



2014-2016 WilCo Community Health Improvement Plan Final Progress Report

This report provides a final update on the progress made towards completion of the 2014-2016 Williamson County (WilCo) Community Health Improvement Plan (CHIP). The collective responsibility for improving the health of the people of Williamson County is shared by the community partners through the coordinating structure of the Wilco Wellness Alliance (WWA). The WWA is Williamson County's health and wellness coalition comprised of a diverse group of community members and organizations from healthcare, school, government, business, non-profit, and faith-based organizations. The accomplishments, challenges, and lessons learned will inform the development of the 2017-2019 CHIP, which will address the changing needs identified in the updated 2016 Williamson County Community Health Assessment (CHA). The Williamson County and Cities Health District (WCCHD), WWA Community and Working Groups, and support staff monitored and reported progress on the health improvement objectives defined in the 2014-2016 CHIP.

Wilco Wellness Alliance

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Robert Pinhero, *North Williamson*
Reggie Davidson, *South Williamson*

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Executive Summary

The 2014-2016 Williamson County Community Health Improvement Plan (CHIP) detailed the goals and objectives for the community's health improvement priorities, outlining a plan of action through 2016. The CHIP was developed in partnership with the community to respond to the health priorities identified by the 2013 Community Health Assessment (CHA). As the WWA worked on the plan, they made appropriate modifications based on emerging health needs, feasibility issues, and competing priorities.

A ★ in the following table indicates that Williamson County has met or exceeded the target for that objective. This report includes activities performed by community partners and the Wilco Wellness Alliance (WWA) from March 2014 to August 2016. As of September 1, 2016, 27 out of 39 (69.2%) of CHIP objectives were met. The original CHIP was a three-year plan, but the alignment of CHA development cycle with area hospitals necessitated reducing the scope to just two years. As such, the unmet objectives will be assessed by the WWA for inclusion, exclusion, or modification to carry forward into the new 2017-2019 CHIP.




Progress as of September 1, 2016

| Priority area and objective: By 2016... | | Baseline | 2014-2015 | 2015-2016 |
|---|--|-------------|-------------------------------|---|
| Healthcare Availability | | | | |
| ★ | Increase participation of Williamson County providers in the Health Information Exchange (HIE) from six to ten. | 6 | 7 | 43; Achieved |
| ★ | Decrease the activation of enrolled EMS High Utilization Group by 50% and maintain that average over consecutive years. | N/A | 81% | 85%; Achieved |
| ★ | Develop electronic patient referral protocols among diverse care providers in Williamson County. | N/A | In progress | Achieved |
| | Establish a partnership with transportation service(s) to provide transportation assistance for community members in need. | N/A | In progress | Partially achieved |
| ★ | Increase the number of providers who have expanded their availability of preventive services and primary care from zero to three. | 0 | 3 | Achieved |
| Behavioral Health | | | | |
| | Provide community awareness and education events targeted to reach at least 25% of the Williamson County population. | 0 | # events unknown; 974 reached | 128 events, reach of 17,692 persons; Partially achieved |
| ★ | Increase the number of Williamson County prevention and outreach activities in five intervention strategies by 20%. | Unavailable | 6 | 62; Achieved |
| | Increase the number of opportunities for screening and early detection of mental health conditions by 10 organizations or practices. | Unavailable | 4 | 8; Partially achieved |
| ★ | Establish early intervention and treatment resources that are publically available. | N/A | Achieved | Achieved |
| ★ | Integrate and expand treatment options for intensive mental health care and care transitions. | N/A | Achieved | Achieved |
| | Support integration of primary care and behavioral health care, as evidenced by increased use of standard referral protocols by 30% over baseline. | Unavailable | 3 | 3; Partially achieved |
| | Increase the collection and use of consistent mental health data by three data elements and 20% more users. | Unavailable | Unavailable | 3+ elements – Completed; % users unknown – Partially achieved |

| Priority area and objective: By 2016... | | Baseline | 2014-2015 | 2015-2016 |
|---|---|---------------------------------|-------------------|---|
| Active Living Support | | | | |
| ★ | Identify comprehensive master plans that consider parks, trails, systems, sidewalks, and bicycle lanes. | N/A | Achieved | Achieved |
| ★ | Increase trail mileage from 15 miles to 20 miles. | 15 | In progress | 21; Achieved |
| ★ | Increase opportunities for physical activity campaigns from one to four. | 1 | 4 | 7; Achieved |
| Chronic Disease | | | | |
| ★ | Increase the number of organizations working together to provide evidence-based chronic disease prevention education from zero to ten. | 0 | 7 | 11; Achieved |
| | Increase the availability of educational and community-based programs designed to prevent chronic diseases from baseline by ten. | 31 | 32 | 27; Not achieved |
| Active Living | | | | |
| ★ | Increase the number of parks, trails, and paths with educational and healthy messaging from two to five. | 2 | 5 | 5; Achieved |
| ★ | Increase opportunities for physical activity campaigns from one to four. | 1 | 4 | 7; Achieved |
| | Increase number of providers utilizing active living resources as a tool for improving health in individuals 55 years and older from zero to three. | 0 | On hold | Not achieved |
| | Assess organizations on their barriers to accessing physical activity opportunities from zero to ten. | 0 | On hold | 1; Partially achieved |
| Employee Health | | | | |
| ★ | Increase the number of employers participating in comprehensive worksite wellness through the Employee Wellness Forum from four to ten. | 4 | 23 | 23; Achieved |
| ★ | Increase the number of worksites and hospitals with recognized breastfeeding-friendly practices and policies from 13 to 20. | 13 | 14 | 20; Achieved |
| | Increase the number of employers who provide access to smoke-free environments for their employees from baseline by five. | Unavailable | In progress | 1; Partially achieved |
| Healthy Eating | | | | |
| | Increase the number of sites which highlight healthy menu items meeting specific guidelines from calories, total fat, saturated fat, trans fat, and sodium from 12 to 25. | 12 | 15 | 15; Partially achieved |
| | Increase collaborative partnerships that support awareness and utilization of community gardens, Farmers' Markets, and other agricultural initiatives from 24 to 35. | 24 | 28 | 28; Partially achieved |
| ★ | Increase the number of nutrition education programs available to families and children (age 0 to 17) from baseline by five. | 9 | 13 | 21; Achieved |
| Substance Abuse | | | | |
| ★ | Increase the number of school-based prevention presentations to adolescents and youth from baseline by ten. | 17 presentations, 775 attendees | 105 presentations | 36 presentations, 1000+ attendees; Achieved |
| ★ | Increase collaborative partnerships that support awareness of alcohol, tobacco, and other drug related resources and treatment options from 32 to 42. | 32 | 55 | 54; Achieved |
| | Increase access to tobacco-free environments from baseline by ten. | Unavailable | On hold | 5; Partially achieved |
| Controlling Contagious Disease | | | | |
| ★ | Increase the percentage of children in Williamson County under six years of age with two or more immunizations recorded in ImmTrac from baseline by 5%. | 75% nationally, unknown locally | In progress | 84%; Achieved |

| | | | | |
|--|--|----------|-------------|--------------------|
| ★ | Integrate WCCHD Environmental Health Services and Epidemiology information systems for routine review and dissemination of data to detect and define risks to public health related to food safety and infections from mosquito-borne viruses. | N/A | Achieved | Achieved |
| Priority area and objective: By 2016... | | Baseline | 2014-2015 | 2015-2016 |
| ★ | Utilize Healthy Williamson County to display community-specific education materials on pertussis, chickenpox, campylobacteriosis, and salmonellosis. | N/A | In progress | Achieved |
| Emergency Preparedness | | | | |
| ★ | Develop an information sharing process that ensures a common operating picture among emergency management and the healthcare community within Williamson County. | N/A | Achieved | Achieved |
| ★ | Develop a common set of health and safety processes/guidelines for all first responders and healthcare organizations within Williamson County. | N/A | In progress | Achieved |
| ★ | Develop a local Williamson County response plan for incidents involving a mass fatality situation. | N/A | In progress | Achieved |
| | Develop a local process for coordinating infectious disease response among emergency management and healthcare partners within Williamson County. | N/A | On hold | Partially achieved |
| | Develop a process to notify emergency management, first responder agencies, public health, and healthcare organizations of an incident within Williamson County. | N/A | On hold | Partially achieved |
| ★ | Develop a process for issuing isolation or quarantine health orders in response to a high consequence infectious disease. [Objective added in 2015.] | N/A | N/A | Achieved |

This report provides greater detail for each priority area in following pages. For easier reference, the authors have added a color-coding system to indicate the completion status for the objectives. The legend below indicates the meaning of each color used.

| | |
|---|--|
| Legend: | |
|  | Over half of the objectives associated with the priority were achieved. |
|  | Over half of the objectives associated with the priority were partially achieved. |
|  | Over half of the objectives associated with the priority were not yet started, not achieved, or on hold. |

Also, for the sake of simplicity the term “Year One” will refer to April 2014 through March 2015, and “Year Two” will refer to April 2015 through August 2016.

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Healthcare Availability

Health Priority: Making basic healthcare available to all residents of Williamson County.

Goal: Enhance the communication and coordination of health care providers in Williamson County to improve quality and availability of client information.

Lead WilCo Wellness Alliance Working Group: Systems of Care

| | Objectives. By 2016... | Accomplishments |
|---|---|--|
| ★ | Increase participation of Williamson County providers in the Health Information Exchange (HIE) from six to ten. | In Year One, Bluebonnet Trails Community Services (BTCS), Lone Star Circle of Care (LSCC), Sacred Heart Community Clinic (SHCC), St. David’s Healthcare (Round Rock and Georgetown), Williamson County Emergency Management Services (Wilco EMS), and the County Indigent Healthcare Program (CIHCP) providers participated in the iCare HIE system. Wilco EMS worked with Capital Area Trauma Regional Advisory Council (CATRAC) to develop and implement a data collection and information sharing platform with 14 EMS systems and five hospitals in the region. As of Year Two, there were 43 Williamson County providers participating in an HIE. |
| ★ | Decrease the activation of enrolled EMS High Utilization Group by 50% and maintain that average over consecutive years. | In Year Two, the Wilco EMS Community Paramedicine program reported an 85% reduction in EMS activations by high utilizers as a result of their participation in the program. This reduction is the difference between activations in the 90 days prior to enrollment and 90 days post-graduation. |
| ★ | Develop electronic patient referral protocols among diverse care providers in Williamson County. | In Year Two, Williamson County signed a contract with AuntBertha.com (http://www.wilco.org/communityresources) for a Wilco-branded site that allows for referrals between providers as well as ZIP code-level searches for community resources and social services. Aunt Bertha will provide the robust electronic patient referral capability needed by providers in the county. |
| | Establish a partnership with transportation service(s) to provide transportation assistance for community members in need. | In Year Two, four WCCHD Patient Navigators were certified as Community Health Workers to fill the gap for clients who were unable to visit Williamson County and Cities Health District (WCCHD) to receive services. Patient Navigators also engaged the community through home visits and outreach events. Partnerships with transportation services to provide assistance to community members are still in the development phase. |
| ★ | Increase the number of providers who have expanded their availability of preventive services and primary care from zero to three. | In Year One, WCCHD, Samaritan Health Ministries (SHM), and SHCC expanded clinical service hours and the number of medical staff (nurses, nurse practitioners, and doctors) to increase preventive and primary care service availability in the community. |

Lessons Learned

- Sustainability and adaptability to the changing healthcare environment are important to the success of projects.
- Transportation issues remain a stubborn challenge, with funding and logistics the primary barriers.



Behavioral Health

Health Priority: Continuing efforts to prevent, support, and treat mental health problems.

Goal: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Lead WilCo Wellness Alliance Working Group: Mental Health Task Force

| | Objectives. By 2016... | Accomplishments |
|---|--|--|
| | Provide community awareness and education events targeted to reach at least 25% of the Williamson County population. | <p>In Year One, Bluebonnet Trails and the Youth Behavioral Health Subcommittee of the Mental Health Task Force provided Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), motivational interviewing, and other trainings to over 1,000 individuals. Efforts to increase community awareness included Medicaid 1115 Waiver Delivery System Reform Incentive Payment (DSRIP) Learning Collaborative meetings, health fairs, and a Community Conversation “Speak Your Mind” event as well as media campaigns through social media, print, radio and television.</p> <p>In Year Two, Bluebonnet Trails provided 117 events to over 3,042 people. The Child and Youth Behavioral Task Force of Williamson County provided three awareness events reaching over 14,134 community members. Events included the Proclamation of Children’ Mental Health Awareness Day in Williamson County, Children’s Mental Health Awareness Night at the Dell Diamond, and a booth at the Muddy Miler Family Adventure in Round Rock. Community members learned about local resources and agencies supporting children’s mental health and progress, challenges, and successes regarding children’s mental health in the county.</p> <p>In addition, the Task Force provided eight youth-focused collaborative trainings at no cost to attendees. The training sessions involved 35 training hours, 516 participants, and over 30 agencies. Attendees were trained on topics such as motivational interviewing, trauma informed care, and crisis intervention. The Mental Health in Schools Conference was held over two days covering topics such as drug trends, substance abuse, cyberbullying, and behavioral health best practices.</p> |
| ★ | Increase the number of Williamson County prevention and outreach activities in five intervention strategies by 20%. | <p>In Year One, 85 individuals participated in the annual Mental Health in Schools conference. Bluebonnet Trails provided quarterly school mental health meetings for parents.</p> <p>In Year Two, Bluebonnet Trails provided 25 activities increasing mental health awareness through 12 Mental Health First Aid classes, seven Suicide Prevention forums, and six Health/Community/Independent School Districts (ISDs) fairs. WCCHD Certified Community Health Workers participated in 26 outreach events connecting community members to potential behavioral health services. The Child and Youth Behavioral Task Force of Williamson County provided three awareness events reaching over 14,134 community members and eight youth-focused collaborative trainings including the annual Mental Health in Schools conference at no cost to attendees.</p> |

| | Objectives. By 2016... | Accomplishments |
|---|--|---|
| | Increase the number of opportunities for screening and early detection of mental health conditions by ten organizations or practices. | In Year One, SHM, SHCC, LSCC (Taylor), and Bluebonnet Trails expanded their hours to increase availability. Hutto ISD and three private providers in Hutto implemented depression screening tools into their practice. In Year Two, Bluebonnet Trails provided behavioral health screenings at six health fairs at many ISDs and in the community. |
| ★ | Establish early intervention and treatment resources that are publically available. | In Year Two, Bluebonnet Trails provided 25 activities increasing mental health awareness through 12 Mental Health First Aid classes, seven Suicide Prevention forums, and six Health/Community/ISD Fairs. The Child and Youth Behavioral Task Force of Williamson County provided three awareness events reaching over 14,134 community members and eight youth-focused collaborative trainings including the annual Mental Health in Schools conference at no cost to attendees. |
| ★ | Integrate and expand treatment options for intensive mental health care and care transitions. | In Year One, Bluebonnet Trails opened a Hutto ISD location for outpatient services and in planning phase with Leander ISD. The Expanded Observation Unit is open and exceeding performance and throughput expectations. |
| | Support integration of primary care and behavioral health care, as evidenced by increased use of standard referral protocols by 30% over baseline. | In Year Two, Bluebonnet Trails continued its integrated health center at Hutto ISD and added another clinic in Round Rock. Bluebonnet Trails, SHCC, and SHM continue to collaborate for integrated care. |
| | Increase the collection and use of consistent mental health data by three data elements and 20% more users. | In Year Two, WCCHD added behavioral health indicators to track CHIP progress on the Healthy Williamson County website (http://www.healthywilliamsoncounty.org). Health indicators included data elements from Behavioral Risk Factor Surveillance System (Frequent Mental Distress, Adults who Drink Excessively, and Adults who Smoke) and from Area Health Resource Files (Mental Health Providers). The percentage of users of mental health data was unknown because baselines were not determined prior to measuring progress in Years One and Two. |

Lessons Learned

- More local data sources are needed to describe the behavioral health landscape in the county.
- Baselines should be identified prior to implementation of an improvement plan.
- Objectives and strategies must be SMART (Specific, Measurable, Attainable, Realistic, and Time-bound).



Active Living Support

Health Priority: Creating and improving sidewalks, neighborhood parks/trails, and smoke-free places.

Goal: Williamson County residents will have increased access to active living resources in the county.

Lead WilCo Wellness Alliance Working Group: Active Living

| | Objectives. By 2016... | Accomplishments |
|---|---|---|
| ★ | Identify comprehensive master plans that consider parks, trails, systems, sidewalks, and bicycle lanes. | In Year One, Williamson County made available online comprehensive master plans, including all existing (280.6 miles) and proposed trails (672.6 miles) in the county and in the cities of Round Rock, Cedar Park, Georgetown, Leander, Taylor and Hutto. |
| ★ | Increase trail mileage from 15 miles to 20 miles. | As of Year Two, Williamson County had added 21 miles of trails. |
| ★ | Increase opportunities for physical activity campaigns from one to four. | <p>In Year One, the Parks and Recreation Directors (PARD) member organizations of Cedar Park Parks and Recreation, Georgetown Parks and Recreation, Hutto Parks and Recreation, Leander Parks and Recreation, Round Rock Parks and Recreation, Taylor Parks and Recreation, and WilCo Parks and Recreation held at least four physical activity campaigns and events.</p> <p>In Year Two, Active Living partnered with community partners (such as Bike Hutto) to hold multiple active living events, including a Pickleball Play Day. Additional events held by community partners throughout the county included Cupid’s Chase, Adults with Disabilities Dances, Vern’s No Frills 5K, Walk with a Doc, Parks Pals, and Bike Hutto events.</p> |

Lessons Learned

- Coordination between Active Living Working Group and Active Living Support is needed to promote efforts.



Chronic Disease

Health Priority: Working harder to prevent and treat chronic diseases, such as diabetes and heart disease.

Goal: Decrease the prevalence of chronic diseases (diabetes, cardiovascular disease, obesity) among residents in Williamson County.

Lead WilCo Wellness Alliance Working Groups: Active Living, Healthy Eating

| | Objectives. By 2016... | Accomplishments |
|---|--|---|
| ★ | Increase the number of organizations working together to provide evidence-based chronic disease prevention education from zero to ten. | <p>In Year One, WCCHD hosted collaborative meetings with Texas A&M AgriLife Extension Agency, Area Agency on Aging, SHCC, SHM, the Caring Place, the Georgetown Project, and Palm Valley Lutheran Church. WCCHD conducted the first-ever Health Education Summit, which was well received.</p> <p>In Year Two, WCCHD partnered with Bluebonnet Trails, LSCC, Opportunities for Williamson & Burnet Counties (OWBC), Palm Valley Lutheran Church, Round Rock Parks and Recreation, SHCC, and SHM to conduct 13 evidence-based chronic disease prevention education programs.</p> |
| | Increase the availability of educational and community-based programs designed to prevent chronic diseases from baseline by ten. | <p>In Year One, Texas A&M AgriLife Extension Agency provided training about consistent-with-evidence-based programming to WCCHD staff. Three educational programs were offered in community settings targeting diverse populations.</p> <p>In Year Two, WCCHD conducted three Get Fit, Get Healthy, Get Movin' (G3) programs in Round Rock and Cedar Park, four Step Up and Scale Down programs in Round Rock, Cedar Park, and Taylor, two Diabetes Self-Management programs in Round Rock, one Do Well, Be Well with Diabetes program in Round Rock, one Diabetes Empowerment Education Program (DEEP) in Round Rock, and one Texercise program in Round Rock. In addition, WCCHD partnered with OWBC to implement Energy Balance 101 in 10 Head Start schools throughout the county and also partnered with five additional childcare facilities to implement Energy Balance 101 to provide nutrition and physical activity education to children three to five years of age.</p> |

Lessons Learned

- Staff turnover has hampered the ability to work effectively on some of these issues.
- Recruiting interns to maintain annual health promotion resource assessments is a must.

Health Priority: Teaching the importance of being active and what is already available that can help people move more.

Goal: Increase active living opportunities for residents in Williamson County.

Lead WilCo Wellness Alliance Working Group: Active Living

| | Objectives. By 2016... | Accomplishments |
|---|---|--|
| ★ | Increase the number of parks, trails, and paths with educational and healthy messaging from two to five. | In Year One, Active Living installed WilCo Walking Trail signage in Berry Springs Park, San Gabriel Park, WilCo Regional Park, Champion Park, and Hutto Parks. |
| ★ | Increase opportunities for physical activity campaigns from one to four. | <p>In Year One, Active Living coordinated a countywide Walk Across Williamson/Walk Across Texas event with kickoff meetings held in each of the four quadrants: Georgetown, Round Rock, Cedar Park and Taylor. The PARD member organizations held at least four physical activity campaigns and events.</p> <p>In Year Two, the Active Living group worked with partners in the community, such as Bike Hutto, to hold multiple active living events including the Pickleball Play Day. Additional events held by community partners throughout the county included Cupid’s Chase, Adults with Disabilities Dances, Vern’s No Frills 5K, Walk with a Doc, Parks Pals, and Bike Hutto events.</p> |
| | Increase number of providers utilizing active living resources as a tool for improving health in individuals 55 years and older from zero to three. | <p>In Year One, the City of Georgetown Rec Center offered free Exercise is Medicine classes as a result of funding partnership with the Georgetown Health Foundation.</p> <p>In Year Two, the objective was placed on hold due to a lack of staffing.</p> |
| | Assess organizations on their barriers to accessing physical activity opportunities from zero to ten. | In Year One, initial feedback was obtained through an Employer Wellness Survey. In Year Two, the WWA assessed active living barriers among Bluebonnet Trails staff through a Worksite Wellness Interest Survey. |

Lessons Learned

- Collaboration with PARD member organizations is important to the success of the Working Group.
- Staffing issues significantly impact WCCHD’s ability to plan and conduct activities.



Employee Health

Health Priority: Involving employers in good health practices that lower healthcare costs and help employees do their work better.

Goal: Increase the number of employees with access to healthy worksites.

Lead WilCo Wellness Alliance Working Group: Employee Wellness Forum

| | Objectives. By 2016... | Accomplishments |
|---|---|--|
| ★ | Increase the number of employers participating in comprehensive worksite wellness through the Employee Wellness Forum from four to ten. | In Year One, Bluebonnet Trails, It's Time Texas, City of Hutto, Williamson County Human Resources, Williamson County EMS, Georgetown ISD, The Caring Place and WCCHD participated in the Employee Wellness Forum. In Year Two, WWA assessed wellness among Bluebonnet Trails staff on topics such as healthcare system utilization, healthy eating, active living, physical health, and mental health through a Worksite Wellness Interest Survey. |
| ★ | Increase the number of worksites and hospitals with recognized breastfeeding-friendly practices and policies from 13 to 20. | As of Year Two, over 20 worksites and hospitals were designated Texas Mother-Friendly Worksites. These worksites included all WCCHD sites and clinics, Seton Family of Hospitals, St. David's Healthcare Network, Cedar Park Regional Medical Center, City of Leander, Leander High School, and many more. Additional worksites can be viewed at Texas Mother-Friendly Worksite (http://www.texasmotherfriendly.org/). |
| | Increase the number of employers who provide access to smoke-free environments for their employees from baseline by five. | In Year Two, Bluebonnet Trails made their five campuses in Round Rock, Hutto, Georgetown, Taylor, Cedar Park and Liberty Hill tobacco-free. |

Lessons Learned

- Coordination with Chambers of Commerce is needed to promote employee wellness resources.
- Baselines should be identified prior to implementation of an improvement plan.

Health Priority: Education about eating healthy and what is available to make it possible.

Goal: Increase access to and awareness of healthy and affordable foods in Williamson County.

Lead WilCo Wellness Alliance Working Group: Healthy Eating

| | Objectives. By 2016... | Accomplishments |
|---|---|--|
| | Increase the number of sites which highlight healthy menu items meeting specific guidelines from calories, total fat, saturated fat, trans fat, and sodium from 12 to 25. | In Year One, three new restaurants were certified as <i>Por Vida</i> , a Better Choice For Life establishments: McDonalds (Cedar Park, Leander) and The Egg and I (Round Rock). In Year Two, the objective was placed on hold due to lack of staffing. |
| | Increase collaborative partnerships that support awareness and utilization of community gardens, Farmers' Markets, and other agricultural initiatives from 24 to 35. | In Year One, Texas A&M AgriLife Extension Agency (46 adult and 300 youth classes) and WCCHD (12 classes) offered nutrition education programming. The Working Group also participated in public awareness campaigns focused on National Nutrition Month, community gardens, and other healthy eating related topics. In Year Two, the objective was placed on hold. |
| ★ | Increase the number of nutrition education programs available to families and children (age 0 to 17) from baseline by five. | In Year Two, WCCHD continued their partnership with OWBC to implement Energy Balance 101 in their Head Start classrooms at 10 schools. Additionally, WCCHD partnered with five additional childcare facilities to implement Energy Balance 101 to provide nutrition and physical activity education to children three to five years of age. Further, WCCHD partnered with three afterschool running clubs (one elementary, one intermediate, and one middle school) in Taylor to provide health lessons, including nutrition education. WCCHD conducted three G3 classes in Round Rock and Cedar Park. |

Lessons Learned

- Recruitment for the *Por Vida*, a Better Choice for Life program requires ongoing mass support.
- The Healthy Eating Working Group should continue to collaborate with many community partners and groups to promote healthy eating agenda.



Substance Abuse

Health Priority: Working harder to prevent and treat drug/alcohol/tobacco abuse.

Goal: Decrease the prevalence of alcohol, tobacco, and other drug use in Williamson County.

Lead WilCo Wellness Alliance Working Group: Substance Abuse Collaborative

| | Objectives. By 2016... | Accomplishments |
|---|---|---|
| ★ | Increase the number of school-based prevention presentations to adolescents and youth from baseline by ten. | <p>In Year One, LifeSteps and Bluebonnet Trails were very active in school-based prevention efforts. A total of 105 presentations were conducted in multiple ISDs, across the county.</p> <p>In Year Two, LifeSteps conducted 34 presentations during Red Ribbon Week at schools in Georgetown, Round Rock and Taylor, reaching 980 youths. In addition, LifeSteps partnered with the Texas Municipal Police Association to provide New Drug Trends training to 94 counselors in the Georgetown, Round Rock and Taylor school districts. The School Health Forum coordinated School Health Advisory Committee (SHAC) training for holistic approach to wellness. LifeSteps' staff members also serve on the SHACs for Round Rock ISD, Leander ISD, and Georgetown ISD.</p> |
| ★ | Increase collaborative partnerships that support awareness of alcohol, tobacco, and other drug related resources and treatment options from 32 to 42. | <p>In Year One, the working group collaborated with the Mental Health Task Force to hold a town hall meeting "Speak Your Mind" event. An estimated 70 individuals participated.</p> <p>In Year Two, Bluebonnet Trails licensed five locations for substance use treatment including Round Rock, Hutto, Georgetown and Taylor. LifeSteps increased the number of coalition partnerships from 42 to 49. LifeSteps, along with the DEA and local law enforcement in Cedar Park, Leander, Georgetown, Round Rock and Taylor, provided two Drug Take-Back Days, collecting 7,309 pounds of medications (including 2,600 pounds from Sun City). And LifeSteps assisted the City of Georgetown in applying to the Capital Area Council of Governments (CAPCOG) for a permanent prescription collection box. The grant was funded in May 2016. LifeSteps and Bluebonnet Trails joined The Georgetown Project in a Youth Summit attended by more than 80 community members. LifeSteps continues to work with youth at The Nest, the Boys and Girls Club and Explorer Posts on issues related to underage drinking and substance use. LifeSteps' second Town Hall Meeting on Underage Drinking involved 40 participants and garnered television and print media coverage.</p> |
| | Increase access to tobacco-free environments from baseline by ten. | In Year Two, the five Bluebonnet Trails campuses in Round Rock, Hutto, Georgetown, Taylor, Cedar Park and Liberty Hill became tobacco-free. |

Lessons Learned

- Coordination with the Mental Health Task Force is needed to enhance efforts.
- Baselines should be identified prior to implementation of an improvement plan.



Controlling Contagious Disease

Health Priority: Working harder to control contagious disease (e.g., pertussis, salmonellosis, gonorrhea) through more prevention and treatment.

Goal: Increase the availability and effectiveness of programs designed to prevent and treat communicable disease.

Lead Organization: Williamson County and Cities Health District (WCCHD)

| | Objectives. By 2016... | Accomplishments |
|---|--|--|
| ★ | Increase the percentage of children in Williamson County under six years of age with two or more immunizations recorded in ImmTrac from baseline by 5%. | In Year Two, the total number of children under six years of age in ImmTrac was 33,734 and the total number of children under 6 years of age with two or more vaccines in ImmTrac was 28,300 (83.9%). |
| ★ | Integrate WCCHD Environmental Health Services and Epidemiology information systems for routine review and dissemination of data to detect and define risks to public health related to food safety and infections from mosquito-borne viruses. | <p>In Year One, the Food Safety and Mosquito Control Working Groups were established conducted regular meetings. WCCHD oversaw and approved newly developed Standard Operating Guidelines (SOGs) for Mosquito Trapping and Surveillance as well as Standard Operating Procedures (SOPs) for Food Establishment and Foodborne Illness Complaint Response.</p> <p>In Year Two, the WCCHD Division of Disease Control and Prevention (DCP) and the Division of Environmental Health Services (EHS) held meetings to determine major process changes for the way Food Establishment Complaints would be documented, responded to, and retained. These changes reduced unnecessary data entry, clarified departmental roles, and enhanced passive surveillance of potential food safety events arising from establishments within WCCHD’s jurisdiction. In early 2016, the Zika Planning Task Force was established with staff from EHS, DCP, Emergency Preparedness and Response (EPR), and Administration. The Task Force created and maintained the “Environmental and Educational Response to Chikungunya, Dengue, or Zika Cases in Williamson County, TX” document, which continues to evolve based on recommendations from the Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS). Additionally, the Task Force conducted a Zika Community Assessment for Public Health Emergency Response (CASPER) to directly assess needs and educate WilCo citizens.</p> |
| ★ | Utilize Healthy Williamson County to display community-specific education materials on pertussis, chickenpox, campylobacteriosis, and salmonellosis. | In Year One, WCCHD posted briefs on pertussis, salmonellosis, and chickenpox to their website (http://www.wcchd.org) and provided reciprocal links with the Healthy Williamson County website (http://www.healthywilliamsoncounty.org). |

Lessons Learned

- Coordination with Systems of Care for issues related to notifiable conditions is needed.
- Baselines should be identified prior to implementation of an improvement plan.



Emergency Preparedness

The Williamson County Public Health and Medical Preparedness Coalition developed their own version of a CHIP focused solely on emergency preparedness. Accomplishments, lessons learned, and status updates concerning the following objectives are routinely monitored and reported to the WWA. Future iterations of the CHIP will include an emergency preparedness component.

Lead WilCo Wellness Alliance Working Group: Public Health and Medical Preparedness Coalition

| | Objectives. By 2016... | Accomplishments |
|---|--|--|
| ★ | Develop an information sharing process that ensures a common operating picture among emergency management and the healthcare community within Williamson County. | As of Year Two, the coalition coordinated the system configuration and developed a WebEOC training process to improve the use of WebEOC software across the county. Additionally, the coalition utilized the Public Health Information Network (PHIN) for coordinating the coalition, information sharing, and developing processes for use during a disease-related response. |
| ★ | Develop a common set of health and safety processes/guidelines for all first responders and healthcare organizations within Williamson County. | As of Year Two, the coalition developed a Designated Infection Control Officer (DICO) guidebook for first responder agencies and provided infection control education for DICOs; coordinated the development of infection control policies and procedures for all agencies within Williamson County; coordinated training for ImmTrac and began to collect immunization records for some first responder agencies across the county; provided a First Responder Mental Health Training and Conference in June 2015 that focused on mental health illness awareness, mental resiliency, and mental health first aid; and started the First Responder Mental Health Workgroup to assess and develop mental health training for all first responder agencies across the county. |
| ★ | Develop a local Williamson County response plan for incidents involving complex fatality management. | As of Year Two, the coalition coordinated and developed a local county-wide plan for fatality management, conducted a fatality management workshop with local response agencies, and conducted a table top exercise with local response agencies. |
| | Develop a local process for coordinating infectious disease response among emergency management and healthcare partners within Williamson County. | In Year One, the coalition developed a series of draft documents for white powder response protocols. In Year Two, the coalition workgroup was temporarily placed on hold until other planning priorities were accomplished. |
| | Develop a process to notify emergency management, first responder agencies, public health, and healthcare organizations of an incident within Williamson County. | In Year One, the coalition developed a draft notification process. In Year Two, this workgroup was temporarily placed on hold until other planning priorities were accomplished. |
| ★ | Develop a process for issuing isolation/quarantine health orders in response to a high consequence infectious disease. [Objective added in Year Two] | In Year Two, the coalition developed a health order development algorithm, a health order legal process algorithm, and legal document templates specific to Williamson County. In addition, the coalition conducted a table top exercise with a focus on the health order development and enforcement process. |

Lessons Learned

- Develop clear goals and objectives for each workgroup, and develop a Workgroup Action Plan to ensure sustained progress and accountability.

Summary

Despite only completing two of the three years of the CHIP, the WWA, community stakeholders, and WCCHD have made significant progress towards improving the health of the people of Williamson County. Accordingly, it is unsurprising that two out of every three objectives were successfully completed. This Final Progress Report is the end of the 2014-2016 CHIP, but is just the beginning of the next iteration as part of an ongoing broader community health improvement process.

A new cycle of health improvement has begun; the 2016 provides us with a fresh assessment of the community's health needs and priorities. During the fall of 2016, Working Groups and community partners will continue to develop a new three-year 2017-2019 CHIP and incorporate the findings from this report.

The new CHIP will again outline the community health improvement process, implement strategies for action, and establish accountability to ensure improvements in the health status of the community. This iterative approach to assessment and improvement will continue as we meet the changing needs of our growing community.

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