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2014

# **Tarrant County Community Health Improvement Plan**

*Because Health Matters...*



**TARRANT COUNTY  
VOICES FOR HEALTH**

Empowered People Living Healthy in a Vibrant and Safe Community



Dear Community Partner,

The Tarrant County Community Health Improvement Plan illustrates four priority issues. Our community will work together over the next 3-5 years to address these priorities in order to improve health and wellness in Tarrant County. This has been a remarkable journey and we look forward to working with the community to make healthy people the foundation of our thriving community.

From February 2012 through December 2013, Tarrant County Public Health partnered with over 100 stakeholders to lead a comprehensive community health planning initiative. The community health improvement planning process was completed in December 2013 with a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP) for Tarrant County.

The Tarrant County CHA represents a collaborative and community participatory process in order to illustrate our health status, strengths, and opportunities for the future. The Tarrant County CHIP illustrates the four priority issue areas that our community, including residents, businesses, partners, and stakeholders, will work together on addressing and improving.

The drive, diligence, and support from the MAPP Steering Committee, MAPP Core Support Team, CHIP Subcommittee and CHIP workgroup members made planning, conducting, and completing this improvement plan possible. Through our community's health improvement planning process, we share our community's collective story. Thank you for your ongoing contributions to this remarkable community health improvement process.

We appreciate you taking the time to read this plan, to learn more about how you can help to assure a healthy community for yourself, your family and the members of the community. If you want to join us in making Tarrant County healthier, send your information to [TCVFH@tarrantcounty.com](mailto:TCVFH@tarrantcounty.com). Please feel free to contact Yvette M. Wingate at 817-321-5318 should you have any questions or concerns.

Yours in Health,

Lou. K. Brewer, RN, MPH, PhD  
Director, Tarrant County Public Health



Dear Community Partner,

I am honored to have been your coxswain as I encouraged you to “Row, Row, Row!” into unfamiliar waters. I was pleased to lead the process that you so graciously followed. Your tenacity and persistence have resulted in a wonderful plan that when implemented will result in a healthier Tarrant County. The beauty of the plan is that it goes beyond your organizational efforts, encompassing collective thought and creative ideas that can grow as the health needs of our community changes. Our collective thoughts have gone “outside the box” as each partner identified where their skills and expertise can bring the greatest good.

I know that the Tarrant County Community Health Improvement Plan will leave the pages as each of our partners establishes organizational plans for implementing their part of the CHIP. My excitement comes from the anticipated outcomes each partner brings to creating a healthy county. As a working, living document, each accomplished goal provides the foundation for the achievement of additional goals.

I believe that our MAPP process has established a best practice model for state and national emulation. We can be very proud of that. Let's continue to move forward, modeling new ways to address health issues for our community. I know we can and I know we will!

Lastly, I remain committed to serving you and the community. Please let me know how I can best support your efforts.

Yours truly,

A handwritten signature in black ink that reads “Yvette M. Wingate”. The signature is fluid and cursive, with the first name being the most prominent.

Yvette M. Wingate, MPA  
MAPP Coordinator

## ACKNOWLEDGEMENTS

The dedication, expertise, and leadership of the following agencies and people made the 2014 Tarrant County Community Health Improvement Plan a collaborative, engaging, and substantive plan that will guide our community in improving the health and wellness for the residents of Tarrant County. Special thanks to all of you.

To the MAPP Steering Committee and MAPP Core Support Team members: Your perseverance, guidance, and management continuously exceed expectations. Thank you for taking the lead and motivating others to do the same.

To CHIP Subcommittee members and Workgroup Chairs and members: Your insight, dedication, and expertise are unparalleled. We look forward to our continued partnership.

To Jay Singleton with Tarrant County Administration, for working with us to design the Tarrant County Voices For Health logo.

Lastly, to our fearless leader, our “coxswain”, Yvette M. Wingate, for strategic community health improvement planning expertise, insight, and passionate facilitation. Those homework assignments kept us on track and continuously engaged, thank you.

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## EXECUTIVE SUMMARY

Where and how we live, learn, work, and play affects our health. Understanding how these factors influence health is critical for developing the best strategies to address them. To accomplish these goals, Tarrant County Public Health in collaboration with representatives from social services, health care organizations, neighborhoods, businesses, schools, faith-based organizations and local government – led a comprehensive community health planning effort to measurably improve the health of Tarrant County, TX residents. This effort, which progressed with no formal funding, includes two major phases:

1. A community health assessment (CHA) to identify the health related needs and strengths of Tarrant County.
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Tarrant County.

In addition to guiding future services, programs, and policies for these agencies and the area overall, the CHA and CHIP are also required prerequisites for the health department to earn accreditation, which indicates that the agency is meeting national standards.

The 2014 Tarrant County CHIP was developed over the period February 2013 – January 2014, using the key findings from the CHA, which included qualitative data from focus groups, listening sessions and community-wide meetings that were conducted locally, as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas. The CHA is accessible at <http://www.tarrantcounty.com/ehealth/site/default.asp>.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Tarrant County assessment and planning process engaged community members and Local Public Health System (LPHS) partners through different avenues:

- the **Mobilizing for Action Through Planning and Partnerships (MAPP) Steering Committee** was responsible for overseeing the community health assessment, identifying the health priorities, and overseeing the development of the community health improvement plan,
- the **MAPP Core Support Team** was the overall management of the process,
- the **Subcommittees**, which represented broad and diverse sectors of the community, were formed around each of the four MAPP assessments to ensure comprehensive data collection and analysis, and
- the **Workgroups**, which represented broad and diverse sectors of the community, were formed around each health priority area to develop the goals, objectives and strategies for the CHIP.

The MAPP Steering Committee and the MAPP Core Support Team recognized that it was important to outline an inspirational vision and to identify a set of shared values that would support the planning process and the CHIP itself. The Steering Committee and Core Support Team participated in several brainstorming activities and developed the following vision and shared values for the CHA and CHIP:

### Vision

**Empowered people living healthy in a vibrant and safe community.**

## Shared Values

- **Trust:** We value a community where trust is fostered, barriers removed and participation increased.
- **Respect:** We value a community where the right of all to enjoy a healthy and flourishing community is respected.
- **Equity:** We value a community where all people have access and opportunity abounds.
- **Health:** We value a community where all people are empowered to make healthy choices.
- **Safety:** We value a community where all people can enjoy safe and clean neighborhoods, parks and schools.
- **Education:** We value a community where health education is abundant.

The MAPP Steering Committee and MAPP Core Support Team participated in a prioritization activity and identified the following data-driven priority health issues that would be addressed in the CHIP:

### Priority Area 1: Education

Goal 1: Progressively influence living and working conditions that will have a positive impact on the health and behavior of individuals and communities.

Goal 2: Develop effective learning opportunities in knowledge, attitude and skills for Tarrant County residents to live in holistic wellness.

Goal 3: Improve educational, career and vocational opportunities for adolescents.

### Priority Area 2: Environment

Goal 1: Engage Tarrant County residents to increase awareness of opportunities for healthy and safe environments.

Goal 2: Improve walkability surrounding Tarrant County elementary school neighborhoods.

Goal 3: Create a more livable community for all throughout Tarrant County.

### Priority Area 3: Health Care Access

Goal 1: Enhance access to high quality health care through health literacy.

### Priority Area 4: Partnerships

Goal 1: Develop collaborative tools to share critical knowledge among key stakeholders and partnerships to assure a comprehensive approach to improving public health.

Goal 2: Foster effective community partnerships and strategic alliances across the Tarrant County community.

Goal 3: Increase access to resources across Tarrant County through engagement of key stakeholders in the Tarrant County community to create collective impact.

# TARRANT COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

## Background

Where and how we live, learn, work and play impacts our health. Understanding how these factors affect health is critical for developing the best strategies to address them. To accomplish these goals, Tarrant County Public Health – in collaboration with multiple sectors throughout the local public health system – led a comprehensive community health planning effort to measurably improve the health of Tarrant County, TX residents.

The community health improvement planning process includes two major components:

1. A community health assessment (CHA) to identify the health related needs and strengths of Tarrant County
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Tarrant County

The 2014 Tarrant County CHIP was developed over the period of February 2013 – January 2014, using the key findings from the CHA, which included qualitative data from focus groups, key informant interviews and community meetings that were conducted locally, as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas. The CHA is accessible at <http://www.tarrantcounty.com/ehealth/site/default.asp>.

## Moving from Assessment to Planning

Similar to the process for the Community Health Assessment (CHA), the CHIP utilized a participatory, collaborative approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process. MAPP was developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention. MAPP, the comprehensive, community-driven planning process for improving health, is a strategic framework that local public health departments across the country have employed to help direct their strategic planning efforts. MAPP comprises distinct assessments that are the foundation of the planning process, and includes the identification of strategic issues and goal/strategy formulation as prerequisites for action. Since health needs are constantly changing as a community and its context evolve, the cyclical nature of the MAPP planning/implementation/evaluation/correction process allows for the periodic identification of new priorities and the realignment of activities and resources to address them.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, Tarrant County Public Health led the assessment and planning process by engaging community members and Local Public Health System (LPHS) Partners through different avenues:

- the **MAPP Steering Committee** was responsible for overseeing the community health assessment, identifying the health priorities, and overseeing the development of the community health improvement plan
- the **MAPP Core Support Team** was the overall management of the process,
- the **Subcommittees**, which represented broad and diverse sectors of the community, were formed around each of the four MAPP assessments to ensure comprehensive data collection and analysis, and
- the **Workgroups**, which represented broad and diverse sectors of the community, were formed around each health priority area to develop the goals, objectives and strategies for the CHIP.

From May 2012 to July 2012, the MAPP Steering Committee and Core Support Team participated in brainstorming and prioritization activities led by the Visioning Subcommittee to develop the vision and shared values for the CHA and CHIP. The Four MAPP Assessments were completed by January 2013 and reports were distributed to the members of the Steering Committee and Core Support Team for their review and feedback.

On February 22, 2013, a summary of the CHA findings was presented to the MAPP Steering Committee and MAPP Core Support Team for review and additional discussion. During this meeting, the group identified issues and themes from which priority health issues were identified and subcategories developed. While many areas were significant, it was emphasized that identifying a few priority areas would enable more focus and collaboration for impacting the community. A multi-voting process using sticky notes and agreed upon selection criteria was used to identify which of the subcategories within the four main priority health issues would be addressed in the CHIP. For a complete description of the selection process, please see the section entitled *Development of Data-Based Community Identified Health Priorities*.

## OVERVIEW OF THE COMMUNITY HEALTH IMPROVEMENT PLAN

### What is a Community Health Improvement Plan?

A Community Health Improvement Plan, or CHIP, is an action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. CHIPs are created through a community-wide, collaborative planning process that engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.<sup>1</sup>

### How to use a CHIP

A CHIP is designed to be a broad, strategic framework for community health, and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives and voices so that all community groups and sectors – private and nonprofit organizations, government agencies, academic institutions, community- and faith-based organizations, transportation and citizens – can unite to improve the health and quality of life for all people who live, learn, work, and play in Tarrant County. We encourage you to review the priorities and goals, reflect on the suggested strategies, and consider how you can participate in this effort: individually, within your organizations, and collectively as a community.

### Methods

Spending ten months in the data gathering process allowed time for active community engagement and relationship-building which are crucial to a successful effort. During this time, over 100 community residents were involved in community meetings, focus groups and stakeholder surveys. These dialogues engaged both formal and informal leaders, and a diverse array of providers and citizens with varying ages, races, and ethnicity, to discuss current health data and their perceptions of the community's needs and assets. This engagement helped forge important relationships among community organizations and residents, which helped support the assessment process, refine the research for the study, and provide a solid base on which to develop the CHIP.

The final assessment report, 2013 Tarrant County Community Health Assessment, serves as a living document that will guide future community discussions and strategic planning for Tarrant County Voices for Health and its partners. Building upon the key findings and themes identified in the Community Health Assessment (CHA), the CHIP aims to:

- Identify priority issues for action to improve community health
- Develop and implement an improvement plan with performance measures for evaluation
- Guide future community decision-making related to community health improvement

In addition to guiding future services, programs, and policies for participating agencies and the community overall, the CHIP fulfills the required prerequisites for Tarrant County Public Health to be eligible for accreditation, which indicates that the agency is meeting national standards.

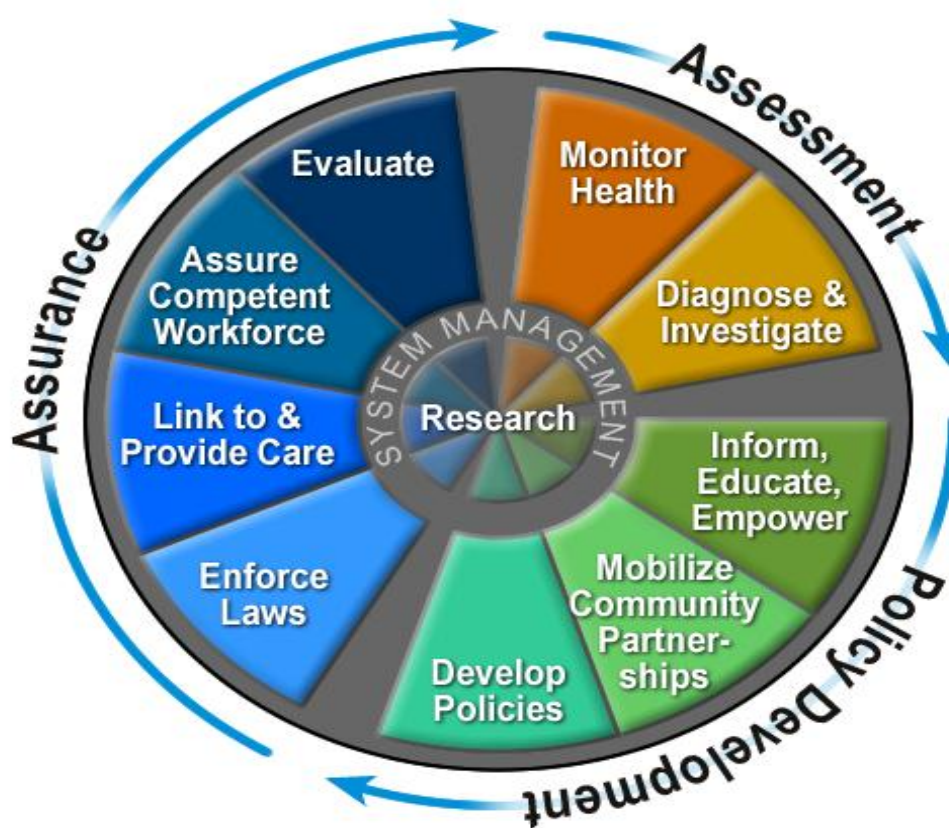
To develop the CHIP, Tarrant County Public Health was the convening organization that brought together community residents and influential leaders in healthcare, community organizations, and other key sectors, such as academic institutions, local government, social services and businesses. Following the guidelines of the National Association of County and City Health Officials (NACCHO), the community health improvement process looks beyond the performance of an individual organization serving a specific segment of a community. It was designed to integrate and enhance the activities of many organizations' contributions to community health improvement, building on current assets, enhancing existing programs and initiatives, and leveraging resources for greater efficiency and impact. The assessment/planning/implementation/evaluation/reassessment process is



a continuous cycle of improvement that seeks to “move the needle” on key health priorities over the course of time.

The 2013 Tarrant County Community Health Assessment was designed to provide valuable quantitative and qualitative data for Tarrant County Voices For Health to use in identifying the major health concerns and issues within Tarrant County. The data collected during the visioning process and the four MAPP assessments (community health, community themes and strengths, forces of change and local public health system) guided the prioritization of the four key health issues that are addressed in this Tarrant County Community Health Improvement Plan. This CHIP is intended to help focus and strengthen each agency’s commitment to improving the health of the community. The goal is that through sustained, focused effort on this overarching framework, a wide range of public health partners and stakeholders engaged in assessment, planning, and implementation will be able to document measured improvement on these key health issues.

The next phase of the CHIP will involve broad implementation of the strategies and action plan identified in the CHIP, and monitoring/evaluation of the CHIP’s key indicators. In order to determine if the action plan outlined in the CHIP resulted in any significant change in the health status of Tarrant County residents, a community health assessment will be implemented again in 2018, followed by the development of a revised Community Health Improvement Plan. The cyclical nature of the Core Public Health Functions described above is illustrated below in Figure 1.



**Figure 1: The Cyclical Nature of the Core Public Health Functions**

Source: Centers for Disease Control and Prevention (CDC), Ten Essential Public Health Services

## DEVELOPMENT OF THE COMMUNITY HEALTH IMPROVEMENT PLAN

### Community Engagement

Tarrant County Public Health (TCPH) led the planning process for Tarrant County Voices for Health (TCVFH) and oversaw all aspects of the CHIP development, including the establishment of the Workgroups and to work out details for identified health priorities. The MAPP Core Support Team and the MAPP Steering Committee continued from the Assessment Phase to the Planning Phase, guiding all aspects of planning and offering expert input on plan components.

Workgroup members were comprised of individuals with expertise and interest in the identified priority areas who volunteered to participate and who represented broad and diverse sectors of the community.

### Strategic Components of the CHIP

The MAPP Steering Committee and the MAPP Core Support Team recognized that it was important to outline a creative and achievable vision, and to identify a set of shared values that would support the planning process and the CHIP itself. To jump start the Visioning process, John McKnight was invited to provide a Visioning Presentation to the community in the morning and a special training in the afternoon to the Steering Committee, Core Support Team and TCPH Extended Leadership Team. Mr. McKnight is the Professor Emeritus of Education and Social Policy, Northwestern University and the Co-Founder, The Asset-Based Community Development Institute. He encouraged the group to include the community in the visioning process. His key point was to focus on the assets of a community and not the problems or needs. Thus, the outcome will be more positive and impactful over time because the community will have buy-in.



***“You don’t know what you need,  
until you know what you have.”***

***~ John McKnight, Professor Emeritus of Education and  
Social Policy, Northwestern University and the Co-Founder,  
The Asset-Based Community Development Institute***

A Visioning Subcommittee was formed to guide the community through a collaborative and creative process that leads to a shared community vision and common values. Input was gathered from the community, MAPP Steering Committee and MAPP Core Support Team members. A mini-visioning brainstorming session was conducted at the May 2012 MAPP Steering Committee Meeting in order to gather information and to provide facilitator training. From June-July 2012, a two-week survey was conducted and distributed to the community via email, links on committee members’ websites and through nine focus groups (at least one was held in each of the four Tarrant County precincts).

Furthermore, the community was asked a key question: When you think of a healthy Tarrant County for those who live, work and play here, what five things do you think are most important? Their responses were the following:

1. Clean & safe physical environments and neighborhoods (27%)
2. Access to affordable health services, including dental, public health and prevention programs (22%)  
Economic and social development (22%)
3. Affordable accessible, nutritious foods (12%)
4. Access to affordable and safe physical activities (11%)
5. Transportation (5%)



During the July 2012 MAPP Steering Committee, the Visioning Subcommittee shared the analyzed data collected in order to finalize the development of the vision and shared values. A unique, engaging method called the “Drumming Circle” was utilized throughout the meeting. It is a method where members were lead in an unspoken activity using drums and other musical instruments. The activity was used to demonstrate how individuals may come together with separate ideas of a vision, but by working together can end up with a shared common vision.



The following vision and shared values were developed for the CHA and CHIP:

## Vision

Empowered people living healthy in a vibrant and safe community.

## Shared Values

- **TRUST**: We value a community where trust is fostered, barriers removed and participation increased.
- **RESPECT**: We value a community where the right of all to enjoy a healthy and flourishing community is respected.
- **EQUITY**: We value a community where all people have access and opportunity abounds.
- **HEALTH**: We value a community where all people are empowered to make healthy choices.
- **SAFETY**: We value a community where all people can enjoy safe and clean neighborhoods, parks and schools.
- **EDUCATION**: We value a community where health education is abundant.

More details about the Visioning process can be found in the 2013 Tarrant County Community Health Assessment.

### Development of Data-Based Community Identified Health Priorities

In January 2013, a summary of the assessment findings was presented to the MAPP Steering Committee and MAPP Core Support Team in order to identify and determine the most critical issues that must be addressed for the community to achieve its vision. The group reviewed data from area assessments, health-related databases and community input. Data references included, but not limited to:

- Tarrant County Behavioral Risk Factor Surveillance System, 2009/2010, Tarrant County Public Health
- Community-Wide Children's Health Assessment and Planning Survey 2008 and 2012 [CCHAPS 2008 and 2012] accessed October 2012 at <http://www.cchaps.org>
- 2012 Local Public Health System Assessment – Results Report for Tarrant County
- 2012 Forces of Change Assessment – Results Report for Tarrant County
- 2012 Community Health Assessment – Results Report for Tarrant County
- 2012-2013 Community Themes and Strength Assessment – Results Report for Tarrant County
- Significant Data Identification Worksheet (NACCHO's toolkit)

The members formed small groups and brainstormed potential strategic issues using the Strategic Issues Relationship Diagram (NACCHO's toolkit). In the MAPP model, strategic issues are framed in the form of a question, and represent the fundamental policy choices or critical challenges that must be addressed in order to achieve the vision of Tarrant County. The following themes emerged most frequently from review of the available data and were considered in the selection of the CHIP health priorities:

- Create and sustain effective partnerships throughout the local public health system
- Improve informing, educating and empowering people on health issues
- Reduce economic impact of unemployable youth and high school dropouts
- Prevent obesity, improve physical activity and nutrition
- Reduce incidence of asthma in children and adults
- Access to healthcare
- Increase neighborhood safety

The members utilized the following common set of selection criteria of the priority public health issues for the CHIP:



1. Key area of need (based on data)
  - a. Size: Many people affected
  - b. Trend: Getting Worse
  - c. Seriousness: Deaths, hospitalizations, disabilities
  - d. Causes; Can identify root causes/social determinants
  - e. Research/evidence-based
2. Achievable/doable
  - a. Feasible and realistic
3. Can define measurable outcomes
4. Resources available or likely
  - a. Builds on or enhances current work
5. Population-based strategies
  - a. Some groups affected more
  - b. Can focus on targeted population(s)
6. Community values
  - a. Community cares about it
  - b. Important to community
7. Can move the needle
  - a. Proven strategies to address multiple wins/catalytic actions
  - b. Collective impact
  - c. Easy short-term wins
8. Political will exists to support change



Very narrow themes were selected whenever possible and then clustered the themes by common causes or intervention techniques. Each participant received sticky notes and indicated 1, 2 or 3 prior to putting next to theme. This process was followed by a show of hands vote, which resulted in the selection of similar issues identified previously during the multi-voting process. The sticky-note voting was conducted in a short amount of time with a sizable group made up of both MAPP Steering Committee and MAPP Core Support Team members.

Based on the results of the multi-voting exercise, the Steering Committee and Core Support Team members agreed that in order to achieve the vision of a healthier Tarrant County, the local public health system will assure our community has access to holistic lifestyle support for the seven components of health and well-being (environmental health, intellectual health, mental health, occupational health, physical health, social health, and spiritual health) through the four specific health priority areas:

1. Education (health and academic)
2. Environment
3. Health Care Access
4. Partnerships



**Figure 2: The GoodNEWS Faith & Gene-Based Holistic Health and Wellness Lifestyle Enhancement Program**

Source: University of North Texas Health Science Center, Family Medicine, 2014

In addition to the health priority areas, the Steering Committee and Core Support Team Members developed a list of cross-cutting strategies to be addressed in the planning and implementation of the CHIP activities as appropriate priorities:

- Access to care
- Coordinated services
- Cross-sector collaboration
- Cultural competence
- Health disparities
- Health equity
- Information access, awareness, and dissemination, especially regarding health literacy
- Public policy change
- Tracking change (measuring impact)

These strategies are aimed at addressing a social determinant of health inequity in Tarrant County. The social determinants of health are the circumstances in which people are born; grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances in turn are shaped by a wider set of forces: economics, social policies, and politics.<sup>2</sup> Addressing the role of social determinants of health is important because it is a primary approach to achieving health equity. Health equity exists when everyone has the opportunity to attain their full potential and no one is disadvantaged.<sup>3</sup>

### Development of the CHIP Strategic Components

The MAPP Steering Committee and Core Support Team planned a community meeting in March 2013 to share the findings from the four MAPP assessments and the identified strategic issues. This meeting was highly attended including representation from state, county and local elected officials.

*“I plan to use the information to promote community health within my activities and relay the importance to Senator Davis.”  
~ Miles Davison, Texas Senator Wendy Davis’ Office*



Following the presentation of the findings, attendees were given the opportunity to participate in an interactive goal and strategy development session regarding the four strategic issues. Participants were given ten minutes to provide input during a facilitated discussion on addressing goals, strategies, resources and barriers. At the end of the meeting, community members and LPHS partners were invited to participate in workgroups based on interest and expertise in each of the four identified strategic areas.

*“Everyone gave great ideas and if we came back together and put the goals in action, we can be successful.” ~ Meeting Participant*

Each workgroup was tasked with formulating Specific, Measurable, Achievable, Relevant and Timely (SMART) goals, objectives, strategies, and performance indicators.<sup>4</sup> The workgroups developed “low-hanging fruit” goals in order to show the community that they heard what they said and were going to do something impactful with the information that was learned. The Workgroups reviewed evidence based strategies from a variety of resources including *the Community Guide to Preventive Services*, *County Health Rankings & Roadmaps: What Works for Health*, Texas Department of State Health Services State and National Public Health Priorities and the *National Prevention Strategy*.

In order to guide the selection of target communities, they also reviewed the health indicators among adults 18 years and older by zip code and various other demographic characteristics, such as age, race/ethnicity, education level and income in Tarrant County (see Tables 1 - 3 below). This was a critical part of the process because when it comes your health, your zip code may be more important than your genetics; thus, indicating short distances to large disparities in health.<sup>5</sup> Also according to the analyses report, *Overcoming Obstacles to Health in 2013 and Beyond*, social factors, such as, early childhood, education, ethnicity, income and race, play a significant role in differences in health.<sup>6</sup> Lastly, as policy is inherently tied to sustainability and effectiveness, it was indicated whether or not strategy implementation would necessitate policy change.

**Table 1: Health indicators among adults 18 years and older by Zip Code, Tarrant County, 2009/2010**

Source: Tarrant County Behavioral Risk Factor Surveillance System, 2009/2010, Tarrant County Public Health

**Health indicators among adults 18 years and older by ZIP Code, Tarrant County, 2009/2010<sup>†</sup>**

ZIP	Fair/Poor Health	Mental Health Not Good	No Health Insurance	Over-weight	Obese	Recomm Physical Activity	Consume Fruit/Veg	Current Smokers	Heavy Alcohol	Binge Drinkers	Heart Disease	High Blood Pressure	Diabetes	Asthma
75050														
75051														
75052														
75261														
76001														
76002														
76006														
76008														
76010														
76011														
76012														
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76137														
76140														
76148														
76155														
76164														
76177														
76179														
76180														
76182														
76244														
76248														
76262														

Highest prevalence

Second highest prevalence

Third highest prevalence

Lowest prevalence

No or suppressed data

<sup>†</sup>Health indicator prevalence rates and definitions provided on back

Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2009/2010, Tarrant County Public Health  
Table provided by: Division of Epidemiology and Health Information, Tarrant County Public Health



**Table 2 and 3: Selected Population Characteristics among Tarrant County Residents, 2007-2011**

Source: Division of Epidemiology and Health Division, Tarrant County Public Health

**Selected Population Characteristics  
among Tarrant County Residents, 2007-2011**

**Table 1a. Median age, race/ethnicity, education level, and income by ZIP code, Tarrant County, 2007-2011**

ZIP	Median Age (in years)	Race/Ethnicity (%)				High School Graduate or Higher (%) <sup>1</sup>	Per Capita Income (2011 Dollars)
		Hispanic	Non-Hispanic Black	Non-Hispanic White	Other		
75050	31.3	47.1	11.8	37.7	3.4	76.5	\$21,369
75051	29.9	56.7	14.9	24.5	3.9	66.3	\$16,264
75052	32.0	34.2	22.8	31.0	12.0	83.2	\$24,550
76001	31.9	19.9	21.1	50.7	8.3	88.7	\$27,168
76002	30.5	25.2	30.0	31.7	13.1	89.2	\$24,861
76006	31.8	19.0	26.7	45.8	8.5	92.6	\$33,456
76008	38.8	8.3	0.3	88.5	2.9	95.3	\$40,054
76010	26.1	56.7	12.1	23.5	7.7	60.7	\$13,651
76011	27.7	48.2	20.5	26.5	4.8	70.2	\$19,717
76012	39.5	20.1	9.0	63.9	7.0	88.7	\$34,600
76013	34.2	12.5	10.4	66.6	10.5	90.5	\$27,598
76014	28.9	36.6	25.8	21.6	16.0	74.8	\$16,494
76015	36.9	23.2	13.9	55.4	7.5	87.6	\$27,001
76016	42.6	10.9	7.4	75.4	6.3	94.1	\$36,725
76017	35.7	14.9	17.2	58.7	9.2	92.9	\$31,613
76018	31.5	26.4	29.1	30.7	13.8	87.3	\$23,525
76020	41.6	6.9	0.8	89.7	2.6	85.4	\$27,574
76021	39.8	8.8	8.7	76.0	6.5	94.6	\$36,749
76022	34.5	15.6	6.8	71.4	6.2	92.4	\$30,535
76028	37.0	10.7	2.5	84.8	2.0	90.9	\$31,297
76034	45.4	6.5	1.4	80.8	11.3	98.3	\$68,814
76036	35.4	14.1	15.1	67.5	3.3	89.0	\$26,444
76039	34.1	17.2	11.2	57.8	13.8	91.7	\$32,844
76040	32.5	23.0	15.9	46.3	14.8	86.8	\$24,394
76051	37.5	15.4	2.0	75.3	7.3	92.8	\$38,304
76052	33.5	11.4	3.4	82.2	3.0	88.6	\$33,604
76053	33.4	25.0	8.0	62.1	4.9	85.1	\$22,874
76054	46.0	5.6	3.2	86.5	4.7	97.0	\$42,208
76060	37.2	7.0	8.6	76.0	8.4	84.5	\$27,543
76063	33.3	17.1	12.9	63.7	6.3	89.5	\$33,686

<sup>1</sup>Among population aged 25 years and older

Data source: U.S. Census Bureau

Data provided by: Division of Epidemiology and Health Information, Tarrant County Public Health

**Table 1b. Median age, race/ethnicity, education level, and income by ZIP code, Tarrant County, 2007-2011**

ZIP	Median Age (in years)	Race/Ethnicity (%)				High School Graduate or Higher (%) <sup>1</sup>	Per Capita Income (2011 Dollars)
		Hispanic	Non-Hispanic Black	Non-Hispanic White	Other		
76092	40.2	3.6	1.3	87.7	7.4	98.4	\$68,097
76102	31.1	20.0	33.6	43.2	3.2	79.2	\$29,998
76103	35.7	43.2	18.3	31.4	7.1	66.8	\$18,027
76104	34.4	37.1	47.8	12.6	2.5	61.8	\$12,588
76105	26.8	57.6	36.0	4.9	1.5	49.2	\$10,128
76106	27.2	80.7	7.2	11.1	1.0	43.2	\$11,348
76107	35.9	25.0	15.5	56.6	2.9	83.1	\$40,406
76108	36.1	19.9	5.9	70.1	4.1	85.5	\$28,755
76109	34.9	8.8	4.0	84.2	3.0	96.8	\$48,734
76110	29.7	67.3	4.1	27.7	0.9	58.9	\$18,374
76111	32.3	63.4	4.3	27.2	5.1	55.4	\$16,550
76112	36.1	22.0	46.3	28.5	3.2	78.9	\$22,348
76114	34.0	44.8	1.4	50.9	2.9	71.1	\$17,829
76115	25.1	70.9	6.3	16.8	6.0	48.5	\$9,805
76116	33.3	26.5	11.0	57.3	5.2	83.9	\$26,349
76117	32.5	41.9	3.2	45.8	9.1	69.2	\$17,468
76118	36.5	14.5	5.5	68.2	11.8	86.4	\$25,616
76119	31.4	38.0	48.2	11.2	2.6	66.4	\$13,060
76120	30.3	16.1	46.8	32.5	4.6	87.7	\$23,934
76123	31.5	16.7	32.6	40.8	9.9	93.0	\$27,778
76126	40.6	9.1	2.8	83.3	4.8	94.0	\$36,694
76127	39.3	27.0	26.3	38.5	8.2	78.4	\$14,061
76131	29.6	27.9	9.5	55.0	7.6	90.5	\$27,354
76132	35.3	13.3	12.5	65.9	8.3	94.6	\$40,976
76133	35.6	30.6	22.6	43.0	3.8	86.3	\$24,927
76134	33.3	35.3	33.4	28.0	3.3	83.1	\$19,545
76135	36.5	25.3	5.3	66.6	2.8	84.0	\$24,542
76137	32.5	18.2	9.3	61.9	10.6	90.1	\$29,611
76140	30.6	32.4	32.8	32.4	2.4	80.8	\$20,367
76148	34.0	19.9	3.9	68.4	7.8	86.9	\$23,307
76155	34.2	25.7	33.2	26.0	15.1	98.1	\$32,287
76164	28.6	92.7	0.8	6.1	0.4	39.2	\$12,132
76177	31.3	12.4	8.5	70.8	8.3	96.8	\$30,982
76179	32.8	20.5	4.4	68.3	6.8	90.4	\$31,028
76180	37.3	19.6	5.3	70.4	4.7	90.4	\$28,281
76244	30.5	17.3	6.7	66.7	9.3	93.5	\$30,498
76248	38.0	6.3	3.2	84.5	6.0	96.4	\$42,719
76262	36.2	8.3	2.3	85.1	4.3	96.9	\$41,993

<sup>1</sup>Among population aged 25 years and older

Data source: U.S. Census Bureau

Data provided by: Division of Epidemiology and Health Information, Tarrant County Public Health

Following an 8-month action cycle, the Workgroups submitted recommendations for the community health improvement plan to the MAPP Steering Committee and MAPP Core support Team for review and approval.

## CHIP IMPLEMENTATION PLAN

*Youth and adult residents, leaders, organizations, schools, business, health care, law enforcement and other sectors in Tarrant County communities are working together to take a holistic approach to improve both community and individual health.*

Real, lasting community change stems from knowing where you are, where you want to be and a clear evaluation of whether efforts are making a difference. Community indicators tell the story about where a community is in relation to its vision, as articulated by its related goals, objectives, and strategies.

### Health Priorities

The MAPP Steering Committee and MAPP Core Support Team established the following health priority areas for the CHIP:

1. Education
2. Environment
3. Health Care Access
4. Partnerships

### Goals, Objectives, Strategies, Partners and Indicators

The following pages outline the Goals, Objectives, Suggested Strategies, Potential Partners and Indicators for the four health priority areas outlined in the CHIP. **See Appendix A for a glossary of terms** used in the CHIP.

PRIORITY AREA	GOAL
<b>1. Education</b>	<ol style="list-style-type: none"><li>1. Progressively influence living and working conditions that will have a positive impact on the health and behavior of individuals and communities.</li><li>2. Develop effective learning opportunities in knowledge, attitude and skills for Tarrant County residents to live in holistic wellness.</li><li>3. Improve educational, career and vocational opportunities for adolescents.</li></ol>
<b>2. Environment</b>	<ol style="list-style-type: none"><li>1. Engage Tarrant County residents to increase awareness of opportunities for healthy and safe environments.</li><li>2. Improve walkability surrounding Tarrant County elementary school neighborhoods.</li><li>3. Create a more livable community for all throughout Tarrant County.</li></ol>

PRIORITY AREA	GOAL
<b>3. Health Care Access</b>	<ol style="list-style-type: none"> <li>1. Enhance access to high quality health care through health literacy.</li> </ol>
<b>4. Partnerships</b>	<ol style="list-style-type: none"> <li>1. Develop collaborative tools to share critical knowledge among key stakeholders and partnerships to assure a comprehensive approach to improving public health.</li> <li>2. Foster effective community partnerships and strategic alliances across the Tarrant County community.</li> <li>3. Increase access to resources across Tarrant County through engagement of key stakeholders in the Tarrant County community to create collective impact.</li> </ol>

## PRIORITY AREA 1: EDUCATION



In order for Tarrant County to move toward becoming healthier for all who live, learn, work and play here, holistic wellness that focuses on the seven dimensions of health and well-being – physical, mental, intellectual, social, spiritual, occupational, and environmental – should be a critical part of that transformation. Health education, civic engagement by youth and adults, academic and vocational opportunities are areas, with concerted efforts, that can achieve a healthy, long-lasting impact. Therefore, access to health education and resources in your own community can enable you to live a healthy lifestyle, prevent chronic diseases and reduce food insecurities.

The U.S. Department of Agriculture (USDA) defines food insecurity as meaning “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”<sup>7</sup> According to the USDA report, *Household Food Security in the United States in 2012*, an average 18.7% of Texas households experienced food insecurity in the years 2010-2012 and 17.9% of Tarrant County households in 2011.<sup>8</sup> Texas ranks among the top twelve states in terms of food insecurity rates, and second in terms of the number of food insecure households. Using related data, the national group Feeding America has estimated that in 2011 there were 319,290 food insecure individuals and children who lived in Tarrant County.<sup>9</sup> Because food insecure families are not food insecure all the time, it may be a reflection of a family’s ability to financially juggle between basic needs, such as housing or medical bills, and purchasing affordable, nutritious food. Thus, empowering Tarrant County community residents with methods to grow and purchase nutritionally adequate foods will help to reduce those who are experiencing food insecurity.

Furthermore, civic engagement is an important aspect to a healthier community as indicated by Tarrant County residents in the results from the MAPP Visioning Survey (July 2012). Civic engagement can be defined as individual and collective actions designed to identify and address issues of public concern.<sup>10</sup> According to the National Physicians Alliance, people who have a voice—whether in the exam room, in the voting booth, or in civic and community life—tend to be healthier.<sup>11</sup> The more voices there are, the healthier our community becomes. Thus, a civic engagement process can lead to creative solutions with community buy-in for implementation impactful strategies, which result in more vibrant, resilient and sustainable communities.

According to research, young adults who become involved with civic activities (i.e., working in a soup kitchen, write a letter to an elected official, etc.) are more likely to complete high school and move on to graduate from college. This is particularly evident in many marginalized students (youth of color, economically disadvantaged or those with limited educational opportunities) who currently constitute a great percentage of those who drop out of school and do not attend college. A crucial step to eliminating those barriers in Texas is the passage of House Bill 5 (amending the education law) during the 83<sup>rd</sup> Texas Legislative session.<sup>12</sup> It will help Tarrant County students to become better prepared for college and vocational opportunities and strengthen drop-out prevention activities. This is important because research finds that there is a direct relationship between health and education, where better educated individuals have more positive health outcomes.<sup>13</sup>

## PRIORITY AREA 1: EDUCATION

**Goal 1:** Progressively influence living and working conditions that will have a positive impact on the health and behavior of individuals and communities.

**Objective 1.1:** By October 2014, engage the community to participate in the political process to address obesity, nutrition, physical activity and sexually transmitted diseases.

**BACKGROUND ON STRATEGY/OBJECTIVE: Increase Civic Engagement**

**Source:** National Center for Biotechnology Information, U.S. National Library of Medicine, National Institutes of Health [www.pubmed.gov](http://www.pubmed.gov); Community Commons [www.communitycommons.org](http://www.communitycommons.org)

**Evidence Base:** *Political Knowledge, Political Engagement and Civic Education*, School of Public Affairs, University of Maryland [http://www-personal.umich.edu/~prestos/Downloads/DC/9-23\\_Galston2001.pdf](http://www-personal.umich.edu/~prestos/Downloads/DC/9-23_Galston2001.pdf); *Agenda setting within a community-based food security planning process: the influence of power*

<http://www.ncbi.nlm.nih.gov/pubmed/12859883>; Guest Voice: Cultivating Prevention Champions

<http://www.communitycommons.org/2014/01/cultivating-prevention-champions/>

**Policy Change (Y/N):** Yes, policies to support obesity, nutrition, physical activity and sexually transmitted diseases.

**Suggested Strategies:**

**Strategy 1.1.1:** Monitor state and local health education legislation.

**Strategy 1.1.2:** Conduct community-wide meetings to educate on the Texas Legislative process, Legislative Representatives for Tarrant County, health education legislation and how the community can make a difference.

**Potential Partners**

- AIDS Outreach Center
- Chamber of Commerce
- City Recreation Centers
- Parent-Teacher Organizations
- Public Libraries
- Schools
- Senior Citizen Centers
- State, Local and County Elected Officials
- Tarrant County Municipalities
- Tarrant County Obesity Policy Prevention Council
- Tarrant County Public Health
- United Way of Tarrant County
- University of Texas at Arlington – School of Urban and Public Affairs



## PRIORITY AREA 1: EDUCATION

**Goal 1:** Progressively influence living and working conditions that will have a positive impact on the health and behavior of individuals and communities.

**Objective 1.2:** By December 2015, educate the community on economical methods to increase access to affordable, nutritious foods and decrease food insecurities.

**BACKGROUND ON STRATEGY/OBJECTIVE: Increase Access to Affordable, Nutritious Foods and Decrease Food Insecurities**

**Source:** CDC Division of Community Health <http://www.cdc.gov/nccdphp/dch/programs/index.htm>; Texas Food Bank <http://tfbn.org/>; Feeding America <http://feedingamerica.org/>; U.S. Department of Agriculture Economic Services – Household Food Security in the United States 2012 <http://www.ers.usda.gov/publications/err-economic-research-report/err155.aspx#.Ui9nQTakolQ>

**Evidence Base:** CDC Communities Putting Prevention to Work in Action - Nutrition

<http://www.cdc.gov/nccdphp/dch/programs/CommunitiesPuttingPreventiontoWork/action/nutrition.htm>

**Policy Change (Y/N):** No

**Suggested Strategies:**

**Strategy 1.2.1:** Research existing economical methods and programs to increase access to affordable, healthy food options and decrease food insecurities.

**Strategy 1.2.2:** Collaborate with community partners to educate residents on money-saving ways to feed their families.

**Strategy 1.2.3:** Educate residents on money-saving ways to feed their families.

**Potential Partners**

- Boys and Girls Clubs
- City Recreation Centers
- County Elected Officials
- Couponica 101
- Grocery Stores
- Head Start Programs
- ISD Teen Parent Programs
- Public Libraries
- Schools
- Senior Citizen Centers
- Tarrant Area Food Bank
- Tarrant County Diabetes Collaboration
- Tarrant County Food Policy Council
- Texas A&M AgriLife Extension Service
- The Community Food Bank of Fort Worth
- The Parenting Center
- YMCAs
- YWCAs

## PRIORITY AREA 1: EDUCATION

**Goal 1:** Progressively influence living and working conditions that will have a positive impact on the health and behavior of individuals and communities.

**Objective 1.3:** By January 2017, engage the community residing in food deserts to participate in community gardens through education on the value of locally-sourced fruits and vegetables and local ordinances related to open space land usage.

### BACKGROUND ON STRATEGY/OBJECTIVE: Increase Access to Community Gardens

**Source:** The Food Trust, <http://thefoodtrust.org/>; PolicyLink, <http://www.policylink.org/site/c.lkIXLbMNJrE/b.5136441/k.BD4A/Home.htm>; The California Endowment, [www.calendow.org](http://www.calendow.org)

**Evidence Base:** *Access to Healthy Food and Why It Matters*, 2010, The Food Trust and PolicyLink [http://thefoodtrust.org/uploads/media\\_items/grocerygap.original.pdf](http://thefoodtrust.org/uploads/media_items/grocerygap.original.pdf); *Access to Healthy Food and Why It Matters: A Review of the Research*, 2013, The Food Trust and PolicyLink, [http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/GROCERYGAP\\_FINAL\\_NOV2013.PDF](http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/GROCERYGAP_FINAL_NOV2013.PDF); Building Healthy Communities: Ten Outcomes for Community Health, <http://www.calendow.org/uploadedFiles/Ten%20Outcomes.pdf>

**Policy Change (Y/N):** Yes, policy changes regarding open space land usage for community gardens.

### Suggested Strategies:

**Strategy 1.3.1:** Review local ordinances related to open space land usage for community gardens, collect information and translate into laymen's terms.

**Strategy 1.3.2:** Develop local ordinance information database and disseminate to community.

**Strategy 1.3.3:** Identify community resources (i.e., community champion, finances and supplies) and connect individuals.

**Strategy 1.3.4:** Train community members on proper gardening skills.

### Potential Partners

- Advocacy Groups
- Chambers of Commerce
- City Recreation Centers
- Public Libraries
- REALSchool Gardens
- Senior Citizen Centers
- State, Local and County Elected Officials
- Tarrant Area Food Bank
- Tarrant County Food Policy Council
- Tarrant County Master Gardeners Association
- Tarrant County Municipalities
- Tarrant County Obesity Policy Prevention Council
- Tarrant County Public Health – Live a More Colorful Life
- Texas A&M AgriLife Extension Service
- The Community Food Bank of Fort Worth



## PRIORITY AREA 1: EDUCATION

**Goal 2:** Effective learning opportunities in knowledge, attitude and skills for Tarrant County residents to live in holistic wellness.

**Objective 2.1:** By October 2017, provide to individuals, families, organizations, and communities structured health and wellness enhancement education opportunities to improve knowledge, literacy, attitudes, skills and competencies related to health promotion, disease prevention and a positive, healthful lifestyle.

### BACKGROUND ON STRATEGY/OBJECTIVE: Improve Holistic Wellness

**Source:** National Center for Biotechnology Information, U.S. National Library of Medicine, National Institutes of Health, [www.pubmed.gov](http://www.pubmed.gov); American Public Health Association, [www.apha.org](http://www.apha.org); GoodNEWS, <http://www.goodnews-trueliving.com>; U.S. Dept. of Health and Human Services, NIH Office of Behavioral and Social Sciences Research: [http://obssr.od.nih.gov/scientific\\_areas/methodology/community\\_based\\_participatory\\_research/](http://obssr.od.nih.gov/scientific_areas/methodology/community_based_participatory_research/);

**Evidence Base:** *The GoodNEWS (Genes, Nutrition, Exercise, Wellness, and Spiritual Growth) related Publications & Presentation at National Academic Conference – please refer to:* <http://www.ncbi.nlm.nih.gov/pubmed/22811446> ; <http://www.ncbi.nlm.nih.gov/pubmed/21159230>; <http://www.ncbi.nlm.nih.gov/pubmed/22995059>; <https://apha.confex.com/apha/141am/webprogram/Paper290974.html>; <http://www.ncbi.nlm.nih.gov/pubmed/21664298>

**Policy Change (Y/N):** No

### Suggested Strategies:

**Strategy 2.1.1:** Develop and utilize assessment, education, research, promotion materials and tools (e.g. lifestyle survey, lifestyle education curriculum, disease prevention and health promotion lifestyle tool-kit, evaluation report, social media, web-based online course, app-based assessment).

**Strategy 2.1.2:** Form a working group or core team and affiliated team related to each lifestyle dimension (e.g. pastor, psychiatrist, nutritionist, city planner) and each expertise area (e. g. content specialist, health coach, researcher, grant writer, education marketing, media specialist).

**Strategy 2.1.3:** Build up community partnership and collaborator and social network related to each lifestyle dimension (e.g. church, early learning center and school, worksite, health care system, business).

**Strategy 2.1.4:** Offer a group-based variety of training programs such as train-trainer certificate class (e.g. Health Coach, Lay Health Educator/Promoter).

**Strategy 2.1.5:** Offer various, culturally competent health and wellness lifestyle enhancement classes related to targeted health or disease topics for customized, group or community-based formats (e.g. family-based obesity prevention/treatment class, diabetes prevention/treatment class, clergy health class, employee substance abuse prevention/treatment class).

**Strategy 2.1.6:** Utilize evidence-based literature and data base (e.g. lifestyle medicine intervention approach, social-ecological theory, PubMed, NIH) to solidify the quality and credentials of holistic lifestyle education and promotion.

**Strategy 2.1.7:** Seek grant, donation, financial support to secure budget and resources.

**Strategy 2.1.8:** To present and disseminate publically the health and wellness process and outcomes of the affected population or participants.

### Objective 2.1 - Potential Partners

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• GoodNEWS Holistic Health and Wellness Lifestyle Enhancement Program (Lead Partner)</li> <li>• Businesses</li> <li>• Faith-based organizations</li> <li>• Grant Writers</li> <li>• Health Coaches</li> <li>• JPS Health Network</li> </ul> | <ul style="list-style-type: none"> <li>• Lay Health Educators/Promoters</li> <li>• Mental Health Association of Tarrant County</li> <li>• Nutritionists</li> <li>• Senior Citizen Centers</li> <li>• University of North Texas Health Science Center</li> <li>• YMCA of Metropolitan Fort Worth</li> </ul> |
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## PRIORITY AREA 1: EDUCATION

**Goal 3:** Improve educational, career and vocational opportunities for adolescents.

**Objective 3.1:** By October 2019, improve access to academic opportunities by decreasing the high school dropout rate and increasing enrollment in colleges, universities and vocational institutions by 5%.

**BACKGROUND ON STRATEGY/OBJECTIVE: Improve Academic and Vocational Opportunities**

**Source:** Child Trends, <http://www.childtrends.org/>; American Youth Policy Forum, <http://www.aypf.org/>; Campus Compact, <http://www.compact.org/>; National Poverty Center, <http://www.npc.umich.edu/>; Robert Wood Johnson Foundation: Commission to a Build a Healthier America, <http://www.rwjf.org/en/about-rwjf/newsroom/features-and-articles/Commission.html>; Virginia Commonwealth Society: Center on Society and Health <http://societyhealth.vcu.edu/Default.aspx>; John Hopkins University: School of Education – Center for Social Organization of Schools, <http://www.jhucos.com/>

**Evidence Base:** *Three Core Measures of Community-Based Civic Engagement: Evidence from the Youth Civic Engagement Indicators Project*, Child Trends, 2003 [www.childtrends.org/wp-content/uploads/2013/05/Child\\_Trends-2003\\_03\\_12\\_PD\\_PDCConfKJZA.pdf](http://www.childtrends.org/wp-content/uploads/2013/05/Child_Trends-2003_03_12_PD_PDCConfKJZA.pdf); *Restoring the Balance Between Academics and Civic Engagement in Public Schools*, Washington DC: American Youth Policy Forum 2005, [www.aypf.org/publications/Restoring\\_theBalance.pdf](http://www.aypf.org/publications/Restoring_theBalance.pdf); *A Promising Connection: Increasing College Access and Success through Civic Engagement*, Campus Compact, 2010; *Educational and Health, Policy Brief #9*, 2007, [www.npc.umich.edu/publications/policy\\_briefs/brief9/](http://www.npc.umich.edu/publications/policy_briefs/brief9/); *Education Matters, Issue Brief #6*, 2009, RWJF, [www.rwjf.org/content/dam/web-assets/2009/09/education=matters-for-health](http://www.rwjf.org/content/dam/web-assets/2009/09/education=matters-for-health); *Education: It Matters More to Health than Ever Before, Issue Brief*, 2014, RWJF and Virginia Commonwealth University, <http://societyhealth.vcu.edu/Page.aspx?nav=307>; National Network of Partnership Schools; *Promising Partnership Practices*, 2012, <http://www.csos.jhu.edu/p2000/ppp/2012/index.htm>

**Policy Change (Y/N):** Yes, policies to support civic engagement curriculum, education and college attendance.

**Suggested Strategies:**

**Strategy 3.1.1:** Research root causes of dropout rates in identified target areas.

**Strategy 3.1.2:** Identify the point of failure to reform errors in the system of care (i.e., education, juvenile justice, child welfare and mental health) in an effort to improve outcomes in the most vulnerable populations.

**Strategy 3.1.3:** Educate adolescents and parents on access to and planning for college, university and vocational opportunities.

**Strategy 3.1.4:** Promote and provide youth leadership training, tools and civic engagement opportunities.

**Potential Partners**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Green B. Trimble Brilliant Bulldog Center (Lead Partner)</li> <li>• Arlington Collegiate High School</li> <li>• Big Brothers Big Sisters of Tarrant County</li> <li>• Campus Compact – Texas Office</li> <li>• Child Welfare League of America</li> <li>• County Elected Officials</li> <li>• Excel Beyond Jail   A CommuniVersity Crossroads for Children of Color</li> <li>• GO Centers</li> <li>• KEEN Group, Inc.</li> <li>• Leadership Fort Worth</li> <li>• Lena Pope Home</li> <li>• Mental Health Association of Tarrant County</li> </ul> | <ul style="list-style-type: none"> <li>• Middle School and High School Counselors</li> <li>• Parent-Teacher Organizations</li> <li>• Schools</li> <li>• Superintendents</li> <li>• Tarrant County College District</li> <li>• Tarrant County Homeless Coalition</li> <li>• Tarrant County Juvenile Justice Center</li> <li>• Texas Wesleyan University</li> <li>• The Parenting Center</li> <li>• United Way of Tarrant County</li> <li>• University of Texas at Arlington</li> <li>• World Vision</li> </ul> |
|---|---|

## PRIORITY AREA 1: EDUCATION

**Goal 1:** Progressively influence living and working conditions that will have a positive impact on the health and behavior of individuals and communities.

How Will We Know We Are Making A Difference

### Key Indicators

**Objective 1.1:** By October 2014, engage the community to participate in the political process to address obesity, nutrition, physical activity and sexually transmitted diseases.

1. Number of bills tracked and monitored
2. Number of bills passed
3. Number and type of communication outlets (i.e., Neighborhood Associations, Public Service Announcements to Spanish-language TV and radio stations)
4. Number of community meetings conducted
5. Number of attendees
6. Percentage of knowledge gained (i.e. pre- and post-survey)

**Objective 1.2:** By December 2015, educate the community on economical methods to increase access to affordable, nutritious foods and decrease food insecurities.

1. Number and type of identified methods and programs
2. Number of education classes conducted
3. Number of people educated
4. Percentage of knowledge gained (i.e. pre- and post-survey)

**Objective 1.3:** By January 2017, engage the community residing in food deserts to participate in community gardens through education on the value of locally-sourced fruits and vegetables and local ordinances related to open space land usage.

1. Identify four ZIP codes with greatest need
2. Number of local ordinances identified and translated
3. Number of resources in media-friendly format and ready for distribution
4. Number of distribution outlets and locations
5. Create a database of people and groups interested in each targeted ZIP code
6. Number of partnerships formed
7. Pre- and post-surveys to gauge readiness
8. Number of people trained
9. Number of hours trained

## PRIORITY AREA 1: EDUCATION

**Goal 2:** Effective learning opportunities in knowledge, attitude and skills for Tarrant County residents to live in holistic wellness.

How Will We Know We Are Making A Difference

### Key Indicators

**Objective 2.1:** By October 2017, provide to individuals, families, organizations, and communities structured health and wellness enhancement education opportunities to improve knowledge, literacy, attitudes, skills and competencies related to health promotion, disease prevention and a positive, healthful lifestyle.

1. Number of GoodNEWS Needs Assessments conducted
2. Number and type of assessment participants
3. Number and type of resources secured
4. Establish Education Team to develop curriculum or training materials
5. Establish community partnership to facilitate, support and promote the GoodNEWS Education Initiative
6. Number of voluntary health coaches or trainers recruited
7. Number of GoodNEWS-based Holistic Health and Wellness Lifestyle Education Training conducted
8. Number of people trained
9. Number of GoodNEWS Holistic Health and Wellness Lifestyle Enhancement Programs implemented
10. Number of GoodNEWS Holistic Health and Wellness Lifestyle Enhancement Program participants
11. Percentage of knowledge gained
12. Lifestyle Education Report

**Goal 3:** Improve educational, career and vocational opportunities for adolescents.

How Will We Know We Are Making A Difference

### Key Indicators

**Objective 3.1:** By October 2019, improve access to academic opportunities by decreasing the high school dropout rate and increasing enrollment in colleges, universities and vocational institutions by 5%.

1. Number and type of root causes for high school student dropouts in identified areas
2. Number of college and vocational readiness programs in local high schools
3. Number of parent/student college readiness programs presented in local high schools
4. Number of student civic engagement and leadership training opportunities
5. Number of students trained in civic engagement and leadership

## PRIORITY AREA 2: ENVIRONMENT



The built environment is broadly defined as man-made surroundings that include buildings, public resources, land use patterns, the transportation system, and design features.<sup>14</sup> Research continues to show that there is a link between the built environment, specific to this priority area, and access to physical activity opportunities, increased walkability and improved air quality, which in turn influences the choices people make in their daily lives. Tarrant County Public Health, reporting 2009/2010 Tarrant County Behavioral Risk Factor Surveillance System (BRFSS) data, noted that during 2005 to 2008, preventable hospitalizations due to asthma among persons aged 18 years and older in Tarrant County resulted in hospital charges of almost \$85 million.<sup>15</sup>

Thus, improving the built environment is not only an important part of a strategic approach to reducing health care costs, but also, health disparities. Access to walking and biking safely are not equally available across all communities in Tarrant County. Low income individuals and people of color are more likely to live in communities where residents have limited access to park and recreation facilities along with safe and walkable neighborhoods, all of which are linked to poorer health outcomes.

Furthermore, it is important to connect the trip to school with safety, health, community and choice. This can be accomplished through a Safe Routes to School (SRTS) program. According to the National Center for Safe Routes to School, the SRTS program can enhance the health and well-being of children, ease traffic congestion near school, and improve air quality along with the community's overall quality of life.<sup>16</sup> The program benefits stretch beyond the school day by focusing on a safer way to get to school, creating a healthier way to start the day, building relationships and local infrastructure and choosing an active mode of transportation. One study found that 43% of people with safe places to walk within 10 minutes of home met recommended physical activity levels, while just 27% of those without safe places to walk were not active enough.<sup>17</sup>

Unfortunately, many urban areas were developed without the key features and offer little incentive for the communities that they serve to become more active. However, the Complete Streets concepts help to enhance physical activity opportunities while reducing traffic congestion in neighborhoods. Complete Streets principles can best be described as the roadway design portion of the built environment that enables safe access for all users: pedestrians, bicyclists, motorists, and public transit users. Complete Streets includes traditional vehicle access and also incorporates right-of-way for bicycle lanes and pedestrian friendly sidewalks. The Institute of Medicine recommends fighting childhood obesity by changing ordinances to encourage construction of sidewalks, bikeways, and other places for physical activities.<sup>18</sup>



## PRIORITY AREA 2: ENVIRONMENT

**Goal 1:** The local public health system will engage Tarrant County residents to increase awareness of opportunities for healthy and safe environments.

**Objective 1.1:** By October 2014, communicate the health benefits of improving air quality and increasing walkability.

### BACKGROUND ON STRATEGY/OBJECTIVE: Air Quality and Walkability Education

**Source:** Prevention Institute <http://www.preventioninstitute.org/>; Environmental Health Perspectives <http://ehp.niehs.nih.gov/>; Walkable Communities, Inc. <http://www.walkable.org/>; U.S. Environmental Protection Agency <http://www.epa.gov/>; National Highway Traffic Safety Administration (NHTSA), <http://www.nhtsa.gov/>; Pedestrian Bicycle Information Center, <http://www.pedbikeinfo.org/>; America Walks, <http://americawalks.org/>; Every Body Walk!, <http://www.everybodywalk.org/>; The Center for Disease Control and Prevention – Air Quality, <http://www.cdc.gov/air/>; Federal Highway Administration – Environment, Bicyclists and Pedestrians, <http://www.fhwa.dot.gov/resources/topics/environment.cfm>, <http://www.fhwa.dot.gov/resources/topics/bikeped.cfm>

**Evidence Base:** Built Environment and Health: 11 Profiles of Community Transformation, [http://www.preventioninstitute.org/index.php?option=com\\_jlibrary&view=article&id=114&Itemid=127](http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=114&Itemid=127); Healthy Neighborhoods: Walkability and Air Pollution, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2801167/>; Walkability Checklist, [http://katana.hsrb.unc.edu/cms/downloads/walkability\\_checklist.pdf](http://katana.hsrb.unc.edu/cms/downloads/walkability_checklist.pdf); Protecting the Environment In Your Community <http://www.epa.gov/epahome/community.htm>; Walk Across Texas Program, <http://walkacrosstexas.tamu.edu/>; NHTSA Pedestrian Safety: Everyone Is a Pedestrian - Programs and Activities, <http://www.nhtsa.gov/nhtsa/everyoneisapedestrian/index.html>; Walking and Bicycling Promotion Strategies, [http://www.pedbikeinfo.org/programs/promote\\_strategies.cfm](http://www.pedbikeinfo.org/programs/promote_strategies.cfm); The Impact of Neighborhood Walkability on Walking Behavior, <http://americawalks.org/the-impact-of-neighborhood-walkability-on-walking-behavior/>; Every Body Walk! Walking as a Way of Life, [http://www.everybodywalk.org/media\\_assets/WalkingAsAWayOfLife1\\_Final.pdf](http://www.everybodywalk.org/media_assets/WalkingAsAWayOfLife1_Final.pdf)

**Policy Change (Y/N):** No

### Suggested Strategies:

**Strategy 1.1.1:** Increase education and outreach efforts so that residents are aware of the environment.

**Strategy 1.1.2:** Promote healthy and safe environment through existing networks and large-scale community events (such as: community-based organizations, workplaces, libraries, schools, community centers, faith organizations, recreational facilities, neighborhood associations, etc.) in order to bridge communities within and across cities.

**Strategy 1.1.3:** Identify community champions in targeted areas to promote healthy and safe environmental health issues and resources.

### Potential Partners

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Advocacy Groups</li> <li>• Chambers of Commerce</li> <li>• City Recreation Centers</li> <li>• Cook Children's Health Care System – The Center for Children's Health</li> <li>• Faith-based organizations</li> <li>• Neighborhood Associations</li> </ul> | <ul style="list-style-type: none"> <li>• Public Libraries</li> <li>• Schools</li> <li>• Senior Citizen Centers</li> <li>• Tarrant County Municipalities</li> <li>• Tarrant County Obesity Policy Prevention Council</li> <li>• Tarrant County Public Health – Environmental Division</li> <li>• Texas A&amp;M AgriLife Extension Service</li> </ul> |
|---|---|

## PRIORITY AREA 2: ENVIRONMENT

**Goal 1:** The local public health system will engage Tarrant County residents to increase awareness of opportunities for healthy and safe environments.

**Objective 1.2:** By January 2015, increase by 10% awareness of health benefits of improved air quality and walkability.

### BACKGROUND ON STRATEGY/OBJECTIVE: Air Quality and Walkability Awareness

**Source:** Prevention Institute <http://www.preventioninstitute.org/>; Environmental Health Perspectives <http://ehp.niehs.nih.gov/>; Walkable Communities, Inc. <http://www.walkable.org/>; U.S. Environmental Protection Agency <http://www.epa.gov/>; National Highway Traffic Safety Administration (NHTSA), <http://www.nhtsa.gov/>; Pedestrian Bicycle Information Center, <http://www.pedbikeinfo.org/>; America Walks, <http://americawalks.org/>; Every Body Walk!, <http://www.everybodywalk.org/>; The Center for Disease Control and Prevention – Air Quality, <http://www.cdc.gov/air/>; Federal Highway Administration – Environment, Bicyclists and Pedestrians, <http://www.fhwa.dot.gov/resources/topics/environment.cfm>, <http://www.fhwa.dot.gov/resources/topics/bikeped.cfm>

**Evidence Base:** Built Environment and Health: 11 Profiles of Community Transformation, [http://www.preventioninstitute.org/index.php?option=com\\_jlibrary&view=article&id=114&Itemid=127](http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=114&Itemid=127); Healthy Neighborhoods: Walkability and Air Pollution, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2801167/>; Walkability Checklist, [http://katana.hsrb.unc.edu/cms/downloads/walkability\\_checklist.pdf](http://katana.hsrb.unc.edu/cms/downloads/walkability_checklist.pdf); Protecting the Environment In Your Community <http://www.epa.gov/epahome/community.htm>; Walk Across Texas Program, <http://walkacrosstexas.tamu.edu/>; NHTSA Pedestrian Safety: Everyone Is a Pedestrian - Programs and Activities, <http://www.nhtsa.gov/nhtsa/everyoneisapedestrian/index.html>; Walking and Bicycling Promotion Strategies, [http://www.pedbikeinfo.org/programs/promote\\_strategies.cfm](http://www.pedbikeinfo.org/programs/promote_strategies.cfm); The Impact of Neighborhood Walkability on Walking Behavior, <http://americawalks.org/the-impact-of-neighborhood-walkability-on-walking-behavior/>; Every Body Walk! Walking as a Way of Life, [http://www.everybodywalk.org/media\\_assets/WalkingAsAWayOfLife1\\_Final.pdf](http://www.everybodywalk.org/media_assets/WalkingAsAWayOfLife1_Final.pdf); Walk Friendly Community: Bronze-Level Community – Austin, TX, <http://www.walkfriendly.org/communities/community.cfm?ID=59>

**Policy Change (Y/N):** Yes, policies to support walkable communities and improved air quality in the community, at home, at work and at school.

### Suggested Strategy:

**Strategy 1.2.1:** Conduct survey in targeted areas to determine the level of awareness and involvement.

### Potential Partners

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Advocacy Groups</li> <li>• Chambers of Commerce</li> <li>• City Recreation Centers</li> <li>• Cook Children's Health Care System – The Center for Children's Health</li> <li>• Faith-based organizations</li> <li>• Neighborhood Associations</li> <li>• Public Libraries</li> </ul> | <ul style="list-style-type: none"> <li>• Schools</li> <li>• Senior Citizen Centers</li> <li>• Tarrant County Master Gardeners</li> <li>• Tarrant County Municipalities</li> <li>• Tarrant County Obesity Policy Prevention Council</li> <li>• Texas A&amp;M AgriLife Extension Service</li> <li>• University of North Texas Health Science Center</li> </ul> |
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## PRIORITY AREA 2: ENVIRONMENT

**Goal 2:** Improve walkability surrounding Tarrant County elementary school neighborhoods.

**Objective 2.1:** By December 2014, increase awareness of the multiple benefits of safe routes to school efforts.

**BACKGROUND ON STRATEGY/OBJECTIVE: Safe Routes to School Program Awareness**

**Source:** Federal Highway Administration, <http://www.fhwa.dot.gov/>; National Center for Safe Routes to School <http://www.saferoutesinfo.org/>; CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO), <http://www.cdc.gov/obesity/stateprograms/index.html>

**Evidence Base:** Federal Highway Administration: Safe Routes To School, [http://www.fhwa.dot.gov/environment/safe\\_routes\\_to\\_school/](http://www.fhwa.dot.gov/environment/safe_routes_to_school/); Walk to School Day and Bike to School Day, <http://www.walkbiketoschool.org/>; DNPAO State Program Highlights – Active Transport to School, <http://www.cdc.gov/obesity/downloads/ActiveTransporttoSchool.pdf>

**Policy Change (Y/N):** No

**Suggested Strategies:**

**Strategy 2.1.1:** Gain support from principle-lead site-based decision making committees.

**Strategy 2.1.2:** Promote Safe Routes to School efforts by providing presentations to police departments within identified areas.

**Potential Partners**

- Tarrant County Public Health (Lead Partner)
- Arlington Independent School District
- City of Arlington Animal Control
- City of Fort Worth Animal Control
- City Planners
- Fort Worth Blue Zones Project
- Fort Worth Independent School District
- Fort Worth Safe Communities – Bicycle Safety Task Force
- Law Enforcement
- Mansfield Independent School District
- Neighborhood Associations
- Neighborhood Watch Programs
- North Central Texas Council of Governments – Bicycle and Pedestrian Advisory Council
- Parent-Teacher Organizations
- Texas A&M AgriLife Extension Service
- Texas Christian University – Harris College of Nursing
- Traffic Engineers

## PRIORITY AREA 2: ENVIRONMENT

**Goal 2:** Improve walkability surrounding Tarrant County elementary school neighborhoods.

**Objective 2.2:** By August 2019, increase by 10% safe routes to school programs.

**BACKGROUND ON STRATEGY/OBJECTIVE: Increase Safe Routes to School Programs**

**Source:** Federal Highway Administration, <http://www.fhwa.dot.gov/>; National Center for Safe Routes to School <http://www.saferoutesinfo.org/>; CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO), <http://www.cdc.gov/obesity/stateprograms/index.html>

**Evidence Base:** Federal Highway Administration: Safe Routes To School, [http://www.fhwa.dot.gov/environment/safe\\_routes\\_to\\_school/](http://www.fhwa.dot.gov/environment/safe_routes_to_school/); Walk to School Day and Bike to School Day, <http://www.walkbiketoschool.org/>; DNPAO State Program Highlights – Active Transport to School, <http://www.cdc.gov/obesity/downloads/ActiveTransporttoSchool.pdf>

**Policy Change (Y/N):** Yes, active transport to school policies.

**Suggested Strategies:**

**Strategy 2.2.1:** Develop engineering approaches that improve children's safety to allow more bicycling and walking.

**Strategy 2.2.2:** Educate parents, children, teachers and other interested parties on pedestrian, bicycle and traffic safety.

**Strategy 2.2.3:** Identify unsafe behaviors by creating a network of community members working together to promote safe walking, bicycling and driving.

**Strategy 2.2.4:** Provide encouragement activities (i.e., walking school bus, bicycle train, special events, mileage clubs, contests, or etc.) to increase the number of children who walk or bicycle safely to school.

**Potential Partners**

- Tarrant County Public Health (Lead Partner)
- Arlington Independent School District
- City of Arlington Animal Control
- City of Fort Worth Animal Control
- City Planners
- Fort Worth Blue Zones Project
- Fort Worth Independent School District
- Fort Worth Safe Communities – Bicycle Safety Task Force
- Law Enforcement
- Mansfield Independent School District
- Neighborhood Associations
- Neighborhood Watch Programs
- North Central Texas Council of Governments – Bicycle and Pedestrian Advisory Council
- Parent-Teacher Organizations
- Texas A&M AgriLife Extension Service
- Texas Christian University – Harris College of Nursing
- Traffic Engineers

## PRIORITY AREA 2: ENVIRONMENT

**Goal 3:** The local public health system will create a more livable community for all throughout Tarrant County.

**Objective 3.1:** By December 2019, improve by 10% access to multimodal mobility through the implementation of a Complete Streets Policy.

### BACKGROUND ON STRATEGY/OBJECTIVE: Improve Built Environment

**Source:** Smart Growth America <http://www.smartgrowthamerica.org/complete-streets>; Walkable Communities, Inc., <http://www.walkable.org/>; Walk Friendly Communities, <http://www.walkfriendly.org/index.cfm>

**Evidence Base:** Glazier RH, Creatore MI, Weyman JT, Fazli G, Matheson FI, et al. (2014) Density, Destinations or Both? A Comparison of Measures of Walkability in Relation to Transportation Behaviors, Obesity and Diabetes in Toronto, Canada. PLoS ONE 9(1): e85295. doi:10.1371/journal.pone.0085295; Healthy Development Checklist, The Center for Disease Control and Prevention, [www.cdc.gov/](http://www.cdc.gov/); Healthy Development Checklist, [http://www.walkable.org/assets/downloads/healthy\\_development\\_checklist.pdf](http://www.walkable.org/assets/downloads/healthy_development_checklist.pdf); Walk Friendly Community: Bronze-Level Community – Austin, TX, <http://www.walkfriendly.org/communities/community.cfm?ID=59>; Strategies toward walkable communities, <http://walksteps.org/>; CDC-Healthy Places: Transportation Health Impact Assessment Toolkit -

Strategies for Health-Oriented Transportation Projects and Policies, Reduce Vehicle Miles Traveled (VMT), [http://www.cdc.gov/healthypaces/transportation/vmt\\_strategy.htm](http://www.cdc.gov/healthypaces/transportation/vmt_strategy.htm)

**Policy Change (Y/N):** Yes, policies to support healthy built environment design; Establish an Executive Directive - Mayoral directives can kick-start the creation of pedestrian action plans, pedestrian-oriented street design guidelines, and multiagency collaborations to meet safety goals set by mayors. They are often faster and easier to institute than a city council ordinance, but can provide the impetus for city council-crafted bills to institutionalize a mayor's pro-walking efforts.

### Suggested Strategies:

**Strategy 3.1.1:** Strengthen relationships between municipalities, elected officials, transportation agencies and citizens for development and implementation of a complete streets policy.

**Strategy 3.1.2:** Assess current procedures and activities and planning for the full or partial implementation of Complete Streets.

**Strategy 3.1.3:** Update documents, plans and processes used in transportation decision-making, from scoping to funding, and creating new ones if necessary.

**Strategy 3.1.4:** Review and update or adopt new design guidance and standards to reflect current best practices in providing multimodal mobility.

**Strategy 3.1.5:** Offer training and educational opportunities by providing ongoing support to transportation professionals, other relevant agency staff, community leaders, and the general public so that they understand the Complete Streets approach, the new processes and partnerships it requires, and the potential new outcomes from the transportation system.

**Strategy 3.1.6:** Create or modify existing metrics to measure success.

### Potential Partners

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• City Planners</li> <li>• County and Local Elected Officials</li> <li>• Fort Worth Blue Zones Project</li> <li>• Fort Worth Safe Communities – Bicycle Safety Task Force</li> <li>• Fort Worth Transportation Authority</li> <li>• Law Enforcement</li> <li>• North Central Texas Council of Governments – Bicycle and Pedestrian Advisory Council</li> </ul> | <ul style="list-style-type: none"> <li>• Schools</li> <li>• Shopping Center Developers/Owners</li> <li>• Tarrant County Municipalities</li> <li>• Tarrant County Obesity Prevention Policy Council</li> <li>• Traffic Engineers</li> </ul> |
|---|--|

## PRIORITY AREA 2: ENVIRONMENT

**Goal 1:** The local public health system will engage Tarrant County residents to increase awareness of opportunities for healthy and safe environments.

How Will We Know We Are Making A Difference

### Key Indicators

**Objective 1.1:** By October 2014, communicate the benefits of improving air quality and increasing walkability.

1. Number and type of educational materials developed
2. Number and type of material distribution

**Objective 1.2:** By January 2015, increase by 10% awareness of health benefits of improved air quality and walkability.

1. Number of individuals surveyed
2. Number and type of survey distribution
3. Number of surveys completed
4. Percentage of knowledge gained

**Goal 2:** Improve walkability surrounding Tarrant County elementary school neighborhoods.

How Will We Know We Are Making A Difference

### Key Indicators

**Objective 2.2:** By August 2019, increase by 10% safe routes to school programs.

1. Number of stakeholders
2. Number of educational meetings conducted
3. Number of participants
4. Number of unsafe behaviors identified in targeted neighborhood
5. Number of promotional activities conducted
6. Percentage of knowledge gained
7. Percentage of increase of children who walk or bicycle safely to school

**Goal 3:** The local public health system will create a more livable community for all throughout Tarrant County.

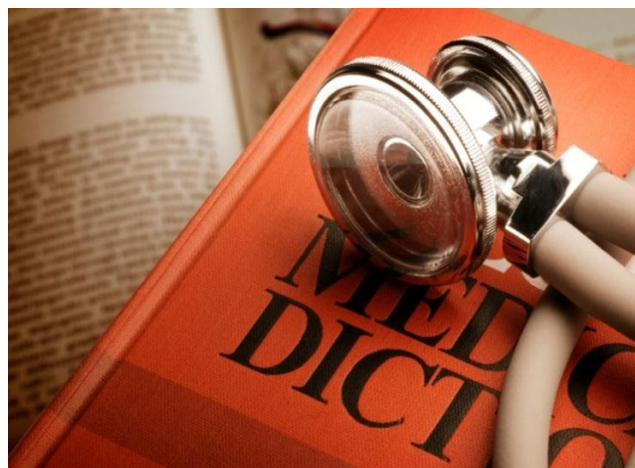
How Will We Know We Are Making A Difference

### Key Indicators

**Objective 3.1:** By December 2019, improve by 10% access to multimodal mobility through the implementation of a Complete Streets Policy.

1. Number of newly cut driveways that maintain or lack sidewalk extension
2. Number of building permits that indicate connection to multi-modal system
3. Number of tax abate requests with agreed developments that were an adoption of multi-modal connections

## PRIORITY AREA 3: HEALTH CARE ACCESS



With the implementation of the Affordable Care Act and the results from the 2013 Tarrant County Community Health Assessment, the Tarrant County community has voiced their concern regarding the need for access to and navigation of high quality health care. Ensuring health care access is broader than looking at physical barriers which contribute to lack of access, but addressing the socio-environmental factors which impact our community both positively and negatively: individual knowledge, attitude and skills; the interpersonal relationships which affect us; organizations in which we affiliate; our community interactions; and, how public policy laws and changes affect our ability to access the healthcare system. Each level opens the door for expanded health literacy challenges and efforts.

According to the U.S. Department of Health and Human Services (HHS), health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services to make appropriate health decisions to prevent or treat illness.”<sup>19</sup> Health literacy has been promoted as a research priority by the HHS, the Institute of Medicine, the American Medical Association, and the National Institutes of Health.<sup>20</sup> It has also been emphasized as an important issue by the federal government as noted in the Affordable Care Act, the National Action Plan to Improve Health Literacy, and the Plain Writing Act.<sup>21</sup>

Low health literacy can affect all types of individuals, not just people who have basic reading skills or cannot read. Some groups are disproportionately affected, including the poor, racial and ethnic minorities, senior citizens, and new immigrants. The National Prevention Council recommends a reduction in disparities regarding access to quality care through increasing distribution and use of evidence-based health literacy methods and interventions.<sup>22</sup>

About 30 million adults have below basic health literacy and are more likely to report their health as poor (42%) and to lack health insurance (28%) than adults with proficient health literacy.<sup>23</sup> Poor health outcomes, such as higher rates of hospitalization and less frequent use of preventive services, along with higher healthcare costs, have been linked to low literacy.<sup>24</sup>

## PRIORITY AREA 3: HEALTH CARE ACCESS

**Goal 1:** Enhance access to high quality health care through health literacy.

**Objective 1.1:** By October 2014, increase by 10% knowledge and involvement of community providers and consumers on implementation of the Affordable Care Act.

**BACKGROUND ON STRATEGY/OBJECTIVE: Affordable Care Act Awareness**

**Source:** Affordable Care Act, <http://www.whitehouse.gov/healthreform/healthcare-overview>; HealthCare.gov, <https://www.healthcare.gov/>; United Way of Tarrant County, <http://unitedwaytarrant.org/>

**Evidence Base:** Cover Texas Now, <http://www.covertexasnow.org/content/texas-and-affordable-care-act>; United Way of Tarrant County: CHIMES Consortium & Affordable Care Act, <http://unitedwaytarrant.org/chimes>

**Policy Change (Y/N):** No

**Suggested Strategy:**

**Strategy 1.1.1:** Coordinate educational resource opportunities and linkages for consumers.

**Potential Partners**

- Chambers of Commerce
- County and Local Elected Officials
- North Texas Area Community Health Centers, Inc.
- Public Libraries
- Tarrant County Public Health
- United Way of Tarrant County

## PRIORITY AREA 3: HEALTH CARE ACCESS

**Goal 1:** Enhance access to high quality health care through health literacy.

**Objective 1.2:** By December 2017, incorporate a health component in English as a Second Language (ESL) courses.

**BACKGROUND ON STRATEGY/OBJECTIVE: Health Literacy Education**

**Source:** Affordable Care Act, <http://www.whitehouse.gov/healthreform/healthcare-overview>; U.S. Health and Human Services (HHS): Office of Chronic Disease and Promotion – Quick Guide to Health Literacy, <http://www.health.gov/communication/literacy/quickguide/decision.htm>; County Health Rankings and Roadmaps, <http://www.countyhealthrankings.org/>

**Evidence Base:** Strategies to Build Knowledge and Improve Health Decision-making, <http://www.health.gov/communication/literacy/quickguide/decision.htm>; San Antonio Health Literacy Initiative, <http://www.sahealthliteracyinitiative.com/>; County Health Rankings and Roadmaps: Interventions to Improve Health Literacy, <http://www.countyhealthrankings.org/policies/interventions-improve-health-literacy>

**Policy Change (Y/N):** Yes, policies to include a health component to curriculum development.

**Suggested Strategies:**

**Strategy 1.2.1:** Identify ESL Coordinators to discuss improving health care access through health literacy (i.e., presence or absence of a health curriculum).

**Strategy 1.2.2:** Train ESL Instructors to incorporate a health component into curriculum.

**Strategy 1.2.3:** Increase health literacy knowledge of ESL students.

**Potential Partners**

- Colleges and Universities
- ESL Coordinators and Instructors
- Faith-Based Organizations
- Literacy Coalition of Central Texas
- San Antonio Health Literacy Initiative
- Schools
- Tarrant Literacy Coalition
- University of North Texas Health Science Center – Health Literacy Symposium Planning Committee



## PRIORITY AREA 3: HEALTH CARE ACCESS

**Goal 1:** Enhance access to high quality health care through health literacy.

**Objective 1.3:** By August 2017, improve the ability of those with Limited English Proficiency (LEP) to understand the typed directions on their prescription label through the introduction of legislation.

**BACKGROUND ON STRATEGY/OBJECTIVE: Patient-Centered Labeling Legislation Development**

**Source:** Affordable Care Act, <http://www.whitehouse.gov/healthreform/healthcare-overview>; U.S. Health and Human Services (HHS): Office of Chronic Disease and Promotion – Quick Guide to Health Literacy, <http://www.health.gov/communication/literacy/quickguide/decision.htm>; Health Resources and Services Administration (HRSA): Public Health – Health Literacy, <http://www.hrsa.gov/publichealth/healthliteracy/>; Literacy Coalition of Central Texas, <https://www.willread.org/Health-Literacy.html>;

**Evidence Base:** California Patient Medication Safety Act, [0500/sb 472 bill 20071011 chaptered.html](http://www.senate.ca.gov/legislature/2007/bills_000/0500/sb_0472_bill_20071011_chaptered.html); Strategies to Build Knowledge and Improve Health Decision-making, <http://www.health.gov/communication/literacy/quickguide/decision.htm>; Arun Mohan et. al., *Development of a Patient-Centered Bilingual Prescription Drug Label*, 2013, Journal of Health Communication, 2013 December; 18(Suppl 1): 49–61, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3815084/>; RXTran: Pharmacy Translation Solutions, <http://www.rxtran.com/>; The Center for Health Affairs, Policy Snap Shot, September 2012, The Growing Importance of Health Literacy, <http://www.chanet.org/TheCenterForHealthAffairs/MediaCenter/NewsReleases/2012/September/~media/4916AC3AE55C448F81F536A6A496C276.ashx>

**Policy Change (Y/N):** Yes, policies to support Patient-Centered Labeling.

**Suggested Strategies:**

**Strategy 1.3.1:** Identify stakeholders (i.e., legislators, pharmacies and advocacy groups) and gauge their perceptions on the impact of implementing Patient-Centered Labeling legislation for individuals with LEP.

**Strategy 1.3.2:** Develop Patient-Centered Labeling legislation in collaboration with stakeholders.

**Strategy 1.3.3:** File and introduce legislation.

**Potential Partners**

- Advocacy Groups
- American Translators Association
- Literacy Coalition of Central Texas
- Local Pharmacies
- Medical Residents
- Medical Schools
- Pharmacy Students
- Physician Assistants
- Tarrant County Medical Society
- Texas Legislators
- Texas Medical Association
- UNTHSC Health Literacy Symposium Planning Committee

## PRIORITY AREA 3: HEALTH CARE ACCESS

**Goal 1:** Enhance access to high quality health care through health literacy.

How Will We Know We Are Making A Difference

### Key Indicators

**Objective 1.1:** By October 2014, increase by 10% knowledge and involvement of community providers and consumers on implementation of the Affordable Care Act.

1. Number of collaborative meetings
2. Number of individuals in the partnership

**Objective 1.2:** By December 2017, improve health care access through health literacy by incorporating a health component in English as a Second Language (ESL) courses.

1. Number of instructors trained
2. Number of students surveyed
3. Percentage of knowledge gained

**Objective 1.3:** By August 2019, improve the ability of those with Limited English Proficiency (LEP) to understand the typed directions on their prescription label through the passage of legislation.

1. Number of collaborative meetings
2. Number of individuals in the partnership
3. Filed and introduced proposed legislation

## PRIORITY AREA 3: PARTNERSHIPS



With budget cuts, down-sizing and an ever-changing economy, profit and non-profit organizations are forced to develop creative ways to providing services to the community. As noted in the 2013 Tarrant County Community Health Assessment, the local public health system does collaborate, but could partner more effectively and not operate in silos.

As stated in the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps, County-to-County Blog, Tarrant County Commissioner Roy Charles Brooks, Precinct 1, sees the need to break down silos in the area of health and how the information provided by the Rankings and Roadmaps supports community-wide collaboration toward healthier communities. Commissioner Brooks emphasized that "Collaboration is a community value. We believe it, we act on it, and it's the way we have approached problem solving for a long, long time."<sup>25</sup>

Broad cross-sector coordination is necessary for large-scale social change, not individual organizations providing isolated interventions.<sup>26</sup> Basically, collectively, we could make a bigger impact in our community, especially regarding those that are the most complex. It is crucial for comprehensive initiatives to build long-term commitment from funders and key players. It can lead to innovative action, communities of practice, and knowledge-sharing to facilitate new flows of information, new structures and new ways of addressing critical issues affecting the community.

Tarrant County Voices For Health has had over 100 partners from different sectors come together creating solutions that go far beyond what one individual organization could have developed on its own. Not to mention, the deep insights that come from including individuals affected by the social issue being addressed.

In order for this to continue, the key will be to come together strategically and a commitment to working through the difficult issues. A more effective system that does more with less will help the local public health system perform more efficiently in serving the Tarrant County community. We must keep in the forefront of our collective movement, that together, we can do the most good with our very best.

## PRIORITY AREA 4: PARTNERSHIPS

**Goal 1:** Develop collaborative tools to share critical knowledge among key stakeholders and partnerships to assure a comprehensive approach to improving public health.

**Objective 1.1:** By February 2015, establish a workgroup to develop a strategic communication plan to increase knowledge sharing of collaborative efforts, local public health issues and community health data within Tarrant County.

### BACKGROUND ON STRATEGY/OBJECTIVE: Strategic Communication Plan Development

**Source:** Centers for Disease Control and Prevention National Prevention Information Network (CDCNPIN), <http://www.cdcnpin.org/scripts/index.asp>; National Cancer Institute (NCI), <http://www.cancer.gov/>; W.K. Kellogg Foundation, <http://www.wkkf.org/>; Robert Wood Johnson Foundation: Leadership for Healthy Communities, <http://www.leadershipforhealthycommunities.org/content/view/352/154/>

**Evidence Base:** CDCNPIN: Health Strategies, <http://www.cdcnpin.org/scripts/campaign/strategy.asp>; NCI: Making Health Communication Programs Work, <http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook/page5>; W.K. Kellogg Foundation - [Template for Strategic Communications Plan](#)

**Policy Change (Y/N):** No

### Suggested Strategies:

**Strategy 1.1.1:** Assess available tools and other relevant resources.

**Strategy 1.1.2:** Identify key stakeholders and partners.

**Strategy 1.1.3:** Develop communication plan.

**Strategy 1.1.4:** Disseminate plan to key stakeholders and partners throughout local public health system.

### Potential Partners

- Healthy Tarrant County Collaboration (Lead Partner)
- Advocacy Groups
- Baylor All Saints Medical Center
- Chambers of Commerce
- City of Arlington Parks and Recreation
- Cook Children's Health Care System
- JPS Health Network
- Media
- Public Information Officers
- Public Libraries
- Senior Citizen Centers
- Tarrant County College District
- Tarrant County Public Health
- Texas Christian University
- Texas Health Resources
- University of North Texas Health Science Center
- University of Texas at Arlington

## PRIORITY AREA 4: PARTNERSHIPS

**Goal 2:** Increase access to resources across Tarrant County through engagement of key stakeholders in the local public health system to create collective impact.

**Objective 2.1:** By August 2015, create a cross-sector funding network to jointly pursue fund development opportunities for shared goals.

**BACKGROUND ON STRATEGY/OBJECTIVE: Increase Collaborative Funds Development**

**Source:** FSG, <http://www.fsg.org/>; Stanford Social Innovation Review, Collective Impact, <http://www.ssireview.org/>;

**Evidence Base:** FSG, Collective Impact, <http://www.fsg.org/OurApproach/CollectiveImpact.aspx>; Stanford Social Innovation Review, Collective Impact, [http://www.ssireview.org/articles/entry/collective\\_impact](http://www.ssireview.org/articles/entry/collective_impact)

**Policy Change (Y/N):** Yes, policies to support identified health issue as agreed upon by cross-sector funding network.

**Suggested Strategies:**

**Strategy 2.1.1:** Identify key stakeholders and partners.

**Strategy 2.1.2:** Train key stakeholders on accessing and effective partnering for fund development opportunities.

**Strategy 2.1.3:** Define purpose and structure of funding network.

**Strategy 2.1.4:** Secure organization to provide basic infrastructure for network.

**Strategy 2.1.5:** Assign responsibilities for assessing ongoing funding opportunities.

**Potential Partners**

- Healthy Tarrant County Collaboration (Lead Partner)
- Advocacy Groups
- Chambers of Commerce
- City Recreation Centers
- Colleges and Universities
- County and Local Elected Officials
- Faith-Based Organizations
- Grassroots organizations
- Hospitals
- Law Enforcement
- Public Health Department
- Public Libraries
- Residents
- Schools
- Senior Citizen Centers
- Social Services
- Youth-Serving Organizations

## PRIORITY AREA 4: PARTNERSHIPS

**Goal 2:** Increase access to resources across Tarrant County through engagement of key stakeholders in the local public health system to create collective impact.

**Objective 2.2:** By December 2016, jointly pursue two fund development opportunities.

**BACKGROUND ON STRATEGY/OBJECTIVE: Increase Collaborative Funds Development**

**Source:** FSG, <http://www.fsg.org/>; Stanford Social Innovation Review, Collective Impact, <http://www.ssireview.org/>;

**Evidence Base:** FSG, Collective Impact, <http://www.fsg.org/OurApproach/CollectiveImpact.aspx>; Stanford Social Innovation Review, Collective Impact, [http://www.ssireview.org/articles/entry/collective\\_impact](http://www.ssireview.org/articles/entry/collective_impact)

**Policy Change (Y/N):** No

**Suggested Strategies:**

**Strategy 2.2.1:** Based on the CHIP, identify the areas of greatest need and potential funding sources.

**Strategy 2.2.2:** Identify partners for specific grant collaborative.

**Strategy 2.2.3:** Identify and assign responsibilities for the physical writing of grant applications and for proposed funding projects.

**Potential Partners**

- Healthy Tarrant County Collaboration (Lead Partner)
- Advocacy Groups
- Chambers of Commerce
- City Recreation Centers
- Colleges and Universities
- County and Local Elected Officials
- Faith-Based Organizations
- Grassroots organizations
- Hospitals
- Law Enforcement
- Public Health Department
- Public Libraries
- Residents
- Schools
- Senior Citizen Centers
- Social Services
- Youth-Serving Organizations



## PRIORITY AREA 4: PARTNERSHIPS

**Goal 3:** Foster effective community partnerships and strategic alliances across the community.

**Objective 3.1:** By July 2016, improve partnering relationships to identify and solve health problems.

**BACKGROUND ON STRATEGY/OBJECTIVE: Fostering Collaborative Relationships**

**Source:** FSG, <http://www.fsg.org/>; Stanford Social Innovation Review, Collective Impact, <http://www.ssireview.org/>; John Hopkins University: School of Education – Center for Social Organization of Schools, <http://www.jhucsos.com/>

**Evidence Base:** FSG, Collective Impact, <http://www.fsg.org/OurApproach/CollectiveImpact.aspx>; Stanford Social Innovation Review, Collective Impact, [http://www.ssireview.org/articles/entry/collective\\_impact](http://www.ssireview.org/articles/entry/collective_impact); National Network of Partnership Schools; Promising Partnership Practices, 2012, <http://www.csos.jhu.edu/p2000/ppp/2012/index.htm>

**Policy Change (Y/N):** No

**Suggested Strategies:**

**Strategy 3.1.1:** Identify multi-sector partners and residents to participate in fostering collaborative relationships.

**Strategy 3.1.2:** Conduct learning communities on specific topics in targeted areas.

**Strategy 3.1.3:** Analyze and disseminate results.

**Potential Partners**

- Tarrant County Public Health (Lead Partner)
- Advocacy Groups
- Chambers of Commerce
- City Recreation Centers
- Colleges and Universities
- County and Local Elected Officials
- Faith-Based Organizations
- Grassroots organizations
- Hospitals
- Law Enforcement
- Public Libraries
- Residents
- Schools
- Senior Citizen Centers
- Social Services
- Youth-Serving Organizations

## PRIORITY AREA 4: PARTNERSHIPS

**Goal 1:** Develop collaborative tools to share critical knowledge among key stakeholders and partnerships to assure a comprehensive approach to improving public health.

How Will We Know We Are Making A Difference

### Key Indicators

**Objective 1.1:** By February 2015, establish a workgroup to develop a communication plan to increase knowledge sharing of collaborative efforts, local public health issues and community health data within Tarrant County.

1. Number of stakeholder perspectives represented across the work group (e.g.: nonprofit, hospital, public health, business, faith, etc.).
2. Number of meetings conducted
3. Number and type of communication outlets
4. Completion and implementation of the communication plan

**Goal 2:** Increase access to resources across Tarrant County through engagement of key stakeholders in the local public health system to create collective impact.

How Will We Know We Are Making A Difference

### Key Indicators

**Objective 2.1:** By August 2015, create a cross-sector funding network to jointly pursue funds development opportunities for shared goals.

1. Number of stakeholder perspectives represented across the work group (e.g.: nonprofit, hospital, public health, business, faith, etc.).
2. Number of meetings conducted
3. Number and type of funds development opportunities reviewed

**Objective 2.2:** By December 2016, jointly pursue two fund development opportunities

1. Number of fund development applications completed and submitted.

**Goal 3:** Build effective community partnerships and strategic alliances across the community.

How Will We Know We Are Making A Difference

### Key Indicators

**Objective 3.1:** By July 2016, improve partnering relationships to identify and solve health problems.

1. Number of identified partners and residents
2. Number of learning community meetings conducted
3. Number of participants at learning community meetings
4. Percentage of knowledge gained
5. Learning community meeting report

## Relationship between the CHIP and other Guiding Documents and Initiatives

The CHIP was designed to complement and build upon other guiding documents, plans, initiatives, and coalitions already in place to improve the public health of Tarrant County. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants of the CHIP development process identified potential partners wherever possible. Tarrant County will expand the list of potential collaborators and develop a list of resources when completing 1-year implementation plans.

## NEXT STEPS

The components included in this report represent the strategic framework for a data-driven, community-enhanced Community Health Improvement Plan. The Tarrant County Community Health Improvement Plan Subcommittee, including the core agencies, CHIP workgroups, partners, stakeholders, and community residents, will continue to review the CHIP by prioritizing strategies, developing specific action steps, assign lead responsible parties for those without one, and identify resources for each priority area. Community-wide engagement opportunities will occur through interactive quarterly meetings. These steps will occur during the next phase between January 2014 and October 2014 resulting in a 1-year implementation plan. An annual CHIP progress report will illustrate performance and will guide subsequent 1-year implementation planning.

## SUSTAINABILITY PLAN

As part of the action planning process, partners and resources will be solidified to ensure successful CHIP implementation and coordination of activities and resources among key partners in Tarrant County. Tarrant County Voices For Health will continue to serve as the executive oversight for the improvement plan, progress, and process. The Tarrant County Voices For Health will expand agency membership to match the scope of the CHIP's four priority issue areas and will meet quarterly. Additional workgroup meetings and participants will be identified as the action steps are developed. Community dialogue sessions and forums will occur in order to engage residents in the implementation where appropriate, share progress, solicit feedback, and strengthen the CHIP. Regular communication including via website to community members and stakeholders will occur throughout the implementation. New and creative ways to feasibly engage all parties will be explored at the aforementioned engagement opportunities.

## ARE YOU THE MISSING PARTNER?

### HOW TO USE THE TARRANT COUNTY CHIP

#### General Levels of Action

#### WHAT CAN YOU DO AS A RESIDENT OF TARRANT COUNTY?

##### ***Become an educator!***

Educate your family, your friends, and your coworkers about important public health issues. Inform anyone you can get to listen about the possibilities outlined in this Community Health Improvement Plan. This document is for all of us to use together.

##### ***Take Action/Get Involved!***

Whether you hold a neighborhood meeting about safety, or present the idea of a walking school bus to a group of parents – remember that every effort makes a difference toward improving the health of our community.

##### ***Inspire change!***

Here are some simple steps on how to get involved and make a difference:

- Pick up the phone and start making some calls. Maybe environment is the issue that you care most about. Go back to the report, look at the potential partners and start reaching out. Find out how you can support the agencies that are involved in making sure this plan gets carried out.
- Maybe food security is most important to you and your family. Participate in your community garden or if your neighborhood does not have an established garden, visit the Tarrant County Master Gardeners Association website and get the information you need to establish your own neighborhood garden.

This plan was not developed to sit on a shelf and collect dust in the offices of the agencies involved in putting it together and supporting it. This plan should be where you can get to it easily and often.

#### WHAT CAN YOU DO AS A PUBLIC HEALTH AGENCY OR PARTNER?

##### ***Listen!***

Review the plan and see how much of your strategic planning reflects the desires of the community you are serving.

##### ***Innovate and Partner!***

Maybe you can address some of the interventions discussed in the plan; maybe you already are working on some of the pieces, but need a partner to help complete or enhance the program?

Think about what other agencies you can engage in successfully implementing some of these interventions.

## **Suggestions by Community Sector**

The Tarrant County Community Health Improvement Plan is not a plan solely for government action. It is a plan for the entire local public health system—all those institutions with a stake in a healthy population. The efforts of organizations and individuals from numerous sectors of the community will be necessary to achieve the long-term and intermediate goals related to the CHIP. Suggestions for how different sectors of the community can use the CHIP are listed below:<sup>27</sup>

### **Health Care Systems**

- Plan for use of Medicaid 1115 Waiver funds
- Plan for Non-Profit Hospital Community Benefits initiatives
- Incorporate strategies into organizational strategic planning
- Lead your organization and the health care industry in responding to the health needs of the Community

### **Health Care Professionals**

- Identify important health issues and barriers that exist for your clients and use strategies to make changes
- Share the information in this plan with your colleagues
- Lead your peers in advocating for actions that will improve the health of the community

### **Health Plans**

- Educate employers and other health insurance purchasers about the benefits of preventive health care and responding specifically to the health needs of the community

### **Legislators and Policy Makers**

- Understand and promote priority health issues in the community
- Adopt policies that align with health improvement needs and goals in this plan

### **Government Agencies**

- Understand and promote priority health issues in the community
- Identify barriers to health in the community and make plans for action
- Invest in programs, services, and policy changes that will support the health needs of the community

### **Community Planning and Transportation Agencies**

- Identify health challenges and goals in this plan that relate to community planning and development
- Work with health officials and government agencies to employ the goals in the course of planning and building areas of new and re-development

### **Employers**

- Understand priority health issues and goals in this plan and how they apply to your workforce
- Change your work environment and augment your benefits plans to support healthier employees
- Educate your management team and employees about the link between employee health and work productivity

### **Community-Based Organizations**

- Understand and promote priority health issues among the audiences and stakeholders you serve
- Align activities and outreach efforts with health improvement needs and goals in this plan
- Advocate for changes that improve health when interacting with policy makers and legislative officials

**Faith-Based Organizations**

- Understand and promote priority health issues among the community members you serve
- Talk to members about the importance of wellness and connect them with resources
- Create opportunities for your organization and members to take action to support the strategies in this plan

**Philanthropy**

- Understand and promote priority health issues among the communities you serve
- Support the health issues and goals in this plan when considering allocation of funding resources

**Child & Adolescent Education**

- Understand and promote priority health issues and goals in this plan and incorporate them as educational lessons in health, science, social studies, and other subjects
- Create opportunities to take action at schools to support the recommendations in this plan that impact students, faculty, staff, and parents

**Higher Education**

- Understand and promote priority health issues and goals in this plan when designing research studies or projects with the community
- Incorporate the health priorities, barriers, and solutions as educational lessons for students in health, science, education, sociology, and community service subjects
- Create opportunities to take action at institutions to support the recommendations in this plan that impact students, faculty, and staff

**JOIN A WORKGROUP AND TELL US ABOUT YOUR EFFORTS!**

Tarrant County Voices for Health wants to know how you use the goals and information in this plan. Please contact us to share your story.

**Tarrant County Voices For Health**

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## APPENDIX A: GLOSSARY OF TERMS

**Built Environment:** man-made surroundings that include buildings, public resources, land use patterns, the transportation system, and design features.

**Complete Streets:** streets that are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities.

**Community Health Improvement Plan (CHIP):** a community-wide, collaborative strategic plan based on a community health assessment that sets priorities for health improvement and engages partners and organizations to develop, support, and implement the plan.

**Cultural Competence:** a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework.

**Evidence-based Method:** a strategy for explicitly linking public health or clinical practice recommendations to scientific evidence of the effectiveness and/or other characteristics of such practices.

**Goals:** identify in broad terms how the efforts will change things to solve identified problems.

**Health Equity:** achieving the highest level of health for all people.

**Health Disparity:** differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

**Health Literacy:** the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.

**Limited English Proficiency (LEP):** persons who are unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language.

**Objectives:** measurable statements of change that specify an expected result and timeline, objectives build toward achieving the goals.

**Performance Measures:** the changes that occur at the community level as a result of completion of the strategies and actions taken.

**Priority Areas:** broad issues that pose problems for the community.

**Strategies:** action-oriented phrases to describe how the objectives will be approached.

**Social Determinants of Health:** the circumstances in which people are born; grow up, live, work, and age, as well as the systems put in place to deal with illness.

**Walkability:** a measure of how friendly an area is to walking.

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