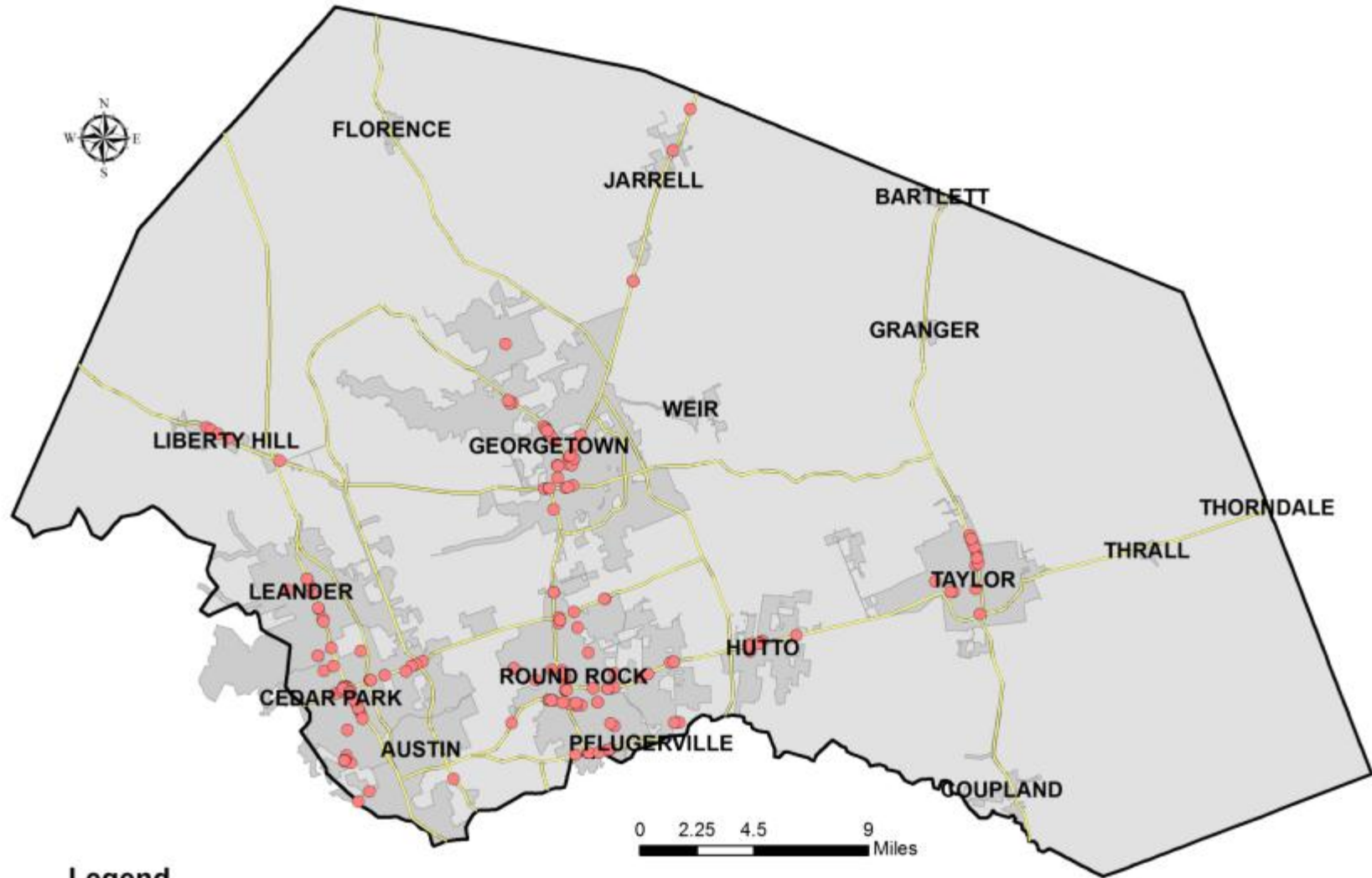
Hospitals and Williamson County and Cities Health District Public Health Centers, Williamson County, Texas



Median Household Income, 2007-2011*, Williamson County, Texas



Fast Food Establishments*, Williamson County, Texas

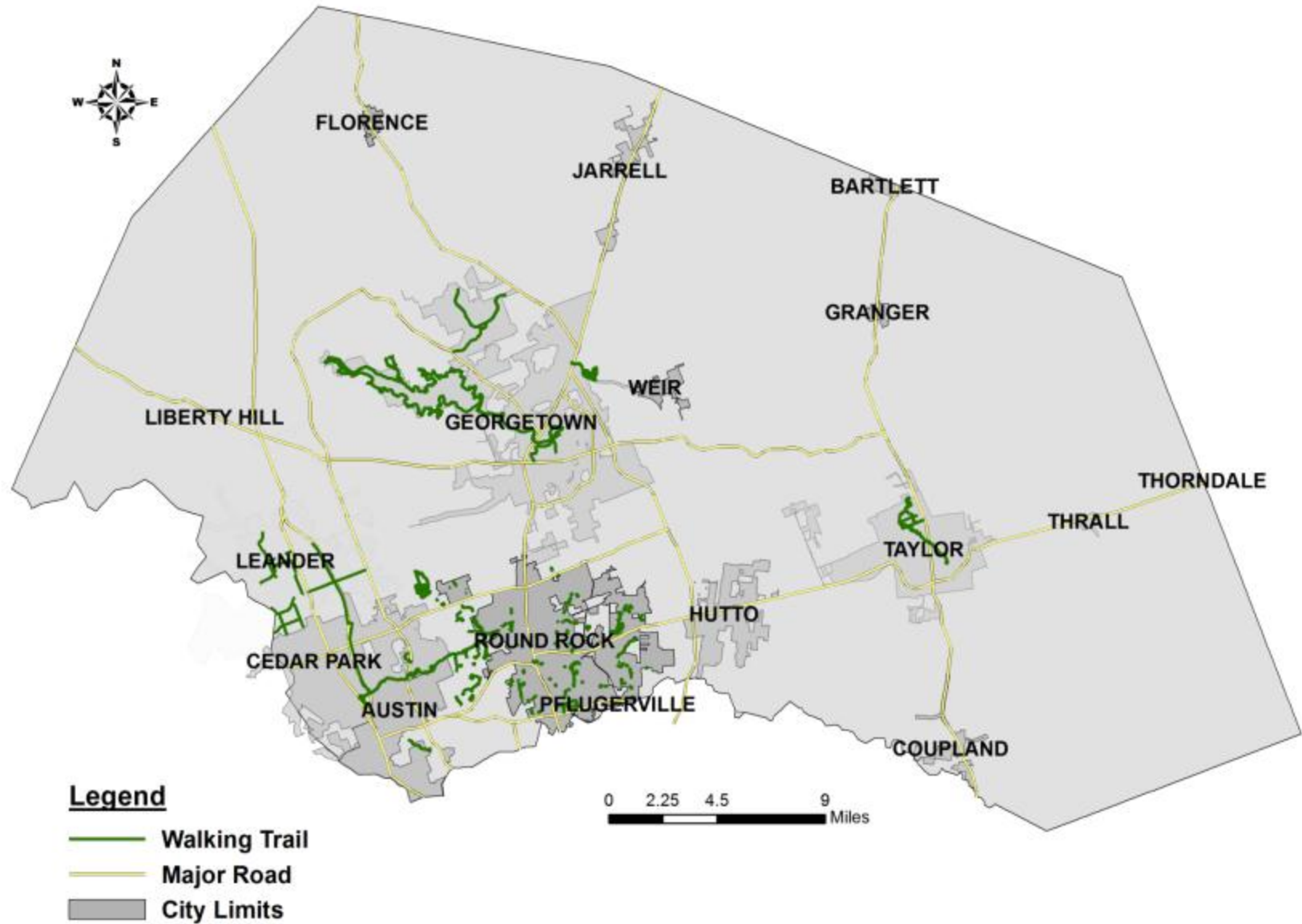


Legend

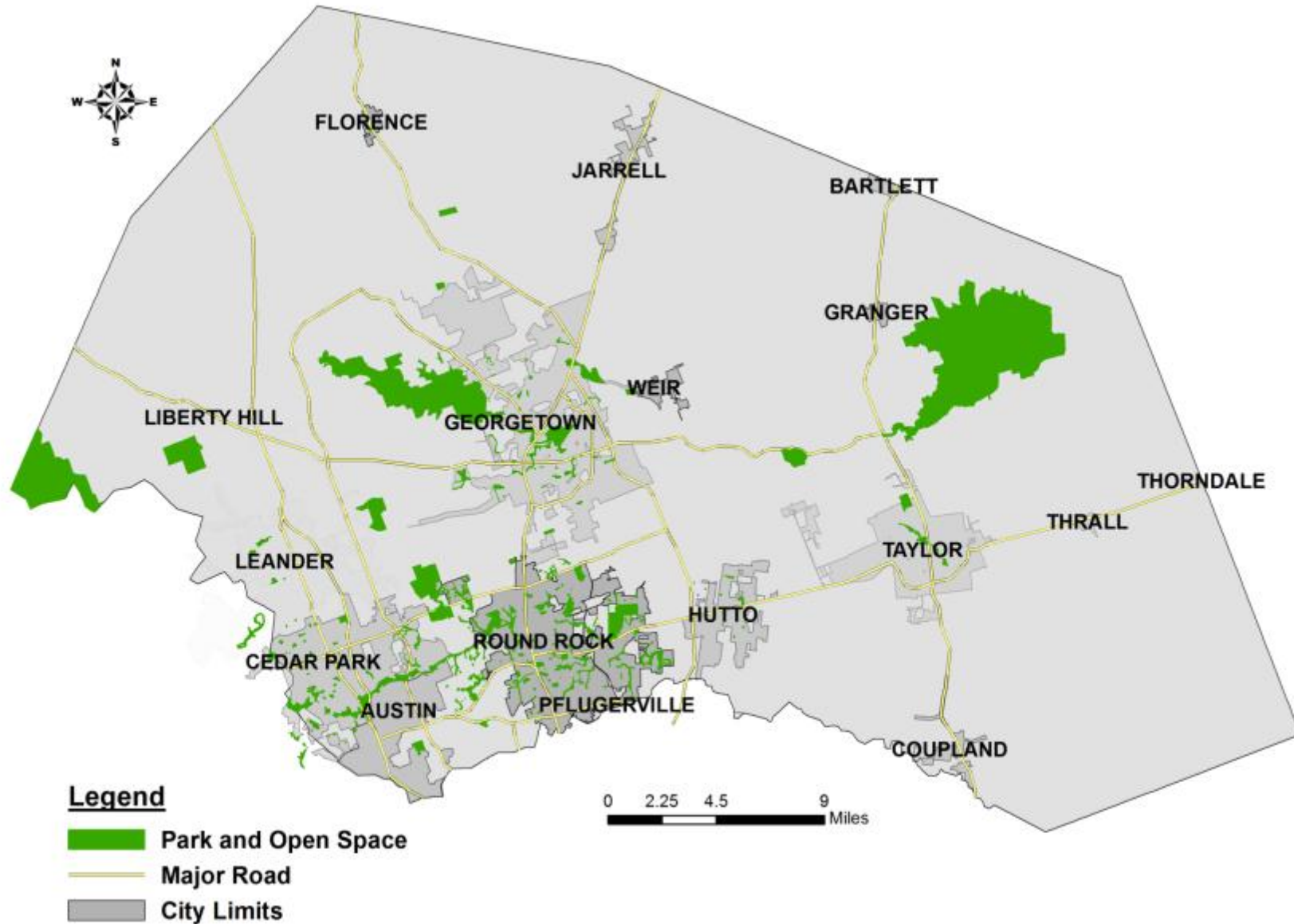
- Fast Food Establishment
- Major Road

*Definition of a "Fast Food Establishment": Restaurants that are intended to provide quick service and do not use a wait staff as the main form of service. Speciality food establishments (e.g. donut shops, coffee shops, frozen yogurt shops, etc.) are not considered fast food, but in a separate food establishment category.

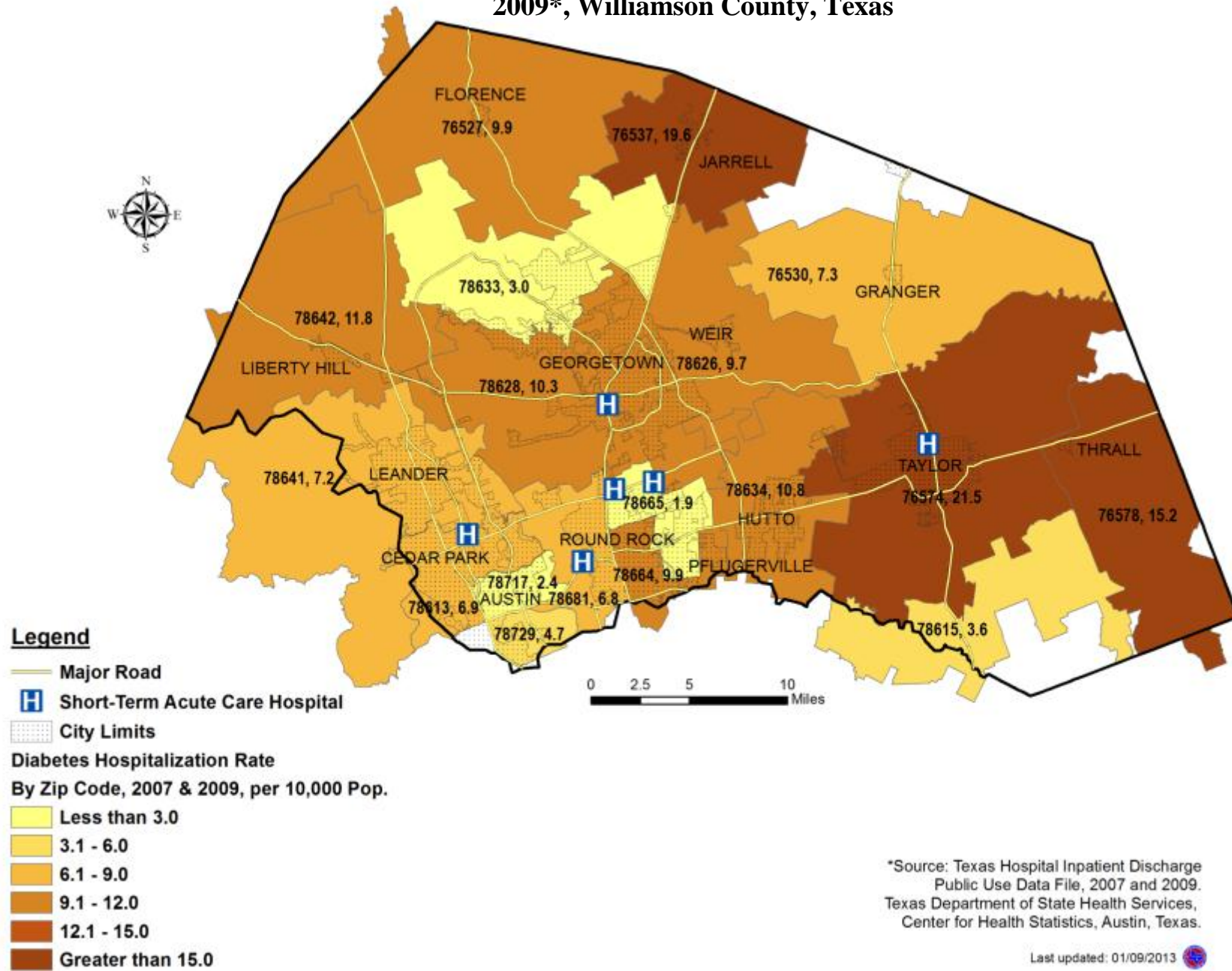
Walking Trails, Williamson County, Texas



Parks and Open Spaces, Williamson County, Texas

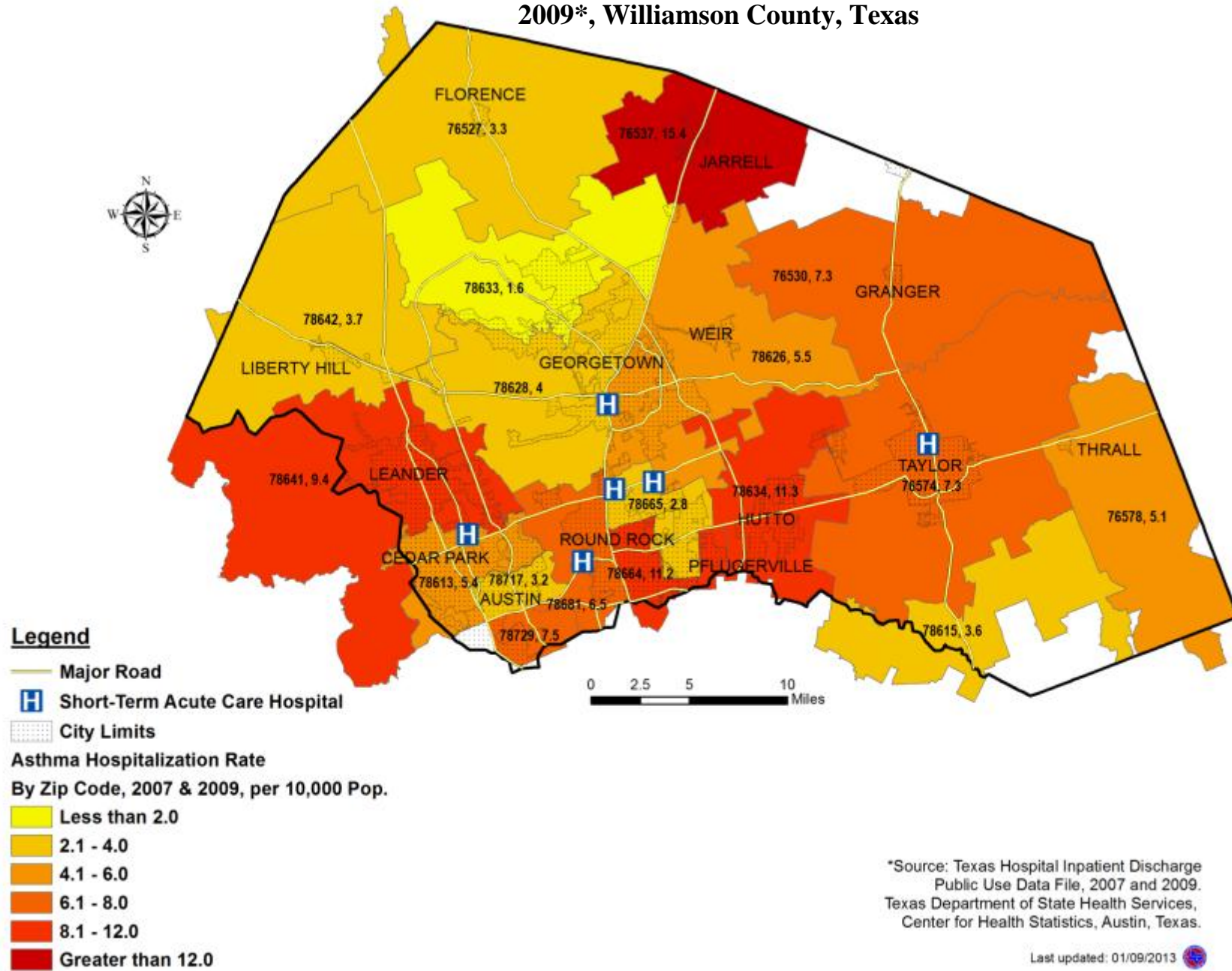


Crude Diabetes Hospitalization Rate (per 10,000 pop.) by Zip code, 2007 & 2009*, Williamson County, Texas

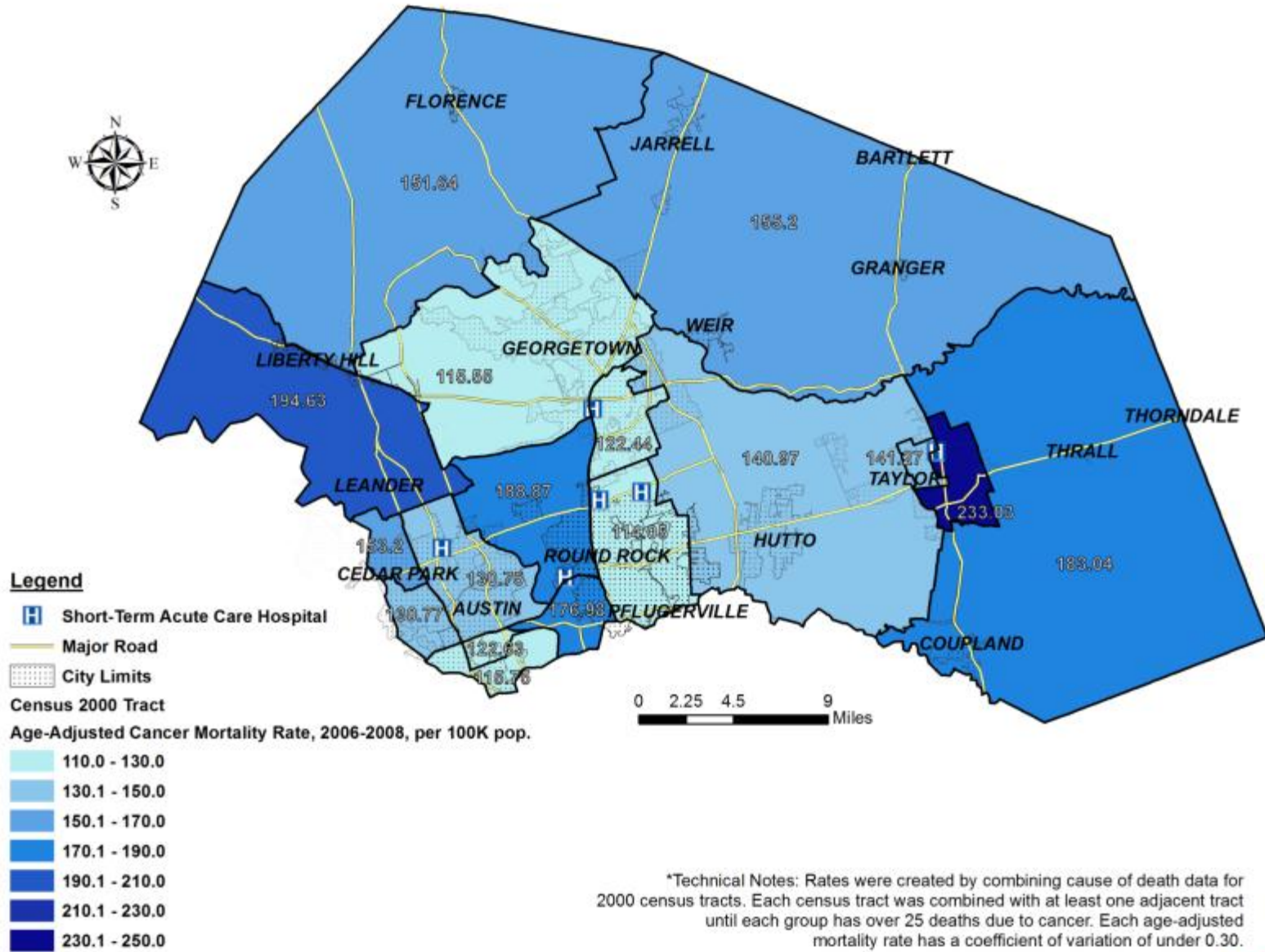


*Source: Texas Hospital Inpatient Discharge Public Use Data File, 2007 and 2009. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

Crude Asthma Hospitalization Rates (per 10,000 pop.) by Zip Code, 2007 & 2009*, Williamson County, Texas

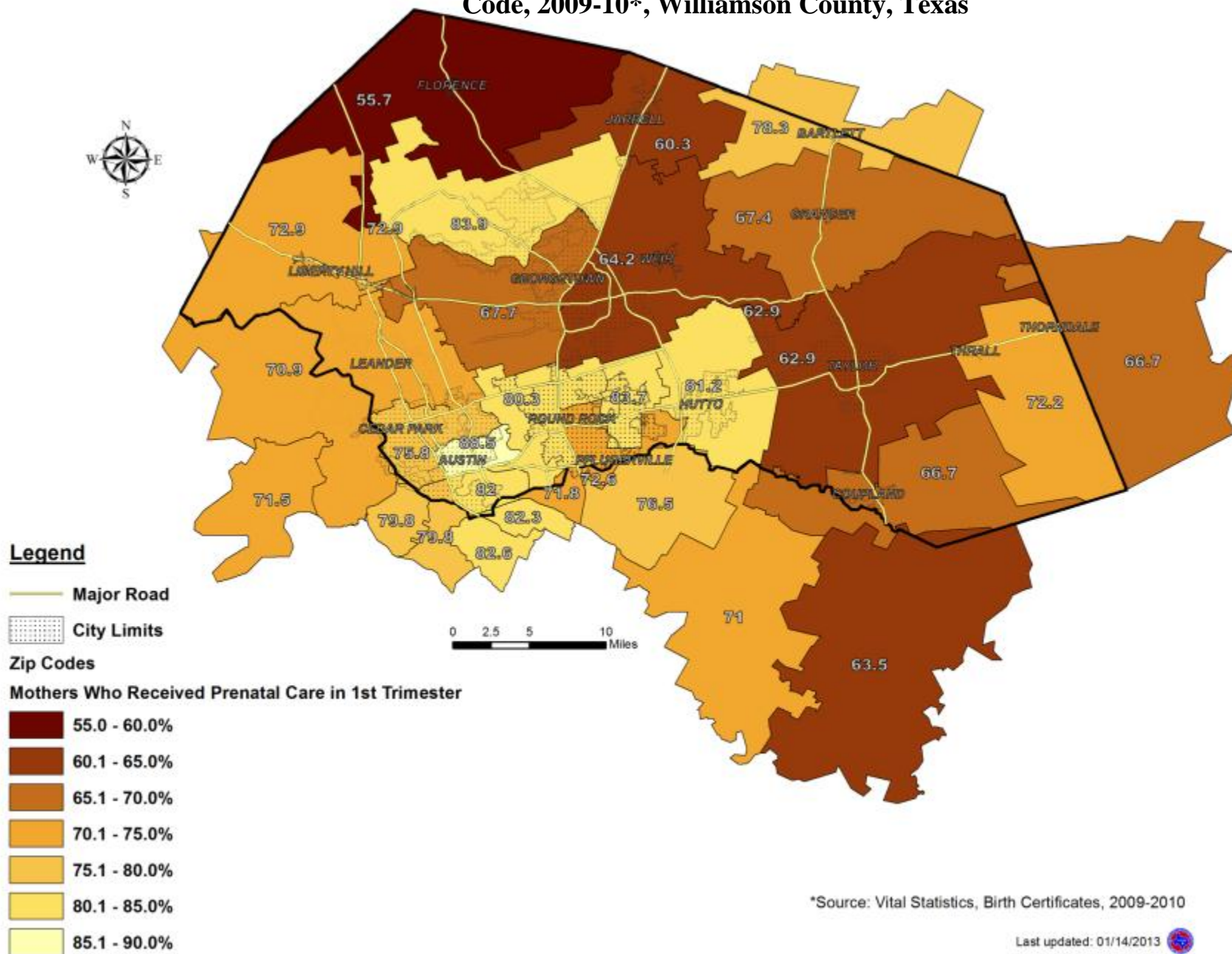


Cancer Mortality Rates (per 100,000 pop.) by Census Tract, 2006-2008*, Williamson County, TX



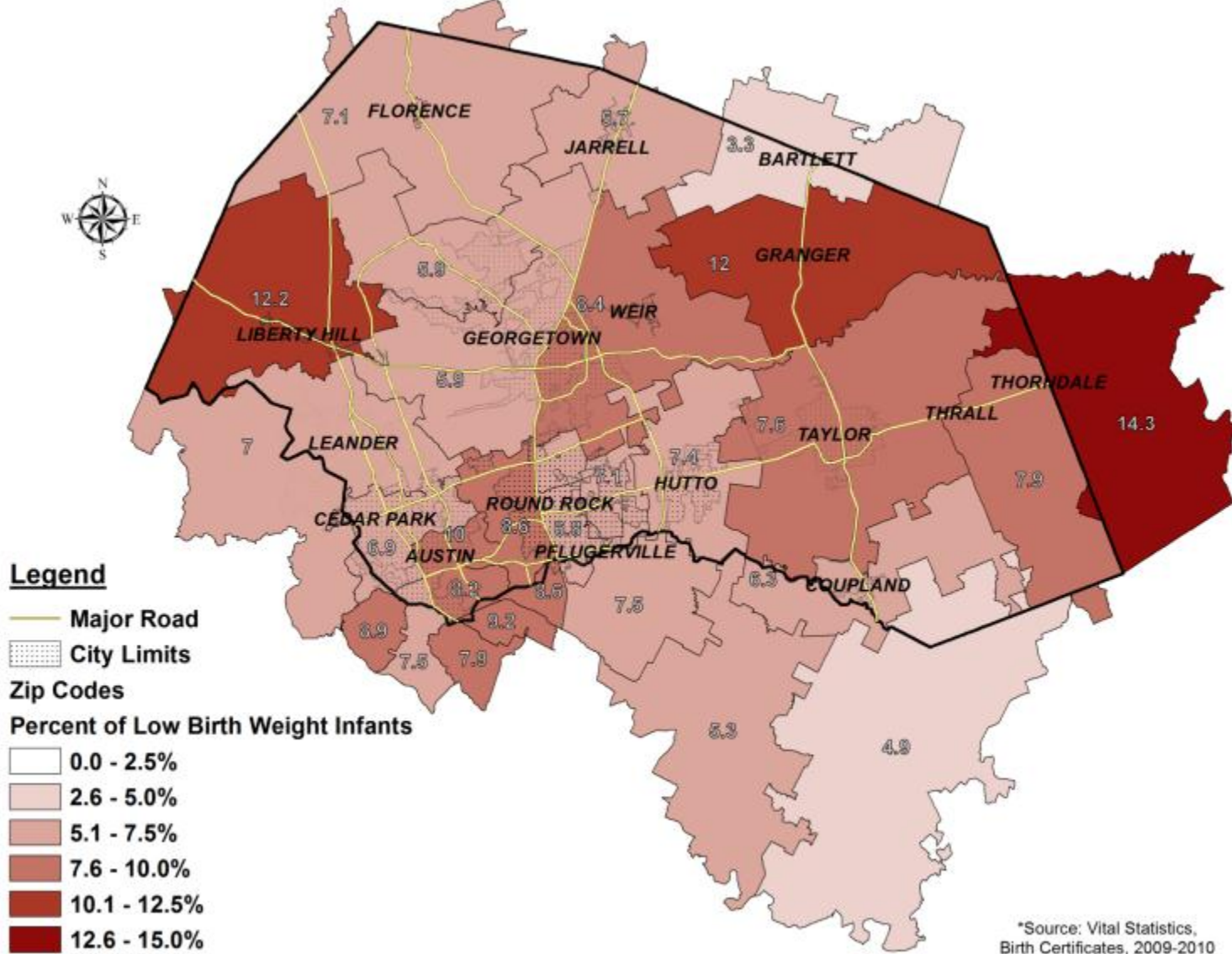
*Technical Notes: Rates were created by combining cause of death data for 2000 census tracts. Each census tract was combined with at least one adjacent tract until each group has over 25 deaths due to cancer. Each age-adjusted mortality rate has a coefficient of variation of under 0.30.

Percent of Mothers Who Received Prenatal Care in the First Trimester by Zip Code, 2009-10*, Williamson County, Texas



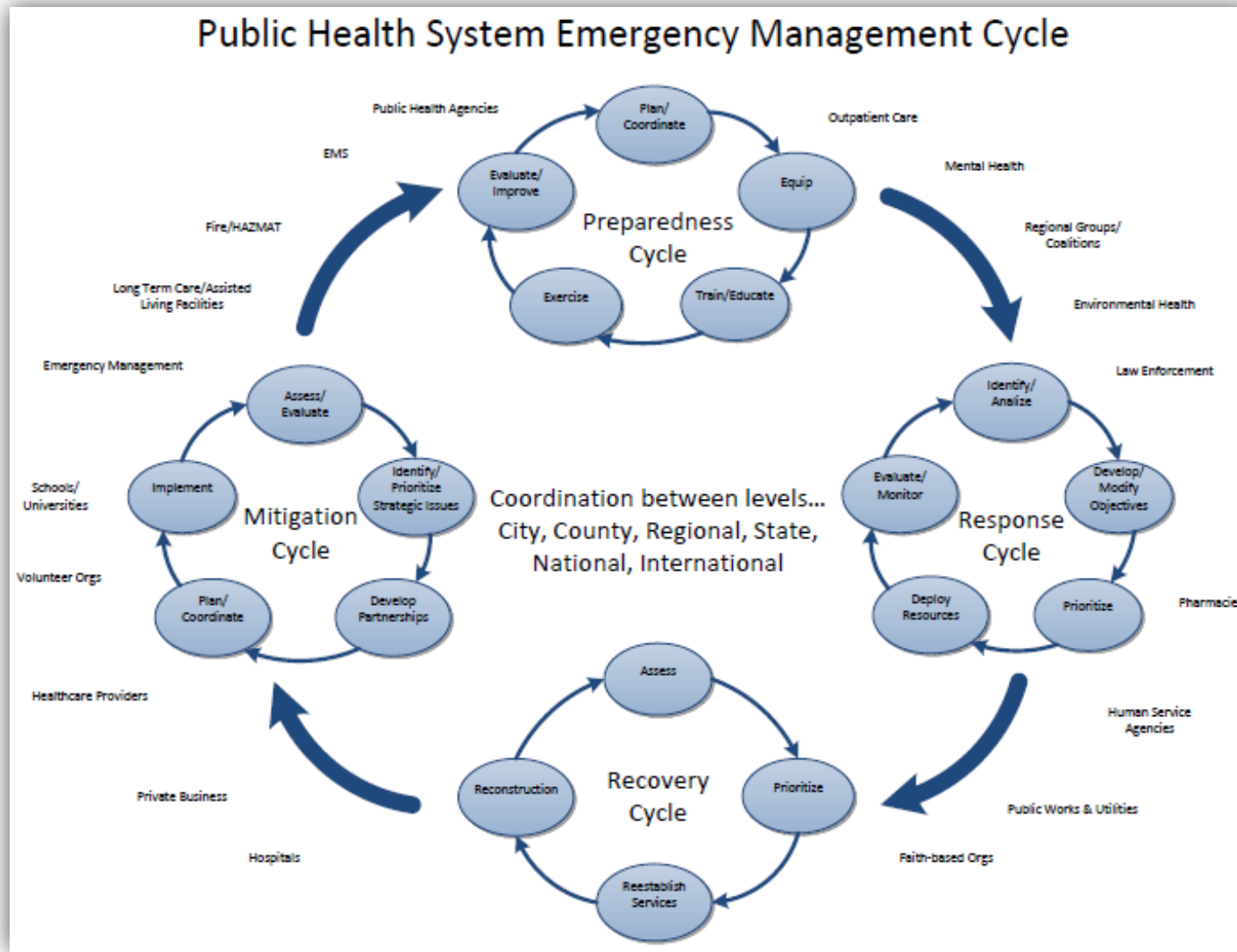
*Source: Vital Statistics, Birth Certificates, 2009-2010

Percent of Infants with Low Birth Weight (<2,500 grams) by Zip Code, 2009-10*, Williamson County, Texas



*Source: Vital Statistics, Birth Certificates, 2009-2010

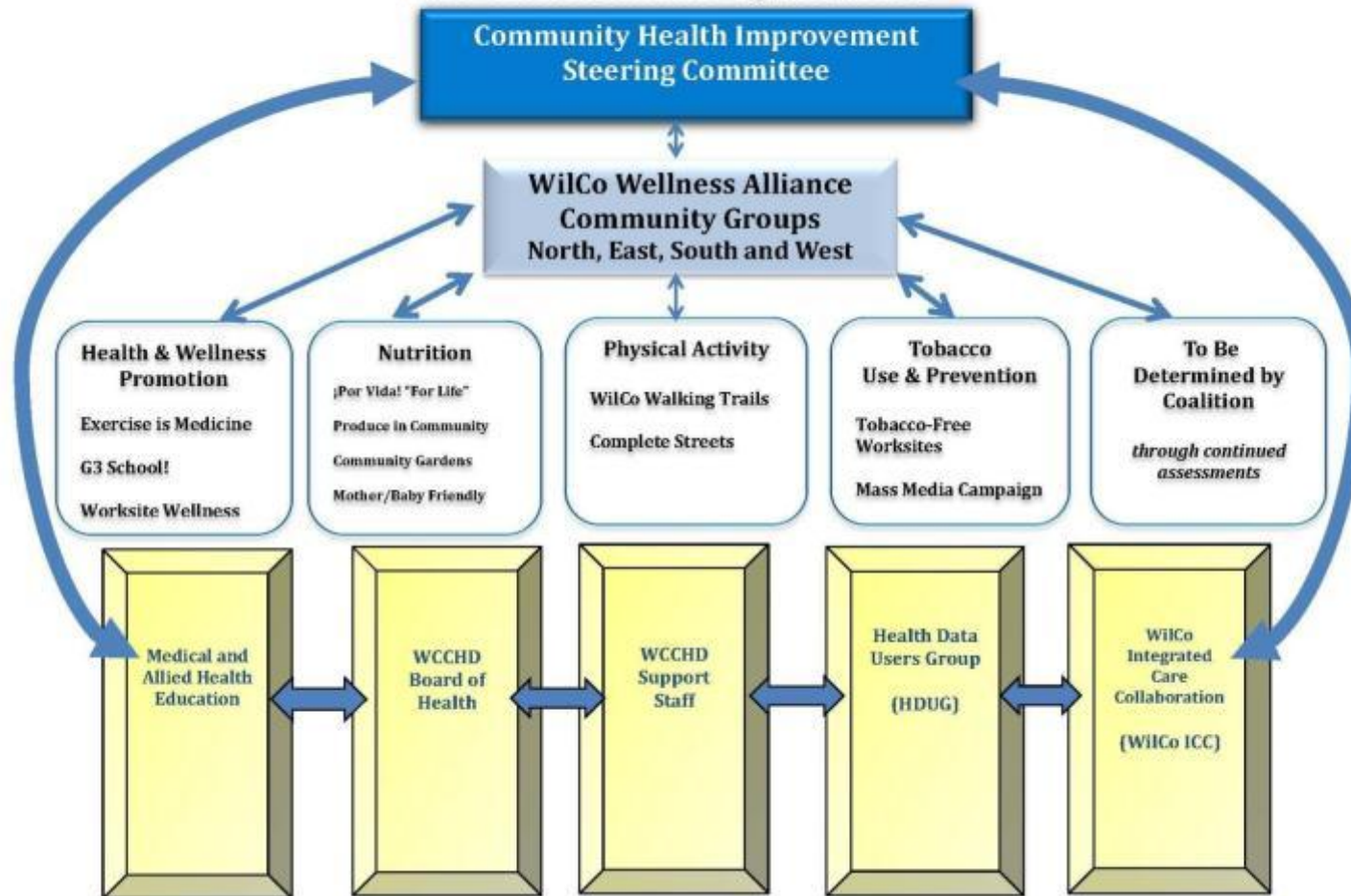
APPENDIX D:



APPENDIX E:

THE HEALTH OF WILLIAMSON COUNTY

WilCo Wellness Alliance Infrastructure



APPENDIX F:

ESSENTIAL SERVICE #1:

MONITOR HEALTH STATUS TO IDENTIFY COMMUNITY HEALTH PROBLEMS

LPHS Model Standard 1.1: Population-Based Community Health Profile (CHP).

To accomplish this, the local public health system (LPHS):

- Conducts regular community health assessments to monitor progress towards health-related objectives.
- Compiles and periodically updates a community health profile using community health assessment data.
- Promotes community-wide use of the community health profile and/or assessment data and assures that this information can be easily accessed by the community.

LPHS Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data. To accomplish this, the LPHS:

- Uses state-of-the-art technology to collect, manage, integrate, and display health profile databases.
- Has access to geocoded data for geographic analysis.
- Uses computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group).

LPHS Model Standard 1.3: Maintenance of Population Health Registries. To accomplish this, the LPHS:

- Maintains and regularly contributes to population health registries using established criteria to report identified health events.
- Uses information from one or more population health registries.

Essential Service #2

Diagnose and Investigate Health Problems and Health Hazards in the Community

LPHS Model Standard 2.1: Identification and Surveillance of Health Threats. To accomplish this, the LPHS:

- Participates in integrated state, local and national surveillance system(s) that identify and analyze health problems and threats.
- Collects timely reportable disease information from community health professionals who submit information on possible disease outbreaks.
- Utilizes human and technological resources to support surveillance and investigation activities, including state-of-the-art information technology and communication systems, as well as Masters and/or Doctoral level statistical and epidemiological expertise to assess, investigate, and analyze health threats and health hazards.

LPHS Model Standard 2.2: Investigation and Response to Public Health Threats and Emergencies. In order to have the capacity to investigate and respond to public health emergencies, the LPHS:

- Maintains written protocols to implement a program of case finding, contact tracing and source identification and containment for communicable diseases or toxic exposures.
- Develops written protocols for the immediate investigation of public health threats and emergencies, including natural and intentional disasters.
- Designates an Emergency Response Coordinator.
- Identifies personnel with the technical expertise to rapidly respond to potential biological, chemical, or radiological public health emergencies.
- Evaluates incidents for effectiveness and opportunities for improvement.

Essential Service #3

Inform, Educate, and Empower Individuals and Communities about Health Issues

LPHS Model Standard 3.1: Health Education and Promotion. To accomplish this, the LPHS:

- Provides the public, policymakers, and stakeholders with information on community health status and health needs in the community, as well as information on policies and programs that can improve community health.
- Plans, conducts, and evaluates targeted health education and health promotion activities to develop and enhance knowledge and attitudes and assist in lowering risk or changing negative behaviors.

- Works with other entities within the system on health education and health promotion activities that facilitate healthy living in healthy communities.

LPHS Model Standard 3.2: Health Communication. To accomplish this, the LPHS:

- Develops health communication plans addressing media and public relations, as well as guidelines for sharing information among stakeholders.
- Utilizes relationships with media channels (e.g., print, radio, television, Internet) to share health information with general and targeted audiences.
- Identifies and trains spokespersons on public health issues.

LPHS Model Standard 3.3: Risk Communication. To accomplish this, the LPHS:

- Develops an emergency communications plan to effectively create and disseminate materials for each stage of a crisis according to recognized theories and methods.
- Ensures adequate resources to enable a rapid emergency communications response.
- Provides crisis and emergency communications training for employees and establishes protocols for the dissemination of public information and instructions during a public health emergency.
- Maintains current, accurate 24 hours-per-day, 7 days-per-week contact information and collaborative relations with news media, public information officers (PIOs), and partners.

Essential Service #4

Mobilize Community Partnerships to Identify and Solve Health Problems

LPHS Model Standard 4.1: Constituency Development. For effective constituency development, the LPHS:

- Has a process to identify key constituents for population-based health in general and for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).
- Encourages the participation of its constituents in community health activities, such as in identifying community issues and themes and engaging in volunteer public health activities.
- Establishes and maintains a comprehensive directory of community organizations.
- Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.

LPHS Model Standard 4.2: Community Partnerships. To accomplish this, the LPHS:

- Establishes community partnerships and strategic alliances to assure a comprehensive approach to improving health in the community.

- Assures the establishment of a broad-based community health improvement committee.
- Assesses the effectiveness of community partnerships and strategic alliances in improving community health.

Essential Service #5

Develop Policies and Plans that Support Individual and Community Health Efforts

LPHS Model Standard 5.1: Governmental Presence at the Local Level. To accomplish this, the LPHS:

- Includes a local governmental public health entity to assure the delivery of the Essential Public Health Services to the community.
- Assures the availability of adequate resources for the local health department's contributions to the provision of Essential Public Health Services.
- Maintains an appropriate relationship with its local governing entity (e.g., local board of health, county commission, state health agency).
- Coordinates with the state public health system.

LPHS Model Standard 5.2: Public Health Policy Development. To assure effective public health policy, the LPHS:

- Contributes to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process.
- Alerts policymakers and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies.
- Reviews existing policies at least every three to five years.

LPHS Model Standard 5.3: Community Health Improvement Process and Strategic. To accomplish this, the LPHS:

- Establishes a community health improvement process, which includes broad-based participation and uses information from community health assessments as well as perceptions of community residents.
- Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy. Because the activities of the local health department should be focused on community public health needs and issues, specific attention is given to this organization's strategic plan.

- The local health department: Conducts organizational strategic planning activities and reviews its organizational strategic plan to determine how it can best be aligned with the community health improvement process.

LPHS Model Standard 5.4: Plan for Public Health Emergencies. In order to plan for public health emergencies, the LPHS:

- Establishes a task force to develop and maintain emergency preparedness and response plans.
- Develops a plan that defines public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan, describes organizational responsibilities, and establishes standard operating procedures and clearly outlines alert and evacuation protocols.
- Tests the plan through the staging of one or more “mock events,” and revises the plan as necessary at least every two years.

Essential Service #6

Enforce Laws and Regulations that Protect Health and Ensure Safety

LPHS Model Standard 6.1: Review and Evaluation of Laws, Regulations, and Ordinances.

In order to accomplish this, the LPHS:

- Identifies public health issues that can only be addressed through laws, regulations, or ordinances.
- Is knowledgeable about current federal, state, and local laws, regulations, and ordinances that protect the public’s health.
- Reviews public health laws, regulations, and ordinances at least once every five years.
- Has access to legal counsel for assistance in the review of laws, regulations, and ordinances.

LPHS Model Standard 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances. In order to accomplish this, the LPHS:

- Identifies local public health issues that are not adequately addressed through existing laws, regulations, and ordinances.
- Participates in the modification of existing laws, regulations, and ordinances and/or the formulation of new laws, regulations, and ordinances designed to assure and improve the public’s health.
- Provides technical assistance for drafting proposed legislation, regulations, and ordinances.

LPHS Model Standard 6.3: Enforcement of Laws, Regulations, and Ordinances. To enforce laws, regulations, and ordinances, the LPHS:

- Identifies organizations within the LPHS that have authority to enforce public health laws, regulations, or ordinances.
- Assures that a local governmental public health entity is appropriately empowered through laws and regulations to act in public health emergencies and implement necessary community interventions.
- Assures that all enforcement activities are conducted in accordance with laws, regulations, and ordinances.
- Informs and educates individuals and organizations of the meaning and purpose of public health laws, regulations, and ordinances with which they are required to comply.
- Evaluates the compliance of regulated organizations and entities.

Essential Service #7

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

LPHS Model Standard 7.1: Identification of Personal Health Service Needs of Populations. To accomplish this, the LPHS:

- Identifies populations in the community who may experience barriers to the receipt of personal health services.
- Defines personal health service needs for the general population and for those populations who may experience barriers to personal health services. This includes defining specific preventive, curative, and rehabilitative health service needs for the jurisdiction.
- Assesses the extent to which personal health services in the jurisdiction are available and utilized by populations who may encounter barriers to care.

LPHS Model Standard 7.2: Assuring the Linkage of People to Personal Health Services.

To accomplish this, the LPHS:

- Links populations to personal health services, including populations who may encounter barriers to care.
- Provides assistance in accessing personal health services in a manner that recognizes the diverse needs of unserved and underserved populations.
- Enrolls eligible beneficiaries in state Medicaid or Medical and Prescription Assistance Programs.
- Coordinates the delivery of personal health and social services to optimize access.

Essential Service #8

Assure a Competent Public and Personal Health Care Workforce

LPHS Model Standard 8.1: Workforce Assessment, Planning, and Development. To accomplish this, organizations within the LPHS:

- Establish a collaborative process to periodically determine the competencies, composition, and size of the public and personal health workforce that provides the Essential Public Health Services.
- Identify and address gaps in the public and personal health workforce, ideally using information from the assessment.
- Distribute information from the workforce assessment to community organizations, including governing bodies and public and private agencies, for use in their strategic and operational plans.

LPHS Model Standard 8.2: Public Health Workforce Standards. To accomplish this, organizations within the LPHS:

- Are aware of and in compliance with guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services.
- Periodically develop, use, and review job standards and position descriptions that incorporate specific competency and performance expectations.
- Evaluate members of the public health workforce on their demonstration of core public health competencies and those competencies specific to a work function or setting and encourage staff to respond to evaluations and performance goal adjustments by taking advantage of continuing education and training opportunities. Workforce standards are essential for each organization within the local public health system, but are particularly important for the local health department (LHD) where a large concentration of public health professionals exists.
- To fulfill these important obligations the LHD:
 - Develops written job standards and/or position descriptions for all LHD personnel.
 - Conducts annual performance evaluations of personnel within the LHD.

LPHS Model Standard 8.3: Life-Long Learning Through Continuing Education, Training, and Mentoring. To accomplish this, organizations within the LPHS:

- Identify education and training needs and encourage opportunities for workforce development.
- Provide opportunities for all personnel to develop core public health competencies.
- Provide incentives (e.g., improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.

- Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.

LPHS Model Standard 8.4: Public Health Leadership Development. To accomplish this, the organizations within the LPHS:

- Provide formal (e.g., educational programs, leadership institutes) and informal (e.g., coaching, mentoring) opportunities for leadership development for employees at all organizational levels.
- Promote collaborative leadership through the creation of a public health system with a shared vision and participatory decision-making.
- Assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources.
- Provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.

Essential Service #9

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

LPHS Model Standard 9.1: Evaluation of Population-Based Health Services. To accomplish this, the LPHS:

- Evaluates population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.
- Assesses community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes.
- Identifies gaps in the provision of population-based health services.
- Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.

LPHS Model Standard 9.2: Evaluation of Personal Health Services. To accomplish this, organizations within the LPHS:

- Evaluate the accessibility, quality, and effectiveness of personal health services.
- Evaluate personal health services against established standards.
- Assess the satisfaction of clients (including those at increased risk of negative health outcomes).

- Use information technology to assure quality of personal health services and communication among providers.
- Use evaluation findings to modify their strategic and operational plans and to improve services and programs.

LPHS Model Standard 9.3: Evaluation of the Local Public Health System. To accomplish this, the LPHS:

- Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.
- Evaluates the comprehensiveness of LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the evaluation process.
- Assesses the effectiveness of communication, coordination, and linkage among LPHS entities.
- Uses information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.

Essential Service #10

Research for New Insights and Innovative Solutions to Health Problems

LPHS Model Standard 10.1: Fostering Innovation. To accomplish this, organizations within the LPHS:

- Enable staff to identify new solutions to health problems in the community by providing the time and resources for staff to pilot test or conduct studies to determine the feasibility of implementing new ideas.
- Propose public health issues to organizations that do research for inclusion in their research agendas.
- Research and monitor best practice information from other agencies and organizations at the local, state, and national level.
- Encourage community participation in research development and implementation (e.g., identifying research priorities, designing studies, preparing related communications for the general public).

LPHS Model Standard 10.2: Linkage with Institutions of Higher Learning and/or Research. To accomplish this, the LPHS:

- Develops relationships with these institutions that range from patterns of consultation to formal and informal affiliations.

- Partners with institutions of higher learning or research to conduct research activities related to the public's health, including community-based participatory research.
- Encourages collaboration between the academic/research and practice communities, including field training experiences and continuing education opportunities.

LPHS Model Standard 10.3: Capacity to Initiate or Participate in Research. To accomplish this, the LPHS:

- Includes or has access to researchers with the knowledge and skill to design and conduct health-related studies.
- Ensures the availability of resources (e.g., databases, information technology) to facilitate research.
- Disseminates research findings to public health colleagues and others (e.g., publication in journals, websites).
- Evaluates the development, implementation, and impact of LPHS research efforts on public health practice.