



Brazos Valley Community Health Improvement Plan 2017-2019

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EXECUTIVE SUMMARY

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address issues identified by the assessment and community health improvement process. It should include participation of a broad set of community partners. A solid community health improvement plan can be used by partners to prioritize activities and set priorities.¹

The Brazos County Health Department, in collaboration with numerous social service, healthcare, and governmental agencies, formed the Brazos Valley Health Coalition (BVHC) in January 2016 to act as a coordinated group to address health issues in the Brazos Valley. The two main goals of the coalition include:

- Conduct a community health assessment (CHA) to identify the health needs and strengths of the Brazos Valley
- Create a community health improvement plan (CHIP) to determine health priorities and specific strategies that can be implemented to address the issues identified in the Community Health Assessment

The Steering Committee developed the mission statement for the BVHC to guide the work of the coalition.

“The Brazos Valley Health Coalition is a collaboration transforming people, places, and communities for a stronger and healthier Brazos Valley.”

To develop a community based plan to address health issues, the Brazos Valley Health Coalition engaged community partners in the following ways:

- Steering committee members worked on developing the framework for the BVHC and the assessment design and timeline
- BVHC members provided feedback on the components of the CHA and determined the priority issues to be addressed in the CHIP
- Task groups were formed from BVHC and other community partners to create goals, objectives, and strategies to address the priority issues.

The 2017-2019 Brazos Valley Community Health Improvement Plan was developed in August 2017, using findings from the CHA, which was conducted in the spring of 2016. The assessment process incorporated data from existing sources, or secondary data, and qualitative data from community discussion groups held across the Brazos Valley region. The CHA is accessible at <https://cchd.us/publications/>

¹ As defined by the Public Health Accreditation Board (<http://www.phaboard.org>)

The BVHC members chose the top three issues and formed task groups to address these priority issues as outlined in the CHIP:

Priority Area 1: Access to Mental Health Care

Focus on utilization of existing resources and making personal health a priority.

Priority Area 2: Coordination and Collaboration of Services

Focus on outreach and education on mental health issues.

Priority Area 3: Access to Primary Care

Focus on improving resource coordination.

Community Engagement: “The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.”-Centers for Disease Control and Prevention (CDC)

BACKGROUND & COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS

Background:

The Brazos County Health Department (BCHD) saw the need to form the Brazos Valley Health Coalition (BVHC) as part of their Public Health Accreditation efforts. Public Health Accreditation provides a measurement of health department performance against a set of nationally recognized, practice-focused and evidence-based standards. It also issues recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.²

To develop a community based plan to address health issues, the BVHC engaged community partners in the following ways:

- Steering committee members worked on developing the framework for the BVHC and the assessment design and timeline; secured sponsors
- BVHC members provided feedback on the components of the CHA and determined the priority issues to be addressed in the CHIP
- Task groups were formed from BVHC and other community partners to create goals, objectives, and project strategies to address the priority issues.

Formation of the Brazos Valley Health Coalition

In the fall of 2015, the BCHD organized representatives from local healthcare and social service agencies to serve as a Steering Committee to assist with the formation of the BVHC. These agencies included, the Brazos Valley Council on Alcohol and Substance Abuse, Brazos Valley Council of Governments, CHI St. Joseph Health, College Station Medical Center, Health For All, HealthPoint, Mental Health Mental Retardation Authority of the Brazos Valley, and the Center for Community Health Development at the Texas A&M School of Public Health.

The Steering Committee developed the vision and mission statement for the BVHC to guide the work of the coalition.

Vision
A Healthy and Productive Community Through Collaborative Partnerships

² As defined by the Public Health Accreditation Board (<http://www.phaboard.org>)

Mission

The Brazos Valley Health Coalition is a collaboration transforming people, places, and communities for a stronger and healthier Brazos Valley.

In January 2016, BCHD, in collaboration with the steering committee and numerous social service, healthcare, and governmental agencies, formed the Brazos Valley Health Coalition (BVHC) to act as a coordinated group to address health issues in the Brazos Valley. The two main goals of the coalition include:

- Conduct a community health assessment (CHA) to identify the health needs and strengths of the Brazos Valley
- Create a community health improvement plan (CHIP) to determine health priorities and specific strategies that can be implemented to address the issues identified in the Community Health Assessment

Community Health Assessment:

The CHA was conducted in the spring of 2016. The steering committee members determined the assessment design and timeline. The assessment process incorporated data from existing sources (secondary data) and qualitative data from community discussion groups held across the greater Brazos Valley region, which includes Austin, Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington counties. BVHC members provided feedback on the geographic scope and the components of the assessment. They also recommended specific population sectors to be included in the discussion groups, as well as what type of secondary data should be reported on in the assessment. The complete CHA is accessible at <https://cchd.us/publications/>

Priority Issues & Task Groups:

The Steering Committee reviewed the results from the CHA and chose eight priority issues.

- Diabetes
- Motor Vehicle Accidents
- Poor communication/Lack of information among Service Providers
- Access/Availability to Primary Care
- Access/Availability to Mental Health Care
- Affordable, Healthy Foods
- Lack of Affordable Youth Activities
- Transportation

These eight issues were determined by reviewing previous health assessments and determining which topics have been issues in the past that continue to be an issue currently. They also looked at trends in issues that were seen in multiple counties throughout the Brazos Valley region.

On September 28, 2016, the eight priority issues were given to the BVHC to determine the top 3 priority issues. The BVHC members prioritized the issues using dot voting and formed task groups at that meeting to address the priority issues to be outlined in the CHIP:

Priority Area 1: Access to Mental Health Care

Focus on outreach and education on mental health issues.

Priority Area 2: Coordination and Collaboration of Services

Focus on improving resource coordination.

Priority Area 3: Access to Primary Care

Focus on utilization of existing resources and making personal health a priority.

Each task group created goals and objectives to address their specific priority issue. During task group meetings, members narrowed down the priority area to determine the focus area. From the focus areas, members then created specific and measurable goals and strategies

The 2017-2019 Brazos Valley Community Health Improvement Plan was developed in August 2017, using findings from the CHA. It was approved by the BVHC on January 29, 2018.

“This (process) has been enlightening and encouraging. We can work together to make a difference.” BVHC Member

COMMUNITY HEALTH IMPROVEMENT PLAN IMPLEMENTATION PLAN

The CHIP outlines the three priority issues for the Brazos Valley for the next three years. The goals and objectives described below serve as a guide to implementing strategies that will further the mission of the BVHC.

Priority Area 1: Access to Mental Health Care

Background: The secondary data in the 2016 CHA indicated several mental health factors as major findings.

- The Community Health Status Indicators indicated that there is a high morbidity rate of older adult depression in 2 counties in the greater Brazos Valley region.³
- The Health Resources and Services Administration (HRSA) indicated that all of the counties in the greater Brazos Valley are completely designated as health professional shortage areas in mental health specialists.⁴
- The County Health Rankings reported that the greater Brazos Valley region reported 3.2 days of poor mental health days compared to 2.9 days for the state of Texas⁵

In addition to the secondary data, access to mental health care was a newly identified community discussion group issue in multiple counties for 2016. Because of these findings, the BVHC determined that access to mental health care would be the first priority issue to address.

Goal #1: Outreach

Develop an outreach strategy to promote training sessions in Brazos, Burleson, Madison, and Washington counties by March 31, 2018.

- Strategy 1: Collaborate with two agencies in each of the four counties to schedule mental health training sessions by September 2017.
- Strategy 2: Develop marketing strategy plan to promote mental health training sessions by January 31, 2018.
- Strategy 3: Implement marketing strategy plan to promote mental health training sessions by March 31, 2018.

Goal #2: Education

Provide mental health training sessions in Brazos, Burleson, Madison, and Washington counties

³ As reported in the Community Health Status Indicators, CDC (<https://wwwn.cdc.gov/communityhealth>)

⁴ As reported by the Health Resources and Services Administration (<http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>)

⁵ As reported in the County Health Rankings (<http://www.countyhealthrankings.org>)

by May 31, 2019.

- Strategy 1: Identify one resource in each of the four counties to actively participate as a partner agency by March 31, 2018.
- Strategy 2: Provide two mental health training sessions in each of the four counties by May 31, 2019.

Goal #3: Sustainability

Develop sustainable mental health programs by May 31, 2019.

- Strategy 1: Create comprehensive database of all mental health resources in the Brazos Valley by May 31, 2019.
- Strategy 2: Coordinate with partner agency to identify an advocate to offer mental health programs by May 31, 2019.

Priority Area 2: Coordination and Collaboration of Services

Background: Coordination and collaboration of services was a key finding in the 2016 CHA through the community discussion groups. It is also an ongoing concern that was identified by discussion groups in previous health assessments. In addition, it was identified as a concern by discussion groups in 7 of the 8 counties of the greater Brazos Valley. Because of these findings, the BVHC determined that coordination and collaboration of services would be the second priority issue to address.

The task group decided to establish a Community Resource Coordination Group in Robertson County based on the feedback from participants in the community discussion groups in the CHA. Most participants in the group felt uninformed about local government decisions and available community resources. Participants also felt that there is a negative perception of Robertson County, especially how the City of Hearne is perceived, which affects how residents begin to feel about their community.⁶

Goal #1:

Improve resource coordination among providers.

- Strategy 1: Each task group member will update or add their agency information with the United Way 2-1-1 online resource database by October 15, 2017.
- Strategy 2: Each task group member will obtain login credentials for Charity Tracker and input their agency's information into the Charity Tracker resource database by October 15, 2017.

Goal #2:

Improve resource coordination in the Brazos Valley.

- Strategy 1: Each task group member will recruit at least one or more local providers and introduce them to the 2-1-1 resource and also help them get their information updated or added by March 15, 2018.
- Strategy 2: Each task group member will recruit at least one or more local providers and make them aware of the creation of the Brazos Health Resource Center/Charity Tracker and help them obtain login credentials with the purpose of including resource information in the Charity Tracker database by March 15, 2018.

Goal #3:

Assist in the establishment of a Community Resource Coordination Group (CRCG) for Robertson County.

- Strategy 1: Identify and engage individuals who reside in or are associated with an organization that services Robertson County to create a CRCG in Robertson County that meets at least quarterly by March 2018.

⁶ As written in the 2016 Brazos Valley Health Status Assessment (<https://cchd.us/publications/>)

Priority Area 3: Access to Primary Care

Background: Access to primary care was an issue identified by community discussion groups in 6 of the 8 counties of the greater Brazos Valley in both the 2013 and 2016 CHA. According to the secondary data in the CHA from the Health Resources and Services Administration (HRSA), all of the counties in the greater Brazos Valley are completely or partially designated as health professional shortage areas in primary care physicians.⁷ Because of these findings, the BVHC determined that access to primary care would be the third priority issue to address.

The BVHC Access to Primary Care Taskforce (APCT) decided to start with a single county to focus our efforts and refine our methodology. APCT chose Burleson County because it has several resources available, but according to the most recent community assessment has not made a perceptible impact on their numbers and citizen perspectives. In January 2005, the Burleson County Commissioner's Court created the Burleson County Health Resource Commission with the aim of improving the county's overall health status by enhancing the access of Burleson County residents to needed services. Despite the resource center and Burleson County has been designated by the Health Resources and Services Administration (HRSA) as Health Professional Shortage Areas (HPSA) based on primary care providers, dental health providers and mental health providers. Burleson County also had a higher than average number of preventable hospital stays.

APCT chose to start by working on a pilot project in Somerville to determine why current resources are not being utilized. APCT has several hypotheses on why patients are not accessing existing resources including: transportation cost of care, lack of documented income, residence, etc., or a general lack of awareness of available resources.

Goal #1:

Identify why stakeholders are not utilizing existing resources to access health care in Burleson County by December 30, 2017.

- Strategy 1: Gather and review secondary data collected from previous surveys or focus groups by September 2017.
- Strategy 2: Collaborate with stakeholders to schedule a minimum of one discussion group for Burleson County patients by May, 2018.
- Strategy 3: Prioritize why stakeholders aren't utilizing resources and develop action steps to address most pressing barriers by August, 2019.
- Strategy 4: Expand to other counties in the greater Brazos Valley region by December, 2019.

Goal #2:

Ensure Burleson County stakeholders are aware of existing resources by May, 2019.

- Strategy 1: Provide community hubs (churches, community centers, etc.) with resource lists by January, 2019.

⁷ As reported by the Health Resources and Services Administration (<http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>)

- Strategy 2: Distribute resource guides or 2-1-1 information to a minimum of 200 stakeholders by March, 2019.
- Strategy 3: Work to develop a pilot program to pre-enroll / qualify individuals for resources (e.g. HealthPoint eligibility appointment) by May, 2019.

Goal #3:

Make personal health a priority by May 31, 2019.

- Strategy 1: Create a program that can market and encourage making health a priority. Educate community stakeholders on what resources are available and how to utilize (e.g. - Clients with a free well check that don't go due to a fear of hidden costs). Complete by May, 2019.
- Strategy 2: Facilitate some form of educational programming based on patient discussion group feedback in each of the four counties with the Burleson Health Resource Center by April, 2019.
- Strategy 3: Provide funding, technical assistance, and other resources for health coverage outreach, education, and enrollment activities of Enroll BV – ongoing.

SOCIAL DETERMINANTS

Social Determinants of Health (SDOH), according to the CDC, are conditions in the places where people are born, live, learn, work, play and receive health care that affect a wide range of health risks and outcomes⁸. The purpose of discussing social determinants is to address factors beyond the control of individuals and close equity gaps in our community, particularly those factors that influence the success of our three Priority Areas, as outlined above. Social determinants to be considered in our community include transportation, stigmas, race and ethnicity, hunger, access to healthy food options, health literacy, insurance coverage, unstable or unsafe housing, and substandard education, among others⁹. The Brazos Valley Health Coalition has begun the process of addressing social determinants by first considering transportation.

TRANSPORTATION

Work is being done to reduce the impact the lack of a comprehensive transportation system has on the health of our community. Based on the results of the 2016 Brazos Valley Community Needs Assessment, the United Way of the Brazos Valley is leading a group of organizations to improve healthcare transportation systems in our area. The recommendation is a two-pronged approach consisting of both short and long-term goals. First, it is recommended that collaboration occurs with the Burleson Health Resource Center (BHRC) to develop a strategy for rural non-emergency medical transportation (NEMT) to and from medical appointments to capitalize and expand upon a program they already have in place. Second, it is recommended we develop a model that would potentially mirror the Texas A&M University CARPOOL strategy using volunteers or paid employees as drivers.

⁸ As reported by the CDC (<https://www.cdc.gov/socialdeterminants/>)

⁹ As reported by the Rural Health Information Hub (<https://www.ruralhealthinfo.org/topics/social-determinants-of-health>)

NEXT STEPS & SUSTAINABILITY

The Brazos County Health Department and the steering committee will continue to lead the implementation of the CHIP, as well as the Brazos Valley Health Coalition. Over the next two years, the BVHC members, through the task groups, will work on meeting the goals of the three priority issues.

Goals and strategies will be reviewed quarterly by the task groups to determine progress and achievement, which will be shared with the BVHC members. Action plans and timelines will be created to assist with this process.

In January 2019, the BVHC will begin work on the 2019 Community Health Assessment. To develop a community based plan to address health issues, the BVHC will again engage community partners in the following ways:

- Steering Committee members will work on the assessment design, timeline, and sponsors
- BVHC members will invite pertinent community partners and agencies to be involved with the BVHC
- BVHC members will provide feedback on the components of the CHA and determine the priority issues to be addressed in the CHIP
- Task Groups will be formed from BVHC and other community partners to create goals, objectives, and project strategies to address the newly identified priority issues.

Appendix A: Steering Committee Members

Morenike Aboaba, Brazos Valley Council of Governments

Angie Alaniz, Texas A&M School of Public Health

Jim Burdine, DrPH, Texas A&M School of Public Health

Crystal Crowell, Brazos Valley Council on Alcohol and Substance Abuse

Liz Dickey, Health For All, Inc.

Ronnie Gipson, Brazos Valley Council of Governments

Sara Mendez, Brazos County Health Department

Fawn Preuss, CHI St. Joseph Health

Robert Reed, Mental Health Mental Retardation Authority of the Brazos Valley

Julie Ribardo, PhD, HealthPoint

Sherri Welch, College Station Medical Center

APPENDIX B: BRAZOS VALLEY HEALTH COALITION MEMBER AGENCIES

3rd Day Treatment Center
Aggieland Pregnancy Outreach
Amerigroup Insurance
Angels of Care
Area Agency on Aging
Baylor Scott & White
Blinn College
Brazos County Health Department
Brazos Health Resource Center
Brazos Valley Care Coordination Program
Brazos Valley Center for Independent Living
Brazos Valley Community Action Programs
Brazos Valley Council on Alcohol & Substance Abuse
Brazos Valley Council of Governments
Brazos Valley Food Bank
Bryan Independent School District
Burleson Health Resource Center
Catholic Charities of Central Texas
CHI St. Joseph Health
Christ United Methodist Church
City of Bryan
City of College Station
College Station Independent School District
College Station Medical Center
Grimes Health Resource Center
Health For All, Inc.
HealthPoint

Hospice of Brazos Valley
La Hacienda
Mental Health Mental Retardation Authority of the Brazos Valley
National Alliance on Mental Illness, Brazos Valley
Project Unity
Rock Prairie Behavioral Health
Ronald McDonald House Charities of Central Texas
Scotty's House Child Advocacy Center
Sexual Assault Resource Center
Single Moms Created4Change
Somerville Independent School District
Strengthening Families of the Brazos Valley
Telehealth Counseling Clinic
Texas A&M AgriLife Extension
Texas A&M Health Science Center
Texas A&M University
Texas A&M University School of Public Health
Texas Department of State Health Services
Texas Health & Human Services Commission
Texas Medical Foundation Health Quality Institute
The Prenatal Clinic
Twin City Mission
United Health Care
United Way of the Brazos Valley
Wake Up, Aggieland
Workforce Solutions Brazos Valley

APPENDIX C: THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

The 10 Essential Public Health Services serve as a framework that guides the work and the responsibility of the Brazos County Health Department and the community it serves.

Core Function 1: Assessment

1. Monitor health status identify community health problems
2. Diagnose and investigate health problems and health hazards in the community

Core Function 2: Policy Development

3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts

Core Function 3: Assurance

6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

