

Appendix A

Evaluation of the CHA/CHIP (2011-2016): CHA/CHIP Semi-Structured Interview Guide to Assess CHA/CHIP Process

-CHA/CHIP Steering Committee & Leader-

Informed Consent Statement & Background: (Read confidentiality statement):

[Good morning/afternoon]. My name is _____, and I work at the University of Texas School of Public Health. We have been contracted by the City of Austin Health and Human Services to conduct an evaluation to learn more about the process and outcomes of the initial Community Health Assessment and Community Health Improvement Plan Cycle I, which took place between 2012 and 2015. We are specifically interested in learning more about the highlights and lessons learned of this initial CHA/CHIP process as well as your recommendations for enhancing the process for Cycle II of the CHA/CHIP, which will begin in 2016.

Participation in this semi-structured interview is completely voluntary, and you may choose whether or not to respond to specific questions. There are no right or wrong answers; we just ask that you answer as honestly as you can. There are no risks to participating in the interview, and we will not use your name nor the name of your organization in any publications or reports related to this project. Everything you share with us today will be kept confidential, and no one will know your responses. While I will be jotting notes down during our discussion, I would also like to use a tape recorder to make sure I do not miss anything. The interview will take approximately 30 to 45 minutes. If you have any additional questions or concerns about the interview or the project, I will be happy to provide you with the contact information of the principal investigators, Dr. Andrew Springer (512-391-2523) and Dr. Sandra Evans, faculty of the University of Texas Health Science Center at Houston (UTHealth) School of Public Health- Austin Regional Campus, as well as the University of Texas Health Science Center Committee for the Protection of Human Subjects (713-500-3985). Do you have any questions?

(Interviewer: Fill In Following Information)

Date of Interview: ___/___/___

Interviewer Initials _____

Person Interviewed*: _____ Organization*: _____

Key Informant ID: _____ How interview conducted (circle)? Phone In person

Beginning Time of Interview _____ End Time of Interview: _____

*Note: This page will be detached from respondent input and de-identified. This page will be destroyed at end of project, and no names will ever be used with the reporting of these data.

Role of Participant(s) with CHA/CHIP

1. Thank you for being here today and for sharing your insights on the CHA/CHIP Cycle I initiative. To start, I would like to just gather some background information about you. **(Fill out the following information):**

1. Gender:

- Female
- Male

2. Please indicate which process you were involved in:

- CHA
- CHIP
- Both CHA & CHIP
- Other. Please describe: _____

3. The CHA-CHIP process started in 2011. When did your involvement begin?

- 2011
- 2012
- 2013
- 2014
- 2015
- 2016

4. What organization do you represent?

Please specify: _____

5. What is your role in your organization?

Please

specify: _____

6. Please indicate the role you have been playing with Austin/Travis County CHA/CHIP:

- Steering Committee Member
- Chronic Disease: Focus on Obesity
- Built Environment: Focus on Access to Healthy Food
- Built Environment: Transportation
- Access to Primary Care and Mental/Behavioral Health Services – Focus on Navigating the Healthcare System
- None. I just joined this initiative
- Other. Please describe: _____

Purpose of CHA-CHIP

2. In initiating our discussion, I would like to begin by asking you to share what your understanding of the purpose and overall aims are for the Austin/Travis County CHA-CHIP, the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

3. As a follow up to this first question, we are also interested in your thoughts about: a.) how well these aims have been communicated to CHA-CHIP stakeholders; and b.) how well you feel the original aims of the CHA-CHIP have been met to date. Can you share any insights?

Highlights & Lessons Learned from the CHA

4. For this next question, we would like to learn more about what you feel have been some of the highlights of your experience working with the Austin/Travis County **Community Health Assessment, also known as the CHA**. Specifically, can you share any thoughts about the key achievements with the process of the CHA or the outcomes?

5. Now we would like to explore further the aspects of the **CHA** that merit further enhancement.
 - A. Can you share insights about aspects that need fine tuning/lessons learned? (Consider the community forums that were held, data gathering on health needs and assets, the community stakeholder prioritization process of key health needs that were identified, and other processes.)
 - B. Do you have any thoughts about communication with stakeholders to both elicit input on the CHA as well as report back the findings of the CHA?

Highlights & Lessons Learned from the CHIP

6. Now I would like to explore more about your experience and perceptions of the Austin/Travis County CHIP, the Community Health Improvement Plan. I would like to begin by asking you to share some of the highlights of your experience working with the CHIP.
 - C. What were some of the key achievements you observed with the CHIP process? These may be process-oriented or outcome-oriented. Think about the community forums that were held, the process of those forums and composition of stakeholders, and the work group meetings that took place outside the larger community forums.

Appendix B

Evaluation of the CHA/CHIP: CHA/CHIP Semi-Structured Interview Guide to Assess CHA/CHIP Process

-Core Organizing Committee-

Informed Consent Statement & Background: (Read confidentiality statement):

[Good morning/afternoon]. My name is _____, and I work at the University of Texas School of Public Health. We have been contracted by the City of Austin Health and Human Services to conduct an evaluation to learn more about the process and outcomes of the initial Community Health Assessment and Community Health Improvement Plan Cycle I, which took place between 2012 and 2015. We are specifically interested in learning more about the highlights and lessons learned of this initial CHA/CHIP process as well as your recommendations for enhancing the process for Cycle II of the CHA/CHIP, which will begin in 2016.

Participation in this semi-structured interview is completely voluntary, and you may choose whether or not to respond to specific questions. There are no right or wrong answers; we just ask that you answer as honestly as you can. There are no risks to participating in the interview, and we will not use your name nor the name of your school in any publications or reports related to this project. Everything you share with us today will be kept confidential, and no one will know your responses. While I will be jotting notes down during our discussion, I would also like to use a tape recorder to make sure I do not miss anything. The interview will take approximately 30 to 45 minutes. If you have any additional questions or concerns about the interview or the project, I will be happy to provide you with the contact information of the principal investigators, Dr. Andrew Springer (512-391-2523) and Dr. Sandra Evans, faculty of the University of Texas Health Science Center at Houston (UTHealth) School of Public Health-Austin Regional Campus, as well as the University of Texas Health Science Center Committee for the Protection of Human Subjects (713-500-3985). Do you have any questions before we begin?

(Interviewer: Fill In Following Information)

Date of Interview: ___/___/___

Interviewer Initials _____

Circle format of semi-structured interview: Personal Interview Focus Group

If Focus Group, record Number of Participants in Focus Group: _____

Location of Focus Group: _____

Total Time Focus Group took place: _____

Role of Participant(s) with CHA/CHIP

1. Thank you (all) for being here today and for sharing your insights on the CHA/CHIP Cycle I initiative. To start, could you please fill out the brief survey in front of you to tell us about your role(s) with the CHA/CHIP Process?

Survey:

A. Gender:

- Female
- Male

B. Please indicate which process you were involved in:

- CHA
- CHIP
- Both CHA & CHIP
- Other. Please describe: _____

C. The CHA-CHIP process started in 2011. When did your involvement begin?

- 2011
- 2012
- 2013
- 2014
- 2015
- 2016

D. What organization do you represent?

Please specify: _____

E. What is your role in your organization?

Please

specify: _____

F. Please indicate the Austin/Travis County CHIP Work Group you have been participating with:

- Chronic Disease: Focus on Obesity
- Built Environment: Focus on Access to Healthy Food
- Built Environment: Transportation
- Access to Primary Care and Mental/Behavioral Health Services – Focus on Navigating the Healthcare System
- None. I just joined this initiative
- Other. Please describe: _____

Highlights & Lessons Learned from the CHA

2. In kicking off our discussion, I would like to begin by asking you to share some of the highlights of your experience working with the Austin/Travis County **CHA, also known as the Community Health Assessment**.
 - G. Can you share any thoughts about the key achievements with the process of the CHA or the outcomes?
3. Now we would like to explore further the aspects of the **CHA** that merit further enhancement.
 - H. Can you share insights about aspects that need fine tuning/lessons learned? (Consider the community forums that were held, data gathering on health needs and assets, the community stakeholder prioritization process of key health needs that were identified, and other processes.)
 - I. Do you have any thoughts about communication with stakeholders to both elicit input on the CHA as well as report back the findings of the CHA?

Highlights & Lessons Learned from the CHIP

4. In kicking off our discussion, I would like to begin by asking you to share some of the highlights of your experience working with the CHIP.
 - J. What were some of the key achievements you observed with the CHIP process? These may be process-oriented, or outcome-oriented. Think about the community forums that were held, the process of those forms and composition of stakeholders, and the work group meetings that took place outside the larger community forums.
5. Now we would like to explore further the aspects of the CHIP that merit further enhancement.
 - K. Can you share insights about aspects that need fine tuning/lessons learned? (Consider the community planning meetings, the subcommittee meetings with the work groups that took place outside of the larger community planning meetings).

Supplemental: use as conversation points if conversation needs more depth
 - L. Communication with the broader Austin/Travis County Community about the process and progress of the CHIP?
 - M. The overall organization of the CHIP.
6. Given your experience as an Austin/Travis County CHIP Core Group Leader and/or your experience as part of the Core Coordinating Committee, can you share any thoughts about

what has worked well with your planning group process so far and what you might recommend to enhance?

- Think both about the roles of the Core Work Group leadership as well as your efforts in coordinating efforts across the work groups. Specific aspects might include communication within and outside your group with other stakeholders, process for and frequency of meetings, and integration of efforts across work groups.

Recommendations for Enhancing the CHA/CHIP

7. As you may know, we will be launching the second cycle of the CHA/CHIP in 2016. Please share any recommendations/ideas for enhancing the overall planning and delivery of the CHA/CHIP.

Final Thoughts

8. Before we end the session, are there any additional thoughts you would like to share that were not previously mentioned?

Thank you for taking the time to talk with us today. Your input will help us to better assess our efforts with the CHA/CHIP and to continue to strengthen our efforts as we move forward! A final report of this evaluation will be made publicly available via the Austin/Travis County Health and Human Services.

Appendix C

Austin/Travis County CHA-CHIP Evaluation Cycle I

-Online Survey-

Austin/Travis County CHA/CHIP Evaluation: Letter of Invitation and Informed Consent Statement

Greetings from the Michael & Susan Dell Center for Health Living at the University of Texas Health Science Center at Houston (UTHealth) School of Public Health – Austin! We have been contracted by the City of Austin Health and Human Services to conduct an evaluation of the Austin/Travis County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) Cycle I, which took place between 2011 and 2016. We are writing to request your input about the Austin/Travis County CHA/CHIP initiative by completing this online survey. Your responses will help us identify some of the key highlights and lessons learned of this initial Austin/Travis County CHA/CHIP process while providing important recommendations for enhancing the process of the CHA/CHIP Cycle II, which will begin in 2017. Below we provide a brief summary of the online evaluation:

- You have been invited to participate in this online survey because your e-mail was included in a list of individuals who have participated in one or more of the various CHA/CHIP activities or meetings.
- Participation in this survey is completely voluntary, and you may choose whether or not to respond to specific questions. There are no right or wrong answers; we just ask that you answer as honestly as you can. The survey takes approximately 10-15 minutes to fill out.
- There are no risks to participating in this survey, and we will not use your name nor the name of your organization in any publications or reports related to this project. Everything you share with us today will be kept confidential, and no one will know your responses.
- By filling out the survey, you will have the opportunity to enter a raffle to win 1 of 4 \$25 gift cards. If everyone participates in the survey and enters the raffle, you will have approximately a 1 in 50 chance of winning. To enter the raffle, follow the link at the end of the survey that will take you to a separate form where you will provide your contact information. This contact information will not be linked to your survey responses, and all names will be deleted once the raffle is drawn.

If you have any additional questions or concerns about this online survey or the Austin/Travis County CHA/CHIP Evaluation, you may reach out to the principal investigators, Dr. Andrew Springer (512-391-2523) and Dr. Sandra Evans (512-391-2529), faculty of the UTHealth School of Public Health- Austin Regional Campus, as well as the University of Texas Health Science Center Committee for the Protection of Human Subjects (713-500-3985). By continuing with this survey, you are providing your consent to participate in this online survey.

Demographics

Before we get started, we would like to learn a little about you. This information will help us describe the participants of this online survey. Please answer the following basic demographic questions.

Q1 Age in years:

Q2 Gender:

- Male
- Female
- Other _____
- Prefer not to disclose

Q3 Race/Ethnicity: (check all that apply)

- African-American or Black
- Caucasian or White (non-Hispanic)
- Hispanic or Latino
- Asian / Pacific Islander
- Native American or American Indian
- Other: _____

Q4 What type of organization do you represent? (check all that apply)

- Local or State Health Department
- Local or State Government: Please specify focus: _____
- Hospital or Medical Facility
- Non-profit: Please specific focus: _____
- School, College, or University
- Out-of-School-Time Program
- Other _____
- None, I was involved as a member of the community

Involvement in Austin/Travis County CHA/CHIP

The following questions ask about your involvement in the Austin/Travis County Community Health Assessment (CHA), which took place between 2011 and 2012, and the Austin/Travis County Community Health Improvement Plan (CHIP) which took place between 2013 and 2016.

Q5 How would you rate your level of involvement in the Austin/Travis County Community Health Assessment (CHA) process?

- Very involved (e.g., attended most meetings for steering committee and/or work groups)
- Somewhat involved (attended at least half of the meetings)
- A little involved (attended a couple of meetings)
- Not very involved (attended less than two meetings)
- Not involved at all

Q6 How would you rate your level of involvement in the Austin/Travis County Community Health Improvement Plan (CHIP) process?

- Very involved (attended most meetings; participated in subcommittees)
- Somewhat involved (attended at least half of the meetings; possible participation in subcommittees)
- A little involved (attended a couple of meetings)
- Not very involved (attended less than two meetings)
- Not involved at all

Q7 What were your primary reasons for being somewhat or very involved in the Community Health Assessment (CHA) process? [OPEN ENDED]

Q8 What were your primary reasons for being a little or not very involved in the Community Health Assessment (CHA) Process? [OPEN ENDED]

Q9 What prevented you from being more involved in the Community Health Assessment (CHA) process?

- Nothing, I was already highly involved.
- I did not have enough time to spare.
- My organization did not think it was a priority for me to be involved.
- I did not see how I fit in; I did not understand my role.
- Other _____

Q10 What were your primary reasons for being somewhat or very involved in the Community Health Improvement Plan (CHIP) Process?

Q11 What were your primary reasons for being a little or not very involved in the Community Health Improvement Plan (CHIP) Process? [OPEN ENDED]

<p>and Inequities were adequately addressed for Austin and Travis County during the CHA process.</p> <p>F. The process was sufficient for selecting and prioritizing the health needs of Austin.</p> <p>G. The process was sufficient for prioritizing the health needs of areas of Travis County outside of Austin</p>							
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Q14 Additional Comments for Q13A-Q13G: [OPEN ENDED]

Q15 What do you think went well during the CHA process? [OPEN ENDED]

Q16 What were some of the key highlights and accomplishments of the Austin/Travis County CHA? [OPEN ENDED]

Q17 What do you perceive to be the overall lessons learned from the CHA? [OPEN ENDED]

Q18 What do you think should be done differently during the next CHA cycle? [OPEN ENDED]

areas of Travis County outside of Austin.							
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Q20 Additional comments for Q19A-Q19F: [OPEN ENDED]

Q21 The Community Health Assessment identified four priorities of focus for this cycle to be used for the Community Health Improvement Plan. Which of these priorities do you or your organization align the most with? (Check all that apply for yourself and your organization. Under “my organization”, choose “Not Applicable” if you are taking this survey only for yourself and not as a representative of an organization).

	Myself	My Organization
Priority 1. Chronic disease focus on Obesity	<input type="radio"/>	<input type="radio"/>
Priority 2. Built Environment focus on access to healthy food	<input type="radio"/>	<input type="radio"/>
Priority 3. Built environment focus on transportation	<input type="radio"/>	<input type="radio"/>
Priority 4. Access to primary care and mental/behavioral health services focus on navigating the healthcare systems	<input type="radio"/>	<input type="radio"/>
None of these	<input type="radio"/>	<input type="radio"/>
Not Applicable	<input type="radio"/>	<input type="radio"/>

<p>Priority Three during the three year CHIP implementation process.</p> <p>E. The city can expect to make progress towards Priority Four during the three year CHIP implementation process.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Q23 What do you think went well during the CHIP process? [OPEN ENDED]

Q24 What overall benefits or outcomes do you think our Austin/Travis County community has experienced or achieved through the CHIP Process, if any? [OPEN ENDED]

Q25 What do you perceive to be the overall lessons learned and highlights from the CHIP Cycle I process? [OPEN ENDED]

Q26 What ideas do you have for sustaining the efforts from the current Community Health Improvement Plan? [OPEN ENDED]

Q27 What do you think should be done differently during the next CHIP cycle? [OPEN ENDED]

Participation and Stakeholders

Q28 Do you feel that participation remained high throughout the entire **CHA process**?

- Yes, participation was high throughout the entire 5 years.
- No, participation slightly declined.
- No, participation significantly declined.
- I don't know

Q29 Do you feel that participation remained high throughout the entire **CHIP process**?

- Yes, participation was high throughout the entire 3 years.
- No, participation slightly declined.
- No, participation significantly declined.
- I don't know

Q30 What could the City of Austin/Travis County Health and Human Services do better to improve participation? (Check all that apply)

- Improve Communication
- Increase the amount of meetings
- Decrease the amount of meetings
- Engage more community stakeholders
- Engage more community members
- Other _____

Q31 How do you suggest we achieve the goal of engaging more community stakeholders or community members? [OPEN ENDED]

Q32 Do you think there were any stakeholders missing from the meetings or committees? If yes, who?

- No
- I don't know
- Yes: Please specific stakeholder groups missing that should have been included: _____

Thinking forward to the Austin/Travis CHA/CHIP Cycle II, beginning 2017!

Q33 What do you think the goal/purpose of the CHA/CHIP Cycle II should be? [OPEN ENDED]

Q34: What would you like to see regarding the process of implementation of the CHA/CHIP Cycle II? (This could include best practices that took place during Cycle 1 (2011-2016) that we should maintain

and/or new considerations for processes, implementation considerations, stakeholders, or other constructive input.). [OPEN ENDED]

Q35 Is there anything else you would like to share with us about the Austin/Travis County CHA/CHIP? [OPEN ENDED]

THANK YOU FOR YOUR VALUABLE INPUT!

Your responses will help us better understand how we can continue to work collectively for the health of our Austin/Travis County community!

A final reports on this evaluation will be made available via the City of Austin/Travis County Health and Human Services in fall 2016.

Appendix D

Austin/Travis County CHA/CHIP Evaluation Cycle I

-Online Community Stakeholder Survey-

Letter of Invitation and Informed Consent Statement

Greetings from the Michael & Susan Dell Center for Health Living at the University of Texas Health Science Center at Houston (UTHealth) School of Public Health – Austin! We have been contracted by Austin/Travis County Health and Human Services to conduct an evaluation of the Austin/Travis County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) Cycle I, which took place between 2012 and 2016. We are writing to request your input about the Austin/Travis County CHA/CHIP initiative by completing this online survey. Your responses will help us identify key health concerns as well as progress with specific health issues for community residents in Austin/Travis County. Your input will also help us prepare for CHA/CHIP Cycle II, which will begin in 2017. Below we provide a brief summary of the online evaluation:

- You have been invited to participate in this online survey because your e-mail was included in a list of individuals who have participated in one or more of the various City of Austin community forums or CHA/CHIP activities or meetings.
- Participation in this survey is completely voluntary, and you may choose whether or not to respond to specific questions. There are no right or wrong answers; we just ask that you answer as honestly as you can.
- The survey takes approximately 10-15 minutes to fill out. There are no risks to participating

in this survey, and we will not use your name nor the name of your organization in any publications or reports related to this project.

- Everything you share with us today will be kept confidential, and no one will know your responses.
- By filling out the survey, you will have the opportunity to enter a raffle to win 1 of 4 \$25 gift cards. If everyone participates in the survey and enters the raffle, you will have approximately a 1 in 50 chance of winning. To enter the raffle, follow the link at the end of the survey that will take you to a separate form where you will provide your contact information. This contact information will not be linked to your survey responses, and all names will be deleted once the raffle is drawn.
- If you have any additional questions or concerns about this online survey or the Austin/Travis County CHA/CHIP Evaluation, you may reach out to the principal investigators, Dr. Andrew Springer (512-391-2523) and Dr. Sandra Evans (512-391-2529), faculty of the UTHealth School of Public Health- Austin Regional Campus, as well as the University of Texas Health Science Center Committee for the Protection of Human Subjects (713-500-3985). By continuing with this survey, you are providing your consent to participate in this online survey.

Austin/Travis County CHA/CHIP Evaluation Cycle I

-Online Community Resident Survey-

Background The Austin/Travis County Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) was started in 2011 and is wrapping up its first cycle of implementation. The CHA is an assessment of community health needs that takes place at the beginning of the process, and is followed by the CHIP, which is implemented for 3 years to improve community health. There will be a new CHA in 2017 followed by an updated CHIP. Austin/Travis County HHS is interested in your input on health in your community.

Q1 What is your gender?

- Male (1)
- Female (2)

Q2 How do you describe yourself?

- Black or African-American (1)
- Mexican-American, Latino or Hispanic (2)
- White, Caucasian or Anglo (3)
- Vietnamese (4)
- Chinese (5)
- Indian or Pakistani (6)
- Other Asian (7)
- American Indian or Alaska Native (8)
- Native Hawaiian or Other Pacific Islander (9)
- Other (Please write in) (10) _____

Q3 What zip code do you live in?

Q4 What best describes you? Please check all that apply:

- I am a neighborhood resident of Austin/Travis County (1)
- I work with an organization whose mission is directly related to health (e.g. a hospital, a nonprofit that promotes healthy eating) (2)
- I work with an organization whose mission is indirectly related to health (e.g. education, transportation, housing) (3)
- I work with an organization whose mission is not related to health (4)
- Other (5) _____

Q5 Have you heard about the CHA/CHIP before taking this survey?

- Yes, and I am very familiar with the Austin/Travis County CHA/CHIP (1)
- Yes, and I am somewhat familiar with the Austin/Travis County CHA/CHIP (3)
- Yes, I am aware but not very familiar with the Austin/Travis County CHA/CHIP (4)
- No, I was not aware of the Austin/Travis County CHA/CHIP prior to this survey (5)

Key Health Concerns

Q6 What are the three most important health concerns that you see in the **Austin/Travis County community**?

1. (1)
2. (2)
3. (3)

Q7 What are the three most important health concerns that you see in **the community where you live**?

1. (1)
2. (2)
3. (3)

Q8 What are the three most important health concerns **for you and your family**?

1. (1)
2. (2)
3. (3)

These next two questions are about key health issues for the Austin/Travis County community

Q9 How important are the following health issues for the **Austin/Travis County community**?

	Not important (1)	Somewhat important (2)	Very important (3)
Access to healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to primary health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to bikeways (bike lanes and trails)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to sidewalks and walking paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 Have you seen any improvements in these 7 areas over the past 3 years **in the Austin/Travis County area**?

	No	Yes, some improvements	Yes, a lot of improvements
Access to healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to primary health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to mental health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to bikeways (bike lanes and trails)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to sidewalks and walking paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10a If you answered yes to any of the above, can you share a specific example?

These next two questions are about health issues for the community where you live.

Q11 How important are the following health issues for **the community where you live**?

	Not important	Somewhat important	Very important
Access to healthy food (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to primary health services (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to mental health services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to public transportation (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to bikeways (bike lanes and trails) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to sidewalks and walking paths (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 Have you seen any improvements in these 7 areas over the past 3 years **in the community where you live**?

	No	Yes, some improvements	Yes, a lot of improvements
Access to healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to primary health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to mental health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to bikeways (bike lanes and trails)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to sidewalks and walking paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12a If you answered yes to any of the above, can you share a specific example?

Q13 Are there any groups in your community who are working on these issues? Please indicate which groups below.

I don't know any groups working on these issues

- Access to healthy food
- Access to primary health
- Access to mental health care services
- Access to public transportation
- Access to bikeways (bike lanes and trails)
- Access to sidewalks and walking paths
- Obesity

Q14 What is the best way to communicate to you and your neighbors about the progress with the Austin/Travis County Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP)? Check all that apply.

- Not interested in receiving communication about CHA/CHIP
- Email
- City of Austin website
- Mail
- Community forum
- Flyers at recreation centers/libraries
- Radio
- TV news

Q15 Please share any additional thoughts about promoting health in our Austin/Travis County community.

THANK YOU FOR YOUR VALUABLE INPUT!

Your responses will help us better understand how we can continue to work collectively for the health of our Austin/Travis County community!

A final report on this evaluation will be made available via the City of Austin/Travis County Health and Human Services in fall 2016.

If you would like to be entered in the raffle for 1 of 4 \$25 gift cards please follow the link below and enter the survey password. You will be taken to a separate survey and the personal information you provide will not be connected with your survey responses.

Appendix E

La Ventana Participatory Evaluation Activity:

Exploring highlights, lessons learned, recommendations and next steps with Austin/Travis County CHA/CHIP Working Group Members

-FACILITATOR GUIDE-

Participatory Evaluation Workshop

June 6, 2016

Materials: Markers, Sticky Notes, Flipchart Paper, Dots

Preparation: Each small group should have a flipchart paper divided into 4 quadrants, with each quadrant labeled as 1.) Highlights/Accomplishments 2.) Lessons Learned; 3.) Recommendations, and 4.) Cycle II Vision.

Instructions

Part A: “La Ventana”: Participatory Small Group Activity (~45 minutes)

1. Break Work Group into Small Groups: After the Workgroup Update activity, break the large workgroup into 2-3 small groups of approximately 5-6 people per group.
2. Introduction & Goal of Activity: In your small group, introduce yourself as the facilitator.

“Good afternoon, my name is _____, and I am with the UT School of Public Health. I will be helping to facilitate our discussion today. As I have not been involved directly with the CHA/CHIP, I encourage those of you who have been involved to feel free to help guide the discussion as needed as you all have in-depth knowledge about what took place over this first cycle of the Austin/Travis County CHIP. As we previously mentioned, the goal of this activity is to explore some of the highlights and accomplishments, lessons learned, and recommendations for our CHA/CHIP work group. In addition, we are interested to hear your ideas for the vision of the next CHA-CHIP cycle, which will begin in January of 2017. As part of this activity, we will be producing our ‘ventana’ (window into our work group), which aims to provide some insights into our process with the CHA/CHIP work group (*share the ventana*)”.

3. Individual Reflection: “Before we fill out the ventana, we would like to begin by having everyone write their own thoughts on sticky notes about these four ‘window panes’”: Review the Ventana again and ask everyone to write down up to 3 ideas for each pane.
 - Pane 1: Highlights & Accomplishments of the CHIP (Workgroup) Process
 - Pane 2: Lessons learned & Challenges of CHIP Process
 - Pane 3: Recommendations for Enhancing CHIP Workgroup Process (How should work groups be led? Communication? Frequency of meetings? Stakeholder involvement?)
 - Pane 4: Vision for CHA-CHIP Cycle II (What should purpose of CHA-CHIP be? What are important guiding principles? What should we aim to accomplish?)

4. Building the Ventana:
 - a.) Once everyone has written down their thoughts on sticky notes for each window pane, ask each individual to share what s/he has written and then stick into the window pane.
 - b.) Once all ideas are ‘in the window’, then lead the group in a discussion to organize the themes by grouping similar ideas from the sticky notes.
 - c.) Within each window pane, write down using a marker the main themes that emerged.
 - d.) Review all themes from each window pane and ask if there are other key themes that are missing that should be included.
 - e.) Once completed, post “window” on wall. Ask for a volunteer to represent the group for the next “Gallery Walk” activity. That person will then stand next to the window help clarify any questions about the themes that have emerged during the Gallery Walk.

Part B. “Gallery Walk”: Sharing of Small Group Work with Larger Group (30 minutes)

- Each small group visits other groups’ “ventanas” in a ‘round robin’ style
- Individuals from each small group will be provided with “dots”, which will represent their “likes” of other groups’ themes that they will place next to a given theme.
- Individuals will also have the opportunity to write “additional thoughts” next to a given group’s ‘ventana’.
- Everyone stands up and visits other groups’ ventanas. At each ventana, one of the original group members will be there to clarify any themes and answer questions. Individuals stick their ‘dots’ next to themes they like and also write additional thoughts.

THANK PARTICIPANTS FOR THEIR TIME!

Appendix F

Austin/Travis County CHA/CHIP Evaluation:

-Participatory Evaluation Protocol for Community Resident Forum -

“Round Robin Reflection on the 4 Austin/Travis County CHIP Priority Areas” (~40 minutes)

Set Up and Overall Process

1. Create four meeting tables (depending on the size of the group) with the aim of ~6 people per group/table. Each meeting table will have a sign that indicates the topic (“obesity”, “access to healthy foods”, “access to transportation”, and “access to primary health/mental health care services.” (Note: if we have >25 participants, need to explore option to create two ‘table 1s’, two ‘table 2s’ etc).
2. Upon arriving to the event and signing in, participants will be assigned a number (1 thru 4), which will indicate their group.
3. At introductory presentation, a brief overview of the CHA/CHIP evaluation and informed consent will be provided.
4. At least one facilitator from our program staff/partners will host each table and will stay with one given topic/table (e.g., “obesity”).
5. In round robin format, each group will engage in a discussion about a given topic (e.g., “obesity”) for approximately 10 minutes, and then will rotate to the next table/topic. The facilitator will stay behind and continue to facilitate the same topic throughout the session.
6. Facilitator will use a new sheet of paper to record new input from each group.
7. At end of the round robin session, each facilitator will share back key input from the various groups about his/her assigned topic (e.g., “obesity”).

Round Robin/Small Group Facilitator (~40 minutes; 10 minutes per round)

1. In the same small groups, the facilitator:
 - Explains to group that this activity is to share some thoughts about the 4 CHIP priority areas that were identified as part of this first cycle of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). (*we can provide brief background about CHA/CHIP in the introduction of the session).
 - Asks participants to introduce themselves (at beginning of the first round/topic).
 - *For first “round” of the round robin, facilitator spends ~5 minutes to ask residents to share what they see as the primary health issues and challenges they see in their community. Facilitator records key health issues.

- Using flipchart paper structured as follows, facilitator engages the small group in a discussion to fill out asks small group to fill out the columns for each of the four areas as follows:

TOPIC: “Obesity” (example)

Is this topic still a priority? <i>(*Use dots to indicate rating)</i>			Progress: <i>What actions/progress have you seen in your community to address this topic?</i>	Challenges: <i>What are the gaps? What still needs to happen to address this issue?</i>
Very much a problem	Somewhat problem	Not a problem		

Share Back/Plenary Session (~10-20 minutes): Each facilitator provides a ~2-3 minute summary of the key themes that emerged for their specific topic area.

Thank participants and let them know that they can see the findings of this evaluation posted on the City of Austin/Travis County Health and Human Services website.

**Appendix G:
CHIP Health Priority Area Indicator
Progress Tracking Tables**

**Indicator Table 1
Chronic Disease: Obesity**

Indicator	Source	Frequency	Baseline	Year	Target Year	Target	Year 1 2013	Year 2 2014	Year 3 2015	Reported in Annual Updates?	Clearly Aligned with Strategies?	Strategies	Notes
1.1 Increase the % of adults that engage in aerobic physical activity for 150 minutes per week in Austin/Travis County.	Behavioral Risk Factor Surveillance Survey (BRFSS)	Annual	51.1%	2011	2016	56.10%	2013-48.9%	Question not asked in even numbered survey years for BRFSS		In year 3, "walk with a doc" in Dove Spring was highlighted as a "success story"	Yes	1. Conduct a community-wide physical activity media campaign that promotes physical activity and provides concrete steps on how to do so (e.g. walk or bike with your kids to take them to school instead of driving). 2. Enhance the built environment in multiple settings (including worksites, places of worship, schools, parks, neighborhoods) to create opportunities for physical activity	Strategies listed in a spreadsheet by Health Dept. Not found in CHA or CHIP
1.2 Increase the % of youth engage in physical activity for at least 60 minutes per day on 5 or more days per week in Austin/Travis County.	Youth Risk Behavior Survey (YRBS)	Annual	One-time data, Travis County: 45.8% State: 44.5%	One-time data, Travis County: 2010 State: 2011	2016	50.80%	State: 2013, 48.3%	No data	No data	In year 3 as a "success story" regarding funding	Yes	1. Increase access and enhance quality of existing programs that promote physical activity among youth. 2. Increase access to local school facilities, fields, basketball courts, community recreational facilities, parks, play grounds, etc.	Strategies listed in a spreadsheet provided by Health Dept. Not found in CHA or CHIP. CDC for Texas lists year 2013 and earlier

												by establishing new joint-use agreements and improving adherence to existing joint-use agreements.		
1.3 Increase the % of Joint Use Agreements (with schools, parks, neighborhood centers and # of hours available)	Partners/ Stakeholders	Varies (contingent on resources)	Not known at this time. Need to further define Joint Use Agreement	No data	No data	No data	No data	No data	No data	No data	One sentence on terminology between Joint Use and Shared-Use in year 1; mention in year 2 on loss of grant	n/a	No strategies listed	Baseline measurement was not provided
1.4 Increase % of environmental/ policy changes that promote physical activity (breakdown by setting and population groups)	Transportation CHIP Workgroup	Annual	No data	No data	No data	2016	No data	No data	No data	Mention in year 2 annual report on Central Health Equity Policy Council	No	Increase the number of settings with policies that promote/support physical activity (including worksites, schools, etc.).	Strategies listed in a spreadsheet provided by Health Dept. Not found in CHA or CHIP.	
1.5 Increase the % of mothers who breastfeed for six months (12 months optimal)	COA WIC, http://www.cdc.gov/breastfeeding/data/nis_data/index.htm	Annual	14.90%	2007	No data	No data	2006: 6mo: 46.1%; 12mo: 22.7%. 2007: 6mo: 43.6%; 12 mo: 21.8%	2012: 6 mo: 50.7%; 12 mo: 25.6%	2013: 6mo: 45.5%; 12 mo: 25.8%	Highlighted in year 3 2014: 6mo: 42.9%; 12mo: 20.9% 2014-15, 93.87% City of Austin Performance Report 2014-15 (%of pregnant women enrolled in WIC	Yes	Increase awareness of breastfeeding benefits across the entire community through media and community wide campaigns.	Strategies listed in a spreadsheet provided by Health Dept. Not found in CHA or CHIP. Data for years 2, 3, 4 had to be found by going to CDC	

										who breastfed)			
1.7 Increase by 5% of child care settings that promote healthy eating	Child care settings	Annual	No data	No data	No data	No data	No data	No data	No data	Objective and strategies listed in year 2; success story in year 3 report	Yes	<p>Year 2: Strategy 1.3.1 Build capacity of child care settings to promote healthy eating. Strategy 1.3.2 Implement policies that increase access to drinking water and healthy food procurement. Strategy 1.3.3 Publicize child care settings that meet requirements. Strategy 1.3.4 Build capacity among caregivers of children in childcare settings to advocate for healthy food options.</p> <p>In year 3: Strategy 1.4.1 Promote adoption of policies and practices related to healthy eating and physical activity in early child care settings;</p>	<p>Strategy numbers in year 2 and 3 differ, even though for same indicator. In year 3 report a new objective emerged: Increase by 5% the number of Travis county out of school settings (elementary – middle school) that promote healthy eating + physical activity.</p> <p>No baseline data; difficult to determine 5% increase</p>

1.8 Decrease the % of youth who consume soda 1 or more times a day per week(for adults need to check on available data)	YRBS	Varies (contingent on resources)	One-time data, Travis County: 21.4% State: 29%	One-time data, Travis County: 2010 State: 2011	2016	26.4%	State: 2013, 25.00 %	No data	No data	No mention in year 1 report. Objective listed in year 2 is "By April 2016, reduce the percentage of children and adults who consume sugar sweetened beverages (SSB) by 5%. In year 3 it says "By June 2016..." and has a success story	yes	From Year 2 report: Strategy 1.4.1 Increase the number settings with food procurement policies that reduce access to sugar sweetened beverages. Strategy 1.4.2: Increase the number of settings that promote the availability of drinking water.	Baseline and target year in a spreadsheet provided to us by the Health Dept; not in CHA/CHIP. CDC lists data for year 2013 and earlier
1.9 Increase % of environmental/ policy changes that promote drinking water and decrease access to sugar sweetened beverages	childcare settings	Varies (contingent on resources)	4	2013	2016	No data	No data	No data	No data	This is a strategy year 2 for "By April 2016, reduce the % of children and adults who consume sugar sweetened beverages by 5%". Year 3 this strategy has a success story listed	No	Implement policies that increase access to drinking water and healthy food procurement.	Indicator was listed in a spreadsheet provided by the health dept.

Long Term Indicators (for Goal)							2013	2014	2015				
1.10 Decrease the percentage of adults who report a BMI >= 30 from 24% to 22.8%	BRFSS	Annual	24%	2008-2010	2016	22.8% of adults report a BMI>=30 21.3% (Critical Indicator Report, Travis County, Texas BRFSS 2011-12) CAN (Texas BRFSS Travis County) : 24% 2012	23.6% of adults reported a BMI >=30, 2013 BRFSS CAN (TX BRFSS) : 23% 2013	20.5% of adults reported a BMI≥30 (2014 BRFSS) CAN (TX BRFSS) : 21% 2014	No data available	Yes, year 1 and 2; "success story" in year 3	N/A	No strategies listed; in year 3 report this indicator becomes a strategy to the objective 1.7: Increase by __ the number of implement evidence-based clinical system changes to decrease the number of obese adult patients in CommUnity Care by June 2016.	Spreadsheet given by Health Dept. lists baseline as 2008-2010 AND 2011 (19.1% adults reporting BMI >=30 that year). In annual report baseline is '08-'10.
1.11 Decrease the percentage of youth with weight above the 95th percentile for age and sex (obese) from 10.1% to 9.6%.	YRBS	Varies (contingent on resources)	One-time data, Travis County: 10.1% State: 15.6%	One-time data, Travis County: 2010 State: 2011	2016	9.60%	State: 2013, 15.7%	No data	No data	No data	No data	N/A	CDC lists data for years 2013 and earlier

<p>1.12 By April 2016, increase by 5% the percent of adults and children in Travis County who meet or exceed physical activity guidelines for health. (Objective 1.1)</p>	<p>No Data</p>	<p>No Data</p>	<p>No data</p>	<p>No data</p>	<p>2016</p>	<p>No data</p>	<p>No data</p>	<p>No data</p>	<p>No data</p>	<p>Objective and strategies listed in year 2.</p>	<p>yes</p>	<p>Strategies in year 2 and 3 differ. Success stories listed in year 3 report. Strategies listed in year 3: 1.1.1: Increase opportunities to utilize local school facilities, fields, basketball courts, community recreational facilities, parks, play grounds, etc. by establishing new shared- use agreements and improving adherence to existing shared-use agreements by focusing on disparate populations. 1.1.2 (year 3): Engage the community to create opportunities for physical activity in the built environment through multiple settings (incl. worksites, places of worship, schools, parks, neighborhoods); 1.1.3 (year 3): Conduct a community-wide</p>	<p>Baseline number not listed and an increase of 5% is not measurable</p>
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												<p>physical activity media campaign that promotes physical activity and provides concrete steps on how to do so. Year 2 report lists below strategies:</p> <p>Strategy 1.1.1: Conduct a community-wide physical activity media campaign that promotes physical activity and provides concrete steps on how to do so (e.g. walk or bike with your kids to take them to school instead of driving). Strategy 1.1.2: Increase access and enhance quality of existing programs that promote physical activity among youth. Strategy 1.1.3: Enhance the built environment in multiple settings (including worksites, places of worship, schools, parks, neighborhoods) to create</p>	
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												opportunities for physical activity. Strategy 1.1.4: Increase access to local school facilities, fields, basketball courts, community recreational facilities, parks, play grounds, etc. by establishing new joint-use agreements and improving adherence to existing joint-use agreements. Strategy 1.1.5: Increase the number of settings with policies that promote/support physical activity (including worksites, schools, etc.)	
1.13 By April 2016, increase the number of Travis County workplaces that have family supportive breastfeeding by 5%. (Objective 1.2)	Department of State Health Services (DSHS) http://www.texasmotherfriendly.org/texas-directory	Annual	61 Mother-Friendly Worksites	2012	2016	64 Mother-Friendly Worksites (5% increase)	326 mother-friendly worksites exist	No data	2016: 2,317 worksites, per http://www.texasmotherfriendly	Year 1 report list baseline, target, and progress update numbers. No data in year 2 report, but strategies are listed for the	Yes	Year 2 report: 1.2.1. Develop mother friendly worksite breastfeeding policy template. 1.2.2. Promote mother friendly worksite policies among small	Year 3 report: 1.2.1 Promote mother friendly worksite breastfeeding policy. 1.2.2. Increase sensitivity for breastfeeding in the workplace through employee/employer training, flexible work schedule, etc. 1.2.3.

									y.org/t exas- direct ory	objective (which are different from those listed in year 3). Efforts highlighted year 3		business, hospitality industries, and employers of hourly wage earners. 1.2.3. Promote mother- friendly spaces in commercial business property potentially through certification program. 1.2.4. Increased sensitivity for breastfeeding in the workplace through employee/ employer training, flexibility in work schedules, etc. 1.2.5. Increase awareness of breastfeeding benefits across the entire community through media and community wide campaigns.	Increase awareness of breastfeeding benefits across the community through media and community campaign.
1.15 By April 2016, reduce the percent of children and adults who consume sugar sweetened beverages by 5%. (in year 3 report)										Success story in year 3	Yes	1.6.1 (in year 3) Increase the number of public and private locations with food procurement policies that reduce access to	This is very close to indicator 1.8: Decrease the % of youth who consume soda 1 or more times a day per week.

												SSB Strategy 1.6.2: Increase the number of public and private locations that promote the availability of non-bottled drinking water.	
1.16 Adults:	No Data	No Data	72.10%	2012	2016	67.1%	No data	No data	No data	No	N/A	No strategies	
1.17 Children:	YRBS	Varies (contingent on resources)	One-time data, Travis County: 21.4% State: 29%	One-time data, Travis County: 2010 State: 2011	2016	26.40%	State: 2013, 25.00%	No data	No data	No	N/A	No strategies	CDC lists data for year 2013 and earlier

Indicator Table 2

Built Environment: Access to Healthy Foods

Indicator	Source	Frequency	Baseline	Year	Target Listed?	Target	Year 1 2013	Year2 2014	Year 3 2015	Reported in Annual Updates?	Clearly Aligned with Strategies?	Strategies	notes
Short Term Indicators (by objective)													
2.1 Increase % of farms, community gardens, private gardens (count of farms and community gardens receiving technical assistance by City of Austin PARD Sustainable Urban Agriculture and Community Garden program)	Austin/ Travis County Health and Human Services Dep't.(A/TC HHS) and COA Parks and Recreation Dep't	Annual	No absolute number, but several sources indicate around 30 gardens and no farms	2013	no target	2013	measure determined to be unmeasurable (as noted by CHIP workgroup)	NA	NA	no	yes	2.2.2	1.COA's Office of Sustainability developed a web site to house information about how to start community gardens, school gardens, backyard gardens and urban farms and COA refined the Urban Farm Ordinance so that it is easier for producers to get their farms in compliance. 2. SFC presented four (4) organic food gardening classes, five (5) special-topic garden classes, one (1) School Garden Leadership Training, and one (1) Community Garden. SFC provides fiscal sponsorship to a total of thirteen (13) community gardens, including the recently established Cherry Creek and Adelphi Acre gardens. (Y2report)

2.2 Decrease % of Travis County low-income residents who are not living within 1 mile of grocery store (non-traditional distribution sites)	County Health Rankings (CHR). http://www.countyhealthrankings.org/app/texas/2012/measure/factors/83/data	Annual	9%	2012	no target	2016	8%	8% *not comparable to other years due to changes in definition	not comparable	yes	yes	N/A	1. Texas Hunger Initiative will continue to lead the data analysis for determining key geographic areas 2. Efforts to identify areas of high need stalled due to lack of coordination among GIS capabilities and other existing resources (Y1 report). *Some discrepancy on the data and how it was reported.
2.3 Increase in the number of non-traditional distribution sites (i.e. farm-to-site programs, farmers markets)	A/TCHHSD	Annual	240	2013	no target	2014	determined to be unmeasurable (as noted by CHIP workgroup)	NA	NA	no	yes	Build partnership (with schools, parks, faith based community, businesses, community centers, etc.) to establish distribution and productions sites (i.e. community gardens, farmers markets, farm to site programs) in public or private spaces and organizations	GAVA and A/TCHHSD provided training/technical assistance for residents in zip codes 78724, 78745 and 78744 by bringing The Food Trust to Austin (Y1 report). 2. SFC provides fiscal sponsorship to a 13 community gardens (Y2 report)
2.4 Increase in the # of traditional distribution sites	A/TCHHSD	Annual	need definition	2013	no target	2016	determined to be unmeasurable (as noted by CHIP workgroup)	NA	NA	no	yes	Incentivize private enterprise to provide healthy, nutritious, and affordable food by establishing full service grocery stores in low-income	Healthy Corner Store program funding (Y2 report). 2. Implementation of neighborhood food system planning pilot is being carried out through a partnership between several COA's departments and CapMetro (Y2 report)

												communities	
2.5 Increase % of the municipalities that adopt healthy food zone policy	A/TCHHSD - Annual indicator for this objective no longer applicable to CHIP	Annual	unknown	2013	no target	2016	NA	NA	NA	NA	yes	N/A	Year 1 report -- 'establishing healthy food zones' rewritten to developing recommendations to promote availability of healthy foods and beverages in retail settings; 4 new strategies: Research case studies of established programs and engage with key informants to find lessons learned, progress/impact and sustainability of healthy food retail initiatives. 2. Develop an outreach plan to business owners/industry to discuss potential opportunities to promote healthy, affordable food and beverages. 3. Identify resources to expand capacity in the development of a healthy food retail initiative (HFRI). (Year 3) 4. Create a menu of strategies to implement healthy food retail along with potential impact and resource needs.

2.6 Increase % of land area covered by healthy food zone policy (calculated and mapped, ATC HHSD)	A/TCHHSD indicator for this objective no longer applicable to CHIP	TBD	unknown	2013	no target	2016	NA	NA	Na	NA	yes	NA	The term "Healthy Food Zone" created significant interest among some community stakeholders. Loss of funding for the Community Transformation Grant (CTG) will hinder the capacity to accomplish strategies and hinder the achievement of this priority area's goal (Y1 report)
Long Term Indicators (for Goal)							2013	2014	2015				
2.7 % of adults reporting eating 5+ servings of fruits and vegetables/day	BRFSS http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475	Annual	29.90%	2007-2009 average	no	2016	18.40%	no data	no data	yes	yes	2.1.1	
2.8 % of youth reporting eating 5+ servings of fruits and vegetables/day	YRBS	Varies (contingent on resources)	18.40%	One-time data, Travis County: 2010 State: 2011	no	2016	2013 State 16.7%	no data	no data	yes	yes	2.1.1	

2.9 % of individuals that are food insecure	Feeding America - http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx CAN dashboard-target figure	Annual	18% (individuals)	2011	decrease 15% by 2020	2020	18.10%	17.80%	17.10%	Year 1 and 2	Yes	2.1.1,2.1.2,2.1.3	Food insecurity mapping was based on 10 zip codes identified as having highest level of food insecurity. The food insecurity mapping report is available upon request.
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<p>2.10 By April 2016, increase by 50% access to and participation of eligible people in food assistance programs (ex. SNAP, WIC, school breakfast and lunch program, summer food service, Elderly Nutrition Program) that increase access to healthy food. (Objective 2.1)</p>	<p>CHIP THI Report- "Food Assistance in Travis County"</p>	<p>NA</p>	<p>57% of income eligible Travis County residents receiving SNAP WIC participation decreasing over last four years (state data only/county unavailable/ Elderly Nutrition Program 5,000 meals through Meals on Wheels / 72.5% of eligible students receive free or reduced lunch/ 35.5% of eligible students participated in breakfast program</p>	<p>2011</p>	<p>increase by 50% participation/ access</p>	<p>2016</p>	<p>no data</p>	<p>no data</p>	<p>no data</p>	<p>yes</p>	<p>Yes</p>	<p>2.1.1,2.1.2,2.1.3</p>	
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<p>2.11 By April 2016, ensure that two new distribution and production points for healthy food are available and accessible in each of the five high need areas (The 5 areas currently without a full service grocery store are: 78723,78724,78725,78744, and 78754]).</p> <p>“Distribution Point” in this context refers to a physical location where affordable quality nutritious food can be accessed, including, but not limited to, grocery stores, farmers markets, and farm-to-site programs.</p> <p>“Production points” include, but are not limited to, farms</p>	NA	no data	no data	no data	two new distribution and production points for healthy food in 78723, 78724, 78725, 78744, and 78754	2016	none	At least 3 sites	at least 5 sites	yes	yes	2.2.2	<p>Go Austin/Vamos Austin (GAVA) and A/TCHHSD worked together to provide training/technical assistance for residents in zip codes 78724, 78745 and 78744 by bringing The Food Trust to Austin.</p>
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<p>and community gardens. (Objective 2.2)</p>													
<p>2.12 By April 2016, all local municipalities will establish a healthy food zone ordinance around schools, municipal parks, child care centers, libraries and recreation centers. (Objective 2.3)</p>	<p>indicator for this objective no longer applicable to CHIP</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>Na</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>Capital Area Food Bank and other CHIP partners worked together to engage various stakeholders for assistance with development and support of a healthy food zone ordinance in the following ways: 1. Sent out information to retailers on model policies via Dropbox. 2. Further follow up and input from retailers will be gathered via email and other forms of communication about how to make incentive-based recommendations (Y1 report)</p>

Indicator Table 3

Built Environment: Transportation

Indicator	Source	Frequency	Baseline	Year	Target Listed?	Target	Year 1 2013	Year2 2014	Year 3 2015	Reported in Annual Updates?	Clearly Aligned with Strategies?	Strategies	Notes
Short Term Indicators (by objective)													
3.1 By April 2014, there will be a 2% increase in the number of adults that engaged in aerobic physical activity for 150 minutes per week in Austin/Travis County	BRFSS	Annual	51.10%	2011	2014	53.10%	2013: 48.9%	No data	No data	Yes	Yes	Work with school districts, community colleges, universities, businesses, city and county government to implement programs that educate, incentivize, and encourage the use of active transportation (use of public transportation, walking biking and carpooling) among commuters with a specific target on the disadvantaged.	Smart Trips: 15 month, \$100,00 grant to “provide education on several issues related to health in the Rundberg area, including active transportation” (CHIP Year 2 Annual Report)
3.2 By April 2014, there will be a 2% increase in the number of students that have engaged in physical activity for at least 60 minutes per day on 5 or more days per week in Austin/Travis County.	YRBS	Varies (contingent on resources)	One-time data, Travis County: 45.8% State: 44.5%	One-time data, Travis County: 2010 State: 2011	2014	47.80%	State: 2013, 48.3%	No data	No data	No			Same as above

Long Term Indicators (for Goal)													
3.3, 3.4 By April 2016, increase daily walking and cycling duration (minutes per capita per day) by at least 15% from the 2009 data, across all the population subgroups in Austin/Travis County.	National Household Travel Survey - Transferability datasets	Every 5 years (next survey year - 2015)	No data	2009	2016	By 15%	No data	No data	No data	No	Yes	1. Work with school districts, community colleges, universities, businesses, city and county government to implement programs that educate, incentivize, and encourage the use of active transportation (use of public transportation, walking biking and carpooling) among commuters with a specific target on the disadvantaged.	
3.5 By April 2016, increase daily walking and cycling distance (miles per	National Household Travel Survey - Transferability	Every 5 years	No data	2009	2016	By 15%	No data	No data	No data	No			

	Community Survey" data analyzed by CapMetro											appropriate) to allow transit travel times to be competitive with the private cars, etc.).	
3.8 By April 2016, increase Travis County active transportation commute mode share from 6.7% to 7.7%. (Objective 3.1)	none	Every 3 years	6.7%	No data	2016	7.7%	No data	No data	No data	no	Yes	Strategy 3.1.1: Work with school districts, community colleges, universities, businesses, city and county government to implement programs that educate, incentivize, and encourage the use of active transportation (use of public transportation, walking biking and carpooling) among commuters with a specific target on the disadvantaged. Strategy 3.1.2: Enhance enforcement of existing	

													travel times to be competitive with the private cars, etc.).	
3.9 By April 2016, our community through its local authorities will approve a comprehensive funding plan for implementation of the active transportation master plans (i.e. sidewalks, bike, trails, transit, etc.). (Objective 3.2)	Strategy	NA	NA	NA	2016	NA	NA	NA	NA	no	No		Strategy 3.2.1: inventory and align existing active transportation plans, and identify gaps, prioritizing the needs of the disadvantaged. Strategy 3.2.2: inventory and identify resources needed to implement active transportation plans. Strategy 3.2.3: develop comprehensive active transportation funding master plan using 3.2.1 and 3.2.2.	

<p>3.10 By April 2016, the City of Austin and Travis County will require and incentivize active transportation connections for all new development outside of the activity centers identified in the Capital Area Metropolitan Planning Organization's (CAMPO) 2035 Plan. (Objective 3.3)</p>	Strategy	NA	NA	NA	2016	NA	NA	NA	NA	no	Yes	<p>Strategy 3.3.1: Convene local government and the development community to identify policies to incentivize development with active transportation and disincentives development without it.</p> <p>Strategy 3.3.2: Modify development policies to encourage active transportation.</p> <p>Strategy 3.3.3: Adopt a policy to require active transportation in new public facility location decisions.</p> <p>Strategy 3.3.4: Work with government and non-government organizations</p>	<p>"It is anticipated that many of the CHIP goals, including for active transportation, will be facilitated by the implementation of CodeNEXT"</p> <p>(CHIP Year 2 Annual Report)</p>
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Indicator 4 Access to Primary Care and Mental/Behavioral Health Services

Indicator	Source	Frequency	Baseline	Year	Target Listed?	Target	Year 1 2013	Year2 2014	Year 3 2015	Reported in Annual Updates?	Clearly Aligned with Strategies?	Strategies	Notes
Short Term Indicators (by objective)													
All short term indicators listed in CHIP 2012													
4.1 Increase % of utilized patient centered best practices	local safety net provider survey	Annual	No Data	No Data	No	2016	No Data	No Data	No Data	No	N/A	No strategies	No starting measure
4.2 Increase % of patients connected to a Joint Commission or National Committee for Quality Assurance (NCQA) certified medical home	Joint Commission, NCQA, (to establish baseline)	Annual	No Data	No Data	No	2016	No Data	No Data	No Data	Yes, In Year 2 Action Plan only	Yes	Expand the # of safety-net health care providers that are Joint Commission or NCQA certified medical homes.	Strategies listed in a spreadsheet health dep't sent. No starting measure
4.3 Increase % of providers trained on health literacy	Literacy Coalition of Central Texas/ other known providers of	Annual	No Data	No Data	No	2016	No Data	No Data	No Data	Yes, In Year 2 Action Plan only	Yes	Expand health literacy training to # of unduplicated patients served by Travis County safety net providers. 2. Train # of	295 health professionals trained in 2015, according to Literacy Coalition's 2015 annual report (Strategies listed in a spreadsheet health dep't sent.)

4.4 Increase % of patients trained on health literacy	health literacy training (organizational records, e.g. provider sign in sheet); and/or local provider survey	Annual	No Data	No Data	No Data	2016	No Data	No Data	No Data	No		providers at each participating agency on health literacy principles and effective patient-provider communication strategies.	Strategies listed in a spreadsheet health dep't sent.
4.5 Increase % of providers serving safety net population using Health IT system	local safety net provider survey	Annual	No Data	No Data	No	2016	No Data	No Data	No Data	Yes, In Year 2 Action Plan only	Yes	Encourage and incentivize health and human services providers to participate in a Health Information Exchange (HIE) for optimal client-provider interactions. 2. Encourage and incentivize primary care and behavioral health providers to adopt and implement certified electronic health records (EHRs).	Strategies listed in a spreadsheet health dep't sent. No baseline data
4.6 Increase % of HHS providers using HIE	Centex Systems Support Services (CSSS)	Annual	No Data	No Data	No	2016	No Data	No Data	No Data	Not reported Year 1. Included in Year 2 report to be part of the Year 3	Yes	Encourage and incentivize health and human services providers to participate in a	Strategies listed in a spreadsheet health dep't sent. No baseline data

										CHIP Implementati on		Health Information Exchange (HIE) for optimal client-provider interactions.	
4.7 Increase % of primary care and behavioral health providers using EHRs	local safety net provider survey, CSSS	Annual	No Data	No Data	No	2016	No Data	No Data	No Data	Year 1 Report: Has been found that most safety net providers have adopted, implemented or began implementing EHRs.	Yes	Encourage and incentivize primary care and behavioral health providers to adopt and implement certified electronic health records (EHRs).	Strategies listed in a spreadsheet health dep't sent. No baseline data
4.8 Expand residency and training programs	Council on Gradu- ate Medical Educat- ion (CGME); or DSHS, Health Profess- ions Resource Center, Center for Health Statistics	Annual	4911 residen- cy positions in Texas	2011	5157	2016	2012: 5022 2013: 5246	2014:545 6	No data	Data included in year 1 and 2 reports	Yes	Increase the size of residency and training programs for primary and mental/behavior al health care providers (including physicians, nurses, social workers, and others) (This is an 1115 Waiver Strategy).	Strategies listed in a spreadsheet health dep't sent.

4.9 Implement- ation of telemed- icine within UMCB (University Medical Center Bracken- ridge), CHCs (Community Health Centers) and in support of MCOT (Mobile Crisis Outreach Team)	local safety net provider survey	Annual	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	Not reported Year 1. Year 2 report: "UMCB continues to operationaliz e video remote interpretatio n..." and rolled out operational capacity to all Travis County Seton facilities. & Three Austin Travis County Integral Care clinic locations are providing telemedicine encounters.	Yes	Develop and implement telemedicine to increase access to MH/BH services (This is an 1115 Waiver Strategy).	Strategies listed in a spreadsheet health dep't sent.
4.10 Increase use of evidence based models	local provider survey	Annual	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	Not reported Year 1. Year 2: Chronic Care Management Model was launched as the community care collaborative (CCC).	Yes	Increase the use of evidence based models to integrate primary and mental/behavior al care, including substance use disorders.	Strategies listed in a spreadsheet health dep't sent.

<p>4.11 The HEDIS measures below are the precursors to long term system indicators. HEDIS measures were selected based on their impact on reducing “down-stream” hospital admissions for ambulatory care sensitive conditions. Several measures were also selected to proxy for integration of primary medical and behavioral health.</p>	<p>Health-care Effectiveness Data and Information Set (HEDIS) 2013 and Centex Systems Support Services (CSSS) (Electronic health record chart audit)</p>	<p>Annual</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>Year 1 Report: Changes to healthcare structure hinders progress and indicators to measure progress.</p>	<p>N/A</p>	<p>No strategies</p>	
<p>4.11a Frequency of ongoing prenatal care</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>N/A</p>	<p>No strategies</p>	
<p>4.11b Compreh-</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>N/A</p>	<p>No strategies</p>	

sive adult diabetes care														
4.11c Use of appropriate medications for people with asthma	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	N/A	No strategies	
4.11d Medication management for people with asthma	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	N/A	No strategies	
4.11e Asthma medication ratio	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	N/A	No strategies	
4.11f Follow-up after hospitalization for mental illness	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	N/A	No strategies	
4.11g Antidepressant medication management	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	N/A	No strategies	
4.11h Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsy-	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	N/A	No strategies	

chotic medications														
4.11i Diabetes monitoring for people with diabetes and schizophrenia	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	N/A	No strategies	
4.11j Cardiovascular monitoring for people with cardiovascular disease and schizophrenia	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	N/A	No strategies	
4.11k Adherence to antipsychotic medications for individuals with schizophrenia	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	N/A	No strategies	
4.11.l Follow-up care for children prescribed ADHD medication	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	N/A	No strategies	

Long Term Indicators (for Goal: Expand access to high-quality behaviorally integrated patient-centered medical homes for all persons.)												
4.12 Increase the proportion of persons with a [usual primary care provider] define PCP	Local provider survey AHRQ (national)	Annual	No Data	No Data	No Data	2016	No Data	No Data	No Data	No Data	Yes	1. Expand the number of providers serving the safety net who have locations, contact points, hours and appointment availability that meet the needs of that population. 2. Expand the # of safety-net health care providers that are Joint Commission or NCQA certified medical homes.
4.13 Increase the proportion of persons who have a specific source of ongoing care	AHRQ (national)	Annual	No Data	No Data	No Data	2016	No Data	No Data	No Data	No Data	Yes	Expand the # of safety-net health care providers that are Joint Commission or NCQA certified medical homes.

4.14 Decrease in ambulatory care sensitive conditions	DSHS (Texas Hospital Dis-charge Dataset: recommended measures: low birth weight, hypertension, adult asthma, pediatric asthma, diabetes short-term, complications, diabetes – long-term, complications, uncontrolled diabetes, lower-extremity amputation, among patients with diabetes)	Annual	No Data	No Data	No Data	2016	No Data	No Data	No Data	No Data	N/A		No strategies	DSHS: The Public Use Data File is for years: 1999-2009
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4.15 Reduce utilization of hospital, emergency room and psychiatric emergency services	DSHS Services – Texas Hospital Discharge Dataset recommended measure : TBD	Annual	No Data	No Data	No Data	2016	No Data	No Data	No Data	No Data	N/A	No strategies	DSHS: The Public Use Data File is for years: 1999-2009 Texas does not participate in State Emergency Department Databases, sponsored by AHRQ
4.16 Reduce % of adults reporting FIVE or more days of poor mental health over a one month period	BRFSS	Annual	17.0%	2011	N/A	2016	2012: 20.9% 2013:21.7%	2014: 16.28%	No Data	Reported Year 1 and 2 with data.	N/A	No strategies	
4.17 Reduce % of hospital admissions that are potentially preventable	DSHS – Texas Hospital Discharge Dataset recommended measure : TBD	Annual	No Data	No Data	No Data	2016	No Data	No Data	No Data	No	N/A	No strategies	DSHS: The Public Use Data File is for years: 1999-2009
4.18 Reduce % of emergency room visits that are potentially preventable		Annual	No Data	No Data	No Data	2016	No Data	No Data	No Data	No	N/A	No strategies	
Objectives													All objectives and strategies listed in CHIP 2012

<p>4.19 April 2016, increase the adoption of patient-centered strategies within the safety net. (Objective 4.1)</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>2016</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>	<p>success stories in year 2 and 3 reports</p>	<p>Yes</p>	<p>Strategy 4.1.1: Expand the # of safety-net health care providers that are Joint Commission or NCQA certified medical homes. Strategy 4.1.2 Expand health literacy training to # of unduplicated patients served by Travis County safety net providers. Strategy 4.1.3: Train # of providers at each participating agency on health literacy principles and effective patient-provider communication strategies. Strategy 4.1.4: Expand the number of providers serving the safety net that are linguistically competent. Strategy 4.1.5: Expand the number of providers serving the safety net that are culturally appropriate.</p>	<p>Need starting point; baseline data</p>
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													Strategy 4.1.6: Expand the number of providers serving the safety net who have locations, contact points, hours and appointment availability that meet the needs of that population.	
4.20 By April 2016, expand by 10% the number of entities serving safety net populations that are utilizing health IT systems (Objective 4.2)	No Data	No Data	No Data	No Data	No Data	2016	No Data	No Data	No Data	No Data	Year 1 report: majority of safety net providers have adopted, implemented or begun implementing of electronic health records. Year 3 report: CCC has a Community Resource Directory which is	Yes	Strategy 4.2.1: Encourage and incentivize health and human services providers to participate in a Health Information Exchange (HIE) for optimal client-provider interactions. Strategy 4.2.2: Encourage and incentivize primary care and behavioral health providers to adopt and implement certified	Need starting point; baseline data

										promoting collaboration between partners.		electronic health records (EHRs).	
4.21 By April 2016, expand by 5% primary care and behavioral/mental health workforce capacity who will care for safety-net population. (Objective 4.3)	Texas Higher Education Coordinating Board	no data	4911	2011	No	2016	5456	no data	No data	success stories in year 2 and 3 reports	Yes	Strategy 4.3.1: Increase the size of residency and training programs for primary and mental/behavioral health care providers (including physicians, nurses, social workers, and others) (This is an 1115 Waiver Strategy). Strategy 4.3.2: Develop and implement telemedicine to increase access to MH/BH services (This is an 1115 Waiver Strategy). Strategy 4.3.3: Develop and implement improved local reimbursement strategies.	Need starting point; baseline data

4.22 By April 2016, increase the adoption of coordination strategies within the safety net. (Objective 4.4)	No Data	No Data	No Data	No Data	No Data	2016	No Data	No Data	No Data	Year 1 report: Changes to the healthcare structure hinder progress as well as in the indicators to measure progress in Access to Primary and Mental/ Behavioral health care. Year 2 report: success stories. Year 3 report: success story	Yes	Strategy 4.4.1: Expand the # of safety-net health care providers who are Joint Commission or NCQA certified medical homes. Strategy 4.4.2: Expand community navigation staff with access to HIE data across entire healthcare delivery system defined as contributors to ICARE. Strategy 4.4.3: Increase the knowledge of existing health and social service resources among providers and the community.	
4.23 By April 2016, expand comprehensive care strategies within the safety net. (Objective 4.5)	No Data	No Data	No Data	No Data	No Data	2016	No Data	No Data	No Data	Year 1: added wording to clarify that “Coordinated Strategies” and “expanded comprehensive Care Strategies” would be “among	Yes	Strategy 4.5.1: Increase the use of evidence based models to integrate primary and mental / behavioral care, including substance use disorders. Strategy 4.5.2: Expand the # of safety-net health care providers that are Joint	

										partner agencies". Year 2 report: success stories. Year 3: success story		Commission or NCQA certified medical homes. Strategy 4.5.3: Increase the ability of safety-net providers to treat and manage complex co-occurring medical conditions	
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Appendix H

Triangulation of Themes across Evaluation Methods

Table 1. Purpose CHA/CHIP. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders
Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Perceptions of purpose of CHA/CHIP^a</i>						
Identification of health needs and priorities and development and implementation of health plan	X				X	
Accreditation (health department)	X					
Increase efficiency and use of resources/align resources toward priorities	X				X	
Equity: help improve health outcomes in an equitable fashion	X				X	
<i>Challenges/Considerations^a</i>						
CHA/CHIP purpose & identity could be further clarified	X	X	X		X	
Create opportunities to define purpose			X			
Reporting mechanism vs. inspiring action, or both? Need to clarify	X	X				
Need for more 'aspirational vision' and "North Star" role	X					

^a Note: purpose of CHA/CHIP was explicitly asked only within the CHA/CHIP Leader Interview; in other data collection methods of inquiry, this theme emerged more organically.

Table 2. General CHA/CHIP Highlights & Accomplishments. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders, *Evaluation of Austin/Travis County CHA/CHIP Cycle I*, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Partnerships & Collaboration</i>						
Opportunity for partnerships, collaboration, & networking	X	X	X		X	
Establishment of strong partnerships for CHA/CHIP	X	X	X		X	
Human and financial investment into CHA/CHIP by key organizations; steering committee leadership by key health organizations/ Alignment of Resources		X			X	
<i>Organizational Highlights</i>						
Setting up functional structure of the CHA/CHIP	X					
funding from NACCHO to support CHA/CHIP						
Co-learning process that included visit to San Antonio		X				
<i>Communication</i>						
Clearing house for info on a topic						
<i>Provided guidance and direction for funding of actions and new initiatives</i>	X		X			

Table 3a. General CHA/CHIP Lessons Learned. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders- *Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.*

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Enhance Communication</i>						
Identity & further branding needed	X	X			X	
Purpose needs clarification	X	X			X	
With broader community	X	X			X	
With decision makers & organizational actors	X					
Between steering comm. & CCC		X				
Among work groups		X	X			
Within participating		X	X		X	
Clearer reporting mechanisms						
&communication of progress/streamline reporting process	X	X	X		X	
Easy identification of orgs/community partners working with a given topic		X				
Develop "elevator speech" to describe CHA/CHIP		X				
<i>Explore further organizational structure</i>						
Staffing & roles of CHA/CHIP: further define leadership structure (co-leads work groups?), staffing needs & roles; clear action items for each work group member	X	X				
Clarify leadership and other roles of CCC and work groups		X				
Clarify roles and 'asks' of broader community in relation to CHIP	X	X	X			
Consider neutral host of CHA/CHIP & collective impact model	X	X				
Enhance communication between steering committee and core coord.	X	X				
Incorporate evaluation throughout	X					
CHA/CHIP timeframe is long: need for more flexibility/adaptability		X				

Table 3b. General CHA/CHIP Lessons Learned. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Expand reach and stakeholder involvement</i>						
Groups recommended for inclusion: School districts, SHACs, Dell Medical School, business community/chambers of commerce, foundations, faith- based organizations, comm. Based orgs., policy makers;	X	X				
Further emphasize activities to promote group cohesiveness			X			
Engage broader community	X	X				
<i>Explore CHIP Approach/Content</i>						
"Go deeper"/Fewer Priority Areas/Strategies	X		X		X	
Enhance CHIP planning table/format for ease and flexibility	X	X	X			
<i>CHA/CHIP with other plans and City & County priorities</i>	X	X			X	
Budget & funding: should be incorporated into planning	X	X	X			
Stratification of Austin/Travis County population (by geography, age, SES, highest need)	X	X				
<i>Need further focus on inequities/targeting efforts to those most in need</i>	X	X			X	

Table 4. CHA Highlights & Accomplishments. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders
Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP	Core Coord.	Part. Eval:	Part. Eval:	Org.	Comm.
	Leader Interview (n=23)	Committee (n=5)	CHIP Stakeholders ^a (n=26)	Comm. Stakeholders (n=37)	Stakeholder Survey (n=83)	Stakeholder Survey (n=65)
<i>Establishment of community partnerships to conduct CHA</i>	X					
<i>CHA as a roadmap/rallying point</i>	X					
Publication of CHA as a resource and guide for action for Austin/Travis County	X					
Elevation of discussion/focus on changing demographics resulting from CHA	X					
Opportunity to secure funding	X	X				
<i>Securing of competitive grant funding from NACCHO to support CHA/CHIP implementation</i>	X					
Focus groups and community forums						
Large number (23+), active community participation; rich input		X				
<i>Strong organizational process and structure for CHA</i>						
Overall good organizational structure for CHA		X				
Application of participatory planning activities and MAPP		X				

^aNote: Participatory Evaluation Workshop: CHIP Stakeholders focused primarily on CHIP, and thus lack of notation of CHA highlights.

Table 5. CHA Highlights & Accomplishments. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders
Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Enhance Communication</i>						
Identify and communicate opportunities for engagement	X	X			X	
Design events tailored for community audiences	X	X			X	
<i>Increase community engagement & partnerships</i>						
Work closer with orgs. w/access to community	X	X			X	
Increase engagement of diverse community members	X	X			X	
<i>Continue to enhance data collection approaches</i>						
Make CHA forums/focus groups convenient for participants	X	X	X		X	
Expand ways to increase community input			X		X	
Incorporate community leaders to help facilitate focus groups as per a more 'ground up' approach	X	X			X	
Provide child care	X	X				
Conduct Spanish speaking forum (not translated in Spanish)	X	X				
Ask for solutions, not just problems.	X					
<i>Explore Strengthening of Prioritization Process</i>						
Explore further who should be in the room to prioritize/ providing multiple prioritization sessions with stakeholders	X					
Review of needs and resources	X					
Focus on fewer goals/actions (go deeper)	X		X		X	
Focus on health disparities	X				X	

Table 6a. CHIP Highlights & Accomplishments. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Partnerships & Collaborations</i>						
Bringing together organizations who do not normally work together; sustained attendance of core members and increased attendance of new members at CHIP forums over time	X	X	X		X	
<i>Increased communication and engagement with community stakeholders and CHIP work group members</i>	X	X	X		X	
<i>Raised awareness of specific health issues, gaps in services and opportunities for actions (e.g., increased awareness of connection between built environment, transportation and health)</i>			X		X	
<i>Resources/opportunities resulting from Collaborations</i>	X	X	X			
Funding for positions: 1.) funding of CHA/CHIP planner; 2.) enlistment of partners to advocated for HHS funding/positions	X		X			

Table 6b. CHIP Highlights & Accomplishments. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Progress noted in past 3-4 years</i>						
<u>Access to Healthy Foods</u>						
Access to Healthy Foods community forum held with Manor and Del Valle in partnership with CHIP work group and CAN	X					X
Increased funding for healthy food retail (one-time funding from City & County); increased funding for Double Dollar incentive program			X	X		
Increased farm stands, healthy corner stores, farmers markets, Increased awareness and discussion with health professionals re: importance of nutrition					X	X
Increased awareness of food deserts					X	
Increased access to food: summer feeding program (with backpack of food), increase Meels on Wheels, community garden movement					X	

Table 6c. CHIP Highlights & Accomplishments. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Progress noted in past 3-4 years</i>						
<u>Built Environment:</u>						
<u>Transportation</u>						
Engagement of diverse stakeholders			X			
Integration of Vision Zero into CHIP and adopted by Austin City Council			X	X		
Austin Transp. Dept now on CHA/CHIP Steering Committee			X			
CHIP inspired HHS & CapMetro collaboration and securing of grant for Smart Trips	X		X			
Bike & pedestrian improvements					X	
Increased trails & pathways					X	X
Improved walkway signs					X	
Bus-only lanes/Express buses					X	X
Buses are air-conditioned					X	
CapMetro App					X	
Increased awareness of connection between transportation & health			X	X		
Tollways/130 "relieving"					X	
More transportation options					X	X

Table 6d1. CHIP Highlights & Accomplishments. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Progress noted in Past 3-4 years:</i>						
<u>Access to Primary Health & Mental Health</u>						
Collaboration across organizations/groups			X			
Increased communication among providers/awareness about problems			X			
<i>Affordable Care Act</i>						
• More people have insurance/ ACA/ push to sign people up				X		
<i>Integrated care</i>						
• Slow but progress in recognition that primary care access reaps significant benefits to whole community				X		
• Greater awareness of the need for integrated primary care and behavioral health care				X		
<i>Facilities & Services</i>						
• Expansion of health services access and facilities: Herman Center, new hospital, CommunityCare access, more clinics, People's Community Clinic expansion, Southeast Health and Wellness center), more FQHCS in underserved areas, more mental health facilities, walk in clinics				X		X
• Promise of community centered medical school				X		
• Mental health promotion via social media and traditional media e.g. TV ads, billboards, YouTube, etc.				X		
• Access to high quality medical care				X		
• Many free clinics available throughout the city for different populations				X		
• Shorter wait times for behavioral health providers within CommunityCare				X		
• 1115 Waiver Program				X		

Table 6d. CHIP Highlights & Accomplishments. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Progress noted in Past 3-4 years:</i>						
<u>Access to Primary Health & Mental Health</u>						
<i>Regarding Mobile Health Clinics/Outreach in communities</i>						
• Mobile health teams being able to go out to underserved populations					X	
• Outreach to communities not being reached by services					X	
<i>Reducing language barriers</i>						
• Providers that can speak Spanish/ Care is available in Spanish for most primary services					X	
• Multi-lingual outreach to new immigrants regarding healthcare					X	
<i>In schools</i>						
• AISD early intervention with SEL					X	
• School based mental health services					X	
<i>Regarding stigma of mental health</i>						
• For mental health – decreased stigma for some diagnoses (esp. depression, anxiety, bipolar), increased awareness of impact of trauma/ Society does not see it as a bad thing to ask for help					X	
• More public awareness and willingness to talk about mental health as a component of overall health/ Talking about the issue!					X	
<i>*Other: See Participatory Evaluation- Community Stakeholder findings for further detail.</i>						

Table 6e1. CHIP Highlights & Accomplishments. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Progress noted in past 3-4 years:</i>						
<u>Obesity</u>						
Promotion of policies and best practices (e.g., mother-friendly worksite policies, lactation training for health care	X		X			
<i>Free classes around town</i>						
• Free fitness classes around town/ Fitness classes free at library, some parks, PARD summer playground program, clinic etc./ Health and human services equity unit provides physical activity sessions					X	
• Free yoga classes and others through My Library Keeps me Healthy program – we need steady/reliable funding and open communication to make as inclusive as possible					X	
<i>Austin’s outdoor spaces</i>						
• Town lake trail always packed with runners (but these people are usually already in shape)					X	
• Access to parks and outdoor areas (depending on where you live)					X	
• Nature activities in Austin (no cost)					X	
• Built environment allows for mobile transportation and exercise venues					X	X
• Fairly active community: walking/running/biking by river, parks etc.					X	
• Focus on public activity spaces and parks					X	
• Increasing awareness about impacts of walking and biking on daily health					X	
<i>Nutrition/healthy food resources</i>						
• SFC programs, farmers’ markets, farm to work, gardening, cooking classes					X	
• Increase of healthier foods in brand name grocery stores					X	
• So many restaurants offer healthy eating options at mid-price point and up					X	
• Access to healthy eating					X	

Table 6e2. CHIP Highlights & Accomplishments. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=84)	Comm. Stakeholder Survey (n=89)
<i>Progress noted in past 3-4 years:</i>						
<u>Obesity</u>						
<i>Schools</i>						
• Unstructured 30 minutes of play at AISD schools					X	
• More kids walking to school					X	
• Brighter bites in AISD elementary schools and camps					X	
• Schools participating in fitness gram, marathon kids, cool school health and CATCH					X	
• Coordinated school health program at AISD					X	
• Healthy eating is being encouraged at school and in workplaces					X	
• Brighter bites programming in AISD					X	
• Food changes in cafeteria					X	
<i>Insurance/workplace</i>						
• Most work places now have insurance plan incentives for prevention and proof of increased activity					X	
• Insurance incentives for healthy behavior/Incentives in the job market to meet certain hours of exercise					X	
<i>Specific organizations mentioned</i>						
• Brighter Bites					X	
• CATCH					X	
• COA Library					X	
• GAVA in 78744 and 78745					X	
• WeViva					X	
• Marathon kids					X	
• Primero Health					X	
• Ure Action yoga					X	
• YMCA exercise and weight loss					X	
<i>Active transportation</i>						
• Bikes around town					X	
• B-cycle opportunity for riding a bike					X	
• More active transportation networks emerging (still disconnected)					X	X
<i>General Awareness/Obesity</i>						
*Other: See Participatory Evaluation Community Stakeholder findings for further detail						

Table 7a1. CHIP Lessons Learned. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders
Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Enhance Communication (internal & external)</i>						
Enhance communication for prospective partners	X	X	X		X	
Enhance communication about CHIP for broader community	X	X	X		X	
Enhance communication about progress and overall CHIP activities	X	X	X			
Develop new and efficient reporting system to track progress		X	X		X	
Key messages to explore: what is CHIP? Clarification of purpose? How to get involved? Value proposition for partners & community; creation of partner	X	X	X			
<i>Enhance Community Engagement</i>						
Partner with existing community-based organizations to reach comm.	X				X	
Provide instrumental support to members to participate (child care, translation)	X	X				
Explore direct "co-planning" of strategies with community-based organizations/members	X					
Explore how to continue to make CHIP forums relevant and engaging		X	X			
Increase focus on building cohesion among participants and organizations		X	X		X	
Make connections unique to Austin (bike shops, local farming)			X		X	
Fluidity and turnover of work group members/Lack of organizational succession planning: Develop plan for turnover of staff and how maintain them		X	X			

Table 7a2. CHIP Lessons Learned. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders
Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Overarching organizational lessons learned</i>						
Further define and communicate roles and responsibilities for org. structure	X	X				
Incorporate evaluation earlier on and throughout process/better monitoring	X	X	X			
Incorporate tracking process to assess collaborations, grants, other actions resulting from CHIP						
More consistent follow up with work group members/more in		X	X			
<i>Further refine CHIP objectives and strategies approach</i>						
Explore further # objectives/ strategies (go deep with fewer?) & make format user-friendly	X	X	X		X	
Explore 'aspirational goals'/ 'North Star'/Road Map	X					
Develop mixture of 'long term' and 'short term' goals						
Funding: Lack of funding was limitation/Consider funding/resources in writing objectives/strategies	X		X			
Identify key partners to support CHIP implementation/Ensure right partners are at the table	X	X	X		X	
Further coordinate actions across organizations and within organizations (& build CHIP actions into existing dept./government plans)				X	X	
Coordinate with other research and planning entities (Dell Medical				X	X	

Table 7b. CHIP Challenges & Ongoing Needs. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Access to Healthy Foods</i>						
• Lack of healthy food in small stores					X	
• Inequitable access/Lack of access/ lack of access due to					X	
• Lack of farmers' markets					X	
• High cost of healthy food					X	
• Poverty					X	
• Food assistance programs do not allow access to healthy foods					X	
• Lack of knowledge/cooking skills/recipes/need more nutrition education					X	
• American Culture promotes unhealthy eating					X	
• Unhealthy food messaging					X	
• "Reward foods" are cheap					X	
• Need: culturally appropriate					X	
• Need: comprehensive approaches						
<i>Built Environment: Transportation</i>						
• Lack biking access/availability					X	
• Need improved crosswalks					X	
• Need improved sidewalks					X	
• Sprawl					X	
• Gentrification driving people out; people living further out & lack services					X	
• Better bus routes needed/more connecting/ more buses					X	
• Limited rail					X	
• Toll roads too expensive					X	
• Now ride-sharing is more expensive than Uber/Lyft					X	
• Negative stigma attached to public transportation					X	
• Traffic/bad road design						

Table 7c1. CHIP Challenges and Ongoing Needs. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders
Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Access to Primary Health & Mental Health Services</i>						
<i>Health services: access, quality, navigability of services</i>						
• Language barrier				X		
• Literacy services				X		
• Lack of behavioral health providers who speak Spanish				X		
• Lack of providers who speak Asian languages or other languages				X		
• Limited providers who can work with families who do not speak English				X		
• Cultural insensitivity				X		
• Not enough providers who look like the people they serve				X		
• Health inequity and health disparities				X		
• Navigation of the system/difficulties with/lack of support to				X		
• System is confusing				X		
• Providers that only accept certain insurance				X		
• Confusion about health insurance and accessing it				X		
• Battles with insurance to pay for mental health				X		
• Too much criteria to follow				X		
• High copays/rising healthcare costs				X		
• Even for people with private insurance, the process of reimbursement for mental health is cumbersome				X		
• Difficulty obtaining specialty referrals				X		
• (lack of) Referral system between services				X		
• Level of coordination of programs working together				X		
• Wait list to see providers/lack of timely access to services				X		
• Difficulty getting appointments				X		
• Long wait times at community clinics				X		
• Not enough access to good mental health/behavioral health practitioners and services				X		
• Not a broad enough health provider network				X		
• Stigma to utilizing mental health services				X		
• Depression, stress, anxiety not recognized as having health effects				X		

Table 7c2. CHIP Challenges and Ongoing Needs. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders
Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Access to Primary Health & Mental Health Services</i>						
<i>Schools/education</i>						
• Lack in quality health education in schools					X	
<i>Transportation</i>						
• With the suburbanization of poverty, transportation to access care is a challenge					X	
<i>Knowledge gap of what is available</i>						
• Knowledge of clinics and services available					X	
<i>Affordability</i>						
• Real affordability					X	
• Real transparency in fees and access to services without health insurance					X	
• Absence of free/cheap counseling resources					X	
<i>State funding problems</i>						
• State denial of Medicaid funding and lack of Medicaid expansion					X	
• State legislature does not support healthcare for low income families					X	
• Funding/Lack of Funding/Budget					X	
• Not enough beds in the state hospitals				X	X	
<i>*Other: See Participatory Evaluation: Community Stakeholder findings section for further detail</i>						

Table 7d. CHIP Challenges and Ongoing Needs. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders
Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>Chronic Disease Focus on Obesity</i>						
<i>Doctors</i>						
• Lack of time during MD appointment to address obesity				X		
• Medical students are not trained to prevent obesity				X		
• Need for holistic care that addresses why people are obese/challenges				X		
• Western (AMA) approach results in sick care versus holistic health care that is preventative.				X		
• Health prevention teaching not maintaining				X		
<i>Health Disparities</i>						
• Obesity like many chronic diseases disproportionately affects people of color and people with low socioeconomic status				X		
<i>Schools</i>						
• Need to increase PE time in AISD				X		
<i>Built Environment/Public Space</i>						
• There are less parks and lower quality parks in zip codes with low income				X		
• Not every neighborhood feels safe to residents (re: outdoor activity)				X		
• Built environment is not adequate/ not adequate for biking				X		
• Lack of sidewalks				X		
• Limited or lack of funding for healthy infrastructure (biking, walking, transit)				X		
<i>Issues of Access</i>						
• Lack of access to healthy food/food deserts still problem in many parts of A/TC				X		
• Cost of foods/Economic issues				X		
• Unhealthy food still plentiful				X		
• Sodas are cheaper than bottles of water				X		
• Limited access to fresh food in many communities				X		
<i>American culture</i>						
• People are busier than ever, feel they don't have time to be active				X		
• Culture of rushing to eat				X		
• Family culture/eating habits				X		
• Reframing ideas around obesity: health and body size stigma				X		
• Pleasure in eating modern				X		
• Sedentary lifestyles				X		
• Lack of education around video games impact on health				X		
<i>*Other: See Participatory Evaluation Community Stakeholder section for further details</i>						

Table 8. Vision for CHA/CHIP Cycle II. Synthesis and triangulation of key themes from Austin/Travis County CHA/CHIP Stakeholders
Evaluation of Austin/Travis County CHA/CHIP Cycle I, September 2016.

<i>Theme</i>	CHA/CHIP Leader Interview (n=23)	Core Coord. Committee (n=5)	Part. Eval: CHIP Stakeholders (n=26)	Part. Eval: Comm. Stakeholders ^a (n=37)	Org. Stakeholder Survey (n=83)	Comm. Stakeholder Survey (n=65)
<i>"Aspirational Vision" for CHA/CHIP</i>	X		X			
<i>Road Map/Rallying Point: Recognition of CHA/CHIP as the "Health Plan"</i>	X		X		X	
<i>CHA/CHIP drives action</i>	X	X	X			
<i>Enhanced Community Partnerships</i>	X	X	X		X	
Use of innovative approaches to engage community		X	X			
Increased & enhanced partnerships, with partners knowing their roles	X	X	X		X	
Inclusion of diverse groups			X		X	
<i>Enhanced internal & external communication and marketing plan</i>	X	X	X		X	
*See report for detail on messages						
<i>Continue specific priority areas from CHIP I (obesity, transportation, healthy eating, health services)</i>		X	X		X	
<i>Specific topic areas of interest cited:</i>						
breastfeeding, critical health outcomes, diabetes	X		X			
<i>Enhanced use of CHA ('evergreen' approach)</i>		X				
<i>CHIP Process</i>						
Fewer goals/objectives/strategies; 'less is more'	X		X		X	
CHIP		X			X	
Enhanced CHIP process and implementation of CHIP			X		X	
<i>Increased focus on areas/groups most in need</i>	X	X	X		X	
<i>Development of a unified Health Literacy Information Plan</i>			X			

^a Note: Participants at Community Stakeholder Participatory Evaluation session not asked to share vision for cycle II of CHA/CHIP